

OBSTETRICAL FORCEPS: SYMBOLS OF POWER AND PROFESSIONALISM  
IN VICTORIAN BRITAIN

by

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ABSTRACT

An examination of British medical journals and texts from 1795 to 1882 reveals a trend from a relatively conservative use of obstetrical forceps to a more frequent and radical use of forceps in childbirth. This trend not only paralleled the efforts of the doctors to establish themselves in an increasingly competitive profession, but it reflected the efforts of the doctors to take midwifery from the midwives and "professionalize" it as a branch of medicine under the control of male practitioners.

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RESUME

Une examination des revues et textes médicaux britanniques de 1795 à 1882 révèle un courant qui va d'un emploi relativement conservateur des fers obstétricaux à un emploi plus fréquent et plus radical des fers dans l'accouchement. Ce courant ne va pas seulement de pair avec les efforts des docteurs à s'affirmer dans une profession qui ne cesse de devenir compétitive, mais il reflète aussi les efforts des docteurs à prendre charge de l'obstétrique aux dépens des sages-femmes et à la "professionnaliser" en tant que branche de la médecine sous le contrôle des médecins mâles.

## INTRODUCTION

Throughout the nineteenth century doctors were hard pressed to establish the legitimacy of the profession of medicine. It was not enough to proclaim the superiority of treatment based on "scientific expertise", doctors were forced to vie for social acceptance (Inkster 1977; Peterson 1978). Furthermore, Peterson has convincingly argued that the quest for social status and professional acceptance had serious economic implications for many doctors struggling to maintain the trappings of gentility in order to gain the confidence of a public still influenced by an ideology of social hierarchy<sup>1</sup>.

Goaded by economic motives and aided by the prevailing system of patriarchy, the doctors began the appropriation of midwifery from the traditional female attendant. One historian cites the development of forceps as the key factor<sup>2</sup> in the doctor's take-over of the process of childbirth (Donnison 1977)<sup>2</sup>. As the male midwives (as the doctors were known) became more dominant and visible, they sought to establish midwifery as a viable part of the medical profession. Their activities are reflected in their increasing preoccupation with the development and use of forceps. In this way the doctors "reaffirmed their knowledge through a symbolic object" (Berger and Luckman 1967:71) and were able to reap the monetary rewards and prestige awarded to possessors of exclusive knowledge and skill.

Midwifery forceps were introduced early in the eighteenth century and doctors attested to their usefulness in some cases of difficult or prolonged labour. Because midwives were excluded "by custom" from using instruments, they automatically suffered by comparison with the men whose use of instruments appears to be a clear demonstration of superior knowledge or skill. In 1795, and M.D. with his licentiate in midwifery commented on the popularity of forceps with his clientele: "There is, in truth, at the present time, more frequently a necessity for resisting the solicitations both of patients and friends urging us to the use of instruments, than of persuading them to comply with our proposals when we really think them needful" (Denman 1795:128, 129).

Traditionally, men had been able to charge more for their services than the midwives and with the introduction of forceps an even wider gap was opened between the fees of male practitioners and the midwives. In a society where conspicuous spending bolstered social mobility, first the upper class and the middle and artisan classes 'put themselves in the hands of men', as one way of distancing themselves from the lower classes. (Donnison 1977:22).

The medical men themselves made it quite clear that the material benefits of a midwifery practice had not escaped their notice. John Burns, a Glasgow surgeon wrote in the preface to his book The Anatomy of The Gravid Uterus (1799) of the "eminence and respectability ... honour ... respect ... independence and reputation" which could be achieved in the practice of midwifery. He noted that the only thing necessary is a strong "will" and that even a most humble background was no deterrent to success. (Burns 1799).

Even so, his advice to practitioners on the use of forceps was coloured by caution: "yet it is too certain, that not a few believe their application to be necessary when it really is not". After a discussion of some "unprincipled" men who use the "lever" when they are in a hurry, he concluded that to use forceps for this reason alone is utterly reprehensible because "the application of instruments, in most hands, and in every hadn, at certain times, is attended with pain to the woman, and danger to the child". In the same decade a London surgeon wrote: "yet it behoveth every person who may use instruments in the practice of midwifery to be well convinced of their necessity before they are used and to be extremely careful in their use; that he does not create new evils, or aggravate those which might be existing". (Denman 1795:132).

Both Burns and Denman urged patience and caution in the use of forceps and stressed the necessity of permitting the child's head to descend into the pelvis for several hours before resorting to the use of instruments. Denman also cautioned against the use of too much force when applying the forceps: "A small degree of force continued for a long time will, in general be equivalent to a greater force hastily exerted, and with infinitely less detriment either to mother or child" (Denman 1795:245).

Not all of the doctors exercised restraint and one 18th century journalist accused the doctors of abuse claiming that they used forceps even when they were not needed, in order to charge a higher fee. (Donnison 1977:21) Early in the 19th century, there was increasing debate inside and outside the profession on the forceps' issue. In 1827, Sir Anthony Carlisle, a member of the Council of the College of Surgeons, criticized male practitioners for turning a "natural process" into a "surgical operation" and for acting from "financial motives" (Donnison 1977:32). Pamphleteers accused the doctor as "ready to use his instruments to save his time and increase his fees". Dr. Blundell, an eminent doctor from St. Guy's accused some members of the profession of suffering from "a sort of instinctive impulse to put the lever and the forceps in the vagina" (Donnison 1977:50).

In 1839 a surgeon who was also a lecturer in midwifery commented on the relatively conservative stance of the English "accoucheur", noting the more extensive use of forceps in Europe: "In England, there are few practitioners of judgement and experience who have frequent recourse to the forceps or who employ it before the orifice of the uterus is fully dilated and the head of the child is descended so low ...". He censured the French surgeons who were using "long forceps" which permitted them to engage the child's head before it had descended (Lee 1839).

Although physicians and surgeons were becoming more and more involved in midwifery, the Medical Act of 1858 which provided for the registration of practitioners with a diversity of backgrounds and qualifications as physicians and surgeons, laid down no qualifications in midwifery. Donnison (1977:57) points out that this omission legally confirmed the public perception that midwifery was "not really a part of medicine". In spite of the Act's failure to incorporate midwifery, some medical men were aware of the potential in terms of status and income and in 1859 the Obstetrical Society of London was formed; its self-proclaimed purpose was to provide "a forum for the scientific discussion of obstetrics". A

high profile society, "transactions" of its monthly meetings were reported in The Lancet<sup>3</sup> along with lectures and papers on midwifery and "women's diseases". One topic frequently addressed was the use of forceps. The doctors continued to debate the advantages of long versus short-bladed forceps and their discussions in The Lancet became more technical as the doctors argued the relationship of blade curvatures to foetal head sizes (Hewitt 1861:233).

By the 1860's, much of the caution was gone regarding the use of forceps. In 1862, The Lancet featured an article The Obstetric Bag: A Description of the Instruments Used in Operative Midwifery. Dr. Robert Barnes M.D. wrote "In no department of surgery is there a greater variety, or a more embarrassing confusion of instruments than in midwifery". He recommended a leather bag to contain the "selected instruments ordinarily required"<sup>4</sup>. The doctors had come a long way into turning a natural process into one requiring surgical intervention. Among the instruments were a pair of long double curved forceps which were to replace the previously favoured short forceps. Barnes chides the English for their reluctance in adopting the more powerful long bladed forceps (which are also more invasive). "The great bugbear of English operative midwifery is the absurd dread of possessing powerful instruments" (Barnes 1862:195).

One of the highlights of the Obstetrical Society's drive toward professionalism was the exhibition which it held in March 1866; it was an exhibition of obstetrical instruments. The review in The Lancet was laudatory: "The recent exhibition of obstetrical instruments at the College of Physicians has excited so much interest, and was so remarkably successful, as to render it not improbable that the example will be imitated by the surgeons". The editorial stressed that this example of medical one-up-manship had been designed as a showcase for the representations of the thoughts and experiences of the most eminent practitioners past and contemporary, as expressed in the instruments they designed and used. It closed by commending the Obstetrical Society for their wisdom and "Liberal enterprise" in conceiving and executing "this truly noble undertaking". (Lancet 1866:462).

Although one leading practitioner observed that "it might be supposed that there was not much more to say upon the construction of the forceps, the forceps had exercised the ingenuity of more men than any other instrument" (Barnes in Hewitt 1861:34) forceps continued to be the object of further experimentation and modification (Wright 1867, Inglis 1867). In a medical index from the nineteenth century, no fewer than eight pages are devoted to listing publications regarding forceps. Included in the topics were such ingenious inventions as "handy pocket forceps" and forceps for delivering premature infants. One enterprising doctor devised a forcep which could also be used "for many purposes, such as drawing down a pile, removing a nasal polypus, etc." (Wright 1867).

By 1871, doctors felt so secure about their use of forceps and their own place in midwifery that one of them, Dr. A. Milne, was able to write: "The forceps is doubtless one of the most valuable instruments that was ever invented in connection with our art" (Milne 1871:24). Dr. R. Barnes, unabashed apologist for forceps gave a lengthy paper at the Obstetrics Society on May 7, 1879. Entitled "Use of Forceps and Its Alternatives in

Lingering Labour", he attempted to demonstrate the fact that fewer craniotomies (destruction of the foetus) were necessary if forceps were employed. It is interesting to note that while the statistics he presents do support his argument, they also reveal that more conservative usage resulted in a lower maternal death rate (Barnes 1879:522). His talk was a plea for "free use of forceps" and a vindication of one "specialist" who applied the forceps before the cervix was fully dilated. He urged the doctors not to forget "that the forceps is not simply an operation of necessity, but that it is preeminently an operation of election" (Ibid:524). In other words, every delivery could be viewed as an opportunity for using forceps. Barnes' stance was diametrically opposed to that of the 18th century's leading practitioner of male midwifery, who wrote: "... we are always to remember that forceps are not to be applied because we have the power of using them, but because the necessity of the case is such to require their use" (Denman 1799:135).

The role of forceps remained an important one as the doctors continued their quest for professionalization. The president of the Obstetrical Society of London, Dr. Playfair in his annual address to the Society, February 4, 1880, noted that he had been credited as being "an uncompromising champion of the forceps". He expressed his satisfaction with the growing consensus among the profession that forceps should be used earlier and oftener in many cases (Playfair 1880). At the Obstetrical Society's meeting in February, 1881, Professor Stephenson of Aberdeen called for an improved "rotary action" forcep which would enable the doctors to imitate more readily the rotary movements which nature used (Lancet 1881:171).

At the seventh International Congress in 1881, the president of Section VI: - Obstetric Medicine and Surgery, welcomed his colleagues from other nations and distant British Colonies. His remarks included a history of obstetrical highlights and a comment on Peter Chamberlain, whose invention of midwifery forceps was described as "indisputably the most valuable instrument of the whole armentarium chirurgicum" (McClintock 1881): A report of the proceedings at the Congress notes that at the first work shop in the Obstetric Section, Doctor Tarnier made "an eloquent address on the forceps".

Although, midwifery had formed an important part of the medical man's practice for many years it did not become a mandatory part of the examination which was required for licensing until 1886. With this legal recognition that midwifery was a part of medicine and surgery, forceps had done their part; men had established their right to control the birthing process by virtue of their superior knowledge and skill embodied in the use of instruments.

In his annual report to the Obstetrical Society in 1882, the new president, after commenting on the prosperity of the Society, made the following statement: "The long march of advancing research is ever increased by opening of new fields and by the discovery of new instruments, and it is our duty as a Society, to hasten the business" (Playfair 1881). With the practice of midwifery won for the doctors, new devices began to occupy their interest<sup>6</sup>. The men turned to another aspect of female sexuality and began the development of the speciality of gynecology - but that is another story.

## NOTES

1. With a few notable exceptions, the doctors were in an extremely competitive situation which encourage fee-cutting and other questionable practices. Most of the doctors existed on incomes which were only half of what was needed to live up to the standards they had set for themselves (Peterson 1978:221).
2. Other examples of the doctors manipulation of female sexuality for reasons of profit are found in the Contagious Diseases Acts of 1864, 1866 and 1869. Also in the practice of clitoridectomy and in the medical profession's stance on birth control and abortion. Perhaps the most damning indictment is their attempted (and for many years successful) exclusion of qualified female physicians from the practice of obstetrics and gynecology.
3. Please note that the New York Edition of the Lancet was used for this paper. Page numbers might not correspond to the British Edition.
4. For a cross cultural parallel, see Benedict (1934:66) and the "sacred medical bundles" of the Zuni.
5. Although forceps ceased to be discussed and displayed so prominently, an investigation by the Ministry of Health in 1936 which was prompted by the extremely high maternal death rate concluded that there was frequently "unnecessary and premature application of forceps" (Donnison:1977:190).
6. The pessary became the focus of the doctors' inventiveness. See for example The Lancet, 1881:359.

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