

THE BODY  
EMBARRASSED

DRAMA AND THE  
DISCIPLINES OF SHAME  
IN EARLY MODERN ENGLAND

GAIL KERN PASTER

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icant symbolic nexus in contemporary discourses of power and gender. I am not arguing that Elizabethans felt on the whole less shame than we do about eroticizing excretory function, though certainly that is an inference to be drawn from uncritical adherence to Elias's too-rigid vision of the ever-expanding domain of the superego. But because of practices such as the purge and because of the kind of changes in canons of bodily propriety documented by Elias, scatology and anality became a discursive site where contradictions in the early modern culture of the body were legible. Once we have dispelled our own resistance to the presence of such "low" material in the canonized texts of Elizabethan drama, once we have stopped accepting as "natural" earlier cultural definitions of the "low," we can begin to understand the social impulses embedded in the scatological language of the purge.

#### CHAPTER FOUR

### COMPLYING WITH THE DUG

#### *Narratives of Birth and the*

#### *Reproduction of Shame*

Birth, like all events of the lower bodily stratum, has a larger part to play in the history of shame than in the history of representation. That it does can be explained in part by the negative influence of what we might call the dark theological view of childbirth, summed up in the Augustinian phrase I have already quoted: "Inter urinas et faeces nascimur." Childbirth is especially invisible in dramatic representation, where the act of giving birth has been an offstage event, as unstageable as the other forms of bodily evacuation it so embarrassingly resembles. Infant feeding, however—the theme of Hamlet's expressively contemptuous remark paraphrased in the title of this chapter—*has* been frequently, even obsessively represented, particularly in the visual arts of pre-Reformation Europe. Perhaps by way of compensation or displacement for the invisibility of birth, breasts with infants *at* them have been a central icon of devoted maternity, or its demonic opposite. In either case, as more and less visible emblems of our earliest object relations, they are representable, whereas, except in the case of medical textualizations, "the shameful parts" with infants *at them* are not.<sup>1</sup>

1. Margaret R. Miles has wondered about the intensity of the interest in the Virgin's breast in Renaissance Italian art: "The visual emphasis on the breast that nourished the infant Christ—and by identification with him, all Christians—is star-

Early modern culture, I have been saying, increasingly sought to regulate and regularize a subject's experience of his/her own body and relations with the bodies of others. The rigors of the civilizing process, however, did not exempt the individual subject's earliest, presocial relations with the body of another—the maternal body. The meaning of that relationship could not be civilized without also reconfiguring the maternal body.<sup>2</sup> It is not surprising to find that a number of early modern plays do encode a crisis in the institutional practices of reproduction, particularly a crisis of relations with and signification of womb and breast. This is signally the case in Shakespearean romances such as *The Winter's Tale*, where the structure of action follows often discontinuous episodes in the familial narrative of parents and children. But this crisis of relations with the maternal body also subtends a generically more eclectic assortment of plays—my examples in Chapter 5 are *Antony and Cleopatra* and *The Witch of Edmonton*—where the bodily signifiers of birth and suckling become the privileged sites of ambivalent cultural fantasies of rejection and return.

The differing shame quotients of womb and breast, of birthing and suckling suggest something of the ambivalence toward the maternal body this chapter seeks to interrogate. The affective and discursive transformations in the signs of womb and breast are linked to other changes in the canons of bodily propriety I have been tracing. My main concern here is to discover the effect early modern protocols of birth and infant feeding had on psychic formations—and on the subject positions of child, sibling, mother, or father which the so-called infant comes eventually to occupy. As we will see, gender is not the only shaping influence on reproductive subjectivity in early

ing." See "The Virgin's One Bare Breast: Female Nudity and Religious Meaning in Tuscan Early Renaissance Culture," in *The Female Body in Western Culture: Contemporary Perspectives*, ed. Susan Rubin Suleiman (Cambridge: Harvard University Press, 1986), p. 193; Marina Warner has a less historically specific treatment of the theme in *Alone of All Her Sex: The Myth and the Cult of the Virgin Mary* (New York: Knopf, 1976), pp. 192–205.

2. Some of this chapter's assertions have been anticipated in Valerie Traub's essay, "Prince Hal's Falstaff: Positioning Psychoanalysis and the Female Reproductive Body," *Shakespeare Quarterly* 40 (1989), 436–74. Certainly I agree with her that Shakespearean drama and Freudian and post-Freudian psychoanalytic paradigms work alike to repress the maternal figure, to place it outside of cultural determination. The reader of that essay will note, however, that Traub is much less interested than I am in the consequences for the construction of subjectivity (and thus the writing of drama) of the specific social protocols that govern the earliest relations of mother and baby.

modern England; class shapes destiny in birthing and nurture too. The many variables of social ascription signify—even as they are signified by—the changing states and processes of the bodies signally involved in birth.

The structure of social and bodily events surrounding reproduction and lactation, then, is important not only to the psychic economies of individual subjects. The different episodes of reproduction intersect with various other economies, symbolic and material, continually at work in culture because every stage in the reproductive process engages a different nexus of material and gender interests and of ethical responsibility. Since women in early modern Europe ordinarily gave birth under conditions monitored only by other women, childbirth in the period has been interpreted as an inversion of customary gender hierarchies—one of those instances of temporary but genuine female empowerment Natalie Davis has called "women on top."<sup>3</sup>

To some degree, that picture of strategic inversion is reinforced by theories of the carnivalesque which Davis draws upon. Bakhtin, for example, makes childbirth a central activity of the grotesque body, a key interaction of sexual and excremental functions.<sup>4</sup> In the process, however, as we shall see in more detail, Bakhtin reconstructs child-bearing more as a social position or point of view than as a critical, life-and-death experience that most women could not choose *not* to undergo. More helpfully, Bakhtin and Davis, taken together, imply that to write about birth and nurture is necessarily to write within and about the available discourses of power, to participate in the sometimes ambiguous cultural assignments of empowerment or shame. What I hope eventually to make clear is that whereas pregnancy and childbirth were instances of female empowerment, that empowerment was constrained by a whole host of stratagems, both real and symbolic, designed to counter an understanding of the maternal body as polluted and polluting.

3. See her chapter with this title in Natalie Zemon Davis, *Society and Culture in Early Modern France: Eight Essays* (Stanford: Stanford University Press, 1975), pp. 124–51. The influence of this essay is foregrounded by Adrian Wilson in "The Ceremony of Childbirth and Its Interpretation," in *Women as Mothers in Pre-industrial England: Essays in Memory of Dorothy McLaren*, ed. Valerie Fildes (London: Routledge, 1990), pp. 68–107.

4. Mikhail Bakhtin, *Rabelais and His World*, trans. Helene Iswolsky (Bloomington: Indiana University Press, 1984), pp. 316–22.

In this chapter I want to talk not just about birth (whether we construe that to mean giving birth or being born) but about the complex sequence of events surrounding childbirth, in which different pairs of physically and socially linked bodies unite and separate. This sequence begins at conception with two biological parents and their offspring, extends through the period of infant dependency, and ends at weaning. Such is the historicity of nurture, however, that weaning, too, requires preliminary definition. Because an influential segment of parents during this period sent their babies out to wet nurses soon after birth, weaning in those cases occurred separately for mother and child. I am interested, then, in a narrative of gestation, birth, and two possible weanings—the early weaning of mother from child, the later one of child from wet nurse.

The events I want to talk about as a single, if complexly faceted, social phenomenon are prolonged in duration and radically decentered, extending out beyond the mother-child dyad to include foster parents, foster and biological siblings, and the father, whose erotic and material interests are in place at a child's beginning. These events do have a fairly constricted focus upon two key bodies, a focus on the physical transformations and movements of mother and child, including the physiological dependency of the suckling child and the memorial record of that dependency in the adult. In social terms, these two bodies are the axiological center of the sometimes conflicting, even self-contradictory interests of woman herself, her sexual partner, her child.

How to reconcile and manage such material and psychological interests was—and still is—a major cultural task in which multiple symbolic economies participate. But recovering the meanings of reproductive processes within those economies is only partly facilitated by the ensemble of critical practices currently available. Thus, how to theorize that history as an aspect of historically specific being-in-the-body and how to find that history reproduced in dramatic texts are the tasks of this chapter.

Recent accounts of reproductive biology in early modern culture have emphasized a politics of erotic equality/parity and unity. Before the advent of the ovum theory late in the seventeenth century, both men and women were thought to produce and ejaculate the seminal fluid essential for conception. This belief, Thomas Laqueur main-

tains, made female pleasure as requisite as male.<sup>5</sup> It is easy to be attracted to Laqueur's account, for it historicizes an ideology of sexual pleasure and offers women an apparently egalitarian space within it. Too, it offers another, less-demonizing ideology to set beside the notorious myth of vaginal insatiability. But this account may also be unduly optimistic in its overall appraisal of early modern attitudes toward the female body's role in reproduction. I find in the period's materials on reproduction another narrative, founded upon sexual difference, giving institutional expression through humoral theory to a deep ambivalence toward the maternal body. This counternarrative, unlike Laqueur's, is deeply committed to and dependent upon the signifiers of class, whereby female bodies are distinguished not only from male bodies but from the bodies of other females too. By giving the authority of theoretical discourse to their correlation of bodily habitus and social distinction, medical writers reinscribe these two key variables, gender and class, and naturalize theories of social difference as theories of physiological difference. More important, they emphasize a gendered assignment of responsibility—and thus potentially a gendered distribution of credit and blame, praise and shame—throughout the extended sequence of reproductive events from conception to weaning.<sup>6</sup>

My counternarrative of reproduction begins with the reminder that, in its complex relation to the physical environment, the body of humoral theory was thought to change from day to day, moment to moment, as it took in, concocted, and released elemental humors. As I noted in the Introduction, sexual intercourse was understood in the humoral economy as the bodily expenditure of seminal fluid, to be regulated in both men and women for the maintenance of health. Doctors had the support of humoral theory in prescribing therapeutic

5. This position has been most powerfully stated in Thomas Laqueur, "Orgasm, Generation, and the Politics of Reproductive Biology," *Representations* 14 (Spring 1986), 1-16; and more fully in *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge: Harvard University Press, 1990), pp. 98-109. But see an earlier statement by Audrey Eccles in *Obstetrics and Gynaecology in Tudor and Stuart England* (Kent, Ohio: Kent State University Press, 1982), p. 32; and Patricia Crawford, who distinguishes among several theories of conception in "The Construction and Experience of Maternity," in *Women as Mothers*, pp. 6-7.

6. The credit and blame I mean have little to do with questions of sexual potency or barrenness; as Linda Pollock has pointed out, "Barrenness was believed to be the fault of the woman." See "The Experience of Pregnancy in Early-Modern Society," in *Women as Mothers*, p. 41. I need hardly point out that the gendering of credit and blame in reproduction is not peculiar to the Renaissance.

tic sexual intercourse for sexually mature men and women since the unnatural retention or expenditure of seed could produce humoral imbalance or disease. And when it came to reproduction, humoral theory again brought an economy of expenditure to bear in order to assure the best obstetrical outcome or explain a less desirable one.

Timing and moderation seem to have been the watchwords for reproductive theorists. They explained that the sperm or seed produced by the body varied greatly in reproductive efficacy, characteristics, and strength. Its nature depended, for example, on the soundness of the blood from which it was concocted; how long it had been retained in the seminal vesicles, internal or external, common to men and women; and of course, which sex had produced it. "This foresaid seed," asserts physician-printer Thomas Raynalde with something like tautological force, "is nothing so firme, perfect, absolute and mighty in woman as in man."<sup>7</sup> Possible variation in the quality of the seed was so great that James I's physician, Edward Jorden, explaining the causes of hysteria, describes the "divers sortes of alteration, and likewise of corruption" of seed in the agonistic idiom of heroic tragedy:

For as it is a substance of greatest perfection & puritie so long as it reayneth his native integritie: So being depraved or corrupted, it passeth all the humors of our bodie, in venom and malignitie. For it must needs be a vehement and an impure cause that shal corrupt so pure a substance, which would easily resist any weake assault: and a substance so pure and full of spirits as this is, must needes prove most malicious unto the bodie when it is corrupted.<sup>8</sup>

At the moment of a baby's conception, the bodily state of both parents was crucial in determining such important variables as the baby's sex, viability, normality, vigor, temperament. What brought two bodies to the reproductive act, after all, were motives and states of desire subject to moral judgment at one level and, at another, to bodily mechanisms imperfectly controlled and understood. Why were

7. As Audrey Eccles notes, Raynalde was the second English translator of Eucharinus Reossin's early textbook *Der swangern Frauen und Hebammen Roszgarten* (1513); Raynalde's version, titled *The Birth of Man-kind: Otherwise Named the Womens Booke*, saw thirteen editions from 1545 to 1654 (Eccles, *Obstetrics and Gynaecology*, pp. 11–12). I quote from the Folger Library's copy of the 1626 edition, STC 2:1163, p. 38.

8. Edward Jorden, *A Briefe Discourse of a Disease Called the Suffocation of the Mother* (London, 1603; STC 14790; rpt. Amsterdam: Da Capo Press, 1971), p. 20.

monsters born? What determined the sex of the fetus? What caused miscarriage? The answers to such questions tended to rest on and, Tristram Shandy-style, to be traced back to the parents' mental and physical states at conception.

In reproductive discourse, as in humoral theory generally, no stable semantic demarcation separated ethics and physiology. The overdetermined ethical signifiers in Jorden's tragic narrative of corruption of seed make clear that conceptualization of bodily states was inseparable from moral judgment. Here, the seed Jorden is ostensibly referring to is, like blood, produced by both men and women, but because his context is diseases specific to the uterus, or "mother," depravity and corruption of seed becomes thoroughly implicated by gender. Immoderate, inappropriate, or untimely desire in male or female was thought to have manifold, even disastrous obstetrical consequences. The birth of monstrously deformed babies, for example, could result from problems in the amount of male seed (too much, too little) or from an undesirable state of the uterus.<sup>9</sup> Monstrous birth was also thought to result from coition during menstruation, a flagrant violation not only of Levitical taboo but of the right ordering of bodily mechanisms of implantation and fetal nurture. As the Flemish physician Lemnius explained: "For when a man yeth with his wife that hath her courses, he stops her flux, and the blood is forced back again. . . . Yet it is not necessary nor fit to stop the blood running forth, when as the mans seed mingled with such filthy moisture, cannot make a perfect man. For the matter is naught and unfit to receive a decent and proper figure." Failure to observe the proper time for coition because of immoderate desire is punished, whether by God or by nature. Lemnius doesn't say: "It can hardly be expressed what contagion and mischief comes thereupon, when men do not refrain from women that are impure."<sup>10</sup>

This explanation for monstrous births was not universally admitted, though coition during "the time of separation" was usually

9. Ottavia Niccoli, "'Menstruum Quasi Monstruum': Monstrous Births and Menstrual Taboo in the Sixteenth Century," trans. Mary M. Gallucci, in *Sex and Gender in Historical Perspective*, ed. Edward Muir and Guido Ruggiero (Baltimore: Johns Hopkins University Press, 1990), p. 5. Robert Muchembled discusses the popular beliefs governing conception and birth in rural France in *Popular Culture and Elite Culture in France, 1400–1750*, trans. Lydia Cochrane (Baton Rouge: Louisiana State University Press, 1985), pp. 76–78.

10. Levinus Lemnius, *The Secret Miracles of Nature* (London, 1658; Wing L1044), p. 23; also quoted in Niccoli, "'Menstruum Quasi Monstruum,'" pp. 1, 2.

*The figure of a monster that came forth of a maid's belly.*



*The shape of a monster that came forth of a woman's womb.*



Two monsters from women's wombs. Detail, from Ambroise Paré, *Works*, trans. Thomas Johnson (London, 1634), p. 764. By permission of the Folger Shakespeare Library.

thought to leave bodily markers on children. The midwife Jane Sharp writes that such children "will be Leprous, and troubled with an incurable Ich and Scabs as long as they live."<sup>11</sup> Jacques Guillemeau, citing Galen, thought that such acts of coition resulted in the formation of false conceptions, "fleshy Mole[s] . . . bred when the mans seede is weake, barren, imperfect . . . and for the most part choked through the abundance of the menstruous bloud, which is grosse and thicke,

11. Jane Sharp, *The Midwives Book* (London, 1671; Wing S2969B), p. 51. She is repeating an old belief, articulated for example in Jacob Rufus's *De conceptu et generatione hominis*, translated into English as *The Expert Midwife* (London, 1637; STC 21442); for this belief, see p. 191.

unfit for the framing of a child."<sup>12</sup> Laurent Joubert, however, thought that "a woman cannot conceive during her flowers" because the "blood would carry the sperm away with it like a torrent flooding from every direction." But in matters of successful reproduction he too was convinced of the importance of timing and moderation of desire: "The longer sperm remains in its vesicles and is not spilled or spread about prodigally, the more it is fecund and prolific."<sup>13</sup> Nicholas Culpeper has a word of warning about the consequences for female fertility of immoderate desire, arguing that too frequent copulation "makes the womb more willing to open then shut. Satiety glutts the womb, and makes it unfit to do its Office."<sup>14</sup>

Joubert is not unaware of the irony that timely retention of seed had the rare effect of promoting healthier conceptions among the lower classes than among their betters. For the upper classes, devoted only to their pleasures, "any time is a good one." Their idleness promoted the too frequent expenditure of sperm, by which "they shortened their lives considerably," weaken their seed, and impair their offspring.<sup>15</sup> Moderation and timeliness were naturally enforced among workers, however, who were usually interested in intercourse only after nourishing themselves and resting from their work and whose moderate expenditure of sperm was repaid by large numbers of children "stronger and luster of body, and usually longer lived than such as live idly, and fare deliciously." Indeed, laments Nicholas Culpeper, "tell me else, What becomes of all our Citizens Children, there being scarce so many of them to be found now, as may be proved have been born in half a years time? I am confident not so many of them are now to be found of seven years of age." In particular, "such

12. Jacques Guillemeau, *Child-birth, or The Happy Delivrie of Women* (London, 1612; STC 12496; rpt. Amsterdam: Da Capo Press, 1972), p. 14.

13. Laurent Joubert, *Popular Errors*, trans. and ed. Gregory David de Rocher (Tuscaloosa: University of Alabama Press, 1989), pp. 108–9, 105, 112. This taboo, though widely reiterated in sermons and medical literature, may have been ignored in practice, particularly if sexual partners believed conception could not occur. Linda Pollock quotes Arthur Stanhope's remarkably detailed letter of sexual advice to his nephew, including the suggestion that "you finger my lady especially at this time now she has her flowers for I assure you those parts are most apt to delate and widen when she is in that condition." See "The Experience Of Pregnancy," pp. 41–42.

14. Nicholas Culpeper, *A Directory for Midwives* (London, 1671; Wing C7492), p. 97. Culpeper was also convinced that unusual coital positions, perhaps especially entry a tergo affected conception: "Apsish wayes and manners of Copulation, hinder Conception," p. 97.

15. Joubert, *Popular Errors*, p. 112.

women that live idly (as most of our City Dames do)" are singled out as having few children, or children who do not live.<sup>16</sup>

Moderation and timeliness of desire also had the effect of promoting the conception of a boy, a result many theorists of generation assumed that both parents and nature desired. Joubert recommends allowing sperm to remain overnight in the spermatic vessels, becoming less "raw" over time. He comments that "those who go at it less often make more males, and that by knowing their wives as soon as they are in bed they are making daughters instead of sons. For such sperm is not at that moment as well provided with everything required for its perfection. . . . the morning is more appropriate for producing sons." Conception of a girl, therefore, evidenced either some imperfection in the sperm or some accident in the timing or manner of conception. Girls, he says, are most often begotten either by drunks or on feast days. Even an hour's difference in the timing of coition mattered: "When one sees some lussy girl, more manly in manners and strength than her consorts or companions, one can well say that if she had been engendered an hour later, she would have been a boy; as, on the contrary, of a soft and effeminate boy, that one hour sooner, he would have been but a girl."<sup>17</sup>

But opinion differed on this subject. Nicholas Culpeper, assuming that the seed of male and female naturally desired to reproduce itself, understood the conception of boy or girl to be dependent on whose seed predominated at that moment: "Nature strives to beget its like, men to beget men, women to beget women; but for men to desire Girls, and Women boys, is Appetite not Nature." The age of the parents, too, affected the sex of their offspring. Young women, "because they be hotter then the elder women," said Guillemeau, more "commonly are with child rather of a boy then of a wench." In one chapter titled "Whether It Is True That an Old Man Cannot Beget Sons," Joubert enumerates the conditions under which the cold constitution of an old man can still produce male children.<sup>18</sup>

As these strongly class-based descriptions of the timing and fre-

16. Culpeper, *Directory for Midwives*, pp. 39, 91.

17. Joubert, *Popular Errors*, pp. 114, 115. This is, in effect, another instance of what Stephen Greenblatt has called "an internal power struggle between male and female principles" in generation and conception; see "Fiction and Friction," in *Shakespearean Negotiations: The Circulation of Social Energy in Renaissance England* (Berkeley: University of California Press, 1988), p. 78.

18. Culpeper, *Directory for Midwives*, p. 49; Guillemeau, *Child-birth*, p. 9; Joubert, *Popular Errors*, p. 115.

quency of intercourse suggest, early modern reproductive theory reproduced the structures of difference in class and gender, those explanatory paradigms of the culturally natural. Though one could never be sure of the particular state of one's body at any given moment, reproductive theory offered guidelines and prescriptions for ensuring the particular outcome most often desired. More to the point, in an area of experience where lived practices may have diverged significantly from theory, theory offered an explanation when things went wrong. "Excess in either meat or drink," said Nicholas Culpeper, "causeth crudities; crudities cause ill blood; of ill blood cannot be made good Seed; and by this means Parents often come to the death of their infants, even in their infancy, and know not of it."<sup>19</sup>

My interest in citing such material, even briefly, is not to compare the state of empirical knowledge in reproductive theory then and now. Nor is it to suggest, naively, that scientific theories become less ideological as they become more strictly empirical. The point, rather, is to note how thoroughly early modern reproductive theory was permeated by the ideologies of class and gender and thus how we can expect to find marked out in it the ideological fault lines of early modern culture. One of those fault lines, feminist historians have been suggesting, is the deep-seated misogyny on which patriarchal culture depends. In the almost exclusively male-written reproductive discourses—even those genuinely devoted to promoting the social and medical interests of the woman in travail—that misogyny is legible as discomfort with the fluids and processes of female physiology and, as I shall argue later, with the technical events of birth. In reproduction, the female body was not only different *as usual* from the male body but different from itself in a way that, at its most dangerous, threatened contamination of self and baby. Humoral theory in this way coincided with what Julia Kristeva has labeled "the semiotics of biblical abomination."<sup>20</sup> Thus, Culpeper instructs women who would conceive how "to preserve the Womb in a due Decorum": "If you would have Children, see that the Menstruis come down in due order, the colour of them will shew you what humour offends; purge it out." The "Instruments of Generation," he insisted, must be kept "pure and clean."<sup>21</sup>

19. Culpeper, *Directory for Midwives*, p. 33.

20. This phrase is the title of chapter 4 in Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. Leon S. Roudiez (New York: Columbia University Press, 1982), but on the question of maternal defilement, see pp. 99–101.

21. Culpeper, *Directory for Midwives*, pp. 96, 92.

As Culpeper's vehemence suggests, a chief difficulty to the theory of reproduction certainly and perhaps also to the interpellating experience of pregnancy, was that the womb was so suspect and unstable, even so paradoxical an obstetrical environment—in Joubert's phrase, "unclean, filthy, and foul."<sup>22</sup> On the whole, early modern physiology accepted Galen's denial of Plato's assertion that the womb was an independent, animate entity capable of smell and violent movement.<sup>23</sup> Treatment, however, continued to assume the womb's attraction to sweet smells, its antipathy to foul smells. Simon Forman, for example, repeats the conventional wisdom that "all noisum things doth trouble the matrix and makes her vomite up those humors or excrementes that ar in her. And againe the matrix dothe encline and drawe to all swete and savorie things."<sup>24</sup> Such characterizations focus upon the womb a kind of fetishistic attention only partly attributable to the actual gynecological sufferings of the female patient population or even, I would argue, to the high rate of maternal mortality. Culpeper, for example, quotes Jean Fernel in a phrase that seems to have the force and memorability of adage: "As *Fernelius* saith, The place from whence comes life, is also the breeder of the most deadly poison."<sup>25</sup> Edward Jorden's account of the general disease-proneness of women, "especially in regarde of that part," was virtually medical commonplace:

For as it hath more varietie of offices belonging unto it then other partes of the bodie have, and accordingly is supplied from other partes with whatsoever it hath need of for those uses: so it must needes thereby be subject unto mo infirmities then other partes are: both by reason of such as are bred in the part it selfe, and also by reason of such as are communicated unto it from other parts.<sup>26</sup>

22. Joubert, *Popular Errors*, p. 178.

23. See Ian Maclean, *The Renaissance Notion of Woman: A Study in the Fortunes of Cholaicism and Medical Science in European Intellectual Life* (Cambridge: Cambridge University Press, 1980), pp. 40–41; also Ilza Veith, *Hysteria: The History of a Disease* (Chicago: University of Chicago Press, 1965), pp. 31–37.

24. Simon Forman, "Matrix and the Paine Therof," ed. Barbara H. Traister, *Medical History* 35 (1991), 443.

25. Nicholas Culpeper, *Directory for Midwives: The Second Part* (London, 1671; Wing 7498), p. 114.

26. Jorden, *Suffocation of the Mother*, p. 1. Lucinda Beier has suggested, too, that the special relation to illness which their physiology gave women seems to have been a well-developed social attitude. See *Sufferers and Healers: The Experience of Illness in Seventeenth-century England* (London: Routledge and Kegan Paul, 1987), pp. 211–41.

Many diseases of the womb were in fact intractable given contemporary therapeutic practices. Thus Jorden's emphasis on the pathology of the womb does have empirical support in the suffering women who fill the casebooks of practitioners such as Richard Napier or Simon Forman.<sup>27</sup> At stake both socially and psychologically, however, is the collectively internalized figuration of a body organ of such demonstrable material importance to society at large—in what was called its public action—being capable of the autonomous malevolence, the will to do harm, implied and authorized by a characterization of the womb as "breeder of poison."<sup>28</sup>

One can see the womb functioning metonymically in such locutions for the culturally feared maternal power of women in general. More interesting, it seems to me, is the suggestion that the womb seems to function as a kind of quasi-independent force in the female body, like an agent within. Such a characterization, while it elevates the womb to a potentially threatening importance, offers the counteradvantage of representing the womb as a political entity, a potentially disorderly force needing pacification and colonization but capable of negotiating terms of external control and regulation. Such empowerment does not necessarily extend, however, to the female bearers of wombs, subjected by the power within. Treatises on diseases of the womb by male practitioners, even as they recommend treatments often to be administered by women to themselves or to other women, have the effect of making the womb knowable not only to the women who have wombs but also to a variety of men. These include the men who write about and treat wombs, the men who establish technical discourses, the men who reproduce the wombs in medical illustrations and thus allow the female gazer a textualized image of her internal bodily self.<sup>29</sup> That that image may be construed as shameful is often power-

27. For Napier, see Michael MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England* (Cambridge: Cambridge University Press, 1981).

28. Margaret R. Miles has discussed the connection between representations of childbirth and the cultural terror of female reproductive organs in *Carnal Knowing: Female Nakedness and Religious Meaning in the Christian West* (New York: Vintage, 1991), pp. 145–62. For literary treatment of the theme, see Janet Adelman, "'Born of Woman': Fantasies of Maternal Power in *Macbeth*," in *Carnivals, Witches, and Divorce: Estranging the Renaissance*, ed. Marjorie Garber (Baltimore: Johns Hopkins University Press, 1987), pp. 108–9.

29. As Laqueur has pointed out, anatomical illustrations of both male and female reproductive organs were widely distributed "well beyond the bounds of the learned community to midwives, barber surgeons, and laypeople" (*Making Sex*, p. 110). Thus it is clearly too simple to suggest that such texts merely operate to effect the erotic



EXPLANATION OF THE FIGURES, Shewing the difference of the Parts of a Child in the Womb, from those in a Person of Years.

The Second of the Figures in this Brass Plate, shews the Form the Child takes in, in the Womb, according to the Opinion of Hippocrates and Birchoffius.

AA The Deputy-Kidneys or Pter-Kidneys, called in Latin *Renes Succenturiati*.

BB The True Kidneys, as yet distinguished by divers kernels, but ill expressed in point of Situation, by the Grazer's mistake.

CC The great Arteries from which the Branches go to the Kidneys, and Capillaries, or Cells.

DD The Urin canals, from whence spring the Emulgents, and the small Fringes of the Capillaries, or Cells.

FIG. II.

Shows the Situation of a Child in the Womb, howbeit in some it differs.

A The Head bent forward, so as the Nape may be hid between the Knees.

BB The Buttocks, to which the Heels are obliged to sit.

CC The Arms.

DD The Band or Rope carried along by the Neck, and bent back upon the Forehead, and contained with the Placenta, expressed in the following Figure, at the Letter D.

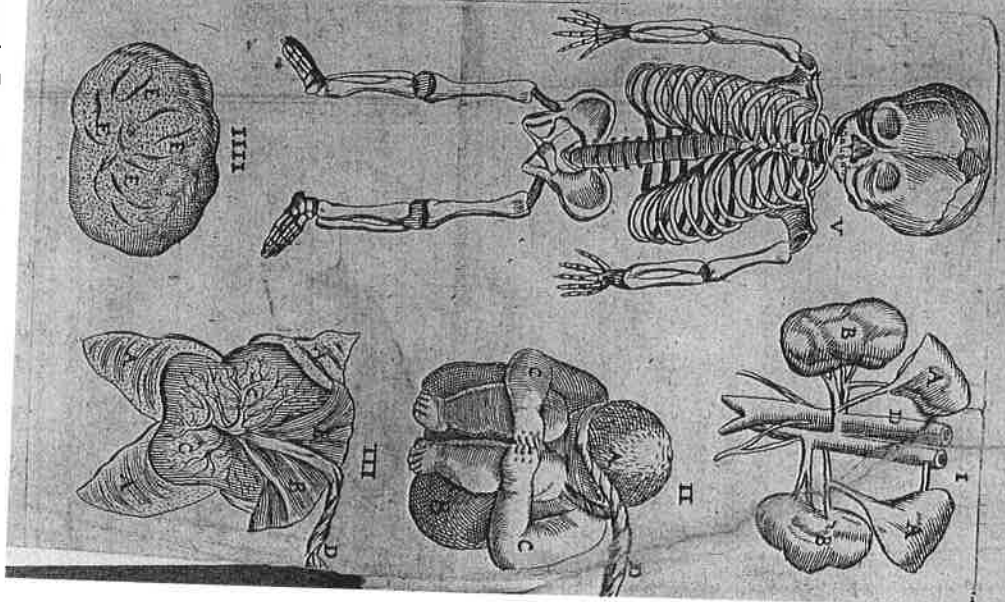
FIG. III.

AAA The Membrane Chorion, divided.

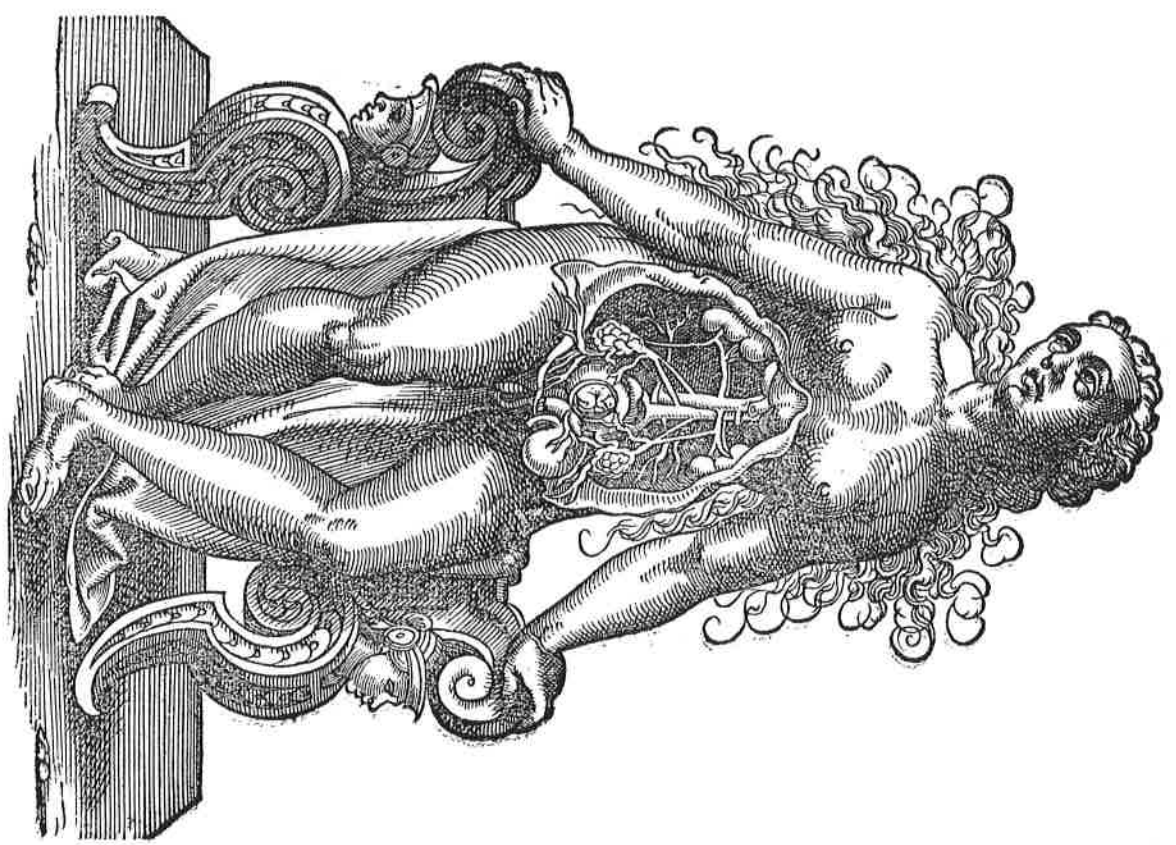
BB The Amnios Membrane, as yet covering the Band.

CC The inner Concave part of the Placenta, or womb-cake, which lies next the Infant with rings of the Vessels.

DD A portion of the Band or twisted Roe.



Situation of the child in the womb. From Nicholas Culppeper, *A Directory for Midwives* (London, 1671), foldout frontispiece. By permission of the Folger Shakespeare Library.



Pregnant woman, viscera exposed. From Jacob Ruff, *De conceptu et generatione hominis* (Frankfurt, 1580), p. 10<sup>v</sup>. By permission of the Folger Shakespeare Library.

fully suggested by the abashed posture of the infant in the gravid womb, who bends his head and holds his hands before his face as if to hide himself from the gazer.

In Jordan's representation, the womb becomes the protagonist in an ethical drama, burdened with both responsibility and disease. It has "more varietie of offices" than other parts, peremptorily drawing by that very power to "mo infirmities." Simon Forman has a yet more wonderful locution in the treatise he devoted to pains of the womb. He speaks of the womb as "a world of yt selfe lying between the bowells and the bladder spreadinge yt selfe to bothe sides of the belly," and he insists that it cannot be treated like the rest of the body with medicines taken in by mouth. Effective treatment must be done through the vulva because "ther is noe waie into the matrix but one." Nor will the womb long retain what it receives, for "the matrix doth exempte month or noe." And like the watery world of which it was a kind of emblem, the womb was subject to tidal forces, waxing and waning in a majestic harmony with the lunar cycle: "For as the tyde doth flowe in a doth the matrix begin to flowe and open and *spread her selfe* & the humors doe gather in the matrix."<sup>30</sup>

Forman's evident awe of menstrual majesty to the contrary notwithstanding, part of the problem for uterine reputation and a major rationale for medical colonization came not from just its proximity to other excretory organs but from the fact that excretion was one of its rhetoric the wombs of whores were seen as sewers and privies. Even in the more decorous discourses of reproductive theory, just as the bowel and bladder stored waste products, so the womb, created by nature "to be the said receptacle & house of office," stored and released waste menstrual blood before pregnancy and lochial flow in the period after delivery.<sup>31</sup> Even apart from events directly connected to reproduction, the womb was notoriously subject to other forms of more or less pathological flow—the leucorrhoeal discharge popularly

known as "the whites," for instance, which the midwife Louise Bourgeois described as "an inordinate eruption of an excrementitious humor collected together through some vitiousness of the blood."<sup>32</sup> The deep cultural ambivalence surrounding menstrual blood has been well documented; as I suggested in Chapter 3, its production is a central attribute of the grotesque body and a potentially ominous symptom of gender ambiguity.<sup>33</sup> A similar ambivalence by women toward their own bodily flowings, particularly to kinds of discharge other than menstrual, is far harder to document historically but is contextually persuasive.

The cultural ambivalence generated by menstrual blood carried over into reproduction, since it was thought to be the source of fetal nurture. In order to recuperate blood in this form as food, reproductive discourse has to work hard to decontaminate it from its unstable social meanings. Raynalde insists that "this bloud is even as pure and wholesome as all the rest of the bloud in any part of the body else."<sup>34</sup> Culpeper contradicts such authorities as "*Columella, Pliny, Columbus, and Fernelius*," who contend that the fetus cannot be nourished by so evil a substance: "This Blood which a Woman voideth once a month, is not so bad as *they make it to be*, nay, simply in it self considered, not bad at all, but very good, for if the womans body be in good temper, her blood must needs be good."<sup>35</sup> Jane Sharp admits that menstrual blood "hath strong qualities indeed, when it is mixed with ill humours. But were the blood venomous it self, it could not remain a full month in the womans body, and not hurt her; nor yet the Infant, after conception."<sup>36</sup> Joubert acknowledges that the blood the body "rejects each month is the least fine and smooth of all her blood," but still sees "nature's great and marvelous providence" at work. Indeed, "the crudest [blood] suffices, especially since the conceived sperm has a great digestive virtue. . . . Once the child is formed, his liver is the first to receive it, consuming and making from it very refined blood

32. See R. C., *The Complete Midwife's Practice Enlarged* (London, 1680; Wing Cgg 2), p. 23. This is the English translation of the second part of the famous French midwife Louise Bourgeois's *Observations diverses*.

33. See Patricia Crawford, "Attitudes to Menstruation in Seventeenth-Century England," *Past and Present* 91 (1982), 47–73; but see also Angus McLaren, *Reproductive Rituals: The Perception of Fertility in England from the Sixteenth to the Nineteenth Century* (London: Methuen, 1984).

34. Raynalde, *Birth of Man-kind*, p. 56.

35. Culpeper, *Directory for Midwives*, p. 56, emphasis added.

36. Sharp, *Midwives Book*, p. 289.

exposure of a female torso to an implied male gazer. My point is rather that such illustrations, like other forms of emergent technological reproduction, construct a discourse of knowledge alienating women from their own bodies and bodily self-experience, making them subject to those bodies and to those who can represent it.

30. Forman, "Matrix and the Pain Therof," pp. 442–43, emphasis added.

31. I quote here from Raynalde, *Birth of Man-kind*, p. 48.

for the nourishment of the body."<sup>37</sup> The child's body, in other words, compensates for the systematic failings of its mother's. Though even here the results could be imperfect: Guillemeau explains childhood skin rashes as the surfacing of "reliquies of the impurer part of the blood, wherewith the child was nourished in his Mothers wombe." And even after the cessation of menses in pregnancy, the womb continually regarded as fetal excrement, the baby's sweat and urine was usually regarded as fetal excrement, the baby's sweat and urine.<sup>38</sup>

Apart from its unattractive excretory function, its tendency to bleed and flow, and its proneness to disease, the womb was also suspected as an obstetrical environment because of its odd capacity to house other things besides babies (such as the "false conceptions" called moles), its susceptibility to effects of the psyche, and its threatening association with bizarre longings. Obstetrical texts and diary records alike abound with anecdotes of mothers whose frights or longings during pregnancy were thought to have marked their babies with harlepins, blood- or wine-stained markings, hairy moles, or other deformities.<sup>39</sup> In such accounts, responsibility for avoiding a poor outcome comes to rest heavily upon the mother, who must submit herself quietly and submissively to her state. "*Content of Mind*," says Culpeper, "dilates the Heart and Arteries, whereby the vital blood or Spirit is sufficiently distributed throughout the Body; and thence arise such affections as please, recreate, and refresh the Nature of man."

But this contentment, imposed as a condition for success in conception and pregnancy, comes suspiciously to resemble the subordination and submission enjoined upon all women, pregnant or not:

the imagination of the Mother operates most forcibly in the Conception of the child. How much the better then were it for women to lead *concentrated* lives, that so their imaginations may be pure and clear, that so their conception may be well formed, than to vex, and fret and fume, and fling and throw, and murmur and repine, and fill their minds all full of distracting cares and fears, as an Egg is full of meat, making a tumult in

37. Joubert, *Popular Errors*, p. 100.

38. Jacques Guillemeau, *The Nursing of Children* (London, 1612; STC 12496; rpt. Amsterdam: Da Capo, 1972), p. 99. Guillemeau suggests that the newborn may have roughness or "nitrosity" about the eyes "through his long swimming and lying in his owne sweat and Urine, while he was in his mothers wombe" (p. 12).

39. To cite one example of many, Alice Thornton records seeing a penknife, "which was nigh to have hurt me," causing the baby to be born with "a mark of a deep bloody colour upon [his] heart." Quoted in Beier, *Sufferers and Healers*, p. 233.

their spirits, and bringing all their thoughts into such a confusion, that they look more like beasts than women, so that if they could but see themselves, they could not *but be ashamed* to see how like Anticks they are.

Culpeper's point here—much more conventional than his vehement, energetic prose might suggest—is that the anxious, complaining woman has no one to blame but herself for the difficulties in her pregnancy or the hazards in its outcome. He recommends "content of mind" not only for its obvious psychological benefit but, more authoritatively, for its physiological one ("content of mind dilates the Heart and Arteries"). Discontent alters the blood, thus altering "the very nourishment wherewith the child is nourished in the Womb."<sup>40</sup> Guillemeau, similarly, uses pregnancy to warn women of the hazards of psychological and bodily openness or receptivity: "Discreet women, and such as desire to have children, will not give care unto lamentable and fearful tales or stories, nor cast their eyes upon pictures or persons which are ugly or deformed, least the imagination imprint on the child the similitude of the said person or picture. . . ."<sup>41</sup>

Reproductive writing uses physiology, in other words, to reinforce a conventional construction of the female body as dangerously open and the female imagination as dangerously impressionable and to contest the social privilege that pregnancy gave to the mother-to-be "to have her longing." Some of those longings, it was understood, could be deeply irrational, bizarre, or even pathological, and Culpeper was sure they also reflected the structure of class difference: "Those which live idly (as the Gentry and Citizens Wives, that seldom use their bodies to any exercise, unless it be playing with their Dogs) and keep not good diet, are most pestered with such Longings." In the recognized danger that denying those longings posed for the fetus lay the empowerment of and incentive to desire. In the case of pregnant women's cravings to eat "absurd things," Culpeper recommends a dialogue beginning "with fair words, to abstain from them," but finally counsels surrender: "If the appetite will not be allayed, rather grant them, than suffer an abortion or mark upon the Child."<sup>42</sup> Thus for many, if not most, women, a desired pregnancy could open up a space within the confines of patriarchal

40. Culpeper, *Directory for Midwives*, pp. 93, 94. The first set of italics in the long quotation is Culpeper's, the second mine.

41. Guillemeau, *Child-birth*, p. 26.

42. Culpeper, *Directory for Midwives*, p. 120; *The Second Part*, p. 105.

marriage for the expansion or even momentary hegemony of female desire. William Gouge, advising "an husbands provident care for his wife about her child-bearing," tells the readers of his treatise "of husbands particular duties" to procure "for their wives to the uttermost of their power and ability, such things as may save their longing, in case they doe long."<sup>43</sup>

As such cautions suggest, the interaction between the mother's rapidly altering body and the growing fetus sheltered in her swelling womb was both dynamic and portentous. Even more, perhaps, than other physical conditions peculiar to women, pregnancy partook of what Mary Ann Doane has described as the logic of the symptom: "The symptom makes visible and material invisible forces to which we would otherwise have no access; it is a delegate of the unconscious."<sup>44</sup> Pregnancy was a rare type of bodily event knowable as to cause and desired months in between. In the attention pregnancy necessarily focused on the apparent concavity and expandability of the womb, it typified the body's aspect as container, so crucial to humoral corporality's self-nourishment. The difficulty in pregnancy, however, was that the pregnant womb, instead of containing merely its own humors and waste products, housed and was accountable for the production of a baby in whom patriarchy claimed the presiding interest.

Even more frightening perhaps for patriarchal interests was that on the whole even normal, survivable pregnancy was conceptualized as a disease state. "The greatest disease that women can have," wrote Guillemeau, "is that of the nine Moneths, the *Crisis* and cure whereof consists in their safe deliverie."<sup>45</sup> Perhaps pregnancy was perceived this way because it entailed so many physical changes within a bodily paradigm where change was cause for fear, perhaps it was because the baby itself could be regarded, like an unwonted growth, as an alien presence altering the humoral balance of its mother and destined for evacuation and release. Birth was called a "great evacuation," a great emptying-out, which not only configured the baby as excretory product but, more to my purposes here, construed birth as a violent purgation not unlike the purges central to humoral therapy. The "extraordinary delight" the womb was said to experience at conception, "a

shaking or quivering (such as we commonly find presently upon making of water)," was soon followed by early signs of pregnancy, any one of which in other bodily contexts would signify the imbalance of humoral disease. Guillemeau enumerates vomiting, spitting, loss of appetite, bizarre cravings, and a "fallen" belly, "which makes them oftentimes to complaine and say they be quite fallen away."<sup>46</sup>

If, as I have suggested, class behaviors were thought to affect conception in ironic and to us perhaps surprising ways, gender organized a differential perception and experience of the nine months' illness that was pregnancy. The sex of the fetus altered and oriented the mother's body, *made it different* from what it had been before pregnancy or would be again in a differently gendered gestation. According to Hippocrates, gestation proceeded differently for males and females, the male fetus, with its greater heat, taking thirty days to be completely formed, the female forty-two. Perhaps it is not surprising that the sex of fetuses, according to some experts, could be read on mothers' bodies by a whole host of opposed bodily signs, hierarchically ordered by hot/cold, right/ left, up/down, hard/soft. Guillemeau listed some of these:

*Hippocrates* saith, that a woman which goeth with a boy hath a good colour, for a woman in her case, but if it be of a wench, she will have a worse complexion. Likewise if the right breast be harder and firmer, the nipple hard, red, and more eminent, the milke white and thicke . . . and if you make a cake with the said milke and flower, and in the baking it continues firme, and close, it is a signe the woman is with child of a boy. . . . The Male child lyeth high above the Navell by reason of his heate, and the Female at the bottome of the belly, because of her coldnes and weight.<sup>46</sup>

The naturally greater heat of the male fetus had the distinct advantage of counteracting the cold, moist temperature of its mother's womb, whereas the colder female fetus, unfortunately, could only intensify it. Reproductive theory seems to have coincided with popular belief.<sup>47</sup> From both, women could have drawn an expectation of

45. Guillemeau, *Child-birth*, pp. 81, 4, 5.

46. *Ibid.*, p. 9.

47. Joubert begins his chapter "If There Is Certain Knowledge That the Child Is Male or Female" (3-4) by citing Hippocrates but moves on to the "signs given by laymen" (*Popular Errors*, pp. 152-53). He regards none of these signs as predictive since pregnancy could coexist with other bodily states that would serve to complicate a woman's health.

43. William Gouge, *Of Domesticall Duties* (London, 1622; STC 121119; rpt. Amsterdam: Theatris Orbis Terrarum; and Norwood, N.J.: Waker J. Johnson, 1976), p. 399.

44. Mary Ann Doane, "The Clinical Eye: Medical Discourses in the 'Woman's Film' of the 1940s," in *The Female Body in Western Culture*, p. 154.

different health and well-being in pregnancy, profoundly gender-based: "They which be with child of a boy are more quicke and nimble in all their actions, and be in better health of body, without being subject to many infirmities, which commonly happen to women with child of a wench," Guillemeau explained. Even her mental state was affected, he said, the woman carrying a girl being "wayward, fretfull, and sad," no doubt from cold moisture breeding melancholy.<sup>48</sup>

The clarity of such differential accounts of pregnancy in reproductive texts, I hasten to add, is not borne out by diary records. Ralph Houbrooke includes some diary predictions about the sex of a baby in his anthology of family life but maintains that "their basis is unknown, and they were not always accurate." He does include Nehemiah Wallingford's expostulation of relief after his wife's safe delivery of "a man child, contrary to our expectation," which may suggest some such differential understanding. The sympathetic and attentive Ralph Josselin records his wife Jane's predictions, which change frequently enough during pregnancy to suggest some correlation on her part between her health and the baby's gender. Jane found one of her labors "very strange to her" and concluded, perhaps on that basis, "It would be a daughter, contrary to all her former experience and thought."<sup>49</sup> But the diary makes clear that the Josselins, like their contemporaries, understood their bodies in human moral terms and would presumably have so understood Jane's pregnancies.

Pregnancy was an unusual "disease" in being so often anticipated and delighted in, particularly by upper-class women, whose absence from economic production led—so Patricia Crawford has argued—to an increased emphasis on their reproductive labor.<sup>50</sup> If pregnancy was experienced as disease—and even for the many women who survived multiple childbirths, it was often a time of discomfort and anxiety—that disease was uniquely tied to duty, whether that duty is constructed socially or theologically.<sup>51</sup> My point, however, is not to reconcile reproductive theory with a complex and as yet incomplete social record but to show how pregnancy was *inscribed* as disease even as it was required for most women.

48. Guillemeau, *Child-birth*, p. 10.

49. Ralph A. Houbrooke, ed., *English Family Life, 1567–1716: An Anthology from Diaries* (Oxford: Basil Blackwell, 1988), pp. 101, 117.

50. Crawford, "Construction and Experience of Maternity," p. 14.

51. See the diary accounts excerpted in *English Family Life*, pp. 101–32.

It may well be the case, as social historians of childbirth in early modern England have argued, that in pregnancy and childbirth married women enjoyed their greatest power and autonomy. Adrian Wilson, in particular, has found evidence for this argument in the ritual exclusivity of childbirth: "Before childbirth belonged to medicine," he says, "it belonged to women"; they constructed "a coherent system for the management of childbirth, a system based on their own collective culture and satisfying their own material needs." The picture of childbirth emerging from Wilson's upbeat account is of a ceremony, carnivalesque to the degree that it is structured by gender inversion and focused upon the material satisfaction of bodily need, in which women invited to participate in a childbirth would rapidly reorder domestic space and restructure household activities. The marital bedchamber, ordinarily under the more or less firm control of patriarchal prerogative, became a different space both socially and physically, a darkened and shuttered birthing chamber closed to men, full of women, and presided over by a midwife paid for her services. This neighborliness, the companionship of other women and the familiarity of their ritualized activities of preparing caudles and linens presumably helped to allay the fears, and thus the pain, of the woman in travail.<sup>52</sup> The period of female hegemony extended throughout the lying-in from the onset of labor to a time about four weeks later, when the newly delivered mother would publicly reemerge from her house for a "churching ceremony" celebrating her safe delivery, perhaps a successful birth, and her full return to social existence.

What Wilson wishes to make clear is how powerfully and effectively these rituals of the collective female culture of childbirth functioned within the overall confines of seventeenth-century patriarchy. I have no wish to dispute the general outlines of his account, or even the relevance of carnivalesque theory to birth practices in the period. I would like to consider childbirth less synchronically than Wilson does, however, not as a relatively static social practice but as an emergent field of discourse and technical knowledge. In this emergent field, the regulatory mechanisms of shame threaten the female enclosure of the birthing chamber and the privileges of the laboring woman. The interpellation of shame turns the ritual practices of childbirth into not-always-successful female defenses against the cultural ambiguation of female bodily changes and physical properties of birth.

52. Wilson, "Ceremony of Childbirth," pp. 70, 71–75. In more modest domestic circumstances a separate room might not be available, but some ritual demarcation of space would socially separate birth from the household structure.



The lying-in chamber. From Jacob Ruff, *De conceptu et generatione hominis* (Frankfurt, 1580), title page. By permission of the Folger Shakespeare Library.

What I earlier described as the womb's general unsavoriness of reputation, functions, and mysterious effluences—so apparent in the shame and obscurity to the birth process, even as ceremonially ordered by women's culture. It is in order to theorize the relation between the invisible forces at work in reproduction and their visible birth occur. But in early modern England, cultural unease about representing these events registers powerfully in the vernacular medical texts devoted to the subject. Even physicians who wrote or translated works on birth, such as John Banister (*The Historie of Man*, 1578) or Richard Jonas and Thomas Raynalde (first and second translators of *The Birthe of Mankynde*, 1552), worried that detailed description in

English of the reproductive organs, male and female, would commit “indecence agaynst the office of *Decorum*.”<sup>53</sup> Raynalde, who as physician-printer translated one of the first two works in English on midwifery, was also worried that knowledge of birth processes would contribute specifically to female shame and male disgust about female reproductivity:

Some alleaging that it is shame, and other some, that it is not meete ne fitting such matters to be intreated of so plainly in our mother and vulgar language, to the dishonor (as they say) of womanhood and the derision of their owne secrets, by the detection and discovering whereof, men in reading or hearing, shalbe moved thereby *the more* to abhorre and loath the companie of women, and further in their communications to jest and bourd of womens privities, not wont to be knowne of them.

The culturally available pun on “privy” here signifies women's secrets as the shame—the *puddenda*—of female reproductivity. Raynalde uses the pun to assert that men without benefit of Latin—that is, literate but nonprofessional men—are “not wont” to know the secrets of women's reproductive organs, their names and their functions in gestation and birth. Raynalde takes great pains to assure his readers, however, presumably on his authority as physician, “that I *know* nothing in woman so privie ne so secret” to make an honest man “conceive a certaine loathsomnesse and abhorring towards a woman.”<sup>54</sup> But his rhetorical emphasis is suspect, overdetermining the “loathsomnesse and abhorring” of the female body he imagines as already present in patriarchal culture. He may well be contributing “the more” to the derision of women in defending so strenuously against it and offering the facile hope that dispelling secrecy may be one way of dispelling shame: he knows nothing “so” secret that it will conduce to male loathing. Seventeenth-century writers—Nicholas Culpoper and the midwife Jane Sharp, for example—were less timid, but as Charlotte Otten points out, nearly all vernacular writers on human reproduction betray their uncertainty about writing in a new and culturally unprotected discourse that will expose women's re-

53. John Banister, *The Historie of Man* (London, 1578; STC 1359), sig. Biiiii. I owe this reference to Charlotte Otten.

54. Raynalde, *Birth of Man-kinde*, pp. 8–9, 12. Current information about Raynalde's occupations was made available to me by Peter Blayney.

productive organs and the events of birth to the uncontrolled internal gaze of male imaginations.<sup>55</sup>

Writing about birth in English, however, opens up a textual space from which men—and their erotic interest in women's bodies—cannot be excluded. What Raynalde is particularly worried about, paradoxically, is that reading will serve both to eroticize and deerotinize interest in the female body by the greater arousal of disgust: the “secrets” of women can only be shameful. Fearing unwarranted, unauthorized results of textualization, Raynalde weakly tries to limit and control the discursive and social circulation of knowledge of birth processes by redefining textuality as an elect community of the silently knowledgeable. To the men into whose hands his book should come, he writes: “I counsel and exhort, that they take not upon them to take of any things herein contained, but onely where it may edifie, and be assuredly well accepted.”<sup>56</sup> At the very least, however, textualizing birth during a time when literate men far outnumbered literate women discursively reconstitutes the practices of childbirth as a field of theoretical knowledge, neutralizes its strong genderment as female, and participates in what was to become in the later seventeenth and eighteenth centuries the medical professionalization of birth.

Joubert notes, condescendingly, that it is “very good and reasonable” for midwives to “share among themselves their usual little remedies.” But he insists that “women have never invented a single remedy; they all come from our domain or from that of our predecessors.”<sup>57</sup> Culpeper, recognizing no professional boundaries in the dissemination of knowledge, begins his *Directory for Midwives* by inveighing against “the notable injuries offered to Men and Women . . . by absconding the Rules of Physick from them.” He seeks to assure midwives of their continued control over birth as a practice: “To whom doth the *Practical Part* of it belong, but to your selves?” Even so, he too is committed to conceptualizing childbirth as, first, a field of theoretical knowledge, hence a male preserve to be transmitted by means of a patriarchal process of formal, intellectual endowment from on high. Custom—the social transmission and regulation

of behaviors instantiated in the behaviors themselves—is replaced by textuality, the inscription in a “directory” of what the birthing practitioner always already should have known before entering a female enclosure no longer secret or simply female: “Many of you are ancient, but if you be too old to learn, you are as much too proud. God speaks not now by voice to men and women as formerly he did, but he speaks in, and by men; and ’tis no part of wisdom for men and women to stop their ears against it.”<sup>58</sup>

By and large, as Wilson and others make clear, the practice of birth in the seventeenth century remained one of “womens privities.” The ritual enclosure of the birth chamber offered the laboring woman quiet, freedom from distractions, and the support of other women who had survived or would themselves face the substantial risks of childbearing. Thanks to the textual reiterations of the immodesties of birth, however, this aura of protection becomes hard to distinguish from one of concealment and shame, from the isolation ordinarily granted to acts of bodily evacuation. If metaphors of visibility/invisibility lend ethical and physiological ambiguity to that symptom which is pregnancy, so ideologically charged metaphors of opening and closing dominate birth. After conception, the womb, which opened sexually to receive male seed, closed decisively in order to reject the entrance of further male seed in any subsequent acts of coition. (The closure of pregnancy was usually but not always final: hence the superfetation represented by the birth of twins. Too, the egregious bodily openness associated with the prostitute meant that her womb rarely closed tightly enough to retain seed and made her deliveries suspiciously easy. Joubert says that whores and other lascivious women have an easier time in childbearing because the “shameful parts are so much in use that it is easy for the child to come through the well-worn passageway”.)<sup>59</sup> At birth, the female body opens again even more dramatically and decisively to expel the baby. We have seen how threatening such bodily openness is to a dominant ideological configuration that always valorizes enclosure of the female body. By ritually sealing off the birthing chamber, even stopping up the keyholes, women at a birth offer an ideologically weighted countersign to the bodily opening and emptying enacted in birth. The birthing chamber thus becomes a symbolic outer body

55. Charlotte Otten, “English Medical Texts: The Vocabulary of Medical Writing on Sexuality in the 16th and 17th Centuries,” unpublished manuscript, pp. 3–4. Otten’s point, unlike mine here, is not gender specific.

56. Raynalde, *Birth of Man-kinde*, p. 13, emphasis added.

57. Joubert, *Popular Errors*, pp. 172–73.

58. Culpeper, *Directory for Midwives*, sig. A2<sup>r</sup>, A3<sup>r</sup>, A3<sup>v</sup>.

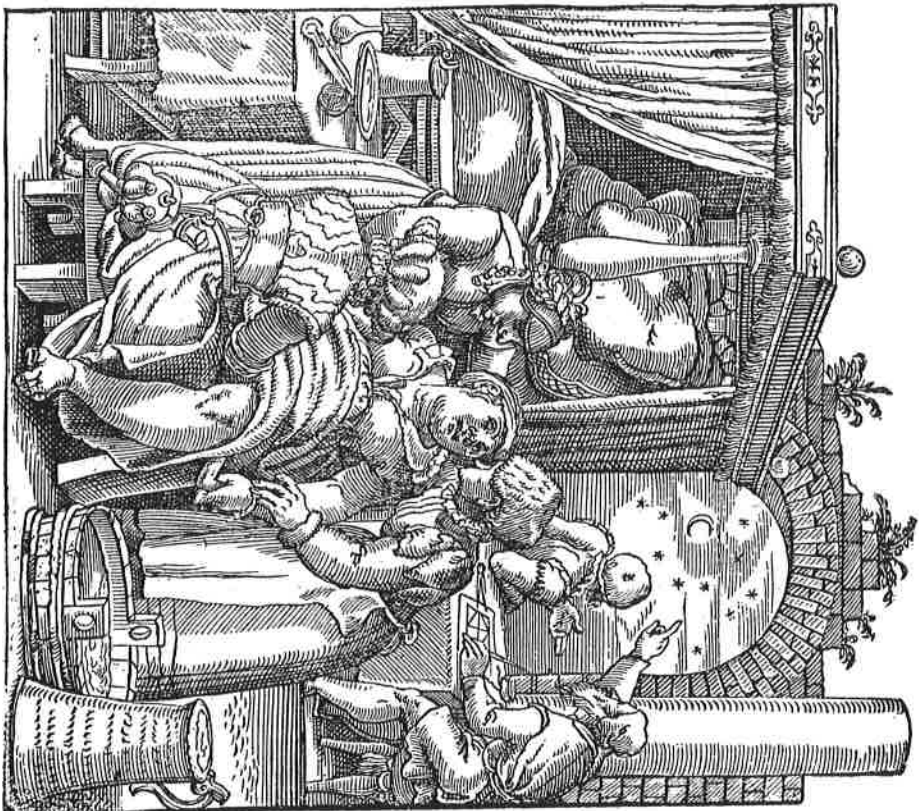
59. Joubert, *Popular Errors*, p. 168.

envelope or, to paraphrase Forman's wonderful figure, "a world of yr selfe" where women alone controlled physical exit and entrance. Birth rituals sought also to limit access to and exposure of the inner thresholds of birth, the bodily thresholds of cervix, vagina, and labia through which the baby must emerge. According to Wilson, only the midwife herself "was entrusted with the *right to touch*" these thresholds.<sup>60</sup> The sense of taboo operating here is corroborated by Joubert despite his insistence that physicians know better everything that midwives know. He adds, "We leave to them this branch of surgery involving childbirth because it is more decent that this treatment be administered woman to woman in their shameful parts." Guillemeau, who as a surgeon would usually have been called only to deliver prominent women or in cases of difficult presentations or obstructed births, orders the hips and knees of a woman he will deliver manually to be covered so that no one present will "see what the Chirurgeon toucheth, or doth: and likewise, that the woman bee not afraid of him, when he shall be about his business."<sup>61</sup> Even most illustrations of the birth scene obscure the bodily thresholds of birth; the midwives are shown thrusting their hands up beneath the heavy draperies of the laboring woman's skirts to check the progress of labor. Once birth and the birth chamber are given over to depiction, the dark spaces beneath the laboring woman's skirt must do the necessary cultural work of enclosure and concealment.

Humoral theory offered rational, empirical support for birthing rituals designed to offer concealment and enclosure, for the explanations of danger in childbirth focused precisely on the exposure of bodily thresholds ordinarily concealed from view and the traumatic opening of bodily thresholds ordinarily closed. In pregnancy, according to Guillemeau, "there be divers winds and vapours, that are shut up, and inclosed in the neather belly of a woman with child." The great evacuation of birth released those winds and vapors, that are shut up, and inclosed in the neather belly of a woman with child." The course it also opened the mother's body to the entrance of yet other humors or cold air, causing afterpains. Guillemeau offers instructions for swathing the belly with "linnen cloth foure times doubled" not only to keep the "Matrice in his place" but to prevent air from getting in to the womb, "which being emptied of such a burthen, will easily receive it, and this might bee a meanes to make it swell, and puffe up."

60. Wilson, "Ceremony of Childbirth," p. 73.

61. Joubert, *Popular Errors*, p. 172; Guillemeau, *Child-birth*, p. 126.



Woman in labor. From Jacob Ruff, *De conceptu et generatione hominis* (Frankfurt, 1580), p. 3. By permission of the Folger Shakespeare Library.

The need to keep this newly emptied body from unknowingly absorbing dangerous humors may also lie behind Guillemeau's insistence that the new mother "must be kept from sleeping, though shee bee very desirous thereof." Culpeper thought labor weakened even the eyes, "by a Harmony between the Womb and them," and urged the parturient woman to avoid the light. But the dangerousness of bodily opening is epitomized in Joubert's characterization of the mother's body as wounded: "One could not more aptly compare a woman who



has just delivered than to a person who has just been severely wounded." The chief similarity here is not the risk of death but the fact of flow.<sup>62</sup>

Even more than the suspiciously effluent female body in other states, the parturient body flowed—with the fluids released at birth, after birth, and in laccation. Thus Joubert's notation of the *difference* changes in bodily flow which began for the parturient woman after delivery seemed—at least in medical discourses, as in the scriptural discourses they seemed to rationalize—to signify uncleanness and thus to require ritual purification. After injury, "bleeding is stopped immediately because the blood is good," says Joubert, "whereas in the case of the woman this cannot be done because this blood [of the afterbirth] is not worth anything."<sup>63</sup> This body must be allowed to flow; this blood ought not to be retained. Although the filth of birth washes quickly off the baby, it seems to remain a signal attribute of the newly delivered woman. Thus, the placenta in this model was by definition the waste of the waste, the least of the least, because it represented menstrual blood that not even the baby could turn to use: "This blood is not worth anything."

Even in an age without a modern conception of sepsis, retention of the placenta was recognized as dangerous, and the placenta itself became another excretory object of shame and disgust, "a thing contrary to nature." Texts emphasize a thorough and complete purging after birth or, says Guillemeau, "the dead, (which is the after-birth:;) will kill "the quicke (which is the wombe)." You may easily perceive "if the Womb be foul." Culpeper instructs, "by the impurity of the blood, it either coming away in gobs, or sinking." Raynalde advises the midwife to "take diligent heede that she be *exactly and utterly purged*. To this be agreeable all such simples the which provoke urine, and open the vaines, making free way for the blood to passe, and send the humours & matter downward."<sup>64</sup> Besides bleeding in the ankle vein, he also recommends sneezing and holding the breath to ensure complete and utter purgation! "Suffocation after Child-bearing," notes

62. Guillemeau, *Child-birth*, pp. 52, 102-3; Culpeper, *Directory for Midwives*, p. 145; Joubert, *Popular Errors*, p. 186; Joubert's analogy may have been commonplace, since Guillemeau also makes use of it in terms of postpartum diet. See *Child-birth*, p. 190.

63. Joubert, *Popular Errors*, pp. 186-87.

64. Guillemeau, *Child-birth*, pp. 176-77; Culpeper, *Directory for Midwives*, p. 146; Raynalde, *Birth of Man-kind*, pp. 120-21, emphasis added.

Culpeper, "is from the stinking after blood, which sends up stinking vapors which kill many." The point was to eliminate all the fluids and tissues that had collected in the bodily enclosure of pregnancy without allowing humors to flow into the newly opened body of the woman after birth. Any way the body could be stimulated to flow and purge—in order that all such flows should cease—was encouraged. Guillemeau thought retention of the lochia caused ague, and he prescribed clysters to keep the belly loose and emetics, "if she can vomit easily." The new mother was also fed lightly, in order not to promote the production of *more* impure blood, until eight days passed, "about which time commonly the wombe is well purged, and cleansed."<sup>65</sup>

Not all bodily fluids were quite as subject as retained placenta to charges of stinking putrefaction and thus to powerful affectations of disgust. But as with birth itself, they may have been regarded as publicly undiscussable. In his wedding sermon, *The Bride-Bush*, William Whately alludes to this period—the "larger and longer emptying" after birth—as one of the times scripturally forbidden for sexual relations, and as one women wrongly find shameful: "Neither let women thinke themselves disgraced, because I have laid this matter open in plaine, but modest speeches."<sup>66</sup>

But all the first flowings after birth from womb or breast represented waste products that had to be removed, "sent forth," in order for the parturient body to return to something approximating its less effluent, nonpregnant state. Lochial flow, too, attracted a negative attention that—like so much else in these constructions of pregnancy—is strongly affected by gender. Here, the sex of the baby often determined the extent of its mother's uncleanness, the amount of her flow: "*Hippocrates*, doth proportion the time, in which a woman in child-bed should be purged, according to the time wherein the child is shaped or formed: which is 30. daies for a man-child, and 42. at most for a woman child." Guillemeau, looking for less gendered symmetry in the protocols of bodily return, suggests "the time may bee also measured according to that ordinary time of purging, that is omitted in the nine moneths she goes with child."<sup>67</sup> In Leviticus, of

65. Culpeper, *Directory for Midwives: Second Part*, p. 194; Guillemeau, *Child-birth*, pp. 232, 193.

66. William Whately, *A Bride-Bush, or A Wedding Sermon* (London, 1617; STC 23296; rpt. Amsterdam: Theatrum Orbis Terrarum, and Norwood, N.J.: Walker Johnson, 1975), p. 44.

67. Guillemeau, *Child-birth*, pp. 220-21.

course, the disparity is even greater—thirty-three days in the “Blood of her Purification” after delivering a boy, sixty-six for a girl.<sup>68</sup>

Like other first flowings after birth, the milk of a woman who had just begun this process of purification partook of her unclean state; thus, there was a widely reiterated prohibition on colostrum, the first milk, or “beesings,” which, until the end of the seventeenth century, was regarded as so impure and harmful to the baby that most writers recommended it be drawn off—even by putting newborn puppies to the breasts! Valerie Fildes suggests that colostrum may have been suspected because it differed from breast milk in color and consistency.<sup>69</sup> Her view is supported by the attention the birth manuals give to evaluating the differential worth of breast milks by color, temperature, consistency, and “age.” The uncleanness of the womb could not but contribute to the impurity of the milk. For one thing, a great sympathy or consent was thought to exist between the breast and womb; for another, breast milk was concocted from uterine blood. First milk is “naught,” says Culpeper: “If the blood be impure, how can it breed good Milk? Dirty water will make but dirty Potage.”<sup>70</sup>

The prohibition on colostrum may be one instance where practice with the “familiar age-old taboo.” Valerie Fildes argues, would not have defied it and would have offered their babies other possible first foods, including another woman’s “older” breast milk, along with a laxative purge. Women farther removed from professional medicine may well have had no choice but to feed the newborn “beesings,” but even they may have come under the influence of the taboo.<sup>71</sup> In either case, this rhetoric of unclean flowings from breast and womb immediately after birth can be understood as at least partially relevant to the ritual practice of “churching,” the end point of the parturient woman’s gradual reemergence from the hermetic enclosure of the birthing chamber. The lying-in, known as “her month,” was effectively ended when the new mother went “abroad” to church, wearing a white veil and accompanied by her midwife and gossips.

68. Culpeper quotes Leviticus even though the rule does not conform to his own understanding of postpartum flow, which is determined rather by whether a mother nurses her baby or not: “Women that gave their children suck themselves, have them not so long as those that do not” (*Directory for Midwives*, p. 150).

69. Valerie Fildes, *Breasts, Bottles, and Babies: A History of Infant Feeding* (Edinburgh: Edinburgh University Press, 1986), pp. 84–85.

70. Culpeper, *Directory for Midwives*, p. 150.

71. Fildes, *Breasts, Bottles, and Babies*, pp. 83–85.

What churching may have meant to its participants and observers has come into dispute among social historians of the period. Keith Thomas has contended that the ceremony must presuppose the defilement of birth and the uncleanness of women because opposition to it was “one of the surest signs of Puritan feeling.”<sup>72</sup> Adrian Wilson has insisted instead on the gendering of attitudes toward churching, noting the rite’s great popularity among women across the religious spectrum despite the disapproval of Puritan husbands. He thus interprets it as a rite not of purification but rather of highly visible self-congratulation by the new mother and her birthing cohort, a female rite of thanksgiving and celebration after the physical and psychological challenges of childbearing. And it is true that the liturgical text for “the Churching of Women” emphasizes the “great pain and peril of childbirth,” the great mercy of safe deliverance, without mentioning the need to purify the mother’s body ritually.<sup>73</sup>

Powerful cultural motives do not always find textual expression, of course, particularly of matters as condemned to silence as the changing bodily states of childbearing women. What the medical literature does articulate, and powerfully, is a widespread cultural definition of the fluids emanating from the childbearing woman as highly unstable in quality and effect—capable of harm and good. In this context, the ceremony’s popularity among women may argue just as forcefully for their internalization of shame and embarrassment as for their pride, relief, and self-congratulation; indeed, the two affects may be inextricable in explaining the survival of the practice despite Puritan effectiveness in removing or altering other ceremonies. Though theologians such as Thomas Comber insisted that churching could take place as soon as the new mother felt able to come to church, the ceremony’s timing at the end of the lying-in month remained constant and thus continued symbolically to mark—if not explicitly to signify—a moment of bodily restoration, the cessation of flow, a social return (however temporary) to a nonpregnant state of wholeness given high cultural value.

In a culture that saw the lowering of the shame threshold in matters

72. Keith Thomas, *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth- and Seventeenth-Century England* (1971; rpt. Harmondsworth, England: Penguin, 1978), p. 69.

73. Wilson, “Ceremony of Childbirth,” pp. 88–93. I quote here from John E. Booty’s modern-spelling edition of *Book of Common Prayer, 1559: The Elizabethan Prayer Book* (Charlottesville: University Press of Virginia, 1976), p. 315.

of bodily bearing and management and a widespread textualization of gynecology and obstetrics by male writers, the question of religious beliefs may have seemed irrelevant to shamed women defending against—even as they continued to internalize—the textualized constructions of bodily shame. What is clear is that a ceremony originating as a ritual of purification retained its popularity in seventeenth-century England despite the massive cultural changes wrought by the Reformation, perhaps because those changes did not include a re-categorization and reconceptualization of female bodies or a reformed aesthetic of bodily beauty tolerant of changes wrought by frequent childbearing. Nor was liturgy completely silent about the reproductive capacity of an individual woman, since that section of the wedding ceremony inscribing oaths based on reproductive fertility was omitted for a woman “past the age of childbearing.”<sup>74</sup>

Thus Guillemeau, even as he details postpartum regimens for “belly, breasts, and nether parts,” thinks wistfully of a category of child-bearing women completely unlike any he knows, antipodean women with a magical bodily elasticity that unwrites obstetric event, undoes the changes of birth:

If our French Ladies, were (in this point) like unto those, which *Vespinius Florentinus* doth write of: it would then be needles to prescribe so many medicines, for the restoring them to the same state they were in before their beeing with child. There are women (saith he) that dwell beyond the Antartique Pole, whose bodies are entire and Virgin-like, even after often child-bearing; and in whom there is perceived no difference from them that are Virgins, as they that have opened them, having after diligent search, doe testifie: But since there bee no such women found in our quarters, (though I dare boldly say, there be some, *not much differend*) therefore will it be very necessary to have a care what is to be done, to their belly, breasts, and nether parts.<sup>75</sup>

Perceived as “not different” by whom, and “opened” (or *re-opened*) for whose purposes? In this fantasy of a female body that is not, female desirability is notable for surviving even the “often child-bearing” incumbent upon “Ladies.” Absent these “Virgin-like” mothers of perpetual restoration, whose bodies in defying even the final intrusions of diligent anatomists retain this element of desirability after death, Guillemeau can only recommend old standbys for treat-

ing the strained and “changed” postpartum body and acknowledge the difficulty of repair: “But it is not enough onely, (especially in great Ladies) to make the foresaid parts firme and hard, and keepe them from hanging and flagging down: But it is also very fitting, and likewise much required by them, to have their skin made faire, smooth, and delicate.”<sup>76</sup>

If for seventeenth-century men and women churched signified a ritual of purification, the purification it marked was that of the postpartum womb—the end of its postpartum flow, the complete and successful expulsion of the bodily materials stored and gradually released after birth. In the postpartum body, of course, flow from the womb is replaced by flow from the breast; but despite cultural prohibitions on the first flowings of colostrum, the lactating breast would seem in comparison to the womb the object of a far more positive, far less ambivalent affect. It appears to be part of the decorous upper bodily stratum, not the demonized lower; and (even apart from psychoanalytic theory in which it plays so large a part as first object of desire) it has always signified the infant’s first source of gratification.

This is precisely what Caroline Walker Bynum has argued for medieval culture: that whereas the breast is for us primarily an erotic object, to medieval people the breast, flowing or not, signified food.<sup>77</sup> Because safe alternatives to mother’s milk did not exist, it may have also signified health. Because of its great digestibility, breast milk was used in feeding the sick and elderly; because of its reputation for purity, it was used as an ingredient in medicines taken internally or, like eyewashes and burn ointments, applied topically. Thus, even if we allow for eroticism in the sight of a woman giving suck, Anne Hollander maintains, “its basic eroticism is always reassuringly transcended by the everyday sanctity of mother’s milk. Breasts bring pleasure to everyone, and sight of them brings its own visual joy besides; and so images of breasts are always sure conveyers of a complex delight.”<sup>78</sup> And the cultural visibility of the breast, which I noted at

76. *Ibid.*, p. 204.

77. Caroline Walker Bynum, “The Body of Christ in the Later Middle Ages: A Reply to Leo Steinberg,” *Renaissance Quarterly*, 39 (1986), 405–8. See also her *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley: University of California Press, 1987), pp. 269–70.

78. Anne Hollander, *Seeing Through Clothes* (1978; rpt. Harmondsworth, England: Penguin, 1988), p. 186.

74. *Book of Common Prayer*, p. 296.

75. Guillemeau, *Child-birth*, p. 195, second emphasis added.

the beginning of this chapter, would also seem to imply its safe distance from the cultural mechanisms of bodily shame.

But as recent work in the history of infant-feeding practices has made clear, the lactating breast is not simply the source of a "complex delight," and mother's milk, sanctified or not, is not only the first of foods. In lactation, even more than in the events surrounding conception, gestation, and birth, early modern culture constructed a complex hierarchy of differences between women based on social evaluation, and reproductive uses to be made of them. Both breast and milk were highly semiotized signs that, when they became part of the relations of production, were at the axiological center of several cultural economies. As such, they were no less infiltrated by the discourses of class—and thus, potentially, the cultural mechanisms of shame—than the maternal figure and its overdetermined womb.

Besides its ideological and psychological complexity, the rhetorical energy aroused by the question of maternal breast-feeding also suggests that in social classes that had a degree of personal choice, agency, and wherewithal in the matter, any infant-feeding practice was capable of contestation and challenge on a number of grounds. In religious discourse, a woman's ability to suckle her baby was promoted as separable from, but an important extension of, her ability to bear children, "the blessing of the breast" devolving from the "blessing of the womb."<sup>79</sup> In religious discourses, particularly after the Reformation, the mother's obligation to nurse her own child was clear; to send a child away to a nurse, in Erasmus's colloquy "The New Mother," was equivalent to "exposure": "Or isn't it a kind of exposure to hand over mother, crying for its mother's care . . . to a woman who perhaps has neither good health nor good morals and who, finally, may be much more concerned about a bit of money than about a whole baby?"<sup>80</sup> In seventeenth-century England, women of "stricter protestant sects" were, Filides suggests, likelier to breast-feed.<sup>81</sup>

The opinion of humanist-physicians, too, was virtually unanimous

79. In *Of Domesticall Duties*, William Gouge quotes from Genesis on the two blessings: "God shall bless thee with the blessing of the breasts, and of the wombe. By the blessing of milke, whereby those children are nourished?" (p. 508).

80. *The Colloquies of Erasmus*, trans. Craig Thompson (Chicago: University of Chicago Press, 1965), p. 273.

81. Filides, *Breasts, Bottles, and Babies*, p. 99.

in recommending maternal suckling, not only because a mother's milk was thought to be naturally the correct temperature and complexion for the baby but also on the grounds that maternal suckling promoted infant-mother bonding. The *quantity* of a mother's milk might be problematic (and was a matter often addressed in popular medical texts), but its *quality*, its suitability, usually went unquestioned. Despite such injunctions, however, only aristocratic women who were "enlightened and defiant" routinely suckled their own children; most families of means sent their newborns away for a period of up to three years and visited them only occasionally during that time.<sup>82</sup>

Breast-feeding was an action differing semiotically from itself, depending on the class and relationship of the persons involved, on whether or not it had entered the means of production. The majority of mothers nursed their own babies out of custom and economic necessity; in so doing, they were serving food, satisfying nature, rather than exercising choice. Their action is not the topic of discourse and does not signify ethically or morally. But maternal breast-feeding becomes an ethical act as soon as it implies choice, as soon as it implies financial means to do otherwise. The upper-class mother who chose to nurse her own baby was performing a virtuous act of love and sacrifice, giving the "sweete milke of your owne breasts, to your owne childe."<sup>83</sup> The woman nursing another woman's child was engaged in remunerative labor, performed more or less faithfully, more or less responsibly. In hiring her services, parents leased exclusive rights to her lactating breasts and their milk. During the period of hire, the wet nurse was expected not to suckle another child and to maintain an adequate supply of milk. She was expected not to menstruate, not to become pregnant, and if she did, to notify her nurse-child's parents.<sup>84</sup> As such details suggest, even though the breast was closely related to the womb by the physiological theory of sympathy and consent of parts, its characteristic function to give milk could be assimilated into a competitive marketplace economy, as the womb's in giving birth could not. The womb could never function as surrogate, could never be leased out; it was never, in a word, a fungible resource. As

82. I quote here from Dorothy McLaren, "Marital Fertility and Lactation, 1570-1720," in *Women in English Society, 1500-1800*, ed. Mary Prior (London: Methuen, 1985), pp. 27-28.

83. I quote here from Elizabeth Clinton, *The Countesse of Lincolnes Nurserie* (Oxford, 1628; STC 5432; rpt. Amsterdam: Theatrum Orbis Terrarum; and Norwood, N.J.: Walter Johnson, 1975), sig. A2<sup>r</sup>.

84. Filides, *Breasts, Bottles, and Babies*, pp. 175-78.

purchasable commodities, lactating breasts and their milk possess what I would call limited fungibility. The lactating breast never completely loses the class and other attributes of the body of which it is part, thus never becomes *completely* fungible with any other woman's breast. As soon as it was offered to a baby other than the mother's own, breast milk became a commercial product that, like any other commodity, varied in quantity, quality, and availability. Medical texts, recognizing that the families they address used wet nurses despite injunctions to the contrary, specified the temperature, consistency, color, and taste of the ideal milk, even its ideal "age" calculated by the distance from the nurse's last delivery. Some of those characteristics could be determined from a nurse's complexion and coloring, others by the normality of her pregnancy and the sex of the baby she had borne, others by a series of tests on the milk itself. Nurses' breasts and nipples, too, came in more or less ideal sizes and, of course, nurses' moral and ethical qualities mattered since these were believed to be transmitted through the milk.<sup>85</sup> ("Thy valiantness was mine," says Volumentia to Coriolanus, "thou suckst it from me" [3.2.129].)

In these cases, breast-feeding signified as a uniquely gendered form of labor, which, like other forms, was more or less alienable from the laborer herself and had a fluctuating, highly contingent commercial value.<sup>86</sup> Records of charity nursing do survive, and wet nurses would accept lower fees to nurse a child "on the parish" than they took from a paying family, especially if by doing so they would maintain their milk supply. But that a motherless newborn from a poor family was at greater risk than a wealthier orphan may be inferred from a story Joubert tells, on the reliable authority of a "learned and expert physician" friend, about the five-month-old orphan of a poor woman saved from inevitable starvation by being show "that a virgin is able to produce milk," not—as his narrative

85. *Ibid.*, p. 168–78.

86. It is much easier to demonstrate this contention for Renaissance Florence, where wet-nursing was a highly regulated institution and, thanks to the obsessive record keeping of Florentine heads of households, thoroughly documentable from the quattrocento on. See Christiane Klapisch-Zuber, "Blood Parents and Milk Parents: Wet Nursing in Florence, 1300–1530," in *Women, Family, and Ritual in Renaissance Italy*, trans. Lydia Cochrane (Chicago: University of Chicago Press, 1985), pp. 138–39, for a statistical correlation of nurse's wages and length of service with sex and birth order of her nurselings.

suggests to me—the thorough commodification of breast milk.<sup>87</sup> Thus, the important question of who fed whose baby what in this period—a question, crudely put, of who controls the use and management of any woman's breast and its milk as social, aesthetic, or erotic resources—is one that cannot be easily answered without recourse to complex variables of a family's class and location, the baby's sex and birth order, and the sometimes ambiguous erotic or even narcissistic investments of its parents. The management of infant feeding becomes no less a question of patriarchal disposition and power than the question of female fertility to which it is intimately, and causally, related.

Indeed, it is a telling irony in the history of childbearing and infant feeding in the period that the childbirth practices of married women in the lower and middling classes may have been healthier, that is, more conducive to an early return of health, strength, and muscle tone, than those of women hierarchically above them, and may have promoted physically healthier intergeneric intervals. This is true primarily for two reasons, one being the invalidism enforced on, if not also sought by, upper-class women but clearly not available in the same degree to women returning perforce to household tasks. The other is the class-based practices of infant feeding that by and large discouraged upper-class women and those who would imitate them from nursing their own babies. In fact, the institution of wet-nursing enforced a major, paradoxical difference of empowerment between women of different stations, since women from wet-nursing classes had the opportunity to use lactation to control their own family size and limit the number of babies they would bear.<sup>88</sup> Prolonging the period of lactation by accepting a nurse-child and suckling it not on schedule but on demand, the lactating woman effectively minimizes her chances of conceiving again soon, while adding to her household income. The aristocratic woman, belonging to a class that valued and praised high fertility, would experience many more pregnancies than her lower-class counterpart during the same reproductive span—

87. Joubert, *Popular Errors*, pp. 207, 204.

88. The historical basis for these claims—if not the sense of irony to be drawn from the evidence—is the groundbreaking work of Dorothy McLaren in a series of stunning articles: "Fertility, Infant Mortality, and Breast Feeding in the Seventeenth Century," *Medical History* 22 (1978), 378–96; "Nature's Contraceptive: Wet-Nursing and Prolonged Lactation: The Case of Chesham, Buckinghamshire, 1578–1601," *Medical History* 23 (1979), 426–41; and "Marital Fertility and Lactation," pp. 22–46.

perhaps as the desired effect of a choice, more or less passive, more or less her own, not to breast-feed, a decision not to be barren even temporarily; but she would risk a higher rate of mortality for herself and her babies.<sup>89</sup>

Breast-feeding was widely assumed to be more difficult as well as more burdensome for the aristocratic woman. To make herself totally breast-feeding in the period—was to remove herself from social circulation, and to risk the premature aging and wrinkling that was commonly associated with suckling.<sup>90</sup> Writers recognized that lower-class women by and large ignored—or could not obey—the prohibition on suckling their babies soon after birth with first milk, apparently without harmful consequences. We now realize the valuable properties of colostrum in promoting the excretion of meconium and in protecting newborns against gastrointestinal distress. Medical writers, however, Joubert especially, tended to perceive this social difference as natural, as the physiology of class objectively at work:

These children are of a robust constitution, born of mothers and fathers who were nourished coarsely. Such nursing cannot harm these people. But for city people, who are nourished more delicately, and for all who have the wherewithal to give their children better nourishment, this observation is most important and must be followed: for two days at the very least the child must not be nursed by its mother.<sup>91</sup>

Such recommendations may sound strange to late twentieth-century Americans, who are not only thoroughly acculturated to the primary erotic signification of the breast but may also be ideologically attuned to the breast-feeding movement of the past few decades. It is therefore useful to be instructed in the physical and psychological complexities of breast-feeding in the centuries before antibiotics and modern lingerie, when another woman could be paid to do it. As

89. McLaren, "Marital Fertility and Lactation," pp. 27–28.

90. Fildes, *Breasts, Bottles, and Babies*, p. 100. Note the complaint voiced in 1609 by & by [that] means hold backe from such as much love & desyre your company: Yt wyl besides make age grow upon you & I wyshe you alweys greene & flouysshinge as you wer when you were in your pryme"; see *Gossip from a Manicured Room: Being Passages in the Lives of Anne and Mary Fytton, 1574 to 1618*, ed. Lady Newdigate-Newdegate (London: David Nutt, 1897), p. 52.

91. Joubert, *Popular Errors*, p. 202.

Valerie Fildes has suggested, the number of pages in seventeenth-century receipt books and medical and midwifery treatises devoted to care of the breasts and nipples implies a high incidence of breast infections and indicates the number of painful and potentially disfiguring diseases breasts and nipples were prone to. Breasts became marked by infections and abscesses, nipples scarred over because of infected cuts or might even be completely lost either because of ulceration or because "older children chewed them off." When milk supply is insufficient, a hungry baby will "mump," or bite, the nipple. Popular medical texts included instructions for the rebuilding of nipples, a process which may or may not have been successful, and suggestions on how to continue nursing even without them. Though complete loss of the nipple may have been unusual, the painful experience of nursing with cracked or bleeding nipples cannot have been. Furthermore, if a new mother waited the recommended eight days or so before nursing her baby, she would have experienced a great deal of pain from engorged and distended breasts, as would postpartum women trying to suppress lactation altogether. Having such a breast or seeing such a breast, perhaps even feeding from such a breast, would not simply "bring pleasure."<sup>92</sup>

The point I wish to make is that Anne Hollander's idea of the lactating breast in representation as the visual signifier of even a *complex* delight works to occlude an important material and medical history, not to mention a series of competing psychoanalytic paradigms, all of which work to call that delight into question or at least to implicate it in the discourses and practices of class difference. Cultural forces may influence even the ostensibly anatomical: the unusually high number of English women reportedly unable to nurse because of inverted nipples may be the result of fashion in the fashionable classes, the practice of corseting the bosoms of even little girls and flattening the bodices after puberty. The preacher Henry Smith, though, is skeptical that genuine physical difficulty was ever a function of class. "But whose breasts," he asks sarcastically, "have this perpetual drought? Forsoothe it is like the goute, no beggars may have it, but citizens or Gentewomen."<sup>93</sup>

There is no way to ascertain if breast disease or disfigurement in the period can be significantly correlated to class (beyond the possible

92. Fildes, *Breasts, Bottles, and Babies*, pp. 100–102.

93. Henry Smith, *Four Sermons* (London, 1598; STC 22747.5), quoted in Fildes, *Breasts, Bottles, and Babies*, p. 101.

effects of costume just noted), certainly by comparison to the clear correlation between social rank and infant-feeding practices. Furthermore, as Guillemeau's emphasis upon the cosmetic measures required by great ladies in a passage quoted earlier suggests, the bodily changes, including lactation, wrought by childbearing may have been experienced differently—or weighted differently—by women in different classes. The return to bodily beauty which is the desired result of the French doctor's "many medicines" may have been of much greater consequence to the woman of rank. Even the return to health—though presumably important to any woman—would matter in different ways to women of leisure or labor. And it seems reasonable to infer that aesthetic and erotic investment in unblemished breasts might also signify as a matter of social difference. Joubert acknowledges the conflict between the breast's erotic and nurturing functions in his "exhortation" to mothers on behalf of maternal breast-feeding: "There are also some husbands who do not wish to allow their wives to nurse so that their breasts will not sag but stay prettier, the way they want them to be for caressing. There are others who hate the smell of milk on their wives' bosoms." But this disgust does not extend, he argues, to the body of the nurse, whose erotic appeal seems to be a function of her maternal bodiliness: "Most of those who say such things make love to the nurse more often than to their wives. The sagging breasts of the nurse more often than to her, do not disgust them."<sup>94</sup> Such a husband has the means to exercise erotic choice, even if he does so (according to Joubert) hypocritically. He has made the breasts on his wife's body an exclusively erotic object of desire, without foreclosing the erotic potential or sexual availability of the maternal body of the nurse in his employ. In both cases, the breast is a resource under his patriarchal management and definition in a way that suggests a potential class inflection in female desirability. Joubert's fiction reflects what Anne Hollander, in her history of the representation of the breast, describes as a newly eroticized interest and signification, a new deemphasis of the maternal agencies of the breast. In representation, the ideal breast became larger, rounder, altogether more emphatic in the seventeenth century. Extreme décolletage, which before had flattened the bosom, now sometimes barred it altogether. One might think of the emphatically displayed breasts and semisexposed nipples of the masquing ladies depicted by

94. Joubert, *Popular Errors*, pp. 200–201, emphasis added.

Inigo Jones, or even of the unusual, controversial fashion for complete breast exposure in the years just before and after 1610. In sixteenth-century visual conventions, furthermore, nipples became "another paired element of feminine decor, like earrings or false eyelashes," cosmetically reddened to contrast more sharply with the artificially whitened face and breast.<sup>95</sup>

Even with such changes in erotic signification, however, the beautiful breast throughout the Renaissance and the baroque period was always "delicate and minimal." Heavy, sagging breasts, Hollander remarks, "are shown to be characteristic of ugly old women and witches."<sup>96</sup> Images such as the one wrinkled breast with its long nipple which is bared by Albrecht Dürer's witchlike allegorization of Avarice, an obvious inversion of the visual trope of the single bared breast of the idealized female figure, imply that having heavy, sagging breasts is shameful. Their display is also potentially comic, as in the parade of half-dressed women flocking to Eleanor Rummings's "wyth theyr naked pappes, / That flyppes and flappes, / It wygges and it wagges, / Like tawny saffron bagges."<sup>97</sup> In his dictionary, Cotgrave gives the large, heavy breast semiotic distinction and particularity by identifying a cluster of separate signifiers in French related to *teite* or *teitin*. The powerful negative affect of this breast as an emblem of deerotization and bodily debasement underlies the rhetorical energy of his definitions. Thus, he lists *telasse*, "a long, swagging, flaggie, withered, and filthie dug; whence, *Avallé en telasse de vaille*. Hanging down like the wrinkled, and ouglie breast of an old hag." Or his definitions for *telassier* or *teleineux*, meaning "duggie, having great or long duggs."<sup>98</sup> The large breast is the female metonymy not only of age but of shame and thus of a specifically gendered form of social and bodily inferiority.

95. Hollander, *Seeing Through Clothes*, pp. 194–99; the quotation appears on p. 198. On the fashion for complete breast exposure, see Donald W. Foster, "Shall I Die? Post Mortem: Defining Shakespeare," *Shakespeare Quarterly* 38 (1987): 71–73. I am indebted to Barbara Mowat for this reference. James T. Henke, 100, refers to this fashion; see his entry for *Naked paps*, in *Cutter Life and Language in the Early "Street" Literature of England: A Glossary of Terms and Topics Chiefly of the Sixteenth and Seventeenth Centuries* (West Cornwall, Conn.: Locust Hill Press, 1988), pp. 170–71.

96. Hollander, *Seeing Through Clothes*, p. 98.

97. From the anonymous "Pimplyco, or Runne Red-Cap" (1609), included by James Henke, sub *Naked paps*, in *Cutter Life and Language*, pp. 170–71. The author attributes the lines to Skelton.

98. Randle Cotgrave, *A Dictionarie of the French and English Tongues* (London, 1611; STC 5830; rpt. Menston, England: Scolar Press, 1968). When citing Cotgrave, I have retained his usage and spelling.

Focus upon the attributes of the ugly breast is a feature, as well, of the counterblazons of courtly verse, which work dialogically against the counterposed praise of the idealized mistress's beautiful breast.<sup>99</sup> But while this emphasis on the ugliness of the heavy, sagging breast seems disproportionate, it suggests an expansion of the disciplinary regime from the lower parts upward to include the breasts, perhaps in order to protect so visible an erotic site from metonymic contamination by association with reproduction. This is precisely what is suggested by the contrasted images of the "good" and "bad" breasts of Charissa and Duessa in *The Faerie Queene*. So overdetermined are sagging breasts that Spenser gives them to the disrobed Duessa, whose "dried dug, like bladders lacking wind, / Hong downe, and filthy matter from them weld" (1.8.47).<sup>100</sup> Metonymy transforms these breasts into the lower parts, an oozing, excretory bladder-womb, an image of disease and projected oral frustration and deprivation. And Duessa's body represents a second biological stage of mother Error, sucking her "thousand yong ones" with "poisonous dug" (1.1.15). Duessa's breasts replace the reproductive organs that Spenser refuses to describe: "My chaster Muse for shame doth blush to write" (1.8.48). Charissa, by contrast, is an image of conspicuous maternal display and boundless availability: "Her necke and breasts were ever open bare, / That ay thereof her babes might sucke their fill" (1.10.30). It is hard to imagine that such impossibly bountiful breasts would *not* sag or otherwise betray the signs of aging so feared by socially conscious opponents of maternal breast-feeding; but by denying them the particularity of description he devotes to Duessa's "bad" breasts, Spenser effaces the issue altogether and allows Charissa's breasts to be beautiful, and maternal, and perhaps even erotic. Medical history suggests, however, that unblemished, beautiful breasts like Charissa's might not have been easily obtained by *any* childbearing woman in the seventeenth century, whether or not she suckled her own children. And possessing them, in order to approach an ideal of female beauty so powerfully and widely inscribed, positively and negatively, might well have been a matter of far greater

importance to the frequently pregnant woman in high or aspirant ranks.<sup>101</sup> One seventeenth-century gentlewoman's household compendium, in addition to its conventional prescriptions for sore breasts, includes a recipe for how to keep breasts small.<sup>102</sup> For such women, the constantly available naked breast of Charissa may have been as fearsome a prospect as the dried and oozing bladder-dugs of Duessa.

Thus, though it was much more visible than the reproductive organs, perhaps *because* it was more visible, the breast is not protected, semiotically or discursively, from the negative affects attaching to the bodily changes of reproduction. The breast, by virtue of its great "sympathy" with the womb, becomes implicated in the mysterious changes and events that made the womb so threatening and unstable an environment. Like the womb, the breast was thought capable of housing bizarre objects: Culpeper cites the authority of Lemnius for breasts containing "hair, stones, and worms."<sup>103</sup> Gynecological texts narrate stories of women pissing milk and lactating menstrual blood; they elaborate the conditions, such as immoderate desire, which trouble milk. And Joubert even compares milk to semen, "the benign excrement, as the substance of semen is that of members." Even nipples are subject to distinctly problematic semiosis. According to Joubert, they were popularly thought to be telltale signifiers of socially critical changes in a woman's sexual status or age.<sup>104</sup> He denies that they are, but Culpeper confidently reports that nipples are "blew in them that give suck; black in old women; and in them that have known Venerie, it is natural, and red as a Strawberry." Discoloration of the nipples, moreover, is a reliable sign of disorder in the womb.<sup>105</sup> At this point, it is possible to ask whether such ambivalent attention to the breast implies a new anxiety: if breast and nipples can be made more beautiful through cosmetics, then breast and nipple *au naturel* become plain and less erotic. More crucial, the literature of medicine and "popular error" links the breast with threatening forms of bodily

99. Laqueur makes this point about the contrasted breasts as well in a somewhat different context, in *Making Sex*, p. 130. We are both indebted here to the work of Nancy Vickers, especially to "Diana Described: Scattered Woman and Scattered Rhyme" in *Writing and Sexual Difference*, ed. Elizabeth Abel (Chicago: University of Chicago Press, 1982), pp. 95–109.

100. I quote here from *The Faerie Queene*, ed. A. C. Hamilton (London: Longman, 1977).

101. See Ellen Chitrelstein's discussion of the "pearl-like" white skin and exposed left breast of Lady Elizabeth Pope in her wedding portrait: "Lady Elizabeth Pope: The Heraldic Body," in *Renaissance Bodies: The Human Figure in English Culture*, c. 1540–1660, ed. Lucy Gent and Nigel Llewellyn (London: Reaktion, 1990), p. 47.

102. Katherine Packer, *A Book of Very Good Medicines for Several Diseases Wounds and Sores both New and Old* (1639, Folger Ms. V.a. 387), f. 10. I owe this reference to Patricia Crawford.

103. Culpeper, *Directory for Medicines*, p. 216.

104. Joubert, *Popular Errors*, pp. 206, 209.

105. Culpeper, *Directory for Medicines: Second Part*, p. 223.



mutability. To protect the breast from such mutability is the characteristic impulse of Petrarchan discourse, invoking metonymies—lilies, ivory, snow—that eroticize the beloved's breasts by keeping them from the unstable contaminations of milk, of flow, of change. The larger point is that the question with which I began—who fed whose infant what—was never a personal, medical, economic question only. It was always a function of competing interests that were aesthetic, social, class-based, medical. The aristocratic woman had a whole set of material choices her social inferior did not, but a set of ideological constraints as well. For her, breast-feeding signified as an act of choice, as it did not for most women, but the nature of that choice is extremely difficult to reconstruct historically. She also had the frequently pregnant. She may have chosen *not* to suckle her infants because to do so would delay a next conception, or would involve her in what had come increasingly to signify remunerative labor, or to avoid the risk of having less beautiful, much larger breasts, of becoming a prematurely old woman with shamefully great dugs. In making such a choice, such a woman undertook the reproductive labor only she could do and allowed the work of the womb to supplant the work of the breast.

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An unstable oscillation between shame and celebration, I suggest, constitutes the affective polarities of pregnancy, birth, and infant-feeding practices in early modern culture. One way to test out this thesis (and introduce the thematics of birth in English dramatic literature) is to look at a Renaissance narrative that plays boldly with representational conventions of birth—the “strange nativity of Gargantua”—and at two modern readings that, by making Rabelais's narrative symbolic of large-scale ideological struggle, fail to account for the local, material contests to which even the most textualized of births refer. The two readers are Mikhail Bakhtin and Stephen Greenblatt, whose accounts of Rabelais's obstetrical carnival I want to complicate and ironize. I offer instead a deliberately literal and unamused feminist rereading of this episode, which I hereby rename “the strange lying-in of Gargamelle.”<sup>106</sup>

106. I quote here from François Rabelais, *Gargantua and Pantagruel*, trans. J. M. Cohen (Harmondsworth, England: Penguin, 1955), pp. 48, 51–52. Subsequent quotations will be cited parenthetically. Bakhtin's reading occurs in *Rabelais and His World*, pp. 225–27; and Greenblatt's in “Filthy Rites,” *Dardania*, 111 (1982), pp. 1–16.

The scene early in Rabelais's novel begins with the Shrovetide feast of a slaughtered calf and a labor brought on by Gargamelle's enthusiastic consumption of tripe. It ends—at least for our vision of Gargamelle herself—when the baby Gargantua, finding his passage down the birth canal blocked by his mother's prolapsed lower bowel, makes his own way out of the maternal body through the left ear. In Rabelais's celebration of “the merry, abundant, and victorious bodily element” here engaged in a parodic reenactment of heroic birth, Bakhtin sees emergent humanism's triumph over “the serious medieval world of fear and oppression.” The labor of Gargamelle's womb, like other events in the novel, becomes the token of an ideological struggle between popular-festive cultural forms and the variously repressive forces of officialdom, here thwarted by the indisputable carnality of birth itself and by the celebratory frankness of Rabelais's insistent identifications of shitting with the birth of heroes, animal tripe with human tripe, feces with baby hero.<sup>107</sup>

But within Bakhtin's account of that triumph, the laboring woman herself seems to play little part. Bakhtin displays no interest in Gargamelle as a possible subject-in-the-body—however limited and exteriorized a subject she may be—in part because he fails to see the relevance of gender to his account of the lower bodily stratum:

All the images develop the theme of the feast: slaughter of cattle, dismembering, dismemberment. The images continue to unfold along the lines of a banquet: devouring of the dismembered body. They are later transferred to the anatomic description of the generating womb. These images create with great artistry an extremely dense atmosphere of the body as a whole in which all the dividing lines between man [*sic*] and beast, between the consumed and consuming bowels are intentionally erased. On the other hand, these consuming and consumed organs are fused with the generating womb. We thus obtain a truly grotesque image of one single, superindividual bodily life, of the great bowels that devour and are devoured, generate and are generated.<sup>108</sup>

That Rabelais was both humanist and physician cannot be coincidental to his informed account of birth processes, or to the scatological punishment he invokes for anyone who finds it implausible. Bakhtin's reading of the lying-in of Gargamelle, however, almost explicitly ignores the meaningful features of anatomical difference be-

107. Bakhtin, *Rabelais and His World*, p. 226.

108. *Ibid.*

tween the "representative" male body and the specific reproductive organs of the female. His erasure of gender as an ascriptive category within carnivalesque theory simplifies the possible complex of meanings for, contested interests in, this childbirth carnival.<sup>109</sup> Certainly for Bakhtin, the comic force of Rabelais's image of the all-generating womb triumphantly subsumes any meaning framed by or grounded in individual consciousness. Furthermore, he finds the loss of distinction here between belly and womb, digestion and reproduction affirmative for popular partisans of the festive body, as part of the general imagery of the feast. But this loss also serves to erase the gender-specificity of the womb's function, the exclusively female aspect of carnival. Men and women gorge on tripe at Shrove-tide feasts like this one, but only women give birth. Eating too much tainted tripe could give almost anyone indigestion or even a prolapsed bowel, but the bellyache can stimulate the greater pain of labor only in pregnant women. Thus, the contest for evacuation from Gargamel's body—a contest between the baby and the tainted tripe for different bodily thresholds, here collapsed into one—registers for Bakhtin not as a serio-comic image of the birth pain that only women feel but as an image of cosmic process: "Looming beyond Gargamel's womb [is] the devoured and devouring womb of the earth and the ever-regenerated body of the people."<sup>110</sup>

I think we should resist a reading that so easily elides one woman's laboring womb with the symbolically abstract "womb" of mother earth and tacitly privileges what does remain visually distinct in the Rabelaisian image of birth—the phallic upthrusting of the individualistic baby boy who chooses *not* to be born through his mother's vagina. If Gargamel's womb is a signifier for the abstract, life-affirming signifieds of earth's womb, it also functions as a textual signifier for *actual* wombs and their hard, painful work in giving birth. It is thus not clear on what basis Stephen Greenblatt excuses either Rabelais or Bakhtin from the charge of celebrating "transcendence of the human condition—in*ter* *urinas et faeces nascitur*." He says, "The birth of Gargantua celebrates a primal, animal energy; difficult to moralize

conventionally, and impossible to contain."<sup>111</sup> Something else seems equally clear to this feminist reader: the site so elegantly identified and erased through Latin allusion is the only bodily threshold peculiar to woman. Although woman is not responsible for the location of the birthing site, she may still find shame in it. As Nicholas Culpoper notes tendentiously: "The neck of the womb is seated between the passage of Urin and the right Gut, to shew fond man what little reason he hath to be proud and domineer, being conceived between the places ordained to cast out excrements, the very sinks of the Body, and in such a manner that *his Mother* was ashamed to tell him how."<sup>112</sup>

Whereas Rabelais's representation of birth comedy may celebrate the products of the lower bodily stratum, it does so by setting carnival within, not against the hierarchical structures of gender difference. The episode of Gargamel's labor and Gargantua's birth thematizes the opposition of male culture against female nature, male control and individuation against female uncontrol and the undifferentence of bowel and womb. Furthermore, Bakhtin's symbolic reading converts the local, material contests surrounding childbirth and lactation into large-scale structural oppositions. Thus the lavish hospitality incumbent upon Grandgousier as host and master of the feast requires him to encourage the appetites of his guests, but his patriarchal interest in his wife's pregnancy seeks to limit her consumption, to discipline her appetite: "Anyone who eats the bag . . . might just as well be chewing dung" (48). Gargamel's refusal to curb festive appetite for the sake of her pregnancy becomes an effect of the notorious gluttony and irrationality of pregnancy itself, rendered clearly symptomatic by the swelling of tripe within her. Two modes of bodily license—the license of carnival and the license of pregnancy—converge here. Even in so primitive a society, the privileges of the pregnant woman destabilize the hierarchy that pits patriarchal restraint against female desire. What was once a union of the sexes—the union in coitus—leads to separation at childbearing, as when the conversation between the giant king and queen at the onset of labor contrasts the mutuality of their pleasure to the gendered separation of pleasure from pain nine months later: "I shall have trouble enough to-day, unless God helps me," Gargamel tells her husband, "all on account of your member and just because I wanted to please you" (51–52).

109. This is not a novel complaint against Bakhtin. See Peter Szalvbrass's acknowledgment of Bakhtin's assumption of an "ungendered," i.e., implicitly male body, in "Patriarchal Territories: The Body Enclosed," in *Rewriting the Renaissance: The Discourses of Sexual Difference in Early Modern Europe*, ed. Margaret W. Ferguson, Maureen Quilligan, and Nancy J. Vickers (Chicago: University of Chicago Press, 1986), p. 125.

110. Bakhtin, *Rabelais and His World*, p. 226.

111. Greenblatt, "Filthy Rites," p. 7.

112. Culpoper, *Directory for Madwives*, pp. 25–26, emphasis added.

Rabelais insists on two comic inversions in this birth—both of them focusing attention on changes in Gargamelle's womb. The midwives first mistake the prolapse of Gargamelle's lower bowel—presenting as “some rather ill-smelling excrescences” (52)—for the crowning of the baby. Then, in responding to the birth obstruction the chief midwife applies too powerful an astringent to Gargamelle's sphincter muscles. The womb next door overreacts, closing its lower passage and opening at the upper end, so that Gargantua's escape up through his mother's body is, at least inferentially, an escape from the messy scatological drama going on below. To the degree that such scatological mess is an obvious comic substitution for the normal “mess” of childbirth, Gargantua may be said to have escaped the Augustinian shame of ordinary birth between urine and feces, a shame his mother's delight in tripe particularized. Such a clean birth is the result not of the womb's expulsive powers—here much compromised by Gargamelle's gluttony and her midwives' mishandling of the prolapsed bowel—but of the rebellious, upward thrust of the phallic hero.

Bakhtin's lack of interest in the experience of Gargamelle merely follows the narrative's shift of focus away from laboring mother to upwardly mobile child. Its effect is to occlude the obstetrical drama of an impeded delivery, an obstetrical drama that—as the humanist-physician knew well—was the unhappy, often unavoidable fate of ordinary women in travail. One way to counter Bakhtin's reading is thus to complicate his simple picture of Rabelais's celebration of bodily function. However implausible Gargantua's route to daylight may be at one level, Rabelais does not set aside physiological “facts” or the gendered rivalries of Renaissance medical practice between university-trained male physicians and the *sages femmes* who attended at births. I noted the narrative use he makes of the monstrous appetites of pregnancy. Though the sudden and unexpected onset of Gargamelle's labor results in an unusual delivery *sur l'herbe*, many ordinary birthing procedures, such as the exclusion of male witnesses, seem to obtain. The host of midwives who suddenly appear, summoned as if by instinct on hearing Gargamelle's cries, displace the father at the scene; take instruction from their senior member, “a dirty old hag of the company” with a reputation “of being a good she-doctor” (52); experience difficulty in recognizing birth processes or managing complicated presentations; and intervene too aggressively in response to obstetrical obstruction. The violent reaction of

Gargamelle's womb follows Galenic understanding of uterine behavior in response to unpleasant local applications: “The Matrice flyeth from any thing that is of a bad savour.”<sup>113</sup>

And Gargantua's upward passage through his mother's body gains some anatomical plausibility from the understanding that the passages of the womb were thought to communicate more or less directly with the cranial passages, the nose and mouth above. In one test for conception, “if she receive below any strong or stinking odor or smell, . . . and the sent pierce not up into her nose, she hath conceived.”<sup>114</sup> A garlic placed in the vagina could not be smelled the next morning on the breath of a pregnant woman.

It is not accidental, then, that the baby born so energetically and willfully at the tripe feast is a boy or that his phallicly modeled purposiveness is so clearly contrasted to the “extremely dense atmosphere” (in Bakhtin's phrase) of his mother's blurry lower parts. I cannot imagine that Gargamelle's *daughter* would have had the option of so privileged an escape. Here is yet another difference, one the obstetrical texts could not account for, of the manifold differences the baby's sex makes in the entire birth process from conception to weaning. Here the fact of Gargantua's maleness powerfully genders the contrast between his Herculean routing of his own birth and his mother's loss of bowel control. The increasingly depersonalized Gargamelle is not the subject of her own obstetrical drama, and she is only barely responsible for the production of her own shit. And if she is rendered invisible as an agent in her own body (the process key to her son's subsequent education), that body is itself subject to an unusual, perhaps not entirely comic exposure at a moment of acute physical challenge ordinarily barred from public view or textual encoding. We might even suggest that such comic exposure of women's “privities” is precisely what printer-physician Thomas Raynalde worried so anxiously about in the preface to his gynecological tract. Thus to say with Bakhtin that this is exactly the point of Rabelais's creation of “an extremely dense atmosphere of the body as a whole” simply ignores the difference gender makes even in the midst of carnival and reproduces the occlusion of mother in the triumphant emergence of son. Just as Gargantua's strange nativity must also be Gargamelle's strange lying-in, so the experience and meanings of bodily processes

113. Gullemeau, *Child-Birth*, p. 244.

114. *Ibid.*, p. 6.

at birth cannot be understood solely within the critical framework of carnival. The collisions of patriarchal restraint and female privilege, the determinacy of gender, the nature of personal agency, even the sometimes radical uncertainty of any obstetrical outcome—themes that work powerfully in Rabelais's comedy to complicate the meaning of carnival—also provide the central problematics for understanding early modern birth and infant-feeding narratives. It is to their representation in drama that I now, finally, turn.

C H A P T E R F I V E

QUARRELLING WITH THE DUG,

*or I Am Glad You Did Not Nurse Him*

Early modern culture in England and elsewhere, I have been arguing, constructed pregnancy as disease, birth as evacuation, and lactation as a possibly demeaning form of labor. Within this general paradigm, women were offered a deeply ambivalent image of their own reproductive functions and their control of birth and infant-feeding practices. Recent comparisons of reproductive rituals to the structure of carnival, seeking to devalue the depth and significance of this ambivalence, serve to explain it instead. As Adrian Wilson and others have argued, carnival does offer a theoretical model of female empowerment at the scene of birth. But as my critique of Bakhtin's celebratory reading of Gargantua's "strange nativity" in the previous chapter sought to make clear, carnival necessarily implies the contingency of that empowerment. Even within the hermetic enclosures of the womb, the birthing chamber, and the nursing dyad, patriarchy continued to deploy the disciplinary mechanisms of shame and thus to manage the female bodilyness so visible in the symptomatology of pregnancy and lactation.

In this chapter, I want to consider what dramatic encodings of maternal functions may signify in a historical context provided by the practices of wet-nursing, the institutionalization of parental surrogacy, and the complex, ambivalent semiosis of breast and womb I