



# Pregnancy and Birth

*Insights into 500 years of printed  
texts and archival photography*



# *Guide to the Poster Display*

**A Knowledge Exchange Heritage Partnership**

(April 2015 – September 2016)

*conducted by*

the Royal College of Obstetricians and Gynaecologists,  
The Oxford Research Centre in the Humanities,  
and the De Partu History of Childbirth Group.

# *Introduction to the Poster Display*

The posters displayed here capture some of the key moments preserved in the early printed books belonging to the Royal College of Obstetricians and Gynaecologists and in the archival photographs of the Royal College of Midwives. The RCOG Library (on the ground floor) has a particularly rich collection – over 2,000 books – of some of the earliest printed works on childbirth and women’s healthcare from across Europe. They date back some 500 years, to the first decades of printing in Europe. The written and photographic archival records of the RCM come from the later 19th and the 20th centuries. These photographic images, predating the advent of digital photography, offer valuable insights into past midwifery practices. Interpretations of the photographic records can be supported and nuanced by written archival evidence, printed materials, and recorded oral testimonies.

The banner for the Knowledge Exchange Project, featured on the cover of this Guide, suggests the huge timespan of over 500 years since the publication of the earliest printed midwifery texts to the present day. It juxtaposes a representation of twins in the womb, first printed in 1513 (see notes on poster 2), with an image of a 4D-scan at 26 weeks of pregnancy, taken in 2015.

The posters are grouped in pairs to invite viewers to reflect on some of the constants and changes in pregnancy and childbirth. All the books cited in this Guide are held in the RCOG Library (dates refer to the edition from which the image is taken), and the photographs come from the RCM’s archives, also currently housed at the RCOG.

Whether you are a healthcare practitioner or user, or a researcher, we hope you enjoy viewing the posters, and the insight into the heritage collections of the RCOG and the RCM’s archives. You are also welcome to visit the exhibition of early printed midwifery manuals, currently displayed in the RCOG Library.

Valerie Worth

Janette Allotey

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Our thanks to all those who have collaborated on this first stage of the Partnership: Victoria Bytel, Antonia Daghish, Mary Dharmachandran, Penny Hutchins, Matthew Miles, Carly Randall at the RCOG; Cleo Hanaway-Oakley, Vicky McGuinness, Laura Miller and Hannah Penny (TORCH, Oxford); Julian Littlewood (designer, Oxford); William Blanco-James and his parents (26-week scan).

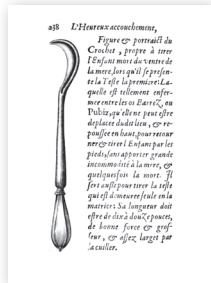
# Images: from early printed texts to photography

## Poster 1: Practitioners, instruments and places of delivery

The introductory poster exemplifies the range of illustrations in this exhibition, with two images from early modern books in the RCOG Library, and two photographs from the RCM's archives.



The portrait shows Louise Bourgeois, midwife to the Queen of France, who delivered the future Louis XIII in Paris in 1601. Bourgeois was the first midwife in Europe to publish her reflections on her cases, and an account of her royal deliveries (*Observations*, 1609-1617-1626). The French text was translated into English (and other languages) and remained popular for over a century. As today, there was great public interest in the precise circumstances of the royal birth: a painful 22-hour labour was observed by some 20 members of the French royal court; the queen used a birthing chair, the king standing behind to support his wife.



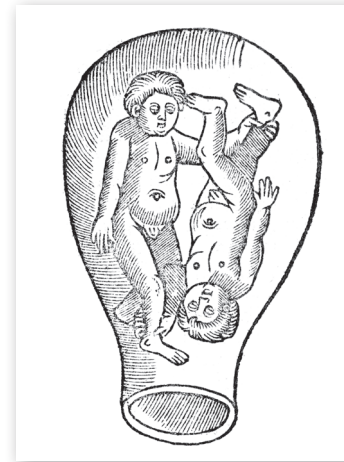
The illustration of the hook (for extracting a fetus from the uterus) is taken from another 17<sup>th</sup>-century French obstetric work, by the royal surgeon Jacques Guillemeau (*De la grossesse et accouchement des femmes*, or *On Pregnancy and the Delivery of Women*, 1620). It reflects the much-debated role of instruments in difficult deliveries down the ages.



Whereas Bourgeois and Guillemeau would almost always have attended women, from queen to poorest woman, in the patients' homes, the two photos from the 1950s illustrate the transfer of childbirth to hospitals. In the two decades after the second World War, about one-third of births in England and Wales still took place at home, but by 1975 home births accounted for under 5% of cases; in 2013 the figure was 2.3% (RCM's statistics).



## Poster 2: Imagining the fetus before X-ray and ultrasound.

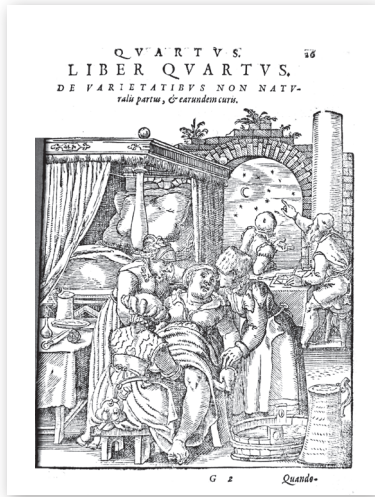


Ultrasounds have become a standard procedure in almost all pregnancies in the developed world, and parents-to-be thus follow the development and growth of their baby. Yet before the twentieth century, images of fetuses were confined to obstetric textbooks, and in early printed books were often impressionistic, designed primarily to allow the student or practitioner to consider the position of a fetus for delivery. Hence, most images represented exceptional or abnormal positions, with breech positions, transverse lies and multiple pregnancies dominating.

Eucharius Rösslin, originally an apothecary and then physician in the German town of Worms, published a textbook, *Der Schwangern Frauen und Hebammen Rosengarten* (*A Rose Garden for Pregnant Women and Midwives*) in German in 1513, which circulated widely over the next century, being translated into Latin and various European languages including in 1540, into English (*The Byrth of Mankinde*). Some 30 copies are held in the RCOG's Library. The plates in Rösslin's work, including this one, were copied from a much-earlier work attributed to Muscio (probably composed c. 500, and preserved in a manuscript c. 900). There is no attempt to represent the placenta or umbilical cord; rather, the fetus is a miniature child – complete with a full head of hair – and, in the case of the upright twin, perhaps some malicious intent towards his brother...

# Home or hospital birth?

**Poster 3:** *An early modern scene of a home birth (1587)*



Jakob Rueff was a physician in Zurich in the first half of the sixteenth century, where his responsibilities included training the city's midwives. His work *De conceptu et generatione hominis* (*On the Conception and Generation of Mankind*) was first published in 1554 in Latin, then translated into German, for midwives and surgeons. It also appeared in English as *The Expert Midwife*. Although partly derived from Rösslin's *A Rosegarden*, Rueff's work contains more detailed anatomical studies, and elements drawn from his own experience, including recommendations for internal and external manipulation for footling presentations.

This illustration, from the 1587 Latin edition, shows a home birth scene (accompanying the chapters on the care of mother and child during and just after delivery). German midwives particularly favoured the use of the birthing chair for deliveries, typically one midwife sitting on a lower stool in front of the mother to deliver the child, while one or more women or assistants stood supportively behind the mother, holding her hands or arms during painful contractions. The comfortable bed awaits the mother once the child is born and the placenta delivered. If the delivery was unproblematic, no physician or surgeon would be directly involved. The man standing in the background is casting the child's horoscope by studying the configuration of the stars at its birth. Rueff was himself a keen astrologer, and it was common practice in sixteenth-century Europe for the exact time of a child's birth to be recorded so that its horoscope could be established.

**Poster 4:** *A baby delivered in hospital (c. 1960-70)*



In the photograph (RCM/PH7/2/52), the midwife is characterised as a professional of immaculate appearance with her clean white apron and cuffs, and hair tied back. The baby lies on its side in the cot, (as advised at the time). What the image does not reveal is that, as hospital births increased, midwives were supported in providing post-natal care by enrolled nurses, nursery nurses and auxiliary nurses. Maternity wards incorporated separate nursery facilities for babies, while specialist paediatric facilities and isolation wards were provided for premature and sick babies.

Cross infection had historically been the cause of high levels of both maternal and infant mortality in hospitals: here, the environment's stark appearance is to afford serviceable, cleanable surfaces. The cot doors have been opened to display the baby's own bath, towel and cleansing materials. This type of cot was usually only available for sick or premature infants, but is now provided for all infants as standard.

The scales are featured in the background: the baby's weight was often a source of great anxiety for mothers and midwives, especially for breast-feeding mothers. If babies did not begin to regain their birth weight in the few days following birth, they could be required to stay in hospital for longer. In the 1980s, the regimented pattern of routine, institutional infant feeding became more widely recognised as counter-productive. This supported the need for babies to be kept in their cots at their mother's bedside and fed on demand.



# Midwives working with mothers

**Poster 5:** *Midwife assists mother during a difficult delivery (1601)*



Scipio Mercurio was originally a monk, but then trained as a surgeon, working in Italy in the late sixteenth and early seventeenth centuries. His book *La Commare o riccoglitrice* (*The Midwife*) appeared in Italian in 1601, and remained in print for over a century, also being translated into German. Here, the illustration shows the midwife supporting the mother through a difficult delivery. The midwife is kneeling on the bed, on the same level as the woman, and has piled cushions under the small of the woman's back, to widen the pelvic outlet and realign the fetus.

Midwifery manuals of the early modern period encouraged the midwife to be resourceful in using any home comforts to hand (sheets, cushions, chairs) so that the woman adopted a comfortable position as labour progressed, and especially one that facilitated delivery. By the mid-seventeenth century, and the advent of the male-midwife surgeon, a supine position in bed became associated with a passive delivery; in contrast, the woman in this image has her back raised for a specific anatomical reason.

**Poster 6:** *Domiciliary midwife's class for pregnant mothers (c. 1950-60)*



This photograph (RCM Archive : RCM/PH7/2/2) depicts a midwife taking a relaxation class for expectant mothers, c.1950-1960. While it was possible for women to read pregnancy manuals, attendance at 'Mothercraft' classes, as they were then called, was encouraged. According to Margaret Myles (*A Textbook for Midwives*, 1956), women were advised on how to keep fit, maintain a good posture in pregnancy, eat well, rest, and on how to relax in pregnancy and in preparation for birth. Physiotherapists were available to advise on exercises to help 'stretch the pelvic floor muscles and loosen the pelvic joints'.

A series of relaxation classes were usually held in a local health clinic or village hall for small groups of women. According to Myles, women were advised to wear loose clothing, with 'corsets removed, shoes off, stockings rolled round the ankles; her bladder empty'. Pupil midwives were taught the principles of public speaking and the importance of impeccable personal presentation in creating a good impression of the profession. (Notice the domiciliary midwife's felt hat!) Pupils were also trained to use teaching aids (a chart can be seen in the background of the photograph) and to perform practical demonstrations for the mothers; some of these teaching materials are available in the RCM's archives.

The women in the picture are there without their partners – Myles suggested that evening classes for 'husbands' and wives should also be available, at which husbands could be seen alone, and the opportunity used to advise them of their responsibilities for ensuring amongst other things, that their 'wives' carried out the doctors' instructions...

In the photograph, the children appear to be seen and not heard, sitting quietly on a chair, with a book. Their presence may have been an exception to the general rule.

# Man mid-wife or female midwife?

## Posters 7 and 8: *Man mid-wife or female midwife?* (1795)

Folded into the front of a book published in London in 1793 (and republished in 1795) under the name of John Blunt – but in fact the work of Samuel Fores, a caricature publisher – was a very detailed illustration, bisected in the middle. It showed ‘a newly-discovered animal’, the man mid-wife. *Man-midwifery Dissected* rails against the fashionable popularity of what Fores considered a grossly indecent practice, namely allowing men to deliver women, and he warns husbands of the dire consequences of allowing such men into the bedrooms of their wives. Louise Bourgeois (see poster 1) had advanced very similar arguments – albeit without the comic illustration – in the early seventeenth century, when surgeons specialised in deliveries were just starting to gain ground in Paris. Resistance was also voiced in England by midwives such as Sarah Sharp, Sarah Stone and Elizabeth Nihell. Fores is probably suggesting that the citizens of London should defy what he held to be a ‘French’ practice.



The advent of male midwives brought a conflict of professional and economic interests, compounded by a sense of outrage at male practitioners touching the vagina of women patients. Indeed, early midwife surgeons used to operate with their hands and arms under sheets, so that they could not look at a woman’s genital region as they worked. In Fores’ caricature, there are simplistic and obvious contrasts: the clothing of the midwife is informal, not expensive, unlike the outfit of the surgeon. She heats water, relies on a comforting fire, and is probably using the pan on the stove to prepare some sustaining broth for the mother or ‘paps’ for the baby. The surgeon is depicted with supplies of expensive medicines (some of which are love potions or remedies for venereal disease!), and, above all, metal instruments. The right to use forceps has long been a major distinction between midwives and surgeons.



# Understanding anatomy

**Poster 9:** *Delivery of baby and complete placenta by a surgeon (1674)*



Again folded in, as an inset before the title page, this illustration comes from a French obstetric textbook. Cosme Viardel's *Observations sur la pratique des accouchements naturels, contre nature et monstrueux* (*Observations on the Practice of Natural, Abnormal and Monstrous Births*), was first published in 1671 (this edition is from 1674). Although surgeon to the French Queen, Viardel was concerned to distance himself from the use of instruments. The subtitle to his work declares that he will explain to surgeons and midwives how to conduct deliveries 'without using any hooks or any other instrument, except only the hand'.

In the illustration, his hand is particularly prominent, pointing to the temple of what seems to be a stillborn child, delivered with the umbilical cord and whole placenta attached. The Latin phrase 'non impar Lucinae' translates 'not inferior to Lucina' (the Roman goddess of childbirth). Earlier centuries, with their higher infant mortality rates, were frequently less sensitive than today's society to the dignity and respect owed to stillborn children or those dying soon after birth. Viardel's priority, as his case-histories recount, was to save the life of mothers by a timely intervention in emergencies.

The image illustrates the anatomy of the placenta, a subject gaining increasing significance in medical circles in the later seventeenth century. Many claims of obstetric malpractice in previous centuries concerned the delivery of the placenta; without the option of recourse to safe drugs, surgeons and midwives feared that a retained placenta might result in fatal maternal haemorrhaging. If necessary, the surgeon or the midwife would be expected to remove the placenta from the uterus manually, following the delivery of the child.

**Poster 10:** *Midwives attending an anatomy class (c. 1900)*



The location of this photograph (RCM/PH7/1/1) of pupil midwives in a classroom is unknown, but is possibly sited within a Lying-in Hospital. It shows a lesson in progress on the anatomy of the pelvis, c.1900. Since the seventeenth century, midwifery texts had increasingly emphasised the need for all midwives to have a good working knowledge of female reproductive anatomy and physiology. However, courses of lectures and certification were voluntary until registration was introduced, in England and Wales, under the 1902 Midwives Act.

In the photograph, the pupil midwives and their teacher are all in uniform. The pupils would spend much of their time out in practice, and being taught by midwives. Some pupils may have left their work to attend lessons, going back afterwards, and pupils may have also attended clinical lectures at the bedside.

The teacher appears to be demonstrating the measurement of pelvic diameters using a dried human female pelvis. There is a blackboard in the classroom for the teacher to write on or draw charts and diagrams; other classroom learning aids may have included more varieties of anatomical specimens and models. Present-day society would find such a use of human remains unacceptable. Today, the application of information technology has been incorporated into medical and midwifery education, facilitating the development of a wide range of new teaching and learning materials, including e-learning packages and problem-based learning, offering more flexible and distance-learning options. Realistic human mannequins, using synthetic materials and sophisticated electronics, now allow students to practise their skills in simulated clinical conditions, without causing harm.

# Safe deliveries?

**Poster 11:** *A caesarean on a living woman (1601)*



The caesarean rate in the NHS today is around 25%, but in 1601 Scipio Mercurio (see poster 5) was one of the very few advocates of caesarean section, *in extremis*, on living women. Surgeons had always been prepared to extract a living – or potentially living – fetus if the mother died in labour, but a caesarean on a living mother was considered so unlikely to succeed that few surgeons would risk the lives of the mother and child – or their reputation. Nonetheless, in the late sixteenth and early seventeenth centuries, a few, like Mercurio, who claimed to have witnessed successful deliveries, argued strongly for the option. They gave precise details on how a surgeon should proceed, while recognising that for most surgeons, it would be a worryingly unfamiliar, emergency procedure.

In England, men midwives were generally averse to the operation, believing it to be murderous. They set the importance of the mother's life above that of the fetus. The most common alternatives to caesarean section remained internal podalic version and breech extraction, or removal piecemeal in the case of a dead fetus.

The introduction of forceps in the mid-seventeenth century provided an alternative means of saving mothers in some cases of mildly obstructed deliveries, while still allowing the prospect of a live birth. (Some of the original examples of forceps invented by the Chamberlen family are conserved in the RCOG.) Caesareans on living women subsequently all but disappeared from medical discussion until the major advances in anaesthesia in the later nineteenth century.

**Poster 12:** *Guiding out a breech (1690)*



Over the last half century, caesarean section has become the most common way to deliver a breech baby in most developed countries. At the end of the seventeenth century, it would have been the last resort (see poster 11). Justine Siegemund, a distinguished midwife in Brandenburg, was looking to counter the rise of male obstetric surgeons in her manual for midwives, *Die Chur-Brandenburgische Hof-WeheMutter (The Brandenburg Court Midwife)*. She explained in detail the skills midwives should acquire, and the various manoeuvres they could employ in lengthy and difficult deliveries, including, in the case of a shoulder presentation, a two-handed intervention to rotate the fetus in utero, after having secured one extremity by a sling.

In the case of frank breech births, she recommended that the midwife's hands be ready to catch and support the presenting buttocks, without overly hastening the birth. It is noteworthy that the hands in the image are quite small, the arms slender; implicitly, Siegemund – who herself commissioned the illustrations for her volume – is portraying a potential advantage of the female practitioner. However, contemporary midwife-surgeons, like Viardel (see poster 9), also took care to commission portraits displaying their neat hands.



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## Their Publications Related to this Project

Janette C. Allotey, 'English midwives' responses to the medicalisation  
of childbirth (1671–1795)', in *Midwifery* 27 (2011).

Valerie Worth-Stylianou, *Pregnancy and Birth in Early Modern France. Treatises  
by caring physicians and surgeons (1581-1625)*: University of Toronto Press, 2013.

## Events Organised as Part of the Knowledge Exchange Partnership

### September – November 2015:

Display of printed birthing and midwifery manuals from 1513 to the present,  
in the Library (on the ground floor) of the RCOG

### 4 September 2015:

Study day for historians, midwives, obstetricians  
and members of the RCOG's Women's Network.

### 7 May 2016:

Study day at The Oxford Research Centre in the Humanities