Dissecting Pregnancy in 18th–Century England
by Lyle Massey

Pregnancy and birth were not highly regarded objects of study by anatomists in the centuries leading up to the 1700s. This was clearly due in part to the scarcity of pregnant corpses for dissection, but also to the fact that midwifery was largely excluded from medicine proper. In 18th-century Britain, when men began systematically practicing as midwives, they were challenging the accepted mores about what constituted women’s versus men’s work. Midwifery was often represented as being beneath the dignity of men and medical science. As late as 1827, Sir Anthony Carlisle, a prominent surgeon writing in the eminent medical journal, *The Lancet*, still felt compelled to describe midwifery as a “humiliating office” and therefore suitable only to women. In addition, it was not uncommon in the 18th century for people to denounce man midwifery in particular as amoral and lewd, leading to the corruption of women and an increase in divorce. In a 1779 pamphlet entitled *Thoughts on the times: but chiefly on the profligacy of our women, and it’s causes*, Francis Foster condemned man midwifery because it places the “citadel” of female virtue “directly in the hands of the enemy” and leaves it “entirely at his discretion.”

Thus, it was incumbent upon eighteenth-century man midwives to prove the legitimacy of their practice. One way they established legitimacy was to connect midwifery to the forms of 18th-century medical and scientific knowledge that carried the most prestige. Anatomical dissection had long been considered one of the most distinguished forms of medical investigation. Since the publication of Vesalius’s *De humani corporis fabrica* in 1543, anatomical dissection had been closely associated with beautifully illustrated, anatomical atlases that became among the most valued and illustrious of scientific publications in early modern Europe. It was perhaps for this reason that the two most distinguished men midwives of late 18th-century London, William Smellie and William Hunter, published illustrated atlases of the pregnant female body. By forging a link between midwifery and anatomical dissection and then publishing the results in expensive books with large, artistically sophisticated, copperplate engravings, Smellie and Hunter elevated a domestic practice to the status of medical science.

For centuries, the male body carried the burden of explaining the greater part of normative human anatomy. The female body was usually included to illustrate the reproductive systems and human generation, but rarely was it the exclusive focus of the anatomist’s gaze. Smellie’s and Hunter’s atlases, however, forged new pictorial ground by focusing exclusively on the pregnant female body.

Although partly intended as a birth manual, Smellie’s *A sett of anatomical tables, with explanations, and an abridgment, of the practice of midwifery* (London, 1754) offers the reader/viewer far more than just instructions for delivery. Anatomy provided Smellie with the means to visualize the causes of and solutions to obstructed births. By forging a visual link between anatomical dissection and birth, Smellie’s atlas makes visible the internal forces working on both the mother and fetus. Smellie enlisted the Dutch artist, Jan van Rymsdyk (ca. 1750–1789), to create a series of arresting visual images that could show both these internal processes and the female body as it would be seen during birth from the outside.

For instance, dissection had revealed just how much rickets, a disease of the bones caused by lack of sunlight, could distort a woman’s pelvic region. Thus, Smellie’s atlas begins with a normal female pelvis and contrasts it to a twisted pelvis transformed by rickets. By showing distortions in the pelvic skeleton (Fig. 1), the atlas presents the viewer with a strong graphic image of something that would remain hidden during live childbirth: i.e., the child’s obstructed descent through the canal. Subsequent engravings alternate between interior and exterior views of normal birth and end with the head crowning (Fig. 2). Further plates catalogue numerous problems of bad presentations and forceps delivery (Fig. 3).

Smellie’s atlas makes the case that only when one can “see” the body correctly, from inside-out, can one have a clear picture of birth. While not necessarily intending to supplant midwives and their command of pregnancy and birth, Smellie’s atlas effectively negated the midwife’s reliance on mere external appearance. His images suggested that a true understanding of birth could only be achieved through anatomical dissection, a practice from which midwives themselves were largely excluded.
In contrast, William Hunter’s 1774, *The anatomy of the human gravid uterus exhibited in figures* which was also illustrated by Jan van Rymsdyk, takes a very different approach to the female body. Hunter consciously forged a visual language grounded in Enlightenment notions of empiricism. That is, in Ludmilla Jordanova’s words, Hunter’s epistemology was “fundamentally a visual one.” He pursued a direct graphic translation of what he imagined to be the unadulterated perceptions of sight. He tells the reader that the engravings exactly reflect actual dissections and he insists that nothing has been changed or idealized in any of the images. In one instance, he points out the reflection of a window that appears on the transparent chorion (outermost membrane) over the fetus’s head (Fig. 4). This reflected window acts as a temporal signifier that testifies to the artist’s presence in the dissection theater and thus to the reality on which the image is based. Hunter invests everything in the truth of these images, stating in his preface that the picture is “almost as infallible as the object itself.”

Whereas Smellie’s atlas begins with images of early pregnancy and moves toward birth itself, Hunter’s begins with a dissected pregnancy at full term. Thus, the very sequence and arrangement of the engravings makes it clear that Hunter is not concerned with showing the progression toward birth, but with presenting a string of images, each of which stands as an iconic demonstration of gestational morphology. Stripped of nearly all the allegorical references, symbolism and landscape that had animated previous anatomical treatises, Hunter’s images reduce dissected bodies to inert matter and annex the viewer’s viewpoint to the anatomist’s knife. Using a highly foreshortened viewpoint, Rymsdyk’s illustrations typically squeeze a bulging, nearly full term pregnant uterus into a constricted representational space (Fig. 5). The engravings create a visual tension between a strained and stretched uterus that expands up toward the viewer, and the focused, condensed space of the image that pulls the viewer down toward the woman’s body. Using intricate hatching to shade the various gradations of tissue, muscle, fat, and skin and manipulating light effects to magnify the textures of the flesh, these engravings project into the viewer’s space, making them available in tactile as well as visual terms. It is death itself that seems most present in Hunter’s atlas and this is why it conveys the sense that we are participating in an anatomical dissection.

While different in approach from Smellie’s atlas, Hunter’s text nevertheless similarly underscores his own authority in a field that had only recently begun to be recognized in British medicine. His desire to provide a scientific basis for midwifery is made apparent in his dedication to George III. Hunter says that his book illustrates “one part of science hitherto imperfectly understood, and...the foundations of another part of science, on which the lives and happiness of millions must depend.” His engravings collapse the anatomist’s role into that of the midwife, and while this wouldn’t have lead to any greater status for anatomy, it certainly lent an air of authority and scientific rigor to midwifery.

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3. Francis Foster, *Thoughts on the times : but chiefly on the profligacy of our women, and it's causes*, (London, 1779), p. 79.