

The Many Meanings of an Eighteenth-Century Account of a Caesarean Operation

Lisa Wynne Smith, University of Essex

In: John Cunningham, Ed. *Early Modern Ireland and the World of Medicine: Practitioners, Collectors and Contexts*. Manchester: University of Manchester Press, 2019.

Sarah McKinna's birth of a stone child—or, in medical terms, a lithopaedion—was sad and horrifying. Her story, recounted by John Copping, the Dean of Clogher, begins like a folk tale: set in the recent, but vague past. In 1736 or thereabouts, a poor woman of Brentram, County Tyrone, Sarah McKinna, was delivered by Caesarean operation of a stone baby, or perhaps two, that she had carried unknown inside of her for seven years. And she had given birth to two living children, or perhaps none.

Copping wrote to Sir Hans Sloane, President of the Royal College of Physicians and President of the Royal Society, twice in 1738 about the case. The first time, Copping transcribed a letter from a young, unnamed clergyman who knew Mrs McKinna.¹ McKinna married at sixteen, menstruating only after marriage. McKinna gave birth ten months later, and to a second child after another ten months. She again seemed pregnant after two months, but her symptoms dwindled after nine months. She suffered violent abdominal pains for six years. Seven years after the disappeared pregnancy, she again appeared pregnant. This time, the symptoms lasted seven months, only to fade over six weeks. A painful boil (as she called it) developed an inch and a half above her navel.

The second letter recorded Copping's own visit.² His timeline differed. McKinna did become pregnant eight to ten years after the marriage. She went to term with the child and a midwife attended, but the pregnancy simply disappeared. Everyone concluded that there was no child. Seven years later, she again seemed pregnant for nine months. She developed a goose-egg size swelling above her navel. It burst, discharging a watery humour.

The accounts overlap in grisly details, but the surgical particulars differ. An elbow of a child forced itself out and ‘hung some days by the skin, visible to abundance: at length [McKinna] cut it off for her own Relief.’³ The young clergyman indicated that she sent for Turlogh O’Neill, though Copping claimed that she only requested him after a midwife and several physicians gave her over as dying. Either way, McKinna’s suffering was clear. In Copping’s version, she believed she was dying; in the young clergyman’s, O’Neill ‘administer[ed] relief’ at the request of McKinna and her friends.⁴ The operation described by the young clergyman was quick and efficient. O’Neill made a large vertical incision and easily pulled out the jawbone. On spotting something black inside McKinna’s belly, he reached in to extract in pieces an infant’s perfect skeleton and pieces of black putrefied flesh. He ‘swathed her up’; within six weeks, ‘she pursued her domestic Business’.⁵ According to Copping, though, the operation was brutal. He described O’Neill’s terrified response to the prospect of doing the surgery:

The Man was frightened, and went to sleep; but, when he got up, gave her a large Draught of Sack, and, I suppose, took one himself.⁶

Only then did he cut open the stomach. From a hole as big as Mr McKinna’s hat, O’Neill removed a second bone, pulled it back and forth to loosen. He noticed something black inside the stomach, but was unable to remove all the bones, despite inserting his hand into the hole. The remainder came out painfully over time, ‘some came by the Navel, others from the Womb the natural Way’.⁷ Fifteen months after surgery, McKinna could not move beyond the house. Her rupture was still big enough that Copping could insert his finger ‘a Pretty Way up into the Body’.⁸ Both versions agreed that O’Neill had not bandaged McKinna properly.

Copping did not mention Mrs McKinna’s fate, though he noted that foetal remnants ‘were carried away by different Physicians’. He raised a collection for Mrs McKinna to visit

Mr Dobbs, a Dublin surgeon who could treat the rupture.⁹ Whether she travelled to Dublin remains unknown.

The main sources for this essay are published and manuscript versions of Copping's two letters to the Royal Society, published in the *Philosophical Transactions of the Royal Society*, to which I applied a close reading. Although the story is about Sarah McKinna, the fragments of her experience are buried beneath John Copping's narrative of discovery and heroism. But it was to McKinna that I was drawn: what pain and physical limitations did she have from her surgery? What suffering did she feel as a mother? How did her community respond to this curiosity in its midst? Mrs McKinna's story grew in my imagination, informed by early modern folk tales and miracle accounts. To understand her experience, I have used a microhistorical approach that allows a permeable border between history and imagination.

McKinna's case provides insight into the medical world of early modern Ireland. Although Copping's letters were intended to be objective reports about a medical curiosity for the Royal Society, they reveal medical practices, cultural clashes, and bodily experiences. For the historian, Copping's letters point to several layers of tensions—urban and rural, educated and uneducated, Protestant and Catholic, English and Irish—and allow the voices of Mrs McKinna and her community to emerge. Situating Copping's suasive techniques and McKinna's experiences within the history of Tyrone, I argue that the case cannot be separated from a distinctly Irish and local context, even if Copping scarcely referred to it. The structure of his narrative relied on the juxtaposition of his expertise as a learned, English man with that of the inferior local knowledge. However, his account also exposes McKinna's experience of pain and motherhood, which can be set against wider cultural meanings: supernatural belief, popular religion, famine, and poverty. The case reflects the medical world

of early eighteenth-century Ireland, while the tale of Sarah McKinna's strange birth of a stone baby can be read as an embodiment of the colonization of Ireland.

In my interpretation of McKinna's experience, this chapter responds to wider scholarship on the history of pain. Historians rely on the written word. When it comes to the history of pain, this makes us attend carefully to the voices of sufferers in the past, finding an articulate language for pain.¹⁰ We are attuned to the nuances of language, carefully constructed narratives, performed dramas, even looking for the experience of pain on the body itself, through acts and gestures.¹¹ For early modernists, this prioritises the experiences of the literate and the wealthy. Many sufferers, such as the poor or children, left few accounts, although it is possible to access their stories through descriptions left by others.¹² This is not a new method for historians; those who use court documents or study women have long read against the grain to reconstruct voices.¹³ It is time for historians of pain to take more interest in finding the experiences of the non-literate.

To imagine the Mrs McKinna's experience, I use microhistory methods. The goal of microhistorians has been to find everyday life, especially for people who left few records. This requires creatively using scattered references in documents that happen to exist. In this method of 'clues', as Carlo Ginzburg describes it, the historian reads 'between the lines' for details that are routine or unusual, marginal, or even unconscious.¹⁴ Microhistorians also place the individual within the wider context of place and time. Individuals can thus become, according to Jill Lepore, 'an allegory for broader issues affecting the culture as a whole'.¹⁵ Lepore's use of the word 'allegory' hints at microhistory's dangers: reading too much into the symbols of the past, reconstructing a 'worldview' that is a convenient catch-all, sliding too close to fiction, and inserting our modern sympathies into the past.¹⁶ Natalie Zemon Davis even wondered whether her own interpretations in *The Return of Martin Guerre* might be wrong, while Sue Peabody deliberately teased out the similarities and differences between

her fictional and microhistorical versions of one incident.¹⁷ The problem with telling hidden stories is that they do, after all, draw on unclear information, while detail-based narratives border on fiction. In the case of Mrs McKinna, I offer multiple possibilities for how we might understand her story, though it is difficult to know which—if any—might be true. For me, the question is: given what we know about the period, are these interpretations plausible? The ambiguity of her story means that it can be held up within its historical context to represent wider issues of the time for the modern reader, whether or not her contemporaries agreed.

Encountering Clogher

Clogher had long been a place of encounter between the Irish and the British. The Clogher valley was a heavy area for plantation settlement. Much of Ulster became a ‘zone of dislocation’ in the 1641 rising, with proportionately more atrocities by the Irish against the settlers than elsewhere. One such massacre took place in Augher, less than two miles from Clogher and even nearer to Brentram.¹⁸ By the 1730s, the Clogher area was even more heavily settled. Hugh McMahan, Catholic bishop of Clogher, reported in 1714 that ‘from the neighbouring country of Scotland Calvinists are coming over here daily in large groups of families, occupying the towns and villages, seizing the farms in the richer parts of the country and expelling the natives’.¹⁹ The British presence was firmly entrenched and the Church of Ireland in the region, wealthy. The Catholics, however, were increasingly impoverished. After McMahan became Archbishop of Armagh, Clogher remained a vacant see until 1727.²⁰

In 1737, John Copping became the new Protestant Dean of Clogher. His tombstone at St. Anne’s Parish, Dublin, indicates that he was born in Norfolk in 1691 and died in 1743 at the age of 52.²¹ Cambridge-educated Copping met Sir Hans Sloane while living in London, where they had dealings through the Society for the Promotion of Christian Knowledge.²² Copping was part of the London literary scene. For example, he sent letters to Alexander

Pope and Thomas Tickell in 1722-3, with the goal of sharing poems by Henry Baker. He wrote, on behalf of widow Sarah Hughes, a dedication to the Duchess of Bedford for Jabez Hughes' *Miscellanies in Verse and Prose* (1737).²³ Copping's interests in the moral improvement of society, as well as literature, would have made him an appealing appointment for the Clogher position. For example, the Bishop of Clogher, John Stearne, actively promoted improvement and was friendly with Jonathan Swift and Esther Johnson.²⁴ By 1740, Copping was a member of the Incorporated Society for Promoting English Protestant Schools in Ireland.²⁵ The goal of the project, as the society's Royal Charter stated, was to instruct the Papists and the poor in English and "the Principles of true Religion and Loyalty."²⁶ Appointees such as Copping—English loyalist, Anglican, and improvement-minded—had an important political role: preventing the spread of Irish patriotism.²⁷

Copping's correspondence began in January 1737/8, nearly a year after arriving in Ireland.²⁸ In his first letter, Copping apologised for taking so long to write to Sloane as invited. The air of his new home agreed with his constitution better than London, he claimed, but seemed homesick. Being away from Sloane's conversation (and presumably England) was a 'removal' and 'banishment', with constant 'reflection[s] upon what [he] ha[s] left'. His wife 'suffer'd in health ever since she came, by the distemper incident to strangers'. Copping apologised for not reporting to the Royal Society, owing to unfamiliarity with Ireland: 'I know little of the place I am in but by report, & can hardly yet form an Idea to the change of life'.²⁹ Ireland did not agree with the Coppings.

Copping made himself useful to Sloane by sending items for his collection. Within this context, Copping visited McKinna and forwarded another case. By 1740, he was attending meetings as a member of the Royal Dublin Society.³⁰ He may have had his eye on fellowship in the Royal Society as reward for sending information, or publication in the *Philosophical Transactions*. Historian Steven Shapin has argued that matters of fact were

determined by multiple accounts by credible witnesses (educated, elite, male) and that virtual witnessing could stand in for replication; a clear, detailed narrative that allowed the reader to observe along with the author was crucial.³¹ Although Copping did not obtain a specimen, he examined and interviewed the participants in the case. In early 1740, Copping was rewarded for his efforts when Sloane and his nephew, William Sloane, proposed him as a fellow for the Royal Society. They commended Copping's zeal for the Society and great knowledge in natural philosophy and polite literature.³²

Copping never mentioned Catholicism or Ireland specifically. But his letters cannot be detached from their circumstance: an incoming English Protestant into a newly settled area. Copping had much to gain, such as friendship of Sloane and Royal Society membership, crucial links for an educated man who was at the peripheries of the Republic of Letters. He discussed at length, for example, the learnedness of the Bishop, as if to prove that Clogher was not such a backwater after all.³³ Or perhaps he was pleasantly surprised; the Bishop had an extensive library.³⁴ Seeking out curiosities offered Copping an entrée into the wider learned world, within and beyond Ireland.

In his letter about McKinna, Copping contrasts his own expertise as a man of science with that of local knowledge, whether it was O'Neill, the young clergyman, or the McKinnas. Copping distanced himself in the narrative from the young clergyman—another man of learning who had even studied physic. Copping never named him, though the reference to his age implied a lack of experience. The young clergyman, moreover, 'knows the Woman', suggesting that he was a part of the community in a way that Copping was not. Personal knowledge was to his disadvantage; as a local, he might be less reliable. Copping established himself up as a sceptic from the outset, questioning what the McKinnas told him. 'If they speak true', Copping wrote, then the young clergyman's version had underestimated how

remarkable the case was.³⁵ Copping emphasised his reliability as a man of science through his scepticism and outside status.

Even more important were his other attributes: mental acuity and charity. The young clergyman had one non-pejorative reference to ‘ignorance’, indicating lack of knowledge: O’Neill was ignorant of the correct method of bandaging. In three pages, Copping used ‘ignorant’ three times, ‘bad language’ [flawed grammar and accent] and ‘frightened’ (referring to O’Neill and McKinna). McKinna’s priest and friends gave ignorant advice, keeping her from accepting help; O’Neill was ignorant of doing surgery; the McKinnas’ language was so ‘bad’ that he could hardly understand them. He mentioned his superior intellectual abilities nine times, with words such as: seen, inquired, particular, master, surprising, apprehend, examined and answering. This suasive tactic was common in printed medical case histories.³⁶ Copping had no medical expertise, could demonstrate Christian charity. He raised money to buy McKinna new clothes and to take her to Dublin. This was a significant act of charity, which drew attention to his growing associations. Dublin surgeon, William Dobbs, was active in establishing Mercer’s Hospital in 1734 to treat the incurable poor.³⁷ Dobbs, a member of the Royal Dublin Society since 1733, was also well-connected.³⁸ The young clergyman, however, offered no material help, while physicians and surgeons had taken foetal bones. Copping bragged: ‘They are so thankful to me for entering so much into their Condition that they now say she shall go to London, or where-ever I please’.³⁹

Copping’s account, however, has several problems for the modern reader. His vagueness about some details—timelines or numbers of live babies and lithopaedions—makes the reader wonder what else he overlooked because it did not fit his own interpretations, or because he misunderstood, given that he couldn’t ‘make myself master of what they said’.⁴⁰ In particular, Copping did not interview Turlough O’Neill, butcher, which further adds to the confusion. Was ‘butcher’ meant to indicate an occupation, describe a

surgeon pejoratively, or refer to an action of (what Copping suggested was) a drunken buffoon?⁴¹ The young clergyman specified that O'Neill 'did, and does now live with Capt. George Gledstanes, about a Mile from Clogher'.⁴² The Gledstanes were wealthy landowners, with George Gledstanes sufficiently a man of substance to be sheriff in 1722.⁴³ Copping's vague descriptions could equally suggest a servile role, a household physician, a tenant, or a familial relationship. Although Copping, whose account was published in the *Philosophical Transactions*, successfully established his reliability, but his account is confusing.

The Medical Context

In 1793, Dr James Reynold of Tyrone complained that there were only two physicians in the county.⁴⁴ Although charitable medical institutions were established in Dublin during the early eighteenth century, there was no system of infirmaries in rural areas until late in the century.⁴⁵ The number of physicians and surgeons was insufficient for the population. Care tended to occur within the household (especially falling to women) or others with some medical knowledge, ranging from apothecaries or farriers to priests and cunning-folk.⁴⁶ Sufferers like McKinna were practical, combining do-it-yourself efforts with consulting practitioners when necessary. Medical methods co-existed with supernatural explanations and treatments for illness, whether making pilgrimages or blaming the fairies for mysterious illnesses.⁴⁷ Ill people had a range of possibilities, despite the lack of physicians and surgeons.

Mrs McKinna saw several practitioners, including Dr Gabriel King—a Presbyterian Scots-Irish physician in Armagh who an account of her case in 1740.⁴⁸ King remained at the periphery of learned society. He was not a member of the Royal Dublin Society or improvement projects, though he was interested in medical developments. For example, he replied to William Hunter's queries on smallpox inoculation in Ireland.⁴⁹ In 1733 King visited the wife of a farmer from Augher. The woman had previously borne children and was

again pregnant around 1726, but no labour pains came after nine months. When the swollen belly disappeared, midwives concluded ‘that she had no Child to bear’. For six years, she was sick and pained, but conceived again. Eight months later, she felt ‘extraordinary pain’ in her belly. An ulcer appeared below her navel. Within days, a child’s elbow poked from the hole. She removed it using a bodkin, but ‘continued in Misery’ for days until her relative, a footman to a local gentleman, ‘had the Courage to pull out the remaining Body of the Child’. The child, according to two gentlemen who viewed it immediately after, was whole.⁵⁰

King visited three weeks later, noting a nearly-healed wound. King concluded that there were two extra-uterine, or ectopic, pregnancies. On examination, he felt foetal bones beneath Mrs McKinna’s skin. She said that she voided them with her urine and faeces. After several visits, King assumed that she would die, given her emaciation. He was later surprised to see her walking about the fields: ‘she has lived Seven years since, her *Viscera* falling out at the old Wound’, though against his advice she refused to bind them with a canvas belt. Apparently ‘when troubled by the Wind’—which she was frequently (because of her diet of potatoes, King claimed)—the binding made the pain ‘intolerable’. Their relationship continued, as King mentioned recently treating her for a ‘monstrous hernial Tumour’, surely a long-term complication of her operation.⁵¹ King also omits names and specific dates, though admittedly he described his encounters years later.

King’s version also indicates how quickly medical news and techniques spread in Ireland. Even as the kinsman operated, gentlemen arrived to see the curiosity. The case suggested possible new techniques, too. King shared the case in response to a similar event. It is an unlikely coincidence that in January 1739, Alice O’Neal of Charlemont, Tyrone, some twenty miles away, was also delivered by Caesarean section of a dead child. Midwife Mary Donnelly undertook the operation, suturing the wound as she would a hare-lip.⁵² Stories about Mrs McKinna’s strange delivery must have circulated, at least in Tyrone. Copping, for

example, learned about it several years afterwards and Donnelly tried the method during a difficult birth. Elsewhere in the British Isles, Caesarean operations were widely opposed until the late eighteenth century, but here are two rare examples, geographically and temporally close.⁵³ Mrs McKinna's case was a curiosity and medical innovation, but also reveals everyday domestic medical practices and the local transmission of medical knowledge.

Meeting Mrs McKinna

Sarah McKinna is difficult to trace, especially as a woman whose maiden-name and husband's forename are unknown. No relevant records come up in genealogical searches. 'MacKenna' (and its variants) could be either Irish or Scottish, but it was a common Irish name in early modern Tyrone. The clan's heartland was in nearby Monaghan, though its power was destroyed during the seventeenth century.⁵⁴ The servanthood of McKinna's kinsman, Turlogh O'Neill (another common Irish Catholic name), is a clue to the family's ethnicity and religion. Eighteenth-century Ulster was culturally divided, with Irish Catholics working the poorest land or employed as servants.⁵⁵ McKinna's humble background is further implied by King's reference to her 'Diet of Potatoes'—a staple of the Irish peasant diet by the eighteenth century, but associated with coarse foodstuffs.⁵⁶ Despite Copping's charity, McKinna was at least able to afford midwives. Less clear is whether McKinna paid King, but his language, however, suggests charitable assistance in that he approached her rather than being requested. He 'went about three Weeks after to see' her and later 'found her walking out in the Fields'.⁵⁷ The McKinnas' economic circumstances appear marginal.

When it comes to McKinna's physical experience, the operation and its aftermath was devastating, no matter which account we take. There was first the uncertainty of pregnancy in early modern Europe, as discussed by Cathy McClive.⁵⁸ Just as early pregnancy signs were easily mistaken for other illnesses, it was possible for what appeared to be full-term

pregnancies to disappear. The bodily interior was mysterious and hidden. McKinna suffered pain throughout the seven years of carrying a stone baby, which would have been woven into her daily life. In the first letter from March 1737/8, the young clergyman noted that for four years after the disappeared pregnancy, ‘she was perpetually afflicted with most violent Pains’. The skin eruption came ‘with very great pain’. The details of the surgery—an act that suggests her desperation—make for uncomfortable reading, although her pains are not explicitly referenced. But we can all picture having surgery without anaesthesia, with someone inserting their hand into an abdomen to remove bits gradually. Also absent from the accounts are specifics about the surgical process: how many people had to hold her down? Testicular surgery, for example, had two strong men to hold the legs, two more to hold the knees apart, and one to hold down the shoulders.⁵⁹ Perhaps no pain description was necessary for the eighteenth-century audience familiar with such images.

Pain plays a larger role in Copping’s account. McKinna was ill enough that medical practitioners thought she would die; we envision her pain as she cut off the protruding elbow ‘for her own Relief’. We cringe at the image of O’Neill pulling the bone to loosen it. After surgery, Mrs McKinna suffered ‘great Pain each time’ that bones came out. A year later, Mrs McKinna still had a deep abdominal wound into which Copping could insert his finger. In 1740, King described her ongoing difficulties with protruding viscera, though she was able to walk through fields. The descriptions suggest a worse injury than other badly-healed wounds discussed by François Rousset in a 1581 treatise on Caesareans; one woman had a sort of hernia that never went away, while another needed to wear a compress over her terrible scar, a single layer of skin over her intestines.⁶⁰ Whether Mrs McKinna’s recovery was six weeks (unlikely, given King’s description of her a month after) or fifteen months, many household activities would have been painful and challenging owing to the open wound and inadequate bandaging. She would have needed assistance from friends and family for many activities.

Mrs O’Neal, from King’s other case history, was ‘capable of doing something for her Family’, but only when well-bandaged—and she had received better suturing.⁶¹ The suffering would have been bad enough, but the limitations to her daily life must have been frustrating. As Copping put it, the first clergyman may have said that she pursued domestic business within six weeks, but she had been limited to the household ever since.

All accounts described her pain, suggesting it was integral to her own account. One wonders, though, did Copping play up the horrific elements to get a better story of McKinna’s victimization? The first account dealt with the surgery and recovery matter-of-factly. King focused more on McKinna’s state after the surgery. In Copping’s more brutal version, there is a hat-sized wound; elbow poking out for days; giving her over for dead; a gradual expulsion of foetal body parts. Or the young clergyman might have lacked awareness of her suffering, overlooking the long recovery and skipping through details. Copping may have been a more empathetic listener, ‘entering so much into their Condition’. There is also the possibility that the McKinnas played up the story for Copping, a stranger in their community in more ways than one. It seems like an exaggeration when Copping notes that O’Neill ‘made such a hole as the Man describes to be as large as his Hat’. That said, to a conscious woman undergoing agonising abdominal surgery and her worried husband, the hole may have seemed vast. Memory and experience are tricky matters.

Interpreting the stone babies

All accounts agree on another issue: the first lithopaedion developed around 1727. Lithopaedions often develop from an ectopic pregnancy. Causes include pelvic inflammatory disease, fibroids, endometriosis, and stress.⁶² When the foetus remains in the body, a calcified shell forms, protecting the mother’s health. McKinna apparently had at least one successful pregnancy, suggesting that psychological or physiological stress played a role. Such stress

might, in turn, be caused by famine. For example, studies of modern famines have shown the effects of antenatal stresses on lifelong health, as well as increasing rates of mental illness and coronary disease in later generations.⁶³ Significantly, miscarriage and stillbirth incidences also rise during famines.⁶⁴ There was, in fact, a major famine in Ireland in 1728-9.

By 1727, after wet weather ruined three harvests in a row, the Archbishop of Armagh found that peasants had depleted their potato stocks months earlier than usual. There had been a state of near-famine amongst the poor since Boulter had arrived two years before. In 1726, the 'dearness of [corn] was such that thousands of families quitted their habitations to seek bread elsewhere, and many hundreds perished.'⁶⁵ Worse yet, as Sir John Browne pointed out in 1728, more than a third of the 1727 crop had failed because of bad weather. Although Great Britain had sent relief, their own rising grain costs meant that they were unlikely to send more.⁶⁶ The famine occurred within the context of endemic poverty and food shortages.⁶⁷ The Irish economy of the early eighteenth century was also unstable: absentee landowners, haphazard poor relief, colonial problems, and money shortage. Economic problems exacerbated the famine, slowing recovery even when food was available. In Ulster, weak trade decreased linen prices. Producers were unable to escape debt. Ulster was also depopulated; emigration increased, while mortality rates remained high from the effects of malnutrition and disease.⁶⁸ Catholics were disproportionately affected, but relief efforts targeted Protestant settlers.⁶⁹ Worse was soon to come, with one of Ireland's worst famines in 1739-41.⁷⁰ The McKinna family lived in County Tyrone, Ulster: one of the poorest counties in Ireland, in a province hit hard by hunger and disease in 1728.⁷¹

Jonathan Swift, of course, immortalised the year 1728-9: 'It is a melancholly Object to those, who walk through this great Town, or travel in the Country, when they see the Streets, the *Roads*, and *Cabbin-Doors*, crowded with *Beggars* of the female Sex, followed by three, four, or six Children, *all in Rags*, and importuning every Passenger for an Alms'.⁷² The

solution, of course, was raising babies to sell as food to the wealthy: ‘a young healthy Child well Nursed is at a year Old, a most delicious, nourishing, and wholesome Food, whether *Stewed, Roasted, Baked, or Boyled*, and I make no doubt that it will equally serve in a *Fricasie, or Ragoust*’.⁷³ The deliverance of the McKinnas’ stone baby is Swiftian, allowing the family to profit from the horror several long years later. It is unlikely that an enterprising peasant, with husband, friends and clergyman to advise her, would have allowed people to take away the foetal bones without some profit. Copping cannot have been the only person to give her charity in exchange for viewing the curiosity.

Satire aside, this is a story of the trauma of famine in Ireland written upon Mrs McKinna’s body; the lost child, and her two other infants crying hungrily in the background; the stone babies, who filled her belly instead of food, emerging years later. Is it too much to make this imaginative stretch? Not necessarily, given that some types of individual or collective pain were considered meaningful for early modern Irish communities.⁷⁴ There are several contextual reasons that make this a plausible interpretation. Irish beliefs existed within a wider European framework, though with local particularities. Accounts of wonders travelled far, considered revelations of God’s work. Orally transmitted stories changed regionally. For example, Irish communities localised their saintly traditions. They created genealogies or drew on associations with landmarks to place the saints within the area. Across Ireland, popular religious practices and beliefs existed independently of the established church. The landscape was marked by stories of saints or sites of popular veneration. Saintly power was accessible to all through prayer, visiting sites, or touching physical remains (many in laypeople’s possession).⁷⁵ The tale of a wondrous event, like Mrs McKinna’s, might easily have localised significance.

The role of maternal imagination, widely accepted, offered one interpretation.⁷⁶ Women’s porous bodies were thought to absorb outside influences. A mother’s emotional

state, from cravings to fears, affected the unborn child. For example, a child whose mother craved strawberries might be born with a strawberry birthmark; a mother frightened by a violent act might give birth to a child with deformities. Maternal imagination was hotly debated amongst the educated elite, particularly after the Mary Tofts' case of 1726 in Godalming. Tofts claimed she gave birth to rabbits, caused by craving rabbit meat. Physical evidence from the case initially appeared to support the theory of maternal imagination affecting foetal development.⁷⁷ The Cult of St. Vincent Ferrer (1350-1419) was popular during the early modern period, with a miracle centring around the danger of pregnancy cravings and maternal imagination. The miracle tale, originating in Brittany, involved St. Vincent resurrecting a baby who had been chopped up by its pregnant mother when she craved meat.⁷⁸ Within the context of widespread belief in maternal imagination, a baby turned to stone during a famine, caused by its mother's distress, would make perfect sense.

European mythology and folklore included other tales of dismembering and eating children.⁷⁹ Continental witchcraft (though not embraced in Ireland) contained a cannibal element, with babies being roasted by witches at the Sabbat.⁸⁰ There were also accounts of cannibalism in Ireland during warfare and famine. As historian Martyn Powell has pointed out, the body politic of Ireland was depicted as sick, consumptive, consuming, and animal-like. The idea of Irish cannibals pre-dated Swift, with cultural and political references throughout the seventeenth and eighteenth centuries.⁸¹ Several of the examples that might have resounded in cultural memory came from 1641, including the case of a woman who allegedly ate another woman's child.⁸² Satire, political uses of an image, and historical memory had unclear boundaries in early modern Ireland, but many stories about baby-eating circulated around Europe.

Supernatural beliefs emphasise the widespread understanding that pregnancy, birth, and lactation were vulnerable times for women. This reflected the reality of a high infant

mortality and childbearing risks.⁸³ Elsewhere in Europe, a woman who lost her baby or whose milk dried up might wonder if a neighbour had cursed the family.⁸⁴ In Ireland, a woman whose child seemed sickly or discontented might wonder if fairies had replaced her child with a changeling.⁸⁵ Depositions from the 1641 rebellion reveal the cultural importance of this trope in Ireland, as Naomi McAreavey finds. Women's stories emphasised the vulnerable maternal body and mother-infant dyad; rebels wounded pregnant women in the belly, assaulted women during labour, murdered babies, killed breastfeeding mothers, and left living infants beside their dead mothers to perish. These were direct attacks against the ideal of womanhood and domesticity, reflecting the deponents' sense that there was a Catholic plan to kill off the Protestant community.⁸⁶ The liminal, parturient body, with its relative defencelessness, was innately symbolic.

Throughout the Catholic world, miraculous tales abounded that paralleled stones with childbirth or bread. Stones had reproductive significance in the cases of Clare of Montefalco (1268-1308) and failed living saint Cecilia Ferazzi (1609-1684). Visionary power was thought to leave physical marks, with the saintly body as open as the maternal body to the effects of imagination.⁸⁷ In the case of Clare, her encounters with God resulted in several relics found inside her body, including three gallstones, which the nuns believed was the Trinity and others linked to female fertility. The objects were enclosed within the body, like a foetus, and her autopsy was like a Caesarean.⁸⁸ Her relics were displayed at Santa Chiara church in Montefalco and her stories circulated through hagiographies and sermons.⁸⁹ In her account to the Venetian Inquisition in 1664, Cecilia Ferazzi evoked Clare of Montefalco and childbirth narratives when she described passing kidney stones while kneeling on the church floor.⁹⁰ By 1710, the Catholic world rediscovered a beata with a stigmata: Lucia Brocadelli (1476-1544). In her lifetime, Brocadelli was just as suspect as Ferazzi. Her claims of stigmata were only proven at her death when her stomach wound offered proof.⁹¹ Between the stone

babies and gaping stomach wound, one can only wonder how the Catholic faithful in a small Irish town might have seen Sarah McKinna's body. Mysterious objects within the body or exterior marks were imbued with supernatural meaning.

Ireland had its own popular saints and miracles. County Tyrone was known for its devotion. When Hugh McMahan, the Bishop of Clogher, reported on the state of his diocese in 1714, he noted that he was the first bishop there since 1686 and there were too few priests for the area.⁹² Priests served large areas, offering Masses in alternate weeks in different places, but the Clogher people came: 'they must rise early and travel through frost and snow; some, many of them advanced in years, leave their homes the previous day to make sure they will arrive in time'.⁹³ Thirty-nine miles from Clogher, St. Patrick's Purgatory (Lough Derg) was a pilgrimage site where Catholics practiced freely. The Bishop noted the superstitious tinge to the locals' belief—with stories of ghosts and spectres surrounding St. Patrick's Purgatory—and the lack of an educated clergy, but at least they were faithful.⁹⁴ Brigid was also associated with Lough Derg. With her homely ways, she was a popular patron saint of midwives, childbirth, and newborns. One of her miracles included helping a lapsed nun who had become pregnant by making the conception disappear and restoring her to health without childbirth or pain.⁹⁵ Stories about Brigid were primarily about the household, food, and livestock.⁹⁶ On one occasion, she even turned a stone into bread during a famine.⁹⁷ Stones appear repeatedly in miracle accounts, a substance for transmogrification into food or a product of communion with God. Stories of Brigid's domestic miracles must have had resonance during times of famine, especially in a staunchly religious area like Tyrone.

Ultimately, Copping's interactions with the McKinnas can be read as a colonial encounter. Although Copping sympathised with McKinna, many of his comments expose the English elite's casual contempt, such as insisting that he could not understand the locals. Rather than consider why Mrs McKinna's neighbours might be reluctant for her to

accompany him to Dublin, he contemptuously dismissed ‘her ignorant Priest, and some other ignorant Neighbours, [who] told her they would keep her till she dies’.⁹⁸ This resistance to Copping’s plan is the only suggestion of the Brentram community’s reaction to the case. Even this act can be read in multiple ways. To a local, Copping was a Protestant and a foreigner, just another educated man overly interested in the curious body of Mrs McKinna. If the community attached religious significance to her suffering, perhaps seeing her as a wonder, they would have wanted to keep her close.⁹⁹ Copping also promised a cure that would have seemed impossible cure after so long. The trip to Dublin would entail dragging a woman with limited mobility and constant pain nearly 100 miles across tough, mountainous terrain. McKinna seemed willing to make the difficult journey, despite the need to leave her community. Or perhaps leaving was desirable: being a wonder or curiosity was not for everyone. Either way, Mrs McKinna presumably longed to be whole again in her own wounded, suffering body. She could hope to be restored, even if the bones of the babies that she had carried within for so many years were now scattered to unknown parts. Sadly, if she did make the journey, it did not help and may have worsened her condition. King, over a year later, was still trying to fix the ‘monstrous hernial Tumour’.

Conclusions

The case of Sarah McKinna provides a glimpse into the medical world of early modern Ireland. From the start of the story, there are hints of what happened during a difficult childbirth; McKinna was surrounded by a midwife, physicians, and friends and family. The Caesarean attracted wide interest, with medical men and clergymen visiting McKinna. The path of medical care was typical of early modern treatment, in that McKinna dealt with the situation on her own, only seeking when the problem worsened. The rarity of undertaking a Caesarean operation was emphasised by O’Neill’s anxious response and inexpert bandaging

after the surgery. Yet, nearby midwife Mary Donnelly later tried the operation, highlighting the local transmission of medical knowledge. O'Neill and Donnelly, whatever their experience, innovated when it helped sufferers, highlighting the practical nature of their medical techniques. McKenna's personality, too, emerges occasionally: tough (walking the fields), pragmatic (the arm removal), and defiant (refusing the belt because of her flatulence). This is in marked contrast to Copping's perception that the locals were ignorant.

Copping's account aimed to emphasise his own suitability as a potential fellow for the Royal Society. For the readers of the *Philosophical Transactions*, the point of his account was the double curiosity of the stone baby and the caesarean operation. The wondrous details of Mrs McKinna's pregnancy and delivery must have intrigued her community, who would have been aware of potential supernatural and religious interpretations, even if they believed it was natural. In any case, the community was willing to provide support to McKinna and to protect one of its own from men like Copping, who were strangers in every way: education, faith, ethnicity, place, and status. The letter is also a story of a poor woman's pain, her loss of a child, and the physical marks left by famine. It is a distinctly Irish story that cannot be readily detached from its wider context of colonization; the body of Sarah McKinna represents the wider suffering of the poor Irish Catholics who watched their loved ones die by the hundreds in 1728 and by the hundreds of thousands in 1739-41. By attending closely to the clergymen's accounts and using an imaginative leap, it becomes possible to find traces of Mrs McKinna's voice and a story about the maternal body, poverty, and suffering more meaningful than Copping ever would have guessed. It is hard to say what really happened in Brentam, or how the community understood her case. However, if we ignore hidden and imperfect stories such as Sarah McKinna's, we re-inscribe the power of the written word on the lived experience of the past, privileging once more the select few: the literate, the wealthy, the colonizers, the males.

References

- ¹ J. Copping, 'Extracts of Two Letters from the Revd Dean Copping, F.R.S. to the President, concerning the Caesarian Operation Performed by an Ignorant Butcher; And concerning the Extraordinary Skeleton Mentioned in the Foregoing Article', *Philosophical Transactions of the Royal Society* 41 (1739-1741): 814-9; Royal Society Library and Archives, London (hereafter RSLA), LBO/24, fols. 248-50, 'Extract of a Letter from the Revd Dean Copping to the President containing an account of two Abdominal Foetus's of different ages, cut out of a Woman at one time, without occasioning her Death', 16 March 1737/8.
- ² Copping, 'Extracts of Two Letters', 814-19; RSLA LBO/24, fols. 420-3, 'Extract of a Letter from the Revd Dean Copping to the President, containing a further Account of the two Abdominal Foetus's already mention'd: with some Account of an universal Anchylosis', 2 June 1738.
- ³ As per Copping's own account: Copping, 'Extracts of Two Letters', p. 817.
- ⁴ *Ibid.*, p. 816.
- ⁵ *Ibid.*, p. 816.
- ⁶ *Ibid.*, p. 817.
- ⁷ *Ibid.*, p. 818.
- ⁸ *Ibid.*, p. 818.
- ⁹ *Ibid.*, p. 818.
- ¹⁰ Cf. S. Pilloud and M. Louis-Courvoisier, 'The Intimate Experience of the Body in the Eighteenth Century: Between Interiority and Exteriority' *Medical History*, 47 (2003): 451–72; L. Smith, "'An Account of an Unaccountable Distemper": The Experience of Pain in Early Eighteenth-Century England and France', *Eighteenth-Century Studies* 41, 4 (2008): 459-80. This counters Elaine Scarry's argument that pain destroys language: *The Body in Pain* (Oxford: Oxford University Press, 1988).
- ¹¹ J. Moscoso, *Pain: A Cultural History* (London: Palgrave Macmillan, 2012); J.F. van Dijkhuizen and K.A.E. Enenkel (eds), *The Sense of Suffering: Constructions of Physical Pain in Early Modern Culture* (Leiden: Brill, 2009); F. Dillane, N. McAreavey and E. Pine (eds), *The Body in Pain in Irish Literature and Culture* (London: Palgrave Macmillan, 2016).
- ¹² H. Newton, *The Sick Child in Early Modern England, 1580-1720* (Oxford: Oxford University Press, 2012); K. Walker, 'Pain and Surgery in England, circa 1620–circa 1740', *Medical History* 59, 2 (2015): 255-74; K. Harvey, 'What Mary Toft Felt: Women's Voices, Pain, Power and the Body', *History Workshop Journal* 80, 1 (2015): 33-51.
- ¹³ C. Ginzburg, *The Cheese and the Worms: the Cosmos of a Sixteenth-Century Miller*, trans. J. and A. Tedeschi (Baltimore: Johns Hopkins University Press, 1980); W. G. Pooley, 'Independent Women and Independent Body Parts: What the Tales and Legends of Nannette Lévesque can Contribute to French Rural Family History', *Folklore* 121, 2 (2010): 190-212; J. Arnold, 'The Historian as Inquisitor: the Ethics of Interrogating Subaltern Voices', *Rethinking History* 2, 3 (1998): 379–86; N.Z. Davis, *The Return of Martin Guerre* (Cambridge: Harvard University Press, 1983).
- ¹⁴ C. Ginzburg, *Clues, Myths and the Historical Method*, trans. J. and A. Tedeschi (Baltimore: The Johns Hopkins Press, 1989), pp. xi-xii.
- ¹⁵ J. Lepore, 'Historians Who Love Too Much', *Journal of American History* 88, 1 (2001), p. 133.

- ¹⁶ D. LaCapra, 'Chartier, Darnton, and the Great Symbol Massacre', *Journal of Modern History*, 60, 1 (1988): 95-112; R. Finlay, 'The Refashioning of Martin Guerre', *American Historical Review* 93, 3 (1988): 553-71.
- ¹⁷ N.Z. Davis, 'On the Lame', *American Historical Review* 93, 3 (1988), p. 572; S. Peabody, 'Microhistory, Biography, Fiction: The Politics of Narrating the Lives of People under Slavery', *Transatlantica* 2 (2012): 1-19.
- ¹⁸ The most likely candidate for 'Brentram' (which exists on no map) is Branter/Bréntír, two miles from Clogher and a mile from Augher. The term 'zone of dislocation' comes from W.J. Smyth, 'Towards a Cultural Geography of the 1641 Rising/Rebellion', in M. Ó Siochrú and J. Ohlmeyer (eds), *Ireland 1641: Contexts and Reactions* (Manchester: Manchester University Press, 2013), p. 72.
- ¹⁹ H. MacMahon and P.J. Flanagan, 'The Diocese of Clogher in 1714', *Clogher Record* 1, 2 (1954), p. 40.
- ²⁰ *Hierarchia catholica medii aevi*, vol. 5 (Monasterii Sumptibus et typis librariae Regensbergianae, 1952), p. 162.
- ²¹ C. Hunt and M. Taylor, 'St. Anne's Parish Church, Dublin', *Irish Genealogy Projects Archives*, www.igp-web.com/IGPArchives/ire/dublin/cemeteries/st-annes.txt (viewed 23 April 2017).
- ²² As discussed in British Library, London (hereafter BL), Sloane MS 4053, fol. 336, Henry Newman to Sir Hans Sloane, 5 December 1734; BL Sloane MS 4053, fol. 193, Henry Newman to Sir Hans Sloane, 9 April 1734. Name search, *A Cambridge Alumni Database*, <http://venn.lib.cam.ac.uk/Documents/acad/2016/search-2016.html> (viewed 1 August 2018). The dates are incorrect, but closer than those of an Oxford John Copping: *Alumni Oxonienses 1500-1714*, ed. Joseph Foster (Oxford, 1891), *British History Online* www.british-history.ac.uk/alumni-oxon/1500-1714 (viewed 1 August 2018).
- ²³ Yale University Library, New Haven, OSBORN FC109, H. Baker, Letterbook 'Copies of Letters by John Copping to Alexander Pope and Thomas Tickell', fols. 109/I/1,2,3; J. Nichols, *Literary Anecdotes of the Eighteenth Century*, vol. 8 (London, 1814), p. 268.
- ²⁴ T. Seccombe, revised by J. Falvey, 'Stearne [Sterne], John', *Oxford Dictionary of National Biography* www.oxforddnb.com/ (viewed 1 August 2018).
- ²⁵ *A Continuation of the Proceedings of the Incorporated Society in Dublin for Promoting English Protestant Schools in Ireland for the 25th of March, 1738 to the 25th of March, 1740* (Dublin, 1740), pp. 28, 38.
- ²⁶ *Ibid.*, p. 3.
- ²⁷ A. Sneddon, *Witchcraft and Whigs: The Life of Bishop Francis Hutchinson, 1660-1739* (Manchester: Manchester University Press, 2008), pp. 130-1, 178-9.
- ²⁸ He was instituted on 25 May 1737/8, delivering a later-published sermon on obedience to rulers (Titus III.1) before the Bishop. H. Cotton, *Fasti Ecclesiae Hibernicae*, vol. 3 (Dublin, 1849), p. 88; R. Watt, *Bibliotheca Britannica*, vol. 1 (London, 1824), p. 257; J. Copping, *A Sermon on Tit. iii. 1 at the Visitation of His Grace the Primate* (London, 1740).
- ²⁹ BL Sloane MS 4055, John Copping to Hans Sloane, 24 January 1737/8, fols. 271-2.
- ³⁰ He attended a meeting in February 1740. H.F. Berry, *A History of the Royal Dublin Society* (London and New York: Longmans, Green and Co., 1915), p. 55.
- ³¹ S. Shapin, 'Pump and Circumstance: Robert Boyle's Literary Technology', *Social Studies of Science* 14, 4 (1984), pp. 487-491.
- ³² RSLA, London, EC/1740, 'Certificate of Election and Candidature for John Copping', 13 November 1740, fol. 16.
- ³³ BL Sloane MS 4055, John Copping to Hans Sloane, 24 January 1737/8, fols. 271-2.
- ³⁴ Seccombe and Falvey, 'Stearne'.
- ³⁵ Copping, 'Extracts of Two Letters', p. 816.

- ³⁶ On the various tactics used to establish textual authority, see L. McTavish, *Childbirth and the Display of Authority in Early Modern France* (Aldershot: Ashgate, 2005).
- ³⁷ K. Sonnelitter, *Charity Movements in Eighteenth-Century Ireland: Philanthropy and Improvement* (Woodbridge: The Boydell Press, 2016), pp. 80-3.
- ³⁸ Berry, *History*, p. 25
- ³⁹ Copping, 'Extracts of Two Letters', p. 818.
- ⁴⁰ *Ibid.*, p. 816.
- ⁴¹ The images of butcher and surgeon blurred in the early eighteenth century. See C. Lawrence, 'Medical Minds, Surgical Bodies: Corporeality and the Doctors', in C. Lawrence and S. Shapin (eds), *Science Incarnate: Historical Embodiments of Natural Knowledge* (Chicago and London: University of Chicago Press, 1998), pp. 183-94.
- ⁴² *Ibid.*, pp. 815-6,
- ⁴³ S. Belmore, *Parliamentary Memoirs of Fermanagh and Tyrone, from 1613 to 1885* (Dublin: Alex. Thom & Co Ltd, 1887), p. 363; B. Burke, *A genealogical and heraldic history of the landed gentry of Ireland* (London: Harrison & Sons, 1912), pp. 268, 498.
- ⁴⁴ J. Kelly, 'Domestic Medication and Medical Care in Late Early Modern Ireland', in J. Kelly and F. Clark (eds), *Ireland and Medicine in the Seventeenth and Eighteenth Centuries* (Farnham: Ashgate, 2010), p. 109.
- ⁴⁵ P. Grace, 'Patronage and health care in eighteenth-century Irish county infirmaries', *Irish Historical Studies* 41, 159 (2017): 1-21.
- ⁴⁶ *Ibid.*, p. 177; James Kelly, "'Bleeding, vomiting and purging": The Medical Response to Ill-health in Eighteenth-century Ireland', in C. Cox and M. Luddy (eds), *Cultures of Care in Irish Medical History, 1750-1970* (Houndmills: Palgrave Macmillan, 2010), pp. 18-22; A. Sneddon, *Witchcraft and Magic in Ireland* (Basingstoke: Palgrave Macmillan, 2015), pp. 124-6; R. Gillespie, *Devoted People: Belief and Religion in Early Modern Ireland* (Manchester: Manchester University Press, 1997), p. 67.
- ⁴⁷ Sneddon, *Witchcraft and Magic*, pp. 99-100; Gillespie, *Devoted*, p. 72.
- ⁴⁸ She is unnamed, but the time, place, and events are similar. R. Whan, *The Presbyterians of Ulster, 1680-1730* (Woodbridge: The Boydell Press, 2013), pp. 141, 152; G. King, 'The History of One Child extracted by an opening in the Abdomen, and Part of another passed by Stool', in *Medical Essays and Observations, Published by a Society in Edinburgh* vol. 5, part 1 (Edinburgh, 1742), pp. 441-4.
- ⁴⁹ *Early Modern Letters Online*, Gabriel King to George Cleghorn, March 1762, tinyurl.com/yb8wbc49 (viewed 1 August 2018).
- ⁵⁰ King, 'History', pp. 441-2.
- ⁵¹ *Ibid.*, p. 443.
- ⁵² D. Stewart, 'The Caesarean Operation done with success by a Midwife', in *Medical Essays and Observations, Published by a Society in Edinburgh* vol. 5, part 1 (Edinburgh, 1742), pp. 439-41; King, 'History', p. 444.
- ⁵³ For a brief overview of Caesareans in the British Isles, see J. O'Sullivan, 'Caesarean Birth', *The Ulster Medical Journal* 59, 1 (1990), pp. 2-4. On the transmission of stories, rumours, and oral tradition in Ireland, see C. Tait, D. Edwards and P. Lenihan, 'Early Modern Ireland: A history of violence', in D. Edwards, P. Lenihan and C. Tait (eds), *Age of Atrocity: Violence and political conflict in early modern Ireland* (Dublin: Four Courts Press Ltd, 2007), pp. 26-30.
- ⁵⁴ Name search, J. O'Hart, *Irish Pedigrees; or, The Origin and Stem of the Irish Nation*, vol. 1 (Dublin: James Duffy and Co., Ltd., 1892), pp. 543-5; County search, Rootsireland.ie (viewed 1 August 2018).
- ⁵⁵ T. Barnard, *A New Anatomy of Ireland: The Irish Protestants, 1649-1770* (New Haven: Yale University Press, 2003), pp. 20, 290.

- ⁵⁶ D. Gentilcore, *Food and Health in Early Modern Europe* (London: Bloomsbury Academic, 2016), pp. 150-2; K. H. Connell, 'The Potato in Ireland', *Past and Present*, 23 (1962): 58-9.
- ⁵⁷ King, 'History', pp. 442-3.
- ⁵⁸ C. McClive, 'The hidden truths of the belly: the uncertainties of pregnancy in early modern Europe', *Social History of Medicine* 15, 2 (2002): 209-227
- ⁵⁹ J. Greenfield, *A Compleat Treatise of the Stone and Gravel* (London, 1710), p. 172.
- ⁶⁰ F. Rousset, 'New Treatise on Hysterotomotoky, or Childbirth by Cesarean (1581)', ed. and trans. V. Worth-Stylianou *Pregnancy and Birth in Early Modern France: Treatises by Caring Physicians and Surgeons (1581-1625)* (Toronto: Iter Inc., 2013), pp. 40-1.
- ⁶¹ Stewart, 'Caesarean', pp. 440-1; King, 'History', p. 444.
- ⁶² I. Stable, *Ectopic Pregnancy: Diagnosis and Management* (Cambridge: Cambridge University Press, 1996), p. 6.
- ⁶³ B.T. Heijmas, E.W. Tobi, A.D. Stein, et al. 'Persistent epigenetic differences associated with prenatal exposure to famine in humans', *PNAS* 105, 44 (2008): 17046-17049.
- ⁶⁴ Y. Cai and W. Feng, 'Famine, social disruption, and involuntary fetal loss: evidence from Chinese survey data', *Demography* 42, 2 (2005): 301-22; S. Scott and C.J. Duncan, *Demography and Nutrition: Evidence from Historical and Contemporary Populations* (Oxford: Blackwell Publishing, 2002), pp. 52-7; K.J. Pitkänen, 'Famine Mortality in Nineteenth-Century Finland: Is there a Sex Bias?', in T. Dyson and C. Ó Gráda (eds), *Famine Demography: Perspectives from the Past and Present* (Oxford: Oxford University Press, 2002), pp. 65-92.
- ⁶⁵ H. Boulter, *Letters Written by His Excellency Hugh Boulter*, vol. 1 (Dublin, 1770), Letter to the Duke of Newcastle, 7 March 1727, p. 181.
- ⁶⁶ Sir J. Browne, *The Memorial of the Poor Inhabitants, Tradesmen, and Labourers of the Kingdom of Ireland* (Dublin, 1728), pp. 4-5.
- ⁶⁷ J.L. McCracken, 'The Social Structure and Social Life, 1714-60', in T.W. Moody and W.E. Vaughan (eds), *A New History of Ireland* vol. 4 (Oxford: Clarendon Press, 1986), pp. 33-4, 53; L.M. Cullen, 'Economic Development, 1691-1750', in Moody and Vaughan (eds), *A New History of Ireland*, pp. 145-8
- ⁶⁸ J. Kelly, 'Harvests and Hardship: Famine and Scarcity in Ireland in the Late 1720s', *Studia Hibernica* 26 (1992): 66-9, 100-1.
- ⁶⁹ *Ibid.*, p. 92; *Idem.*, 'Coping with Crisis: The response to the Famine of 1740-1', *Eighteenth-Century Ireland* 27 (2012): 121.
- ⁷⁰ Kelly, 'Crisis', p. 99.
- ⁷¹ McCracken, 'Social Structure', p. 44; L.A. Clarkson and E.M. Crawford, *Feast and Famine: Food and Nutrition in Ireland 1500-1920* (Oxford: Oxford University Press, 2001), pp. 125, 155.
- ⁷² J. Swift, *A Modest Proposal for Preventing the Children of Poor People from Being a Burthen to their Parents* (Dublin, 1729), p. 3.
- ⁷³ *Ibid.*, p. 6.
- ⁷⁴ For example, Dianne Hall examines how war survivors articulated the suffering of their dead comrades (as a group) and leaders (as individuals). D. Hall, "'Most barbarously and inhumane maner butchered': Masculinity, Trauma, and Memory in Early Modern Ireland", in *Body in Pain*, Dillane, McAreavey and Pine (eds), pp. 39-55.
- ⁷⁵ Gillespie, *Devoted*, pp. 70-2, 84-8, 91-2, 108, 115-6.
- ⁷⁶ Ian Campbell discusses the influence of continental authors on early modern Irish medicine, for example: *Renaissance Humanism and Ethnicity before Race: The Irish and the English in the Seventeenth Century* (Manchester: Manchester University Press, 2013), pp. 136-65.

- ⁷⁷ L.F. Cody, *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britons* (Oxford: Oxford University Press, 2005), pp. 120-51.
- ⁷⁸ L.A. Smoller, *The Saint & the Chopped-Up Baby: The Cult of Vincent Ferrer in Medieval & Early Modern Europe* (Ithaca and London: Cornell University Press, 2014), pp.144-5.
- ⁷⁹ *Ibid.*, p.152.
- ⁸⁰ L. Roper, *Witch Craze: Terror and Fantasy in Baroque Germany* (New Haven and London: Yale University Press, 2004), pp. 69-81.
- ⁸¹ M. Powell, *The Politics of Consumption in Eighteenth-Century Ireland* (London: Palgrave Macmillan, 2005), pp. 33-41.
- ⁸² C. Ó Gráda, 'Eating People is Wrong: Famine's Darkest Secret?' (University College Dublin Centre for Economic Research Working Paper Series, March 2013), pp. 16-21 https://www.ucd.ie/t4cms/WP13_02.pdf (viewed 6 September 2017).
- ⁸³ Cody, *Birthing the Nation*, pp. 40-1.
- ⁸⁴ Roper, *Witch Craze*, pp. 127-59; D. Purkiss, 'Women's stories of witchcraft in early modern England: the house, the body, the child', *Gender & History* 7, 3 (1995): 408-32.
- ⁸⁵ J. Simpson, 'The Folklore of Infant Deaths: Burials, Ghosts, and Changelings', in G. Avery and K. Reynolds (eds), *Representations of Childhood Death* (Basingstoke: Macmillan Press Ltd., 2000), pp. 11-27; Sneddon, *Witchcraft and Magic*, p. 100.
- ⁸⁶ N. McAreevey, 'Re(-)Membering Women: Protestant Women's Victim Testimonies during the Irish Rising of 1641', *Journal of the Northern Renaissance* 2 (2010), <http://www.northernrenaissance.org/re-membering-women-protestant-womens-victim-testimonies-during-the-irish-rising-of-1641/> (viewed 4 March 2017), paragraphs 12-17.
- ⁸⁷ Thank you to Alicia Spencer-Hall for noting the connection to living saints. S. Ritchey, 'Illness and Imagination: the Healing Miracles of Clare of Montefalco', in B.R. Franco and B.A. Mulvaney (eds), *The World of St. Francis of Assisi: Essays in Honor of William R. Cook* (Leiden: Brill, 2015), pp. 80-1.
- ⁸⁸ K. Park, 'Relics of a Fertile Heart: The Autopsy of Clare of Montefalco', in A. McClanan and K. Encarnación (eds), *The Material Culture of Sex, Procreation, and Marriage in Premodern Europe* (New York: Palgrave Macmillan, 2002), pp. 115-33.
- ⁸⁹ She is on the list of beata in an eighteenth-century Irish book: J. White, *The Spiritual Treasury, or Sacred Diary* (Dublin, 1753), p. 331.
- ⁹⁰ C. Ferrazzi, *Autobiography of an Aspiring Saint*, ed. and trans. A.J. Schutte (Chicago and London: University of Chicago Press, 1996), pp. 51-2.
- ⁹¹ T. Herzig, 'Genuine and Fraudulent Stigmatics in the Sixteenth Century', in M. Eliav-Feldon and T. Herzig (eds), *Dissimulation and Deceit in Early Modern Europe* (London: Palgrave Macmillan, 2015), pp. 142-64.
- ⁹² H. MacMahon and P.J. Flanagan, 'The Diocese of Clogher in 1714 (continued)', *Clogher Record* 1, 3 (1955): 125-30; *Idem.*, 'The Diocese of Clogher in 1714' (1954): 39-42. This resulted from the Penal Laws, which aimed to make it difficult for Catholics to practice.
- ⁹³ *Idem.*, 'The Diocese of Clogher in 1714', p. 41.
- ⁹⁴ MacMahon, 'The Diocese of Clogher in 1714 (continued)', pp. 129-30.
- ⁹⁵ 'Cogitosus's "Life of St. Brigit": Content and Value', ed. and trans. S. Connolly and J.-M. Picard *Journal of the Royal Society of Antiquaries of Ireland* 117 (1987), p. 16.
- ⁹⁶ Cogitosus discusses mostly domestic miracles, but the 'Bethu Brigitte' includes a mix of medical and domestic miracles. 'Bethu Brigitte', ed. B. Färber and trans. D. Ó hAodha, *CELT: Corpus of Electronic Texts* (2001), <http://celt.ucc.ie/published/T201002/> (viewed 1 September 2017); 'Life of St. Brigit', pp. 5-27.
- ⁹⁷ C. B. Walker, *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley: University of California Press, 1987), p. 90. This miracle is not in 'Life of St. Brigit' or 'Bethu Brigitte'.

⁹⁸ Copping, 'Extracts of Two Letters', p. 818.

⁹⁹ Some laypeople were considered close to God's power, even in Protestant Ireland. Gillespie, *Devoted*, p. 78.