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## Reconstructing the Labour of Care in Early Modern England

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### Abstract

Uncertainty about what constitutes work in the past has led to the labour of care occupying a shadowy place in the histories of both medicine and the economy. This article takes a microhistorical approach to shed new light on care in early modern England. Using depositions and other surviving records of a testamentary dispute heard in the Hereford diocesan church court in 1674–5, the article reconstructs the care received by a single, labouring man named Richard Howell. Focusing on forms of care that lay outside institutions, it unpicks the varieties of informal labour that society understood as care work in early modern England, including maintenance (provision of economic support for the sick, including lodging, food, and drink); physical or practical care (watching or attending the sick); and the emotional labour of care. The article challenges the idea that care work was simply undertaken by the family or carried out within a system of social obligation. It demonstrates that all forms of care in this pre-industrial society implicitly (and sometimes explicitly) held economic value, which could be leveraged as grounds for economic recompense in the early modern courts.

On 25 April 1674, labourer Richard Howell (alias Taylor) of Hopton-in-the-Hole<sup>1</sup> (Shropshire) died. The brief line in the parish register recording his burial the following day might have been the only echo of his time on earth.<sup>2</sup> But a lengthy dispute that erupted in the Hereford diocesan church court in the weeks that followed secured Richard a more visible – though overlooked – place in the archive. Yeoman John Evans (Richard's former master) and Elizabeth Matthews (his sister) spent the next eighteen months defending their respective claims to Richard's goods. Although nebulous and regularly contradictory, the testimonies of the nine witnesses they assembled

<sup>1</sup> The parish is also known as Hopton Cangeford.

<sup>2</sup> Herefordshire Archive and Record Centre (HARC), AP33/2, Brimfield parish records: general register (1669–1812).

between them alongside other documents in the paper trail of this dispute allow us to sketch Richard's final six months.

Sometime before Christmas 1673, Richard fell sick in John Evans's house in the parish of Bitterley. John and his witnesses insisted that he and his family had cared attentively for Richard. But Richard had sent for his sister, and three weeks after Christmas, decided to return home to Hopton, two miles (c. three kilometres) away. One witness claimed he was 'unwilling to trouble' John any longer. Perhaps his condition worsened: on 31 January 1674, he allegedly made a Deed of Gift, bestowing upon his sister 'all that I have'. Over the next three months, Elizabeth Matthews and her husband, William, appear primarily responsible for his care. But they lived seven miles (c. eleven kilometres) away in Brimfield (Herefordshire), a two-hour walk from Richard's home. In the early months of 1674, they were periodically absent, and hired 'some fit persons' to 'attend upon and watch with' him.

Between Saturday 14 and Monday 23 March, they hired Richard's neighbour and fellow labourer Abraham Powell to care for him for '9 nights & 10 dayes'. Abraham claimed Elizabeth's (and Richard's) father 'would not suffer her to come to him [Richard] sooner', saying 'let him lye there & dye & be hanged for she should not catch her death for him'. According to Abraham, on the afternoon of Sunday 15 March, Richard had a change of heart: half his possessions were now bequeathed to John Evans and he made him executor of this oral will. Richard's neighbours told the same story: Anderson Atcheley and Elizabeth Maylard both swore they had been in the room and heard the same. Around this time, Richard also apparently began to make noises about returning to stay with John.

Elizabeth and William returned to Hopton on 23 March. Upon their arrival, Elizabeth claimed, she learned that John had manipulated Richard to falsely believe that her husband had taken paperwork and money from a coffer in his house, robbing him of his financial independence at the very least. The couple successfully persuaded Richard not to stay with John, and instead invited him to live in their own home in Brimfield. Elizabeth insisted that Richard *wanted* to come, as he was eager to join their father, who lived in the same house. By this point, Richard was very weak. At the beginning of April, he made the seven-mile journey from Hopton in a bed loaded on a cart, accompanied by Elizabeth, William, their apprentice (Francis Pitt), and a ploughmaker named John Haines ('ymployed' by William to help transport Richard). Their journey took the group through Ludlow where they called at The Bell for food and drink. The alehouse keepers were Richard's friends, and they reported that Richard assured them his sister would be sole heir to his goods when he died. No mention of John was made.

Richard remained in Brimfield until his death just weeks later. John Evans must have moved swiftly to initiate his presumed duty as executor of Richard's estate. On 18 May, less than a month after Richard died, the first two witnesses came to court to testify against him on Elizabeth's behalf. On 5 October 1675, Sir Timothy Baldwin, vicar-general (and effectively judge) arrived at a decision. He upheld Elizabeth Matthews's allegation that she

alone had been appointed executrix and heir.<sup>3</sup> But this had not been an easy win. Abraham, the final witness to testify, intimated that Richard had foreseen the troubles to come. Before his death, he made the ominous observation, 'When I am dead, the game will begin.'<sup>4</sup>

## I

The 'game' unfolds in the Hereford court records. Wrangling over the goods of a deceased person required litigants to follow rules of play but also to choose a strategy. Here, in the absence of a written will, they sought to construct plausible narratives that centred around their diligent care of Richard, each hoping their tales would lead to victory. These narratives were probably not completely fabricated or divorced from 'truth'. In foreseeing the game, Richard had already observed the moves of those around him in his final months. Irrespective of whether their care was genuinely altruistic or carried out with one eye on the prize of his goods, Richard's illness clearly became a focal point in the lives of those around him. The narratives they constructed conformed to legal conventions, but nonetheless expose much about end-of-life care in early modern England.

Records of testamentary disputes heard in the English church courts survive in great numbers. Despite richly documenting how the care needs of the terminally sick were (and sometimes were not) met, they have nonetheless scarcely been used in studies of care. Beyond acknowledging it to have been 'women's work', we know too little about the complex care economy of early modern England and how it operated, particularly among lower levels of society.<sup>5</sup> What constituted care? How was the labour of care distributed? Who was paid and who was not? What were the social relationships and obligations of care?

Early modern care largely took place outside institutions. It was informal, both paid and unpaid, and was not systematically recorded.<sup>6</sup> It therefore occupies a shadowy zone of both medical and economic histories. At the heart of this looms the persistent question: what labour counts? Only work that fits within the bricks and mortar of institutions (hospitals, medical guilds, and societies) or can be ascribed to a practitioner (apothecaries, surgeons,

<sup>3</sup> HARC, HD4/24, sentence (5 Oct. 1675). My thanks to Paul Cavill for assistance in translating the Latin sentence (outcome) and court book entry.

<sup>4</sup> HARC, HD4/23, HD4/24, HD4/1/65, HD4/1/66, HD4/2/16b, *Elizabeth Mathews v John Evans; John Evans v Elizabeth Mathews* (1674/5).

<sup>5</sup> On care and gender, see Margaret Pelling, *The common lot: sickness, medical occupations and the urban poor in early modern England* (London, 1998), p. 16; Susan E. James, *Women's voices in Tudor wills, 1485-1603: authority, influence and material culture* (Farnham, 2015), p. 16; Marjorie K. McIntosh, *Working women in English society, 1300-1620* (Cambridge, 2005), p. 39.

<sup>6</sup> Records of informal nursing outside institutions are rare before the nineteenth century. See Janet Foster and Julia Sheppard, 'Archives and the history of nursing', in C. Davies, ed., *Rewriting nursing history* (London, 1980), p. 202.

physicians, and nurses) is consistently treated as medical care work.<sup>7</sup> Uncertainty about whether to define unremunerated care undertaken by neighbours or family as ‘work’ has consigned it largely to the histories of social relations, and mutual dependency. Labour that cannot easily be quantified, tabulated, or computed is often omitted from economic analyses.<sup>8</sup> Narrow definitions of ‘work’ recognize only paid and ‘productive’ labour, meaning care (carried out predominantly by women) is not given proper consideration.<sup>9</sup>

Jane Whittle recently defined pre-industrial care work as ‘the care of babies and children (including basic education), and of the sick, elderly and others in need of special care’.<sup>10</sup> But, specifically, *what work* was involved? Margaret Pelling took a multi-dimensional approach to understanding early modern sicknursing, incorporating within it a range of services that move us away from a static (and possible anachronistic) definition. ‘Nursing’, after all, emerged as an independent occupation only later in the seventeenth century.<sup>11</sup> Ian Mortimer argued that ‘nurse’ and ‘nursing’ were widely used terms in probate accounts after 1660.<sup>12</sup> But neither were recorded in this testamentary dispute of 1674/5. The vocabulary of care work in the surviving records of Richard Howell’s suit was broad, consisting of ‘providing’, ‘maintaining’, ‘procuring’, ‘paying for’, ‘caring for’, ‘attending upon’, ‘watching’, ‘visiting’, ‘looking after’, ‘administering’, ‘fetching’, ‘carrying’, and ‘helping’. Each of these verbs carries a range of constituent tasks. Mortimer also argued that ‘by 1700 most paid attendance was understood to be the prerogative of occupational or semi-occupational nurses’.<sup>13</sup> Here, in 1673–4, care was piecemeal, extra-institutional, and partly extra-familial, undertaken by an assorted cast of carers: John Evans, his wife, his family (which could include servants), Elizabeth Matthews, her husband William, their apprentice Francis Pitt, Richard’s neighbours Elizabeth Maylard and Abraham Powell, and ploughmaker John Haines. Paid care was not occupational: only Abraham was paid, and this was a temporary intermission from his usual work as a labourer.

<sup>7</sup> Margaret Pelling reminds us that most experiences of healthcare lay outside institutions. See Pelling, *The common lot*, p. 14. The term ‘medical marketplace’ is used as shorthand for the idea of a fundamental commercialization of medicine during the pre-industrial period. See Harold J. Cook, *The decline of the old medical regime in Stuart London* (Ithaca, NY, 1986).

<sup>8</sup> On the absence of women’s work and care work in historical studies, see Alexandra Shepard, ‘Crediting women in the early modern English economy’, *History Workshop Journal*, 79 (2015), pp. 1–24; Jane Whittle, ‘A critique of approaches to “domestic work”: women, work and the pre-industrial economy’, *Past & Present*, 243 (2019), pp. 35–70.

<sup>9</sup> See, for example, Stephen N. Broadberry, Bruce M. S. Campbell, Alexander Klein, Mark Overton, and Bas van Leeuwen, *British economic growth, 1270–1870* (Cambridge, 2015), p. 348. Here, female labour participation is roughly estimated at 30 per cent. How much was care work is not explored and unpaid work is not included.

<sup>10</sup> Whittle, ‘A critique of approaches to “domestic work”’, p. 38.

<sup>11</sup> Pelling, *The common lot*, ch. 8.

<sup>12</sup> Ian Mortimer, *The dying and the doctors: the medical revolution in seventeenth-century England* (Woodbridge, 2009), p. 169.

<sup>13</sup> *Ibid.*

Illness is not static or unchanging. The sick might become progressively sicker, requiring additional or specialized care. Recovery might take place, demanding fewer personnel or hours of devoted care. Forms of care work are diverse, ranging from administration of treatment and medicine to temporary respite, palliative care, washing bodies, providing food and drink, and offering emotional support. In many ways, the labour of care is unchanged today. In 2020–1, the UK government's Family Resources Survey estimated that informal, unpaid care for the elderly, disabled, or sick was delivered by around 5 per cent of the country's men and 7 per cent of its women. This work included administering medicine, preparing meals, carrying out domestic chores, shopping, and personal care.<sup>14</sup> Seventeenth-century England had a younger population, perhaps with different care demands to today's ageing society, but a significant proportion of care work similarly lay within the home, was unremunerated, and regularly fell to women.<sup>15</sup>

There is another integral part of care work that is less regularly spoken of: *caring about* or the emotional labour of care. Today, this is occasionally paid labour (like some mental health services), but is largely unpaid and carried out by volunteers and charities (for example, befriending or chat services for the lonely or elderly). A 2019 report by Carers UK indicates that the UK government report underestimates informal care work. Adopting a more comprehensive definition to include emotional support as well as the arrangement of care services, it found that as much as 17 per cent of the adult population was engaged in forms of unpaid care labour.<sup>16</sup> Using time-use surveys, feminist economists have estimated the value of this unpaid care work in the modern world to be as high as 63 per cent of GDP.<sup>17</sup> Nonetheless, this labour is routinely overlooked both today and historically.

Writing in 1998 on how historians have approached care work, Pelling noted that 'there is an absolute refusal to conflate caring about, and caring for: the first concept honours relationships, but is informal, unpaid, open-ended, private, and divorced from economic calculations. The second is rationed, perceived as expensive, and public.'<sup>18</sup> But these distinctions are not always clear (as Pelling observed). Caring about *is* labour, not just a manifestation of a loving relationship, while the labour of caring for *is not* always waged. Methods of recompense were not confined to wages but included payments in kind, one-off payments, and exemptions from debts owed. But neither caring *about* nor caring *for*, as this article shows, was divorced from economic calculations in early modern England.

<sup>14</sup> Family Resources Survey (2020/1), [www.gov.uk/government/statistics/family-resources-survey-financial-year-2020-to-2021](http://www.gov.uk/government/statistics/family-resources-survey-financial-year-2020-to-2021).

<sup>15</sup> Alexandra Shepard argued that most early modern care was childcare. Alexandra Shepard, 'Care', in Catriona Macleod, Alexandra Shepard, and Maria Ågren, eds., *The whole economy: work and gender in early modern Europe* (Cambridge, 2023), p. 60.

<sup>16</sup> Carers UK, 'Juggling work and unpaid care: a growing issue' (2019), [www.carersuk.org/images/News\\_and\\_campaigns/Juggling\\_work\\_and\\_unpaid\\_care\\_report\\_final\\_0119\\_WEB.pdf](http://www.carersuk.org/images/News_and_campaigns/Juggling_work_and_unpaid_care_report_final_0119_WEB.pdf). The report found c. 8 million informal carers in 2019 compared to 4.2 million in the 2020/1 government survey.

<sup>17</sup> See Shepard, 'Care', p. 66.

<sup>18</sup> Pelling, *The common lot*, p. 158.

By reconstructing the care Richard Howell received in the 1670s, this article identifies the varieties of labour that society understood as care work in early modern England. Focusing on care outside professional structures, this micro-history exposes communities of care and interrogates the mechanics of different forms of 'informal' care work described in this dispute: maintenance (economic support of the sick, including lodging, food, and drink); physical or practical care (watching or attending the sick); and the emotional labour of care. In this pre-industrial society, care – in all its forms – implicitly (and sometimes explicitly) was economically valued, even when unwaged. The rural focus of this article counterbalances existing scholarship on care of the urban poor.<sup>19</sup>

## II

The forms of labour that constitute care in the past are difficult to access.<sup>20</sup> But testamentary suits tell us an enormous amount about the dynamics and workings of care, including physical toil, economic costs, and emotional labour. Richard Howell joined a growing number of people opting to make wills in early modern England.<sup>21</sup> Probate comprised a large share of sixteenth- and seventeenth-century church court business.<sup>22</sup> Wills are the more commonly used probate document in the study of care, but are a static account of who was rewarded for their 'painstaking' (a word frequently used to describe care work). Court records, on the other hand, offer a more dynamic picture. Disputes required litigants and witnesses to offer fuller accounts of end-of-life care that spanned weeks, months, and occasionally years before the testator's eventual death. Witnesses gathered around the sickbed was a scene recalled in many depositions. But as the case of Richard Howell shows, a protracted period of illness could bring the labour of care to the fore in witnesses' depositions. Witnesses scaffolded their interpretations of the deceased's deathbed instructions with evidence of the litigant's hard work and commitment to their care. In telling these stories of who cared for the sick, at what times, and to what extent, witnesses exposed the economic value that early modern society ascribed to care.

As historians measuring the economic value of labour, it is important to recognize whose categories and values of productivity we reproduce.<sup>23</sup> It is difficult, of course, to disentangle from the records the extent to which witnesses

<sup>19</sup> The most notable contribution to this scholarship is *ibid.*

<sup>20</sup> The emotional labour of care is rarely considered, but a notable exception is Alexandra Shepard, 'The pleasures and pains of breastfeeding in England c.1600–c.1800', in Michael J. Braddick and Joanna Innes, eds., *Suffering and happiness in England 1550–1850: narratives and representations: a collection to honour Paul Slack* (Oxford, 2017), pp. 227–46.

<sup>21</sup> R. B. Outhwaite, *The rise and fall of the English ecclesiastical courts, 1500–1860* (Cambridge, 2006), p. 35.

<sup>22</sup> Disputes over probate represented around 16 per cent of church court business between 1550 and 1650. See Charmian Mansell, *Female servants in early modern England* (Oxford, forthcoming).

<sup>23</sup> Erin Maglaque, 'Care work and the family in Catholic Reformation Tuscany', *Past & Present*, 253 (2021), p. 127.

themselves believed in the economic value of care work that they stressed. After all, their stories of diligent care had one goal: victory in the church court. But what this reveals is that the economic value their testimonies ascribed to care had to be feasible to the court. Witnesses delivered evidence of what was plausible. There are also, of course, absences and silences in witness testimony. A handful of people who do not feature in the depositions may also have been involved in Richard's care (probably in limited or short-term capacities). As part of his defence, John Evans submitted a written will he insisted Richard made on 15 December 1673, which outlined bequests to other family and friends, including twenty shillings to 'Diana the daughter of Mrs Jane Corbett'. Mentioned at no other point in the dispute, perhaps Diana had also been involved in Richard's care. Most care work captured here is of the more labour-intensive variety – round-the-clock assistance and night work that were especially required in the later stages of terminal illness. Some witnesses recalled only the final few days or weeks of the sick person's life, thereby truncating their story of care. Ad hoc arrangements and long-term care are less visible in these sources, although both were undoubtedly instrumental to those suffering from persistent conditions or infirmities (in keeping them fed, clean, clothed, alive, and in some cases within their own homes). Illnesses are rarely named and full medical notes and histories are absent in records of this litigation. Nonetheless, spilling from the pages of these records is an abundance of information about care that other sources simply do not provide.

### III

Let us return to Hopton-in-the-Hole where Richard lay sick throughout the cold winter months of 1673/4. The pages of text generated by the dispute are virtually everything that its actors left behind of themselves in the archives: parish records are thin on the ground and yield no fruitful findings other than Richard's burial. Witnesses tell us a little about Richard himself. His age is not given, but he was not young; one witness reported that she had known him for at least fifty years. He appears to have been single and childless, though this did not stop him wanting to direct the future of his goods.<sup>24</sup> Although as many as one in five men never married, a single man living alone is a relatively unusual find in these records.<sup>25</sup> Widowed or never married men often avoided living alone; they remarried, lived as lodgers, or took up residence in institutions.<sup>26</sup> Richard had probably never married; no marriage record could be identified and in noting that Richard was born out of wedlock,

<sup>24</sup> Outhwaite suggests that this might be why some people did not make wills. Outhwaite, *The rise and fall*, p. 37.

<sup>25</sup> E. A. Wrigley and R. S. Schofield, *The population history of England, 1541–1871: a reconstruction* (Cambridge, 1989), pp. 255–65; Amy Froide, *Never married: singlewomen in early modern England* (Oxford, 2005), p. 2.

<sup>26</sup> Peter Laslett, *Family life and illicit love in earlier generations: essays in historical sociology* (Cambridge, 1977), p. 200. Poor men may have been more likely to remarry. See Pelling, *The common lot*, pp. 147–51.

witnesses added that his 'relations are uncertaine' and they made no reference to any kin acquired through marriage. His relationship with his family seems complex. One witness claimed that Elizabeth's father refused to let her 'catch her death' to visit Richard, implying a strained relationship between father and son. But Elizabeth insisted that Richard's enthusiasm for coming to stay with her later in his sickness was *because* her father lived there also. There is no mention of contact with other family members. Perhaps he had once been close to his mother, but she had recently died.

Richard was not a man of social standing. He certainly was not impoverished, perhaps a consequence of having no children to provide for. But neither was he wealthy. He had been a hired workman for John Evans for at least three years, but perhaps as many as twelve. Elizabeth described him as a day labourer, working with John for at least one day a week and presumably elsewhere for other men. The witnesses John brought to court indicated that Richard described him as his 'master', a word they used to convey dependency. The alleged will John Evans submitted to court for consideration listed Richard as a husbandman. It is clear that Richard must have had goods worth fighting for. No inventory of his estate survives, but the will points to 'implements of husbandry' that he owned and we know several people owed him money when he died: John himself owed at least £10 and as much as £23 according to witnesses. Richard's recently deceased mother may also have left him goods: witnesses described a bed that was fetched from her house for him.

It is not clear what caused Richard's death. All witnesses agreed he was of sound mind when he died. His speech was unimpaired, he could eat, drink, and sit up with support. Stopping at the Ludlow alehouse on his journey from Hopton to Brimfield, the alehouse keeper noted he 'sate with a bolster behinde his back to keep him upright'. Anderson Atcheley testified that he 'was troubled with a weakness in his limbs', suggesting limited mobility. His sickness was protracted, lasting several months before his death. There are other indicators of his reliance on assistance before December 1673. Elizabeth Maylard deposed that she 'did wash most of his linnens' for which he paid an annual sum, though this may have been a usual service rendered. There is no mention of medication or remedies, suggesting his illness was either perceived as incurable or medical expenses were irrelevant to the case. At Christmas, Elizabeth Matthews hoped he might survive, deposing that she and her husband 'watched' with him constantly and used 'theire utmost endeavours for his recovery'. His relatively long period of sickness indicates he had not contracted an epidemic disease. Nor did witnesses fear contagion: they appear unconcerned about being near him or handling his bedding and utensils. Only one witness mentions any risk: that Elizabeth might 'catch her death' visiting him, though this likely refers to catching a cold from being out in inclement weather (it was winter, and her house was distant from the testator's).<sup>27</sup> What is clear is that by early 1674, Richard required constant care. His needs were varied and extensive.

<sup>27</sup> My thanks to Michelle Webb whose expertise and careful reading of the depositions was invaluable in unpicking Richard Howell's illness.



## IV

To understand care labour, we need to first think about its logistics. While institutionalization of care increased during the seventeenth century, the home – specifically the sickchamber – is routinely identified as a primary site of early modern medical care. The sick and infirm were to be found in beds across many early modern households, but their physical separation from the rest of the home and family was not as we might imagine. The poorest households had too few rooms to devote an entire chamber to the unwell and the site of care was selected with practical reasons in mind. Beds, for example, were placed near communal fires to keep the sick warm. When Richard Howell was relocated to his sister's home, his first complaint was that the fire was 'not soe greate...as hee was wont [accustomed] to have'.

By focusing on the sickchamber we imagine the sick were confined to the same space day in, day out.<sup>28</sup> But not all sick people were immobile. When Richard moved home to Hopton after his stay with John, he could sit up. John Baley of Stanton Lacy (Shropshire) deposed that visiting Richard on 31 January, he 'found him sitting upon a pallet near the fire side'.<sup>29</sup> Elizabeth's husband, William, also procured a 'chaire & cushion' for him. Presumably Richard's own furniture was inadequate for his needs and so his home was adapted. Rather than being confined to bed, equipment was brought in to aid his mobility around the home – at least between the bed and his chair. Provisioning of the space allowed his care to continue within familiar surroundings.

In her work on recovery, Hannah Newton explored the emotional and bodily experience of the recovering sick. First, they re-joined the household by 'go[ing] downstairs' before returning to social rituals outside the home.<sup>30</sup> But in poorer households, disconnection of the sick from the outside world (let alone from the rest of the household) was often at odds with the practical arrangements of care. They were sometimes moved between households as families and neighbourhoods strove to accommodate needs. Richard's care was sited in three locations: John Evans's house, his own home, and finally, his sister's house. Accounts of sick people on the move jar with the static, even prison-like sickchamber that also feature in accounts of early modern ill health.<sup>31</sup> Richard's experience was not particularly unusual. Teenager Elizabeth Bevan of Kingston Seymour (Somerset) had been 'visited with sicknes two several tymes att the leaste' in the three or four years before her death in the 1620s. She spent this time at John Buck's house, except, as one witness pointed out 'one monethe or thereabouts hapninge within these 12 moneth laste past during which tyme shee lived partelie with James Reade of Kenn and partelie else wheare'.<sup>32</sup>

<sup>28</sup> Hannah Newton, *Misery to mirth: recovery from illness in early modern England* (Oxford, 2018), pp. 207–8; Olivia Weisser, *Ill composed: sickness, gender, and belief in early modern England* (New Haven, CT, 2015), p. 105.

<sup>29</sup> A pallet was a temporary or makeshift bed.

<sup>30</sup> Newton, *Misery to mirth*, pp. 205, 212–18.

<sup>31</sup> See, for example, *ibid.*, pp. 195–7.

<sup>32</sup> Somerset Heritage Centre (SHC), D/D/cd/59, John Buck v Elizabeth Heyward (1625).

Chains of care are found in other cases. Sick people did not always die at home.<sup>33</sup> In late 1598 or early 1599, Richard Barnerd of Northwood (Hampshire) fell sick. Despite living with his master Alexander Harvey since infancy, he was set upon a horse and carried across the parish to stay with husbandman Edward Cooke. What occasioned the move is unclear. One witness in the dispute that followed his death suggested it was instigated by Alexander's wife 'because the said Mr harvye had not long before buried his daughter owt of that howse, therefore Mr harvyes wife [was] desierous to remove him the said barnerd owt of yt howse'. Perhaps this was a household encumbered by grief, exhausted by the labour of care for another loved one and unable to deploy the resources Richard needed. Alternatively, the family may have feared for their safety, concerned that Richard's illness was contagious and had already passed to him from their recently deceased daughter. Edward Cooke's home represented a better option.<sup>34</sup>

Decisions about where the sick should receive care, then, were not made solely with their comfort in mind. Space, money, and the health of the family all fed into care decisions. This meant that a network of people was involved in caregiving, and a network of homes became locations of care. Those who participated in Richard Howell's care also travelled across locations. Elizabeth cared for Richard in John's house (where she stayed for several weeks around Christmas), Richard's house, and finally her own home. Caregivers travelled to fetch things for Richard. In March 1674, Abraham Powell visited John's house to 'fetch some meat and victuals' while hired to care for him. William 'went forth' to buy feathers for Richard's bed and at another time Elizabeth bought drink from Mrs Lee, from whom he rented his house.

These networks of people and places come to the fore in testamentary disputes as illness – especially long-term sickness – changed over time and forced care plans to be altered. These changes could be a flashpoint in the deceased's expression of their will. In the Hampshire case of Richard Barnerd outlined above, Edward Cooke deposed that while he and Richard travelled on horseback, he asked 'who shall have your goods?', to which Richard responded that his master, Alexander Harvey, should have them as he 'hath taken most paynes with me'.<sup>35</sup> Likewise, it was on the stop-off at the alehouse on his journey from Hopton to Brimfield that Richard allegedly told his friends he bequeathed everything to Elizabeth and made her sole executrix of his will.

## V

Of the four months or so before his death, Richard spent more than two living outside his own home. The sick rarely lived alone because they could not afford it, but staying in someone else's home could be costly. Bed, board, and the washing of clothes were all commercialized in early modern England. They

<sup>33</sup> Mortimer found from probate accounts that most people died at home. Mortimer, *The dying and the doctors*, p. 173.

<sup>34</sup> Hampshire Record Office, 21M65/C3/11, Alexander Harvey v Thomas Barnerd (1599).

<sup>35</sup> *Ibid.*

were commodities by which ordinary people made a living. Masters were required to economically support sick servants and apprentices, but not casual labourers. When people fell sick, there was often no easy consensus over who should bear the cost of their maintenance. The burden of care tended first and foremost to fall to the family. The 1601 poor law clearly set out that direct descendants (children) and first-generation ascending relatives (parents) were expected to economically support those unable to work, including the sick.<sup>36</sup>

But Richard did not have any children upon whom to depend in his sickness. That his sister participated in his care was by no means guaranteed. Siblings did not – at least in theory – bear the weight of such expectations.<sup>37</sup> Richard does not appear to have been living on the knife-edge of poverty, but illness was a threat to his self-sufficiency. He had lived with and worked for John Evans before he fell sick, and the cost of his lodging and board had been offset by his labour. Richard was also paid a wage, though his sister reported that John ‘was indebted to him in that he [Richard] could never gett his full wages for his worke’.

Opposing witnesses, however, insisted this debt had been satisfied in the costs John incurred caring for Richard. Abraham Powell and Anderson Atcheley both testified to the expense that John had faced in Richard’s care, contending that Richard had ‘taken his, the said John Evans, his house for his home’ and that John ‘had been kinde to him & had entertained him with meat & drinck’. It is unclear how long Richard had lived in John’s house – John suggested twelve years and Abraham vaguely noted that he ‘was sick at the house...for some time’. John acknowledged his £10 debt but claimed Richard ‘did freely give and forgive’ it as he had ‘maintained the said deceased for the greatest part of 12 yeares last past before his death with meate drink and lodgeing and gave him such assistance & attendance which he at any time of his sicknesse or weakenesse wanted or required’.

Economic support was essential in long-term care.<sup>38</sup> But some witnesses noted Richard’s discontent at the £3 he was charged for ‘his dyett’, arguing it was incommensurate with its real cost. Elizabeth added that Richard

did declare that he the said John Evans had dealte hardly with him for his dyett in his sicknes for that he was forced to deliver up the said John Evans a bond of 3 li [£3] for the deceaseds dyett and lodgeing in his sicknes [that] he the said John Evans owed him the said deceased.

Elizabeth insisted Richard had not ‘freely’ forgiven the debt; he was compelled to invalidate part of it in recompense for his care. In either version of events, maintenance of the sick could be leveraged in court as grounds for the right to

<sup>36</sup> Steve Hindle, *On the parish?: the micro-politics of poor relief in rural England c. 1550–1750* (Oxford, 2004), pp. 49–50.

<sup>37</sup> 43 Elizabeth 1 c. 2 sect. vii.

<sup>38</sup> The Swedish Gender and Work team recognize economic maintenance as care work. ‘Provide for’, ‘support’, and ‘house/accommodate’ are typically used to describe care provided by men. See Maria Ågren, *Making a living, making a difference: gender and work in early modern European society* (Oxford, 2017), p. 136.

the deceased's goods. John's strategy was to demonstrate that he had 'maintained him for severall yeares' and had 'beene of great charge in maintaineinge him'. The case did not entirely hinge on Richard's deathbed instructions. Proceedings also followed an economic line of thought.

These costs were also real, not just a ploy for financial gain. Elizabeth conceded that John's purse had been stretched but argued that the cost did not offset the debt Richard was owed. The precise value of Richard's care and provision is lost to us – and perhaps its nebulousness even made it difficult to calculate at the time – but John claimed that he, his wife, and family spent months attending, looking after, and watching him. John did not just lose Richard's labour when he fell sick. Nor were the costs he incurred simply Richard's bed and board. The entire household contributed to his care, further increasing deficit in the household's income-generating potential. Their strategy was threefold. First, the couple increased Richard's rate of maintenance; second, they tightened their own purse strings by reducing their debt; and third, they fought to secure part of Richard's goods upon his death.

Rather than any change in his health, then, this wrangling over the cost of board and lodging in John's house may have prompted Richard's move home. As his ability to earn a living gave way to his sickness, he likely grew increasingly worried about his finances. The household economy weighed heavily on the minds of the sick.<sup>39</sup> As David Turner and Olivia Weisser have both shown, inactivity could be emasculating for men (they say little about its effect on women).<sup>40</sup> In 1605, forty-year-old singlewoman Joanna Aldea was sent to attend John Barnes of Cromhall (Gloucestershire) who was bedridden by illness. Testifying to his capacity to make a will, she noted that he 'talked idlye and in the extreamytye of his payne called for his tooles belonginge to the trade of a mason to goe to worke withall and sayed he colde not paye his servants wages by lyeinge in bedd'.<sup>41</sup> For hands-on workers like John Barnes and Richard Howell, how to make a living was probably at the forefront of their minds in good health. These concerns became more acute when health declined and physical labour became impossible. Despite Richard's reliance on John for work (and perhaps bed and board during the week while he was working), he maintained his own home. When he could no longer work, his economic independence was stripped away.

The idea that the sick were permitted to play 'the sick role' and to enjoy social hierarchies and obligations being turned on their heads is appealing.<sup>42</sup> Weisser pointed out that 'illness sanctioned individuals to forgo daily work... and make what would normally be deemed unreasonable demands'.<sup>43</sup> There is some evidence of this in Richard's case as we will see. But as a framework

<sup>39</sup> Newton, *Misery to mirth*, pp. 221–3.

<sup>40</sup> David Turner, *Disability in eighteenth-century England: imagining physiological impairment* (Abingdon, 2012), pp. 128–34, 139–40; Weisser, *Ill composed*, p. 166.

<sup>41</sup> Gloucestershire Archives (GA), GDR/100, Thomas Barnes v Elizabeth Maunsell (1606).

<sup>42</sup> On the 'sick role', see Talcott Parsons, *The social system* (Glencoe, ILL, 1951), pp. 436–9; Roy Porter and Dorothy Porter, *In sickness and in health: the British experience, 1650–1850* (New York, NY, 1988), pp. 187–200.

<sup>43</sup> Weisser, *Ill composed*, p. 105.

for understanding sick people's mentalities, this line of thought overlooks the economic consequences of even a temporary hiatus from everyday life, let alone permanent withdrawal from income generation. Rather than seeing Richard's move home as an unreasonable demand for care within his own four walls, we might reread it as an attempt to regain economic independence as expenses for his care mounted.

The state of independence has long been celebrated. Credit, honour, and reputation were bolstered by self-sufficiency; dependency in early modern England was (and continues to be) perceived as shameful or embarrassing, especially for those of advanced age.<sup>44</sup> Lynn Botelho stated that 'an independent old age seems to have been the goal of the elderly everywhere, and in every station of life'. They sought to make sure that 'their care and maintenance were ultimately derived from their own efforts'.<sup>45</sup> Jacob Zuijderduijn and Kim Overlaet recently argued that desire for agency was the key motivation behind the elderly urban poor making retirement contracts in the Low Countries.<sup>46</sup> Richard's same desire to be economically independent from John Evans is captured in his move in January 1674. But as his illness progressed, his thinking also shifted.

It is initially unclear who paid for the goods and services Richard needed to maintain his single-person household upon his return to Hopton. Who provided 'meat and drink' was fraught. John claimed that while Richard stayed with him, he and his family provided not only his 'meat, drinke and lodging', but also Elizabeth's for the duration of her stay. Upon Richard's return home, however, Elizabeth appears to have met Richard's costs, though John's witnesses deliberately muddied the waters, stressing that the *physical* act of fetching food and drink was not always done by Elizabeth. Abraham Powell complained he was forced to travel to John's house for Richard's victuals as Elizabeth and her husband had left him with nothing. John corroborated this story, but Elizabeth Maylard was more reticent to point the finger. She deposed that one time 'he the said deceased did send for this deponent (in regard she...used to sell milk unto him) & did alsoe send the said Abraham for bread & drincke unto the producents [John's] house'. But she conceded that Richard owed her '25s for milk victuals washing his linnens & other things which he appointed...William Matthews to pay her, which the said William accordingly did pay'. This is at first ambiguous: did Richard give William control of his money or were the costs squarely met by his brother-in-law?

Abraham was deliberately vague about who paid his wages for Richard's care. But Elizabeth's interrogatory (or cross-examination) questions cornered him into admitting that he 'was hired by the party ministrant [Elizabeth] to attend the deceased & [she] paid him his hire or wages'. Elizabeth was

<sup>44</sup> On dependency as a shameful state, see Alexandra Shepard, *Accounting for oneself: worth, status, and the social order in early modern England* (Oxford, 2015), pp. 191–214. On the shame of dependency in old age, see Hindle, *On the parish?*, p. 22.

<sup>45</sup> Lynn Botelho, *Old age and the English poor law, 1500–1800* (Woodbridge, 2004), p. 84.

<sup>46</sup> Jacob Zuijderduijn and Kim Overlaet, 'Strategies for old age and agency of the elderly in towns of the Low Countries in the Renaissance', *Continuity and Change*, 36 (2022), pp. 265–84.

evidently at pains to demonstrate that the costs of Richard's care came from her and her husband's pockets in his post-Christmas decline. John certainly had not footed the bill. Elizabeth also defended the *quality* of produce with which she had supplied Richard. John accused her of not always providing the right type of drink. Elizabeth acknowledged that although Richard had a 'desire to taste of other drinke besides what this respondent provided for him', hers was 'wholesome and fitt for a sick person'. Moreover, she *had* fetched other drink for him.

What is indubitable is that if Richard had been keen to retain independence in January 1674, this began to slide in the months that followed as Elizabeth and William adopted economic responsibility for his care.

## VI

The wrangling over 'who did what' in these records lays out clearly how care was stitched together. The physical work of care – 'attending', 'looking after', 'fetching', 'watching' – has been the focus of existing studies of early modern sick care. That much of this labour was undertaken by women and was not always waged work have been important findings. But to fully understand this labour, we need to contextualize it and see it as part of a contingent, flexible, and whole care package.

Sicknursing, Pelling argued, is routinely subsumed by historians into general domestic or family labour.<sup>47</sup> When Richard lived with John, his physical care was rotated amongst family members. When Richard eventually arrived at Elizabeth and William's house, *her* family were subsumed into the rhythms of his care: their apprentice Francis Pitt 'did attend upon the deceased for sometime by the producents [Elizabeth's] appointment'. But care labour was by no means just family labour. Hired carers and neighbourhood support provided a solution to the challenges of everyday life that Richard faced in his sickness.

Reliance on physical support could be a gradual shift. Some aspects of Richard's care predated the sickness outlined in this dispute. Elizabeth Maylard had taken care of his laundry, for example, for some time. This annually paid labour agreement was not uncommon; laundry work (typically women's work) was often sourced outside the home. Perhaps Richard had never washed his own clothes. Critically, this laundry contract identifies Elizabeth as an existing source of care labour in his neighbourhood; the leap from her providing laundry service (and selling him milk) to preparing his breakfast and carrying out other care work detailed in the depositions was not so great.

Provision of care was contingent on household resources. When sickness struck, these resources needed to be redistributed. In spring 1607, Roger Strong of Puriton (Somerset) grew ill, dying at some point in June. His neighbour, thirty-year-old Elizabeth Crandon, stepped in to support the Strong household. She was not appointed to Roger's care; instead, 'for a month [before

<sup>47</sup> Pelling, *The common lot*, p. 180.

Roger's death] she was going in and out of the saide Stronges house as a helper to milk and doe other woorke for the said Strong and his wife aswell within doors as without'. On the day he died, she had winnowed barley malt at the 'appoyntment' of Roger's wife, Agatha. This arrangement was mutually convenient. Elizabeth, the wife of an eighty-year-old blind man and recipient of parish alms, surely needed the work. The Strong household – missing both Roger's labour in his sickness and Agatha's in her care for him – required Elizabeth to shore up its economy.<sup>48</sup>

Back in Hopton, administering care in Richard's own home must initially have been advantageous. But as they struggled to manage their own home seven miles away, it must also have placed a huge strain on Elizabeth and William. When Elizabeth's mother noted that the couple 'did hire some fit persons to performe the same office or duty' of care they themselves were delivering, she alluded to a careful recruitment process. The words 'office', 'duty', and 'fit' reflect the onus of ensuring the right people were hired. Elizabeth and William assumed the responsibility of *arranging* Richard's care, a mental burden that added to the physical exhaustion of care work and the economic load of providing for him.

Temporary care arrangements abound in church court testimony. Neighbours and their households could – and did – step in. In 1605, when John Barnes of Cromhall (Gloucestershire) fell sick, Margaret Gibbins 'beinge a neighbors servant that dwelled neare was sent to attend the sayde John Barnes untill he had procured some other to attend him'. She stayed from Sunday morning until the following morning but could be spared no longer from her usual servant duties.<sup>49</sup> Individuals were regularly transferred between households to 'improve its chances of survival'.<sup>50</sup> For many, sickcare was a service rendered, not an occupation.<sup>51</sup>

Care was routinely juggled with other work and responsibilities. From 18 January until 7 April, Elizabeth noted that she and her husband 'or one of them' had 'watched with' Richard. Substitutes were hired only when 'extraordinary busines did prevent them'. Abraham Powell, the forty-year-old day labourer who was hired by the couple for ten days, seems an unusual choice as a caregiver. Care work was explicitly gendered. Women hired to attend the sick leap from the pages of court records: in 1612, Elizabeth Brush of Gloucester was 'hyred to attend William Huntley in the tyme of his sicknes'; in 1631, fifty-year-old widow Elizabeth Carie from Middlezoy (Somerset) deposed that when Margery Penny of Chedzoy fell sick, she 'was hired by her mother & her brother Richard Clarck...to attend her in her sicknes'; and

<sup>48</sup> SHC, D/D/cd/40, Humphrey Blake v Agatha Strong (1607). The age gap between Elizabeth and her husband is noteworthy, though men tended to be older than their wives. See E. A. Wrigley, *English population history from family reconstitution, 1580–1837* (Cambridge, 1997), pp. 151–3.

<sup>49</sup> GA, GDR/100, Thomas Barnes v Elizabeth Maunsell (1606).

<sup>50</sup> Pelling interprets marriage between young and old in this way. But the temporary transfer of neighbours to shore up sick households represents another way in which this functioned. Pelling, *The common lot*, p. 4.

<sup>51</sup> P. J. P. Goldberg, *Women, work and life cycle in a medieval economy: women in York and Yorkshire, c. 1300–1520* (Oxford, 1992), pp. 134–5.

in 1639, Alice Bowles of Ilminster (also Somerset) was hired by William and Beaton Perry ‘to attend and kepe Phillippa England lying sicke’.<sup>52</sup>

Why, then, was Abraham appointed? Female carers were certainly hired to attend men, although perhaps a woman providing round-the-clock care in a single man’s home might raise eyebrows. Others were paid to care for him, though their gender is not recorded. Abraham was not just any man. As his neighbour and fellow ‘workeman to ye said John Evans’, he was well known to Richard. For Abraham, a forty-year-old married man who perhaps had children to feed, this work also aligned with a seasonal slump in agricultural work.<sup>53</sup> This informal, short-term labour in sickcare should not necessarily be taken as an ‘opportunity’ for the poor, even if it could function as part of an economy of makeshifts.<sup>54</sup>

A key duty of Richard’s carers was ‘watching’. Being a ‘watcher’ (a short-lived occupation in the eighteenth century) involved night duties and we see that Abraham’s pay was to cover both days and nights at work.<sup>55</sup> His stint caring for Richard was longer than typical; Mortimer found no payments to male watchers exceeding five nights.<sup>56</sup> For his nine nights and ten days of work, Abraham was paid just three shillings. This was a small wage (less than 4*d* a day) and significantly below the mean daily wage for men in this period (just under 10*d* a day). It was even below the mean daily earnings of casual female labourers (6*d* a day).<sup>57</sup> Mortimer found day-and-night rates for watching ranging between 4*d* and 12*d*, with men typically earning 8*d*.<sup>58</sup> Perhaps Abraham did not provide constant care for Richard and combined this work with other labour. Today, night shifts are considered inconvenient and so sometimes paid at a higher rate, but compensation was not offered here.

Richard required continuous monitoring and Abraham was not the only appointed watcher. Over Christmas 1673 and into January, John, his wife, and family ‘looked after and watched with him night by night 2 persons in a night for the space of six weekes’. Had they not done so, John claimed, Richard ‘might have perished and beene cast away for want of looking after’. This was labour-intensive work, best done in shifts, and appears to have intensified. By March, Richard could be alone only for very short periods. Elizabeth

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<sup>52</sup> GA, GDR/114, Richard Boyle and John Hale v Arthur Messenger and Walter Compton (1612); SHC, D/D/cd/71, Richard Clarck v John Woodmill and Joanna Pennie (1631); D/D/cd/87, William Perrie v Nicholas England (1594).

<sup>53</sup> Illness was more common in autumn and winter months. Samantha Williams noted a seasonality to payments for healthcare in the late eighteenth and nineteenth centuries, with greater expenditure between October and April. See Samantha Williams, ‘Caring for the sick poor: poor law nurses in Bedfordshire, c. 1770–1834’, in Penelope Lane, Neil Raven, and Keith D. M. Snell, eds., *Women, work and wages, c. 1650–1900* (Woodbridge, 2004), p. 150.

<sup>54</sup> Pelling, *The common lot*, p. 4.

<sup>55</sup> See *ibid.*, pp. 189–90.

<sup>56</sup> Mortimer, *The dying and the doctors*, p. 160.

<sup>57</sup> For data on men’s and women’s wages see Table A1 in Jane Humphries and Jacob Weisdorf, ‘The wages of women in England, 1260–1850’, *Journal of Economic History*, 75 (2015), p. 432.

<sup>58</sup> Mortimer, *The dying and the doctors*, p. 160.



claimed that she and her husband watched with him 'for severall dayes and nights'. This physical labour, as we will see, often intersected with emotional.

The temporary workers were all paid. Where this physical labour was *not* paid work, monetary compensation was nonetheless expected. In pursuit of this suit, both Elizabeth and John sought compensation for their labour through Richard's will. Their claims (and consequently, the events recalled by witnesses) were thinly framed around Richard's declarations of his will. Rather, 'painstaking' was grounds for recompense. The line between care as work and as a duty was blurred then as it is now. From the perspective of Richard's neighbours whose unpaid support was integral to his care, points at which their patience was stretched are observed. When Richard returned home to Hopton from John's house, he was reliant on help from his neighbour Elizabeth Maylard. When his sister and her husband were absent, he would 'make a noise whereby [she] and others did goe unto him'. Can we detect a note of irritation? Although reimbursed by the couple for milk and food that she bought for Richard, Elizabeth Maylard's on-call assistance when he would 'make a noise' was surely unremunerated. We might also wonder why she testified on behalf of John Evans, rather than Elizabeth Matthews. Does her deposition hint at underlying frustrations at Richard's demands on his neighbours for care and perhaps even thinly veiled criticism that Elizabeth had failed in her sisterly duty?

Alice Clark assumed that hired nurses were only brought in when the system of social obligation – the preferred form of healthcare – had broken down.<sup>59</sup> Here, family was certainly primarily responsible for Richard's care and unpaid neighbourhood support only went so far. But Clark's assumption does not easily accommodate the flexibility of sickcare Richard received. Sometimes care was provided by his family, and sometimes by neighbours and others. Most significantly, Clark's theory misses the expectation that physical care work should *always* be remunerated in some way. Little care work was unpaid here: virtually all participating parties expected compensation. It is only partly true that care was labour carried out within the system of social obligation. The physical labour of care was overwhelmingly undertaken in anticipation of economic recompense.

## VII

Richard's illness did not just destabilize how he might earn a living and take care of himself. Being sick also precipitated new emotions. While the emotions of the literate sick are recorded in their letters and diaries, we have little direct evidence of how those lower down the social scale felt during their sickness.<sup>60</sup> It is, of course, challenging to access the emotions of the sick in any case. As Barbara Rosenwein noted, although we can 'understand how people articulated, understood, and represented how they felt', we cannot know how 'a certain individual feels in a certain situation'.<sup>61</sup> Feelings are personal and

<sup>59</sup> Alice Clark, *Working life of women in the seventeenth century* (London, 1919), p. 253.

<sup>60</sup> Newton, *Misery to mirth*.

<sup>61</sup> Barbara Rosenwein, 'Problems and methods in the history of emotions', *Passions in Context*, 1 (2010), p. 11.

individual, but we are nonetheless capable of empathy. As Monique Scheer argued, the gap is often overstated.<sup>62</sup> Although records from testamentary suits cannot offer an ‘inner’ perspective on the emotions of the sick, witnesses nonetheless offered their interpretations. The emotional dynamics of care labour can therefore be glimpsed.

When friends and family cared for the sick, the balance of power shifted. We often assume that long-lasting connections and deep affections were cemented and consolidated by time spent together. But a period of sickness could alter and even destroy relationships. The relationship between caregiver and the sick could become incredibly fraught. The sick could become physically and emotionally dependent on family and friends acting as carers. Their expectations could become heightened and fulfilling their needs might be challenging (as we have already seen). While bequests in wills focus on ‘painstaking’ caregivers who were thereby rewarded, testamentary suits also indicate that *failure simply to visit* and take care of the emotional needs of the terminally sick had inverse economic repercussions. In 1610, Joane Martyn’s daughter did not visit her mother when she lay sick in the city of Wells (Somerset), showing up only ‘a moneth or therabouts before her deathe’ and staying but ‘a litle whiles at a tyme with her’. Consequently, she was omitted from the will.<sup>63</sup> John Donne, poet and dean of St Paul’s Cathedral saw solitude as the ‘greatest misery of sickness’.<sup>64</sup> Company was rewarded: Zuijderduijn and Overlaet found that bequests to servants reflected not only their physical care of the testator, but their good company.<sup>65</sup> Investment in the emotional care of the sick was fused to economic reward. Emotional neglect – the absence of this work – resulted in economic loss.

We see this in Richard’s case. He expressed disappointment with his care on several occasions, notably when he was left alone. When Elizabeth and William were absent, he allegedly became ‘discontented & displeased with them & said that they only desired what he had & did not care for him’. At one point in March, Richard allegedly said ‘the devill & pox rott them all’. One witness commented on the testator’s character at this time, describing him as ‘a cross or froward person’ who would be ‘displeased when Mathews and his wife did stay longer from him than he expected & would swear and curse at them’. His decision to revise his will and bequeath just half of his estate to Elizabeth seems to have been founded on feelings of abandonment. Richard attached economic value to those feelings, marshalling the agency he had over his goods by reducing Elizabeth’s inheritance while she remained absent.

The word ‘angry’ was used by several witnesses to describe Richard’s feelings towards all three litigants: his sister, her husband, and John. He was apparently angry at John for charging him £3 for staying with him, which

<sup>62</sup> Monique Scheer, ‘Are emotions a kind of practice (and is that what makes them have a history)? A Bourdieuan approach to understanding emotion’, *History and Theory*, 51 (2012), pp. 195–6.

<sup>63</sup> SHC, D/D/cd/41, D/D/cd/42, and D/D/cd/45, *John Force v Joanna Spratt and Alice Wakeman* (1610).

<sup>64</sup> Cited in Newton, *Misery to mirth*, pp. 207–8.

<sup>65</sup> Zuijderduijn and Overlaet, ‘Strategies for old age and agency’, p. 277.

he saw as 'more than he was willing to pay or that [than] he ever paid for dyett before that'. Witnesses deposed that John never visited him at Hopton or Brimfield, though they also noted 'nor did the deceased desire his company, being very angry with him'. According to Elizabeth, he even refused drink that John had sent him. Visiting the sick was regarded as important care work; Elizabeth complained that 'all the tyme that the deceased lay sick att ye house of ye said William Mathewes', John Evans 'did not...give him any visitt or shew any kindness or respect towards ye deceased'. This man, she argued, could not be the intended recipient of Richard's goods as he had neglected this important aspect of Richard's care. John, however, argued that he had attempted several visits, but Elizabeth and William 'did constantly affirme or send word...that the deceased was recovering & had recovered and walked abroad which totally hindered [his] intention of goeing to visit'. Whatever the truth, spending time with the sick clearly constituted an important part of care work.

What is also missing from histories of emotions is the direct intersection of labour and feelings. How did workers feel carrying out their work? The intersection between emotions and pre-industrial work has yet to be fully explored.<sup>66</sup> The term 'emotional labour', widely used in modern contexts, was first coined by sociologist Arlie Hochschild, who used it to identify a form of labour that 'requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others'.<sup>67</sup> Particular forms of labour require management of one's emotions. In care work, this emotional labour is fundamental. But if evidence of the emotions of the sick are seldom recorded, those of carers are even scarcer. Not only do we know little about how caregivers felt about the labour they undertook, we also read little of the emotional support they were required to give the sick. The elusive emotional toll of care on caregivers is occasionally alluded to. Reading enough depositions closely means that an almost imperceptible note of irritation in Elizabeth Maylard's description of coming to Richard's aid when this 'cross or froward person' made a 'noise' works itself into the narrative. The economic and physical labour of care clearly generated feelings of entitlement in John Evans and Elizabeth Matthews. Elizabeth prompted opposing witnesses to admit to her devotion to her brother's care, challenging them to refute that she and her husband had watched with Richard tirelessly until 'they were wearied out and tired with watching' (when they hired others to step in). Her use of 'weariness' reflects the physical, mental, and emotional strain this work placed upon her. It conveys extreme tiredness from lack of sleep but also the mental fatigue of this care burden.

Emotional labour is more easily spotted when the management of emotions – the suppression of feeling to carry out work with the required 'outward

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<sup>66</sup> For a recent addition to the field of emotions and labour in modern history, see Agnes Arnold-Forster and Alison Moulds, eds., *Feelings and work in modern history: emotional labour and emotions about labour* (London, 2022).

<sup>67</sup> Arlie Hochschild, *The managed heart: commercialization of human feeling* (Berkeley, CA, 2012), p. 20.

countenance' that Hochschild referred to – goes wrong. Ploughmaker John Haines recalled the scene when Richard arrived at Elizabeth and William's house in Brimfield at the end of their seven-mile journey:

When he the said deceased was brought unto the said house he desired to have his bedd laid before the fire but the said William told him that it was better to lay his bedd by the side of the chimney near the fire, more convenient then [than] the place where the deceased desired to lye. And thereupon he the said deceased said I wish I were at my Mr Evans his house againe (meaning the producents house) & repeated the same words againe at the same time whereunto the said William Mathews replied & told the deceased that if he had a desire to goe unto his Mr Evans he would send him notice by his man that he might come & fetch him, to which the said deceased returned noe answer.

William's patience was worn thin and his frustrations are thinly veiled: first at Richard's refusal to be accommodated within the designated space, and secondly at the emotional blackmail of pitting carers against one another. In this freeze-frame of a moment just weeks before Richard's death, we glimpse the barely suppressed emotional labour of care. In conjuring this memory, John the ploughman reminds us that emotional labour, too, had a monetary value and could be mobilized to lay claim to Richard's goods upon his death.

## VIII

As a single man living alone, Richard Howell was perhaps atypical. He had no descending kin to care for him during his sickness nor to inherit his goods upon his death. It is no wonder a dispute arose concerning his will. But despite the unusual nature of his living arrangements, the dynamics of his care bring to the fore the range of possibilities for other terminally sick people's care in early modern England. In the pages of testamentary suit records, we routinely see wranglings over maintenance, physical, and embodied care, as well as the faintest watermarks of the emotional labour it required. This microhistory captures moments of flux in care arrangements and how care was managed at pinch points. Other suits similarly show that close kin were only one node in a complex network of potential carers.

The contingency of Richard's care and its ever-changing requirements remind us that there was always potential for exploitation of care resources. Alan Macfarlane argued that extended family were rarely used to their full advantage and that if the sick and infirm were cared for by this wider group, 'the cost of their care [would] become less of a burden on particular individuals'.<sup>68</sup> In 1673/4, we glimpse this burden. It was a shared burden – not amongst extended kin, but between family, neighbours, and a master. At one point, we even glimpse Richard's attempt at self-care. In this case, care was

<sup>68</sup> Alan Macfarlane, *The family life of Ralph Josselin, a seventeenth-century clergyman: an essay in historical anthropology* (New York, NY, 1977), pp. 146–7.

not so much collaborative as it was piecemeal, conditional, and sometimes fraught. The tensions highlighted in this case lay bare the variety of care.

Care work is often assumed to be unpaid and of little economic value, both today and historically. But its worth is carefully totted up here in this suit, as in so many others. The economy of care was recognized by everyone who came to court. Every aspect of Richard's care was considered a financial loss to someone: the hours spent watching and attending Richard, the cost of his food, drink, and laundry, the payments made to temporary hired caregivers, and even the value of the emotional investment in Richard's care. These were scrutinized and reckoned by each deponent as well as the litigants. Care work was done by friends, family, and others without wages in early modern England. But it was far from free. recompense was expected.

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