

## Essay Reviews

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JACQUES GÉLIS, *History of childbirth: fertility, pregnancy and birth in early modern Europe*, transl. Rosemary Morris, Cambridge and Oxford, Polity Press, 1991, pp. xvii, 326, illus., £39.50 (0-7456-0677-6).

It is a paradox that although the sources on childbirth in the past are so voluminous that “Historians are in danger of losing themselves in a labyrinthine superabundance of documentation” (p. xiv) we still know little about normal labours and the customs surrounding childbirth in early modern Europe. Here, to fill that gap, is what the author describes as “the fruit of ten years research into the anthropology of childbirth”: a compendium of old beliefs, folklore, rituals, and customs concerning menstruation, infertility, pregnancy, childbirth, infant care and so forth and even a memorable section on the naming of children. There are numerous case-histories of the normal and abnormal, many of them gruesome, and some bizarre, such as the accounts of women who died and were buried undelivered, but when exhumed there was the baby between their legs.

The variety and detail make compulsive reading, for there is much original material. As a fascinating collection of folklore this book may well achieve deserved popularity. Sadly however, it fails to live up to its English title as a history of childbirth in early modern Europe. There is no spatial or temporal structure. We zigzag round France at speed from Picardy to the Jura, from Cantal to Aurillac, from Angoulême, Avignon, Soissons, and Strasbourg to Le Mans, leaping from one century to another. There is little historical analysis. There is much that is slipshod, and inaccurate. There are assertions based on little or no evidence, and the style is often pretentious.

From the first chapter (‘Man, the Earth and the Cosmos’) there is a great deal about macrocosms and microcosms, Mother Earth and the cycle of life. It is difficult to understand the purpose of passages such as “The most familiar image of human destiny is the span, or curve, which individuals follow through life, and which is longer and more sustained for some than for others” (p. 34), or, “The wonderful and inexorable cycle of life and death continues without interruption, for one creature must die that another may come into the world” (p. 5). The author sees great significance in trees which “have always been a fertile source of myth. A tree’s roots go down to chthonic depths, to the world of the dead, whence comes its vitality” (p. 27). On macrocosms and microcosms he tells us: “A woman’s body is most notably subject to cosmic influences: the regular upheaval of her periods shows her sensitivity to the rhythms of the macrocosm” (p. 10), and he says, “If human existence was seen as cyclic, so too was the progress of time. In rural society, the brief span of the farming year was as it were a microcosm of the life of man” (p. 35). Later he writes of spontaneous births “which used to happen ‘according to the rhythms of the earth’ . . . labour naturally begins at about one o’clock in the morning, with the birth coming most often around three o’clock . . .” (p. 272). I would like to see the evidence for that. Some passages suggest Walt Disney: “Thus the commonest image for the foetus shows it sleeping in the mother’s womb like a cockchafer grub lurking deep in Mother Earth, or a bear curled up in a cave and waiting for the spring awakening” (p. 51), while others are embarrassingly banal: “The woman’s womb, like the great womb of earth, was a crucible in which the seed sprouted to ensure a perpetual beginning” (p. 270).

Apart from passages like these, most of the book consists of a series of vivid pictures built up from small details. The details often sound plausible, but on close examination many of them turn out to be little more than the speculations of the author. Under the heading ‘Hernias and whooping cough’ there is a passage which in itself is fairly trivial but is characteristic of much of the book:

Mothers and nurses “changed” the child very infrequently, so that for hours it had to lie in its own filth; it might cry, but as the crying was supposed to be a sign of vigour, it was left to cry . . . It might also cry because it was being eaten alive by vermin: lice swarmed on its head, and its body, tied up in swaddling clothes, was infested with fleas. And so it would cry at the top of its lungs, poor thing! Cry until it got a rupture, the simple or strangulated hernia which, if it survived it, would afflict it all life long. (p. 255)

Notice the details. A case is made, then embellished and presented as a fact. There are no doubts, no uncertainties, no reservations. We are told infrequent changing and infestation with vermin caused an excessive amount of crying; excessive crying caused hernias, and with hernias there were two possible outcomes—death from a strangulated hernia, or affliction for life. Certainly infantile hernias bulge when a baby cries, and parents often think hernias are caused by crying, but in fact they are not. They are congenital in origin. By far the most common infant hernia, the umbilical, almost always disappears when the child starts to crawl. It is rare for an infantile hernia to become incarcerated. In short, infantile hernias are not a serious problem, and if the author maintains they were in the early modern period, mere assertion will not do. In the absence of historical quantitative evidence this passage should be regarded as embellished speculation. And this is not an isolated instance.

There is a more serious assertion about the supposed gross incompetence of midwives and the damage they caused to infants. The author asserts: “the amount of precise evidence puts the seriousness of the evil beyond doubt. In the villages many a cripple and imbecile owed his infirmity to an incompetent midwife. The very survival of posterity seemed threatened to contemporaries, who demanded intervention from above [whether the author means God or the government is unclear] to stop the damage. In 1775, a doctor, Augier du Fort, sounded a real cause of alarm:”

How many feeble [children], helpless, crippled? . . . What hope for the next generation?  
How many useless creatures? How many children atrophied, hunchbacked, deaf,  
blind, one-eyed, bloodshot . . . with twisted legs, lame, contorted, hare-lipped—  
deformed, ill-shaped children, almost useless to society. (p. 232)

Here we are asked to believe that in the eighteenth century midwives were so incompetent, and presumably so rough and so prone to intervene in labour so often, that they caused a wide variety of injuries (how they caused them is not stated) and “the very survival of posterity” was threatened. This is a serious allegation which, if true, has implications of great significance for those who are interested in neonatal (endogenous) mortality in early modern Europe. But we need much more than the evidence of Augier du Fort (assuming he actually blamed the midwives) who, like his English contemporaries, may well have been motivated by a hatred for midwives when he wrote the passage quoted above. In fact there is evidence that contradicts this picture of gross incompetence, and suggests that the competence and care of seventeenth- and eighteenth-century midwives was often as good as, if not better than that of many surgeons.<sup>1</sup> Passages such as this breed a distrust of the author and his conclusions.

In the chapter entitled ‘Death the Greatest Aberration’, the author deals with puerperal fever, “The Black Death of Mothers” and the question of contagion. Here there are major errors. He states (p. 249) that from 1750 the English obstetricians John Burton, William Smellie, John Leake, Alexander Hamilton and Charles White asserted the contagiousness of puerperal fever. They did not. Oddly, he then (correctly) credits Alexander Gordon of Aberdeen with being the first to demonstrate the contagiousness of puerperal fever in 1795, but Gordon had no idea how the contagion occurred.<sup>2</sup> It is incorrect to say Gordon advocated “careful washing of the hands” or that he discovered and advocated “a few elementary precautions which prevented contagion” (p. 250).

<sup>1</sup> For example: A. Bideau, ‘Accouchement naturelle et accouchement à haut risque. Deux aspects de la mortalité maternelle et infantile (Châtellin de Thoissey-en-Dombes—1660–1814)’, *Annales de démographie historique*, 1981, pp. 49–66; and J.-P. Bardet et al, ‘La mortalité maternelle autrefois; une étude comparée (de la France de l’Ouest à l’Utah)’, *Annales de démographie historique*, 1981, pp. 89–104. There is evidence that some seventeenth-century European midwives were capable of providing maternal care at least as safe as that provided by midwives in the nineteenth century. See H. Marland, “*Mother and child were saved*”. *The memoirs (1693–1740) of the Frisian midwife, Catharina Schrader*, with introductory essays by M. J. van Lieburg and G. J. Kloosterman, Amsterdam, 1987

<sup>2</sup> “Those who propose to prevent the Puerperal Fever, must have two intentions in view. The one is, to prevent the infection from being communicated; and the other is, after the infection has been

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Worse still, the author states when Gordon introduced measures to prevent contagion: "The results were spectacular! Out of 77 women who were infected, 49 survived . . . though it was thought they were all doomed" (p. 250). Measures to prevent contagion, had Gordon known of any, might have reduced the incidence of puerperal fever but they could not have affected the outcome in cases in which the disease was established. Gordon referred to the 49 who survived in a totally different context. He cited them as evidence of his belief in the importance of early and copious bleeding in cases of puerperal fever.<sup>3</sup> From the modern point of view, this is the only flaw in Gordon's otherwise brilliant thesis.

The author's statement that the work of Gordon and Semmelweis was ignored is at best partially correct. His assertion that doctors "refused to see what was staring them in the face" (p. 249) is a gross over-simplification. The evidence for and against contagion was evenly balanced and far from straightforward. Following this the author states that the discovery that contagion was of microbial origin made the "necessity of asepsis finally convincing. From 1879 onwards, the use of carbolized dressings put an end to the scourge, and to the terror of the new mothers" (p. 250).

If carbolized "dressings" were used in midwifery (and what were they used for?), they were a very minor part of *antiseptic* technique and had nothing to do with asepsis (although this may be an error in translation). Nor is it remotely true that the work of Pasteur and Lister put an end to puerperal sepsis. It remained the most common cause of death in childbed for a long time to come, both on the Continent and in Britain. The techniques of antiseptics and asepsis were introduced into the practice of midwifery in the 1880s. Before antiseptics, in the 1860s, the maternal mortality rate from puerperal sepsis in England and Wales was around 16 per 10,000 births. In 1934 it had risen to 18.4, and the rates in 1930 were 19.8 in Amsterdam, 22.0 in Paris and 23.5 in Belgium—rates which were only slightly, if at all, lower than they had been before antiseptics.

This, however, lies outside the author's chosen period of four centuries, which, although he fails to say so, were presumably the fifteenth to the eighteenth inclusive. What does lie inside his period, however, and was a change of enormous significance, was the birth of man-midwifery: that is, the growing involvement of medical practitioners in the management of normal as well as abnormal labours. On this there is very little. There is no entry in the index under "men-midwives", "man-midwifery", "accoucheurs", "obstetrics", "obstetricians", "medical practitioners", or "surgeons". Perhaps the author felt, in spite of the title of the book, that these matters lay outside the anthropology of childbirth. If so it is unfortunate he included the following passage:

Obstetrics were in fashion, and for the surgeon they were a way of raising himself at last to a position of social respectability. . . . So he would set himself up as an obstetrician for better or worse, after going to some cutler in the town for instruments which symbolised this new art: forceps and head-puller, separators and perforators. (p. 231)

No date is given for this statement, but, as it follows close on the heels of a passage whose footnote reads "Peu, *Pratique*, pp. 153–4" which presumably refers to the text published by Phillippe Peu in 1694, one assumes the author was writing with the late seventeenth century in mind.

At that time the forceps still remained a secret in the Chamberlen family. They appear to have been first used in France by Dusée, probably around 1720, but he did not publish details of his forceps. This was left to Butter of Edinburgh in 1733. The "local cutler" would certainly not have

communicated, to prevent its actions. My endeavours were entirely directed to the last purpose . . . With respect to the most effectual means of preventing the infection from being communicated, I must speak with great uncertainty, *because in this matter I have not experience to guide me* [my italics]. Alexander Gordon, *A Treatise on the Epidemic Puerperal Fever of Aberdeen*, London, G. G. and J. Robinson, 1795, p. 97.

<sup>3</sup> ". . . for when I took away only ten or twelve ounces of blood from my patient, she always died; but when I had the courage to take away twenty or twenty-four ounces, at one bleeding, in the beginning of the disease, the patient never failed to recover", *ibid.*, p. 78.

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had forceps before the 1730s at the earliest; and perforators were, to the best of my knowledge, a nineteenth-century invention. I have not the ghost of an idea what a head-puller is meant to be. In the illustration opposite p. 141, which shows a surgeon and a dismembered foetus, the instrument is almost certainly a sharp hook. It is not, as suggested, a pair of forceps with which it would have been impossible to produce dismemberment of the kind illustrated.

The footnotes are maddening. There is no running head to guide one by the page number, and works are cited without dates as in "La Motte, *Traité* pp. 406–7" or the example of "Peu, *Pratique*" given above. The reader may search back through the footnotes for the full reference, but usually in vain. There is no bibliography; only a list of secondary sources in 'Further reading'. In spite of a memorable collection of stories, this is a disappointing work. On the dust cover it is suggested "This book will surely become the standard scholarly text on the history of childbirth in pre-modern times". Not for long, I hope.

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JANET OPPENHEIM, *Shattered nerves: doctors, patients, and depression in Victorian England*, New York, Oxford University Press, 1991, pp. x, 388, \$27.95 (0–19–505781–3).

Janet Oppenheim dedicates her latest book to the memory of Stephen Koss and it is becoming clear that she is replicating in the cultural area the breadth of interest that Koss showed in the political world of Victorian life. Oppenheim is a leading exponent of the view that what were once fringe Victorian activities, such as spiritualism or various forms of culturally organized valetudinarianism are in fact of the essence. Although her focus is on the bourgeoisie, she knows that the nineteenth century in Britain generated profound disturbances in all areas of social life and that Victorian medicine and Victorian spiritualism attempted in part to come to terms with the scale of these new difficulties. Scientific materialism could seem both impressive and yet empty. Male members of the middle class and the upper middle class were meant to be upright and manly, their mission to pacify the world. In fact, as with Charles Darwin, a great deal of time was given over to a more fundamental activity: vomiting. Industrial capitalism fashioned a cruel and novel social universe and Oppenheim is one of our leading students of the price that was paid. Above all, in a way that Stephen Koss would have approved, she has studied the limitations of the kinds of assistance that were on offer in the nineteenth century. Individuals and families were on their own, whether in the afternoon *séance* or the long life of anxiety and depression that may well be the secret history of the educated classes of the period. The character of Oppenheim's examples and her slight remoteness from the world of economics can sometimes mar her analysis. Obvious as the point may be, the history of labour made a great difference with regard to depression and neurasthenia since these were overwhelmingly the anxieties of affluence. Oppenheim is a fine historian of a certain class of Victorian and this gives her books their strength.

The medical/historical problem, as always, is to avoid the anachronistic use of diagnostic terms. Depression, as a useful psychological expression has now reached an impasse of excessive meaning. It has perhaps become neurasthenic even, lacking the "nerve-force" to conjure up a firm identity. There is of course "Major Depressive Disorder", as enshrined in American nosology, and there are many antidepressant drugs. There are depressing circumstances, and depressed figures and economic depressions. But when a doctor now hears the phrase "I'm depressed", much clarifying of symptoms and precipitants is still required to understand the meaning or venture a diagnosis. If we go further and attempt to extrapolate this broad-church term into historical exposition, the uncertainties increase with a depressing regularity for every decade re-traced. Is it "nervous breakdown" rearranged? Is it the existential state of crowded modern man? Victorian patients talked of "unpardonable sins" and endured their going forth (walks, water cures, worldwide wanderings) as well as their incoming (purges, tonics, hypnotics) remedies. Melancholia has been with us for 2,000 years or more, and embraces a noble tradition of writings, experiences and honourable suffering. Depression by contrast has generated a