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MARY WOLLSTONECRAFT AND THE POLITICS OF PREGNANCY

Childbirth and Confinement

When Mary Wollstonecraft developed puerperal fever after the birth of her second daughter in 1797, nothing could have been done to save her, given the state of both female midwifery and a professionalized male medical practice.¹ After an otherwise normal delivery under the care of Mrs. Blenkinsop, her midwife, a problem suddenly arose—Wollstonecraft’s womb had retained the placenta. Several hours went by, and when Wollstonecraft still hadn’t expelled the afterbirth, Mrs. Blenkinsop suggested calling in a male practitioner, standard practice at a time when female midwives were not permitted to wield forceps or other

1. Vivien Jones, “The Death of Mary Wollstonecraft,” *British Journal for Eighteenth-Century Studies* 20, no. 2 (1997): 188.

gynecological tools or trusted during emergency situations. The first physician to arrive was Dr. Poignand, who, with unwashed hands, extracted the placenta in several pieces and then went away.² By the time a second physician, Dr. Clarke, arrived on the scene (sent for because Wollstonecraft had grown worse rather than better), the damage had already been done. Had he arrived earlier, he might have prevented Dr. Poignand’s forceful extraction of the placenta, which could have prevented the ensuing infection that killed Wollstonecraft; Dr. Clarke, after all, was a disciple of the greatest obstetricians of the age, Thomas Denman and William

2. William Godwin, *Memoirs of the Author of “A Vindication of the Rights of Woman”*, ed. Gina Luria (New York: Garland, 1974), 176.



Mary Wollstonecraft, by John Opie,
via Wikimedia Commons

Hunter, who both warned practitioners against manually removing the placenta. It was under this unfortunate set of circumstances that, as Paul Youngquist puts it, Wollstonecraft's body became the site of a losing battle between rival obstetric practices, a battle that pitted interventionist and non-interventionist male physicians against one another.³

Youngquist also points out, however, that this battle did not involve the voice of the midwife who had attended Wollstonecraft's labor from the very beginning,⁴ a silence that, while not surprising, is nevertheless troubling. Wollstonecraft's choice of a female birth attendant was a rather unusual one for a woman of middle-class status in 1797, since, according to Jean Donnison, the eighteenth century had witnessed the advance of the man midwife "from being merely an attendant on the emergencies of childbirth to gaining a hold on the greater part of the best-paid midwifery."⁵ Despite a fair amount of public backlash against the indecency of introducing men into the lying-in chamber, the male accoucheur had gained an unprecedented popularity in England by the end of the century, particularly amongst the nobility and upper classes. Given the hostile climate toward female practitioners in 1797,

3. Paul Youngquist, *Monstrosities: Bodies and British Romanticism* (Minneapolis: U of Minneapolis P, 2003), 157.

4. Youngquist, *Monstrosities*, 157.

5. Jean Donnison, *Midwives and Medical Men* (London: Heinemann, 1977), 42.

which was also the year in which the last midwifery manual penned by a woman was published, Wollstonecraft's preference for a female midwife can be read as a political statement, a refusal "to unthinkingly give [her] body up to man midwives and obstetrical medicine."⁶

I have provided a brief discussion of Wollstonecraft's untimely end because it sets the stage for British gynecological science at the close of the eighteenth century, illustrating in a graphic way the contending forces vying for control of the pregnant body. One physician reaches into Wollstonecraft's vagina and forcefully pulls the placenta, one piece at a time, from her womb with his bare hands; the other, if he had had his way, would have forced her to wait, passively, until Nature decided to yield it up to him. In either case, men had, by the time of Wollstonecraft's death, become the most trusted practitioners in the lying-in chamber, whether their methods were considered advisable (as Dr. Clarke's) or inadvisable (as Dr. Poignand's). Even though most competent female midwives, had they been consulted, would undoubtedly have adopted Dr. Clarke's watch-and-wait mentality in Wollstonecraft's case, their word alone was no longer enough—a male physician was now deemed necessary to interpret the female body. The increasingly long and complex male-authored midwifery manuals published during the latter half of the

6. Youngquist, *Monstrosities*, 156.



Eighteenth-century gynecological instruments. By the time of Wollstonecraft's death, men had become the most trusted practitioners in the lying-in chamber, and male physicians were deemed necessary to interpret the female body.

WRONGS
OF
WOMAN.

CHAP. I.

ABODES of horror have frequently been described, and castles, filled with spectres and chimeras, conjured up by the magic spell of genius to harrow the soul, and absorb the wondering mind. But, formed of such stuff as dreams are made of, what were they to the mansion of despair, in one corner of which Maria sat, endeavouring to recal her scattered thoughts!

Surprise, astonishment, that bordered on distraction, seemed to have suspended

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eighteenth century are addressed not to the female midwife or laywoman, but rather to other male midwives and physicians who failed to acknowledge that women should have access to the body of knowledge pertaining to their own bodies.

The decline of female midwifery near the end of the eighteenth century and the diminished agency of pregnant women in the increasingly male-authored medical and imaginative literature on childbirth coincided with a sharp rise in the number of women writing more publicly about the experiences of pregnancy and female-regulated childbirths after a rather protracted mid-century silence. In my dissertation, "Literary Gestations: Giving Birth to Writing, 1720-1830," I argue that women's increasing literary output on the subjects of pregnancy and childbirth was not simply due to the fact that more women were writing and publishing at the end of the eighteenth century; rather, many women writers at this time resisted their erasure in medicine, in narratives being published about pregnancy, and in the literary marketplace.⁷ Writing about pregnancy was a way for women writers to regain control over the narratives and metaphors of pregnancy and childbirth, even if they had lost a measure of control in the lying-in chamber.

7. Women writers were also being increasingly overshadowed near the end of the eighteenth century by male authors who were more frequently appropriating the metaphors of pregnancy and maternity for literary creation and publication.

Mary Wollstonecraft's unfinished, posthumously published novel, *The Wrongs of Woman, or Maria* (1798), is just one example of late-eighteenth-century women writers' critique of pregnant women's social powerlessness. Confinement (with its implied restriction of both physical and social movement) is a recurring reality in the novel for the four pregnant women who are abused by the men who impregnated them. The central plot involves Maria, whose cruel husband has unjustly imprisoned her in a madhouse after she gives birth to her daughter. As Maria reflects on her unhappy marriage and writes an account of her life, however, she realizes that her marriage—and her pregnancy, in particular—had restricted her freedom long before she was actually confined to the madhouse. Maria's first discussion of her pregnancy as she relates her life story is what leads to her discovery that marriage is akin to being incarcerated in a prison—according to Maria, "Marriage had bastilled me for life."⁸

Because of "the partial laws enacted by men"⁹ according to which a wife is "as much a man's property as his horse, or his ass"¹⁰ and children are the property of their father, Maria has no legal recourse to protect herself, her unborn child, and her money. She

8. Mary Wollstonecraft, *The Wrongs of Woman, or Maria*, in *A Vindication of the Rights of Woman and The Wrongs of Woman, or Maria*, ed. Anne K. Mellor and Noelle Chao (New York: Longman, 2007), 316-7.

9. Wollstonecraft, *Maria*, 318.

10. Wollstonecraft, *Maria*, 320.

Unfinished, *The Wrongs of Woman, or Maria* (1798) was published after Mary Wollstonecraft's death.

thus attempts to escape from her husband by confining herself, first at home,¹¹ and then in apartments belonging to various acquaintances,¹² but in the end she is apprehended shortly after she gives birth and imprisoned. This long series of confinements is an ironic reminder of the euphemistic “confinement” that pregnant women routinely underwent in preparation for childbirth; unlike the confinement of the lying-in room, however, Maria’s pre- and post-birth confinements, which have been forced upon her by men, leave her isolated and without a supportive network of women to aid her. Wollstonecraft employs the language of the lying-in chamber in her novel to emphasize that pregnancy and birth—processes formerly regulated by women—had become embodied metaphors for the institutionalized oppression of women by England’s social, legal, and medical systems.

Wollstonecraft died before she could finish *Maria*, but her notes for possible conclusions to the novel indicate that pregnancy would also play an important role in the dénouement of the narrative. Four of her five brief outlines for the continuation of the novel include a second pregnancy for Maria; in the most developed of these scenarios, a pregnant Maria

Marriage had bastilled me for life.

– Maria, *The Wrongs of Woman*

attempts suicide by ingesting an overdose of laudanum but is rescued at the last minute by her friend Jemima, who restores Maria’s supposedly dead daughter. Unlike the other potential endings for the novel, this scenario excludes men entirely, and Maria, her daughter, and Jemima will ostensibly create their own gynocentric family. No mention is made of the fate of Maria’s unborn child, but Wollstonecraft hints that the deadly effects of the drug will be avoided for the fetus and the mother, as “Violent vomiting followed” Maria’s overdose.¹³ Given this possible outcome, it is to be expected that Maria will give birth to her second child in a supportive community of women—a far different “confinement” than those forced upon her earlier in the novel.

In this context, Wollstonecraft’s decision to have a female midwife for her own lying-in becomes even more comprehensible. Choosing to be attended by a woman rather than a man was an affirmation of women’s authority over their bodies, their children, and their lives. Wollstonecraft’s choice also implied that, in the patriarchal society in which she lived, such authority could only be realized in a community of women. As the tragedy that unfolded during her own postpartum illness suggests, she was correct.

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11. Wollstonecraft, *Maria*, 320.

12. Wollstonecraft, *Maria*, 331, 333.

13. Wollstonecraft, *Maria*, 356.