4 Childbirth at Home

The belief that the house and the body were inextricably linked, that ensuring the well-being of domestic spaces would ensure the health of the inhabitants of that space, and that this relationship between the house and the body should be regulated by women was never more evident than in the "architectural prescriptions" written by doctors for young married women in the late nineteenth century. In their observations on motherhood's spatial implications, social critics and medical experts articulated a clear conception of both the productive and the destructive powers of Victorian women.

The Victorian middle-class birthing experience was the time when women's bodies and domestic spaces intersected; birth itself was a transgression of the boundaries between the woman's body and the house as the child emerged from the womb. Childbirth was also a prime example of the provision of medical care within the middle-class house. Just as the sanitarians had exposed the inner workings of the house by breaking down the building's walls – in models such as the Insanitary Dwelling at the IHE and in the sectional illustrations in the popular press – the medical profession tried to dissolve the opaque barriers between the outside and inside of women's bodies in order to see, to explain, and to control women's health. Since the idealized domain of the middle-class Victorian woman was the house, it is not surprising that this breakdown took place in the context of domestic space: the lying-in room. More than an innovation of architectural convenience, the lying-in room was both a symbolic and a visible extension of the mother's body, an observable

space through which doctors could expand the conceptual limitations of the body.

However, the doctors' attempt to control the relationship of women's bodies to the built environment began long before conception. Whereas potential mothers were told to frequent unconfined open spaces, as if in surrounding themselves by nature they, too, might become productive landscapes, pregnant women were advised to frequent confined controllable spaces, occupying an increasingly limited spatial sphere as they progressed through pregnancy. They were told to regulate their participation in the urban social realm – both for their own protection and for the protection of others around them – revealing the paradoxical position occupied by the Victorian woman in the middle-class house. As the regulators of healthy houses, women protected their families from infection and its associated evils; in childbirth, however, they became the source of such dangers.

The critical importance of the birthing space in the literature of Victorian health becomes clearer when one considers the central place that nineteenth-century society accorded to motherhood and the care with which the medical experts of the time sought to ensure the ideal conditions for middle-class childbirth. Few were more widely read than Pye Henry Chavasse, a Birmingham obstetrician, whose *Advice to a Wife* was the most popular work of medical literature written for women.[1] His writings reveal the simple conviction that the regulation of a woman's personal habits after puberty – diet, sleep, and social life – measured by the regularity of menstruation, ensured the healthiness of her womb and increased her potential for childbearing.[2] The "performance" of menstruation before marriage was a mark of health and happiness. Chavasse warned that "unless [menstruation] be in every way properly and duly performed, it is neither possible that such a lady can be well, nor is it at all probable that she will conceive. The immense number of barren, of delicate, and of hysterical women there are in England, arises mainly from menstruation not being duly and properly performed."[3] Regular menstruation was an achievement; the reward would be fecundity.[4]

The centrality of reproduction in women's lives was further underlined by the emphasis placed on their reproductive years.[5] True "womanhood" – the thirty years during which women could reproduce – was clearly demarcated by physiological changes. Menstruation, claimed Chavasse, was "the threshold, so to speak, of a woman's life," while menopause was the time when "she ceases to be after the manner of women."[6] A woman's

reproductive years were also characterized by spiritual maturity. With the onset of puberty, Victorian experts marked "a change in the girl's religious nature."[7] Womanhood was, from their perspective, synonymous with potential motherhood.

Prescriptive literature, fiction, and other images accessible to women extolled the ideal that the only true measure of female happiness was a large family: "The love of offspring is one of the strongest instincts implanted in woman; there is nothing that will compensate for the want of children. A wife yearns for them; they are as necessary to her happiness as the food she eats and as the air she breathes."[8] Reproduction was the primary expression of female purpose, and the institution of marriage was structured, as it has been throughout history, to legitimate procreation.[9] Most middle-class women in the 1860s could expect to bear six children.[10] Of these, one or two would probably die during birth or soon after.[11] As historian Jane Lewis has remarked, "It was not uncommon for women in the nineteenth century to speak in the same breath of the number of children they had raised and the number they had buried."[12] Childbearing was not only an assurance of female happiness; it was also said to be a guarantee of good health. Single women were prone to more disease, most Victorian doctors claimed, and so were married women without children.[13] Indeed, pregnancy was upheld as a specific cure for a variety of illnesses.[14] Motherhood, therefore, was seen by both women and doctors as a form of preventive medicine.[15]

Like other physicians of his time, Chavasse explained reproduction to married women in ordinary, nontechnical language, chiefly by comparing them to aspects or elements of the landscape, most often to flowers or trees. "A wife," he wrote unabashedly, "may be likened to a fruit-tree; a child is its fruit."[16] Middle-class wives were told that they must "sow the seeds of health before [they could] reap a full harvest."[17] In the first year of marriage, women supposedly "la[id] the seeds of a future life of happiness or misery."[18] Children were thus seen as the natural product of women's bodies, and childbearing was treated as a biological imperative rather than as a socially conditioned choice.

The landscape analogy served to convince women that the preparation of their bodies for motherhood was a continuous one, rather than one that began with marriage. Like gardens, women's bodies had to be carefully tended from the earliest stages of life in order to produce beautiful and healthy plants. Childless women were described as "fruitless" or, more commonly, "barren." Chavasse elaborated on his agricultural metaphor when describing the childless: "We all know that it is impos-

sible to have fine fruit from an unhealthy tree as to have a fine child from an unhealthy mother. On the one case, the tree either does not bear fruit at all – is barren – or it bears undersized, tasteless fruit – fruit which often either immaturely drops from the tree, or, if plucked from the tree, is useless."[19]

Barrenness was considered a uniquely female disease, whose origins were thought to lie in luxurious living and bad habits. Strictly medical origins were seldom considered, and the husband's fertility was simply not an issue. Barren women thus felt that they were denied children in punishment for improper behaviour – for deviating in some way from the productive state of nature into which they had passed at puberty. Barrenness was also considered to be peculiar to those segments of society living farthest from that state of nature: the urban middle and upper classes. Even in the early nineteenth century, many doctors noted that "we seldom find a barren woman among the labouring poor, while nothing is more common among the rich and affluent."[20] Hard-working women had more children, doctors claimed, suggesting that the supposedly idle lifestyle of the middle-class woman was the cause of her barrenness. "Riches and indolence are often as closely united as the Siamese twins," wrote Chavasse. "Rich and luxurious living, then, is very antagonistic to fecundity."[21] Diet, hard work, and a close relationship to nature were considered the foundations of working-class fecundity. If a woman had been married a year or two without conceiving, Chavasse suggested, "let her live, indeed, very much either as a poor curate's wife or as a poor Irish woman is compelled to live." This entailed a mostly vegetarian diet of milk, bread, and potatoes, and "no stimulants whatsoever."[22]

Chavasse's use of nature and landscape imagery with reference to human fertility went far beyond simple analogy. Because women were seen in both social and medical terms as passive, dependent figures, their bodies were thought to absorb the characteristics of their surroundings.[23] Thus, the spaces in which married women dwelt were capable of rendering them fertile or infertile. Like the fields of rural England, women could be cultivated to produce. It is not surprising, therefore, that doctors considered women in the city less likely to conceive than those living in the country. The reasoning was based on both social and biological grounds.[24] As innocuous a factor as the busy social schedule of a newly married city woman was liable to bring on exhaustion, thereby preventing conception. The very air in cities was unhealthy for women – both inside and outside buildings: "The air of an assembly or

of a concert room is contaminated with carbonic acid gas. The gaslights and the respiration of numbers of persons give off carbonic acid gas, which gas is highly poisonous ... The headache, the oppression, the confusion of ideas, the loss of appetite, the tired feeling, followed by a restless night – all tell a tale, and loudly proclaim that either an assembly or a concert room is not a fit place for a young wife desirous of having a family."[25]

Chavasse's prescription for such ills was equally predictable and equally informed by environmentally deterministic assumptions. In lieu of city streets, he recommended green fields as the best place for a young woman to walk. "Let her, if she can, live in the country," he advised. Simple exposure of the senses to the natural landscape was suggested as a cure *sui generis*. Chavasse's reminder that "the eye and heart are both gladdened with the beauties of nature" was explicitly linked to his belief that the womb would be likewise "gladdened" and made fertile.[26]

It was not only the air in the country that was thought to help women conceive. There was also the influence of the rural population, whose habits necessarily reflected the virtues of the rural environment. Indulgence was, by implication, targeted as a middle-class and exclusively urban phenomenon: "Hence it is that one seldom sees in cities, courts, and rich houses, where people eat and drink, and indulge in the pleasure of appetite, that perfect health and athletic soundness and vigour which is commonly seen in the country, in the poor houses and cottages, where nature is their cook and necessity is their caterer, where they have no other doctor but the sun and fresh air, and no other physic but exercise and temperance."[27]

Women could take long walks in the country, venturing farther from home without encountering threatening people or places. Particularly dangerous to a young mother, according to Chavasse, were working-class men. Not only were the places they worked – factories fired by coal – unhealthy environments for young females, but "the exhalations from the lungs and from the skin of the inhabitants, numbers of them diseased," tended to fill the atmosphere with impurities, hampering female fecundity.[28] As noted above, women needed open spaces in order to become pregnant; confined spaces worked against female fertility, the doctors claimed. Again, the reasoning behind their conclusions rested both on a specific fear of unhealthy air and on a more generalized – though not entirely separable – distaste for indulgent or unnatural habits. The house, even a country house, represented a threat to conception if it was full of "too many persons breathing the same air over and over again."[29] More-

over, confined spaces bred a kind of indolence that was not at all conducive to motherhood. This attitude was summed up by Dr Grosvenor:

> Hot and close rooms, soft cushions, and luxurious couches, must be eschewed. I have somewhere read, that if a fine healthy whelp of the bull-dog species were fed upon chicken, rice, and delicacies, and made to lie upon soft cushions, and if, for some months, he were shut up in a close room, when he grew up he would become unhealthy, weak, and spiritless. So it is with a young married woman; the more she indulges, the more unhealthy, weak, and inanimate she becomes – unfit to perform the duties of a wife and the offices of a mother, if, indeed she be a mother at all![30]

Conception marked the beginning of a major shift in a Victorian woman's social status – from wife to mother.[31] The expectant mother was different not simply for having "achieved" conception but for her new ability to act upon – rather than simply absorb – the world around her. The most striking difference between the doctors' advice to wives and to mothers was in their appropriate spatial domains. No longer were open spaces recommended; women in childbirth were totally confined. And while potential mothers' bodies were understood in terms of gardens and fields, the pregnant woman's body was a colonized space. Both categories of women – like all people – were presumed to benefit from the salubrious effects of exercise and fresh air, but the prescription varied according to the patient. The long walks that Chavasse had recommended as conducive to fertility were likely to cause "flooding, miscarriage and bearing-down of the womb" in pregnant women. The expectant mother was advised instead to take "short, gentle and frequent walks," and the attention that Chavasse and others devoted to her perambulation was far more likely to take the form of prohibitions – against carriage rides, railway journeys, and other strenuous forms of movement – than it was to encourage mobility in the city. In the ideal world imagined by Chavasse and other Victorian doctors, pregnant women occupied an increasingly limited spatial sphere as they progressed through pregnancy. Controlled urban spaces, rather than the relatively untamed rural landscapes, were better places for expectant mothers.

The few surviving sources that describe women's actual experiences of pregnancy indicate that they did not always follow the narrow path the doctors cut for them.[32] Jeanette Seaton, for example, attended twelve formal dinners between mid-May and early July 1892, and gave birth to a daughter in October. Even two weeks before delivery she maintained her

usual busy schedule of calls, shopping, and theatre. Since she resided in Clapham, five miles from central London, and since her family was without a carriage, we can assume that she travelled on public transportation, ignoring the threat of miscarriage so vehemently expressed by most doctors.[33]

This insistence on maintaining the liberties afforded by childlessness is evident in the material culture of the period, particularly in the elaborate maternity dresses worn by middle-class women. Costume historian Zuzanna Shonfield has explained how the change in fashions for pregnant women from the "plain, everyday garments" of the 1860s to the more elaborate styles of the 1890s parallels the drastic drop in the birth rate in the final decades of the century. It is likely, says Shonfield, that the woman of the 1890s "took her role as mother less for granted than she would have done earlier in the century. The lace and ribbons of her maternity garments may have been a way of asserting that she continued to see herself as a seductive bride rather than as a staid expectant mother."[34] The same evidence could be interpreted, however, as a widespread acceptance of pregnant women in the so-called public sphere as women simply ignored the advice of their doctors and maintained their regular schedules.[35]

Successful or not, Victorian doctors attempted to limit the kinds of space frequented by pregnant women because they believed that external environmental conditions were inextricably linked to the womb. We have seen how Chavasse and others believed that women wishing to become pregnant could, through their behaviour and the spaces with which they surrounded themselves, become the willing receptors of a benevolent landscape. Expectant mothers were urged to exercise similar power; they too, said the doctors, could so position their bodies in spaces that they would profoundly affect the success of their pregnancies.

Even the diagnosis of pregnancy presented Victorian doctors with the problem of detecting an essentially interior condition from the exterior, underlining the impermeability of the boundary between women's bodies and the outside world of men. Until the 1880s, fetal movement, or "quickening," was considered the only sure sign of pregnancy. Quickening came from the ancient idea that the fetus was suddenly infused with life. Although Victorian doctors claimed that they no longer believed in quickening as evidence for pregnancy, they trivialized the period of pregnancy preceding fetal movement, endowing the event itself with ritual significance.[36] Quickening was important to doctors because it represented the mother's awareness of the new life growing inside her body and also because it marked the ascent of the womb into the belly, fol-

lowed immediately by a noticeable increase in the mother's size. The life inside her began to occupy space outside the regular confines of her body and became correspondingly more real.

Doctors tried desperately to identify symptoms of pregnancy visible outside the women's body. W.F. Montgomery, author of the classic *Exposition of the Signs and Symptoms of Pregnancy,* maintained that changes in the follicles on a woman's breasts indicated pregnancy.[37] Chavasse held that a pretty woman would suddenly become plain during the early months of pregnancy; but as her time advanced, she would resume her former "pristine comeliness."[38] The doctors' sense of exclusion from the inner workings of female reproduction is clearly expressed in the ways they classified the signs and symptoms of pregnancy. "Presumptive" signs included the cessation of menstruation, the occurrence of morning sickness, a craving for unusual food, and quickening. "Objective" or "positive" signs were those that could be positively observed and identified by the doctor, such as the increased size of a woman's body and the detection of a fetal heartbeat. Doctors were quick to cite instances in which women had erred in the self-diagnosis of pregnancy.[39] Montgomery said that women were likely to lie about pregnancy, and he boasted that he had felt a fetus before its mother, with his hand. He told stories of unwed mothers who had denied their pregnancies even when the baby's feet had appeared. Most Victorian doctors, however, readily admitted the fallibility of their methods. As Montgomery acknowledged, for physicians the diagnosis of pregnancy could "give rise to great embarrassment."[40]

The relationship of pregnant women to their surroundings was complicated by the fact that their minds appeared to play a powerful intermediary role between the outside world and their wombs. The "maternal impressions" theory held that the character of the developing fetus was affected not only by the general health of the mother but also by her thoughts and feelings.[41] Until the mid-nineteenth century, the state of a woman's mind, pregnant or not, was most commonly cited as the chief cause of congenital malformations.[42] Although most doctors in the second half of the century questioned the nature of the connection between the mind and the womb, they clearly did not reject it altogether, for they nearly always included detailed accounts of such occurrences in their books for women. In the early 1890s, for example, Dr C. Lloyd Tuckey told mothers that this "old subject" was "surrounded with mystery even today."[43] The most common story was that a pregnant woman's desire for unusual food would cause an image of the food type to be imprinted on the skin of the baby. But although doctors repeated such stories, they

consistently refuted the "impressions" theory. For instance, after describing how a pregnant woman had given birth to a child missing a hand after seeing a one-armed beggar during her fifth or sixth month, Dr Thomas Bull suggested that Victorian medical science need offer no explanation, and he quoted a Dr Turner of 1723 who had said, "How these strange alterations should be wrought, or the child cut, wounded, or maimed, as if the same was really done with a weapon, whilst the mother is unhurt, and merely by the force of the imagination, is, I must confess, above my understanding; but it is a fact, undeniable." Nevertheless, Bull suggested that the malformation was a mere coincidence.[44]

The doctors were equally unwilling to accept the opposing position – that the environmental experiences of a woman had no effect on the fetus inside her; they thus insisted on the need to protect women from emotional disturbances of any kind. In the interests of protection, the doctors clearly appreciated the opacity of the woman's body in acting as an impermeable boundary between the outside world and the inner environment of the uterus. The pregnant woman's body, it seemed, acted as a necessarily thick layer of insulation around the baby. In view of this perception of women's bodies as protective shelters for their tiny inhabitants, it is not surprising that the French term for pregnant, *enceinte*, meaning walled or enclosed, was preferred by many doctors in England.[45] The word "confinement," one expert noted, limited "the view at once to the earthly and material part of maternity; and not only that, but it dwells on the pains and discomforts attending child-birth, and accentuates them in the mother's mind."[46]

Victorian doctors revealed, time and again, their frustration with the basic fact that pregnancy – as well as other female ailments – was beyond their sight. They could not control what they could not see, they implied, echoing the sanitarians' attitude to domestic architecture. Just as the sanitarians had dissolved the walls of the house, the medical profession tried to break down the opaque barriers between the outside and inside of women's bodies by confining the pregnant woman to an easily controllable and observable environment (fig. 4.1).

The architecture of confinement was realized through the refurbishing of an ordinary bedroom in the house.[47] This birthing room, or "lying-in room" as it was commonly called, accommodated the mother, her attendant, and the baby, from the onset of labour until one month after delivery. This was the time believed necessary for the womb to return to its normal size and for the body of the newly delivered mother to be "purified" of the illness and dangers associated with childbirth.[48] The prepara-

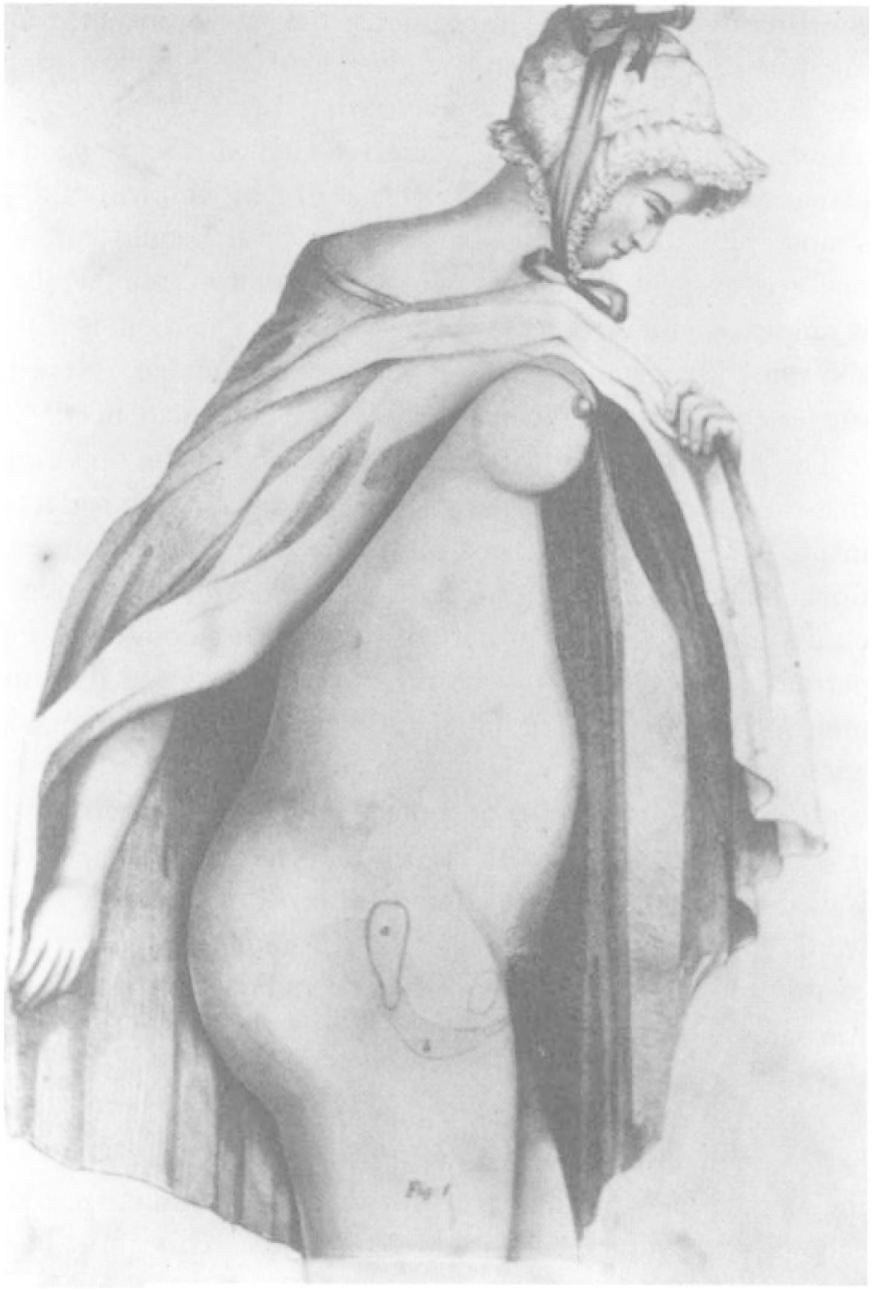


Figure 4.1
Illustration of a pregnant woman (Spratt, *Obstetrical Tables*, 1833) Courtesy, Royal College of Midwives, London

tion of the lying-in room began long before the expected date of birth, coinciding with other social and economic contracts made outside the home. As soon as a woman suspected that she was pregnant, she was advised to employ a "monthly nurse" to attend her during both childbirth and lying in. The lying-in room and the monthly nurse were expressions of the special status accorded to childbirth within the Victorian household. Pregnancy was seen not as an illness but as an altered condition.[49]

The lying-in room was thus clearly distinguished from the sickroom that was such a common feature of Victorian middle-class houses. Similarly, the monthly nurse was a different person from the "sick nurse" who was employed by a family to attend members while they were ill. A woodcut after David Wilkie shows the affectionate relationship between a newly delivered mother, her monthly nurse, and a young infant (fig. 4.2).[50]

From the perspective of the doctors, the health of the house, like the woman's own physical health, was solely the pregnant woman's responsibility. Expectant mothers were urged to check the sanitary state of their houses as soon as they realized they were pregnant, particularly its ventilation and drainage. "Let a lady look well to the ventilation of her house," was the advice of many Victorian doctors.[51] "It is an absolute duty," warned Florence Stacpoole in 1889, lecturer to the National Health Society, "for every woman who is expecting to become a mother to do her best to keep the air of the house she lives in as pure as possible."[52] Sensitive as they considered the state of pregnancy, and overly protective as they were of the expectant mother's emotional state, experts insisted that pregnant women inspect the chimneys and unstop the drains of their houses. The house of the pregnant woman thus became an extension of her body. Careful regulation of house ventilation, for example, was believed to enrich the blood of pregnant women, "who are already in a weakened state."[53] Stacpoole told her readers that with the invention of the microscope, it had been discovered that the pregnant woman's blood was weaker than usual. "The chief thing that helps to make rich blood is *pure air*!" she explained.[54] Pregnant women were urged to follow the instructions for room ventilation promulgated by the National Health Society:

> There is a very simple plan advocated by the National Health Society by which rooms may be always ventilated without letting in a draught (for it should be remembered that ventilation and draught need not mean the same thing). The plan is to place a piece of wood which has been made to fit exactly into the window sash, and which should be about three inches in depth, into the lower sash, the lower frame of the window is then shut down upon this, and so a space is left *between* the two sashes, which causes no draught, but allows a gentle current of pure air from the outside to circulate in the upper part of the room, and at the same time the occupants are not chilled, even if the weather is cold.[55]

Unventilated rooms poisoned the tiny lives growing inside the womb, Victorian women were told: "You who breathe such air, breathe in what

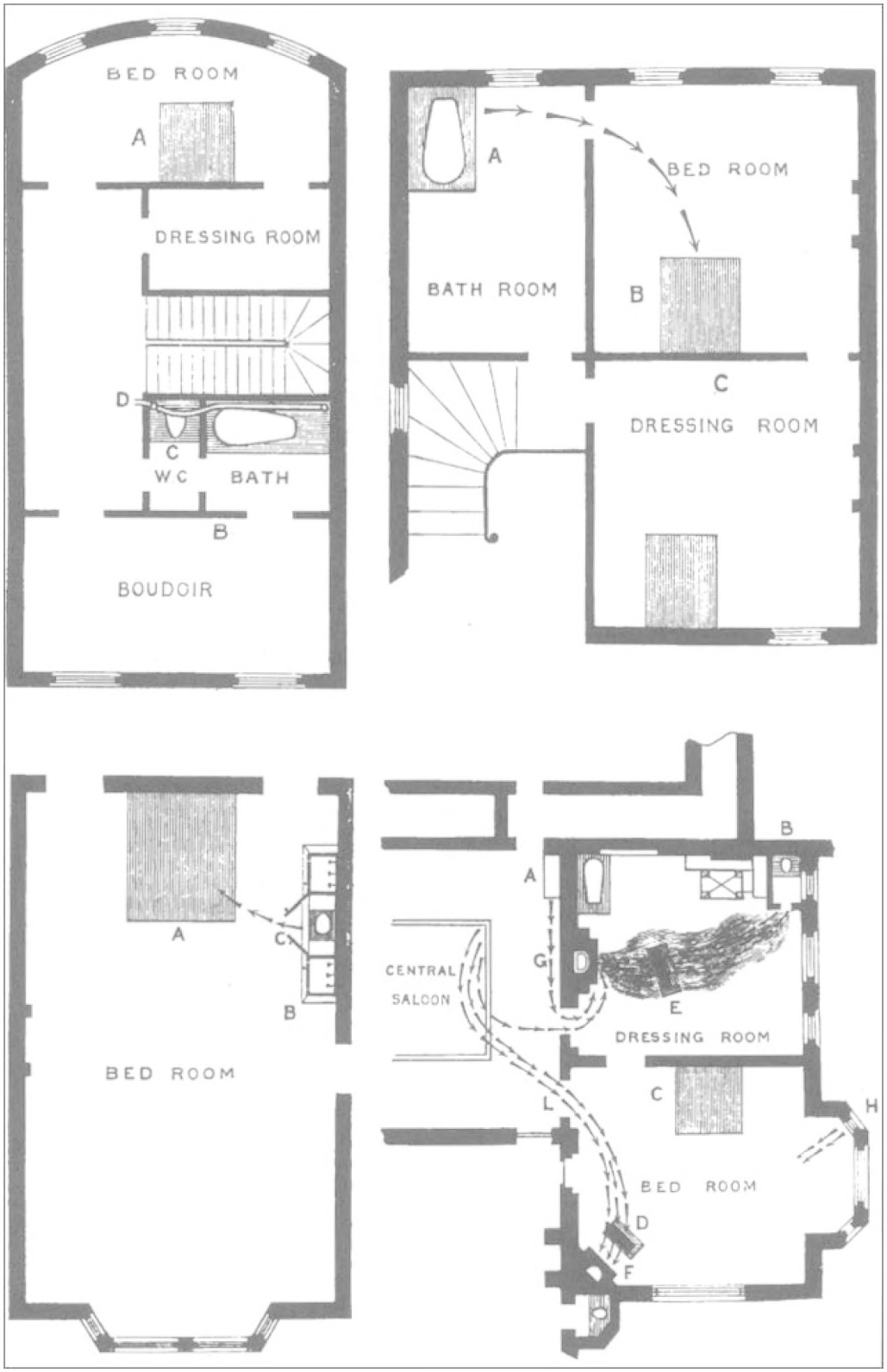
Figure 4.2
The monthly nurse (woodcut after D. Wilkie, 1840) Wellcome Institute Library, London

is poisonous, and this poison is racing through your blood into every limb in your body with every breath you draw!"[56] Like her own physical health, the condition of a woman's home depended on the care with which she maintained it. This was also the case, as we have seen, with the houses of women who were not pregnant. "'If you want a thing done well, do it yourself,' is an old saying, and if you are going to have new drains put into a house, inspect the work at every step," advised the editor of *Baby*, a journal for young mothers.[57]

The preparation for lying in, the construction of its "architecture," was also the pregnant woman's responsibility. The lying-in rooms were a conspicuously separate world from the setting that accommodated normal family life, typically requiring elaborate planning, alterations to the functions of rooms, and the acquisition of material goods intended specifically for lying in – much as was done for the sickroom. Doctors usually recommended a large bedroom or two adjacent rooms with an interior connection; in no circumstances were these room to communicate through the main hallway of the house. Of four house plans drawn by the obstetrician W.S. Playfair showing the rooms occupied by his patients during lying in, three had internal connections between the bedroom (where childbirth supposedly took place) and an adjacent dressing room. This presumably allowed the young mothers to move freely between the two spaces without entering the circulation corridor (figs. 4.3 and 4.4). Childbirth and lying in thus occupied a large area of the house, within an essentially independent precinct.

For this reason, the back of the house was the preferred location for the lying-in room. The typical Victorian house, as we have seen, was planned with the public rooms at the front of the building.[58] These were often associated with men's activities. The rear of the house was quieter as well; traffic on the street might disturb the young mother in childbirth. The tranquillity of the lying-in room was particularly important in large towns, insisted Catherine Gladstone, who authored an important book on the lying-in room for the International Health Exhibition in 1884. "We cannot say too much upon the subject of perfect quiet; it is all-important," she stressed. "Care should be taken to prevent the rattling of windows and blinds."[59] Since even the sound of footsteps could be injurious to a woman in childbirth, Gladstone recommended laying strips of carpet on the floor to absorb sounds, and she advised the use of "noiseless crockery" in the lying-in room.[60]

It was equally important for the lying-in room to be well removed from "all bad smells" in the house.[61] This fear of noxious gases, as we have seen, reflected a central point of debate in the Victorian discussion of the spread of diseases both before and after the formulation of the germ theory. However, bad smells could be useful warnings of danger. "Verily the nose is a sentinel!" Chavasse explained. "It is doubtless, then, admirably appointed that we are able to detect 'the well-defined and several stinks.'"[62] As such "stinks" were usually emitted from the kitchen and sanitary facilities, the lying-in room was, ideally, isolated from these functions and located above the ground floor. "The usual bedroom need



Figures 4.3 and 4.4
Plans of lying-in rooms drawn by W.S. Playfair (*Lancet*, 5 Feb. 1887, 252–3) Courtesy of McGill University Libraries, Montreal

not be resorted to," explained author-decorator Jane Ellen Panton, "and great care should be taken that the event takes place in the sunniest and most cheerful room in the house."[63] The season in which the birth would occur, according to Panton, should be a major factor in the choice of a lying-in room. She advised women to pick a room from which the sunset could be viewed or, in the case of a summer baby, from which one could watch the sunrise.

Women were encouraged to "review the house, and choose the room which best agrees with these conditions," assuming personal responsibility for the establishment of the birthing space within the architecture of the house.[64] The choice of room was not to be taken lightly, doctors insisted; the decision was to be made "with previous thought."[65] If a furnished house was rented for the confinement, as was often the case when aristocratic women came to London from the country to give birth, its "history" should be researched, particularly the history of the bed.[66] The doctors warned that women in childbirth could be infected by the beds in which other women in childbirth had died.[67] Again, this illuminates the widespread uncertainty over the spread of disease years after the formulation of the germ theory. In their advice concerning both illness and childbirth, the experts insisted that "things" – furniture, clothing, books, letters – could spread fever and infection.

Not surprisingly, then, women were responsible for the alterations made to the room in anticipation of childbirth. Early in the pregnancy the doctors gave the mothers-to-be detailed lists of special things to acquire for the lying-in room. These lists were remarkably consistent and included clothing, linen, bedbaths, bedpans, and large items of furniture that were intended to facilitate "confinement" for an entire month (fig. 4.5). Wealthier women purchased portable beds just for the occasion, rupturing the "symbolic connection between sexual intercourse and birth which would have been more evident had the marriage bed been used for both purposes," as childbirth historian Judith Lewis has noted.[68] This special furniture and the new arrangement of the room served to differentiate childbirth from everyday life. The newness also ensured that the furniture and accoutrements had not been used previously by women giving birth.

Like the healthy maintenance of the house in general, women's responsibility for the architecture of confinement meant that any problems during childbirth or lying in were the result of their own negligence; both the house and the woman were scapegoats for the inability of medical experts to explain the mysteries of reproduction – and for any profes-

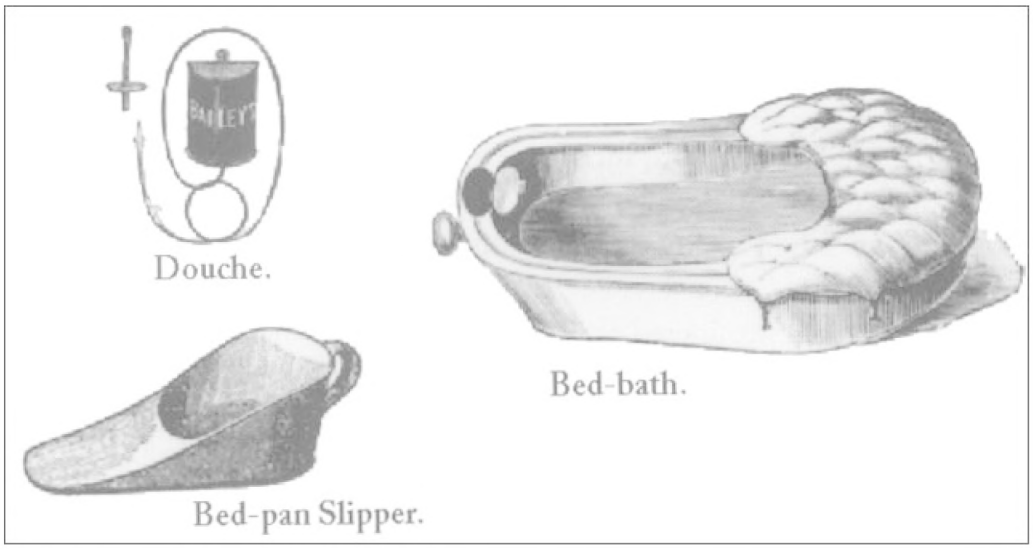


Figure 4.5
Objects for confinement (Westland, *The Wife and Mother*, 52–3) Courtesy of the British Library, London

sional incompetence of the doctors. Furnished "only with what is absolutely necessary," the ideal lying-in room of the late nineteenth century contained a single bed, with "neither curtains nor valance," placed in a position that allowed the woman in labour to be helped (and reached) from all sides – that is, not up against a wall.[69] An iron bedstead was recommended by most doctors.[70] To make it easier for the doctor to reach the woman, the bed was often raised – in advance of delivery – about a foot above the floor by positioning blocks of wood under the posts.[71] A few chairs, a table for dressings, and another to hold the washbowl completed the furniture of lying in.

Lay advisers stressed that the room should resemble a sitting room rather than a bedroom so that the woman's friends would feel welcome to visit her.[72] It would help the young mother see her condition as different from an illness, said Panton, if the lying-in room was "made as pretty, convenient, and as unlike the orthodox sick-room as can be managed."[73] The room was to be thoroughly cleaned just before the woman's confinement, with "none of the heavy work done by the mother."[74] This process included washing the walls, cleaning everything in the room including the backs of pictures on the walls, hanging new curtains, dusting the light brackets, and thoroughly beating the carpets.[75] Some doctors even suggested covering the rugs in the area of the bed with several layers of newspaper and then further protecting them with old sheets.[76]

The doctors' advice to women on the details of childbirth gave a fairly precise picture of when, where, and how the major characters might

move through the various rooms of the house as the time of delivery approached. The Leeds physician Henry Allbutt provided a particularly vivid rendering of the "choreography" of childbirth in *The Wife's Handbook* (1877). Complete separation from the family took place with the onset of labour. As the pains increased, the monthly nurse (who was already resident in the house) and the mother retreated to the lying-in room and the doctor was summoned. The bed, probably acquired for the occasion, was then specially prepared for the birth. The various authors gave detailed instructions on how the sheets should be arranged so that the bed would "run no great risk of being soiled" and would be "guarded" by a macintosh or waterproof sheet.[77]

As labour progressed, the furniture of the room was used by the woman to alleviate her pain and discomfort. Leaning on the foot of the bed or the back of a chair provided comfort for her. As the baby emerged, the woman was advised to get into the bed and press her feet against a towel that had been fastened to its foot. If there was any possibility that the delivery would take place before the arrival of the doctor, the woman was advised to be in bed lest the child fall on the floor and be killed.[78] Yet despite all this precision of detail, spelled out by Allbutt, Chavasse, and other doctors in their predictions of what might occur in a typical delivery, the process remained essentially unpredictable. The "reckoning," or estimation of the delivery date and the duration and difficulty of labour, was in Victorian times virtually impossible to predict, as it still is today.[79]

The isolation of the lying-in room did not only provide a controlled environment in which the newborn child could begin life; it served another purpose too. The very things that were purposely excluded from the birthing space and were perceived as dangerous to the mother in delivery were also produced inside this protected space. Women in childbirth produced noises and smells. More serious still was the fact that women in childbirth were believed actually to generate disease. The architecture of lying in, in its posture of isolation within the house and its distinct material culture, was as much a way of protecting the family from the woman in childbirth as of isolating her from the family. The special furniture, the newspapers on the floor, and the spatial separation of the lying-in room from the other rooms in the house were ways of sequestering and controlling the polluting power of women's "interiors."

This belief that women in childbirth actually fouled the environment they occupied was in fact common to many cultures. Childbirth historian Ann Oakley has explained that the persistence of this belief in small-scale traditional societies is part of a larger belief system that sees "the re-

productive powers of women" in general as dangerous. "The parturient woman," says Oakley, "is subject to a host of regulations which control and isolate her act of birth, so that the rest of society is not contaminated by it."[80] Although the isolation of middle-class mothers in Victorian London was less extreme than the groups studied by Oakley, the process was identical. Removed from the family at the onset of labour and sequestered in a room or suite of rooms that were completely separate from all other spaces in the house, the newly delivered mother became part of an easily controllable environment and was thus seen as less threatening to other family members and to society in general.

The initiative taken by women for the architectural arrangements surrounding birth and their accountability for this architecture reveal the paradoxical situation of women in the late-Victorian home. By seeing women as "pollutants," medical experts expected them to secure the safety of other family members by "cleaning" their houses and isolating their bodies. This was undoubtedly a natural extension of the mid-century notion of the evangelical mother, the "angel in the house" who was responsible for purifying the family in moral terms. The paradox was most clearly articulated during pregnancy and childbirth. As late as the 1890s, the Victorian woman, like the house itself, was considered a factor of disease, not only through her own carelessness or ignorance – as many medical experts suggested – but simply through the enigma of her capacity to reproduce. The view of pregnancy as an "infective malady," as Oakley has elaborated, is the reason why maternity hospitals developed entirely independently from hospitals for the sick. It was not because of the dangers posed to pregnant women – as is commonly assumed – but because of the dangers women posed to those already vulnerable through illness.[81]

Predictably, entry to the lying-in room was restricted. The doctor and monthly nurse were often the only attendants to childbirth. Sometimes the woman's mother or a married friend was present, though Chavasse recommended that if the young woman's mother was likely to depress rather than cheer her daughter, she should remain in another part of the house.[82] Husbands were permitted in the lying-in room only for a short time after delivery and only if "the soiled clothes have been put out of the way."[83] Chavasse was clearly more concerned about the harmful effects of the clothing on the man than the danger of his presence on the newly delivered woman.

Even the presence of the doctor in the lying-in room was not wholly recommended. "It is neither necessary nor desirable for a medical man to

be much in a lying-in room," Chavasse stated. "It is better, much better that he retire in the day-time to the drawing-room, in the night season to a bedroom, and thus to allow nature time and full scope to take her own course without hurry and without interference, without let and without hindrance. Nature hates hurry, and resents interference."[84] Privacy during labour was also a noted class distinction among women. Working-class mothers frequently invited crowds of neighbours and friends to their lying-in rooms, thus overheating the room and supposedly slowing the process of labour.[85]

The sounds accompanying childbirth also could be disturbing to family members. "During the pains the breath should be held, and the woman must refrain from crying out," instructed Allbutt.[86] Another doctor noted that because of the "tearing or cutting" nature of pain experienced in the advanced stages of labour, "the woman generally cries out, and is very restless, tossing about the bed in an uneasy manner."[87] William Gladstone, when recording in his diary the birth of his son in 1840, remarked on his wife's lack of cries: "[Catherine] has been most firm and gallant, altho not only Lady W[enlock] and Lady B[raybrooke] (the only friends who have been in the house) but Dr L[ecock], encouraged her to scream."[88]

Some women gave birth in silence, particularly those who were not afforded the luxury of space in which to express pain. So quiet was Mary, a servant employed by Thomas and Jane Carlyle, for example, that when she gave birth in a small closet off the dining room in the Carlyles' terraced house in Chelsea, her presence went unnoticed by those in the dining room. "While she was in labour in the small room at the end of the dining-room," reported Jane Carlyle, "Mr. Carlyle was taking tea in the dining-room with Miss Jewsbury talking to him!!! Just a thin small door between!" Thomas Carlyle went upstairs, and the newborn baby was removed from the house wrapped in linens.[89]

The smells of women's bodies were also noted by observers of Victorian childbirth. In particular, the odour of the afterbirth was consistently described as unpleasant. Chavasse recommended that the monthly nurse burn it immediately, but only "after all the servants are gone to bed" – probably for fear that it might infect them rather than because of any unpleasantness the smells might cause.[90] The discharges from women's bodies for up to two weeks after childbirth were also described as having "in some cases a disagreeable odour."[91] In lying-in hospitals, the bloody discharges of women's bodies supposedly "filled the air with noxious smells" and was likened by physicians to the fumes emanating from garbage-strewn streets.[92]

Another reason why Victorian childbirth was spatially "confined" was that it often resulted in death, obviously a frightening sight for the woman's husband or for other children in the family. In the late nineteenth century, one in 120 women died in childbirth.[93] Death following childbirth was among the most unpredictable illnesses at the time; even seemingly healthy women developed sudden high fevers and died within days of delivery. The source of their condition, which acquired the general label of puerperal or childbed fever, remained a mystery to British doctors for most of the century. The only certainty was that the death rate at home was better than that in the lying-in hospitals used by working-class mothers. Uncertainty over the spread of puerperal fever underlined the continuing need for the spatial confinement of women recovering from childbirth.

The international professional debate revolved around whether the fever originated in the body, the room, or the attendants to childbirth. Although the Viennese doctor Ignaz Semmelweis had proved in 1847 that puerperal fever was transmitted by the hands of doctors, his theory was bitterly opposed by the profession and was long ignored in England.[94] Oliver Wendell Holmes had reached precisely the same conclusion in the United States as early as 1843.[95] Doctors in both Europe and America, however, insisted that they helped women in labour, and they looked desperately for other explanations for the fatal illness.

The lying-in room and the middle-class house were easy targets in view of the general belief of the Victorian medical profession in the power of environments to spread illness. More than twenty-five years after Semmelweis's discovery, W.S. Playfair wrote an influential article in the *Lancet*, in which he published the four house plans already mentioned, tracing the paths which he believed had been taken by sewer gas to the beds of parturient women (see fig. 4.4). In spite of the fact that Playfair's patients had been safely sequestered from the circulation spaces in their houses, they had nonetheless contracted puerperal fever. The article contains no reference to Semmelweis; it treats the house itself as the agent of fever.

Playfair illustrated his theory by describing the death of a friend's wife. The young couple had moved into their new house a year earlier, believing that the sanitary state of the building had been carefully checked. The main drain of the house, however, was found to be in an insanitary condition. More serious still was the location of the water-closets and soil pipe in the middle of the house, precisely where the house-doctors had warned people to avoid placing these facilities. Playfair blamed the

woman's death on this close connection between the rooms. "The boudoir, where the patient chiefly lived, and the w.c. were practically in one," the doctor remarked.[96]

By mapping the flow of the disease from the architecture to the woman's body using traditional modes of architectural representation, Playfair deflected the blame for puerperal fever from his own profession – whose members were actually spreading the disease – and placed it on the builders and plumbers:

> Increased attention on the part of the profession may do something, but not much, for the demon plumber is abroad, and one may rest in fancied security that proper care has been taken, while the carelessness of a single workman may render all our precautions useless. The whole system of closet and water arrangements in modern towns lends itself so easily to faulty construction that defects are not astonishing, and I believe that nothing but such a provision will teach builders and plumbers the importance of their work.[97]

T. Pridgin Teale published a similar account in his popular book, describing the house of a physician whose wife had been infected by puerperal fever (fig. 4.6). After the sanitary defects in the house had been discovered and corrected (the lavatory in a dressing room adjacent to the lying-in room had been directly connected to a soil pipe), "the lady recovered without a drawback."[98]

Beneath the doctors' shifting of professional blame lay a set of philosophical assumptions that were, as we have seen, common to the practice of medicine in their time. The physicians' insistence on the complete culpability of faulty construction techniques – on the architecture of the house – reveals their fundamental faith in visible, tangible explanations for internal states, even though there was already evidence to the contrary. The conditions that Playfair prescribed for the lying-in room represented an attempt to create a perfectly controlled, visible environment – one that controlled the invisible, internal environment of the womb. Catherine Gladstone went so far as to call attention to the new demand for plumbers in childbirth: "It is within our own experience that a distinguished physician insisted on the presence of the plumber to remedy a defect in the lying-in room, even though labour had already begun."[99]

The doctors' emphasis on the house as the agent of disease reveals the medical profession's assumption that women themselves were the source of illness. The architecture of the lying-in hospital provides further evi-

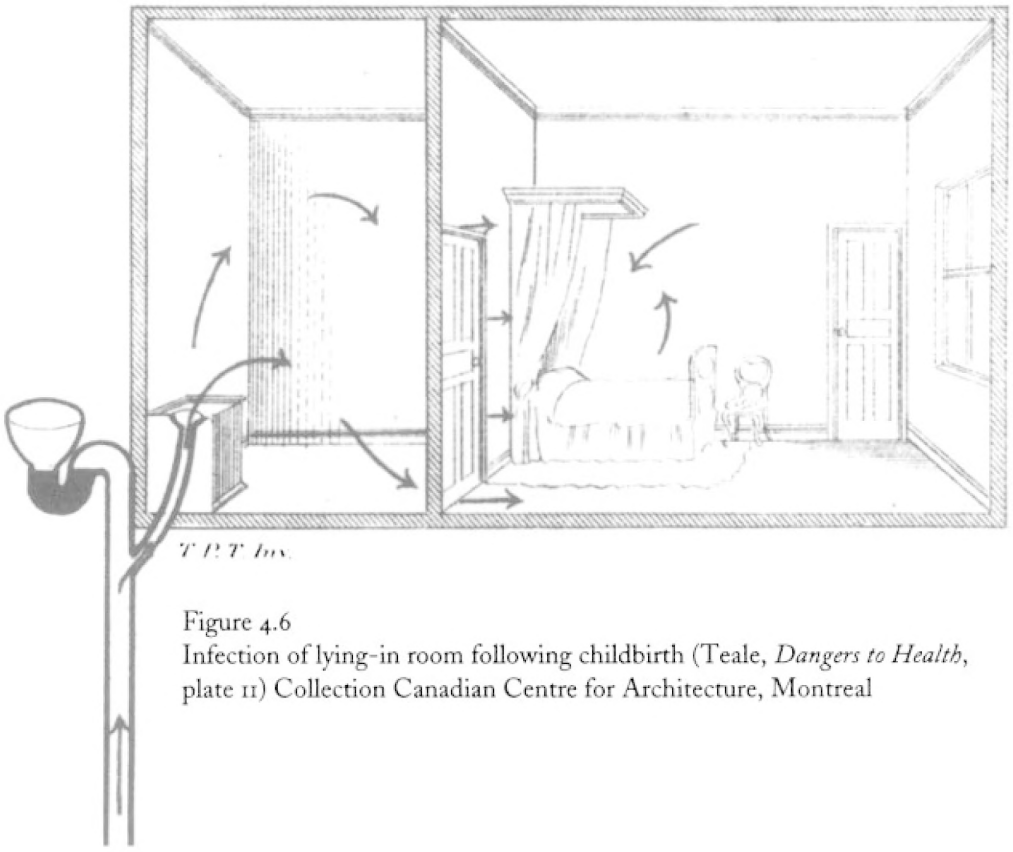


Figure 4.6
Infection of lying-in room following childbirth (Teale, *Dangers to Health*, plate 11) Collection Canadian Centre for Architecture, Montreal

dence for this belief. Beginning in the late eighteenth century, special maternity hospitals were constructed in Britain to provide an arena for the teaching of obstetrical medicine, which was distinguished as a separate field of medicine, as previously noted, because of the potential danger of its patients to the rest of society. As medical historian Gail Pat Parsons has explained, the high death rates at these lying-in hospitals convinced physicians and other medical experts of the dangers of women's bodies during childbirth and suggested that newly delivered mothers could "manufacture puerperal fever at will."[100]

In view of these assumptions, it is not surprising that Victorian physicians feared that they themselves would become infected, with consequent damage to their medical practice. Parsons's research has shown how many Victorian doctors were forced to modify their behaviour and even abandon their private practice when they appeared to play a "carrier" role in the spread of childbed fever. For example, physician Robert Storrs "changed [his] clothes, and used every means ... to prevent ... spread" among his patients, who were dying inexplicably from puerperal fever. He abandoned his practice and embarked on a trip, supposing a poison "clung to [him]."[101]

A woman's slow and controlled release from the lying-in room to the other parts of the house was further evidence of these fears. The process was closely tied, in the minds of doctors, to the return of the woman's womb to its normal size. "Remember that the usual and normal time that nature takes to recover the elasticity of all the parts concerned in child-birth is a month," experts warned, "and that till all the contractions have taken place, and this elasticity is restored, it is not safe for her to go downstairs."[102] Chavasse permitted the woman in recovery to enter the drawing room after two weeks, depending on its proximity to the lying-in room.[103] Doctors warned women that if they did not stay long enough in the lying-in room, their bodies would remain in an "enlarged state."[104] Or they might suffer from "falling of the womb" and be unable to bear more children.[105] The rooms of the house outside the well-defined limits of the lying-in room were closely associated with the state of the mother's reproductive organs and the likeliness of their infecting other members of the family. Thus, the amount of time that had elapsed since the birth determined when and where newly delivered mothers could enact their post-partum lives. A rare image shows a young mother being visited by three female friends in the parlour of her home soon after childbirth. Obviously still recovering from the event, she rests in an upright armchair with her feet on a pillow while her friends, standing, admire the baby (fig. 4.7).

The end of "the month" saw the full return of the middle-class woman to normal life, a change that corresponded in the Victorian imagination with the return of the woman's womb to its regular size and shape. At this time, she could once again share a bedroom with her husband; the new baby would be moved into the nursery. The temporary alterations made to the bedroom would be undone. The transition made by the child from the carefully regulated womb to the house would now be complete.

The woman's release from the house, however, was only allowed after the ceremony of "churching," in which she publicly thanked God in church for her safe delivery. Her body was then considered "purified." She could now resume normal sexual relations with her husband, and the monthly nurse would be dismissed.[106] The spatial and economic implications of childbirth, as we have seen, were directed almost solely from what was perceived to be happening inside the woman's body. "No time is lost in the long run by this period of perfect repose before taking up the duties of life again," advisers to women insisted. "Nature, society and religion all sanction it, nay, require that till 'the days of her purification are ended' she shall be secluded from the world."[107]

Figure 4.7
Visit to the young mother (*Queen* 75 [1884]: 33) Courtesy of the Board of Trustees of the Victoria & Albert Museum

According to evidence in the women's press, women viewed this "seclusion from the world," "confinement," or "retirement" very differently from the way the medical experts saw it. Both Jane Ellen Panton and Eliza Warren recalled their own experiences of childbirth when giving advice to young women. These recollections, unlike the doctors' prescriptions, were unhampered by a sense of duty. "Naturally these times are looked forward to with dread by all young wives," asserted Panton. She called the lying-in room a "temporary prison."[108] From her perspective, the spatial isolation of women in childbirth and recovery represented a form of compensation (from men to women) for the burden of producing children:

> If only I can get one of the male sex to believe that we do sometimes want a little of his freedom, a little of his powers of money-making, a little of his ability to take a holiday unhaunted by never-ceasing dreads and fears of what awful ends the children are coming to at home in our absence, I shall not have lived in vain, particularly if at the same time he takes the double burden on his own shoulders, when his wife has presented him with a small son or daughter, and takes care that not even a whisper of the cook's wickedness passes the bedroom door, until Materfamilias is able to bring her mind upon a matter that can, no doubt, be explained as soon as the feminine intellect grapples with it.[109]

Panton wrote candidly of her personal feelings and experiences, admitting that a new baby was nothing but "a profound nuisance": "It howls when peace is required, it demands unceasing attention, and it is thrust into Angelina's arms and she has to admire it and adore it at the risk of being thought most unnatural, when she really is rather resenting the intrusion, and requires at least a week to reconcile herself to her new fate."[110] Panton warned young mothers "not to trust entirely to the doctor's recommendation" but rather to trust "her mother's advice."[111]

Women writers associated the spatial separation of parturient mothers and their babies with women's relative power in the family. Whereas, at mid-century, mothers, nurses, and babies had remained together in the lying-in room for the entire month after delivery, most babies born later in the century were removed from their mothers immediately after delivery. Again, this came as much from fear of the mother infecting the child as from the need for the mother to have complete rest in recovery. "At least two rooms, *en suite*, and each with a separate entrance are necessary," stated Catherine Gladstone, "one for the patient, the other for the nurse and baby."[112] Eliza Warren attributed the poor health of her son to the fact that he had remained too close to her after birth. The infant had slept on an improvised bed – two pillows on an armchair – next to his mother's bed. As soon as the nurse left, Warren had taken the child in her arms and stuffed him with food. She had even slept with him in her arms. "My boy had mastered me," she admitted in retrospect. The problem with Warren's son, according to a neighbour, was that he had been "too much in the arms already."[113]

Suckling the newborn had traditionally been a reason for the newly delivered mother to keep the baby in her room and even in her bed. However, the advent of artificial food in the second half of the nineteenth century changed everything. After about 1870, artificial baby food was considered superior to breast milk. "Science," it was believed, could correct the imperfections of breast milk, which formerly had been considered the most "natural" food for babies. Artificial food and special containers designed to hold it meant that women could depend on others to feed their babies and could therefore enjoy uninterrupted sleep after delivery and have long periods alone. Following scientific principles, the new baby bottles were much more predictable than women's breasts. The "Thermo-Safeguard Feeding Bottle," for example, had a thermometer embedded in its glass, allowing mothers and nurses to ascertain the exact temperature of its contents. The bottle also had a register that measured the amount of food consumed by the baby (fig. 4.8). Temperature and quantity, of course, were impossible to regulate in the mother's body.[114]

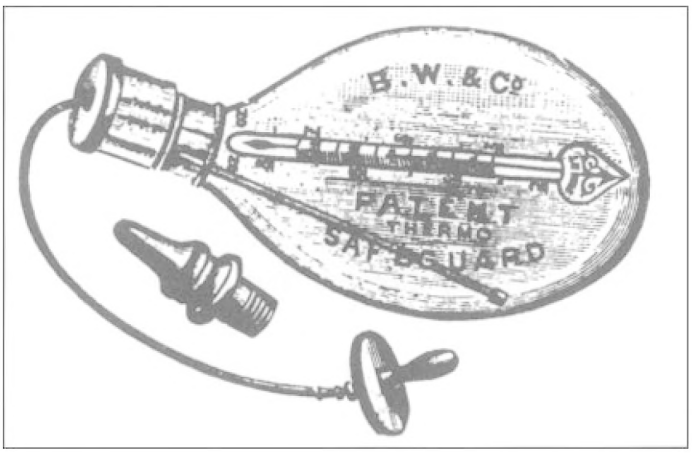


Figure 4.8
"Thermo-Safeguard Feeding Bottle" (Chavasse, *Advice to a Mother*, advertisement) Collection of A. Adams

Furthermore, said the women, the spatial separation facilitated by the advent of artificial food made them better mothers. If a mother could "depend on her 'cow,'" noted Panton, her "baby becomes a pleasure instead of a nuisance."[115]

By the 1920s, the rituals of middle-class childbirth had been completely moved from home to hospital.[116] The period from 1870 to 1900 is therefore an illuminating index of notions of power and control over bodies and domestic space before the "obstetrical takeover" of childbirth documented by Oakley and other historians of medicine. Women's power in the home during these three decades, paradoxical as it was, must have hindered the control sought by physicians over reproduction. As long as the mysteries associated with the spread of infection remained unexplained, women and houses were held responsible.

5 Domestic Architecture and Victorian Feminism

In the last chapter we saw how the rituals associated with Victorian childbirth affected the ways in which rooms in the middle-class house were perceived, and how this in turn enforced new relationships between rooms (and people) because of what was believed to be happening inside the woman's body. Improvements in the social status of Victorian women also changed the ways in which both domestic and urban spaces were perceived and controlled. Indeed, the spatial relationships among women and between mothers and children were significant issues in Victorian feminism, largely as a result of a fiery critique of the Victorian house in the women's press during the period 1870–1900.[1]

This chapter explores four effects of a distinctly feminist perspective of the home: the separation of mothers and their children in the typical middle-class house; a "feminine" understanding of the house boosted by the rise of interior decoration as an appropriate occupation for middle-class women; the construction of purpose-built housing for women in London; and, finally, the acceptance of women as professional architects in England. The ways women reformed space – by making changes in the functions of rooms, by the manner in which space was depicted and described, and in their new professional role as designers – call for a fresh look at the "woman question." The house, like the vote, was a highly charged political issue as well as a significant instrument of Victorian feminism.

The feminist reform of domestic architecture began with a fairly comprehensive critique of the middle-class house. As early as the 1860s, descriptions of London houses in the women's press were filled with despair: