



In the first of a series looking at midwifery role models from the pre-modern era, **Anna Bosanquet** introduces a woman whose 17th-century ideas echo today's thinking

Midwives *Book: Or the Whole Art of Midwifry Discovered* was published in London in 1671 – the first and only midwifery manual written by a woman in English before 1700 (Forman 2002). There were four editions of the book, the last one in 1725. The author was Jane Sharp, a ‘Practitioner in the Art of Midwifery’ for over 30 years. Nothing else is known about Jane Sharp’s life. However, her words allow us to partially enter not only the world of this extraordinary, erudite, professional woman, but also the lives of pre-modern women in general. Childbirth and reproductive processes, their sheer physicality twinned with emotional challenges, are at the core of humanity. Studying the history of childbirth and midwifery opens opportunities for better understanding of the human body, human societies and human nature. Midwives of the past, all too often forgotten or unfairly caricatured, can still inspire and provide powerful positive role models for the midwives of the present.

A powerful calling

Jane Sharp is definitely one such midwife. She is inspirational in acknowledging midwifery as ‘doubtless one of the most useful and necessary of all Arts for the being and well-being of Mankind’. In her introduction she ‘humbly begs assistance of Almighty God to aid midwives in this Great Work’. The book opens with a powerful calling:

To the Midwives of England: Sisters. I have often sat down sad in the consideration of the many miseries women endure in the hands of unskilful midwives.

She expects high moral and professional standards from the midwives – and is concerned that some do not meet these standards. However, instead of criticising, she vindicates her sex by expressing frustration that female midwives have no

access to university education and therefore no opportunities to learn anatomy and other sciences by attending lectures or reading specialist texts, traditionally written in Greek and Latin and therefore not accessible to the majority of women. To remedy this, she calls for more midwifery books to be published in midwives’ mother tongue, arguing that a good midwife should have both a ‘speculative’ (theoretical) and practical knowledge:

She that wants the knowledge of Speculation, is like one that is blind and wants her sight: she that wants the Practice, is like one that is lame and wants her legs; the lame may see but they cannot walk, the blind may walk but they cannot see. Such is the condition of those Midwives that are not well versed in both these. (p 11)

Practice makes perfect

Sharp firmly believes that midwifery should stay in the hands of women, and calls for female midwives to learn interventionist surgical and pharmacological techniques to use for complications and emergencies, rather than to depend on calling for the male doctors. Although the theoretical knowledge gained by men at universities might be superior to that of women, they often lack practical experience, she says. Midwives should strive to increase their knowledge ‘by long and diligent practice’. It is the practice and experience combined with written knowledge that make a good clinician rather than theoretical knowledge itself:

It is not hard words that perform the work, as if none understood the Art that cannot understand Greek. Words are but the shell, that we often break our Teeth with them to come at the kernel. (p 12)

The advice and information in the book are intended to be pragmatic. In addition to sections on pregnancy, labour and the

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postnatal period, Sharp includes extended chapters on female and male anatomy, physiology of conception and related pathologies. The book also contains advice on breastfeeding, nutrition of infants and older children and a comprehensive list of diseases of childhood with recommended treatment. Throughout her writings Sharp stresses the importance of working *with* rather than *against* nature. For example, she observes that in young women menstruation occurs during the new moon, while older women menstruate during the full moon. In her discussion of remedies given to ‘maids whose terms come not down’, she stresses the importance of following nature’s natural pattern:

...A Physician is but a helper to nature, and if he observe not nature’s rules he will sooner kill than cure. (p 63)

In praise of female sexuality

The contemporary reader may be surprised by Sharp’s colourful descriptions of the joys of female sexuality, as well as her innovative ‘feminist’ stance on female anatomy, much in contrast to the male writers of her time, with their prevailing negative opinions on the inferiority and impurity of the female generative organs and female species in general, as compared to males. For example, she marvels at ‘the works of the Lord’ in her description of the vagina and cervix’s ability to close, stretch or open depending on physiological necessity: ►



... for in the act of Copulation it receives the Yard (= penis) into it, but after conception the point of a Bodkin (= a pin) cannot pass; yet when the time comes for the Child to come forth, it will open and make room enough for the greatest child that is conceived: This made Galen wonder, and so should we all, to consider how fearfully and wonderfully God had made us as the Psalmist said: The Works of the Lord are wonderful, to be sought out of all those that take pleasure therein. (p 56)

Like most of her contemporaries, Sharp believed that female orgasm is necessary for conception, and frequently reiterated the importance of clitoral stimulation for successful procreation:

The Clitoris... being nervous, and of pure feeling, when it is rubbed or stirred it causes lustful thoughts (p56)... by the stirring of the Clitoris the imagination causes the vessels to cast out that Seed that lies deep in the body, for in this and the ligaments that

are fastened in it, lies the chief pleasure of loves delight in Copulation; and indeed were not the pleasure transcendently ravishing us, a man or woman would hardly ever die for love. (p 41)

Birth environment

On the subject of childbirth itself, Sharp discusses in detail factors influencing women's experience and pain in labour, offering all: biological, psychological and social explanations. She strongly advocates the presence of an experienced

midwife for all births, and recommends a 'temperate' environment for the labouring woman with respect to the room temperature, nourishment and support. She recommends that throughout her labour a woman moves freely around her room, and in contrast to male authors' prescriptions of the 'best' positions for birth, Sharp simply observes that 'all women do not keep the same posture in their delivery', suggesting that women should be free to choose the optimal birthing positions for themselves.

Sharp recognises, too, the importance of rest: 'She may lye sometimes and sleep to strengthen her, and to abate the pain'. If the labour is long, the midwife should refresh the woman with light foods to be taken in moderation, and 'cheer her up with good words'. Sharp repeatedly warns against tendency to rush birth:

... force not the birth till the time be come, and the child come forward and appears ready to come forth. Now the danger were

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much to force delivery, because when the woman hath laboured sore, if she rests not a while, she will not be able ... to endure it, her strength being spent before (p 156) ... I shall desire all Midwives to take heed how they give any thing inwardly to hasten the Birth ... many a child hath been lost for want of this knowledge, and the mother put to more pain than she would have been. (p 159)

Gentle handling

However, Sharp recognises specific situations when there is a need for intervention and instructs the reader in great detail on how to recognise and manage complicated and obstructed labours and emergencies. But even in these instances, she emphasises gentle handling of the woman in order to prevent unnecessary suffering and physical trauma.

Similarly, she pays great attention to the comfort of the woman in the postnatal period and to her psychological – as well as physical – wellbeing, especially following any intervention:

... then comfort the woman... put the woman to as little trouble as you can, for she hath endured pain enough already. (p 167)

Passion for midwifery

In summary, the image of a midwife presented in Sharp's writings is at a sharp contrast with the traditionally described uneducated and unskilled 'handywoman' of

the pre-modern era. Her 'Midwives Book' is sophisticated and well written. She read widely in several languages, was fully conversant with prevailing contemporaneous theories on human anatomy and physiology, and made frequent references to texts by other authors as well as presenting ideas and detailed advice clearly based on personal wisdom and clinical experience. Above all, Sharp's text demonstrates great passion for midwifery as a female-only profession, true concern for the wellbeing of women and children, and respect for life and nature in general. Her book evokes an image of a midwife who is a highly skilled and educated individual, similar in her professional responsibility to that of the physician, and incorporating a wide scope of holistic activities – including a strong role in health education and health promotion.

Traditional history silences women's experiences and achievements. There is growing evidence that Sharp was only one of many exceptional midwives of the pre-modern era (see, for example, research by Evenden (2006) and Marland (1993)). In

this series of articles I will be looking at the works and professional activities of other outstanding women, all of whom were midwifery practitioners as well as writers, who published their books in 18th century London: Sarah Stone, Elizabeth Nihell, Margaret Stephen and Martha Mears. I hope that midwives of today will find their words and lives as exciting and inspiring as surely did their colleagues of years gone by. **TPM Anna Bosanquet** is a Senior Lecturer in Midwifery at Kingston University/St George's University of London, also working as a specialist perineal midwife at St George's Hospital, London

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Note: page numbers for quotations relate to the new publication of Sharp's book

edited by Hobby (1999). Some of the old-English words have been changed to modern language to ease comprehension.

■ **NEXT MONTH:** Sarah Stone, an 18th-century midwife who, at the peak of her successful career, was birthing 300 babies a year

References

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My first placement

*First day on delivery suite
Uniform on, too nervous to eat
Arrive a bit early, mentors not here
Stand watching the midwives as they appear*

*Out of the rooms, end of a night shift
Stand round the station with chocolate gifts
We're given the lady in room eight
The couple are lovely, my mentor seems great*

*6cm multip sitting upright
Not eaten anything since last night
Prolonged rupture of membranes, so I am told
Synto is on, complications unfold*

*Concern about FH decelerations
FSE attached and a change of position
Still 6cm, failure to progress
Decels present, prepare for an FBS*

*I assist the lady into lithotomy position
Concerned there was no informed decision
Blood sample was fine, may need to repeat
My lady is now asking for something to eat*

*"Eating, I'm told, you may regret
I'll get you some water, don't be upset"
I consider her sadness upon reflection
I wonder if her tears are a sign of transition*

*Synto turned up, more fetal distress
"I'm afraid we must do another FBS"
Blood sample conjures feelings of doubt
Doctor decides to get baby out*

*The forceps trolley brought in a rush
Just as the lady is beginning to push
"It looks like the trolley we'll not need
It's a bradycardia, page the paed"*

*Moments later the baby is delivered
She did it herself, isn't that weird!
This is surely not how I thought it would be
When I was placed on delivery suite*

Nadia Aboarook is a student midwife at Edge Hill University