

Books I've Read: Crosscurrents in Obstetrics and Literary Childbirth

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ABSTRACT

This review essay addresses the interplay of art and obstetrics revealed in fictional selections which are part of the author's own literary experience. Juxtaposition of fictional scenes and medical developments of the same period highlights their mutual reinforcement and suggests a need to transcend limits imposed on each by the culture enveloping both.

As a girl of twelve or thirteen, I read and reread passages in novels which recounted births, trying to imagine what actually happened.

Adrienne Rich, *Of Woman Born*

The scene is a familiar one. The mistress is "taken very badly," medical authorities are summoned, and the rest of the family waxes philosophically of birth and death in an adjoining room. The father-to-be allows his wife's domain: "Women have their particular fancies, and in points of this nature... where they bear the whole burden, and suffer so much acute pain for the advantage of our families, and the good of the species,—they claim a right of deciding, *en Soveraines*, in whose hands, and in what fashion, they chuse [sic] to undergo it."¹ In this scene, the mistress, mother of Tristram Shandy, has chosen to lie-in in the country attended by an ancient midwife, "notwithstanding there was a scientific operator within so near a call as eight miles... who, moreover, had expressly wrote a five shillings book upon the subject of midwifery, in

which he had exposed...the blunders of the sisterhood itself."² Mother's caprice is tolerated, but the father-to-be keenly perceives that he must have the last word and so employs Dr. Slop, the operator.

As luck would have it, labor does not progress satisfactorily. The "poor mistress is ready to faint...the nurse has cut her arm...the child is where it was...and the midwife has fallen backwards upon the edge of the fender, and bruised her hip as black as your hat." Dr. Slop thus comes to deliver Tristram, and the rest is literary history. "In bringing him into the world with his vile instruments, he...crush'd his nose...as flat as a pancake to his face, and he [made] a false bridge with a piece of cotton and a thin piece of whalebone...to raise it up." Tristram describes the horror of his own birth in these words: "No doubt, the breaking down of the bridge of a child's nose, by the edge of a pair of forceps,—however scientifically applied,—would vex any man in the world, who was at so much pains in begetting a child, as my father was."³ And so,

father, son, nurse, midwife and doctor suffer throughout Mrs. Shandy's ordeal.

Tristram's birthing not only highlights the latest eighteenth-century obstetrical technique, but it also exemplifies the fictionalizing of childbirth. In novels, childbirth is almost always an observed event told through the eyes of doctor or attendant or father or, in this case, the child itself. The mother is not likely to tell her own story. Her sovereignty, however, is usually acknowledged by someone so that the issue of who controls childbirth events underlies the drama. Often, as in this scene, women's "particular fancies" are attended to, but that does not mean women decide their own fate. A Dr. Slop typically arrives to save the day and brings to the family controversy a public dimension. Literary childbirths generally echo the prevailing controversies of the "real" world and its battles between obstetrical innovation and conventional wisdom. The birth scenes discussed in this essay reveal myriad approaches to these shifting fictional and medical conflicts. In sum, they afford a revealing glimpse of a specific literary and medical heritage, our own.

Tristram's arrival typifies late eighteenth-century childbirth at the point in medical history when forceps were introduced, along with their "scientific operators." The novel, in fact, announces that "it would astonish you to know what Improvements...have [been] made of late years in all branches of obstetrical knowledge."⁴ For the eighteenth-century reader, *Tristram Shandy* offers a memorable portrait of the effects of those improvements upon one English family. And that literary image has been with us ever since.

In the nineteenth century, the next medical improvement was anesthesia for surgery and for birth. In 1855, Queen Victoria accepted the use of chloroform and the attendance of Sir James Young Simpson, its developer, at the birth of Prince Leopold. Her endorsement quelled the

furor over relieving women's labor and ushered in the era of "painless" childbirth. In James Joyce's *Ulysses*, Leopold Bloom comments on these scientific developments while following the debilitating labor of Mina Purefoy who is "three days bad."

Three days imagine groaning on a bed with vinegared handkerchief round her forehead, her belly swollen out! Phew! Dreadful simply! Child's head too big: forceps. Doubled up inside her trying to butt its way out blindly, groping for the way out. Kill me that would. Lucky Molly got over hers lightly. They ought to invent something to stop that. Life with hard labour. Twilight-sleep idea: Queen Victoria was given that. Nine she had. A good layer.⁵

Portraits of Mina at hard labor vary in style through this novel, vividly describing her travail, the physician's intervention, and the final transcendence of new motherhood. She is imagined at one point "pleading her belly, and now on the stools, poor body, two days past her term, the midwives sore put to it and can't deliver, she queasy for a bowl of riceslop that is a shrewd drier up of the insides and her breath very heavy more than good and should be a bullyboy from the knocks they say, but God give her soon issue." Ultimately, "the skill and patience of the physician...[bring] about a happy *accouchement*. It had been a weary while for patient and doctor. All that surgical skill could do was done and the brave woman had manfully helped." Mina is then described with "motherlight in her eyes... in the first bloom of her new motherhood, breathing a silent prayer of thanksgiving to One above, the Universal Husband."⁶ Mina's birthing experience is exemplary in all respects. She suffers terribly; her midwives toil in vain; then a physician arrives to skillfully achieve the delivery; and, after his intervention, the new mother lapses into maternal bliss.

Later, Mina's motherhood is eclipsed, inspiring though it may be, by the motherhood of Bloom himself. Throughout the novel, he vacillates between announcing of childbirth, "Kill me that would," and revealing his opposite desire, "O, I so want to be a mother." He is decreed both "bisexually abnormal," and "a finished example of the new womanly man." Ultimately, he is declared "about to have a baby." Collections are taken up for him, women faint, and, as he embraces the midwife tightly, he "bears eight male yellow and white children"—all of whom "are immediately appointed to positions of high public trust." Bloom's offspring, born without aid of physician, are special male creations. Not only are they physically different, but also they will not partake of "the dust that gripeth on every man that is born of woman."⁷

Except for Bloom's, the birth scenes of *Tristram Shandy* and *Ulysses* clearly reflect obstetrical advances then available. The invention of forceps and anesthesia noted in these novels bring obstetrics several steps closer to the techniques of other branches of medicine. Ultimately, as the twentieth century begins, so does a radically different type of childbirth. A treatise on twilight sleep, titled *Painless Childbirth* and published in 1915, argues: "In a way, women's motherhood lagging behind with obstetrics, the most traditional of the medical sciences, has had some elements of the brutal physical experiences of the savage. But the day of that is over..."⁸ Twenty-century childbirth becomes a medical experience, and the goal of the practitioner is to elevate its status by diminishing its risk and pain. For many women, a further goal is to raise their own social status by obliterating the savagery of unmedicated birth.

The female authors of *Painless Childbirth* define the traditional problem of obstetrics in memorable terms. They write: "Painful childbirth was the worst punishment God could devise for woman. Adam's part in the curse of Genesis has been partly lifted by [surgical]

anaesthesia. Eve's remains. Since the birth rate of all countries equals, of most surpasses, the death rate, the sum of suffering through birth borne by one sex surpasses the sum of suffering by death shared by both."⁹ The direction of medical science seemed clear now that forceps and chloroform had pointed the way. Obstetricians' thinking would have to change. No longer would they be allowed to decree there was "no more pleasing sight than that of a strong, healthy woman giving birth to a large first child in strong and painful birth pangs." Instead, they would have to see pain as "undesirable, [and] not only on humanitarian but on scientific grounds,"¹⁰ because of its interference with the birth process. Of course, such changes in thinking would not occur as easily or quickly as technological advances might allow. Nevertheless, a vision of childbearing without brutality and with respect for mother and infant now seemed to hinge upon scientific achievement.

Forceps and anesthesia had another effect on obstetrical practice. Though the ranks of female birth attendants grew in number throughout the nineteenth century, their profession was being subsumed by traditional medicine. Surgical instruments and anesthesia could be used legally only by surgeons, in other words, only by men. This restriction underlies the controversy between Tristram's mother and father and gives Lawrence Sterne an opportunity to ridicule both midwife and scientific operator. Throughout the eighteenth century, male medical practitioners fought ancient traditions that prohibited their touching another man's wife and labelled such care beneath the dignity of a physician. During the nineteenth and early twentieth centuries, midwives and obstetricians appear to coexist throughout England and America; however, the male practitioner is clearly in charge.¹¹ Thus, in *Ulysses*, the "happy *accouchement*" of Mina Purefoy is credited to the last-minute surgical skill of the patient physician.

Both *Tristram Shandy* and *Ulysses* depict the tenuous reversals of traditional birth-rite roles. Men are placed in charge because the births are “difficult,” and the only effective midwife is old Mrs. Thornton as she attends Bloom himself. Though Tristram’s father says that women claim sovereignty in all matters pertaining to childbirth, his wife is not even visible, far less authoritative, throughout the family discussions. In Mina Purefoy’s case, a debilitating labor magically becomes a “*happy accouchement*” in which she “manfully helped.” This transformation occurs when “all that surgical [male] skill could do was done,” and the result is “mother-light” in her not-even-tired eyes. Bloom’s maternity, which is obviously drawn as a mockery, becomes clearer against the backdrop of other childbirth scenes. He too, hears the attendant’s time-honored refrain: “Embrace me tight, dear. You’ll soon be over it.” It does not kill him, as he imagines it will, and he is able to bring forth life, albeit in rather strange form. Bloom is intended to be every man who suffers “so much pains in begetting a child,” as Tristram’s father does. He is the new Adam retelling the creation story in which the father is caused to give birth.

Many social scientists have traced patterns of mother-love, mother-envy, and mother-fear within old and new civilizations.¹² There is no need to catalogue them here, but the effect of such patterns on literary childbirth is crucial. Cultural patterns and literary portrayals naturally reinforce one another. As Michele Murray points out, “literature does not tell us straightforwardly about the life of its times so much as it does about how the imagination *perceives* the flow of boundaries, the events in time from which meaning was drawn.”¹³ Ashley Montagu argues specifically that “...childbirth has been surrounded by so many myths and mysteries and dangers that most women in the Western world have until recently rarely approached the event without foreboding and anxiety—and this holds true for the sympathetic husband, too.”¹⁴

What are the effects upon our literature? Most often, childbirth is described by an observer, rather than by a participant. That observer may be a father, friend or physician, perhaps even a “she,” but not the mother herself. Childbirth remains, then, a removed experience rather than an immediately shared one. It is interesting to contrast this literary practice of observing childbirth to the practice of directly sharing a character’s death in fiction. We are often permitted to imagine through the dying character a real experience of death, but we are seldom invited to share vicariously in the consciousness of a woman experiencing birth. Michele Murray’s observation that literature reveals, not life directly, but life according to a particular imagination’s perception can be usefully extended here. She wonders why the equality that women in literature seem to have with men in literature does not carry over into life. With regard to this literary experience, however, her position seems inaccurate. Birthing characters are not equal. Women in literature do not tell their own childbirth stories. Certainly, there are numerous birth scenes in recent fiction, but the manner of their presentation, when held up against fictional representations of other life experience, is disappointing. They are second-hand rather than immediate.

Observations of the experience of childbirth are likewise limited by cultural patterns already inbred and accepted as true. The result of such limitation is that childbirth in our literature is still presented as it was traditionally thought to have been, with little variation upon the theme. Persons immediately involved in the experience are defined according to cultural patterns already learned. Therefore, literary mothers tend to vary only according to ancient specifications, swinging with the pendulum of woman’s legendary double image from powerful mother-goddess to childlike, slavetempess. The child born is also denied personality traits, usually described sucking at the breast, and seen as an extension of the mother’s person. If the birth scene is used

symbolically, the mother may be granted her all-powerful, mother-goddess image. Mina Purefoy is one such example of “the first bloom of new motherhood.” In more realistic fiction, such as *Tristram Shandy*, where the mother must actually be dealt with in the plot, she is generally childlike and very powerless. It is evident in literary childbirth scenes that “All the adjectives used to describe woman make it apparent... she is not the equal of man: she may be supernatural, she may be childlike—she is both more and less than man,”¹⁵ yet she is rarely anything beyond a stock character.

Twentieth-century childbirth scenes reveal that this phase of human experience has not really benefited from literary or medical “progress.” We may get closer to the birth chamber in more recent fiction, but the experience itself remains entrapped in cultural snares. In spite of science, childbirth remains “the great literary ‘exemplum’ of pain.”¹⁶ In addition, perhaps because of science and the male obstetrician, childbirth remains that part of woman’s “very basic world, so essential to human existence that art cannot do without it,”¹⁷ yet so powerful and threatening to “man’s” world that he strives to control it in his own literary terms.

Perhaps the most renowned twentieth-century authors to exemplify these aspects of literary childbirth scenes are D.H. Lawrence and Ernest Hemingway. Generally, Lawrence is condemned for defining his female characters’ happiness in terms of their eager submission to husband or sexual partner. An interesting reversal of this occurs in an early novel, *The Rainbow*, and suggests the sort of cultural basis from which Lawrence develops. In this novel dealing with nineteenth-century changes in family structure, economy, church, and society, Anna and Will Brangwen embody separate female and male worlds. They coexist in the blind acceptance of each other and find meaning for their lives in sexual union. Then, Anna gives birth to a child,

Ursula. The chapter describing the birth is titled “Anna Victrix.” The text is as follows:

The pains came on, and Oh—how she cried! She would have him stay with her. And after her long cries she would look at him, with tears in her eyes and a sobbing laugh on her face, saying: ‘I don’t mind it really.’

So far, she appears the typical Victorian mistress, then:

It was bad enough. But to her it was never deathly. Even the fierce tearing pain was exhilarating. She screamed and suffered...She knew she was winning, winning, she was always winning, with each onset of pain she was nearer to victory.

Probably he suffered more than she did. He was not shocked or horrified. But he was screwed very tight in the vise of suffering.

It was a girl...As she became used to her bliss, she looked at the youth with glowing, unseeing eyes, and said: ‘Anna Victrix.’

He went away, trembling, and slept. To her, her pains were the wound-smart of a victor, she was the prouder.

Lawrence “heroes” cannot accept the power of the female in childbirth. As one critic notes, “Later Lawrence found his revenge: his most virile figures voluntarily abstain from fatherhood, thus depriving the female of what she most wants...so as to prevent the female from triumphing.”¹⁹

Ernest Hemingway, Lawrence’s associate in male-dominated fiction, provides childbirth scenes which offer woman’s alternative image—one of helplessness and impotence. Hemingway makes use of medical science, the hospital and the doctor to foster his purpose. The final chapter of *A Farewell to Arms* offers, in contrast to Lawrence’s fearsome Anna, the lovely, broken

Catherine who dies with her child following Ceasarean delivery. She approaches the birth “glad it’s started,” not because she senses any victory, but because “Now in a little while it will be all over.” The father is certainly a sympathetic narrator throughout, but he is removed still. He and the doctor are very carefully described as they go about the routine of life—having breakfast and lunch, smoking cigarettes. In the cafe, he wonders “how many children the woman [at the counter] had and what it had been like.” Catherine’s labor, inability to deliver and eventual death are recognized to be “the price you paid for sleeping together...the end of the trap...what people got for loving each other.”²⁰

“Indian Camp,” a Hemingway short story, presents an analogous birth scene. The mother again is forced to have “a Caesarean [this time] with a jack-knife, “but it is successful, so that the doctor and other men present can feel “exalted and talkative as football players are in the dressing room after a game.” The doctor is the focal point of his narrator-son’s description of the event. A female Indian attendant is displaced to the kitchen to boil water, leaving doctor and son, the father-to-be, another Indian brave and the narrator’s Uncle George at the scene. During the surgery, without benefit of anesthesia, Uncle George labels this mother a “Damn squaw bitch” for biting his arm while he holds her down, and the Indian who is also holding laughs with him. The mother’s screams are declared “not important” by the doctor, who does not hear them “because they are not important.” His final chore is “to have a look at the proud father [since] they’re usually the worst sufferers in these little affairs.” The father had been present all the while in a bunk above the mother, and that is where the doctor finds him, before he can hide him from his son’s eyes, with his throat slit. Such is the outcome of what the doctor calls “an awful mess to put you through.”²¹

The literary technique of viewing childbirth through the eyes of the obstetrician is a popular American motif not limited to Hemingway. It provides an obvious narrative method for male control of the female experience. *The Cry and the Covenant*, a novel by Morton Thompson, traces the work of Ignaz Philipp Semmelweis, the obstetrician who discovered childbirth fever to be sepsis, and offers fascinating views of birth through the eyes of scientists. The women who populate the labor wards of the novel are consistent in their childlike and helpless images. In one memorable scene a group of them is portrayed begging the young doctor Semmelweis to let them leave the hospital and thus avoid the threat of childbirth fever. Their entreaty comes to him while they “slipped [from their beds] to the floor, dragged their bellies big with child over the floor to his feet. As he watches, “His heart cried out to let them go. His sick being cried to go with them.” In defense, he practices scientific disassociation. For awhile, “He...avoided looking directly into any woman’s eyes. He...made himself oblivious to the sound of pain, to cries, to moans, to entreaties, and to weeping...He struggled to disassociate himself... He struggled to blot out the scene in the ward... [but] it nibbled endlessly at the edges of his consciousness²².”

Semmelweis becomes the humanitarian-with-a-cause who devotes himself to alleviating their misery. He does not accept the edict that “No women in the world get more attention, more scientific care,” simply because science and society have now decided to make use of vaginal examination. Though the development of science is described in this novel by images of integration (“In this era, this interval of man, synthesis began a clotting, an islanding, an agglutination”), the doctor himself suffers fragmentation. “People are no longer people. They are organs and diseases and symptoms, chemicals. And their faces are messages which we, the initiate, can read, and I have knowledge that makes me one of a group, apart from them. My own family,

even."²³ He becomes the victim of his own discipline, his own means of control.

A curious pattern emerges in this novel involving and juxtaposing the fragmentary images used for the doctors with the cellular images used to depict birth itself. The women are seen shaken by loneliness and fear, "to be the dwelling of such inexorable things, waiting, enduring and unneeded and alone." They are unneeded since the process occurs "in the timelessness of the cell; the cell [is then] the woman, herself." She is "not even an instrument or a spectator, but other tissues, elsewhere." Indeed, the novel's first sentence reads, "The uterus of the woman on the bed contracted according to its cellular intelligence. Without command..." Those in command, albeit in a fragmentary sense, are the doctors. When Dr. Semmelweis delivered his patients successfully, he "grinned...walked on the balls of his feet, springily...[and] was exhilarated, happy with the world."²⁴

One twentieth-century physician and writer who is able to integrate the roles of mother, doctor, father, and other attendants at the rite of birth is William Carlos Williams. Two of his short stories dealing with childbirth reveal certain techniques which allow him to mold sensitive literary portrayals. Oddly enough, he chooses in both "Comedy Entombed" and "A Night in June" to forgo the hospital as birthplace, even though he admits, "One gets not to deliver women at home nowadays. The hospital is the place for it. The equipment is far better."²⁵ Nonetheless, in both stories, though the events take place in very different households, the physician-narrator is aided by his atmosphere; it calms him and bids him to wait the birth out. Although the clean and orderly home of "A Night in June" contrasts sharply with the home of "Comedy Entombed," where he cannot find a clean place to leave his coat and all is "disorder and brokenness," both domiciles belie his interference. He speaks of them both as quiet, lovely, delicious, peaceful.

Relatives present in the home, fathers, children, and in "A Night in June," a sister-in-law, are generally described as intrusive. Williams depicts childbirth as a mother and doctor event. He uses one child in each family, however, to reinforce those special qualities which are to be enjoyed in their mothers. In "A Night in June," he chooses the three-year-old boy who sleeps next to Angelina throughout the birth, stirring but not awakening when the new baby first cries. In "Comedy Entombed," a ten-year old boy greets the doctor with a silly shy expression, watches over his mother, and later prompts the doctor to recall: "It was odd to see that rather amused expression on her face. Whom did she remind me of? Oh yes, the woggle-headed kid downstairs. Clowns, the two of them."²⁶ It is the clown within the mother of "Comedy Entombed," and the courageous calm of Angelina which attract the doctor.

As the relationship between doctor and mother develops along with the labor, it is apparent that the doctor is not in charge. In "Comedy Entombed," he sees himself with the father as awkward accessories to the event; "We men stood like a couple of goofs watching her."²⁷ Likewise, in "A Night in June," he keeps to the kitchen with the father until needed, and the birth is achieved when "The woman and [he] then got to work." At that point, the doctor acknowledges "this woman in her present condition would have seemed repulsive to me ten years ago—now, poor soul, I see her to be clean as a cow that calves. The flesh of my arm lay against the flesh of her knee gratefully. It was I who was being comforted and soothed."²⁸

In like manner, the sometimes-attending physician in Jessamyn West's novel *Leafy Rivers* prays while he rides up to the house after the birth has occurred that the mother Leafy has not died. He admits his prayer to be selfish, more for him than for Leafy, but he is not ashamed of his very human standards. Leafy spends the entire novel, a period of two days, giving birth to her

daughter. Midway, Dr. June Daubenheyer decides that the child must be taken from her. He exits her room, thinking that she is unconscious, when the grandmother and father-to-be announce that they cannot order the child killed. After hearing out the whole discussion (which includes her husband's declaration that he could not kill what he believes to be another man's child), Leafy "comes to" and yells, "It's not Yander's baby...And I can have it."²⁹ Then she does. Final scenes reunite mother, father, doctor and relatives to share their visions and descriptions of the new child Rena. Along the way, Jessamyn West creates a recognizable character for Leafy and, beyond that, allows her to narrate her own story of Rena's birth.

Interesting parallels link West's and Williams' childbirth scenes. In each, the mother is the focus of all characters' attentions, and the setting for the event is decidedly non-medical. In each, the mother claims the right of deciding—to quote Tristram Shandy—"in whose hands and in what fashion" the birth shall occur. Images of obstetrical specialization and depersonalization do not emerge; rather, integration of characters, settings and events prevails. In these scenes, fiction and medicine are focused to reinforce each other.

A more typical mid-twentieth-century childbirth scene is depicted by Sylvia Plath in *The Bell Jar*. This antiseptic, painless, no-risk childbirth is designed to teach the heroine Esther Greenwood that she "oughtn't to see this...You'll never want to have a baby if you do. They oughtn't to let women watch. It'll be the end of the human race." Esther relates the experience:

...I noticed little drops of sweat beading [Will's] high pale forehead... 'it's my first.'

Buddy told me Will was a third-year man and had to deliver eight babies before he could graduate...

I was so struck by the sight of the table where they were lifting the woman I didn't

say a word. It looked like some awful torture table, with these metal stirrups sticking up in mid-air at one end and all sorts of instruments and wires and tubes I couldn't make out properly at the other...

She seemed to have nothing but an enormous spider-fat stomach and two little ugly spindly legs propped in the high stirrups, and all the time the baby was being born she never stopped making this unhuman whooping noise.

Later Buddy told me the woman was on the drug that would make her forget she'd had any pain and that when she swore and groaned she really didn't know what she was doing because she was in a kind of twilight sleep...

The head doctor, who was supervising Will, kept saying to the woman, 'Push down, Mrs. Tomolillo, push down, that's a good girl, push down,' and finally through the split, shaven place between her legs, livid with disinfectant, I saw a dark fuzzy thing appear.

But the baby's head stuck for some reason, and the doctor told Will he'd have to make a cut. I heard the scissors close down on the woman's skin like cloth and the blood began to run down—a fierce, bright red. Then all at once the baby seemed to pop out into Will's hands...and Will kept saying, 'I'm going to drop it, I'm going to drop it, I'm going to drop it,' in a terrified voice...

I think somebody said, 'It's a boy, Mrs. Tomolillo,' but the woman didn't answer or raise her head.

'Well, how was it?' Buddy asked with a satisfied expression...

I didn't feel up to asking him if there were any other ways to have babies.³⁰

Plath's scene harkens back to Dr. Slop's testimony to the astonishing improvements made in recent medical science. Indeed, to the authors of *Painless Childbirth*, medicated labor and

delivery was emblematic of a future dedicated to human values. They write that in the last months of 1913 and throughout 1914, "The humanizing of life-giving was the only news in periodical literature which had survived in competition with the news of the brutalizing of humanity by life-destroying war. The two things stood out strikingly against each other, one representing the hopeful future, the other the hopeless past."³¹ Unfortunately, such optimism appears uncalled for. The realism of mid-twentieth century fiction becomes an evocation of the sort of childbirth women ought not to watch, or what Hemingway calls "an awful mess to put you through."

In *Of Woman Born*, Adrienne Rich provides a summary of such typically American childbirth from her own perspective. She writes:

We were, above all, in the hands of male medical technology. The hierarchical atmosphere of the hospital, the definition of childbirth as a medical emergency, the fragmentation of body from mind were the environment in which we gave birth, with or without analgesia...the experience of lying half-awake in a barred crib, in a labor room with other women moaning in a drugged condition, where no one comes except to do a pelvic examination or give an injection, is a classic experience of alienated childbirth. The loneliness, the sense of abandonment, of being imprisoned, powerless, and depersonalized is the chief collective memory of women who have given birth in American hospitals.³²

Rich also suggests, "The fear of pain of childbirth in literate as in non-literate societies may come (and often does) from verbal tales, phrases, anecdotes; it is further reinforced by literature."³³ So, to what medical and literary junction have we traveled? Our particular twentieth-century imagination perceives childbirth as a medical phenomenon, in the hands of a male physician,

in a hospital where threatening emergencies add to the drama. It would appear that old arguments are still not settled, and long-held aspirations still not achieved.

To Sylvia Plath's hospital delivery scene can be added numerous fictional images which link childbirth to experiences of rape or death or insanity. Consider two scenes from the volume *About Women*. In a story by H.W. Blackener, titled "Sound of a Drunken Drummer," the sexual attack of a woman is described in these terms: "Then the hair-knuckled hand entered the light and lay weighted, twitching, blotting pressed down, lifted, pressed down...Cigar-rancid, widening cave of vellicating snake tongue. The forcep hand dug, ripped the fabric, shook, spilled. Baby girl. Baby. She held fast against the rising construction of pain...The laying on of massive, flamed hands. She screamed."³⁴ In Vera Randal's "Alice Blaine," the depressed heroine, who is undergoing water therapy in a mental institution, offers the following description of a fellow patient as she undergoes shock therapy.

They were surrounding her now...binding her, mummy-like, lifting her onto one of the high wheeled cots...I lay in the water, watching the white, competent nurse walk briskly away, followed by one of the students, watching the second student settle herself on a high white stool next to that twisting, tortured head...Then the head was centered, still, and the body rose, resting on head and feet, curving upward, fixed in a thin arc of anguish. And I remembered when Jenny was born and I was lying on a high wheeled table, bound down, screaming into a black cone that covered my face. A voice was saying, 'Take it easy, now. It's almost over.' I was screaming into the blurry blackness. 'Take it easy,' the voice said. I could feel my body rising from the table, and my insides were being ripped to bloody bits.³⁵

Such fictional accounts, while not doing much to alleviate literature's reinforcement of childbirth pain and horror, do, at least, allow the mother's own viewpoint to be expressed.

As mother's narratives grow in number, so should the scope of our literature. There are, after all, as many ways to give birth as there are women birthing. It is simply one life event, no less varied than any other and no more containable by literary or medical stereotypes. If a message can be drawn from the literature considered in this essay, it must be that fiction should explore new ways of seeing these realities. Poet Muriel Rukeyser expresses the best hope for the future:

Life the announcer.
I assure you
there are many ways to have a child.
I bastard mother
promise you
there are many ways to be born
They all come forth
in their own grace.³⁶

At the moment, our literature does not reflect this variety and grace. On the history of childbirth, Nancy Schrom Dye has observed that, "Until a few years ago, the history of childbirth could more accurately be termed the history of obstetrics." Dye further suggests, "Women's responses to [childbirth experiences] have only begun to be documented historically."³⁷ Likewise, these childbirth scenes reveal a literature of obstetrics and argue for new fictional portrayals of the women involved. What we have reflected in our literature is the shifting of childbirth from home to hospital, from midwife's domain to obstetrician's, from emblem of the pain merited by original sin to symbol of the price paid for sleeping together. But no matter how settings or characters or symbolic interpretations change, key elements remain unaltered. Control is still not the mother's; pain is still the focal image; unnaturalness and depersonalization are still the

themes. The new fiction of childbirth, which coming generations will read and reread, must break these binds. In it, both medical and literary stereotypes must yield to all the creative forces of life and art.

NOTES

1. Lawrence Sterne, *The Life and Opinions of Tristram Shandy* (Boston: Houghton Mifflin, 1965), p.108.
2. Sterne, p.34.
3. Sterne, pp.136, 159, 161.
4. Sterne, p.109.
5. James Joyce, *Ulysses* (New York: Random House, 1961), p.161.
6. Joyce, pp.397, 420.
7. Joyce, pp.493-94, 386.
8. Marguerite Tracy and Mary Boyd, *Painless Childbirth* (New York, 1915), p.43. This prediction may have been premature. As recently as 1956, Dr. Harold Atlee argues in *Natural Childbirth* (Springfield, Illinois), that "Women, themselves, have tended to accept fatalistically the obstetrical tradition of the ages—in sorrow thou shalt bring forth children...with no real protest against the tradition, and no real organized attempt to break its power." (p.3) This is but one example of the alignment of obstetrical tradition with literary, in this case biblical, tradition.
9. Tracy and Boyd, p.42. It should be noted that, until this time, the danger of childbearing was considered to be women's fair share in the Genesis "curse," balancing against man's suffering on the battlefield.
10. Tracy and Boyd, pp.27, 29.
11. Richard W. Wertz and Dorothy C. Wertz, *Lying-In* (New York: Schocken Books, 1979), offer a full discussion of the shift to "man-midwifery" during the eighteenth and nineteenth centuries.
12. See Ashley Montagu, *The Natural Superiority of Women* (New York: Macmillan, 1968), Chapter 2; Wolfgang Lederer, *The Fear of Women* (New York: Grune, 1968), Chapters 15 and 19; Vern L. Bullough, *The Subordinate Sex* (Urbana: University of Chicago Press, 1973), Chapter 2; Mary Anne Ferguson, *Images of Women in Literature* (Boston: Houghton Mifflin, 1973), "Introduction," pp.1-29; and Suzanne Arms, *Immaculate Deception: a new look at women and children in America* (Boston: Houghton Mifflin, 1975).
13. Michele Murray, *A House of Good Proportion* (New York: Simon & Schuster, 1973), p.18.
14. Montagu, p.23.
15. See Murray, p.16; also Tillie Olson, "Silences: When Writers Don't Write" in *Images of Women in Fiction*, ed. Susan Kopleman Cornillon (Bowling Green, Ohio: Bowling Green University Press, 1973), p.101, arguing the silence in literature of "unmimed geniuses"—"those whose waking hours are all struggle for existence; the barely educated; the illiterate; women. Their silence is the silence of centuries as to how life was, is, for most of humanity."
16. Tracy and Boyd, p.39.
17. Murray, p.16.
18. *The Rainbow* (New York: Viking Press, 1969), pp.188-89.
19. Katharine W. Rogers, *The Troublesome Helpmate* (Seattle: University of Washington Press, 1966), p.243.
20. *A Farewell to Arms* (New York: Scribner, 1929), p.297, 302, 303

21. "Indian Camp," in *The Short Stories of Ernest Hemingway* (New York: 1966), pp.93-94.
22. *The Cry and the Covenant* (Garden City, New York: 1949), pp.172-74, 166, 111, 96-97.
23. Thompson, pp.166, 111, 96-97.
24. Thompson, pp.1, 4, 195.
25. "A Night in June," in *Make Light of It*, (New York: Random House, 1950), p.137.
26. "Comedy Entombed," in *Make Light of It*, p.325.
27. "Comedy Entombed," pp.323-24.
28. "A Night in June," p.142.
29. *Leafy Rivers* (New York: Harcourt, Brace & World, 1967), p.199.
30. *The Bell Jar* (New York: Bantam Books, 1971), pp.52-54.
31. Tracy and Boyd, pp.107-108.
32. Adrienne Rich, *Of Woman Born* (New York: Norton, 1976), p.174.
33. Rich, p.164.
34. "Sound of a Drunken Drummer," in *About Women*, ed. Stephen Berg and S.J. Marks (Greenwich: Fawcett Paperbacks, 1973), p.277.
35. "Alice Blaine," in *About Women* pp.371-72.
36. "The Speed of Darkness," in *About Women*, pp.40-41.
37. Nancy Schrom Dye, "History of Childbirth in America," *Signs: Journal of Women in Culture and Society*, 6, no. 1 (Autumn, 1980), 97, 106.