Miscarriage and Coping in the Mid-Nineteenth Century: Private Notes from Distant Places

Felicity Jensz
Westfälische Wilhelms-Universität Münster

In August 1870, Mary Hartman, known as Polly, wrote of herself in the third person in the following entry in the matrimonial diary:

Dear little Henry fell down with his chin on a box, & his tongue hanging: consequently he bit his tongue half through. Polly was in bed, the river was rising, there seemed no chance of crossing the water, so the doctor was sent for. Polly got a shock, & her threatening miscarriage came on. ¹

The next day at dinnertime, the doctor arrived at the Ebenezer Mission Station in the north-west of the Colony of Victoria, Australia, where Polly and her husband, Adolf, worked. He placed Henry under chloroform and sewed up the toddler's tongue. ‘In spite of the chloroform,’ wrote Polly, ‘he screamed’. ² The emotional shock of seeing her twenty-one-month-old son substantially injured in an environment isolated from immediate medical help led, she believed, to the miscarriage of her last recorded pregnancy. It was not her first miscarriage, but this one coincided with one of her last diary entries.

My motivation to write about Polly and her miscarriages stems from my own history of recurrent miscarriages. ³ I had six. As a colonial historian, I turned to the historical record to help me make sense of society and the silences and taboos that surround miscarriages. I found the material to be sparse, partly because contemporaneous terminology obfuscated the event. Pregnancy was often described in euphemisms similar to those used to describe ill-health, such as indisposed, unwell or sick. ⁴ For miscarriages, metaphors such as suffering from a ‘cold’ were used to describe spontaneous abortion, itself another term for miscarriage. ⁵ Indeed, terminology remains a contentious issue when describing ruptured pregnancies, with the term ‘miscarriage’ rejected by some as it suggests a failure on the part of the women for not carrying to term. ⁶ Here the term ‘miscarriage’ will be used, as it was the term Polly used. This is not to deny that there is a plethora of other ways to describe the event. Nor is it suggested that all pregnancies are wanted, or that all miscarriages are mourned.

[Correction added on 29 December 2020, after first online publication: Westfälische Wilhelms-Universität Münster was added for Felicity Jensz.]

© 2020 The Authors. Gender & History published by John Wiley & Sons Ltd
This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.
There is a persistent social silence, often referred to as a social taboo, around the discussion of miscarriage. This has been complicated in the twentieth century by the fact that many feminists found the disentangling of the terms ‘abortion’ and ‘miscarriage’ against the backdrop of the pro-life/pro-choice debates difficult, and many chose to remain silent rather than ‘risk undermining some central principles of reproductive freedom’.\(^7\) Sarah Clark Miller argues that the silence is both political, in terms of reproductive freedom, and intellectual, insofar as miscarriage is a liminal event that cannot be pinned down or neatly described.\(^8\) The foetal-centric discourses on pregnancy that emerged with the increased medicalisation of pregnancy in the late nineteenth century, and which became more pronounced with the associated visualisation techniques in the twentieth century, have also contributed to conflicting feelings about miscarriage, including guilt and responsibility for the loss of a foetus.\(^9\) In contrast to ‘miscarriage’, the term ‘abortion’ has received more academic attention, particularly illegal abortion connected to the criminalisation of women and medical professionals.\(^10\) The miscarriages examined here could all be termed ‘accidental’ rather than criminal or therapeutic (to use nineteenth-century terms), as there was no intentional rupturing of a pregnancy.\(^11\) However, describing a miscarriage as ‘accidental’ suggests that it was without apparent cause, which potentially makes it difficult for (non-)parents to make sense of their loss.

From the late twentieth century, non-medical academic writings that engage with spontaneous miscarriage have often been based upon personal experiences, with several female academics willing to share their experiences publicly through the lens of their own disciplines of feminist studies, theology, history or philosophy.\(^12\) This is both an empowering and necessary step towards breaking down social silences and taboos against discussing miscarriages. As an historian, I am interested in how miscarriages were historically reported and particularly whether, and what kind of, social, medical and religious discourses were available to women. I am not interested in discussing the politics of reproductive freedom (but for the record, I am pro-choice), rather the historical experience of miscarriage. I hope to contribute to an historical understanding of this under-discussed phenomena through using the writings of two women related by marriage as a basis for understanding both their responses to their own miscarriages as well as broader societal explanations of miscarriages in the third quarter of the nineteenth century, a period preceding the medicalisation of miscarriages. My work on women’s experiences follows Catherine Kevin, who examined non-Indigenous Australian women’s experiences of pregnancy loss from the late nineteenth century and the ‘discursive tools at the disposal of women to make meaning out of these losses’.\(^13\) Kevin’s auxiliary interest is in the political consequences of giving legitimacy to particular expressions of loss, whereas of interest here is an earlier and less researched period and in how discursive tools used to understand miscarriages related to the broader religious framework in which European women living outside Europe made sense of their lives. Given that miscarriages are very intimate events and often are not spoken about or recorded in official statistics, of interest is the emotional responses of both the women and men affected by such events, and the wider medical, social and religious networks that they drew upon to understand their experiences.

In 2015, Esther Kint noted in relation to pregnancy loss that: ‘It is important to research such uncomfortable life experiences in order to increase understanding and potentially remove social boundaries that prohibit communication about these
fundamental experiences’. Given that up to half of all women experience one or more spontaneous miscarriages, the phenomenon is historically ubiquitous and can affect women at all stages of their reproductive lives irrespective of class, ethnicity or location. One reason for the ongoing silence about miscarriages is the associated negative emotions. Common contemporary grief reactions to miscarriage include shock, numbness, sadness, confusion, sleeplessness, loss of appetite, guilt, anger, self-deprecation and loneliness. Similar reactions were evident in the nineteenth century, as Judith Walzer Leavitt noted, writing in the context of North America that failed pregnancies and difficult post-partum recoveries had physical as well as psychological effects on Euro-American women, which ‘took a toll on their time, energy, dreams, and bodies’. In 2003, Leslie J. Reagan published a deeply personal article in Feminist Studies in which she discussed the highly contested and value-laden terms ‘baby’ and ‘abortion’ (including spontaneous abortion). Through her academic engagement with the societal representation of miscarriage in twentieth-century America, she aimed to help break down cultural taboos on speaking about miscarriage.

Other women had tried before her. In the 1970s, for example, in a time during which pervasive social norms made the topic taboo, US women founded self-help groups to offer support for bereaved (non-)mothers. This was also a period of foetal-centric discourses on pregnancy and the politicisation of pregnancy through debates surrounding the Roe v. Wade Supreme Court ruling. Part of this silence around miscarriages is that there is a ‘disenfranchised grief’ surrounding them as there are no social rituals to help women recognise their loss and there remains uncertainty in many sectors of society as how to respond to the bereaved (non-)mother. Since the 1990s, several books have explored historical and contemporaneous miscarriage, often in conjunction with stillbirth and post-partum infant loss. Also in the last few decades, medical sciences and related fields have examined grief responses surrounding miscarriage. Women with access to the internet have increasingly shared their grief and found support in social media in the last couple of decades. More publicly, the instigation of a Pregnancy and Infant Loss Remembrance Day (15 October) in the early twenty-first century in some English-speaking countries is another indication of growing public sensibility for these losses. These developments indicate the different forums where women can exchange personal experiences with each other. However, as Kint noted, miscarriage is an experience ‘that remains uncomfortable for society’ with public awareness of miscarriage, or pregnancy loss, still low in many counties.

Not only is reproductive loss culturally uncomfortable, but also it is described by the theologian Karen O’Donnell as being historically theologically taboo. Except for a single ‘not particularly comforting’ text from Martin Luther, Protestant Christianity, she argues, has continuously been silent into the twenty-first century as to how to address miscarriage theologically. Foundational Moravian writings also provided no explicit text theologically addressing miscarriage. This is of particular importance here as the two European women at the centre of this study were both evangelical Protestant missionaries of the Moravian Church who lived in locations far from clinical help, and both used the framework of theology to structure their world-view. The pervasive absence of Protestant theological reflection on miscarriage prompts the question of how religious women in the nineteenth century made sense of the experiences of miscarriage. This is not to say that these two women, nor indeed many others before or after them, did not draw solace from their faith.
available within the framework of a Christian Church for grieving parents of infants and young children, there was no similar support for couples after miscarriage.\textsuperscript{26}

The civilising mission relied upon European female missionaries to provide Indigenous peoples with appropriate role models of motherhood, with the model of nuclear families imparting prescriptive Christian notions of masculinity, femininity and gender relations as well as of childhood and child-raising. Child loss through stillbirth and miscarriage had the potential to rupture such carefully constructed images and could place an enormous strain upon both the emotional interdependencies of married missionary couples and on individuals. Female missionaries’ emotional responses to foetal and newborn loss were constrained by geographical and social isolation as well as fixed notions of proper behaviour. This paper draws upon the private non-published matrimonial diary of the evangelical Protestant missionary couple of the Moravian Church, Adolf and Polly (\textit{née} Hines) Hartmann, which they kept from late 1863 to 1872. In this uncommon form of diary, both Adolf, a German, and Polly, an English woman, described their lives and work as missionaries and school teachers to Indigenous people on Wergaia land in the Colony of Australia.\textsuperscript{27} Also examined is the personal diary of Adolf’s older sister, Maria Heyde (\textit{née} Hartmann), kept between 1862 and 1870. With her German husband, August Wilhelm Heyde, Maria worked as a Moravian missionary in the mid-nineteenth century on the mission station Kyelang in the province of Lahoul, in current-day Himachal Pradesh in northern India.\textsuperscript{28} These private journals give insight into the daily lives of these women in a way in which the structure of official correspondences could not. As members of the Moravian Church, a church with a tradition of ‘heathen’ missions dating from the early eighteenth century, all four individuals were educated in either German states or England and sent to places remote from Europe to convert non-Europeans to Christianity.\textsuperscript{29} Both couples had middle-class respectabilities, and although geographically isolated from Europe, they were well connected to their families and members of the Moravian Church through their global epistolic networks. This paper places the experiences of miscarriages for these two couples in a broader missionary as well as a contemporaneous societale context. It also examines some Indigenous women’s responses to both the missionaries’ experiences as well as their own experiences of childbirth and loss. In writing about the intimate sphere of ruptured pregnancy, an attempt is made to shift the focus from women/mothers, a perspective that has dominated recent historiography, also to include the emotional experiences and actions of men/fathers.\textsuperscript{30} This paper begins by mapping out the norm of childbearing in the nineteenth-century Western world and social childbirth. It then examines the social and geographical isolation in which the pregnant Polly and Maria lived, before examining their responses to miscarriage. A final section examines the sparse material pertaining to male reactions to miscarriage stemming from the historical record. The examples of Polly and Maria underscore the broader point that the loss of pregnancy in the nineteenth century could be connected to high levels of grief for both women and men given the pervasive absence of scientific or theological explanations that might have provided solace for these traumatic events.

\textbf{Procreation in the nineteenth century: The missionary norm}

From entering wedlock until her mid-forties, a nineteenth-century woman was expected to procreate. The number of pregnancies per woman decreased over the century, with
a ‘completed-family size’ of eight or more being typical in the mid to late-eighteenth-century, and fewer than six being typical in mid- to late-nineteenth-century colonial North America. Female European missionaries of the time followed the general pattern of producing a child on average every two years, with the first pregnancy often announced some six months after marriage. The Hartman matrimonial diary recorded four pregnancies for Polly, which reflect a somewhat more extended hiatus between pregnancies than usual for other female missionaries. The first, in 1865, after nearly two years of marriage, resulted in the birth of Eleanor in December 1865; the second resulted in a miscarriage (April 1867); a third resulted in the birth of Henry (November 1868); and a second miscarriage, described in the initial quote, occurred in August 1870, some twenty-one months after Henry’s birth. Maria was more fecund, bearing seven children and experiencing at least three further pregnancies that resulted in either miscarriage or stillbirth. Both women raised only two children to adulthood, reflecting high rates of child loss. Within mid-nineteenth-century Australia, pregnancy loss or stillbirth was frequent, with Polly’s experiences not being unusual. A common medical explanation of the time for ‘accidental’ miscarriages was the unfavourable Australian climate. Susannah Thompson has argued that women of the time took on a ‘philosophical acceptance’ rather than a fatalistic acceptance for the large numbers of pregnancy losses and child deaths during this period. In contrast, it is argued here that the search by both doctors and women for an explanation makes the response more complicated than a simple ‘acceptance’.

In the context of colonial Victoria, medical attention was available for delivering women and for the post-partum period in the Lying-in Hospital and Infirmary for the Diseases Peculiar to Women and Children in Melbourne, founded in 1856, some 350 kilometres away from where Polly lived. Polly was procreating in a transitional period from ‘social childbirth’ to ‘medically managed birth’, the former term referring to the practice of non-medically trained women attending women in childbirth. Women had a variety of medical and non-medical options open to them, from male doctors with their forceps and higher risk of puerperal fever (also known as childbed fever), to traditional midwives, to self-trained birth attendants, to water cures, to relying upon knowledge found in a plethora of self-help medical books. Polly’s pregnancies were some decades before the increase in the medicalisation of pregnancy that emerged in Australia from the late 1880s. Her pregnancies were also in a time before the foetus-centric approach to pregnancy, which emerged in Australia in the first decade of the twentieth century, partly as a means to secure the future of a white Australia. Although advancements in science had led to an increased understanding of the process of pregnancy, social childbirth was largely maintained at the time when Polly and Maria were pregnant, providing intense emotional bonding experiences between mothers and those physically present. Emotional links were also forged through sharing knowledge about pregnancy and visitations when post-partum women were ‘lying-in’. On mission stations geographically isolated from large settlements, however, female company deemed appropriate was often scant and the social aspects of childbirth limited. Women often had only their husbands to look to for support and rarely, if ever, Indigenous women.

Polly found her social network amongst women residing in relatively close proximity to the station, as well as through epistolary networks. During her first pregnancy there were several female visitors to the Ebenezer mission station, including the wife of
the adjoining station owner, Mrs Ellerman, who was the first to call on Polly when she was in childbed following Eleanor’s birth. Polly’s social network was also maintained through letters from female companions and exchanges with her family, including with Maria. However, when the first labour commenced in the early morning of 11 December 1865, no women were present. Adolf stayed with Polly and sent Phillip, a baptised Indigenous man who worked closely with the missionaries, to collect the midwife. After a round trip of some seventy kilometres, Phillip arrived back at the station more than twelve hours later with Mrs Kelly in the spring cart. On the first day of labour, Adolf spent most of the day with Polly. On the second day, he helped James, an Aboriginal man, build a roof. On the third day of labour, a baby girl, Eleanor, was safely delivered. In appreciation for her services, Adolf gave Mrs Kelly, whom he described as ‘a very nice woman [who] is, so quiet & gentle & manages so well’, £2 and ‘some other little things’ for her assistance in the labour.

Although he noted on the first day of her labour that he ‘Felt quite unfit to do any work & stopped almost all the day with Polly’, he does not seem to have been present at the moment of birth. His participation closely reflected general experiences of the early modern period, in which men were expected to be in close proximity to their wives before and after childbirth so that they could offer them emotional support, yet not necessarily during. In an analysis of nineteenth-century medical textbooks, Jill Suitor has documented the increased participation of husbands in childbirth, especially from the 1830s. She suggests that increased participation was linked to companionate marriage and the associated emotional intimacy that such couples shared, as well as being related to a changing attitude that placed an emphasis upon childhood as a discrete life-stage. There is no doubt that Adolf and Polly had an affectionate relationship with high emotional intimacy and interdependency, with Polly confiding to her parents: ‘Truly, I have a treasure of a husband’, and Adolf being so emotionally overcome that he could hardly complete his marriage speech. Another clear expression of his emotional state was in his description of the first recorded pregnancy, which he announced at around twelve weeks of gestation by writing in the matrimonial diary that ‘Polly commenced cutting out baby clothes!!!’ Not known for his exaggerated punctuation, the three exclamation marks and underscoring signify his excitement at this revelation. It also reflects modern notions of emotional attachment to the foetus and bonding in early pregnancy, which historically was intensified with quickening. His response and her investment in material goods for the potential child also suggests that both he and Polly were, to use contemporary terms, engaged in the social construction of foetal personhood.

In a letter to his in-laws some months before Eleanor was born, his reference was more oblique stating that: ‘We are both well and happy. Nothing has clouded the horizon yet, but one day is succeeded by another, leaving us in the enjoyment of health and happiness and who knows what else! The Lord is very good to us’. The subdued euphoria in Adolf’s letter reflects nineteenth-century sentiments that pregnancy and childbirth were dangerous. Death through childbirth was common, and fear of death was often recorded in private diaries. Such hesitancy is evident in letters from other Protestant female missionaries, who were very reserved in their joy regarding impending motherhood, or deemed their own joy to be egotistical and not apt for self-sacrificing missionaries.

When Maria gave birth to her second child, Paul, in 1863, she was attended only by her husband, William, despite the fact that two other female missionaries
worked at the station in northern India. Not only was this a sign of their emotional closeness, but also perhaps a pragmatic response to their geographical isolation from other Europeans. Women in similarly isolated places, such as the US ‘frontier’, turned to their neighbours when medically trained help was unavailable. In other contexts such as in the antebellum American South, slave women were brought in as midwives. However, as the experiences of both Polly and Maria suggest, Indigenous women were not seen as being available or desirable for midwifery duties. Given the prevailing European myth of the painless childbirth in ‘natural’ peoples, such as Africans or the First Nations of North America, it would be reasonable to assume that Indigenous Australians may have been cast in this role and thus desired as midwives to help ease the pain of childbirth. Yet, contemporaneous discourse would have rendered the ‘heathenness’ of ‘traditional’ women inappropriate birthing partners. In nineteenth-century Australia, for example, there was a general ‘disregard and disrespect of Indigenous maternity’, which led to the writing out of Indigenous experiences of childbirth from the historical record. Converts, although being morally suitable, would have been practically useless as their traditional skills with birthing would not have been appropriate within the context of European birthing practices. Regardless of whether an Indigenous woman was converted or ‘heathen’, she was excluded from participating in the delivery of female missionaries and thus from using this event to form a deep emotional bond. There is little mention within Polly and Maria’s writings of ‘traditional’ methods of Indigenous childbirth possibly due to, as in the context of Australia, the contemporaneous rupture of traditional life. As with the experience of North America, there were few contemporary accounts of Indigenous birthing practices in Australia as the majority of observers were male and consequently the private world of childbirth was closed to them.

This is not to say that Indigenous people were completely excluded from contact with missionary children. Instead, processes of birthing upheld the boundaries of ‘race’. When Polly presented the newborn Eleanor, it was to other European women and not to Indigenous women. Yet, when Eleanor was baptised, it was on the same day as two Indigenous inhabitants of the mission, which symbolically demonstrated equality before God. That is, on a ritualistic level, a spiritual equality was shared between European infants and Indigenous adults. Emotional bonding between missionaries and Indigenous people on the mission was achieved through prayer, heightened religious states or the discussion of emotional states, and not through social childbirth involving European women. Intimacy between European children and Indigenous nannies was, however, encouraged if they were seen to be of a high cultural and moral standing. Maria’s Tibetan nanny, Gunsom, was deemed suitable enough to help with the washing of the newborn infant Paul directly after the birth. And Topsy, an Indigenous woman, was trusted with the care of infant Henry, Polly’s second child, when she taught at the mission school. Although the exclusion of Indigenous women from the birth chamber may not be surprising in light of Victorian notions of both racial separation and morality, there was a very general and pragmatic need for skilled midwives in isolated and remote places, making the absence of skilled Indigenous women in social childbirth indeed notable.
Miscarriages and emotional responses

In the early modern period, a women’s body during pregnancy and childbirth was seen to be sensitive, with a strong connection between emotional and physical well-being. A “‘pre-anatomical’ understanding of corporality” privileged emotional reactions as the catalysts for misfortunes during pregnancy such as stillbirth or miscarriage. Miscarriages themselves were believed to result from social shock, or from pent-up anger against others and not from underlying physiological problems. In the Victorian era, women were instructed to avoid displays of anger during puberty as it was thought to have negative repercussions on their fertility, including increased risk of miscarriage or sterility. Some physicians suggested that infertility, which itself was blamed on women increasingly asserting themselves as individuals and political entities, might be a positive state as it ‘might protect vulnerable and even sick women against the psychic hazards of maternity’.

Thus, from menarche to menopause, women in the nineteenth century were taught to fear that their emotional responses might damage their chances of reproduction, and at the same time that reproduction itself was to be feared.

For Polly, the connection between emotional and reproductive health was evident as she fixed the blame for her 1870 miscarriage on shock. The fear of miscarriage was expressed by Maria in her private journal. As a missionary in northern India, she was even further isolated from European medical help than Polly. She gave birth to her first child, Elisabeth, in December 1860. In February 1862, she miscarried and spent several days convalescing in bed. Pregnant again in September that year, she confided in her diary that she feared that she might have another miscarriage. During a particularly alarming evening when she bled heavily, Maria prayed consistently to God for help. Although the bleeding abated, two months later her fear of a miscarriage was realised. In a descriptive and lengthy diary entry, she wrote:

15 November. Immediately in the morning I felt severe pains in my belly which became stronger and continued until around 2pm, when I finally gave premature birth to another small child, which seems to have been dead for quite some time. Although I was glad and grateful to be rid of the severe pains and of the aggrieved disposition which I have had for quite some time, this whole episode was difficult for me, and my mind was heavy. Yet I can also thank the Saviour and trust in him that it is the best for me.

Maria demonstrated her faith through thanking the Lord and expressed her belief that He knew best for her without any specific theological explanation for the miscarriage being cited.

In the twenty-first century, miscarriage has been associated with ‘pronounced emotional responses, such as anxiety, depression, denial, anger, marital disruption, and a sense of loss and inadequacy’ with subsequent miscarriages being significantly associated with baseline depressive symptoms. Many of these emotional responses are described within Maria and Polly’s writings. For Maria, the psychological stress of her miscarriages remained and was reflected in her anxiety related to her subsequent pregnancy. In her May 1863 entry, her concern of another miscarriage was evident in her noting that she believed she could still feel the movement of the child – one of the only unambiguous indicators of a healthy foetus in the period before ultrasound scans. Some three months later, a healthy son, Paul, was born.

© 2020 The Authors. *Gender & History* published by John Wiley & Sons Ltd
When Maria’s fifth pregnancy resulted in a stillbirth, she recorded her loss as a loss without explanation and without reference to an omnipotent God who knew better than humans. She noted the death as follows: ‘How it died, we don’t know, it hurt us, it was such a cute, well-formed child’. The nameless female infant was buried in the middle of the night, preventing the possibility of Elly, the oldest child, becoming aware of the death. In other contexts, infant burial and the associated ritualised grieving practices provided appropriate emotional bonding experiences between women of different ethnicities. The expedient burial of the nameless girl circumvented such practices in Keylang. The birth itself had proceeded smoothly, with there being no time for Sister Jäschke, also at the mission, to be called to the childbed. The diary entries following this death are concerned with how Maria stopped lactation with a mixture of herbs and an abstemious diet of soup of arrowroot and semolina — seen as good practice by contemporaneous physicians — and how Sister Jäschke cared for her through cooking soups. After two weeks of bed rest, she resumed her domestic duties and Wilhelm left for another of his long missionary journeys. Thus, the routine of the mission was not interrupted drastically by the stillbirth. However, the uncharacteristically long absence of entries in the diary from September 1865 to January the following year, due, in Maria’s words, to laxness and neglectfulness, reflected her depressed mental state.

Maria’s yearning for an explanation of the stillbirth in order to make sense of her loss was — and is — a common response to miscarriage. The need to find an external cause for the miscarriage was so prevalent that when Sister Spieseke, a fellow missionary on the Ebenezer mission station with Polly in Australia, ‘got sick and had a miscarriage’ in 1866, Adolf noted an absence of cause in the matrimonial diary stating: ‘she could not account for it’. Reference to God was not mentioned in relation to Polly’s miscarriages. Her response to her miscarriage of April 1867 was brief and stoic: ‘Polly began to be sick. It turned out to be the commencement of a miscarriage’.

The diary contains no further mention of this miscarriage. Compared to religion, which provided solace, but not necessarily answers to miscarriages in the nineteenth century, medical science provided more advice. In cases of miscarriage and stillbirth, mid-nineteenth-century physicians on both sides of the Atlantic recommended sexual abstinence, bed rest and a change of climate. The latter was thought particularly to bolster a woman’s health before a subsequent pregnancy. The advice of the mid-nineteenth-century British physician Pye Henry Chavasse is exemplary, in stating:

The best plan that she can adopt [to strengthen the system], will be, – TO LEAVE HER HUSBAND FOR SEVERAL MONTHS; and go to some healthy spot; not to a fashionable watering-place, nor to a friend’s house where much company is kept, but to some quiet country place, – if to a healthy farm-house, so much the better.

In Australia in the late nineteenth and early twentieth centuries, Chavasse was widely regarded as a women’s health specialist. His advice suggested that women’s behaviour could cause miscarriage and that maternal responsibility for the well-being of the foetus required women to withdraw from intense physical, mental or social engagements, and thereby to withdraw from the temporal world. Women were told to behave in prescribed ways to ensure that the health of the foetus, or potential child, would not be damaged.

For Maria in Tibet, the advice to take a trip to ‘some quiet country place’ was redundant as she was already far away from European society. When Polly miscarried after the shock of Henry’s nearly total tongue severance in 1870, she took absence
from her husband and travelled to the Revd and Mrs Hagenauer at the Ramahyuck mission station in Gippsland over 550 kilometres away, where the climate was deemed more suitable. Before this second miscarriage, there was only one mention in the matrimonial diary that Polly had a headache, a symptom often associated with ‘nervous illness’.\textsuperscript{92} There is little mention of Polly’s ailments beyond those associated with pregnancy. In contrast, Adolf himself frequently noted his toothaches and the medicine he applied to them.\textsuperscript{93} Yet, in a letter to her parents written just two weeks before her shock miscarriage, she confided that she had for a month or so been ‘troubled with my nervous weakness’.\textsuperscript{94} She had an opportunity to be examined by the new local doctor, yet she did not consult him for he was ‘not such a [man] as I could confide in in a serious case’.\textsuperscript{95} Professional treatment in Melbourne some two days’ travel away had been proposed; however, her ‘nervousness most unaccountably left’ at the end of July rendering treatment unnecessary.\textsuperscript{96} Nonetheless, she was cautious not to overtax herself. After the miscarriage, she wrote again to her parents, noting that she again had been ‘very poorly, dividing my time between the bed and the sofa’, yet not mentioning what was her ailment.\textsuperscript{97} Allusions to pregnancy and miscarriage in the nineteenth century were often oblique.\textsuperscript{98} Although Polly did not explicitly mention this miscarriage to her family, it can be clearly inferred through the epistolary reference to bed rest, nervousness and the prospect of a climate change, as well as her consideration to consult a specialist.

Unlike Maria, Polly could access a variety of medical opinions if she so desired, including the local doctors at the European settlement at Dimboola, who also attended to Indigenous mission inhabitants during birth. In 1869, a doctor was called to assist Esther after she became weak after a protracted labour, or in Adolf’s terms, after she ‘had been bad’ for forty hours.\textsuperscript{99} She was delivered of a healthy boy. For Polly, the event was worth sharing with her parents, writing that the birth of a child was ‘a rare occurrence among the blacks’.\textsuperscript{100} This being the case, any pregnancy or miscarriage of Indigenous people was an event worth reporting, such as the miscarriage of Magdalene in July 1866, who ‘got very ill after it especially as she had caught a severe cold’.\textsuperscript{101} The loss of a potential child was, however, not associated with as much emotional distress as the loss of a fertile woman in childbirth. The death of Eliza at the Ramahyuck mission station in Gippsland in 1867 exemplified this, namely: ‘We are in great afflictions, a fine young black woman Eliza was confined on Thursday and died last night. Doctor Mc Donald was here continually. My wife has taken the newborn baby and the other child’.\textsuperscript{102} The fate of neither the child nor the infant was recorded.

Although Indigenous women were not involved in the pregnancies of these female missionaries, the converse is not true. Both Polly and Mrs Špieseke were involved when the nineteen-year-old Indigenous woman Topsy, wife of Timothy, delivered a child two months prematurely in January 1868.\textsuperscript{103} It was reported that because of their efforts, the child lived for five days before dying. In explaining the death, Adolf placed the blame upon the fact that Topsy had a bad cold with which she infected the premature infant, who was too young and weak to fight off the illness. He sympathetically noted: ‘Poor Topsy is crying much & wants comforting’.\textsuperscript{104} Thus, in providing details of Indigenous women’s fertility and maternal experiences within a private diary, missionaries could express the extent to which they were able to engage with the emotional landscape of women on the mission. Death was common on mission stations in mid-nineteenth-century Australia. Yet, there was a notable distinction in how
loss was related. Death among baptised people was accompanied by consoling words referencing the benevolence of God, whereas such religious rhetoric was notably absent when miscarriages or preterm infant deaths were recorded.

**After miscarriage**

The period after a miscarriage or stillbirth can be an emotionally difficult period for both women and men. Some nineteenth-century women took to writing poetry and sending it in to women’s magazines for publication, often drawing upon religion for solace. Some women preferred to withdraw into themselves. Maria’s reactions to miscarriage and stillbirth included incomprehension, depression and anxiety. Polly’s grief reactions included suppression, with a single mention of her 1867 miscarriage in the matrimonial diary. Given that she did not announce her fourth pregnancy at all to her parents, it is possible that she also engaged in the common coping strategy of hiding subsequent pregnancies and guarding emotions.

Traditionally, in the post-partum period, a woman spent around four weeks of ‘lying-in’, during which time female family and friends provided labour for household chores. This period of bed rest was substantially shortened in the nineteenth century, with the ‘intensification of female labour’ resulting in many women being forced to ‘resume work shortly after delivery [which] reduced husbands to relative passivity’. Not only childbirth but also miscarriage could take a woman away from her duties. Although Polly took a lying-in period of just eleven days after the birth of Eleanor, Mrs Spieseke was still ‘laid up’ some six weeks after her miscarriage in 1866. As Polly could not work because of sore eyes, Adolf was left to cook for the whole mission station.

Miscarriages had repercussions not only for men’s labour but also for their emotional states. This is an aspect of miscarriages that tends to be overlooked, with much less academic (and social) attention given to the male partners of women who miscarry (and none that I was able to uncover on female partner responses). Well into the 1990s, it has been assumed that men cannot feel grief for the loss of a pregnancy or infant in the same way as (non-)mothers, with the focus of grieving placed on the (non-)mother. The assumption that men only form attachments with children after birth has been dismissed in the scientific literature in the last thirty years, with Adolf’s emotive reaction to announcing Polly’s first pregnancy clearly revealing an attachment to an unborn child in the nineteenth century. Indeed, extant letters from the eighteenth century demonstrate that men were distressed when they lost an unborn child. Yet, only when such correspondence has survived can we uncover such sentiments, if indeed the texts include them.

The responses that Polly and Adolf as well as Maria had to miscarriages reflect in many ways contemporary responses to the news of a miscarriage. Bryan Stoyles describes three common assumptions in responses to learning that a woman had miscarried, which have been categorised here as the assumptions of: desire (‘you must have wanted the baby so much’), fate (‘probably for the best’) and future potential (‘you can always try again’). The way in which a (non-)parent reacts to these responses, or responds themselves in one of these ways, will be dependent upon their world-view, which itself is temporally, spatially, culturally and politically defined. Thus, a missionary in the nineteenth century might interpret the assumptions of desire as them
following God’s command to: ‘Be fruitful and multiply’ (Genesis 1:28); the assumption of fate as the miscarriage being God’s will, as Maria did; and the assumption of future potential as an expression of faith. A twenty-first-century atheist feminist might express grief like her nineteenth-century counterpart, but might react to these assumptions of her miscarriage in vastly different ways. These responses shed a light on society’s attitudes towards miscarriage. Underlying both contexts is a need to make sense of miscarriage for the people affected.

After Polly’s second miscarriage, Adolf expressed his fears for her health to her family in writing: ‘The boy & dear Polly are both well again, but for dear Polly there is room for improving yet’. To a local religious leader in the colony, he drew upon his religious convictions, noting: ‘I am sorry to say that my dear wife is still ailing but I hope & trust that our dear Saviour will grant us our petition, that we may both recover Him yet for many days amongst the Aborigines of Australia. His will be done’.

When Polly did not recover some two months after the miscarriage, Adolf sought help in asking permission from his superiors in Germany to send her to another mission station in the colony, where the climate was considered better for improving her health. This action required him to receive permission from Germany and the support of all other Moravian missionaries in the colony as well as various friends to host them on the multiple-day journey between the stations. Following mid-nineteenth-century convention, he did not explicitly state his wife’s miscarriages or his own emotional response to them in official letters. However, his actions demonstrate his concern for her health and well-being. Ultimately, Polly and Adolf were removed from Australia to another mission field. Although Polly reported that she was ‘much better’ in May 1871, the toll on her health had been excessive, and although improved, she could not continue her work in Australia. Her ‘weak constitution’, although improved in her next deportment to Canada, remained a limiting factor to her ability to work on the mission station. She was no longer as strong as she used to be, noted Adolf.

Miscarriages were common throughout the nineteenth century and continue to be a hidden part of society. We often make sense of the present by looking to the past, to the future and to others who have had similar life experiences. Yet, when the information we are searching for is inaccessible, as it often is when social silences and taboos prevent or obscure open dissemination of information and life experiences relating to miscarriages, then this can lead to an unpreparedness for future life events as well as to negative physical and psychological effects on both women and men. Polly and Maria both experienced pregnancy loss and both reported having a difficult time processing their losses, which had ramifications for both future pregnancies and their physical and psychological states. Their reactions would not be exceptional in the nineteenth century given both the continued rate of miscarriage and the clinical responses to miscarriage. The persistent muted societal response to discussing this topic indicates an ongoing devaluation, or under-appreciation, of the emotional responses of both (non-)mothers and (non-)fathers to their losses. Historical records suggest that for all the medicalisation of pregnancy that has occurred from the late nineteenth to the twenty-first centuries, grief responses to infant loss remain omnipresent. Here, the argument is made that grief responses to miscarriage and anxiety relating to subsequent pregnancies are also a historical reality, albeit one which is often obfuscated through terminology or relegated to private sources. This canon of emotional responses to miscarriage persists despite changes in discursive practices that surround pregnancy,
particularly those (quasi)medical ones that surround women’s responsibility for maintaining a neutral emotional state and in the absence of theological discussions and interpretations. As the locus of pregnancy and miscarriage, women have been the focus of studies of grief, but as the historical record reminds us and as recent studies attest, men also grieve for the lost potential that miscarriage symbolises. The nineteenth century was a period preceding foetal-centric discourse of pregnancy, yet silences surrounding miscarriages cannot be assumed to equate with detached emotional responses for either (non-)mothers or (non-)fathers.

Acknowledgments

I thank Catherine Kevin and Karen O’Donnell for sharing their research; my friends for sharing with me; the anonymous reviewers, who provided constructive feedback; and Mark, for always being near.

Notes

1. Moravian Archives Bethlehem (MAB), Pennsylvania, Personal Papers (PP) Hartman, John Adolphus Hieronymus (HJAH), 9, Diary written by Adolf [and Polly] Hartmann (1863–1873), 24 August 1870.
2. MAB, PP, HJAH, 9, 25 August 1870.
3. For a definition of the term, see Raj Rai and Lesley Regan, ‘Recurrent Miscarriage’, The Lancet 368 (12 August 2006), pp. 601–11.
4. Jan Lewis and Kenneth A. Lockridge, “Sally Has Been Sick”: Pregnancy and Family Limitation among Virginia Gentry Women, 1780–1830’, Journal of Social History 22 (1988), pp. 5–19.
5. Lisa Featherstone, ‘Becoming a Baby?’, Australian Feminist Studies 23 (2008), pp. 451–65; Peter J. Kastor and Convery Bolton Valenius, ‘Sacagawea’s “Cold”: Pregnancy and the Written Record of the Lewis and Clark Expedition’, Bulletin of the History of Medicine 82 (2008), pp. 276–309; Richard W. Wertz and Dorothy C. Wertz, Lying-In. A History of Childbirth in America (New York: Free Press, 1977), p. 19; Judith Walzer Leavitt, ‘Under the Shadow of Maternity: American Women’s Responses to Death and Debility Fears in Nineteenth-Century Childbirth’, Feminist Studies 12 (1986), pp. 129–54.
6. Karen O’Donnell, ‘Reproductive Loss: Toward a Theology of Bodies’, Theology & Sexuality 25 (2019), pp 146–59.
7. Linda L. Layne, ‘Breaking the Silence: An Agenda for a Feminist Discourse of Pregnancy Loss’, Feminist Studies 23 (1997), pp. 289–315; O’Donnell, ‘Reproductive Loss’; Byron J. Stoyles, ‘The Value of Pregnancy and the Meaning of Pregnancy Loss’, Journal of Social Philosophy 46 (2015), pp. 91–105; Ann J. Cahill, Kathryn J. Norlock and Byron J. Stoyles, ‘Editors’ Introduction’, Journal of Social Philosophy 46 (2015), pp. 1–8, esp. 1.
8. Sarah Clark Miller, ‘The Moral Meanings of Miscarriage’, Journal of Social Philosophy 46 (2015), pp. 141–57, at 142–3; see also Alison Reiheld, “‘The Event That Was Nothing”: Miscarriage as a Liminal Event’, Journal of Social Philosophy 46 (2015), pp. 9–26.
9. Catherine Kevin, ‘Maternal Responsibility and Traceable Loss: Medicine and Miscarriage in Twentieth-Century Australia’, Women’s History Review 26 (2017), pp. 840–56.
10. Featherstone, ‘Becoming a Baby?’
11. H. D. Fair, ‘Miscarriage’, American Journal of Nursing 13 (1913), pp. 666–72, esp. 667.
12. For a literature review, see Kevin, ‘Maternal Responsibility and Traceable Loss’, p. 841; see also Cahill et al., ‘Editors’ Introduction’; Linda L. Layne, Motherhood Lost: A Feminist Account of Pregnancy Loss in America (London: Routledge, 2003); Layne, ‘Breaking the Silence’; O’Donnell, ‘Reproductive Loss’; Leslie J. Reagan, ‘From Hazard to Blessing to Tragedy: Representations of Miscarriage in Twentieth-Century America’, Feminist Studies 29 (2003), pp. 357–78; Susannah Ruth Thompson, Birth Pains: Changing Understandings of Miscarriage, Stillbirth and Neonatal Death in Australia in the Twentieth Century (DPhil thesis, School of Humanities, University of Western Australia, Perth, 2008).
13. Catherine Kevin, ‘Defining the Edge of Legal Personhood: A History of Recent Campaigns for Recognition of Pregnancy Loss in Two Australian States’, Women’s Studies International Forum 69 (2018), pp. 134–42, esp. 139; Kevin, ‘Maternal Responsibility and Traceable Loss’.

© 2020 The Authors. Gender & History published by John Wiley & Sons Ltd
14. Ester Lea Kint, ‘Women’s Experiences of Pregnancy Loss: An Interpretative Phenomenological Analysis’ (unpublished PhD thesis, Edith Cowan University, 2015), p. 6. <https://ro.ecu.edu.au/theses/1723/>.
15. Kint, ‘Women’s Experiences of Pregnancy Loss’; Rai and Regan, ‘Recurrent Miscarriage’.
16. Kint, ‘Women’s Experiences of Pregnancy Loss’.
17. Leavitt, ‘Under the Shadow of Maternity’.
18. Reagan, ‘From Hazard to Blessing to Tragedy’.
19. Linda L. Layne, ‘Pregnancy and Infant Loss Support: A New, Feminist, American, Patient Movement?’, Social Science & Medicine 62 (2006), pp. 602–13.
20. Kint draws on Kenneth Doka’s concept of ‘disenfranchised grief’; Kint, ‘Women’s Experiences of Pregnancy Loss’, pp. 5, 28. The term ‘(non-)mother’ is mine.
21. For an overview, see, for example, Wendy Simonds and Barbara Katz Rothman, Centuries of Solace. Expressions of Maternal Grief in Popular Culture (Philadelphia: Temple University Press, 1992).
22. Kint, ‘Women’s Experiences of Pregnancy Loss’, p. 6.
23. O’Donnell, ‘Reproductive Loss’.
24. August Gottlieb Spangenberg, Idea fidei fratrum: oder kurzer Begriff der christlichen Lehre in den evangelischen Brüdergemeinen, 2nd ed. (Gnadau: Senft, 1824).
25. Simonds and Rothman, Centuries of Solace, esp. ch. 2; see also Linda Layne, ‘Pregnancy Loss, Stigma, Irony, and Masculinities: Reflections on and Future Directions for Research in the Global Practice of IVF’, Culture, Medicine and Psychiatry 30 (2006), pp. 537–45; and Layne, Motherhood Lost, esp. ch. 7.
26. Pat Jalland, Death in the Victorian Family (Oxford: Oxford University Press, 1996), esp. ch. 6; O’Donnell, ‘Reproductive Loss’; Thompson, Birth Pains, pp. 62–5.
27. For the history the Moravian mission in Australia, see see Flicl Jenisz, German Moravian Missionaries in the British Colony of Victoria, Australia, 1848–1908: Influential Strangers (Leiden: Brill, 2010).
28. For the history of the Moravian mission in Tibet, see Frank Seeliger, ‘Einer prügt uns und der andere bringt uns Religion . . . ’ Fremdeitserfahrungen im West-Himalaya-Gebiet Lahoul aus Sicht Herrnhuter Missionare (Herrnhut: Herrnhuter, 2003).
29. For a history of Moravian missions, see Hartmut Beck, Brüder in Vielen Völkern: 250 Jahre Mission der Brüdergemeine (Erlangen: Ev.-Luth. Mission, 1981).
30. Thompson makes the explicit point that male voices have been frequently read as medical experts in perinatal death and not as fathers. She does not, however, address this problem; Thompson, Birth Pains, p. 22. Simonds and Rothman state that even understanding ‘good’ husbands ‘still don’t get it’; Simonds and Rothman, Centuries of Solace, pp. 183–92, esp. 189.
31. Lewis and Lockridge, ‘Sally Has Been Sick’, pp. 5, 12.
32. Lewis and Lockridge, ‘Sally Has Been Sick’, p. 9; Dagma Konrad, Missionsbräute. Pietistinnen des 19. Jahrhunderts in der Basler Mission (Münster: Waxmann, 2001), pp. 39–56.
33. Frank Seeliger, Maria Heyde. Versuch einer biographischen Annäherung auf Grundlage der Tagebuchnotizen für die Jahre 1862 bis 1870, einschließlich Transkription (Ulm, 2005). https://opus4.kobv.de/opus4-th-wildau/frontdoor/index/index/docId/18.
34. Janet McCalman, Sex and Suffering. Women’s Health and a Women’s Hospital (Baltimore: Johns Hopkins University Press, 1998), p. 11; ‘Reviews: Effect of the Climate of Australia upon the European Constitution in Health and Disease. By James Kilgour, M.D. Geelong: William Vale, 1855’, Australian Medical Journal (January 1856), pp. 53–7.
35. Thompson, Birth Pains, p. 61.
36. Janet McCalman and Ruth Morley, ‘Mothers’ Health and Babies’ Weights: The Biology of Poverty at the Melbourne Lying-in Hospital, 1857–83’, Social History of Medicine 16 (2003), pp. 39–56.
37. Wertz and Wertz, Lying-In, p. 4.
38. Wertz and Wertz, Lying-In, p. 4.
39. Lisa Featherstone, ‘The Value of an Infant: The Rise of Paediatrics in Australia, 1880–1910’, Health and History 10 (2008), pp. 110–33; see also Janet McCalman’s work on the Royal Women’s Hospital, including: McCalman, Sex and Suffering; Janet McCalman, ‘The Power of Care: The Women’s Hospital 1884–1914’, Nursing Inquiry 5 (1998), pp. 204–11.
40. Lisa Featherstone, ‘Surveying the Mother: The Rise of Antenatal Care in Early Twentieth-Century Australia’, Limina 10 (2004), pp. 16–31.
41. Nancy Schrom Dye, ‘History of Childbirth in America’, Signs 6 (1980), pp. 97–108, esp. 99.
42. National Library of Australia (NLA), MS 3343 Hagenauer Letterbook (1865–1872), Reichel (Berthelsdorf) to Hagenauer (Ramahyuck) 13 February 1866; MAB, Hartman family collection correspondence [transcribed by William Edwards], Polly to Parents Hines, 15 May 1871.
43. MAB, PP, HJAH, 9, 3 August 1865; MAB, PP, HJAH, 6, Letters, written by members of the Heyde family to the Hartmanns (1859–1915), Maria Heyde to Polly Hartman, 7 October 1912.

44. MAB, PP, HJAH, 9, 11 December 1865.

45. MAB, PP, HJAH, 9, 12 December 1865.

46. MAB, PP, HJAH, 9, 15 December 1865.

47. MAB, PP, HJAH, 9, 11 December 1865.

48. Ulinka Rublack, ‘Pregnancy, Childbirth and the Female Body in Early Modern Germany’, Past & Present 150 (1996), pp. 84–110, esp. 99.

49. Jill Suitor, ‘Husband’s Participation in Childbirth: A Nineteenth Century Phenomenon’, Journal of Family History 6 (1981), pp. 278–93.

50. Suitor, ‘Husband’s Participation in Childbirth’, pp. 287–8.

51. MAB, PP, HJAH, 9, 29 December 1863.

52. MAB, PP, HJAH, 9, 9 June 1865.

53. Kint, ‘Women’s Experiences of Pregnancy Loss’, p. 33.

54. Miller, ‘The Moral Meanings of Miscarriage’; Cahill et al., ‘Editors’ Introduction’; Amy Mullin, ‘Early Pregnancy Losses: Multiple Meanings and Moral Considerations’, Journal of Social Philosophy 46 (2015), pp. 27–43.

55. MAB, PP, HJAH, 6, Adolf Hartman to Hines parents, 18 August 1865 (original emphasis).

56. Leavitt, ‘Under the Shadow of Maternity’, p. 133.

57. Konrad, Missionsbräute, p. 366; John Wilson, A Memoir of Mrs Magaret Wilson, of the Scottish Mission, Bombay: Including Extracts from Her Letters and Journals, vol. 3, enlarged (Edinburgh: John Johnstone, 1840), p. 209.

58. Maria Heyde Diary from 5 September 1863, cited in Seeliger, Maria Heyde, p. 120.

59. Sylvia D. Hoffert, ‘Childbearing on the Trans-Mississippi Frontier, 1830–1900’, Western Historical Quarterly 22 (1991), pp. 273–88.

60. Tanfer Emin Tunc, ‘The Mistress, the Midwife, and the Medical Doctor: Pregnancy and Childbirth on the Plantations of the Antebellum American South, 1800–1860’, Women’s History Review 19 (2010), pp. 395–419, at 399.

61. For a discussion, see Patricia Jasen, ‘Race, Culture, and the Colonization of Childbirth in Northern Canada’, Social History of Medicine 10 (1997), pp. 383–400; and Hoffert, ‘Childbearing on the Trans-Mississippi Frontier’, pp. 284–6.

62. Featherstone, ‘Becoming a Baby?’, p. 452.

63. The Basel mission had similar experiences; Konrad, Missionsbräute, p. 369.

64. For the North American context, see Jasen, ‘Race, Culture, and the Colonization of Childbirth’, p. 384. In the Australia context, there is no mention of traditional birthing practices in a comprehensive contemporaneous text; A.W. Howitt, The Native Tribes of South-East Australia (Canberra: Aboriginal Studies Press, 1904; repr. 1996).

65. MAB, PP, HJAH, 9, 15 December 1865.

66. Periodical Accounts 26 (1866), p. 30.

67. Morally dubious local women were precluded from being nannies; Patricia Grimshaw, “‘Christian Woman, Pious Wife, Faithful Mother, Devoted Missionary’: Conflicts in Roles of American Missionary Women in Nineteenth-Century Hawaii”, Feminist Studies 9 (1983), pp. 489–521, at 503.

68. Seeliger, Maria Elisabeth Heyde, p. 119.

69. MAB, PP, HJAH, 6, Polly to Hines parents [n.d.].

70. Rublack, ‘Pregnancy, Childbirth and the Female Body in Early Modern Germany’, p. 86.

71. Rublack, ‘Pregnancy, Childbirth and the Female Body in Early Modern Germany’, p. 86.

72. Carroll Smith-Rosenberg, ‘Puberty to Menopause: The Cycle of Femininity in Nineteenth-Century America’, Feminist Studies 1 (1973), pp. 58–72, esp. 62.

73. Margaret J. Sandelowski, ‘Failures of Volition: Female Agency and Infertility in Historical Perspective’, Signs 15 (1990), pp. 475–99, esp. 494.

74. Seeliger, Maria Heyde, p. 15.

75. Diary entry 27 February 1862, cited in Seeliger, Maria Heyde, p. 97.

76. Diary entry 18 September 1862, cited in Seeliger, Maria Heyde, p. 99. All translations mine.

77. Diary entry 29 September 1862, cited in Seeliger, Maria Heyde, p. 99.

78. Diary entry 15 November 1862, cited in Seeliger, Maria Heyde, p. 101.

79. Diary entry 15 November 1862, cited in Seeliger, Maria Heyde, p. 101.

80. Rai and Regan, ‘Recurrent Miscarriage’.

81. Diary entry 26 May 1863, cited in Seeliger, Maria Heyde, p. 108.
82. Diary entry 10 July 1865, cited in Seeliger, Maria Heyde p. 207.
83. Tunc, ‘The Mistress, the Midwife, and the Medical Doctor’, p. 398.
84. Pye Henry Chavasse, Advice to a Wife on the Management of Her Own Health, and on the Treatment of Some of the Complaints Incidental to Pregnancy, Labour, and Suckling; with an Introductory Chapter Especially Addressed to a Young Wife, 5 ed. (London: John Churchill & Sons, 1863), p. 91.
85. Rai and Regan, ‘Recurrent Miscarriage’.
86. MAB, PP, HJAH, 9, 10 March 1866.
87. MAB, PP, HJAH, 9, 21 April 1867.
88. Lewis and Lockridge, “‘Sally Has Been Sick’”, p. 10.
89. Chavasse, Advice to a Wife, p. 91 (original emphasis).
90. Kevin, ‘Maternal Responsibility and Traceable Loss’, p. 843.
91. Featherstone, ‘Becoming a Baby?’, p. 456.
92. MAB, PP, HJAH, 9, 12 February 1865.
93. MAB, PP, HJAH, 9, 2 September 1865.
94. MAB, PP, HJAH, 6, Polly to Hines parents, 9 August 1870.
95. MAB, PP, HJAH, 6, Polly to Hines parents, 9 August 1870.
96. MAB, PP, HJAH, 6, Polly to Hines parents, 9 August 1870.
97. MAB, PP, HJAH, 6, Polly to Hines parents, 3 November 1870.
98. See also Kastor and Valenius, “Sacagawea’s ‘Cold’”.
99. MAB, PP, HJAH, 9, 7 July 1869.
100. MAB, PP, HJAH, 6, Polly to Hines parents, 10 August 1869.
101. MAB, PP, HJAH, 9, 14 July 1866.
102. NLA, MS 3343, Hagenauer to Mackie, 14 December 1867, p. 216.
103. MAB, PP, HJAH, 9, 5 January 1868.
104. MAB, PP, HJAH, 9, 10 January 1868.
105. Simmonds and Rothman, Centuries of Solace, esp. ch. 2.
106. Kint, ‘Women’s Experiences of Pregnancy Loss’, p. 5.
107. Hoffert, ‘Childbearing on the Trans-Mississippi Frontier’, pp. 278–9.
108. Rublack, ‘Pregnancy, Childbirth and the Female Body’, p. 98.
109. MAB, PP, HJAH, 9, 22 December 1865.
110. MAB, PP, HJAH, 9, 10 March 1866, 28 April 1866.
111. Bernadette Susan McCreight, ‘A Grief Ignored: Narratives of Pregnancy Loss from a Male Perspective’, Sociology of Health & Illness 26 (1 April 2004), pp. 326–50.
112. Simmonds and Rothman, Centuries of Solace, p. 185.
113. McCreight, ‘Grief Ignored’.
114. G. J. Barker-Benfield, ‘Stillbirth and Sensibility: The Case of Abigail and John Adams’, Early American Studies 10 (2012), pp. 2–29, esp. 24.
115. Stoyles, ‘Value of Pregnancy and the Meaning of Pregnancy Loss’.
116. MAB, PP, HJAH, 3, Letter Book, A. Hartmann to ‘My very dear Mother’, Ebenezer, 7 September 1870.
117. MAB, PP, HJAH, 3, A. Hartmann to Revd G. Mackie, 14 October 1870.
118. MAB, PP, HJAH, 3, Hartmann to Reichel, Ebenezer, 3 November 1870; Hartmann to Hagenauer, Ebenezer, 3 November 1870; Hartmann to Br. Mackie, Ebenezer, 3 November 1870.
119. ‘Australia’, Periodical Accounts 28 (1871), p. 126.
120. MAB, B.167.F.20, Hartmann (Moraviantown, Bothwell, Canada) to de Schweinitz (Bethlehem, Pennsylvania), 5 May 1881.
121. McCreight, ‘Grief Ignored’; Kint, ‘Women’s Experiences of Pregnancy Loss’; O’Donnell, ‘Reproductive Loss’; Layne, ‘Breaking the Silence’.
122. Simmonds and Rothman, Centuries of Solace.