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RE-GENDERING MIDWIFERY IN EIGHTEENTH-CENTURY LONDON

by

Amanda Castellano-Clark

A Thesis

Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Arts

History

The University of Memphis

December 2019

ACKNOWLEDGEMENTS

First, I would like to express my sincerest appreciation for the members of my thesis committee, Dr. Susan O'Donovan, Dr. Christine Eisel, and Dr. Cookie Woolner. The first three classes of my graduate program experience at the University of Memphis were taught by these women and those classes greatly shaped how I approached and understood this thesis, as well as my own understanding of what it means to think and write as a historian. Their support and encouragement throughout the process of thinking about and writing this thesis, especially that of my committee chair Dr. O'Donovan, was greatly appreciated and helped guide me along the process of writing this thesis.

I would also like to thank my undergraduate professors who helped start me on the journey to becoming a professional historian, particularly Dr. Stephen Chappell. Without his tutelage and mentorship, I would not be able to think, argue, and write at the level I do today.

I would also like to thank those teachers who fostered my appreciation of history, writing, and debate, especially Mr. Wesley, Mrs. Charlene Olson, Mr. Karl Whitley, and Dr. Barry K. Graham.

I would also like to thank my fellow students throughout my undergraduate and graduate careers for their encouragement throughout my academic career, their thoughtful reviews of my work, and for their own work which often allowed me to learn subjects outside of my own interests and helped to inspire me to perform at the same level.

I would also like to thank my friends who were always understanding of the demands of my graduate classes and I appreciate their support and encouragement throughout this process. I would also like to thank my Pink Palace coworkers and my boss, Ms. Betsy Hume for being

supportive and understanding of my changing schedule throughout this process and their willingness and enthusiasm to discuss my thesis, which helped inform my own thinking about my thesis.

To my in-laws Richard and Susan Clark, thank you for your support throughout my academic career and for understanding when I had to cancel or could not attend family dinners due to classes or my thesis.

To my sister Katie, thank you for being a sounding board and someone who I could vent to when I got frustrated with classes or my thesis, especially while completing your own graduate coursework and starting your first year of teaching.

To Mom and Dad, who have always been a source of inspiration for me and who helped encourage my love of history from an early age. I know that you have always supported me no matter what I wanted to do and I know that I will always have your love and support.

Finally, to my husband Joey. This thesis, and my graduate career, could not have happened without your love and support. Thank you for always pushing me to do my best and encouraging me to follow my dreams. I know that you will be there by my side no matter what and that you will continue to support and encourage my dreams.

ABSTRACT

This thesis intends to show how the field of British midwifery changed through the rise of male-midwives during the eighteenth-century in London. Midwifery, which had previously been a women-only profession in that era, came to be dominated by male-midwives who argued that men should be in charge of this field due to the inherent “weakness” of women and therefore the supposed inadequate training of midwives. In this thesis, I will argue that male-midwives succeeding in asserting their dominance through the development of tools such as the forceps, through the establishment of courses about midwifery, and through the publication of treatises that were intended as training manuals for aspiring male-midwives. The dominance of male-midwives over the field of midwifery by the end of the eighteenth century diminished the reputation of midwives and would lead many upper and middle-class women to prefer having male-midwives oversee the process of labor and childbirth.

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Introduction

The practice of midwifery until the beginning of the eighteenth-century had been largely dominated by women throughout the world. While other fields of medicine such as anatomy and surgery made leaps in knowledge during the Renaissance, the practice of midwifery largely remained unchanged throughout history. Women traditionally were discouraged from studying or producing knowledge about subjects that were deemed as “science” or medicine”. Women were able to become knowledgeable about midwifery, however, because many men viewed midwifery as an “art” rather than a scientific field of inquiry that men could study. Due to the classification of midwifery as an art rather than a science, it was thought to be only accessible to women because of the knowledge women had of their own bodies and could only be understood and practiced by women. Thus while women in childbirth sometimes called on male surgeons when there was a necessity for surgical intervention during a particularly difficult childbirth, the midwife remained the expert in the birthing room.

Starting in the beginning of the eighteenth-century, however, a few male surgeons in England and Scotland began to practice midwifery as their primary field of medicine and advocate it as a new field of medicine to be studied and learned in universities. Inspired by Enlightenment philosophy, these surgeons thought that the art of midwifery could be demystified into a practical field of medicine that could only be understood by men, believing that only men had the capabilities of the rational thought and accumulation of medical knowledge that was needed to fully understand the process of labor and childbirth. This intervention by male surgeons would lead to the development of the practice of midwifery by male surgeons and the rise of the figure of the male-midwife. The authority of midwives over childbirth, as well as the overall knowledge women had over their own bodies, began to be challenged by these male-

midwives. When midwifery had been practiced almost exclusively by women as far back as historical records allow, why at this point in history was the knowledge of midwives challenged by male-midwives?

This thesis demonstrates that the practice of male-midwifery developed in elite English society throughout the eighteenth-century due to the influence of Enlightenment thought on the training of male surgeons. The training these surgeons received primarily reinforced the ideas that women could not comprehend the rational sciences and that the previously “mysterious art” of midwifery could be understood through the Enlightenment ideals of rational thought. These ideas helped facilitate the emergence of midwifery as a legitimate field of medicine at the university level, allowing for the accumulation and spread of knowledge about midwifery among male surgeons attending university. While midwives did not disappear, their clients among the elite and, more gradually, the emerging middle class of London diminished, which decreased the amount of their higher-paying clients and therefore devalued the cost of a midwife’s skills. This diminishment in the value of the services of midwives, and the subsequent decrease in the reputation and skills of midwives, would lead to many elite and middling class women turning to male-midwives and would directly lead to the increase in the hospitalization of women during childbirth in the nineteenth-century. While childbirth arguably became safer and the mortality rates of both women and babies decreased, the reputation of midwives decreased to the point where women, who had previously been the dominant figure in the birthing rooms of England, were now forced to take a subordinate role to male-midwives, eliminating midwifery as a profession that could give women a financially stable and respectable position within English society. This change also took away the authority women had over their own bodies due to the belief that only male surgeons trained in midwifery could understand the medical conditions of a

woman during pregnancy and labor. Although the rise of male-midwifery led to safer medical practices and a decrease in the mortality rates of mothers and their babies due to men's ability to attend university to learn about midwifery in a formal setting and the level of support male-midwives would receive from both public and private institutions to develop newer, and safer, birthing techniques, the drawback was the loss of authority women had over their own bodies and the exclusion of women from the only medical field they were able to claim authority over throughout the previous centuries.

Drawing on medical treatises of the time, I examine here the changes in the practice of midwifery in London from the late 17th century to the end of the 18th century. This is the period which saw the development of the field of male-midwifery and the establishment of the first classes about midwifery at male-dominated universities. Most of these universities where midwifery classes would have been available in England were located in London. London was also where the majority of male-midwives established their professional practices and where the majority of the primary sources used in this thesis were published. London during this time period was the epicenter for the development of male-midwifery and any changes that would have occurred there would have had a significant impact on its practice throughout England.

Gender and understandings of gender differences became a key way in which male-midwives laid claim to the practice of midwifery and is the primary method of analysis throughout this thesis. I have used Joan W. Scott's definition of gender as described by her in her article, "Gender: A Useful Category of Historical Analysis," to inform my own analysis of gender. Scott states that "gender is a constitutive element of social relationships based on perceived differences between the sexes, and gender is a primary way of signifying relationships

of power.”¹ Understandings of gender throughout history are also constantly changing and are not fixed and gender ideals that are advanced by societies are sometimes not borne out by the actual lived experiences of men and women.² Enlightenment thinking had a profound impact on understandings of gender and gender ideals in English society and male-midwives were able to use these changes in society’s ideas of gender differences to establish their dominance over the practice of midwifery.

The theory of separate spheres is a significant framework to use to study this time period both because it was used by men during the time period to determine gender boundaries and because historians often use this framework to analyze gender relations during this time period.³ Historians argue that two separate spheres that helped establish and maintain gender boundaries emerged in Western society primarily in the 18th and early 19th centuries. The first was a public sphere inhabited by men centered around political and social institutions while the second was a private sphere inhabited by women centered around the home. While the separate spheres ideology has been questioned and its utility as a framework within which to view gender relations throughout history has been disproven, it is a useful framework when examining the changes that occurred in the practice of midwifery during the 18th century. Birthing chambers before the 18th century was seen as belonging to the private sphere of women’s influence but would later be seen as a public sphere that could be inhabited by men. This also implied that the practice of midwifery itself was no longer a private sphere dominated by women, but rather a

¹ Joan W. Scott, “Gender: A Useful Category of Historical Analysis,” *The American Historical Review* 91, no. 5 (December 1986), 1067.

² Scott, 1068.

³ For discussion of historian’s understandings and use of the separate spheres’ ideology, see Linda K. Kerber’s article, “Separate Spheres, Female Worlds, Woman’s Place: The Rhetoric of Women’s History,” Amanda Vickery’s article, “Golden Age to Separate Spheres? A Review of the Categories and Chronology of English Women’s History” and Kim Warren’s article, “Separate Spheres: Analytical Persistence in United States Women’s History.”

public practice that was dominated by men. This shift will be examined more closely in later chapters of this thesis.

Much of my thinking has been influenced by Lisa Forman Cody's, *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britons* and Adrian Wilson's, *The Making of Man-Midwifery: Childbirth in England, 1660-1770*. These books both examine the development of male-midwifery in England during the same time period but approach it from different viewpoints. Wilson's book, *The Making of Man-Midwifery: Childbirth in England, 1660-1770* is the first major work by a historian to examine how male-midwives were able to insert themselves into the field of midwifery and shows how they promoted themselves as better than midwives. Wilson argues that the rise of male-midwives was due to several factors such as the rise of tools like the forceps, the establishment of private hospitals as teaching schools, increased publication of treatises and pamphlets by male-midwives detailing the skills and education necessary to become a male-midwife, and the introduction of male-midwifery classes in the universities of London and Scotland. While Wilson examined how male-midwives developed their practice and how they spread their practice to their male students, Cody examines the formation of modern ideas about gender and identity and investigates if male science "conquered" the reproductive processes of women. She looks at how male-midwives supplanted midwives by adopting feminine qualities such as portraying themselves as friends and confidantes to women, as well as using their masculine knowledge about science and midwifery as justification for why women were unqualified to practice midwifery. She argues that male-midwives shifted the practice of midwifery from a feminine "mystery" to a masculine "science" to purposefully exclude women from practicing it to promote an agenda of population control and to prevent female midwives from protecting women who had illegitimate pregnancies or

who wished to abort their babies. Cody's discussion of how understandings of gender changed during this time period, her analysis of how the shift in thinking about midwifery as a science rather than as an art allowed for the development of male-midwives, and her analysis of how male-midwives were able to assume traits that had previously been coded feminine shaped my understandings of how male-midwives were able to assert their dominance over the field of midwifery. While Cody's book examined the ideological shifts that occurred in understandings of gender and midwifery during this time period, Wilson provided me with the actual mechanics and process by which this change occurred. This change in gender norms brought about by the Enlightenment which allowed male-midwives to begin to insert themselves into the practice of midwifery is my unique contribution to the study of midwifery in English society in the 18th century as no other historian has tied the Enlightenment to the rise of male-midwifery as explicitly as I will in this thesis.

There was never any agreement in English society on how to refer to men who practiced midwifery and so they were referred to by various terms such as an accoucheur, which means male-midwife in French, a male- or man-midwife, and male or man surgeon. There was even confusion amongst the men who were practicing midwifery themselves as to how they should refer to themselves and their practice. Men who were practicing midwifery wanted to distinguish themselves from surgeons because while surgeons were often called to extract a dead baby from a mother, men who were practicing midwifery wanted to be known for delivering babies who were alive. Accoucheur was not a popular term due to its French origins and the need for men who were practicing midwifery to establish a distinctly English field of midwifery. The term midwife was already in use in English society to refer to women who practiced midwifery and men who were practicing midwifery wanted to separate themselves from these midwives to

create a distinctly male-dominated field. The term male- or man-midwife is the most frequently used term these men who were practicing midwifery used to refer to themselves and their colleagues and is also the term favored by historians of this time period.

The term male-midwife is also an illustration of the dual nature of those men who were practicing midwifery and the particular role they were trying to embody in English society. Male-midwives were men who were trying to assert their authority over the female-dominated field of midwifery by asserting that men were inherently more suited to the practice of science and medicine while also embodying certain traits traditionally associated with women to attract more women clients and appear more acceptable to English society, which will be discussed in greater detail in Chapter Six. This dual nature of male-midwives presenting themselves as embodying the best traits of both men and women, which they argued made them the most suitable to practice midwifery, is best represented by the term male-midwife and is why the term male-midwife is the most appropriate to use. The term midwife will refer to those women who were practicing midwifery as they were the first to use the term midwife and midwifery to describe their work and that term is inherently understood to refer to women, both during this time period and in the present.

Chapter One summarizes the state of the practice of midwifery in England in the seventeenth-century in order to provide the background for the changes that will occur in the eighteenth-century. It outlines the training that midwives received, the skills they were expected to have, and the limited licensing and government supervision that existed during this period. It also details the limited role male surgeons had during childbirth at this time and early publications of midwives. It highlights some of the early criticisms of midwives to show why

some male medical figures began to believe that significant intervention into the practice of midwifery was needed.

Chapter Two looks at how Enlightenment philosophy changed how society viewed science and who could practice medicine legitimately. Enlightenment philosophy promoted the idea that the world, and specifically the scientific and medical fields, could be understood through rational thought and observation. Midwifery, which had long been viewed as a “mysterious craft” that could only be understood by women due to their knowledge of women’s bodies, could now be understood through observation and practice. This chapter also examines how the Enlightenment changed gender norms and values and how this affected how both midwives and their patients were viewed. Women became irrational, passionate beings who could not think rationally while men were the only gender capable of embodying the Enlightenment ideals of rationality and objectivity. These changes in gender norms justify male-midwives’ intervention into the field of midwifery and undermine the authority of midwives.

Chapter Three looks at how midwifery became professionalized at the universities of London and Scotland and how male surgeons began to disseminate knowledge amongst each other about the practice of midwifery. It looks at the impact of how new technologies, such as the forceps, allowed male surgeons to intervene more frequently in difficult cases of childbirth. It also looks at the emergence of teachers of midwifery at the university level, how they actively sought to make midwifery a legitimate field of focus of medicine, and how they contributed to the rise of the figure of the male-midwife. It looks at how some universities established teaching hospitals in order to allow their students access to pregnant women and women in labor.

Chapter Four examines some of the early pamphlets published by male-midwives, specifically William Smellie, to disseminate their knowledge among medical students and

already-existing medical men who wanted to become adept in the practice of midwifery. These pamphlets allowed for a wide spread of midwifery knowledge outside of London as well as helping establish midwifery as an acceptable medical field for men to practice.

Chapter Five examines the critics of the rise of the figure of the male-midwife. Some men in English society did not see midwifery as a legitimate field of medicine or were concerned with the safety of some of the new technologies that male-midwives had developed. Other men were concerned with the perceived threat male-midwives could have to women based on prevailing ideas about gender boundaries that had previously blocked medical men from accumulating knowledge about the female body. Midwives, on the other hand, believed that the new tools of male-midwives were harming women and their babies and were concerned with the threat on their authority that these male-midwives represented.

Chapter Six examines how and why middling and upper-class women began to accept male-midwives over their previous midwives. Male-midwives began to adopt effeminate characteristics that made them into a figure that could be trusted and was sympathetic to the unique medical concerns of women in pregnancy and childbirth who also possessed the medical knowledge to make these experiences safer for both women and their babies.

The conclusion of this thesis summarizes the state of midwifery in London at the end of the eighteenth-century, highlights areas of further research, and details how substantial of an impact male-midwives had on the practice of midwifery.

Chapter One: The Practice of Midwifery in London before 1700

It would not be possible to understand the impact male-midwives had on the practice of midwifery in the eighteenth century without first examining the state of midwifery before 1700. However, the figure of the midwife has been misunderstood and mischaracterized by both commentators of this time period and later historians. The image of the midwife figure most easily recognized from this time period in art, public tracts, and even historical texts are that of an old woman, or “crone;” who is often portrayed as inept and belonging to a low social class. This stereotype persists due to the descriptions of midwives by male surgeons and male-midwives and also by the lack of primary sources from the midwives’ points of view.¹ However, recent historical studies have begun to show that this figure is incorrect and is often used to show the medical dominance of male surgeons and the supposed incompetence of women in the field of medicine, both by male medical figures of the time and by historians before the impact of gender studies on the field of history. Midwives were unique among women at this time because they operated within their own sphere of influence by being involved in both the private worlds of laboring women in the birthing chambers of England while also being involved in the public sphere by being involved in the economic and judicial aspects of their communities. Midwives were highly regarded in their communities because of these roles and their authority over women’s bodies and the practice of midwifery remained unchallenged until the end of the seventeenth century.

While historical scholarship persisted the image of midwives as old, inexperienced women, recent historical studies that have conducted demographic studies of midwives during

¹ Doreen Evenden, *The Midwives of Seventeenth-Century London*, Cambridge: Cambridge University Press, 2000 1-5.

the seventeenth century show that midwives were actually often women of middle age who were either married or widowed, had previously given birth, and had spent decades attending births and accumulating knowledge of midwifery. These midwives came from all social classes, but were most often from the emerging middle class and therefore not dependent on the income from their midwifery practice, since many were either currently married or had previously been married to men who practiced skilled and semi-skilled trades.² While the vast majority of midwives never received a formal education, evidence exists that these midwives often gained practical experience through a system of informal apprenticeships under more experienced midwives. These apprenticeships could often last as long as a decade.³ A midwife's reputation depended on the amount of time she had been practicing, recommendations from families, often over several generations, and her personal reputation within the community.⁴ While the art of midwifery was informal and thus not strictly regulated, midwives were regulated informally by their communities; these women needed to possess enough skills to preserve the health of the mothers and babies of their clients in order to continue practicing.

There were no formal requirements to becoming a midwife. Often the description of what traits a good midwife should have focused more on character traits rather than on actual skill. This is illustrated through Robert Barret's description of the ideal midwife in his work, *A Companion for Midwives, Child-Bearing Women, and Nurses* (1699). He states that a good midwife "ought to be neither too young, nor too Old, of a good habit of Body... cheerful, pleasant, strong, laborious, and inur'd to Fatigue."⁵ No mention is made of her technical skills,

² Evenden, 116-117.

³ Evenden, 6.

⁴ Jean Donnison, *Midwives and Medical Men: A History of the Struggle for the Control of Childbirth*. (London: Historical Publications Ltd., 1988), 14.

⁵ Robert Barret, *A Companion for Midwives, Child-Bearing Women, and Nurses. Directing them How to Perform their Respective Offices. Together with an Essay, Endeavouring to Shew the Influence of Moral Abuses upon the*

other than that she should have small hands in order to better manipulate a baby during the birthing process, and there is no description of how a midwife should acquire her skills. Another example of the ideal traits of a midwife comes from John Pechey's work, *The Compleat Midwife's Practice Enlarged*, part of which includes a supposed letter from the midwife of the Queen of France to her daughter outlining the traits of an ideal midwife which her daughter should emulate.⁶ She states that a midwife must "be diligent, and to leave nothing unsearched that may tend to the advantage of thy practice" and to "be always learning to the last day of thy life."⁷ This description does offer an explanation of how a midwife acquired her skills by stating that while a midwife was often never formally trained, her knowledge came from her continual experience and exposure to multiple childbirths. The French Queen's midwife also states that a good midwife "must speak freely of that which thou knowest, and give a reason for what thou sayest."⁸ Midwives learned from each other and shared knowledge with one another to further their practices, making it vitally important for older midwives to pass on their knowledge to younger women. The traits that English society valued in a good midwife focused on personality and reputation within one's community rather than on a possession of midwifery skills. It was assumed that most midwives would simply learn what was expected from them with exposure to multiple childbirths and through possible training under an older, more experienced midwife.

Health of Children, (London: Tho. Ax, 1699) in *Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol 1 (London: Pickering & Chatto Publishers Limited, 2007), 72-73.

⁶ The name of this midwife is never stated

⁷ John Pechey, *The compleat midwife's practice enlarged in the most weighty and high concernments of the birth of man containing a perfect directory or rules for midwives and nurses : as also a guide for women in their conception, bearing and nursing of children from the experience of our English authors, viz., Sir Theodore Mayern, Dr. Chamberlain, Mr. Nich. Culpeper ... : with instructions of the Queen of France's midwife to her daughter*, (London: Printed for H. Rhodes, J. Philips, J. Taylor, and K. Bentley, 1698), Accessed April 27, 2018, <http://name.umdl.umich.edu/A53913.0001.001.>, 345.

⁸ Ibid.

One of the later criticisms about English midwives made by male surgeons and other male medical figures was that the practice of midwifery was largely unregulated by the government. Unlike the majority of European countries at the time who used governmental or medical authorities to oversee midwives, English midwives were regulated by the Church of England. However, this regulation was often sporadic. Midwives were often not licensed until they had practiced midwifery for at least a decade under an informal apprenticeship system.⁹ In actual practice, few midwives held these licenses. The law requiring all midwives to hold a license was not enforced except in cases where a midwife was suspected of having committed irreligious or illegal acts.¹⁰ In order to be granted a license by the Church, the potential midwife had to be recommended by prominent figures in her community and had to swear several oaths. She had to vow to attend to the mothers and babies of her community to the best of her ability and to be an upstanding member of her community. She also had to swear to “be secret and not open in any matter appertaining to your office in the presence of any man, unless necessity or great urgent causes do constrain you so to do,” showing the importance that English society placed on midwifery and childbirth as being exclusively under women’s influence.¹¹ These licenses also prohibited midwives from practicing magic, concealing information about births or parentages, and refusing to attend the births of poor women. Holdovers from an age in which communities had associated midwives with witchcraft, such restrictions were an unwelcome reminder of the past at a moment when women were attempting to demystify midwifery by making their work more visible to the public? These specific stipulations were important to

⁹ Evenden, 50.

¹⁰ Dorothy C. Wertz & Richard W. Wertz, *Lying-In: A History of Childbirth in America*, (New York: The Free Press, 1977), 6-7.

¹¹ Leigh Whaley, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800*, (London: Palgrave Macmillan, 2011), 102.

communities because midwives had been associated with witchcraft in the past. This association was largely absent by the beginning of the 18th century, however, due to an overall decrease in belief in witchcraft in English society and midwives' attempts to publicize midwifery to make the practice more public. Also, because of the midwife's important role in legal proceedings in paternity suits and illegitimate children, it was important to communities that midwives were truthful in their testimonies due to the testimony's implications for the community. Midwives were also expected by their communities to attend the births of all women in the community, regardless of their economic standing, because these midwives were often the only knowledgeable authority in the process of childbirth in the community.¹² However, the large majority of midwives, especially those in rural areas of England, were unlicensed and chosen to become midwives by the prominent women of their communities.¹³

Midwives largely learned their trade from more experienced midwives who most likely were from the immediate area. It was not required for these midwives to receive any formal training and it was often not available to them.¹⁴ There is evidence that there may have been an informal apprenticeship system that operated in the urban areas of England, particularly in London.¹⁵ Midwives trained under a senior midwife during their apprenticeship and were referred to as deputy midwives until their apprenticeship was complete. The length of the apprenticeship could vary anywhere from three years to over a decade, but the average length seemed to be seven years, which is similar to other apprenticeship systems that existed in other trades during this time.¹⁶ The deputy midwife would train under the senior midwife by attending

¹²Wertz, 6-7.

¹³ Whaley, 103.

¹⁴ Jane B. Donegan, *Women and Men Midwives: Medicine, Morality and Misogyny in Early America* (London: Greenwood Press, 1978), 15.

¹⁵ Evenden, 6.

¹⁶ Evenden, 54-55.

childbirths in the community routinely, as well as learning how to treat the various ailments of pregnant women. When a midwife desired to be licensed, the testimonial of any senior midwives she may have trained under, as well as the testimonials of other deputy midwives, was extremely important.¹⁷ These apprenticeship systems were not regulated by either church or governmental authorities and seem to have been self-regulated by communities.¹⁸ In the case of men, however, courts, overseers of the poor, and trade guilds oversaw the regulations of male apprenticeships which made the apprenticeship systems of midwifery distinct and gendered female. However, this system would come under attack by male surgeons and other male medical figures who thought that formal training was needed in all aspects of medicine, including midwifery. These men alleged that, because midwives were unregulated, and because most midwives were unable to receive formal training at universities that offered medical training due to either financial or social limitations, women and babies were dying due to unsafe medical practices and to the incompetence of ill-trained midwives. While there was concern even among urban midwives about the training of midwives in the more rural areas of England due to the lack of exposure to complicated births and the limited access midwives in training may have had to senior midwives to guide their training, there is substantial evidence that the apprenticeship system that existed in the urban areas of London prior to the eighteenth century provided midwives with adequate training and that the midwives themselves regulated this system in order to ensure the safety of both mothers and their babies. However, criticism of the lack of formal training of midwives grew during the latter part of the seventeenth century and induced some midwives to consider

¹⁷ Evenden, 58.

¹⁸ Evenden, 77.

how to address this situation without the interference of medical and governmental male authority figures.

This lack of formal training worried some midwives, and to solve this problem, a few ventured into what was a male-dominated world of publishing to offer their own training manuals. Among the first to do this was Jane Sharp. Sharp's treatise, *The Midwives Book: or the Whole Art of Midwifery Discovered*, was originally published in London in 1671 with multiple editions being published until 1725 under the title *The Compleat Midwife's Companion: or the Art of Midwifery Improv'd*.¹⁹ Her treatise was intended to serve as a guidebook for not only the midwife, but also for the expectant mother and father. It contained six chapters covering topics such as the process of conception, possible difficulties in both conception and birth, and the process of childbirth and the immediate time afterwards with advice on what to do in the case of possible complications. In her preface, Sharp acknowledges the lack of knowledge of some midwives, especially those who worked in rural areas and who were members of the lower classes. She believed that more instruction manuals about midwifery needed to be published in English because many at this time were published in either Greek or other European languages. This served as a barrier to midwives because many would have only possessed a basic knowledge of English and very few would have had access to an education that would have exposed them to additional languages. She illustrates this by stating that "[i]t is not hard Words that perform the Work, as if none understood the Art that cannon understand Greek... but to have in our Mother Tongue, would save us a great deal of needless Labour."²⁰ Jane Sharp argued

¹⁹ Jane Sharp. *The compleat midwife's companion: or, the art of midwifry improv'd. Directing child-bearing women how to order themselves in their conception, breeding, bearing, and nursing of children. In six books, ... The fourth edition.* By Mrs. Jane Sharp, (London: printed for John Marsall, 1725), Eighteenth Century Collections Online (accessed April 27, 2018). <http://tinyurl.galegroup.com/tinyurl/6Kz7T1>.

²⁰ Sharp, 6.

throughout her treatise that, while nothing could replace practical exposure and practice in the process of labor and childbirth, her treatise is intended to be a supplement to inform a midwife if she encounters a situation which she had not seen yet or if a midwife needed more theoretical knowledge.

Another midwife who also published a treatise intended as an instruction manual was Sarah Stone. Stone married a surgeon-apothecary, which may have allowed her access to medical texts that were normally not available to the average midwife, and practiced in an area of England that did not have access to a male surgeon, which meant that she had to address all complications during labor and childbirth without the assistance of a male surgeon.²¹ She also kept records of all the births she attended, a practice which was also done by many other midwives. In her treatise, *A Complete Practice of Midwifery*,²² which was published in 1737, Stone compiled the fifty most challenging complications she had encountered during her practice. Many of the cases in her treatises were cases in which she had been called after another midwife had already been attending the expectant mother and a complication arose. Her treatise was intended to give advice to midwives on what to do when certain situations occurred. She states that the intention of her treatise is for it to be “instructive to some Women Professors in the Art of Midwifery; and inform them in a right, safe, and just practice of that Art: that they may be able to deliver in difficult Labours, as well as those that are not so.”²³ She acknowledges that many midwives were unprepared to address complications but hopes that her treatise will

²¹ Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (Cambridge: Harvard University Press, 1995), 32.

²² Sarah Stone, *A Complete Practice of Midwifery. Consisting of Upwards of Forty Cases or Observations in that Valuable Art, Selected from Many Others, in the Course of a Very Extensive Practice. And Interspersed with Many Necessary Cautions and Useful Instructions... Recommended to all Female Practitioners in an Art so Important to the Lives and Well-Being of the Sex*, (London: T. Cooper, 1737) in *Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol. 4 (London: Pickering & Chatto Publishers Limited, 2007).

²³ Stone, 9.

“instruct my Sisters of the Profession; that it may be in their power to deliver all manner of Births, with more ease and safety, than has hitherto been practis’d by many of them”.²⁴ Stone was concerned that, “unless the Women-Midwives give themselves more to the Study of this Art, and learn the difficult part of their business, that the Modesty of our Sex will be in great danger of being lost, for want of good Women-Midwives by being so much exposed to the Men professing this Art,”²⁵ showing that even at this early stage male surgeons were already trying to encroach upon the practice of midwifery. Stone’s treatise was attempting to assist midwives who may be untrained or who may have not encountered many complications in their practice by providing a guidebook with advice for midwives when addressing certain issues so that midwives would not be obliged to call upon a male surgeon. Stone believed these male surgeons undermined the practice of women practitioners in the art of midwifery.

The birthing chamber as a private sphere was meant only for women and was one of the few spaces in English society in which women were unobserved, and therefore unregulated, by men. Men were not allowed in the birthing chamber, whether they were husbands, male relatives, or physicians.²⁶ The only time a male was allowed into the birthing chamber was in the case of an abnormal or complicated case, in which case the midwife would call upon the assistance of a male surgeon as a last resort. Cases in which a surgeon may be called could possibly have involved a woman who had been in labor for 48-72 hours, excessive hemorrhaging, or where it was obvious that both the mother and the child were in danger of dying. These surgeons did not possess any specialized knowledge about obstetrics, but usually knew more about basic anatomy than the average midwife and had gained some knowledge about surgery. These surgeons were

²⁴ Stone, 14.

²⁵ Stone, 11.

²⁶ Donegan, 18.

not expected to safely deliver the child; they were instead expected to sacrifice the child in order to save the mother if the complications from childbirth could not be resolved. In most cases, the child was already dead, and the surgeon was required to surgically remove the child from the birthing canal in order to save the mother. Surgeons almost never experienced a delivery that did not involve a dead or dying child and only acquired knowledge in how to save women from complications during delivery.²⁷ Some surgeons were called in advance of a delivery if it was suspected that there would be complications, but, if the delivery proceeded normally, the surgeon was dismissed and the midwife then presided over the delivery.²⁸ Male surgeons became so strongly associated with the deaths of children in childbirth that many women feared to call upon their aid when they experienced difficulties and would refuse to call a surgeon except as a last resort.²⁹ Because of this stigma surrounding male surgeons, very few were ever present for a normal birth and were therefore unable to develop the skills necessary in order to deliver a live child due to the long delay in calling for their aid.

Some men, however, became concerned with the lack of access men had to this private sphere of the birthing room and that both midwives and the women who inhabited this space were unable to be regulated by men. Midwives were aware of this possible intrusion into their sphere of influence and both Sharp and Stone made attempts in their treatises to assert the midwives' traditional dominance and authority in the birthing chamber. In her treatise, Sharp argues that women were more skilled in practicing the art of midwifery and that women's dominance in this field is shown because, "they are forced to borrow from us the very name they practise by, and to call themselves *Men-midwives*."³⁰ In Stone's explanation of why she was

²⁷ Donegan, 25.

²⁸ Wilson, 51.

²⁹ Wilson, 50.

³⁰ Sharp, 4.

publishing her treatise, she specifically cites her concern with the growing presence of male surgeons in the birthing chamber and with their attempts at gaining power and prestige through their actions, to the discredit of the midwife. She states that she “cannot comprehend, why Women are not capable of compleating this business when begun, without calling in of Men to their assistance, who are often sent for, when the Work is near finish’d; and then the Midwife who has taken all the pains, is accounted of little value, and the young men command all the praise.”³¹ Stone believed that midwives should be trained on how to address emergency situations during childbirth both in order to enhance their own reputation and skills but also to assert women’s dominance over the field of midwifery. She did not believe that midwives were incapable of learning the procedures practiced by male surgeons and uses her own experiences related in her treatise as an example of the skills a midwife could acquire through training and exposure to emergency births. Despite these criticisms, Stone was one of the few early objectors to male surgeons inserting themselves into the birthing chamber. Many more people, including male surgeons and other male authority figures, believed that there needed to be significant changes to the practice of midwifery throughout England and started to express their beliefs that the lack of training and regulation of midwives was adversely affecting the birth rate in England and increasing the chances of harm during childbirth to mothers and their babies.

The Chamberlen family were among the first critics of the practices of midwives. Peter Chamberlen III, in the mid-1600’s, attempted to organize midwives into a corporation that could regulate their learning and practices and proposed himself as its governor. Many midwives objected to this movement and submitted their objections to the College of Physicians, which oversaw the education and practices of the men physicians enrolled in their body. They had two

³¹ Stone, 10.

main objections to being incorporated into a formal body that would have Chamberlen as its governor. Their first objection was that Chamberlen could not teach midwifery “because he hath no experience in itt but by reading”.³² They believed a midwife could only gain knowledge from attending deliveries and observing the practices of experienced midwives. Their second objection was that Chamberlen would want to teach them how to use his instruments, which they stated were contrary to their own practices, which advocated for as little intervention as possible. They also stated that Chamberlen delivered “none without the use of instruments by extraordinary violence in desperate occasions”.³³ They believed that Chamberlen’s use of instruments was damaging to both the mother and the baby and was unnecessary in almost all cases. These midwives were asserting their traditional authority over the art of midwifery and were countering men’s claims that they were uneducated and too inexperienced to oversee difficult deliveries. They were also objecting to the male-midwife’s use of instruments in difficult deliveries. This instrument usage would become the main point of contention between midwives and male-midwives.

While midwives were resisting efforts to incorporate themselves into a governing body and to establish standards of education and practices, male-midwives and surgeons began to publish treatises that criticized the education and training of midwives, with some publishing advice manuals intended for instruction of midwives. Nicholas Culpeper’s *Directory for Midwives*, published in 1662, contained sets of instructions for midwives for dealing with difficult births so that it would not be necessary to call upon a male surgeon, which could undermine their own expertise and that of the art of midwifery.³⁴ However, Culpeper’s language

³² Donegan, 27.

³³ Donegan, 27.

³⁴ Donegan, 28.

undercut the authority of its intended audience by stating that his “Rules, they are very plain, and easy enough; neither are they so many, that they will burden your Brain, nor so few that they will be insufficient for your Necessity”.³⁵ Edmund Chapman also published his work, *Treatise on the Improvement of Midwifery* (1735). He intended his work to be used by experienced midwives in order for them to have a guide in the practice of midwifery. Chapman actually spoke out against the rise of the male-midwife by stating that, “I am far from attempting or desiring, with some of my Brethren, that the Practice of *Midwifery* should be confin’d to my own SEX.”³⁶ Among his reasons for wanting to keep the practice of midwifery in the hands of midwives were,

First, because among so great a Number of Child-bearing Women, of all Degrees, a much greater Attendance is required, than we alone could possibly give. Besides, where the Labour is natural, as it happens with most Women, there is seldom any greater Assistance necessary that what those of their own Sex, who have been bred up to it, are capable of affording...³⁷

Chapman believed that normal deliveries should be left in the midwife’s hands and that most complications could be resolved by either relying on those women that were present in the birthing chamber or by calling on the assistance of a more experienced midwife. Despite Chapman’s advocacy for midwives to retain their authority over normal deliveries, he did not think that they should learn the procedures for the most difficult cases and only taught his

³⁵ Nicholas Culpeper, *A directory for midwives: or, A Guide for Women, in their Conception, Bearing, and Suckling their Children* (London: Peter Cole, 1651) in *Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol 1 (London: Pickering & Chatto Publishers Limited, 2007), 4.

³⁶ Edmund Chapman, *A treatise on the improvement of midwifery, chiefly with regard to the operation. To which are added fifty-seven cases, selected from upwards of twenty-seven years practice. The second edition, with large additions and improvements*, (Printed for John Brindley, at the King's Arms in New Bond-Street; John Clarke, under the Royal Exchange; and Charles Corbett, at Addison's Head against St. Dunstan's Church in Fleetstreet, 1735. *Eighteenth Century Collections Online*, <http://tinyurl.galegroup.com/tinyurl/6CNV36>. Accessed 26 Mar. 2018), 8.

³⁷ Chapman, 8.

expertise in obstetrical surgery to other male surgeons.³⁸ Despite these attempts to advocate for increased education for midwives, male surgeons still established their authority over difficult cases by stating that midwives should only oversee normal births and that only male surgeons could attain the knowledge and skills required to assist in difficult births. These criticisms of midwives, as well as medical innovations that were about to be developed by the first “male-midwives” and the effects of Enlightenment philosophy on the training of male surgeons, allowed male surgeons to begin to push themselves into the birthing chambers of England and begin to insert themselves into a previously women’s sphere of practice.

During the seventeenth-century, midwives held authority over the practice of midwifery and male medical figures largely did not try to influence this practice. Midwives established their authority by asserting their inherent knowledge over their own bodies and their experiences with childbirth, which no man could ever understand. While the training and licensing of midwives was largely unregulated, it was informally regulated by midwives themselves through their establishment of apprenticeship systems that valued the connections midwives made with one another. If a midwife treated her clients poorly or did not practice safe practices, other midwives would push her out of the practice and the community would not go to this midwife for help. Some midwives were concerned with the lack of training of midwives who lived in rural areas and were isolated from other midwives and so published treatises to instruct these midwives in how to address certain emergencies and these treatises often served as training manuals for midwives beginning their practice. However, the authority women had over the practice of

³⁸ Donegan, 30.

midwifery would be challenged by the ideals of the Enlightenment and male authority figures who believed that women were ill-equipped to be in charge of the population growth of England.

Chapter 2: Enlightenment Effects on Understandings of Science and Gender

Prior to the eighteenth century, midwifery was not referred to as a practice, but rather as an art that was mysterious and accessible only to women. It was believed that only women could fully understand midwifery practices because of their own experiences with childbirth and with the inherent knowledge that women possessed about the female body because of their sex. One of the characteristics that was most valued in midwives was their own experiences with childbirth; it was believed that a midwife's success at her art was directly correlated to multiple, successful pregnancies of her own. Women also were thought to be inherently sympathetic to the medical needs of other women while male practitioners were thought to be unable to sympathize with a woman in labor because labor was something they could never experience. Describing midwifery as an art also implied that it was not something that could be rationally understood but was rather based on inherent knowledge that only women could possess and subsequently was a skill that could not be learned. However, it could be improved with practice, similar to the way playing a musical instrument or painting a landscape was understood at the time. Midwifery was not classified into the three male fields of medicine that existed at this time, but was described as having its own language and body of knowledge.¹ This belief that midwifery was an art that could only be naturally understood by women rather than a practice that could be learned by either sex is best described by Sharp in her treatise. She states that it is, "the natural propriety of women to be much seeing into that Art; and though nature be not alone sufficient to the perfection of it, yet farther knowledge can be gain'd by a long and diligent practice, and be communicated to others of our own sex."² This belief that midwifery was an art helped establish

¹ Lisa Forman Cody, *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britons*, (Oxford: Oxford University Press, 2005), 35.

² Sharp, xi.

and maintain women's dominance over the practice of midwifery until the end of the seventeenth century, but this idea was challenged by the Enlightenment movement, which changed how society perceived both science and medicine and the way that scientific knowledge could be gained and understood.

The Enlightenment was a scientific and societal movement that occurred in the seventeenth and eighteenth centuries throughout Europe in which the values of human reason and rationality were celebrated. The Enlightenment led to the belief that everything about the world could be understood through reason and things that had previously been "mysterious" could be revealed, especially when something could be classified as science. Midwifery, which had previously been defined as an art that could be known only by those, i.e. women, who were intimately involved with it, could now be rationalized and understood through observation and experimentation. This belief allowed midwifery to be seen as a scientific field of inquiry that could be comprehended by those who could understand science. Enlightenment thought was a prerequisite at the universities of England and Scotland where male surgeons trained; this exposure may have allowed some students to start considering midwifery as a science that could be practiced rather than a mysterious art that could be understood only by women.³

One result of Enlightenment thinking was the establishment of a separate spheres doctrine through the introduction of a Lockean political theory that redefined gender relations in English society. Prior to the Enlightenment, English society had been structured around a Filmerian system, put forward by Sir Robert Filmer, which understood English society as family based, families in which the roles of both men and women within society were determined by the

³ Cody, 22, 155.

relations between the family unit and the state. A Lockean system, on the other hand, structured the family and state in direct opposition to one another. Men inhabited the public space outside of the home while both men and primarily women inhabited the private, family space. A Lockean system, “divided the world conceptually into an all-male realm (politics and society) and a realm of heterosexual relationships (family).”⁴ Women were now relegated to the private sphere of the home and were largely not allowed to enter into the public sphere of men which encompassed politics, public meeting places such as taverns and coffeehouses, and the universities. While a Lockean system may seem to relegate the birthing room and the practice of midwifery to the women’s private sphere, “Locke’s social contract was effectively neutered because familial hierarchies no longer described political relationships outside the family, and reproductive differences were minimized inside it.”⁵ Reproductive issues, such as midwifery, could now be brought into the public sphere so that it could be regulated by men. This was done by male-midwives making the practice of midwifery public through the publishing of treatises about midwifery and the establishment of lectures and lying-in hospitals. While midwifery had previously been considered only suitable for women, it could be brought into the public sphere through the Lockean system’s redefinition of the spaces that could be occupied by men and women. Science, and thus midwifery once it became an accepted scientific field of inquiry, began to be coded as public under the Lockean system of separate spheres due to its conversion to a profession that was practiced outside of the home.

This emergence of a Lockean system of separate spheres was also supported by the theory of sexual complementarity which emerged from Enlightenment thought as well. This

⁴ Mary Beth Norton, *Founding Mothers and Fathers*, (New York: Random House, Inc., 1996), 11.

⁵ Lisa Forman Cody, “The Politics of Reproduction: From Midwives’ Alternative Public Sphere to the Public Spectacle of Man-Midwifery” *Eighteenth-Century Studies* 32 no. 4 (Summer 1999), 483.

theory “taught that man and woman are not physical and moral equals but complementary opposites... making inequalities seem natural while satisfying the needs of European society for a continued sexual division of labor by assigning women a unique place in society.⁶ These two theories merged to define what it meant to be a man or a woman in English society. Characteristics and roles in society began to be coded as male or female, further separated the genders into separate spheres, with men inhabiting the public sphere, and women the more private sphere of family and home. Men likewise came to embody the Enlightenment principles of rationality and reason, while women increasingly began to be seen as passionate, unreasonable, and incapable of rational thought because of their subjectivity to their feelings and fears.⁷ Male surgeons and male-midwives “situated emotional differences in the reproductive body, which served to distinguish women from men as unqualified for objective thought.”⁸ This idea that women were ruled by their emotions was used against midwives, with many male surgeons and male-midwives arguing that midwives empathized too much with their patients due to being the same gender as their patients and because of their inability to learn obstetrical procedures due to their reduced intellectual capacities. Midwives were “led by irrational sensibility rather than reason” and “their subjective investment in pregnancy disqualified them from critically arriving at reproductive truths, but men- who were not themselves mothers- could gain necessary objective distance.”⁹ Midwives, these male-midwives argued, were incapable of understanding their own bodies because of their inherent irrationality and passionate natures. They further maintained that only men were able to create scientific knowledge about midwifery

⁶ Londa Schiebinger, *The Mind Has No Sex? Women in the Origins of Modern Science*, (Cambridge: Harvard University Press: 1989), 217.

⁷ Cody, 121.

⁸ Cody, 149.

⁹ Cody, 149.

due to their ability to think rationally and their objectively. While these theories would have a significant impact on how midwives were viewed by English society and how male-midwives were able to justify their practices, these theories were idealized versions of how English society should be structured and are not necessarily reflective of the actual experiences of men and women.

The impact of Enlightenment thought on how English society viewed both women and midwives can be shown through changes in the nomination process of new midwives. Midwives would sometimes be nominated to practice midwifery to provincial bodies. These nominations were often conferred after a midwife had proven themselves reliable after years of practice and gave these midwives greater legitimacy and authority within their communities. These nominations would often include testimonials of their previous cases and education to illustrate their qualifications and suitability to be considered an expert in the practice of midwifery. While in the 17th-century almost all testimonials came from fellow midwives and women who had experienced successful deliveries overseen by the nominated midwife, beginning in the early-18th century and increasing throughout the mid-18th-century, male-midwives began to submit these testimonials. By casting themselves as the only authorities to evaluate a midwife's education and practices, they began to assert themselves as the only authorities over the practice of midwifery. As Samuel Thomas states in his article, "Early Modern Midwifery: Splitting the Profession, Connecting the History", "[the] medicalization of pregnancy undermined the subjective and experiential knowledge of midwives, but equally important is that it challenged women's knowledge of their own bodies."¹⁰ The idea that women could possess scientific

¹⁰ Samuel S. Thomas, "Early Modern Midwifery: Splitting the Profession, Connecting the History," *Journal of Social History* 43, no. 1 (Fall 2009): 128.

knowledge was unthinkable to male-midwives and showed that midwives could not be trusted to oversee the process of childbirth.

In addition to casting themselves as the authoritative figures who dictated who could practice midwifery, male-midwives also began to use Enlightenment thought to threaten the veracity of midwives' testimony in legal cases such as in paternity cases or physical examinations of women. Midwifery testimony and Matron's Courts were important legal functions in the English judicial system and were often relied upon when it came to decide paternity cases and determining if a woman defendant was pregnant. Male-midwives argued that women were too emotional to give truthful testimony, especially in cases where a woman may receive a corporal punishment.¹¹ Midwives could feel sympathy towards certain women and therefore declare that this woman was pregnant so that they could avoid corporal punishment. Midwives could also feel animosity towards a woman who may have slighted her in the past and testify that she was not pregnant when in fact she was. In Lisa Forman Cody's article, "The Politics of Reproduction: From Midwives' Alternative Public Sphere to the Public Spectacle of Male-Midwifery", she states that some male-midwives argued that, "women were led by the heart, rather than the head; their subjective investment in pregnancy disqualified them from critically arriving at reproductive truths, but men- who, of course, were not themselves mothers- could gain necessary objective distance."¹² Male-midwives argued that the testimony of midwives could not be considered subjective and truthful due to their sex and their own experiences of pregnancy and childbirth. This idea that midwives' testimony should not be trusted was well-established by the mid-18th century and John Leake, a male-midwife and noted

¹¹ Cody, "The Politics of Reproduction", 486.

¹² Cody, "The Politics of Reproduction", 487.

lecturer on obstetrics, stated in his lecture introduction in 1773 that any judges, “who would admit of [a jury of matrons], ought to be deemed matrons as well as they.”¹³ This argument threatened the legal role many midwives played within their communities and was effective as midwife testimony in legal cases largely disappears from the public record in England after the mid-18th century.

The Enlightenment and Enlightenment thought had substantial effects on the field of midwifery. While previous to the early eighteenth century, midwifery had been viewed as a mysterious art that could be understood only by women due to their inherent knowledge of their own bodies, midwifery could now be defined as a science that could be explained and understood through rational thought and observation. Enlightenment ideas about gender and the differences between the genders also determined that only men were capable of the rational thought necessary to discover knowledge about midwifery and the female body. Midwives were deemed by some men in the medical field as incapable of overseeing the field of midwifery because of their irrationality and the natural “weakness” of their sex and were also seen as too sympathetic to those in labor because of their own experiences in childbirth and were unlikely to be objective when another woman was suffering. These ideas that began to permeate society were ideals, however, and are not necessarily reflective of lived experiences. Male-midwives used Enlightenment thought to push midwives out of the field of midwifery because of their natural weaknesses as women and to justify midwifery as a scientific field worthy of study at the university level, which will be discussed in the next chapter.

¹³ Cody, *Birthing the Nation*, 149.

Chapter 3: The Development of the Field of “Male-Midwifery”

Male surgeons who wanted to learn the practice of midwifery had to struggle to change this image that restricted their access to the birthing rooms of England. One way in which they attempted to change this was by changing the perceptions that too many people had about male surgeons. Many people believed that male surgeons were seemingly were useful to extract dead babies, while male surgeons wanted society to believe that only they were capable of saving a baby after a difficult labor. This change was achieved through the development of various tools, the most prominent of which was the forceps. Once they had established their reputations as male surgeons who were capable of saving babies, they were able to gain more access to routine childbirths as they were summoned more and more frequently to childbirths. As a few surgeons gained access to knowledge about midwifery, they started to disseminate their knowledge among other male surgeons through the publication of treatises and through the introduction of midwifery lectures and courses at universities in London and Scotland. After the gradual gain of knowledge from the mid-seventeenth century to the early eighteenth century, these male surgeons became sufficiently knowledgeable about midwifery that they began to call themselves “male-midwives” and thus began to train a new generation of male medical figures who began to practice midwifery exclusively.

The Chamberlen family of male practitioners broke out of this stereotype of the male surgeon who could only extract dead babies by developing a tool that would allow male surgeons to attend births. At least one member of this family was a practitioner of midwifery in London from 1620 to 1730, and the practitioners were occasionally referred to as “men-midwives”,

which is the first instance the term “male-midwife” was used to describe a male surgeon.¹ The Chamberlen family hid their knowledge and development of these tools from the rest of the medical world for decades; these tools remained a closely guarded secret until Hugh Chamberlen I’s announced these tools in 1673 in his preface to his English translation of François Mauriceau’s *Traité des maladies des femmes grosses*.² Chamberlen made the claim that his family had devised a method of using hooks that could safely deliver a child during a difficult birth. These hooks became known as three different types of surgical instruments: the forceps, the vectis, and the fillet.³ However, not many in the medical field believed Hugh’s announcement due to the frequency of people at the time promising secret remedies that did not exist for the purpose of self-promotion and his eventual political exile over his criticisms of the Bank of England.⁴ His claims were not taken seriously by the medical field until the mid-1700s, when forceps began to be used more widely. The distinction and the use of the term “men-midwives” to refer to the Chamberlen family is an important one. Only a male-midwife could claim to be able to deliver live children during a difficult delivery, while a surgeon could only deliver dead children.⁵ Men who could deliver live babies through the use of these tools began to distance themselves from the use of the term “surgeon” to describe what they did and instead began to refer to themselves as “male-midwives,” showing that they had the experience and the knowledge to deliver live babies during difficult deliveries because of their knowledge in how to use these specialized instruments.⁶

¹ Wilson, 53-54.

² Wilson, 54.

³ Wilson, 56.

⁴ Wilson, 55.

⁵ Wilson, 57.

⁶ For figures of instruments invented by Chamberlen Family, see Appendix Image One

The Chamberlen's instruments were all used to achieve the same result: the delivery of a living child in obstructed births by the head. The vectis was a single blade with one end curved to fit around the head of the baby, allowing the surgeon to fix the positioning of the head if it was stuck or not moving correctly through the birthing canal. The forceps consisted of two blades, shaped similarly to the vectis, which allowed the surgeon to grasp the head of the baby and reduce the size of its head in order for the baby to pass more smoothly through the birthing canal. The third instrument developed by the Chamberlen's, the fillet, consisted of two detachable parts: a strip of silk or leather that could form a noose which would be placed around the baby's head which would then be attached to both ends of a handle. The surgeon would then pull on the head to draw the baby out of the birthing canal. All of these instruments would face criticism from both midwives and other male surgeons over their effectiveness, the potential harm that could come to a baby through the use of these instruments, and if surgical interventions were even necessary.⁷ However, the use of forceps would draw the most criticism and was at the center of the "male-midwife" debate that raged throughout the 18th century.

While the forceps were invented by the Chamberlen family in the 17th century, they were not widely available to other male surgeons until the 1730's. Once more surgeons acquired this tool and received instruction in its operation, male surgeons began to use the forceps to deliver dead babies once they were called to the birthing chamber. However, there are cases of male surgeons who actually delivered a live child with the use of forceps.⁸ While initially there were very few cases of this, word spread of a surgeon's ability to deliver both the child and the mother successfully when all hope had been lost. If she was attending another woman who was

⁷ Wilson, 65.

⁸ Wilson, 96.

experiencing the same difficulties, she may have told this laboring woman about her own experience and advised her to call the male surgeon sooner than was normal. While sometimes the child would still die, in others the surgeon was successful. Because of this less likely outcome and the association of male surgeons with the death of babies, a surgeon would be lauded for his ability to deliver a live child rather than criticized if the child died. As surgeons were called earlier in the process of delivery, they could potentially gain knowledge in how to deliver a baby in a normal pregnancy. Male surgeons who successfully delivered a living child multiple times began to be called by the term “male-midwife”, which came to initially mean someone who could deliver a living child. In this way, male-midwives could disassociate themselves from their fellow male surgeons and show that their skills were superior because they delivered living children. It was by this process that many of the earliest male-midwives would gain their experience.⁹ Once a few male-midwives developed their skills to address both emergency and routine labors, these male-midwives sought to educate other male surgeons on how to practice midwifery with the hope to make childbirth easier and safer for both mothers and their babies.

Until the mid-1700’s, male-midwives had little opportunity to train in London. The universities of London did not offer classes on midwifery to its students, so many of the male-midwives who practiced in London before the mid-1700’s received their training either in universities on the Continent or in Scotland, or they received informal training through experience, much like midwives.¹⁰ The first male-midwife to start large-scale teaching of midwifery to aspiring male-midwives was William Smellie, who practiced in London from the

⁹ Wilson, 97.

¹⁰ Jean Donnison, “The Decline of the Midwife” in *Midwifery and the Medicalization of Childbirth*, ed. Edwin van Teijlingen, George, Lowis, Peter McCaffery, Maureen Porter (New York: Nova Science Publishers, Inc., 2004), 90-91.

1730's to the 1750's. Although not much is known about Smellie's early life, he was originally from Lanarkshire, Scotland, and began his medical career apprenticed to the apothecary William Inglis. He also trained under John Gordon, a Glasgow surgeon. He also worked as a naval surgeon and an apothecary, but then he eventually settled in Lanark, Scotland, in the early 1720's.¹¹ For nineteen years, Smellie began to pursue learning the practice of midwifery and gradually gained skill as a surgeon interceding in emergency labors. Early on in his practice, Smellie struggled to learn the proper method to successfully operate the forceps. At one point he even abandoned the use of forceps and tried to deliver children without the use of instruments but was equally unsuccessful with this method. However, Smellie eventually came to the realization that a child's head rotates in the course of delivery and that forceps can produce this rotation artificially if this rotation does not occur naturally.¹² By using the forceps to turn the head of the child in the birthing canal if it did not occur naturally, Smellie improved his rate of delivery of live babies, thus enhancing his reputation and allowing him more frequent access to both emergency and routine childbirths. After about a decade at his practice in Lanark, Smellie became a member of the Faculty of Physicians and Surgeons of Glasgow in 1733. In 1745 he earned his MD degree from Glasgow University.¹³ Before earning his MD degree, Smellie had moved to London in 1739 to expand his knowledge of midwifery and medicine by attending lectures in anatomy and natural philosophy. However, Smellie saw that there was a lack of formal training for male surgeons who were seeking to practice midwifery. Therefore in 1741 he began to teach midwifery courses in London.¹⁴ Smellie's courses, as well as his later published

¹¹ *Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol 5 (London: Pickering & Chatto Publishers Limited, 2007), 257.

¹² Wilson, 128.

¹³ *Eighteenth-Century British Midwifery*, vol. 5, 257.

¹⁴ *Ibid.*, 258.

work *A Treatise on the Theory and Practice of Midwifery* (1752), cemented his reputation as the “Father of British Midwifery.” His impact greatly shaped how male-midwives were taught the practice of midwifery through the end of the eighteenth century.

Smellie’s classes were small. Only four people could attend at a time, and these courses consisted of twelve lectures and observations of women in labor.¹⁵ These courses would have taken two weeks to complete.¹⁶ There were also varying degrees to which people could experience these courses. The cheapest option was to spend two guineas,¹⁷ equivalent to £124.13 in 2017,¹⁸ to purchase attendance at twelve lectures and one guinea for observation during a labor. However, you could choose to pay fifteen guineas, equivalent to £1,867.34 in 2017,¹⁹ for one year of access to all labors and courses during that time and would even “have the opportunity of seeing and performing in several difficult Cases.”²⁰ Smellie also states that his classes are open to both men and women but are taught at different times. Smellie, in contrast to the majority of his peers, advocated for midwives to receive the same type of training as male-midwives and proposed that midwives should be regulated and given instruction before they could receive a license to practice, but this proposal was unpopular to both male-midwives who believed that women had no business in the practice of midwifery and midwives who objected to the interference of men in the established apprenticeship systems that were determined by midwives.²¹ However, it is unknown how many midwives Smellie taught because there are no

¹⁵ William Smellie, *A Course of Lectures upon Midwifery, wherein the Theory and Practice of that Art are Explain’d in the Clearest Manner*, (n.p., 1742) in *Eighteenth-Century British Midwifery*, vol. 5, 262.

¹⁶ R. W. Johnstone, *William Smellie: The Master of British Midwifery*, (Edinburgh: E. & S. Livingstone Ltd., 1952), 23.

¹⁷ A guinea is equivalent to 21 shillings

¹⁸ UK National Archives convertor

¹⁹ Ibid.

²⁰ Smellie, 262.

²¹ Donnison, “The Decline of the Midwife”, 91.

records of the classes he taught to them, although Smellie states that he continually did so throughout his career. Smellie's popularity as a teacher of midwifery to male students, though, is shown through his statement that, over a ten-year period, he had taught 280 courses of midwifery to about 900 male students and that these students had delivered babies to 1,150 poor women in their homes.²²

Smellie's syllabus for his courses originally consisted of twelve lectures, but as Smellie became more knowledgeable in midwifery and experienced as a teacher to students, his later courses consisted of eighteen lectures.²³ Due to Smellie's status as one of the first midwifery lecturers in London, his syllabus influenced how other male-midwife teachers organized their courses, and their syllabi of lectures would have been similar. These classes covered a wide range of topics and were often the only formal training male-midwives, or midwives if they were able to attend, received about the practice of midwifery. While there are no extant copies of Smellie's lecture notes from Smellie himself, his syllabus for his first course was published in 1742 and there are a few examples of notes from his lectures from his students. Smellie first began by instructing students in the basic practices of midwifery. Smellie did point out the contributions that midwives had made to the art of midwifery; however, later teachers rarely credited midwives with any significant innovations.²⁴ Smellie taught students in such subjects as basic anatomy and physiology, with emphasis on the female body.²⁵ Students would also be taught how to operate different instruments, but which instrument was emphasized was dependent on the male-midwife who was teaching.²⁶ Smellie was unique in that he emphasized

²² *Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol 5 (London: Pickering & Chatto Publishers Limited, 2007), xvii.

²³ *Ibid.*, 258.

²⁴ Cody, *Birthing the Nation*, 165.

²⁵ *Ibid.*

²⁶ *Ibid.*

the use of hands as the primary instrument which male-midwives should use, while he stressed that tools such as the forceps should be used only in emergencies. Later lectures would deal with how to address certain emergencies that could occur during labor, such as how to turn a child if the child is either stuck or presenting in the wrong direction, how to deliver twins, and what to do if the child was already dead in the uterus. These lectures were supplemented with charts, pictures, and skeletons of a woman's pelvis and fetal skeletons.²⁷ When it came to demonstrating unusual cases, such as conjoined twins, some male-midwives maintained collections of specimens of dead children whom they would sometimes obtain by purchasing from the parents or by just seizing them after these children were delivered dead.²⁸ While not all male-midwives based their teachings around Smellie's, as some thought his methods were incorrect or believed that he did not place enough emphasis on the use of instruments, examples of other midwifery courses syllabi largely mirror the example of Smellie's.²⁹

Smellie's use of anatomical models, also known as machines, made his course unique and were intended for his students to observe and practice with. While many surgeons who taught courses at the time used anatomical models to demonstrate medical conditions, Smellie's models were known for being technologically advanced and comparable to more sophisticated models that were only available at universities on the Continent.³⁰ One of his students described Smellie as, "an uncommon Genius in all sorts of mechanicks, which after having shewed itself in many other Improvements he manifested in the machines which he has contrived for teaching the

²⁷ Cody, *Birth of the Nation*, 166.

²⁸ *Ibid.*

²⁹ *Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol. 8 (London: Pickering & Chatto Publishers Limited, 2007), xi.

³⁰ Johnstone, 25.

Art of Midwifery.”³¹ While it is unknown how many anatomical models Smellie possessed, one student described him possessing three “Large machines” and six artificial children.³² It is also not known what materials Smellie used to construct these machines, but his student described them as, “composed of real Bones, mounted and covered with artificial Ligaments, Muscles and Cuticle, to give them the true Motion, Shape and Beauty of natural Bodies, and the Contents of the Abdomen are imitated with great Exactness.”³³ Another student described one of his other machines as capable of showing, “the contraction of both the internal and external os, the generator of water in parturition and dilation of the os uteri” and stated that his machines “[were] so natural that hardly any difference is to be noticed between these, and those in natural women.”³⁴ Smellie used these machines to show the inner anatomy of a woman in labor, to the best of knowledge available at the time, and to demonstrate to his students how to manipulate children inside the womb without endangering a woman or her child from inexperienced hands. These machines would have been invaluable to students to practice new techniques and to gain experience before starting their actual practice. While some of his critics criticized his supposed overuse of machines, Smellie’s machines were some of the most sophisticated available to midwifery students and were equivalent to the machines and models that medical students use today.

In addition to his use of anatomical machines and models, Smellie was also among the first male-midwife instructors to push for male-midwives to attend normal births as part of their training. However, few midwives would allow these new male-midwives into the birthing

³¹ An Answer to a Late Pamphlet, Intituled, ‘A Letter to Dr. Smellie, Shewing the Impropriety of his New Invented Wooden Forceps, (London: C. Corbet, c. 1748), 325.

³² Ibid.

³³ Ibid.

³⁴ Johnstone, 26.

chambers. One way this was achieved was through the founding of “lying-in” hospitals in London in the late 1740’s and early 1750’s. Lying-in hospitals were intended as hospitals where married women who were about to deliver a child could receive care if they could not afford the services of a midwife.³⁵ While many of these hospitals stated in their guidelines that they would not accept unmarried women and that women would have to prove their marital and economic status, unmarried women were admitted with regularity.³⁶ A lying-in hospital had already been founded in France in the mid-17th century and many English surgeons, male midwives, and even a few midwives had gone there to gain experience, but none of these establishments had been established in London by 1747.³⁷ However, three lying-in hospitals were established in London from 1747 to 1752, and a fourth was founded in 1767, which was around the time that Smellie’s obstetrical practice and teaching practice began to grow. ³⁸ These lying-in hospitals were some of the few places where male-midwives and midwives encountered each other, as some of these hospitals allowed both men and women students to observe and assist in deliveries, and each group sought to establish their own authority over the practice of midwifery.

Male-midwives had previously been restricted to difficult or emergent births and could develop their skills only in that setting, but through lying-in hospitals they were now able to observe and to learn about the process of a normal birth. Policies towards whether male-midwives or midwives were in charge of births varied from hospital to hospital and seemed to be dependent on whether it was a normal birth or an abnormal birth. Often, these requirements changed over time. It is also hard to determine the differences between lying-in hospitals due to

³⁵ Donnison, “The Decline of the Midwife”, 103.

³⁶*Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol. 7 (London: Pickering & Chatto Publishers Limited, 2007), x.

³⁷ Wilson, 145.

³⁸ Wilson, 145.

the lack of sources that have survived from these facilities as well as contradictions in the sources that do exist.³⁹ However, records seem to support that the norm was that the ordinary deliveries were overseen by a midwife, with male-midwives allowed access to watch the process of a normal birth, while abnormal births were overseen by a male-midwife, often with students observing. While this was not much different from the dynamics between male-midwives and midwives outside of these hospitals, the impact that lying-in hospitals had on establishing the dominance of male-midwives over the practice of midwifery was due to the presence of male-midwives on the governing boards of these hospitals and to their involvement in attracting benefactors to fund these hospitals. The governing boards and staffs of these hospitals were made up of mostly male-midwives or male surgeons, while most hospitals only listed one midwife who often acted more as a “matron” who supervised the women patients and nurses and, it is presumed, was in charge of all the normal deliveries that occurred. Lying-in hospitals allowed aspiring male-midwives to gain practical experience in labor and childbirth and allowed them to form professional networks with other male-midwives.

At the beginning of the eighteenth century, male surgeons in London had limited access to witnessing childbirths and were called only when surgical intervention was necessary. In the majority of cases, summoning them at that point was too late to save either the baby or the mother, or even both, and male surgeons came to be associated with the death of children and mothers in childbirth. For this reason, most women were reluctant to summon a male surgeon. However, with the invention of tools, most importantly the forceps, male surgeons were able to save babies who previously would have died. As male surgeons were able to save more and more babies through surgical intervention, these male surgeons began to be known as “male-

³⁹Eighteenth-Century British Midwifery, vol. 7, x.

midwives” due to their ability to deliver live children. As these male-midwives became more proficient in addressing abnormal births, they also wanted to begin learning about the process of normal births. However, there was a lack of midwifery teachers for male-midwives and exposure to normal births as midwives often kept men out of the birthing rooms. William Smellie’s career changed all of this, however, and he became the first male-midwife to teach midwifery classes in London. Smellie did not advocate for the use of instruments when delivering children except in extreme cases, and he established the way in which male-midwifery students would be trained through the rest of the century through lectures, manipulation of anatomical models and machines, and exposure to women in labor during both normal and abnormal births. Lying-in hospitals allowed this access to women in labor as well as permitting male-midwives to make connections among the upper- and middle-classes of London, thereby enhancing their reputations and allowing them to begin casting themselves as better trained and better equipped to address abnormal births than midwives. The biggest way in which male-midwives undermined midwives’ authority over the practice of midwifery, however, was the midwifery treatises written by male-midwives and published throughout the eighteenth century, with the majority of the treatises coinciding with the increased access to formal training of male-midwives through the developments discussed in this chapter.

Chapter 4: Male-Midwifery Treatises

The most important way male-midwives began to assert their dominance over the field of midwifery was through the publication of treatises on the subject of midwifery. After accumulating knowledge about midwifery practices, male-midwives wanted to share this information with other male surgeons and aspiring male-midwives so that they could attract other male medical figures to the field of male-midwifery as well as establish male-midwifery as a legitimate field of medicine. The field of male-midwifery was also at a fragile stage where some male surgeons were attempting to practice midwifery but were untrained in midwifery practices. These aspiring male-midwives increased their use of tools such as the forceps to extract children and build their reputation as someone who could save babies during abnormal births. However, these men were untrained in how to use tools such as the forceps and were also not knowledgeable in what situations these tools were best used, thus the potential to harm women and their babies was high. Some critics of male-midwifery began to accuse young male-midwives of becoming too reliant on tools and using tools in situations where it was unnecessary. Male-midwives who had already established their practices were concerned with the damage these men could do to the reputation of the field of male-midwifery and so began to publish treatises to educate men who were unable to attend male-midwifery courses, especially those who lived too far away from London to attend courses, as well as male surgeons who were knowledgeable about midwifery practices but were uneducated in the use of tools. In this way male-midwives preserved the reputation of male-midwifery as a field by educating aspiring male-midwives as well as cementing their dominance over the field of midwifery through the number of treatises they published. On the other hand, Elizabeth Nihell's treatise, which was published in 1760, is the only known publication about midwifery to be published by a midwife

until the late-1700's, which shows the dominance male-midwives had during this time period over publications about midwifery. Each male-midwife who published a treatise asserted his claim to being knowledgeable about midwifery practices and, as more male-midwives published their own treatises, asserted male-midwives' dominance over the field of midwifery.

Many of the first treatises published by male-midwives were intended to fill the gap in scholarship about midwifery that existed in England before the early eighteenth-century. The first English treatise about pregnancy and childbirth was published by Thomas Raynald in 1540 and while male surgeons did publish treatises about midwifery during the seventeenth-century, they were intended as either training manuals for midwives or as critiques directed towards male-midwives and there was no body of literature that existed in English to instruct male surgeons in how to address abnormal births. Often the only treatises that were accessible to male surgeons about midwifery were published on the Continent, the majority were written in French, and many were not translated into English.¹ If a male-midwife only knew how to read English texts, there was no body of scholarship on midwifery for him to consult. One of the first English male-midwives to publish a treatise about midwifery was Edmund Chapman who published his treatise, *An Essay on the Improvement of Midwifery, Chiefly with Regard to the Operation* in 1733. Chapman's work largely is a relation of the cases he had supervised over his twenty-five year career and, while it is notable that he was the first English male-midwife to publish his cases, Chapman does not spend much time on describing each case and does not provide detailed information on the mechanics of labor and delivery.² When this work was written, male-midwifery was still in a transitional period and male-midwives were still trying to decide what

¹Eighteenth-Century British Midwifery, vol. 5, xvi.

² Ibid., 88.

parts of the practice of midwifery they should control and how they should train aspiring male-midwives, which may account for the lack of detail in relating Chapman's cases. Chapman does state that he believed that male-midwives should only involve themselves in abnormal births and states that he is, "far from attempting or desiring, with some of my Brethren, that the practice of Midwifery should lie only in the Hands of my own Sex."³ This quote shows that during this early period there was dissent among male-midwives about to what extent men should involve themselves in the practice of midwifery and the roles midwives should have if male-midwives began to dominate the field of midwifery.

While there had been midwifery texts published by men before the mid-eighteenth century, these texts were more often concerned with establishing who had authority over certain aspects of the field of midwifery and were written in isolation from one another. The first male-midwifery treatise to actually describe procedures to aspiring male-midwives and place midwifery texts in conversation with one another was William Smellie. Smellie was already leaving his mark on the field of male-midwifery through his midwifery courses, but Smellie wanted to reach a wider audience than just his students. Smellie published the first volume of his work, *Treatise on the Theory and Practice of Midwifery*, in 1752. His second and third editions, which expanded upon his first volume through his recordings of 531 case histories, were published in 1754 and 1764, respectively. He would also publish a set of thirty-nine anatomical illustrations, *Set of Anatomical Tables, with Explanations, and An Abridgement, of the Practice of Midwifery*, in 1754. The influence of Smellie's treatise on the field of male-midwifery is shown by the numerous times his volumes were reprinted. Volume 1 was reprinted eight times and volumes 2 and 3 were reprinted six times each, and by his treatise having been translated

³Eighteenth-Century British Midwifery, vol. 5, 87.

into French, German, and Latin.⁴ Smellie's treatise would remain one of the most important works in the field of obstetrics through the eighteenth- and nineteenth-centuries and would have been read by vast majority of male-midwives and later obstetricians.

In the first volume of his treatise, Smellie describes the requirements needed in a male-midwife and a midwife. For the requirements of a male-midwife, Smellie first lists out all the areas where they should be knowledgeable, such as anatomy, surgery, and medicine. Male-midwives should train under a master before practicing midwifery on their own and first train on machines to gain skill in using instruments and his own hands. Smellie also lists some characteristics of a male-midwife: he should be, "endued with a natural sagacity, resolution, and prudence; together with that humanity which adorns the owner, and never fails of being agreeable to the distressed patient."⁵ In contrast, the midwife should only be knowledgeable about certain aspects of anatomy and "ought to be perfectly mistress of the art of examination in time of labour."⁶ However, Smellie spends more time outlining the values and personality traits a good midwife should possess, such as close connections with other midwives and the ability to keep her composure under emergency situations. Smellie spends the most time in his description of the ideal midwife describing the relationships midwives should have with male-midwives. A good midwife should "avoid all reflections upon male practitioners" and should call upon them when needed, even if she is calling upon a male-midwife to fix her mistakes.⁷ If a male-midwife is called upon to fix the mistakes of a midwife, he should, "instead of openly condemning her method of practice (even though it should be erroneous) ought to make allowance for the

⁴ Ibid., xvii.

⁵ Smellie, 273.

⁶ Ibid., 274.

⁷ Ibid., 274.

weakness of the sex, and rectify what is amiss, without exposing her mistakes.”⁸ This conduct will properly reprimand the midwife and the midwife, “finding herself treated so tenderly, will be more apt to call for necessary assistance on future occasions, and to consider the accoucheur as a man of honour, and a real friend.”⁹ While Smellie states that this treatment will “prevent that natural calumny and abuse which too often prevail among the male and female practitioners,” Smellie’s concern with the treatment of midwives by male-midwives is not due to an interest in cultivating good relations between supposed colleagues, but rather his concern that if a male-midwife treats midwives poorly and then commits a mistake, he “must expect to meet with retaliation from those midwives whom he may have roughly used.”¹⁰ Even Smellie, who was one of the few male-midwives who advocated for better training of midwives and for male-midwives to have better relations with midwives, saw women as volatile creatures who needed to be treated delicately and whose passions could be aroused easily. The differences between the genders that had been formed during the Enlightenment are reinforced in these descriptions of the ideal male-midwife and midwife, with men being shown as the only gender capable of acquiring large amounts of knowledge about anatomy and medicine while women should limit their knowledge to only what is necessary to ensure a normal delivery. If a midwife is presented with an abnormal birth, she should not use her own knowledge and skills to address it but should rather call upon the male professional. The male-midwife should be aware of the delicate nature of women and their tendency for their passions to make them irrational and treat midwives delicately. If a midwife should make a mistake, he should keep in mind that women should not be blamed for the inherent “weakness” of their sex when it came to their knowledge and abilities.

⁸ Ibid., 275.

⁹ Smellie, 275.

¹⁰ Ibid.

In the preface to the second volume of his treatise, Smellie warns aspiring male-midwives to not become too reliant on instruments such as the forceps. Unlike many of his peers, Smellie only advised male-midwives to use instruments in cases of last resort and used his treatise to show when the use of forceps or other tools was necessary. Through the relation of those cases which he included in his treatise, Smellie stated that he hoped that “the young practitioner will learn how to behave in like occurrences, and above all things, to beware of being too hasty in offering assistance, while nature is of herself able to effectuate the delivery.”¹¹ Smellie states that the use of forceps prematurely “when the nature of the case does not absolutely require such assistance” may cause harm that “will often overbalance the service for which they were intended.”¹² Smellie was concerned with the overuse of instruments by male-midwives and was possibly aware of the accusations of the critics of male-midwives who accused male-midwives of using instruments too often and prematurely and Smellie himself had been targeted by several critics for his supposed overuse of tools and the emphasis he places on tools in his courses, however this accusation is not born out through his relation of the cases in his treatise or the evidence that exists of his courses. Smellie hoped to improve the reputation of male-midwives with the publication of his treatise as well as provide a guide for young practitioners so that they would not make the same mistakes as many of their colleagues.

As some male-midwives, such as Smellie, began to grow their reputation and establish themselves as prominent male-midwives, other male-midwives published criticisms of their rival’s techniques or beliefs. One example of this is William Douglas, who published a letter in

¹¹ William Smellie, *A collection of cases and observations in midwifery*. By William Smellie, M.D. To illustrate his former treatise, or first volume, on that subject. Vol. II, 3rd ed. Vol. 2, (London: Printed for D. Wilson, at Plato's Head, and T. Durham, at the Golden Ball, in the Strand, MDCCLXIV. [1764], Eighteenth Century Collections Online, <http://tinyurl.galegroup.com.ezproxy.memphis.edu/tinyurl/6QT7M5>, accessed April 24, 2018), 4.

¹² Smellie, 5.

1748 directed towards Smellie. Smellie had already started teaching midwifery courses in London but had not yet published his famous treatise. Douglas accused Smellie of offering his midwifery courses at too cheap a price, leading to “more Men-midwives than Streets”¹³ in London who are inexperienced and unable to attract enough patients. Douglas stated that Smellie was not suited for the practice of midwifery by attributing Smellie as possessing overly masculine features by describing him as, “a raw-bon’d, large-handed Man [who] is no more fit for the Business [of midwifery], than a Plough-man is for a Dancing-Master and that ‘a Man that has a large Hand, is neither fit to introduce as Instrument, nor turn a Child.’”¹⁴ Douglas used explicitly masculine descriptions of Smellie to contrast him with midwives whose more delicate frames and small hands made them more suited to the practice of midwifery. Douglas went so far to accuse Smellie of killing eight women through his use of wooden forceps. While Smellie himself never published a rebuttal to these accusations, an anonymous former student of Smellie’s published a letter Smellie had written to him answering these accusations. While the author is anonymous and this text was not directly published by Smellie, it can be assumed that Smellie supported this publication and may have had a hand in having this letter published. Smellie states in his letter to his student that he rarely uses forceps, which would later be proven by his publication of his cases in his treatise, and that he had only used wooden forceps twice, with success.¹⁵ After the letter from Smellie, the anonymous student goes on to praise Smellie’s teachings and provides two letters written by Smellie to physicians Alexander Munro and John Gordon that support Smellie’s denials of the accusations of Douglas. Douglas would actually

¹³ William Douglas A Letter to Dr. Smellie [sic.]. Shewing the Impropriety of his New-Invented Wooden Forceps; as also, the Absurdity of his Method of Teaching and Practising Midwifery, (London: J. Roberts, 1748), in *Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol. 5 (London: Pickering & Chatto Publishers Limited, 2007), 288.

¹⁴ *Ibid.*, 299.

¹⁵ *Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol. 5 (London: Pickering & Chatto Publishers Limited, 2007), 279.

publish an answer to this text later that year where he reiterates his accusations of Smellie and states that a pamphlet had been published criticizing Douglas' own practices as a male-midwife. This sequence of publications shows that London male-midwives were constantly in conversation with one another, both through private letters written to colleagues and publications that were critical of one another. Publications of treatises and pamphlets were not limited to prominent male-midwives such as Smellie and some male-midwives, such as Douglas, may have published criticisms of prominent male-midwives in order to receive recognition and possibly attract more clients. Male-midwives were constantly in conversation with one another and often their publications served as defenses of their own beliefs and practices.

While there were treatises published in English that were directed towards training male-midwives by the mid-eighteenth century, some male-midwives still wanted to instruct midwives in the proper methods of supervising labor and childbirth, but only in routine births. These texts, which were meant to be read by midwives, often claimed that midwives were unskilled and negligent when it came to abnormal births and attacked their supposed lack of skills and knowledge in dealing with abnormal births and often used the same language as male-midwives who attacked the skills and intelligence of midwives. This only served to reinforce the idea that midwives were incapable of fully practicing the art of midwifery. One example is William Clark's *The Province of Midwives* (1751) which was intended to instruct midwives, particularly those outside of the city centers of England, on what aspects of midwifery they should be knowledgeable. Despite his intended audience, Clark attacks midwives for their lack of training and claims that due to their, "Negligence and perverse Management, many Mothers and Children

are destroyed, to the great Misfortune of particular Families, as well as of the Publick.”¹⁶ Midwives should only be knowledgeable in normal births and, if a birth begins to have complications, should immediately call upon the skills of a male surgeon. Midwives were incapable of learning the skills to address abnormal births and that if midwives did attempt to address abnormal births, they would, “justly incur the Censure of Inhumanity and Rashness [if they were] to depend upon their own Skill.”¹⁷ Throughout his work, Clark belittles midwives by claiming that they are incapable of learning the skills and knowledge necessary to safely perform surgery on mothers due to women’s inherent inferior intellectual abilities.¹⁸ Another example is Thomas Dawke’s work, *The Midwife Rightly Instructed* (1736), which is framed as a conversation between a male surgeon and a midwife, with the midwife asking the surgeon questions about how to deal with various complications that could arise during the childbirth. The midwife asks the surgeon how she should care for a woman who is hemorrhaging during childbirth, but the surgeon refuses to instruct her in how to address this complication. Even after the midwife states that a male surgeon may be unavailable to treat this woman, the surgeon warns her to not “aspire beyond the capacities of a woman” and that he “never designed... to make you a Doctress, but to tell you how to practise as a Midwife.”¹⁹ These texts, and others like them, including those discussed in Chapter One, served to undermine the authority of midwives in overseeing abnormal births and even questioned their abilities to safely deliver children during normal births. Even before male-midwives began to become more prominent in the mid-

¹⁶ William Clark, *The Province of Midwives in the Practice of their Art: Instructing Them in the Timely Knowledge of Such Difficulties as Require the Assistance of Men, for the Preservation of Mother and Child*, (London: M. Cooper, 1751) in *Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol. 4 (London: Pickering & Chatto Publishers Limited, 2007), 199.

¹⁷ Clark, 203.

¹⁸ *Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol. 4 (London: Pickering & Chatto Publishers Limited, 2007), xi.

¹⁹ Donnison, *Midwives and Medical Men*, 37.

eighteenth century, the reputation of midwives was already under attack, leaving room for male-midwives to assert their superiority over the field of midwifery.

Male-midwives used treatises about midwifery to affect the field of midwifery in different ways. Some, such as Smellie and Chapman, used their treatises to teach other male-midwives about new practices and procedures in the field of midwifery. These treatises were intended to be read by aspiring male-midwives to serve as a training manual if they were unable to attend courses about midwifery or as a reference guide for experienced male-midwives on how to deal with certain abnormal births that they may encounter only a few times over their career. Smellie's treatise also served to distinguish which aspects of the field of midwifery should be overseen by male-midwives and what aspects should be overseen by midwives. He advocated for male-midwives and midwives to work in partnership with one another, but the midwife was still subject to the male-midwives' direction and supervision in the cases of abnormal birth. Other male-midwives believed that only male-midwives should be involved in the practice of midwifery and published treatises to advocate their position. Other male-midwives used their treatises to criticize the techniques and beliefs of other male-midwives, such as Douglas' criticisms of Smellie, and male-midwives often published responses to these criticisms. Male-midwives were well aware of the power publishing treatises held in establishing male-midwifery as a legitimate field of medicine, attracting more male practitioners to the practice of male-midwifery, and creating a body of literature about English midwifery.

Chapter Five: The Critics of Male-Midwifery

While male-midwives were gaining popularity in London during the mid-eighteenth century, some people believed that male-midwifery could have detrimental effects on English society. Two dominant explanations were presented by these critics as to what negative effects these male-midwives could possibly have on the practice of midwifery. One criticism was that male-midwives overused instruments such as the forceps; another objection was that many male-midwives were untrained in how to use these instruments safely. Male-midwives use of these tools had the potential to maim or even kill a mother and her baby, causing these critics to claim that more babies and mothers were killed by inept male-midwives than by untrained midwives. The other main objection against male-midwifery was the supposed impropriety of a man examining the woman's most private parts of her body. Not only could this practice have the potential of violating a woman's virtue, but also male-midwives and their women clients could possibly conduct affairs behind a husband's back under the masquerade of an examination. While there is not conclusive evidence that male-midwives killed a great number of babies and mothers through improper use of instruments or that male-midwives used their profession to conduct affairs with their clients, popular imagination was stirred by both the images of the indecent male-midwife and the images of supposedly maimed babies who had died from being extracted by tools. Critics of male-midwives used these illustrations to criticize the practices of male-midwives to further their own agendas, even if that agenda was simply to gain publicity for their own work.

One of the earliest objectors against the practice of male-midwifery was Frank Nicholls, a noted teacher of anatomy in London who had taught anatomy to William Smellie, a fellow of the Royal College of Physicians of London and one of King George II's physicians. Although

Nicholls seemed like the type of male surgeon who would have supported the growth of male-midwives, in the early 1750's he began to publish numerous anonymous printed satires about male-midwifery such as *The Petition of the Unborn Babes to the Censors of the College of Physicians of London*. While printed anonymously, many male-midwives and male surgeons knew that Nicholls was the author of these satires.¹ In his pamphlets and letters addressed to the College of Physicians of London, Nicholls accused male-midwives of attempting to displace midwives “to the manifest violation of modesty and the scandal of all good people” and that male-midwives

In order to give themselves the credit of quickness and dispatch in the execution of their office frequently force the delivery without any necessity, either by using instruments or by turning the child, by which sudden violence the child is frequently killed and the mother... damaged... and oftentimes upon the least apprehension of difficulty (however insufficiently founded) they avowedly and professedly kill the children either by cutting off their limbs or by opening their heads and squeezing out their brains...²

The unborn babies that feature in Nicholls' petition claim that they “are forthwith drag'd out of our Habitations by Hooks, Pincers and other bloody Instruments,” and these actions could result in grievous injuries and deaths.³ Nicholls uses the lurid image of maimed and decapitated children to promote his idea that midwifery should be practiced only by women, proposing in a later letter to the College of Physicians that the college should offer lecture courses exclusively to midwives and that he would therefore endow the lectures with £1,000 of his own money.⁴ The

¹ Wilson, 166.

² Wilson, 167.

³*Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol. 7 (London: Pickering & Chatto Publishers Limited, 2007), 70.

⁴ Wilson, 166.

College rejected his proposal, but Nicholls prominent position within the medical community of London shows that not everyone believed that male-midwives were superior to midwives and that male-midwives could potentially cause harm to mothers and their unborn babies through the use of instruments.

Another figure who attempted to attack emerging male-midwives was Elizabeth Nihell in 1760. Nihell was a prominent midwife in London who was better educated than her fellow midwives, having trained at the Hotel Dieu, a lying-in hospital in Paris, for two years in the late 1740's. After over a decade of practice, Nihell published her work, *Treatise on the Art of Midwifery*, in 1760. She criticized the male-midwife's use of instruments and cited extreme cases from male-midwives' published works, such as those of Smellie, that showed the potential damage and even the deadly effects these instruments could cause to both the child and the mother. Instead of using these instruments, she asserted that the only tool needed to ensure a safe delivery was the hand of a midwife.⁵ The midwife's hand was smaller, more delicate, and more sensitive than medical instruments and therefore could help free a child's head from any obstructions or turn its head if the need arose. This skill with their hands is due to an "intuitive guide within themselves," and skill in midwifery is a "genuine gift of nature" that is given only to women.⁶ Nihell goes so far to say that male-midwives can never attain the same skill level as midwives and illustrates this assertion by saying that "the greatest practical skill that any man can with the utmost labor and experience acquire, will hardly ever equal the excellence in it of the women, Great Nature's chosen instruments for this work: an excellence by them attained

⁵ Wilson, 198.

⁶ Elizabeth Nihell, *A Treatise on the Art of Midwifery. Setting forth Various Abuses therein, Especially as to the Practice with Instruments: The Whole serving to put all Rational Inquirers in a Fair Way of Very Safely Forming their Own Judgement upon the Question; Which it is Best to Employ, in Cases of Pregnancy and Lying-In, a Man Midwife or a Midwife*, (London: A. Morley, 1760) in *Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol. 6 (London: Pickering & Chatto Publishers Limited, 2007), 129-130.

with scarce any learning at all.”⁷ Male-midwives, Nihell argues, could never equal midwives in terms of the skill and suitability of examining women and further claims that it was an offense against nature for male-midwives even to be involved in the practice of midwifery.

In the preface of her treatise, Nihell cites three “defects” of male-midwives that have threatened the safety of both expectant mothers and their children. The first defect she cites is that male-midwives’ practice of midwifery “has absolutely no foundation in the plea of superior safety, and, consequently, can have no right to exact so great a sacrifice as that of decency and modesty.”⁸ Nihell criticizes male-midwives’ claim that their practices were safer because they were based on scientific knowledge. She is also stating that not only are midwives more knowledgeable and practice safer methods, but also that male-midwives threaten the modesty of expectant women due to their close examination required of the female body. Her second defect is that male-midwives placed themselves into the practice of midwifery by “forge[ing] the phantom of incapacity in the women, and next the necessity of murderous instruments, as some color for their mercenary intrusion.”⁹ Male-midwives, she argues, pushed themselves into the practice of midwifery, first by erroneously accusing midwives of being incapable of performing the practice of midwifery and then by promoting the idea that male-midwives’ use of instruments has led to safer practices. Additionally, Nihell affirms that these instruments have caused numerous unnecessary deaths of both expectant mothers and their children. Her third and final defect is the “disagreement among [male-midwives] about, which are the instruments to be preferred; a doubt which, the practices tried upon the lives and limbs of so many women and children trusted to them, have not yet, it seems, resolved, even to this day.”¹⁰ Nihell is accusing

⁷ Nihell, 105.

⁸ Nihell, 22.

⁹ Ibid.

¹⁰ Nihell., 22-23

male-midwives of performing untested medical practices on vulnerable expectant mothers and children as well as their not agreeing upon a standard set of practices, which lack has led to confusion among male-midwives of what methods are correct and which instruments are the best to be used in certain situations. Nihell spends the rest of her treatise addressing these three defects she cites in her preface by using previous publications of male-midwives as evidence. Her treatise argues that men have no place in the practice of midwifery, have caused unnecessary deaths of many expectant mothers and children through their misuse of instruments, and that only women possess the skills and nature to practice midwifery.

The evidence that Nihell uses to support her argument, however, is questionable. She accuses male-midwives of unnecessarily killing babies by using lurid examples of the practices she has seen or heard, claiming that she has received information of male-midwives who have “pulls and hauls the arm of an innocent infant yet living, so that he plucks it off; or repels it with such violence, that he breaks it: another unmercifully opens the infant’s head, and takes the brain out: some bring the whole away piece-meal.”¹¹ These examples are extreme, but the way in which Nihell describes these examples makes it seem to the reader that they are commonplace. However, Nihell does not provide any evidence of these examples actually occurring, nor does she specifically say which male-midwives have committed these atrocities. She instead accuses the whole male profession of these practices, and, while, stating at one point that her treatise is not meant to give “offence to the few able men-midwives who are masters enough of the business,”¹² furthermore she does not detail the acceptable practices of male-midwives, nor does she state the names of those male-midwives she of whom she approves. She states that “difficult

¹¹ Ibid., 42-43.

¹² Nihell, 44.

and fatal labors have never been so rife, or so frequent, as since the intermeddling of the men” and that male-midwives’ actions are evil because they are “transacted in private” and “buried in the tomb of oblivion.”¹³ Nihell’s tone against male-midwives throughout her treatise is so strong that it prompted backlash from leading male-midwives, resulting in Tobias Smollet, a male-midwife in London who helped William Smellie publish several volumes of his treatise, of taking the action of publishing a critical review of Nihell’s treatise in March 1760. Smollet accuses Nihell of making false accusations about male-midwifery and that her harsh tone throughout her treatise is uncalled for. Smollet uses a similar tone throughout his review, however, and generalizes by alleging that all male-midwives are competent and that all midwives are incompetent and untrained.¹⁴ Nihell counters Smollet’s critical review soon after by publishing her own answer which addresses each one of Smollet’s complaints about her treatise.

This exchange between Nihell and Smollet shows that there was an exchange of accusations between male-midwives and their critics and also that both male-midwives and their critics used emotional appeals instead of reasoned arguments to support their claims. While Nihell was one of the few midwives to criticize the practices of male-midwives openly and even though her criticisms did not have lasting effects, her published works show that midwives were concerned with the rise of male-midwives and felt threatened by their attempts to place their power and authority over what had traditionally been a women’s sphere.

While Nihell is a notable example of a midwife who objected to the rise of male-midwives, most of the critics of male-midwives were men who often had no association at all with the medical field. While many of them accused male-midwives of improper use of their

¹³ Nihell, 63,43.

¹⁴ *Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol. 6 (London: Pickering & Chatto Publishers Limited, 2007), 505-506.

instruments; more of these male critics were more concerned with the threat to women's modesty which could occur due to a male examining the most intimate places of the female body. According to these objectors, these interactions were inevitable because young male-midwives could be affected by "impressions of sensuality" that would come from examining women's bodies and that these men cannot help but to be aroused.¹⁵ These critics believed that men-midwives were using their practices to mask possible adulterous actions.¹⁶ Also, these agitators asserted that only women were morally suitable to examine women intimately; therefore, male-midwives must have ulterior motives in examining women. Many of these critics used examples from treatises published by male-midwives, such as Smellie, which showed how intimately these men were examining women and portrayed these examinations in an unnatural light.¹⁷ These critics also implicated that there were women who called upon male-midwives as attempting to carry on an affair behind their husbands' back by claiming that these men were only there for health reasons.¹⁸ Philip Thicknesse, a man who had no connection to the medical field, wrote in his pamphlet, *A Letter to a Young Lady*, which was published in 1764, criticizing married women who "lay aside, their Deceny; their Delicacy; their Dignity; their Modesty... [when they] expose themselves to a Man Midwife."¹⁹ While Thicknesse's *A Letter to a Young Lady* was supposedly addressed to his daughter who was about to be married, male-midwifery critics largely addressed their objections to husbands, rather than to their wives, by saying that these male-midwives threatened the virtue and the modesty of their wives and that their wives were possibly using

¹⁵ Nihell, 117.

¹⁶ Roy Porter, "A Touch of Danger: The Man-Midwife as Sexual Predator" in *Sexual Underworlds of the Enlightenment*, ed. G.S Rousseau and Roy Porter (Chapel Hill: University of North Carolina Press, 1988), 216-217

¹⁷ Porter, 218-219.

¹⁸ Porter, 219-220.

¹⁹ Philip Thicknesse, *A Letter to a Young Lady*, (London: R. Davis, T. Carlson, and C. Henderson, 1764) in *Eighteenth-Century British Midwifery*, ed. Pam Lieske, vol. 7 (London: Pickering & Chatto Publishers Limited, 2007), 119.

their own health and bodies to conduct illicit affairs. While there is no contemporary evidence of any male-midwives either taking advantage of innocent women or of women actively engaging in affairs with male-midwives, the publications by male critics accusing male-midwives of illicit behavior show that there was a concern within society of the possible threat to women's virtue that male-midwives embodied.²⁰

Male critics of the rise of male-midwives would often use images to sensationalize the techniques that male-midwives used as well as to mock the reversal of traditional gender roles that male-midwives exemplified. The front piece of Philip Thicknesse's work, *Man-Midwifery Analyzed: And the Tendency of that Practice Detected and Exposed*, published in 1745, shows several images of the forceps as well as those of a baby whose head had been pierced by the end of a vectis, thus killing it.²¹ This infant is also shown holding a piece of parchment that says, "The Petition of the Unborn Babes," which was the title of one of Frank Nicholls' satires, which Thicknesse used as the basis of his work. Thicknesse attempts to show that the instruments implemented by male-midwives were relied upon too frequently and often resulted in the death of the child. Thicknesse believed that previous attempts to prove the detrimental effects male-midwives had on the practice of midwifery had largely been ignored. Another image used to discredit the reputation of the male-midwife was the front piece of Samuel Fores' work, *Man-Midwifery Dissected*.²² This illustration shows a male-midwife with all of the instruments of his trade juxtaposed with the image of a midwife.²³ The picture is captioned, "A Man-Mid-Wife or a

²⁰ Porter, 221-222.

²¹ Appendix Image Two

²² Appendix Image Three

²³ Samuel William Fores, *Man-Midwifery dissected; or, the obstetric family-instructor. For the use of married couples, and single adults of both sexes. Containing A Display of the Management of every Class of Labours by Men and Boy-Midwives; also of their cunning, indecent, and cruel Practices. Instructions to Husbands how to counteract them. A Plan for the complete Instruction of Women who counteract promising Talents, in order to supersede Male-Practice. Various Arguments and Quotations, proving, that Man-Midwifery is a personal, a*

newly discovered animal, not known in Buffon's time; for a more full description of this monster, see, an ingenious book... entitled Man-Midwifery dissected, containing a variety of well authenticated cases elucidating this animals propensities, cruelty, and indecency..." Fores uses this dual image of a male-midwife and a midwife to feminize male-midwives and to accuse them of wanting to perform traditional women's roles, thereby reducing their masculine perception of themselves. He is also accusing male-midwives of practices so damaging that they are inhuman and are monsters. The lengths to which these authors show their criticisms of male-midwives in images show the efforts of male-midwives' critics to sensationalize their practices, to exaggerate the amount of deaths that actually occurred at the hands of male-midwives, and to empathize how threatened these authors were by male-midwives' attempts to subvert traditional gender roles.

The critics of male-midwives largely had two different kinds of accusations against the practice of male-midwifery. The first was the overuse and potential misuse of instruments when babies were delivered by untrained male-midwives. The potential damage that these male-midwives could do with instruments was exaggerated through the use of overly-descriptive, lurid examples in which male-midwives were depicted as no better than animals tearing at the bodies of babies. The other primary accusation against male-midwives was both the perceived threat to their women patients' modesty which could result from their examinations and also the potential for illicit affairs to be conducted behind a husband's back with the wife using the male-midwife's "necessary" examinations as a masquerade for the affair to be conducted. The critics,

domestic, and a national Evil. (In fourteen letters. Addressed To Alex. Hamilton, M.D.F.R.S. &c. Edinburgh. Occasioned by Certain Doctrines Contained In His Letters To Dr. W. Osborn. By John Blunt, A Student Under Different Teachers, But Not A Practitioner Of The Art. Published for the author, by S. W. Fores, No. 3, Piccadilly; And To be Had Of All The Booksellers In Town And Country, 1793. Eighteenth Century Collections Online, <http://tinyurl.galegroup.com/tinyurl/6CXJc4>. Accessed 26 Mar. 2018), 1.

however, hardly ever provided evidence for any of these accusations, nor was there evidence in the print media of the time of male-midwives either excessively killing babies or conducting illicit affairs. These critics instead played upon the fears of English society by basing their accusations on the potential that male-midwives had on disrupting English societal norms.

While Nihell was more than likely reacting to the threat that male-midwives had upon the continuing existence of midwives in the practice of midwifery, Thicknesse, Fores, and other critics like them had no connection to the field of midwifery or even to the medical field. These men were more than likely motivated to publish their accusations in order to gain notoriety and potentially to profit financially from their publications. Despite the motivations of these critics, the fact that multiple authors published criticisms against male-midwives shows that some in English society, even some who were prominent members of the medical field such as Nicholls, were concerned with the effect that male-midwives had on the practice of midwifery and shows that there was a sizeable population in London who would read, and possibly be influenced by, these pamphlets. These critics and their accusations, however, had little effect on the rise of male-midwifery in London and in fact may have contributed to its rise by giving male-midwives' notoriety, which may have generated sympathy towards male-midwives because of the lack of evidence to support these accusations.

Chapter 6: The Male-Midwife as Man of Science and Emotion

By the mid-eighteenth century, male-midwives had accumulated enough knowledge to begin to influence the practice of midwifery. With the establishment of lying-in hospitals, male-midwives were initially able to practice and perfect their techniques on both poor and some middling class women. It is noted in several places that Smellie's primary clients were poor women. However, some male-midwives began to aspire to catering to middling and upper-class women and to advance their own status in English society through their profession. Male-midwives had to fashion themselves into a persona that would be attractive to middling and upper-class women that would make them adopt male-midwives over midwives. Male-midwives actually began to adopt some of the characteristics of midwives, casting themselves as sympathetic characters who can empathize with women in pain, but who can retain their rational, sensible characters in crisis situations. Male-midwives began to portray themselves as figures who combined the sympathetic and compassionate natures of midwives with the Enlightenment ideals of reason and rationality. This dual nature of male-midwives allowed them to attract more middling and upper-class women, including Queen Charlotte with her adoption of William Hunter, London's leading male-midwife and a student of William Smellie, as her primary physician in 1764. By characterizing themselves as the authorities over the field of midwifery and emphasizing their ability to sympathize with laboring women, male-midwives were able to push midwives out of the birthing rooms of middling and upper-class London.

This compassionate nature was an important characteristic for male-midwives to portray themselves as having because it was one of the main reasons why midwives believed that they were better suited to the practice of midwifery. Before the Enlightenment, only women were thought to have compassionate natures, especially towards other women, and this innate sense

helped them in the practice of midwifery. Some male-midwives, however, argued that women inherent compassion actually hampered their ability to practice midwifery and that men were capable of feeling sympathy towards laboring women. In fact, the very fact that they were birthed from a woman leads to these sympathetic natures. The end of Leake's introduction to his midwifery courses ends with his statement that, "none, who are worthy to be called men, will desert even the poorest of [women]... for we have sprung from their bodies... nourished by their blood, and should have perished... had we not been sustained, nursed up, and cherished on their tender bosoms."¹ Male-midwives should be sympathetic to all laboring women, Leake argues, because they will associate all laboring women with their own mothers, without whom they wouldn't exist. Male-midwives were capable of possessing the same compassionate natures as midwives, but unlike midwives, male-midwives could temper their sympathy towards women with their ability to rationalize and their ability to not let their emotions control them.

One way in which male-midwives attracted middle and upper-class clientele was through their involvement with the lying-in hospitals that were established in the mid-eighteenth century. Not only were these hospitals an ideal way for male-midwives to observe laboring women and gain experience in both normal and abnormal labors, they were also a way for male-midwives to "make social and professional contacts and cultivate a more affluent patient population."² These lying-in hospitals were primarily philanthropic institutions that relied upon donations from the public to operate. In their capacity of members of the board or staff, male-midwives would have come into contact with potential donors among the upper and middle class which would allow them to establish a network of clientele among these classes. These lying-in hospitals also

¹ Cody, "Politics of Reproduction", 488.

²Eighteenth-Century British Midwifery, vol. 7, ix.

elevated the prestige of male-midwives through the boards of these hospitals portraying these institutions as serving an important capacity in English society. These boards promoted the idea that lying-in hospitals helped, “secure the birth, and protect the tender lives of infants, who may hereafter be usefully employed in trade and manufacture, or supply the waste of war in our fleets and armies.”³ Through involvement with lying-in hospitals, male-midwives could potentially meet many wealthy benefactors who could be convinced to use their services by depicting themselves as formally trained, and therefore more knowledgeable than the midwives who were informally trained, and also as someone concerned with the health of all women because of their care of poor women at the lying-in hospitals. Male-midwives who showed themselves as sympathetic to all women appealed to many upper and middle-class women. By portraying themselves as performing an important duty necessary for the continuation of English society, male-midwives were able to highlight their compassionate, sympathetic natures and attract middling and upper-class clientele who valued these characteristics in addition to the knowledgeable and rational qualities that were associated with male-midwives.

Another way in which male-midwives were able to cultivate this image of compassion were their portrayal of themselves as confidantes and friends to their women clients. Because of the close relationship women had had to their midwives, some male-midwives believed that they should perpetuate this type of caring relationship with their women clients. Women were fragile, volatile creatures and needed to be able to value and trust their male-midwives to ensure their safety during labor. Lisa Forman Cody asserts that male-midwives were successful in portraying themselves as “sympathetic, respectful of [their] female patients’ questions and worries, and

³ Cody, “Politics of Reproduction”, 484.

even willing to protect women's secrets from their husbands and fathers."⁴ William Hunter, who would become known as the most famous London male-midwife after the death of William Smellie in 1763 and was one of the first male-midwives to promote this close relationship between male-midwives and their clients, states in his lectures that, "a proper degree of seeming tenderness and sympathy [towards his clients] can never do a man any disservice but often the contrary," and that, "it is not the mere safe delivery of the woman [that] will recommend an accoucheur, but a sagacious, well-conducted behavior of tenderness, assiduity, and delicacy."⁵ This role as confidante towards women clients could go as far as concealing illicit affairs and out-of-wedlock pregnancies; Hunter was well-known for helping an unwed peeress hide her pregnancy from her parents and bringing her twins to a foundling house in the 1770's.⁶ Middling and upper class women began to favor male-midwives over midwives because of male-midwives' ability to portray themselves as both men of science who could guide women safely through normal births and address emergency situations that may arise and as men of feeling who could be an emotional crutch to rely upon during the troubles of labor and as a confidante they could consult on concerns they may not have told their husbands, such as problems with infertility, motherhood, and affairs.⁷ These women valued male-midwives because of roles, "as scientists to overcome medical emergencies and as fellow men of feeling to offer comfort to survivors."⁸

Male-midwives used their ability to sympathize with women to attract women clients to their practices. The value male-midwives should place on their relationships with their women

⁴ Ibid., 489.

⁵ Wilson, 176.

⁶ Cody, *Birthing the Nation*, 191.

⁷ Ibid., 192.

⁸ Ibid., 305.

clients is articulated by Hunter in a paper that was published posthumously that supported women accused of infanticide. Hunter states that during the decades of his practice of midwifery he had, “seen the private as well as the public virtues, the private as well as the more public frailties of women in all ranks of life. I have been in their secrets, their counsellor and adviser in the moments of their greatest distress in body and mind. I have been a witness to their private conduct, when they were preparing themselves to meet danger, and have heard their last and most serious reflections, when they were certain they had but few hours to live.”⁹ This description illustrates the close relationship some male-midwives had with their women clients as well as showing Hunter’s admiration for women in general. While critics of male-midwifery had stated that husbands of women who called upon male-midwives should be suspicious of the close relationship that could develop between male-midwives and their wives, many husbands actually valued the male-midwives’ dual role of scientist and comforter and his ability to inhabit both the private and public spheres of English society. Cody states that, “the man-midwife won men to his side too, and this he seems to have done by fully participating in the public world of coffeehouses, politics, and lectures, while at the same time portraying himself as a man of emotional insight and strength.”¹⁰ Male-midwives could become confidantes to husbands as well as their wives; Hunter socialized frequently with Horace Walpole and King George III in addition to his role as male-midwife to their wives.¹¹ Male-midwives were able to overcome critics’ accusations that their maleness threatened the virtue and modesty of their women clients by becoming, as male-midwife Louis LaPeyre states, “a being who, in a moral sense, may be

⁹ Wilson, 181.

¹⁰ Cody, “Politics of Reproduction 489. The institutions Cody notes were part of the male-only public sphere that existed at this time and were inaccessible to women.

¹¹ Cody, *Birthing the Nation*, 194.

said to belong to neither sex.”¹² Male-midwives were able to accomplish this by portraying themselves as possessing the best qualities of both sexes; the scientific and rational mind of men and the compassionate, sympathetic heart of women. They were able to temper their empathy with their rational minds, unlike midwives, but were also able to overcome their rationality to become confidantes and assuage women’s fears during labor and childbirth.

¹² Ibid., 195.

CONCLUSION

Before the beginning of the eighteenth century, midwives in England were almost solely responsible for the practice of midwifery and men were largely excluded from being participants in the practice of midwifery except in cases where surgical intervention were needed. Midwives rarely called upon these male surgeons, however, until a woman had been in labor for several days or if the life of the mother was threatened. Over the course of the next century, however, male-midwives had become the dominant figures in the practice of midwifery among the elite and middling classes of London. How and why did this change occur in a relatively short period of years, when women had previously dominated the field of midwifery since the beginning of recorded history? How were male-midwives able to accumulate enough knowledge to become the authorities on the practice of midwifery when they had previously been excluded from its practice only a hundred years before? This thesis has detailed how male-midwives accumulated knowledge about midwifery through the interventions of a few male-midwives, such as the Chamberlen family and William Smellie, which directly led to the establishment of courses about midwifery at the university level and the establishment of institutions such as lying-in hospitals to allow aspiring male-midwives to learn about midwifery outside of the birthing rooms that were still dominated by midwives. Established male-midwives then published treatises that sought to both educate aspiring male-midwives as well as establish a body of knowledge about midwifery almost exclusively for male-midwives. But how did male-midwives justify these interventions into the practice of midwifery and what explanations did male-midwives give as to why men could have the authority to oversee the practice of midwifery when women had previously been the only authorities in English society? The answer to all these questions lies in

the affects the Enlightenment and Enlightenment philosophy had on English society from the late-seventeenth through the eighteenth centuries.

Enlightenment ideals, which dominated European society from the mid-seventeenth century to the end of the eighteenth-century, valued the ideas of rationality and objectivity. It was believed that everything in the world, including those things that had previously been regarded as mysterious and unknown, could be explained through observation and rationalization. Midwifery, which had previously been regarded as a field of medicine that was intrinsically tied to women because it could only be understood by them due to their inherent understanding of their own bodies, could be understood by applying scientific principles to the practice of it. Women's bodies, and the process of labor and childbirth which only women could experience, were no longer just the domain of women, but could be acted upon by men. In addition to this shift in the language and society's understanding about midwifery, from an art to a science, English society's view of women underwent a change as well due to men and women being seen as complementary of one another after the Enlightenment. If men typified the Enlightenment ideals of rationality and objectivity, then women exemplified the complementary qualities of irrationality and subjectivity and came to be seen as beings who were controlled by their emotions and passions. Women could not be involved in the making and understanding of science, and thus midwifery, because of their irrational and illogical natures. Enlightenment ideals both excluded women from the practice of midwifery and, perhaps more importantly, deemed them as unreliable authorities over their own bodies.

By the end of the eighteenth century, male-midwives did not completely dominate the practice of midwifery. The majority of the clients of male-midwives were women from the elite and middling classes of London, while midwives were still in charge of normal births among the

middling and poorer classes. However, women's authority over abnormal births, and more importantly their authority over knowledge of the female body, had been challenged and discredited. While this was only the beginning of the evolution of male domination over knowledge about midwifery and the female body, the nineteenth-century would see a steep rise in the medicalization and hospitalization of women during childbirth, which was almost completely dominated by male obstetricians, the successors to the legacy of male-midwives. "The medicalization of pregnancy," Thomas argues in his article, "Early Modern Midwifery: Splitting the Profession, Connecting the History," "undermined the subjective and experiential knowledge of midwives, but equally important is that it challenged women's knowledge of their own bodies."¹ The rise of male-midwifery in London during the eighteenth century, and the impact it had on who had authority over women's bodies, was a part of a larger trend women throughout the British Empire experienced during this century when English society, and more specifically male authority figures, challenged female autonomy and agency over their social and economic circumstances. Not only were women excluded from the one field of medicine they could claim authority over, their very knowledge of and authority over their own bodies was diminished. The impacts of male-midwifery and its establishment of male authority over female bodies can still be felt today in society's preference for an obstetrician, the modern-day equivalent of a man-midwife, over that of a midwife. Midwives are still often regarded as less knowledgeable and less skilled in comparison to obstetricians and so cannot be the ultimate authority figure during the process of labor and childbirth.

¹ Thomas, 128.

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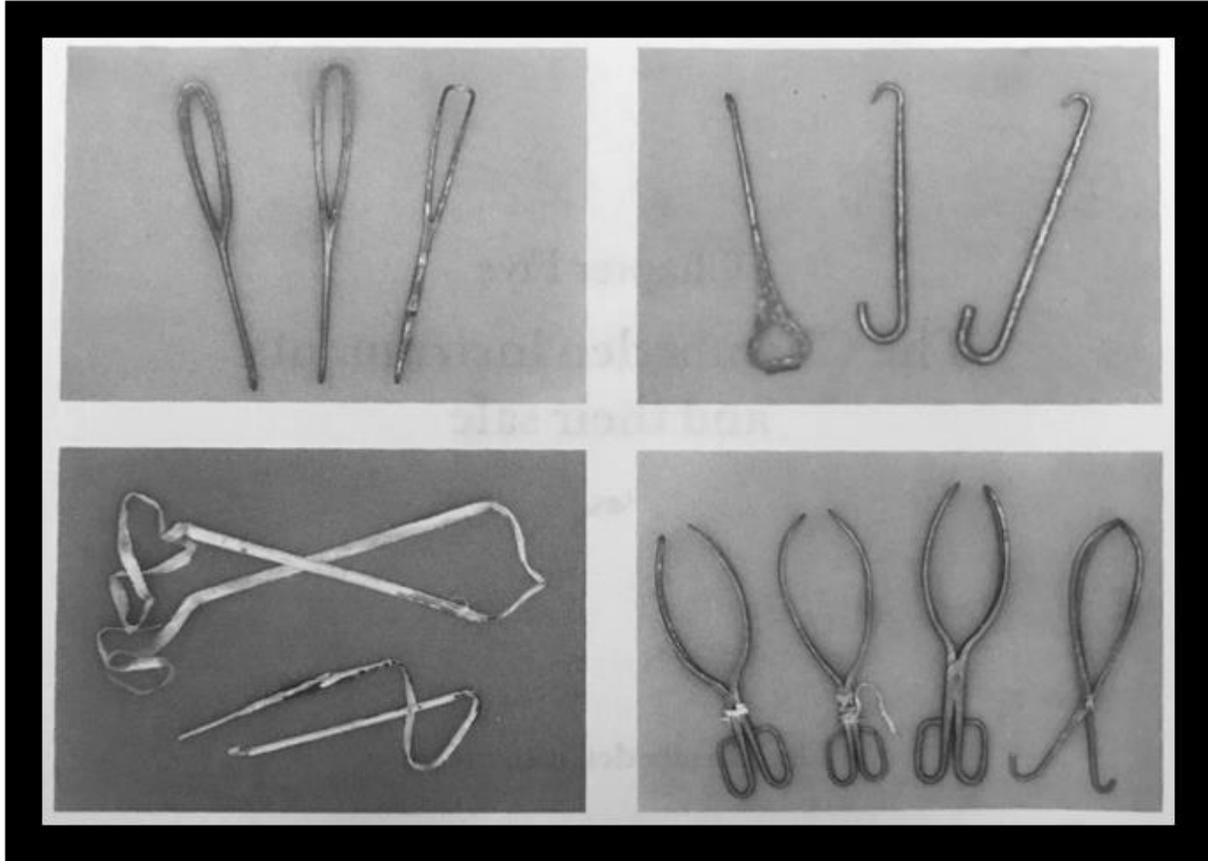
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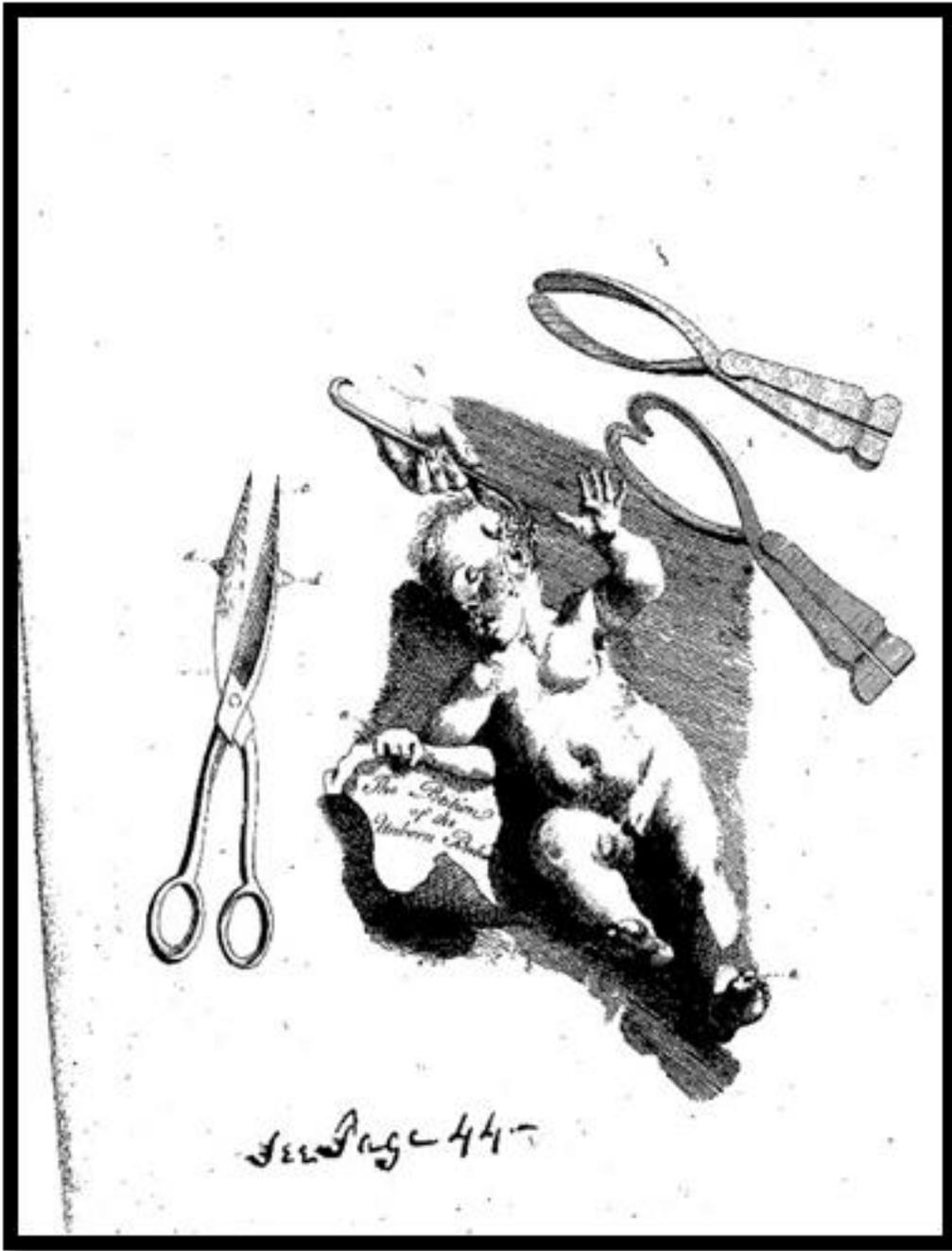
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Appendix



Img. 1: The Chamberlen's instruments shown from left, clockwise: The crotchet, the vectis, the fillet, and the forceps²

² Wilson, 66.



Img. 2: Front piece of Man-Midwifery Analyzed

³ Thickesse, 1.



Img. 3: Front piece of Man-Midwifery Dissected⁴

⁴ Fores, 1.