

Birth and History

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This historiographical essay analyzes the feminist challenge, dating from the 1970s, to the accepted view of childbirth which equated technological — and male — intervention with progress and consigned traditional midwifery to the dark ages. The challenge has come from two groups: feminists whose primary concerns are present-day issues and historians whose objective is a "social history of childbirth". The former offer valuable insights into the loss of feminine control over this essentially feminine event, but by simplistically portraying doctors as villains and midwives as heroines, they have equated technology with masculinity and naturalism with femininity. The second group takes a more balanced position: medical technology may have been a masculine monopoly in the past, but it belongs to all of us, and should be shaped and directed by all of us.

Cet essai historiographique analyse la remise en question par les féministes depuis les années 1970 de l'opinion voulant que l'intervention technologique — et mâle — lors des accouchements équivalait au progrès et reléguait aux périodes sombres le recours aux sages-femmes. Cette remise en question est venue de deux groupes en fait : les féministes qui se préoccupent principalement des problèmes d'actualité, puis les historiens et les historiennes qui s'intéressent à une histoire sociale des comportements entourant la naissance. L'analyse féministe apporte une perspective valable sur la perte de contrôle des femmes sur cet événement essentiellement féminin, mais en représentant les médecins comme des méchants et les sages-femmes comme des héroïnes, elle associe de façon simpliste la technologie à la masculinité et le naturalisme à la féminité. Le deuxième groupe prend une position plus équilibrée : la technologie médicale a pu être jusqu'ici un monopole masculin, elle appartient cependant à tout le monde et devrait être développée et dirigée par tout le monde.

In 1973, an essay on the history of women and health care entitled *Witches, Midwives and Nurses: A History of Women Healers* appeared.¹ Its authors, Barbara Ehrenreich and Deirdre English, were both academics by profession, but they were also activists in the feminist and women's health movements. They therefore published their essay, not in an academic journal, but as a pamphlet which would be easily accessible to women concerned with contemporary issues relating to feminism and health care, the audience they most hoped to reach.

Ehrenreich and English held that women had played a central role in healing in traditional society, but that the rise of medicine as a profession had led to the domination of élite males. The professionalization of medicine was necessarily accomplished by a conscious attempt to exclude all women from its practice. The excuse the newly developing medical profession used for this exclusion was that it, and it alone, could bring the benefits of science to medicine, and that the public

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1. Barbara EHRENRICH and Deirdre ENGLISH, *Witches, Midwives and Nurses: A History of Women Healers* (Old Westbury, N.Y.: The Feminist Press, 1973) was the first edition.

had to be protected from the ignorance of traditional healers. This claim to more efficacious knowledge was, according to Ehrenreich and English, often false and always exaggerated. The exaggerations were particularly glaring in the area of care for women in childbirth. Such care had always been the province of female midwives. The new profession of medicine, and particularly of "male midwifery", created a false dichotomy between "female" superstition and "male" medicine.

Witches, Midwives and Nurses is crucial to understanding the recent historiography of birth. Despite its polemical intent and its simplistic and derivative historical interpretations,² it remains a landmark because it represents the first widely read, fully developed challenge to what, up until then, had been standard historical orthodoxy about the history of women's health and, specifically, about the history of birth.

Up until the 1970s the history of birth had been the preserve of physicians or of those who wrote from the physicians' point of view. Books like Harvey Graham's *Eternal Eve* (1950) or Walter Radcliffe's *Milestones in Midwifery* (1967) are primarily concerned with the development of obstetrics as a science.³ While such works provide valuable information about the history of technology, their authors follow an uncritical "Whiggish" approach. They see the history of birth in Western Europe and North American society as one of gradual linear improvement from the seventeenth century to the present, an improvement that should be attributed to one cause, namely, the involvement of scientific medicine in childbirth. Science and technology, through the person of the obstetrician, replaced the haphazard methods of the folk practitioner. The fact that the obstetrician was male, and the folk practitioner female, is accepted without question by these historians, who do not notice the extent to which their version of the story is shaped by the misogynist attitudes of a patriarchal culture and by the self-serving reports of eighteenth- and nineteenth-century physicians criticizing their rivals, the midwives.

Since 1973, when Ehrenreich and English challenged this uncritical view of the history of obstetrics, their feminist analysis of history has been developed by two distinct, although related groups. The analysis has been employed first by feminists primarily concerned with contemporary issues and secondly by social historians of medicine who, while for the most part feminist themselves, nevertheless value history as more than a useful tool in contemporary debate.

It is noteworthy that the first group, the feminist critics of the medical establishment, have found an historical perspective useful to them. The quality of the care that women receive from the medical profession has been a central issue for feminism since the early 1970s. Feminists have developed a well-argued critique of North American medicine. They have documented that the personal experiences of many women with authoritarian physicians who are either remote or patronizing are not accidental: medical-school students are taught to believe, during their training

2. Among the sources Ehrenreich and English quote, one in particular influenced their views about women's relationship to professionalization in health care, namely Frances KOBRIN, "The American Midwife Controversy: A Crisis of Professionalization", *Bulletin of the History of Medicine*, 40 (July-August 1966): 350-63.

3. Harvey GRAHAM, *Eternal Eve* (London: William Heinemann Medical Books, Ltd., 1950), and Walter RADCLIFFE, *Milestones in Midwifery* (Bristol: John Wright and Sons, Ltd., 1967).

in obstetrics and gynaecology itself, that women are irrational, narcissistic, masochistic and childlike, and that many of their diseases arise from their inability to "accept the feminine role."⁴

Feminists have been particularly concerned about the effect that modern medicine has had on pregnancy and birth. In the words of Adrienne Rich, whose book *Of Woman Born: Motherhood as Experience and Institution* is one of the most powerful and perceptive feminist statements about motherhood, a "theft of childbirth" has occurred.⁵ What was once an experience controlled and organized by women has become one controlled and organized by men. The picture of the mother "awake during the birth yet unable to participate actively, her legs in stirrups, her wrists strapped down, her physical engagement with the birth process minimized by drugs and by her supine position",⁶ is for Rich a potent symbol of the way in which a male medical establishment seeks to control women's bodies ostensibly in the name of progress, but actually in order to reinforce patriarchy.

Adrienne Rich is a poet, not a scholar, and the great strength of her work lies in her ability to communicate the meaning of her own personal experience. But in this poetic and personal account, an historical analysis plays a central role. In the two historical chapters of *Of Woman Born*, Rich expands on some of the themes raised by Ehrenreich and English. It is a testimony to the influence of *Witches, Midwives and Nurses* that Rich calls it a "classic", though her historical research is more thorough than theirs and the "classic" had been published only three years earlier.⁷

For Rich, history buttresses the case she wishes to make against modern childbirth practices. She sees twentieth-century birth procedures as but the culmination of the rise of male midwifery. From the introduction of the forceps in the early seventeenth century by the Chamberlen family, who managed to keep the device a secret from their competitors for almost a century (as Rich puts it, "the men who developed the forceps, symbol of the art of the obstetrician, were profiteers"⁸), to the use of "twilight sleep" in the early twentieth century, Rich believes that the rise of obstetrics as a medical specialty has been damaging to birthing women and their infants. Medicalized childbirth, according to Rich, has disregarded women's needs and perceptions of the birth process. She even questions its claims to be beneficial to women's health. Women were better off when birth was seen as a natural event rather than as a disease, when they gave birth at home rather than in the hospital, and when they were attended by midwives rather than by physicians.

Adrienne Rich's incorporation of history into her account of motherhood is not idiosyncratic. An historical perspective has become a central part of the attack

4. A good, and representative, collection of articles from the feminist women's health movement is Claudia DREIFUS, ed., *Seizing our Bodies: The Politics of Women's Health* (New York: Vintage Books, 1977). It contains an article on the training of medical students by Kay WEISS, "What Medical Students Learn about Women", pp. 212-22.

5. Adrienne RICH, *Of Woman Born: Motherhood as Experience and Institution* (New York: W.W. Norton and Co., 1976). An edited excerpt is reprinted in DREIFUS, *Seizing our Bodies*, under the title, "The Theft of Childbirth".

6. RICH, in *ibid.*, p. 150.

7. RICH, *Of Woman Born*, p. 135.

8. *Ibid.*, p. 144.

on medicalized childbirth.⁹ This attack focuses on two main points: first, that the medicalization of childbirth has resulted in a loss of control for the woman giving birth, a loss of control which has not resulted in corresponding benefits, and second that it has destroyed a female occupation, namely that of midwife.

It is no wonder that opponents of medicalized childbirth have championed the midwife. The recognition of a woman's right to give birth at home, attended by a midwife rather than a physician, has been a major aim of North American women's health activists, both feminist and non-feminist. Employing history to shed new light on the role of midwives in contemporary society, advocates point out that in Europe and America medical men left normal childbirth to midwives until the eighteenth century because they considered the process of birth degrading and not worthy of their attention. But once they became involved in midwifery and saw that it could be lucrative, medical men deliberately embarked on a campaign to oust the traditional midwife. Using the prestige of their sex and social class, they slandered both the character and the treatment procedures of midwives and exaggerated their own claims to provide superior treatment.

The historical case for the midwives has some merit. It is also a one-sided view in which midwives appear as heroines and medical men as villains. It is true that, in traditional society, birth attendance was restricted primarily to women. It is true that when obstetrics arose, medical men used misogynist rhetoric to exclude both midwives from access to scientific knowledge and women from access to training as physicians. But little is learned when the self-serving misogyny is simply reversed. This vision confuses attempts to ascertain the significance of the gender of the birth attendant.

Midwives are usually portrayed as heroines and medical men as villains because it is said that midwives saw birth as a natural process and interfered with it as little as possible, whereas medical men have been advocates of intrusive technology. Through the development of such technology, it is claimed, it was doctors themselves who transformed childbirth from a natural event into a disease. The story of childbed fever plays a prominent role in the scenario of the medical man as villain and the midwife as heroine. Puerperal fever, which did increase in the seventeenth century and which remained a tragic problem until a knowledge of the causes of sepsis became widespread in the late nineteenth century, is blamed entirely on the entry of medical men into midwifery. It is assumed that if midwives, and midwives alone, had continued to attend mothers at birth, puerperal fever would not have been a problem.¹⁰

Again, the opponents of medicalized childbirth rest their case on historical interpretation which, while not entirely wrong, is one-sided. The causes of the

9. For an example of another feminist account employing historical references, see Ann OAKLEY, "Wisewoman and Medicine Man: Changes in the Management of Childbirth", in *The Rights and Wrongs of Women*, eds. Juliet MITCHELL and Ann OAKLEY (London: Penguin Books Ltd., 1976). As I discuss at a later point in this article, the attack on medicalized childbirth is not solely feminist. Some writers are either non-feminist or explicitly antifeminist. A widely cited non-feminist work is Suzanne ARMS, *Immaculate Deception: A New Look at Women and Childbirth in America* (Boston: Houghton Mifflin Co., 1975). For current antifeminist support of home birth the literature of the La Leche League provides good examples. One such is Tine THEVENIN, *The Family Bed: An Age-Old Concept in Child Rearing* (Minneapolis: Thevenin., 1976), pp. 92-93.

10. See, for example, ARMS, *Immaculate Deception*, p. 17, and RICH, *Of Woman Born*, p. 151.

increase in puerperal fever are complex and not fully understood, and while it was undoubtedly the case that the most dangerous place to give birth in the nineteenth century was in a lying-in hospital, women also became infected at home, and it is not the case that infection was invariably transmitted by medical men and never by midwives.¹¹

Feminist activists, then, have employed the historical analysis first popularized by Ehrenreich and English, but they have used the historical record selectively, creating formulations that best support the points they wish to make about the present. Meanwhile, during the same decade in which feminists made the polemical case against modern obstetrics, social historians have produced a growing body of work which, while it is for the most part sympathetic to feminism, has developed a deeper understanding of the past.

A number of such works appeared in 1977, including Catherine M. Scholten's important article, "'On the Importance of the Obstetrick Art': Changing Customs of Childbirth in America, 1760 to 1825", Richard and Dorothy Wertz's excellent general survey, *Lying In: A History of Childbirth in America*, and Jean Donnison's work on midwives in England, *Midwives and Medical Men*. In 1978, two good works on midwifery in America appeared, Jane Donegan's *Women and Men Midwives*, which deals with the eighteenth and early nineteenth centuries, and Judy Barrett Litoff's *American Midwives*, which focuses on the nineteenth and twentieth centuries. Judith Walzer Leavitt's article on "twilight sleep", which appeared in the journal *Signs* in 1980, adds to our knowledge of one important aspect of the history of childbirth, namely the use of anesthesia. Jane Lewis's book on the English maternal welfare movement in the early twentieth century, *The Politics of Motherhood*, which also appeared in 1980, deals well with the interaction of social policy formation and women's activist groups.¹²

All of these works are influenced by feminist analysis to a greater or lesser degree. They are all interested in exploring what Richard and Dorothy Wertz call "a social history of childbirth" rather than a technical history of obstetrics. Their

11. For a lengthy discussion of infection see Edward SHORTER, *A History of Women's Bodies* (New York: Basic Books, 1982), chap. 6. Shorter has done considerable research on this question and he has a number of interesting points to make, although I suspect that his ideological concerns, which are discussed later in this article, colour his treatment. Shorter does, however, argue convincingly that midwives did intervene intrusively at times, and that they, as well as doctors, spread infection.

12. Scholten's article appeared in *William and Mary Quarterly*, 3d ser., 34 (1977): 426-45; Richard W. and Dorothy C. WERTZ, *Lying In: A History of Childbirth in America* (New York: The Free Press, 1977); Jean DONNISON, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights* (London: Hinemann, 1977); Jane B. DONEGAN, *Women and Men Midwives: Medicine, Morality, and Misogyny in Early America* (Westport, Conn.: The Greenwood Press, 1978); Judy Barrett LITOFF, *American Midwives: 1869 to the Present* (Westport, Conn.: Greenwood Press, 1978); Judith Walzer LEAVITT, "Birthing and Anesthesia: The Debate over Twilight Sleep", *Signs*, 6 (Autumn 1980): 147-64; and Jane LEWIS, *The Politics of Motherhood* (London: Croom Helm, 1980). In this article, I have not drawn on the considerable material on the history of birth in Continental Europe, nor have I attempted to provide a full coverage of the literature on the history of birth in America or Britain. For a good review of the American literature, see Nancy Schrom DYE, "History of Childbirth in America", a review article which appeared in *Signs*, 6 (Autumn 1980): 97-108. Judith Walzer LEAVITT's recent article, "'Science' Enters the Birthing Room: Obstetrics in America since the Eighteenth Century", *The Journal of American History*, 70 (September 1983): 281-304, provides a good survey of its subject, and a thorough overview of the literature on American childbirth.

authors recognize that gender is an historical category; in varying degrees, they also recognize that class helped to shape women's experience of childbirth. A more balanced and a more detailed picture of the causes and the effects of medicalized childbirth has begun to emerge. This picture serves as a corrective both to the older, physician-oriented "Whiggish" accounts, and to those presented by activist opponents of medicalized childbirth. What are the main outlines of this revised picture of the history of birth in Europe and America? And what questions still remain unresolved?

First, there is a consensus that up until the eighteenth century, birth was an event that was organized and managed by women. Birth normally took place at home where the mother was surrounded by female relatives and friends. The only skilled helper was a practically trained midwife.

Although they agree that birth was a woman's event, the social historians stress two things about pre-modern birth that the polemical opponents of medicalized childbirth do not fully recognize. First, while "female rituals made birth a social event",¹³ female control of childbirth did not eliminate either pain or fear of death. Second, neither stereotype, the dirty, unkempt, unsanitary midwife, or the midwife as invariably wise and benevolent, is accurate. Midwives varied in skill, training, social class and commitment to their work. It appears that most midwives in early modern England and colonial America were capable of coping with normal births, but some were careless or unskilled. When faced with abnormalities, all midwives had limited resources.

When did medical men take up midwifery? While doctors had written about pregnancy and childbirth since the Greeks, the new midwifery, in which medical men became directly and frequently involved at births, began in the seventeenth and eighteenth centuries in France and England. At first the medical men dealt only with abnormal births; only gradually did they begin to attend women having normal deliveries. And real advance in the understanding of the birth process came slowly. Medical men were impeded in their investigations because customs concerning modesty did not usually allow a male practitioner to examine his female patient when she was completely undressed. As a result, ordinary eighteenth-century medical men had less access to practical knowledge than most midwives. But, on the other hand, eighteenth-century "man midwives" like the Scottish surgeon William Smellie, who studied the shape of the female pelvis, and of the fetal head, and who taught midwifery to both male and female practitioners, or the English anatomist and surgeon William Hunter, who studied the pregnant uterus, and who became the most fashionable *accoucheur* of his day, did wish to understand the process of pregnancy and birth in a new and scientific way, and their work did increase the store of human knowledge.

The involvement of medical men in midwifery had two results. Rapidly, the male midwife, or obstetrician, displaced the traditional female midwife as the preferred birth attendant. And as the medical men displaced the midwives, few of the skills of the new "man midwifery" were made accessible to midwives. The work of Donnison, Donegan, Litoff and Leavitt does much to explain how these two results occurred.

13. WERTZ and WERTZ, *Lying In*, p. 6.

Why did the male midwife supplant the female midwife? Women patients, it appears, were not passive bystanders in this change. Birthing mothers themselves made the decision to use medical men. The change occurred first among urban, well-to-do women, and appears to have occurred more rapidly in America than in Europe. "Women overturned millennia of all-female tradition and invited men into their birthing rooms because they believed that men offered additional security against the potential dangers of childbirth."¹⁴

Were women correct in this assumption? Here, assessments differ. The attendance of doctors rather than midwives did little to reduce the overall statistics of maternal mortality, it appears, but doctors did learn to intervene more effectively in certain kinds of difficult deliveries, and in the second half of the nineteenth century, they could bring the analgesic benefits of anesthetics to their patients.¹⁵

And what happened to the midwife as scientific obstetrics developed? The work that has been done on the female midwife does provide answers to this question. However, I think that this is one area of childbirth history in which new definitions do need to be developed. In broad outline, what one learns from Donnison, Litoff and others is that in England and elsewhere in Europe, the struggle between midwives and doctors led in the end to a recognition that midwives did have an important function to perform. The occupation of midwife was accordingly restructured and regulated, and midwives were given a recognized status. Jean Donnison, for example, writing about England, views Parliament's passage of the Midwives Act in 1902 as such a victory. In the United States, in contrast, the midwife virtually disappeared after World War I, and attempts to establish the midwife as a trained professional failed. Judy Litoff views this as a defeat, for midwives and for women generally.¹⁶

In my view, neither Litoff nor Donnison nor other writers on the midwife-doctor controversy give a full enough analysis of what the victory of trained midwifery really means in the twentieth century. It is certainly not a victory of women over patriarchal medicine. The English Midwives Act of 1902, for example, did not establish midwifery as a truly autonomous profession. Rather, it made the midwife part of a medical hierarchy which, as it has developed in the twentieth century, has indeed been dominated by male physicians at its highest levels, but which has depended on an array of lesser practitioners who have been predominantly female. The contemporary English or European midwife does have respectability and some status, but — like the nurse or laboratory technician — she gains this status within a male-dominated hierarchy.

In pre-modern times, the traditional midwife was not truly autonomous either, although both her polemical supporters and the social historians who have studied her often assume that she was. She was, in fact, controlled and limited by patriarchal society. Traditional midwives were disadvantaged members of society on two counts: they were female, and, while some midwives had more social status than others,

14. LEAVITT, "'Science'", p. 283.

15. On the advantages and disadvantages of the new midwifery, see *ibid.*, and the chapter entitled "The New Midwifery" in WERTZ and WERTZ, *Lying In*.

16. See DONNISON, *Midwives and Medical Men*, p. 176, and LITOFF, *American Midwives*, chaps. 5 and 6.

as a group they were not of a high social class. If we ask why medical men and not midwives developed scientific midwifery, the answer is to be found in taking fuller account of the disadvantages created by feminine gender and social inferiority.

The professionalization of the male occupation of medicine involved the self-conscious effort of an occupational group to improve its status and increase its prestige by becoming more organized and exclusive and by requiring more elaborate training. This process of professionalization, in turn, encouraged the growth of a genuinely more informed, more scientific and more beneficial medicine.¹⁷

A comparable process of professionalization was not really possible for pre-modern midwives because women's work was much more informally organized than that of men.¹⁸ Consequently, a woman would not usually have had access to the requisite knowledge and the training, but even if she did have such access — as did midwives who were married to surgeons — she still would not have been encouraged to develop an inquiring cast of mind. The stereotypes of gender, which declared that women were inherently incapable of scientific thought, would have militated against scientific inquiry by midwives. And the misogynist majority of eighteenth- and nineteenth-century doctors successfully prevented midwives from sharing in their new-found discoveries. Thus, cultural, social and ideological barriers would have made it almost impossible for a female William Smellie or William Hunter to have developed.

The real fight for the breakdown of the barriers preventing women from participating in scientific medicine came not from midwives, but from women seeking to be admitted to the medical profession. The virulence of the opposition those women encountered was far greater than any that was mustered against midwives because women doctors represented a much deeper challenge to patriarchal medicine.

Several of the scholars who have studied the history of the midwife have noticed that when women doctors did gain recognition, they were not notably supportive of midwives.¹⁹ The women doctors are implicitly criticized for their lack of female solidarity, but it could be said that they were correct in their belief that only by insisting on women's right to participate at the highest levels of the profession could the domination of male medicine be challenged. For indeed, it could be argued that re-establishing midwifery as a female specialty reinforced the ghettoization of women in the health professions.

The new social history of childbirth has increased our knowledge of the history of the doctor-midwife controversy, even though its analysis is incomplete. We now have a more balanced perspective on the connection between the rise of male

17. On the professionalization of medicine, see Toby GELFAND, *Professionalizing Modern Medicine: Paris Surgeons and Medical Science and Institutions in the Eighteenth Century* (Westport, Conn.: Greenwood Press, 1980).

18. There is evidence that some midwives in pre-modern Europe were organized. See SHORTER, *Women's Bodies*, pp. 36-43. But most were not.

19. For example, see LITOFF, *American Midwives*, p. 105, and DONNISON, *Midwives and Medical Men*, p. 84. For a useful and perceptive discussion of early women doctors and obstetrics, see Regina MORANTZ, "Professionalism, Feminism, and Gender Roles: A Comparative Study of Nineteenth-Century Therapeutics", *The Journal of American History*, 67, 3 (1980): 568-88.

midwifery and the loss of the mother's control over the birth process. Much polemical writing attributes this loss of control directly to the advent of the male practitioner. But the acceptance of male attendants in the eighteenth and nineteenth centuries did not lead in itself to such a loss of control. Birth still took place in the mother's home, in an environment over which she had more control than the doctor. The birthing woman's real loss of control came with the shift to hospital birth which, for all but the very poor woman, was a rare occurrence before the twentieth century.

There is no doubt that, where hospital birth has become the norm, as it did in the United States after 1920, the woman giving birth is subjected to an institutional routine over which she has little control. The fear and alienation created by this routine have, indeed, been the major target of the movement opposed to medicalized childbirth. But women's health movement advocates display an inadequate understanding of the past when they assume that women were *forced* to give birth in hospital by a patriarchal medical establishment. They can assert this only because they assume that contemporary concerns about the impersonal and mechanistic nature of modern medicine have had a much longer history than they in fact have. But, as Richard and Dorothy Wertz point out, it was only around 1930 that either doctors or their patients began to question the benefits of hospital care. Before that, as the Wertzses clearly demonstrate,²⁰ women themselves were enthusiastic about giving birth in the sterile, modern, twentieth-century hospital, an institution whose image was exactly the reverse of its nineteenth-century predecessor, which had been seen as the unsanitary refuge of the poor. Both middle-class and poor women looked forward to the rest and care they could receive in the hospital, in contrast to that available to them in their own homes.

Opponents of medicalized childbirth have also criticized the use of anesthesia. The assumption sometimes made is that anesthesia was forced on reluctant women by male physicians seeking greater control over them.²¹ As is the case with the issue of hospitalization, present concerns have here been confused with those of the past. In fact, as Judith Leavitt demonstrates in her discussion of "twilight sleep", the "miracle" anesthetic of the 1910s and 1920s, it was women, not physicians, who pushed for its adoption, and they did so using the "idiom of the woman movement." The American women who formed the National Twilight Sleep Association did so because they believed that physicians were denying women access to "twilight sleep" for anti-feminist reasons. They, in turn, saw themselves as working for "the betterment of womankind."²²

Leavitt's discussion of "twilight sleep" explicitly confronts the fact that the specific concerns of feminists today about women's health were not necessarily those of earlier feminists. Like today's anti-medical feminists, the women of the National Twilight Sleep Association believed that the male medical establishment did not always act in the best interests of women; but what they advocated for women was more access to technology, not less. A similar contrast between the concerns of contemporary feminists about pregnancy and birth, and those of the

20. WERTZ and WERTZ, *Lying In*, pp. 134-35.

21. Adrienne Rich, for example, takes this point of view about anesthesia in the twentieth century, although she agrees that Queen Victoria's decision to use chloroform at the birth of her seventh child in 1853 was a "radical" act. *Of Woman Born*, p. 169.

22. LEAVITT, "Birthing and Anesthesia", p. 154.

past, is implicit in Jane Lewis's discussion of maternal and child welfare programs in early twentieth-century England. What Lewis demonstrates is that women's groups were demanding more, not less, in the way of medical care in the antenatal and postnatal periods as well as at birth itself. The Women's Co-operative Guild, for example, pushed for the working-class woman's right to hospital birth, and castigated the government for not providing the money to ensure that right.²³

In view of the fact that a balanced picture of the history of birth had clearly begun to emerge from the work of social historians by 1980, it is curious that Edward Shorter's book, *A History of Women's Bodies*, published in 1982, is so polemical in intention. But the fact that it indicates that the ideological battles surrounding the history of birth are far from concluded. Two-thirds of Shorter's book is concerned with a history of pregnancy and birth. In this central section, Shorter's chief underlying intention appears to be to rehabilitate the medical profession as the hero of the story of childbirth, and to expose the errors of those he refers to as "engagé scholars in the women's movement".²⁴ The weakness of Shorter's approach is that he makes no attempt to distinguish between the anti-medical activists who use history to buttress their case against modern obstetrics, and those scholars, who, while they may be feminist, or even anti-medical, are still primarily interested in investigating the past.

Although Shorter has amassed considerable useful new evidence, all of his major points about the transformation of birth by scientific obstetrics — that birth in pre-modern times was hazardous, that midwives were not always beneficent, that women themselves participated in the medicalization of childbirth — are in fact acknowledged and dealt with in the scholarly works that have been discussed above. In fact Shorter has constructed a "straw woman". For the most part, the "engagé scholars" he quotes are activists whose use of history has been careless. When he quotes genuinely scholarly works, he misrepresents them.²⁵ Shorter is ideologically the mirror image of the feminist anti-medical activists. They see medicalized childbirth as a doctor's plot against women. He sees their criticism of the medical profession as the result of a misguided feminist ideology.

But Shorter is incorrect when he implies that feminism has impeded the development of the history of birth. On the contrary, feminism has done much to illuminate its history. It was the feminist analysis of Ehrenreich and English that first raised questions about the unconscious antifeminism of medical orthodoxy. They are better theorists than historians and it has been left to others to develop their analysis properly, but that analysis provided a necessary impetus.

23. LEWIS, *Politics of Motherhood*, p. 123.

24. SHORTER, *Women's Bodies*, p. 35.

25. A good example is to be found in his discussion of anesthesia. Shorter is arguing that "anesthesia should be seen as part of women's rejection of the traditional birth", whereas, he says, some disagree: "Representing the viewpoint that anesthesia was some kind of sinister doctors' plot against women are Richard Wertz and Dorothy Wertz..." (p. 149). Shorter then quotes Wertz and Wertz out of context, distorting their meaning. Even a cursory reading of *Lying In* shows clearly that the Wertz's have done research to establish that women themselves supported anesthesia and they specifically reject the notion that doctors are sinister plotters (see WERTZ & WERTZ, *Lying In*, pp. xi-xii). And while Shorter does cite Leavitt's work on "twilight sleep" in a footnote, he does not acknowledge that she is making, in more detail, the very point he wishes to make.

If historians have learned from feminist ideology, feminist anti-medical activists could learn more than they have from the social history that their questions generated. There are some disturbing tendencies in the feminist self-help movement which could be more fully understood in the light of a better understanding of the past.

The most disturbing tendency is that of seeing technology itself as both masculine and destructive. While there is some truth in the argument that masculinity, because it has encouraged in men the development of an excessive tendency to engage in abstraction, had led to harmful uses of technology, it is both inaccurate and self-defeating for feminists to assert that technology is in itself masculine, destructive and “unnatural”, and to advocate that women should have no part in its use or development. Consciously or unconsciously, such an assertion is behind statements about the past which picture the midwife as heroine and the doctor as villain, and some of the more extreme statements made about the benefits of home birth.

Such statements about past or present are dangerous. They are dangerous in a literal sense because they blind us to the very real benefits that medical technology can offer. They are also dangerous because they threaten the development of feminist thinking. When feminists use arguments that depend on positioning woman’s affinity with the “natural”, they come perilously close to aligning themselves with antifeminists who assert that woman’s nature is fundamentally different from that of man’s: that women are more mystical, closer to nature, less rational and more intuitive than men. These beliefs have been mainstays of antifeminist rhetoric in Western societies for centuries.

In this regard, it is noteworthy that such antifeminist beliefs were an integral part of the natural childbirth movement, a movement whose origins go back three decades earlier than the feminist attack on patriarchal medicine. The natural childbirth movement began with the publication of Dr. Grantly Dick-Read’s *Childbirth Without Fear* in 1942. Read believed that women have a natural and instinctive understanding of childbirth which has been damaged in the twentieth century by false ideas. He believed that his system of educated childbirth could teach mothers to regain what would have been theirs, instinctively — childbirth without fear. He insisted that in a normal birth, the obstetrician’s role was to be a wise attendant to an actively participating mother, not the chief actor operating on a passive patient. In short, he anticipated many of the features of the feminist critique of medicalized childbirth. But Read was no feminist. He believed that motherhood was woman’s chief function and that the capacity for motherhood made women fundamentally different from men. He actively advocated large families and disapproved of bottle feeding and maternal employment. He also assumed that, while women should devote themselves to motherhood, male obstetricians would be their primary birth attendants. Read, then, disapproved of certain aspects of medicalized childbirth, but he supported, rather than challenged, patriarchy.²⁶

Anti-medical feminists have done too little thinking about the overlap between their concerns, and the concerns of those who advocate such practices as home birth and breast feeding because they seek to enhance an antifeminist view of

26. Wertz and Wertz give a good brief overview of the history of natural childbirth. *Ibid.*, chap. 6.

motherhood. A deeper understanding of this overlap would be enhanced if historians would turn their attention to the history of birth during the last fifty years. We need a greater understanding of the nature of the discontent with medicalized childbirth that began to arise, as the Wertzes indicate, after 1930. We especially need to understand that this discontent did not originate solely with those whose concerns were feminist in nature: indeed, it appears to have originated with antifeminists.

In conclusion, then, it can be said that an historical perspective does have a role to play in developing a feminist critique of modern medicine. But the historical perspective should be one that recognizes that not all of the concerns of the present are identical with those of the past. Specifically, we need to recognize the fact that both men and women have created and supported the development of technology, and that men and women alike both suffer and benefit from it. We reinforce patriarchy by claiming that women, because of their femininity, are anti-technological. Rather than being content with "Seizing our Bodies" as women, we need to seize our rights to share in shaping technology so that it benefits all of us.