
Contributions to the Rise of Man-Midwifery in Eighteenth Century England

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Abstract:

Up through the seventeenth century, childbirth was a mysterious occasion, dominated and managed by and for women with its own rituals and ceremonies. However, the social and professional dynamic of the birthing process began to shift in the eighteenth century with the seeds of change being planted even earlier. Male practitioners started to make their way into midwifery beyond their previous boundaries of being called only for emergencies and complications. 'Forceps and fashion' have been the long-standing explanation for this rise of man-midwifery in Britain. While both factors certainly have their rightful place in the process and deserve their own evaluation, some historians argue that there were other factors at work. Ironically, the efforts of women themselves brought men into the birthing chamber and, by the end of the eighteenth century, male practitioners were using the title 'man-midwife' and had gained a permanent role in the childbirth process. This article discusses and evaluates some of these alternative and complementary factors that paved the way for male midwifery practitioners in eighteenth century Britain.

Prior to the eighteenth century, childbirth was a mysterious occasion, dominated and managed by and for women with its own rituals and ceremonies. As discussed by Adrian Wilson in *Ritual and Conflict: The Social Relations of Childbirth in Early Modern England*, childbirth belonged to women and midwives managed the process. An entirely separate space, usually in the mother's own home, was prepared especially for the birthing process. The curtains were drawn closed, a fire was stoked, the caudle was bubbling, the mother's female relatives, friends, and neighbours, known as 'gossips', were in attendance, and the midwife was assisting the mother and helping to make her comfortable throughout labour.¹ The midwife was the authority figure in childbirth, only receiving help from the gossips and sometimes a midwife-in-training. The midwife would only call on a male practitioner, or surgeon, in the event that a difficulty presented itself in labour. However, the social and professional dynamic of the birthing process began to shift in the eighteenth-century with the seeds of change being planted even earlier. Male practitioners started to make their way into midwifery beyond their previous boundaries. 'Forceps and Fashion' have been the long-standing explanation for this rise of man-midwifery in Britain. While both factors certainly have their rightful place in the process and deserve their own evaluation, some historians argue that there were other factors at play. Though this article attempts to discuss and evaluate some of these alternative and complementary factors

¹ Adrian Wilson, *Ritual and Conflict: The Social Relations of Childbirth in Early Modern England*, (Surrey: Ashgate, 2013), pp.157-158.

that paved the way for male midwifery practitioners in eighteenth-century Britain, it is certainly not an exhaustive list.

One of the earliest factors that contributed to the rise of man-midwifery was the end of ecclesiastical licensing for midwives. While some historians have argued that episcopal licensing of midwives was ineffective, and enforcement was sporadic, others view licensing and its subsequent disintegration as an important factor in the development of man-midwifery. Indeed, some suggest that the ecclesiastical licensing system and its subsequent breakdown was more significant in the erosion of midwives' role in society than has been previously suggested. Prior to receiving a license, midwives were required to take an oath that set forth obligations that reached beyond ecclesiastical concerns. Some examples of these demands are as follows: '[the midwife] will not use instruments or mutilate the foetus...will not aid in abortions...will not extort an unreasonable fee...will maintain patient confidentiality...must report other midwives that do not conform to standards...must treat other midwives with respect and cooperation'.² Doreen Evenden argues that in attempting to enforce the licensing of midwives, the Church is simultaneously acknowledging the 'midwives' control and expertise' in their practices.³ However, once the breakdown of the licensing system began, midwives lost the only professional legitimization they had. Despite all of the undergone training, testimonials collected, and money saved by midwives in hopes to apply for a license, the ecclesiastical system of licensing had ceased to exist in London by 1720.⁴ As the role of the church diminished, so too did the status attached to licensing.⁵ While licensing was not crucial to the midwife's level of expertise and ability to perform, it was a factor which ensured she received societal respect and status.

Several historians bring to light another important factor that facilitated the rise of man-midwifery in the eighteenth century. Adrian Wilson argues that by 1750 a clear divide was forming in the collective culture of women.⁶ Both Wilson and Jean Donnison see this schism as an indirect consequence of the onset of the agricultural revolution and, in turn, of industrialization. As is well

² Doreen Evenden, *The Midwives of Seventeenth-Century London*, (Cambridge: Cambridge University Press, 2000), p.28.

³ Evenden, *The Midwives of Seventeenth-Century*, p.29.

⁴ *Ibid.*, p.174.

⁵ *Ibid.*, p.175.

⁶ Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England 1660-1770* (London: UCL Press Limited, 1995), p.186.

known, the developments made during the Agricultural Revolution allowed for greater production with less reliance on manpower, thereby freeing up a large number of the population to work in other realms of industry.⁷ This is believed to have helped to perpetuate industrialization, thereby resulting in the ‘commercialization of domestic activities’.⁸ Such activities included spinning, weaving, baking, and so on, which had typically been done by women in their homes.⁹ Women whose husbands and fathers prospered from this shift found that their daily lives and their roles in society began to change.¹⁰ Wives of the tradesmen and farmers who prospered from these shifts in agriculture and industry found themselves participating in work less than ever before.

Furthermore, Adrian Wilson dates an increase in literacy among London women to somewhere between 1680 and 1730, evidenced by their ability to sign their names.¹¹ Moreover, proof of their ability to read is evident in the increasing number of items written for and by women, such as women's almanacs; between 1690 and 1750, at least 13 women novelists emerged on the literary scene.¹² Their novels were connected with women as writers, readers, and subject matter. Wealthier women, having been freed from the binds of domestic labour due to industrialization, found themselves with more time for leisure, and therefore, more time for reading. Most of the women of the lower classes did not have the luxury of literacy nor would they likely have had access to, or the time for, the newly printed novels. Thus, the divide was born and two separate spheres of women were formed: ‘the old traditional, oral culture, characteristic of the lower orders, and a new, fashionable, *literate* culture, the culture of ‘the ladies’, visible among the aristocracy and the wealthy middle classes’.¹³ This had implications for the female midwife’s role in childbirth.

With the schism evolving between the two cultures of women, there remained one common connection; childbirth and the need for a midwife. In particular, the female midwife was a constant reminder to the ladies that they were still women and still subject to the same pains, fears, and

⁷ Jean Donnison, *Midwives and Medical Men: A History of the Struggle for the Control of Childbirth*, (New Barnet, Herts: Historical Publications, 1988), p.34.

⁸ Wilson, *The Making of Man-Midwifery*, p.190.

⁹ *Ibid.*, p.186.

¹⁰ Donnison, *Midwives and Medical Men*, p.34.

¹¹ Wilson, *The Making of Man-Midwifery*, p.186.

¹² *Ibid.*, p.186.

¹³ *Ibid.*, p.186.

dangers that their 'humbler sisters' went through.¹⁴ In an effort to sever any remaining ties to the lower classes, the ladies began to eschew traditional midwives in favour of man-midwives. In effect, men-midwives became a symbol of status and wealth due to the high fees typically charged. Thus, the employment of men-midwives in the birthing chamber became quite fashionable among upper class ladies, and soon, middle class women were doing their best to follow suit. From this perspective, 'the making of man-midwifery was the work of women'.¹⁵

As aforementioned, midwives only called for the assistance of a male practitioner when a difficulty presented itself. Often, a woman would endure several days of difficult and painful labour before the male practitioner arrived and either the mother, the child, or both were at death's doorstep. By this time, the child was presumed to be dead and the surgeon went to work on extracting the dead baby in order to save the mother's life.¹⁶ In the case of an obstruction by the head, the surgeon would perform a craniotomy on the baby with a crochet, an obstetrical tool with a sharp hook on the end.¹⁷ Essentially, the skull of the baby was mutilated and pulled from the birth canal so that the rest of the body could be removed.¹⁸ As one could imagine, this would be a traumatic experience for the mother and likely all others in attendance. Through these experiences, fear of the male practitioner and his obstetrical implements developed, as even though the number of difficult births was small, fears that dangers could arise were real.

Another force had been at work for nearly a century which would eventually help to secure a spot for men in the birthing process. As the secret of the Chamberlen forceps became public in the first half of the eighteenth century, male practitioners who applied them skilfully in difficult labours were now able to save the mother and the child. The last of the Chamberlen physicians died in 1728, leaving the secret of the forceps open to others within the profession.¹⁹ Edmund Chapman, a surgeon who newly arrived in London was one of the first to jump at the opportunity. In 1735, he published his "Treatise" which included an engraving of the obstetrical instrument and an

¹⁴ Wilson, *The Making of Man-Midwifery*, p.191

¹⁵ *Ibid.*, 192.

¹⁶ *Ibid.*, p.50.

¹⁷ *Ibid.*, p.57.

¹⁸ *Ibid.*, p.50.

¹⁹ *Ibid.*, p.109.

announcement that he was willing to teach others how to use it properly.²⁰ As more lives were saved, the news spread to expectant mothers through word of mouth and their fears subsided. However, Adrian Wilson discusses how a reversal in women's perspectives of difficulties in childbirth may have helped men and their forceps to advance. A *self-perpetuating system of fear* developed, involving 'the bodily processes of birth, the prevailing arrangements for its management, and the available technology'.²¹ Once women had knowledge of the possibility of their children's lives being saved with forceps, their threshold for difficulty plummeted.²² They began to fear going into labor without quick and easy access to a male practitioner and his forceps, and, therefore, male practitioners were called sooner and more frequently.

The forceps allowed the male practitioner to effectively save both mother and child in an obstructed delivery. Therefore, surgeons were called sooner in the case of difficult deliveries, because women feared the outcome less.²³ By allowing the delivery of live babies, the forceps effectively broke the cycle of fear women faced and thereby blurred the boundary between midwives and male practitioners. However, difficult births did not occur often and most of the births were normal and still managed by midwives. In some cases, man-midwives, having had limited access to normal births, would make 'indiscriminate, frequent, and "injurious" use' of the forceps.²⁴ While the publication of the design of the forceps certainly helped to accelerate the rise of man-midwifery, they cannot be considered as a standalone factor. The use of the forceps was constrained within the old framework, with midwives still managing the majority of births and male practitioners responding only to emergency calls.

Several historians also discuss the implications of Enlightenment thought and reasoning on the future of midwifery. Traditionally, midwifery had been referred to as an 'art' and a 'mystery'.²⁵ However, with the rise of scientific and rational thinking, the secrecy that had surrounded childbirth since ancient times was beginning to evaporate. Midwifery as a whole had long been considered a

²⁰ Wilson, *The Making of Man-Midwifery*, p.109.

²¹ *Ibid.*, p.50.

²² *Ibid.*, p.164.

²³ *Ibid.*, p.97.

²⁴ Evenden, *The Midwives of Seventeenth-Century*, p.181.

²⁵ S.S. Thomas, 'Early Modern Midwifery: Splitting the Profession, Connecting the History', *Journal of Social History*, 43 (2009), p.123.

mystery, with knowledge of the childbirth process withheld from others (namely men), and because prior to the Reformation, childbirth was associated with religion and revelation.²⁶ Donnison goes even further back and discusses the mystery lying with the ancient beliefs of ‘Mother Nature’, female deities, and women being closer to the earth and therefore better capable of healing.²⁷ However, as a new wave of philosophy arrived, with the Enlightenment encouraging rational thought and scientific inquiry, men were quick to point out their superior ability to demystify the process. The body began to be viewed as a machine, and therefore birth became seen as nothing more than a mechanical process.²⁸ Since men believed they were far more capable of rational and practical thinking than women, they also believed that they were more qualified to work with the machine.²⁹

Interestingly, Thomas connects the evolution of the language of birth to the rise of scientific thought and to the rise of man-midwifery. He notes that by 1690, the word ‘business’ was being used to describe midwifery.³⁰ Thomas argues that the use of *business* in describing childbirth signifies a change in the perception of the process and the management of it; it evidenced a mercantilist point of view which is not surprising for a city like London during that time. Here, Thomas quotes from Mary Fissell’s *Vernacular Bodies: The Politics of Reproduction in Early Modern England*: ‘pregnancy was compared to a merchant voyage. The woman’s body was like a ship, enclosing valuable cargo’.³¹ If this ship is viewed as a machine, it is meant to be loaded and unloaded by men.³² Further, the use of the word ‘science’ in describing the birthing process also emerges at the end of the seventeenth century. Whereas *art* implies having foundations in tradition and habit, *science* implies rational thinking and an understanding of theory that underlies a particular practice, obviously setting up male practitioners for the takeover.³³ As Evenden argues, ‘by the 1750s, midwives’ traditional, practical skill proved no match for the claims of the male midwife, waiting in the wings with his shiny instruments and promises of ‘scientific expertise’.³⁴

²⁶ Thomas, ‘Early Modern Midwifery’, p.124.

²⁷ Donnison, *Midwives and Medical Men*, p.12.

²⁸ *Ibid.*, p.33.

²⁹ *Ibid.*, p.59.

³⁰ Thomas, ‘Early Modern Midwifery’, p.125.

³¹ Mary E. Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2004), p.247.

³² Thomas, ‘Early Modern Midwifery’, p.125.

³³ *Ibid.*, p.126.

³⁴ Evenden, *The Midwives of Seventeenth-Century*, p.175.

Another factor in the rise of man-midwifery was the development of lying-in hospitals. In London, these hospitals started to emerge around 1745. Sir Richard Manningham had established a lying-in infirmary slightly earlier, in 1739, but it effectively disappeared from the record around 1747.³⁵ Doreen Evenden argues that the lying-in hospitals proved to be crucial in the ascendancy of male practitioners.³⁶ While most of the hospitals employed a midwife, her role was intentionally subordinate to the roles of the male practitioners who founded and ran the hospitals. The midwife-matron was responsible for the day-to-day running of the hospital, management of the nurses, and supervision of the diet and laundry of the patients.³⁷ Essentially, she was a housekeeper reporting to the men who ran the hospital. Subscribers' visits and the dissemination of hospital pamphlets outlined the staff hierarchies and the need for proper medical supervision of patients.³⁸ Furthermore, Margaret Versluysen stresses that the lying-in hospitals aided the progress of man-midwifery by allowing male practitioners frequent and easy access to normal births.³⁹ If male practitioners were to step into the role of the midwife, it was necessary to extend their knowledge and practice beyond complex and dangerous births to the management of normal births. Versluysen notes that: 'Although the rules and orders of the institutions stated that medical men in theory primarily attended complicated cases, in practice the hospital books...show that medical men attended a considerable number of routine deliveries'.⁴⁰ Doreen Evenden suggests that hospitals further assisted men in their takeover by taking mothers out of their homes. She argues that as long as women were giving birth at home, midwives had control over the birthing process and would call upon male practitioners only if needed.⁴¹ However, once birth was transferred to the hospitals, it fell under the control of men. In this way, the lying-in hospitals helped men acquire a universal control over the practice of midwifery.

By the end of the eighteenth century, male practitioners were using the title 'man-midwife' and had

³⁵ Wilson, *The Making of Man-Midwifery*, p.114.

³⁶ Evenden, *The Midwives of Seventeenth-Century*, p.175.

³⁷ Margaret Versluysen, 'Midwives, Medical Men and 'Poor Women Labouring of Child': Lying-in Hospitals in Eighteenth-Century London', in *Women, Health and Reproduction*, ed. H. Roberts (London: Routledge and Kegan Paul, 1981), p.38.

³⁸ Versluysen, 'Midwives, Medical Men and 'Poor Women', p.39.

³⁹ *Ibid.*, p.38.

⁴⁰ *Ibid.*, p.39.

⁴¹ Evenden, *The Midwives of Seventeenth-Century*, p.183.

gained a permanent role in the childbirth process. The rise of man-midwifery coincided with the demise of Church licensing of midwives and the rise of rationality, science, and machines. While ‘forceps and fashion’ were certainly important contributions in their rise to the top, they were not the only steps along the way. The demise of ecclesiastical licensing took away the legitimization and status attached to midwives’ practice and the evolution of a more scientific and rational approach to understanding childbirth pushed women back into the shadows even more. The development and publication of the Chamberlen forceps, coupled with the establishment of male dominated lying-in hospitals, would prove to be crucial enough to blur the boundaries between the role of the midwives and that of the male practitioners. Further, the efforts of women themselves in bringing men into the birthing chamber created a new and permanent role for the male practitioner.

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