



Anna Bosanquet continues the series with a look at a frontline battler against male dominance

One would have great difficulty in finding a midwife with a sharper tongue and superior mocking talent to that of Mrs Elizabeth Nihell, a 'Professed Midwife' practising in London's Haymarket, a prolific polemicist and writer. Born in 1723 in London of French Catholic descent, married to a surgeon-apothecary with whom she had at least one child, and trained in the elite Parisian Hôtel-Dieu hospital (a placement mysteriously facilitated by the Duke of Orleans), in 1760 she published *A Treatise on the Art of Midwifery Setting Forth Various Abuses Therein, Especially as to the Practice with Instruments*.

Battle of the sexes

While both her predecessors, Jane Sharp and Sarah Stone, warned against the interventionist approaches of male-midwives, Nihell throws herself with great gusto into the very frontline of the battle between the two sexes over who should provide antenatal care and attend women in labour: female midwives with their inborn aptitude, empathetic approach and nature-friendly practice, or male practitioners keen to intervene to show their 'superiority' over women through crude attempts at early intervention and the use of forceps.

Unfortunately, by Nihell's time this battle was already lost and she and London's other elite midwives faced severe professional competition from men. Midwives by now often worked as poorly paid labourers for charities or parish magistrates – a far cry from the high status and prestige they held in the previous century. In stark contrast, men successfully persevered at continuously improving their status and increasing remuneration for their services (Aveling 1872, Donnison 1977, Wilson 1995, Cody 2005).

Trusting nature

Nihell argues that 'natural' and 'easy' births are common and that childbirth is generally

safe; it becomes dangerous mostly through unnecessary intervention. She is concerned that most (male) midwifery writers:

...often start difficulties where there are really none. They give us empathical accounts of a head too large, and a passage too narrow, in which they state them as difficulties that are invincible, when the case is far from being so... (p275)

In her view to the contrary, Nihell presents evidence that Nature, in her wisdom, equips the fetal skull with the ability to mould: '...when the foetus presents fair... it scarcely ever fails of moulding itself to the passage, through a particular providence of Nature, which has so ordered it'. In those – common – cases, there is little for a midwife to do other than to support the mother and receive the baby:

...the Nature is best left to her own action. There is little or no actual occasion for the presence of the midwife other than receiving the foetus. These kinds of labours are so easy... Nothing can be more important to the well-being of the patient, than for non-violence to be used to Nature, who loves to go her own full time, without disturbance or molestation. (pp 257-9)

French connection

For further support to her views Nihell presents evidence in the form of statistics and personal observations from the Hôtel-Dieu hospital where she spent two years in training and witnessed more than 2,000 births. Her time there appears to have had a strong impact on the development of her own philosophy of childbirth and model of midwifery practice. She describes Hôtel-Dieu as "one of the best schools of midwifery in Europe", talks very highly of those who worked there and argues that the outcomes for mothers and babies were much superior there than in England for women attended by male practitioners:

In whatever situation the foetus has presented, I have seen them, without

Midwives by now often worked as poorly paid labourers for charities or parish magistrates – a far cry from the high status and prestige they held in the previous century

having recourse to a man-midwife, and consequently to instruments, procure a happy delivery in very difficult labour... And in all this number I can safely aver, there were but four (mothers) who died upon their lying-in... The children all did well. (p181)

However, while Nihell is convinced that an 'easy delivery requires nothing of extraordinary assistance', she fully recognised that in difficult labours a midwife needs 'all the knowledge, experience, dexterity, strength, prudence, tenderness, charity, and presence of mind, of which a woman is capable'.

In her book she discusses with great confidence clinical skills required by a midwife, showing detailed knowledge of physiology, pathology and psychology of parturition, providing evidence of wide reading as well as extensive hands-on experience. She dedicates many pages to the art of 'touching' (a term used for vaginal examinations) describing it as 'the most nice and essential point of the art of midwifery'. She is highly critical of the artificial rupture of membranes: 'a very blameable practice' that 'all capable midwives reprove and forbid, as it is robbing the part of the most natural and necessary lubrication for facilitating the launch in due time of the foetus'.

Questioning 'superior safety'

Nihell fiercely challenges the prevalent view on the 'superior safety under the hands of the men' and the presumed 'ignorance of women'. She admits that, among female practitioners there are indeed some

'wretched creatures', unskilled and ignorant, but they are a minority and cannot do as much damage to women and children as doctors with their forceps can. She talks of women's natural predisposition to support 'their own sex'. An experienced midwife could prevent a life-threatening situation from occurring in the first place. In contrast to well-paid men who have incentives to complete each birth quickly and move onto the next patient, female midwives are bound by duty to stay with each woman until labour is completed. To the modern reader, this echoes uneasily some of the concerns of midwives today about the over-medicalisation of childbirth.

Nihell cannot contain her anger in her sarcastic description of the psychological manipulation of clients who do not realise that the poor outcomes are indeed caused by the same men who claim to ease their suffering:

...the mother naturally in a rapture of joy at her deliverance... mistakes the object, by paying to the operator, what in fact was

due to nature.... Then it is, that in full chorus the deluded parties, in the innocence of their heads and hearts, hold up their hands to heaven, and piously exclaim: "what a narrow escape the patient had, thanks to the learned Dr., and what a mercy it was she had not been trusted to such an ignorant creature as a midwife must be" (pp 156-158)

Nihell makes further interesting observations, so relevant today, about the psychological processes taking place in a birthing room. She recognises the vulnerability of labouring women, who, experiencing pain, think themselves:

...too much in the power of the operator to dispute his judgement. Her labour is severe, very likely from some fault of his...The pains of the patient grow more intense and intolerable: the man-midwife, either perplexed or impatient, or not knowing what better to do, has recourse to those fatal instruments, with which... he will gall, bruise, or irreparably wound the

'When the foetus presents fair... it scarcely ever fails of moulding itself to the passage, through a particular providence of Nature, which has so ordered'

child, or the mother. The temptation... of a quick riddance from a violent state of pain, is too great a temptation for a weak woman, overpowered with her actual feelings to resist: she acquiesces then, or perhaps her husband, her friends, equally ignorant as herself of the truth of things, and duly sympathizing with her in her impatience. (pp 159-163) ▶

Supporting breastfeeding for over 50 years

For more products on breastfeeding, visit www.nctresources.co.uk or call **08458 100 100**



SPECIAL OFFER

Breastfeeding Step by Step Pads
Buy 6 pads for the price of 5*

£4.50 per pad code 3211PAD
Quote PM1209 when ordering.
*Offer ends 20.12.09

NCT is a registered charity (801395)



For more information on improving birth environment, teaching aids and personal development products, request the **FREE 2010 Catalogue**

Nihell is highly critical of the artificial rupture of membranes: 'a very blameable practice' that 'all capable midwives reprove and forbid, as it is robbing the part of the most natural and necessary lubrication for facilitating the launch in due time of the foetus'

When the child 'has been destroyed' due to the hasty use of forceps and 'the mother damaged', all present support the doctor believing 'that if this force had not been used, the mother must have been lost as well as the child'.

Male midwife: fashion accessory
Nihell puts some of the blame for the growth in numbers of men-midwives on women's attitudes, ignorance – even 'stupidity' – and fashion, which she dismisses as a short-lived fancy. She compares it to the 'tyranny' of fashion that governs people in dress or furniture. She also wonders whether the sexual attraction between women and their male doctors, potentially enlivening their encounters, may be partially responsible for this new trend. (For further discussion on sexuality in midwife-patient interaction see Wilson 1995, Cody 2005).

Attention

Similar to Sharp and Stone, Nihell warns against 'mistaking the signs of delivery' and instructs midwives to differentiate clearly between the 'spurious' and the 'true' pains. If a woman is prevented from being 'fruitlessly fatigued and tormented' by instructing her to push too early, her labour will 'proceed happily'. She criticises those '...hurrying up the Nature... as if she was to

do her work the better for their hurrying her'.

Like Sharp and Stone, Nihell pays generally a lot of attention to the physical and psychological wellbeing of women in labour and immediately after giving birth. And while convinced that childbirth is generally safe, she gravely warns against the dangers of the haemorrhage in the immediate postpartum period:

...The spirits of the patient are to be recomposed, her agitation calmed... It is necessary to stay by her for some hours afterwards, till she is in such a state of tranquillity and ease, as may leave nothing to fear of those after-disasters which too often happen... As to know that a woman may thus perish unexpectedly a quarter of an hour after delivery, is enough to require the being on one's guard for using a salutary prevention ...

(pp 258-265)

Nihell finds others' explanations of fatal loss of blood as due to 'occult and inevitable causes' unsatisfactory, and offers her own theory: it is caused by 'an over-repletion of blood, and a defect in the contraction of the uterus'. In such cases she recommends manual removal of the placenta, claiming that this method 'has never failed her'. She blames all such deaths on the lack of skill of the attending practitioner, and criticises men midwives for their ignorance of this 'so simple and easy method'.

Nihell strongly advises that mothers should breastfeed their babies themselves. She is highly critical of women who choose to use a dry-nurse or wet-nurse, a fashion that she blames for high infant mortality.

A woman-centred midwife

Although undoubtedly rightly labelled as an 'anti-obstetric midwife' (Cody 2005), Nihell was above all a pro-women midwife. She fought fearlessly for the rights and privileges of women in their struggles to maintain their professional status and prestige as midwives, and to reinforce each woman's confidence in her own body and the reproductive powers of nature.

Ironically, it is possible that this full-hearted dedication ultimately led to Nihell being deserted by her husband. Left destitute, she spent the final year of her life

Nihell finds others' explanations of fatal loss of blood as due to 'occult and inevitable causes' unsatisfactory, and offers her own theory

living amongst the poor in the workhouse in St Martin-in-the-Fields. She died in 1776 and was buried in a pauper's grave opposite today's Charing Cross Station in the proximity of the statue of Edith Cavell (feminist nurse and a national hero of World War One) (Cody, personal communication). I implore any midwife who passes by the site of Nihell's unmarked grave to remember and salute this exceptional champion of female midwifery. **TPM**

Anna Bosanquet is Senior Lecturer in Midwifery, Kingston University/St George's University of London and Specialist Perineal Midwife, St George's Hospital NHS Trust

■ **NEXT MONTH:** Margaret Stephen, a successful career woman who ran a school of midwifery.

ACKNOWLEDGEMENT

Research for this series of articles has been carried out during the author's attachment to the Centre for the History of Medicine at Warwick University. Special thanks to Professor Hilary Marland for her encouragement and guidance.

REFERENCES

- Aveling J (1872). *English Midwives: Their History and Prospects* (1967 reprint of original edition), London: Hugh Elliott.
- Cody LF (2005). *Birth of the Nation*, Oxford: OUP.
- Donnison J (1977). *Midwives and Medical Men*, London: Heinemann.
- Nihell E (1760). *A Treatise on the Art of Midwifery Setting Forth Various Abuses Therein, Especially as to the Practice with Instruments*, London: A Morley.
- Wilson A (1995). *The Making of Man-midwifery*, Cambridge, Mass: Harvard University Press.