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## THE MEETING OF MOTHERS, MIDWIVES, AND MEN

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By Alyssa Kirkman

Colonial women lived in a time without modern medicine or effective birth control. As a result, childbirth dominated their attention for a great portion of their lives and held the potential to be a time of immense joy or immense sadness. Laboring women surrounded themselves with female friends, family, and, of course, a midwife. The women involved in this social childbirth encouraged and commiserated; they ran errands and gossiped about the latest rumors and recipes, ever ready for potential heartbreak. The delivery room belonged to the women, and in it the midwife was in charge. “Midwife” literally means “with woman” or “a woman who is with the mother at birth.”<sup>1</sup> For the first 250 years of American history, midwives delivered almost all of the babies. However, throughout the eighteenth and nineteenth centuries medicine took great strides, and by the 1820s midwives had almost completely disappeared among middle and upper class families. As people learned the mechanics of the female body and childbirth, the trained physician replaced the untrained midwife, and social childbirth turned into a private affair between a woman and her doctor. Even though colonial midwives held a more important societal status than their English counterparts, they were still subject to the medical changes begun in Europe that cost them their profession.

In the American colonies, the social childbirth process closely followed its English example. Seventeenth-century people viewed childbirth as a dangerous affair, and rightly so, as one in twenty-four babies died within their first day of life, with stillborns making up forty percent of that number.<sup>2</sup> When a woman went into labor, a set of protocols was followed to ensure as much safety and divine blessing as possible. The woman’s female family and friends gathered near as they recited prayers, provided hot water and towels, and withdrew into the dark room for potentially days as they awaited new life to enter the world.<sup>3</sup> This community affair can be divided into three stages, all based on social confines. In the first stage, the woman’s contractions began, and she would walk around as much as possible to hasten the delivery. They called for the midwife at this point. The second stage occurred when the midwife determined that the “forcing” or “bearing” pains had come (probably when the cervix was fully

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<sup>1</sup> Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America* (New York: The Free Press, 1977), 6.

<sup>2</sup> Laurel Thatcher Ulrich, *A Midwife’s Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (New York: Vintage Books, 1990), 186-87.

<sup>3</sup> Benjamin Woolley, *Heal Thyself: Nicholas Culpeper and the Seventeenth-Century Struggle to Bring Medicine to the People* (New York: HarperCollins Publishers Inc., 2004), 305; 308.

dilated). Then, they would call the local women and possibly even apprenticed midwives. These women were frequently called “gossips,” as they used this opportunity to chatter about local rumors and to exchange recipes. They tried to ease the tension of the mother, often by saying words of encouragement or even telling coarse jokes. After the mother finished delivering, the third stage, or the “lying-in” period, began. The midwife’s role was largely over, and the female friends and family members stepped in. After delivery, mothers would be too weak or too busy to continue their daily housework. Lying-in lasted three to four weeks in order for the mother to recuperate, and during this time she let others do the housework and look after her other children. After the lying-in period, the mother would repay her friends in two ways: she would be ready to return the favor in her neighbors’ lying-in periods, and she held a “groaning party.” They named these parties after the groaning of both the mother in labor and the table under all the food she prepared.<sup>4</sup> Entire communities of colonial women shared the event of childbirth.

In sixteenth- and seventeenth-century England, midwives constituted a loosely connected group of women, often operating without control or regulation. The few regulations that did exist reveal the specific communal expectations of midwives in the birthing room. An oath from this time period lists fifteen responsibilities that midwives should complete. They would be, “diligent and faithful and ready to help every woman labouring with child, as well the poor as the rich; and...in time of necessity [would not] forsake the poor woman to go to the rich.” Midwives were also required to discover the father of babies of unwed mothers. While the woman was in delivery, the midwife asked the name of the father, and people assumed that a mother in labor could not lie. They were to ensure that children would be baptized into the Anglican Church and stillborns would be buried.<sup>5</sup> Midwives tried to interfere as little as possible to allow nature to take its course. They viewed birth as a natural process that needed little help. Percival Willughby advised his midwife daughter, teaching her about the patience of nature, that hurrying delivery would “rather than hinder the birthe than any waie promote it, and oft ruinate the mother and usually the child.”<sup>6</sup> While waiting on nature, they provided the mother with a steady supply of alcohol. Martha Ballard’s diary describes a rum, tea, and sugar

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<sup>4</sup> Ulrich, 183-85; Catherine M. Scholten, “‘On the Importance of the Obstetrick Art’: Changing Customs of Childbirth in America, 1760-1825,” in *Women and Health in America*, ed. Judith Walzer Leavitt (Madison, WI: The University of Wisconsin Press, 1984), 144-45; Ulrich, 188-89; Wertz, 4-5.

<sup>5</sup> Jane B. Donegan, *Women and Men Midwives: Medicine, Morality, and Misogyny in Early America* (London: Greenwood Press, 1978), 12.

<sup>6</sup> Jane B. Donegan, “‘Safe Delivered,’ but by Whom? Midwives and Men-Midwives in Early America,” in *Women and Health in America*, ed. Judith Walzer Leavitt (Madison, WI: The University of Wisconsin Press, 1984), 303.

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concoction she used.<sup>7</sup> A midwife's tools consisted simply of either a stool or a pallet-bed that allowed the woman to give birth sitting or even standing. Extra hands helped to catch the baby.<sup>8</sup> Thus, a midwife's primary role was to comfort, reassure, encourage, and support. John Maubray described the ideal midwife in *The Female Physician*:

She ought not to be too Fat or Gross, but especially not to have thick or fleshy Hands and Arms, or large-Bon'd Wrists: which (of Necessity) must occasion racking Pains to the tender labouring Woman...She ought to be Grave and Considerate, endued with Resolution and Presence of Mind, in order to foresee and prevent Accidents... She ought to be Patient and Pleasant; Soft, Meek, and Mild in her Temper, in order to encourage and comfort the labouring Woman. She should pass by and forgive the small Failing, and peevish Faults, instructing her gently when she does or says amiss...

Skill was not the main concern of the colonial mind. The midwife was rather to be a "paragon of virtue."<sup>9</sup>

Midwifery's importance in family life was demonstrated by its presence among the first professions in the colonies. Wherever women went, midwives followed. The first colonial midwife, Bridget Lee Fuller, wife to Deacon "Doctor" Samuel Fuller, sailed on the *Mayflower* with the Pilgrims and delivered the three babies born on that voyage. Other early examples of colonial midwives include Mrs. Wiat (d.1705), who successfully delivered over one thousand babies in Dorchester, and Mrs. Thomas Whitmore, who did not lose a patient in the two thousand deliveries she attended.<sup>10</sup> Anne Hutchinson, the famous religious dissenter, also served as a midwife in her four years at the Massachusetts Bay Colony in the 1630s before she was banished for her heretical beliefs.<sup>11</sup> Southern plantations often had their own midwife who would be responsible for delivering and rearing both slave babies and their master's children. These "granny midwives" introduced African folklore, superstitions, traditions, and practices into southern midwifery.<sup>12</sup>

The best example of midwifery in the colonial period is Martha Ballard, who worked in Hallowell, Maine. Unlike most midwives of her period, she left behind a diary in which she meticulously wrote down the 816 births she

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<sup>7</sup> Ulrich, 190.

<sup>8</sup> *Ibid.*, 185.

<sup>9</sup> Donegan, *Women and Men Midwives*, 10-11.

<sup>10</sup> Donegan, "Safe Delivered," 308.

<sup>11</sup> Bethany Reid, "'Unfit for Light': Anne Bradstreet's Monstrous Birth," *The New England Quarterly* 71, no. 4 (December 1998): 526.

<sup>12</sup> Judith Pence Rooks, *Midwifery and Childbirth in America* (Philadelphia: Temple University Press, 1997), 18.

attended from 1785-1812, along with other thoughts and prayers.<sup>13</sup> Ballard's diary tells more than just her life events; it tells what a midwife's typical day may have been like. The number of births she attended varied every month, some being much busier than others. During a three-week period in August of 1787, she attended four deliveries and one false alarm, and, in addition to midwifery, she "made sixteen medical calls, prepared three bodies for burial, dispensed pills to one neighbor, harvested and prepared herbs for another, and doctored her own husband's sore throat."<sup>14</sup> Colonial midwives performed the duties of healers and pharmacists while still delivering babies and doing normal housework. For example, Anne Hutchinson attended illnesses as well as deliveries, which is where she performed much of her witnessing.<sup>15</sup> Women frequently were responsible for caring for the ill and treating injuries, as seen in multiple medicinal concoctions within colonial recipe books.<sup>16</sup> Therefore, it was logical for midwives to be viewed as capable family doctors. Midwifery was the best paying job available to a woman, and, as such, many widows became midwives for their livelihood. Mrs. Ballard charged an average six shillings per delivery, which is roughly equal to what her husband made as a surveyor and more than the daily wages of four shillings for the average weaver.<sup>17</sup> They held a job that was central to society, as evidenced by the several New England towns that offered rent-free housing for midwives.<sup>18</sup>

Colonial midwives were more successful than their English counterparts partly because colonial women were healthier and partly because tighter regulations produced more skill.<sup>19</sup> Middle to upper class English women stayed inside the home more than colonial, or rather rural, women did. The lack of sunlight often led to rickets, which distorted the female pelvic bone. The twisted pelvis would then obstruct the birth canal and constrict the baby's passage. However, there were no tools to determine if a pelvis was twisted, so they did not know the cause of the obstruction.<sup>20</sup> Also, urban women tended to be more fashion conscious, and the quickly developing fashion during this time was a wasp-like waist. The desired waist circumference of fifteen to eighteen inches required pre-adolescent girls to bind their ribcages, which permanently deformed their intestinal structure. Corsets helped to keep up this figure. Naturally, this would cause painful pregnancies and obstructed childbirth.<sup>21</sup>

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<sup>13</sup> Ulrich, 5.

<sup>14</sup> *Ibid.*, 40.

<sup>15</sup> Reid, 528.

<sup>16</sup> Keven J. Hayes, *A Colonial Woman's Bookshelf* (Knoxville, TN: The University of Tennessee Press, 1996), 88.

<sup>17</sup> Rooks, 18; Ulrich, 199.

<sup>18</sup> Wertz, 8.

<sup>19</sup> *Ibid.*, 18.

<sup>20</sup> Lyle Massey, "Pregnancy and Pathology: Picturing Childbirth in Eighteenth-Century Obstetric Atlases," *The Art Bulletin* 87, no. 1 (March 2005): 77.

<sup>21</sup> Wertz, 110-11.

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Colonial women did not contend with these issues until colonial urbanization in the early nineteenth century. In addition to more pragmatic minds, rural women had more available food and less crowding, which, in turn, yielded healthier mothers. Maternal mortality rates provide a comparison of women's health as well as the skill of English and colonial midwives. Mrs. Thomas Whitmore, as mentioned above, was said to never have lost a patient. Martha Ballard had five mothers die (none of which occurred on the delivery bed) in 998 total deliveries; Hall Jackson, a midwife in Portsmouth, New Hampshire claimed no maternal deaths in 511 deliveries; and Lydia Baldwin of Vermont had one maternal death in 926 deliveries. To contrast, in 1770, there were 14 maternal deaths in 64 deliveries in one area of London, a 222 per thousand average, and 35 maternal deaths out of 890 deliveries in another area of London, a 39.3 per thousand average. English villages of this time period had mortality rates comparable to this, ranging from ten to twenty-nine maternal deaths per thousand.<sup>22</sup> Overall health appears to have been better in the colonies. Urban English and Scottish death rates were twice as high as those in Portsmouth, New Hampshire between 1700 and 1800, whose rate was comparable to other colonial cities.<sup>23</sup>

Stricter religion also contributed to more success in colonial deliver rooms, as it effectively dismissed many potentially harmful magical practices.<sup>24</sup> Divine expectations led to tighter regulations, producing more skillful colonial midwives. These expectations appeared in the literature written for midwives by men. In 1710, Cotton Mather published *Elizabeth and Her Holy Retirement* for both midwives and pregnant women. He talked about how a woman should ponder her spiritual state as life-threatening childbirth approached. Midwives were to carry this pamphlet around to give to women in childbirth, as it was their job to spread piety:

I will move a godly Midwife, to procure a new Edition of my little Essay, entituled, *Elizabeth in her Holy Retirement*: that it may be scattered thro Town and Countrey; and occasion be taken from the Circumstances of them who are expecting an Hour of Travail, to quicken their Praeparation for Death, and the Exercise of all suitable Piety.

Interestingly enough, it also contained a recipe to improve nurses' milk.<sup>25</sup> Furthermore, midwifery pamphlets included directions and advice for midwives in case of complications. Popular manuals included Francois Mauriceau's 1688

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<sup>22</sup> Ulrich, 172-73.

<sup>23</sup> J. Worth Estes, *Hall Jackson and the Purple Foxglove: Medical Practice and Research in Revolutionary America 1760-1820* (Hanover, NH: University Press of New England, 1979), 98.

<sup>24</sup> Wertz, 2.

<sup>25</sup> Hayes, 97-98.

publication, *Les Maladies des femmes grosses et accouchees*, which was the best compilation of obstetrical knowledge of the period. It went through several editions in the colonies and was very important clinically, as he was the first to write about tubal pregnancy, epidemic puerperal fever, and complications in labor caused by umbilical cords. *Aristotle's Masterpiece*, *Aristotle's Compleat and Experience'd Midwife*, *The Problems of Aristotle*, *Aristotle's Legacy*, and *The Works of Aristotle*, all popular in the colonies, combined astrological and strange folk medicine with useful, practical information on conception, pregnancy, and childbirth. (Some young men even used these manuals as pornography.)<sup>26</sup> Nicholas Culpeper, a famous physician of seventeenth-century London, wrote *A Directory for Midwives*, a self-help pamphlet. He wrote in a simple, engaging style so that any midwife could read and find his manual useful. It contained a large amount of female and fetal anatomy, normal labor, nursing, and lying-in practices as well as causes for infertility and miscarriages. He intended midwives to keep the manual near in case of sudden labors, but he left out directions for emergency situations. He felt they were beyond the depths of a midwife's understanding and into the realm of the physician's.<sup>27</sup> Although Culpeper wrote to better midwifery of his day, his opinions about midwives' capabilities to learn, understand, and repeat processes and procedures in the birthing room represent the shift occurring in medicine in the eighteenth century.

The 1600s were a time of great advances in many areas of medicine. As the scientific revolution raged in Europe, the idea that the body was mechanistic and would follow predictable patterns developed. These patterns could be studied, and manipulations could be created to increase the health of individuals; thus, the scientific evaluation of the human body began. This led to an increased interest in the mechanics of childbirth.<sup>28</sup> As men were not allowed in the birthing room, childbirth remained a mystery to them. The only time they ever entered the laboring woman's chamber was when a delivery went poorly. A child that did not present headfirst caused difficulty for any midwife. They could attempt to turn the child, but often they could not be sure which end of the child they were viewing, as midwives rarely underwent anatomical training. If it became apparent that the woman was not going to push the child out by her own means—and the midwife could not pull it out—then they called for a physician or surgeon. This was a last resort, only occurring if death was eminent for either mother or child. The presence of a male left the mother and midwife embarrassed and, more often than not, signaled the death of the child. In 1731, physician Edmund Chapman arrived at a delivery in which the midwife had waited too long to call. The midwife, in a hurry, had accidentally pulled out the

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<sup>26</sup> Hayes, 96, 98.

<sup>27</sup> Woolley, 308.

<sup>28</sup> Robbie E. Davis-Floyd, "The Technological Model of Birth," *The Journal of American Folklore* 100, no. 398 (October-December 1987): 481-82.

arm of the child. He wrote that the arm “had been 18 hours in the world, and [was] much swelled by the long Time and the Ignorance of the Midwife who pulled violently at the Arm [with] ever Pain; not knowing that it was altogether impossible to extract a full grown Infant by that Method.” It became the physicians’ and surgeons’ jobs to save the mother’s life in these situations, which meant pulling the child out in pieces. They became known as the harbingers of death, bringing iron instruments into a normally natural and joyful process.<sup>29</sup> Some attempted to educate midwives through the writing of manuals, like Nicholas Culpeper’s *A Directory for Midwives*, but, since they could not speak from experience, they continued to have little understanding of the normal birth process.

Some physicians attempted to incorporate midwifery into their practice, but their iron instruments were not useful to natural births, giving them little advantage over female midwives. Something revolutionary to the practice, however, was occurring in England. In 1728, Hugh Chamberlen Jr. died without an heir and released the family secret of forceps. Peter Chamberlen had invented the forceps in the early seventeenth century. He had immediately taken them to the palace to secure positions for him and his heirs as the royal man-midwives for the next hundred years. They never released their secret, but people knew the Chamberlens had something that could deliver a woman safely from a complicated birth. Upon death, Hugh Chamberlen did not release all of the different styles of forceps they developed, and the complete family stash was not discovered until 1813.<sup>30</sup> Nevertheless, a crude version of Chamberlen’s forceps made their way into the public eye and fell into the hands of one William Smellie, who contributed more to midwifery in the eighteenth century than anyone else. He studied the mechanics of labor and delivery and discovered that the child’s head turned to fit the birth canal. With this knowledge, he improved the design of forceps and taught people to use them to turn the child’s head, not to forcibly pull the child out.<sup>31</sup> He put together a number of drawings from dissections of women who had died in childbirth to help educate training physicians on female anatomy. These pictures presented pregnancy in the clinical mindset, which helped to transform the view of pregnancy from a natural process in the hands of women to a bodily deformity, or illness, in the hands of physicians.<sup>32</sup> However, this was not Smellie’s intention. He tried to find clinical practice for his students, both male and female, by offering medical help to poor pregnant women in exchange for their consent to students’ observation of their deliveries. In times when he did not have a live model, he

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<sup>29</sup> Donegan, *Women and Men Midwives*, 17-18, 25.

<sup>30</sup> *Ibid.*, 49-50.

<sup>31</sup> Scholten, 146.

<sup>32</sup> Massey, 73.



had a “mock-woman” for demonstration constructed of a leather child, beer, a doll, and a cork.<sup>33</sup>

As with many attributes of Europe, medical practices began to leak into eighteenth-century America. Young, aspiring physicians went to Europe for part of their training. William Shippen Jr. experienced a typical physician’s education by receiving a bachelor’s degree from the College of New Jersey, taking a three-year apprenticeship with his father, and then going to Europe to perfect his learning. He probably attended the anatomical lectures and dissections of William Harvey and took a midwifery course from Smellie while in London. Next, he went on to gain a medical degree in Edinburgh and from there traveled to Paris for more experience.<sup>34</sup> Physicians abroad in England found midwifery in uproar over who should be in charge in the delivery room. Thus, the field became the more susceptible to change in the colonies as well. Men coming home from training convinced themselves that they needed to follow in their teachers’ paths and improve midwifery. (The first European-trained physician to add midwifery as a part of his practice was James Lloyd in Boston, who had studied under Hunter and Smellie and quickly became a leading physician of the city.)<sup>35</sup>

William Shippen Jr. was the most well-known American man-midwife of the period. He returned to the colonies in 1762 from his European training and began his practice in 1763 in Philadelphia.<sup>36</sup> He brought back with him the idea of training men and women in midwifery, like Smellie had been doing in London. By 1765, he had set up the first formal education of midwives in America along with lying-in hospitals for poor pregnant women, which he used for class demonstration. Many women, however, did not take advantage of this education for various reasons. Some were simply illiterate and poor, but others believed that birth was a natural process that should not require training, especially not from a man. The Puritan belief that women should not be educated stopped some women from seeking further training.<sup>37</sup> Despite these prejudices, Shippen continued to educate both men and women and within a decade had established the first steady man-midwife practice. After the American Revolution, the medical school at the College of Pennsylvania offered Shippen a position as a professor of anatomy. The growth of medical schools within the colonies boosted the growth of man-midwifery because they only educated men. Several schools, like King’s College in New York, had separate chairs for midwifery. After receiving this position, Shippen stopped teaching

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<sup>33</sup> Wertz, 42.

<sup>34</sup> Whitfield J. Bell Jr., *The Colonial Physician* (New York: Science History Publications, 1975), 43.

<sup>35</sup> Donegan, “Safe Delivered,” 310; Henry R. Viets, “Some Features of the History of Medicine in Massachusetts during the Colonial Period, 1620-1770,” *Isis* 23, no. 2 (September 1935): 403-4.

<sup>36</sup> Scholten, 145.

<sup>37</sup> Rooks, 19.

midwifery to women.<sup>38</sup> This is not to say that opposition to his teaching methods ceased. Professors of anatomy were often charged with grave-robbing bodies for their anatomy classes, sometimes by an armed mob. Shippen faced these same charges a few times, and, on January 11, 1770, he published a statement in the *Philadelphia Gazette* saying that he never took a body from, “the Burying-ground of any Denomination of Christians,” but he might have, once or twice, taken them “from the Potter’s Field.”<sup>39</sup>

Man-midwifery continued to grow within the colonies. Physicians began to think of it as the key to a good practice because a man who could prove himself in the delivery room would secure an entire family’s business for any medical need. They were preferred over midwives among middle and upper class urban women because physicians had training, forceps, and opium.<sup>40</sup> Thomas Jones of the College of Medicine in Maryland believed that people in urban areas needed more sophisticated health care. Upper class women had lazy tendencies and clothing choices that led to pelvic deformities and long, arduous labors. Some may have also suffered damage from past abortions. The poorer women of cities suffered illnesses due to inadequate diets and long work hours. He said that there was a greater need for “well informed obstetrick practitioners in large cities than in country places.” By 1807, five medical schools had established midwifery courses, which included a study of the female anatomy but rarely any practical experience.<sup>41</sup> Man-midwifery continued to grow, and eventually the term “obstetrician” appeared to rid physicians of the feminine sounding title of “man-midwife.”

Midwives did not sit idly as their practices began to disappear. Many expressed objection on the basis of indecency and inexperience. Medical schools did not require midwifery training for a degree, which led to many young physicians in the birthing room with minimal knowledge of female anatomy and no practical experience.<sup>42</sup> Martha Ballard disapproved of the 24-year-old physician in her area who attempted to incorporate midwifery into his practice. Dr. Page refused to acknowledge her skill and experience in the delivery room, and, in turn, Martha recorded all of Page’s mistakes in her diary. In the case of Hannah Sewall, Dr. Page gave her laudanum to stop the contractions of what he believed to be a false labor, but Ballard recognized the labor as real by keeping track of the regular pains. Unfortunately for Sewall, Ballard was correct, but the laudanum had already halted her contractions and extended her labor several hours.<sup>43</sup> In the case of Mrs. Ansel Neys, Page had given up on the delivery,

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<sup>38</sup> Donegan, “Safe Delivered,” 311.

<sup>39</sup> William Shippen Jr. “To The Public,” *Pennsylvania Gazette*, January 11, 1770, quoted in Bell, 217.

<sup>40</sup> Scholten, 147; Rooks, 19.

<sup>41</sup> Scholten, 146.

<sup>42</sup> Donegan, “Safe Delivered,” 312.

<sup>43</sup> Ulrich, 177.

convinced the child had died, but Ballard came in, removed obstructions, and safely delivered the baby boy.<sup>44</sup>

Indecency was the more common accusation, and not without cause. In 1670, a group of men called the “Groaping Doctors” said they could only determine the cause of a female’s disease by feeling the woman. In 1722, the *Virginia Gazette* reported man-midwifery as immoral because many adultery cases could be traced back to a man being present at the woman’s delivery. The author claimed that “whether my wife had spent the night in a bagnio, or an hour in the forenoon locked up with a man-midwife in here dressing room” would mean the same to him. Dr. Ewell was told by a woman’s husband while delivering her child that “he would demolish him if he touched or looked at his wife.” Dewees told his students to distract their patients and pretend they know nothing about female anatomy other than the existence of an orifice. Shippen told his students to wait for a contraction to come on before ever attempting an examination because then they could call it “taking a pain.”<sup>45</sup> To further combat the accusations of immodesty and immorality, man-midwives claimed they could perform a delivery without looking in order to preserve a woman’s dignity. The editor of the *New York Medical Gazette* wrote, “Catheterism, vaginal exploration, manipulations...whether manual or instrumental, delivery by the forceps and embryotomy itself, can all be performed by a competent man as well without eyes as with it.”<sup>46</sup> As one might imagine, this led to a number of accidents with forceps, such as the puncturing of the mother’s birth canal into the bladder, which caused life-long unpreventable urine leakage, or accidental mutilation of infants, such as the penis of a boy getting caught in the scissors used to cut the umbilical cord.<sup>47</sup>

Between 1750 and 1810, American doctors and midwives unhappily shared the profession depending on the level of complication in the case.<sup>48</sup> That began to change in the early nineteenth century. By 1815, the Philadelphia city directory listed twenty-one midwives and twenty-three man-midwives; in 1819, Philadelphia had thirteen midwives and forty-two man-midwives; and then, by 1824, Philadelphia listed only man-midwives. The onset of the Victorian era eliminated the idea that childbirth was women’s divine lot to suffer through. Instead, social appreciation of the delicacy of women led to a desire to alleviate the pains of labor. Only physicians could administer drugs.<sup>49</sup> Books containing information on the nursing and rearing of children and basic gynecological knowledge replaced midwifery manuals. Physicians pushed the “gossips” out of

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<sup>44</sup> Donegan, “Safe Delivered,” 310.

<sup>45</sup> Patricia Crawford, “Attitudes to Menstruation in Seventeenth-Century England,” *Past and Present* 91 (May 1981) 68; Scholten, 149.

<sup>46</sup> Donegan, “Safe Delivered,” 313.

<sup>47</sup> Wertz, 110; Scholten, 150.

<sup>48</sup> Wertz, 44.

<sup>49</sup> Scholten, 145, 147.

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the birthing room because they crowded the room and caused too much noise.<sup>50</sup> Thus, the social childbirth shared by a community of women transformed into the private childbirth between a woman and her doctor. However, American midwifery persisted in rural, immigrant, and black societies until the twentieth century.<sup>51</sup>

The American colonies held their midwives in very high respect, but, despite this, midwives were unable to maintain their positions against advancements in medicine. Previous to the late eighteenth century, women preferred social childbirth with their relatives, neighbors, and midwife. Colonial midwives had better survival rates and generally more skill than those of England. These hardy women held a key position in the growth of early society, but, as the urbanization of the colonies took place, they fell into unemployment. Changes in medicine brought about in Europe, such as advances in anatomy and the invention of the forceps, allowed physicians to incorporate midwifery into their practices. They replaced the majority of midwives and drove out social childbirth, claiming that women were too ignorant and untrained to have control over such an important area of medicine. The beginning of the Victorian Era brought the end of social childbirth and the midwife.

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<sup>50</sup> Hayes, 100; Scholten, 149.

<sup>51</sup> Donegan, "Safe Delivered," 313.