

University of Sheffield

Emma Cheatle

As/saying architecture: a ficto-spatial essay of lying-in

Abstract:

Through an exposé of my research, ‘The Architecture of Lying-in: From the Dark and Airless Room to the Hospital for Women’, this paper explores creative-critical methods of writing architectural history. Until the 1740s, women in England gave birth in the bedroom, which was refashioned for the occasion as a dark, internalised space, the ‘lying-in chamber’. Around this time, the rise of the man-midwife and instruments such as maternal forceps heralded the lying-in hospital, the first specialist hospital overall, yet few architectural descriptions of it exist, nor of the maternal domestic space it challenged. Here, I examine the home and the first London lying-in hospital by drawing on a range of sources such as architectural plans, midwifery manuals and treatises, maps, novels and political writings. Developing a text that plies between essay and fiction, I critically reconstruct the architecture of lying-in.

Biographical note:

Dr Emma Cheatle is Senior Lecturer in Architecture at University of Sheffield, UK. Her research explores works of architecture and art as material and spatial sites of cultural and social history. She combines different forms of text – fictional and theoretical – drawing and audio to ‘reconstruct’ the past lives of buildings in the present. Awarded a 2014 RIBA President's Award for Outstanding PhD Thesis, her PhD is now a book: *Part-Architecture: The Maison de Verre, Duchamp, Domesticity and Desire in 1930s Paris* (Routledge, 2016). Her second book, a creative-critical history of maternity spaces, *The Architecture of Lying-in: From the Dark and Airless Room to the Hospital for Women*, is forthcoming.

Keywords:

Creative writing – maternity – hospital – body – critical – creative

Ante—

This essay explores creative-critical methods of writing architectural history through an exposé of my research, ‘The Architecture of Lying-in: From the Dark and Airless Room to the Hospital for Women’.¹ Until the 1740s, women in England gave birth in the bedroom, which was refashioned for the occasion as a dark, internalised space, the ‘lying-in chamber’. Around this time, the rise of the man-midwife and instruments such as maternal forceps heralded the first lying-in hospital, which was also the first specialist hospital overall.

The text understands buildings as spaces of unfolding social events. I am motivated by two main ideas: firstly, that a building is a creatively constructed object and the setting and stage for social histories, events, policies and politics; and, secondly, that history writing itself is a creative endeavour, in the present through the work of writing, and in reverse through imagining and reconstructing the past.² Both demand a critical positioning and an evaluation of the social politics of the body and power.

Few architectural descriptions exist of the lying-in hospital or the maternal domestic space it challenged. Instead they are alluded to in other places, for example in contemporaneous novels, midwifery manuals, political treatises, images and maps. My research also asks whether a building itself can be understood as a character in the play of history. After all, its walls, windows, and floors have witnessed, absorbed even, the trace or memory of the occurrences taking place within them.³ The writing here draws together these ideas to reconstruct the architecture of lying-in. It sits partway between essay and speculative fiction.

An assay, an essay; a saying, a spacing; a fiction; a spatio-fictional essay in 30 parts.

1

If this is an essay, which it is, can it do as I say? Will it make a space in your busy day, transport you to another place, another century; walk you around, inside and out of this once new building? A building newly known for turning inside-out women’s bodies? An essay: fragmentary and contradictory yet complete; exact yet evasive; formless, slippery, “a game that instructs its own rules”.⁴ A hybrid form, both autobiographical and critical. (*Anti-intellectual, journalistic*, I hear you say); a discomfort, a pleasure, a resistance. A small rather than grand form, a taxonomic history.⁵

A building for the unregulated, dark and messy formlessness of childbirth.

2

In 1905 Virginia Woolf wrote, ‘Almost all essays begin with a capital I – “I think”, “I feel” – and when you have said that, it is clear that you are not writing history or philosophy or biography or anything but an essay.’⁶ Woolf, now identified with the essay form, was suspicious of it, criticising it as journalistic, limited by the shallowness and vanity of modernity.⁷ Yet although she frequently wrote the ‘light entertainment’ she disparaged, Woolf sought to reconnect the essay to its reflexive, critical and autobiographical roots. Her most famous essays, ‘A Room of One’s Own’ (1929) and ‘Three Guineas’ (1938), served as effective pieces of resistance and activation. Yet, the essay form is still criticised as an excuse for lack of precision, opinion over fact, and absence of method or

argument. Theodor Adorno defended these very elements, stating the essay's 'lack of method' is equally its merit. Unafraid to tackle the complex, the essay does not attempt to totalise, will omit; it combines thought and thing.

Woolf wrote criticism and fiction in parallel. Her monumental novel *The Years* was drafted as a 'novel-essay' from a 1931 critical lecture on the social status of women, and originally arranged fictional passages (internal, autobiographical) between six essays (external, critical, public), each exploring the rigid public and private spatial divisions in women's lives.⁸ *The Years*, then, was an early rendition of the 'fictocritical': feminist, critical, fragmented and fictional.⁹

3

Architectural historiography traditionally visualises canonic buildings and formalises them in place and time. It identifies single designers and homogenous user groups, avoiding the complexity of social conditions, collaboration, financial constraints and temporalities. It works on the basis of cataloguing buildings – their types, technologies and materialities – creating a manual of static images, key architects, key witnesses.

4

An essay, a test, a reckoning.

This essay, *As/Saying Architecture*, rethinks modes of architectural history writing by using Woolf's novel-essay form and its discontinuous, hybrid methods as a spring point. It offers an 'accentuation of partial against the total'.¹⁰ In doing so, it also attempts to move towards a new mode of critical- creative architectural writing: *the spatial essay*. The spatial essay has several approaches: its subject is spatial, of architecture, buildings, interiors, urban spaces; within that, it conjoins subject and object – the building itself and the body experiencing the building are given voice, are witnesses; and, it uses several writing modes including factual (material, formal) descriptions, critical analysis and the reflexive, biographical and fictional. *The Years* was originally composed around a set of five photographs. The spatial essay is likewise composed around the uncaptioned image. The image is a twin of the text, its interruption [dissection] and foundation, object and subject combined.¹¹

5

The ensuing essay is of three [plus one] modes: one, a spatial history; two, a transcript of a radio play of imagined characters; three, a set of images referring to lying-in; [plus one] a critical spatial feminist form.



Figure 1

6

The object: a building for birth. Before the mid eighteenth century, the vast majority of births, up to 96 percent, proceeded normally, taking place at home in the bedroom. The subjects: the average woman underwent between 5–10 labours, aided by a traditional female midwife who made little intervention.¹² A highly experienced older woman with children of her own, the midwife was an authoritative and familiar figure waiting in the wings of a couple's marriage.¹³

7

At the onset of labour, the mother to be, aided by the midwife and 'gossip', recreated the bedroom as a lying-in chamber.¹⁴ From then until the end of the lying-in period – commonly a month after delivery – the elegant, patterned, colourful, private yet shared bedroom of husband and wife, became the spatial extension of the mother's body alone.¹⁵ Extra linen and pillows were assembled and used to remake the bed, with at least 'seven sheets and ten dozen double cloths, as well as clothes for her and the baby.'¹⁶ Then the atmospheric qualities of the room were transformed to create a *dark and airless room*. At night, the room would have been already fairly dark – most households were lit by candlelight until into the nineteenth century – but during and after childbirth the light was kept even lower to protect the eyesight. Airlessness was thought to limit infection, curtains pulled both at the windows and around the bed: 'How careful are good women to *stop up every crevice, and keep out every breath of air*. How anxious in heaping clothes upon the bed, so the patient can hardly breathe under them. How cautious lest the curtains of the window or bed should be withdrawn.'¹⁷ Further, the room would be made as hot as possible by a well-stoked fire. By now crowded with onlookers, overheated and close, to 'walk easily in her Chamber, and then again lye down, keep her self warm, rest her self, and then stir again, till she feels the waters coming down', as midwife Jane Sharp counselled, would surely have been difficult to achieve.¹⁸ The heat of the fire was thought not only to aid the labour, relaxing the birth canal, but to guard against infection; perspiration was a good sign.¹⁹

8

The month-long lying-in period, today thought a positive idea, in the past meant that the new mother was truly confined. She was propped up in bed on the extra cushions, her body bound by the same linen used on the bed. She was actively discouraged from moving at all for the first few days, her baby brought to her at intervals. After a week she could walk about; after another perhaps go downstairs. Unable to leave the house, her world narrowed to

the flesh of her own body which in turn became contiguous with the fabric of the domestic interior.

9

St Thomas Hospital, Westminster Bridge Rd, Lambeth, London, 2017, sits diagonally opposite the former Westminster New Lying-in Hospital, 1767.²⁰

...its today, and as I say it, you are already rushing for your appointment, making space in your busy day. When you come into the room, you are early and there is no one else present, so you sit on one of the stackable plastic chairs and wait. My window is open and the noise of the nearby building site filters in. You are suddenly aware of the weight of your body, the heat between you and the plastic. There is a churning inside your belly; your head strains to sort through a jumble of half-formed thoughts.

Transmitted voices are coming from the receptionist's empty booth; before you know it, you have shifted to listening, drawn in:

10

Childbirth was not considered a medical event, but a collective, female, domestic one, overseen by nature, divinity, and a midwife. The interior processes of the female body were unclear to ordinary people and the midwife usually did little to physically intervene in the delivery, taking a 'watch and wait' approach, intuiting the stages and using touch over sight. Physicians (male) were commonly called in for 'difficult' cases, but also tended to wait, usually downstairs, only using methods of extraction if the infant or mother were threatened or already dead.²¹ Many women, though, were without the means to pay for midwifery, let alone physician care. With pregnant women excluded from general hospitals, the lying-in hospital was hence proposed. A philanthropic yet highly selective charity for 'the pregnant wives of the industrious poor' it was the first specialist hospital typology in Britain.²²

11

[you hear a voice, low and heavy, as if from the other side of a wall]

Ghost-writing: it is my job to write the material for you, in your name. Your presence has been lost. The women who were admitted to you, their voices are lost, yet scratched, I hope in your surfaces, their faces captured in your glass.

I was here before you. Built brick by brick, three storeys high at the centre and three wings wide.

12

From the seventeenth century on, a separate group of practitioners had arisen: *men* who practised as *midwives*. The famous Percival Willughby, for example, had 'practised in the midwife's bed' for forty-five years.²³ Midwives were highly suspicious of the increasing number of these 'boyish Pretender[s]' whose experience came from crude dissection rather than live births, and who tended to use the brutal instruments avoided by midwives –

‘doctors dissected; midwives observed’.²⁴

13

The number of men-midwives continued to rise throughout the century. A complex figure, the man- midwife, unlike the university educated physician, was rooted in the brutalities of the barber-shop, on the edges of medicine. Where medicine was on the whole welcomed, society was ambivalent towards the particular figure of the man-midwife. He was ridiculed by the popular press for being a man in what was visualised as the warm, female space of the maternal bedroom. Alternatively, with the development of the maternity forceps, his presence was threatening to women’s bodies, their relationships and their modesty. The man-midwife, accused of adultery or rape and associated with death, was characterised as ‘a personal, a domestic and a national evil.’²⁵



Figure 2

14

I feel her on the step before I see her. Yet I have seen her before, through the air bubbles and flecks trapped in the small greenish-tinged pane of glass. She often walks this way, and always looks towards me perhaps impressed with my plain scale, my order and elegance. Though slight she is straight backed and unaffected by the hawkers in the way or the bleating sheep driven along the roadway to the bridge in the rising, stinking dust.

15

Despite this ambivalence, the man-midwife did not disappear. Using the eighteenth-century climate of philanthropy many man-midwives set up lying-in hospitals. Although charitable, these also aimed to establish the professional role of the man-midwife.²⁶ The women helped were poor and hence voiceless, and it is clear they were collected as healthy female bodies to gain experience on. The lying-in hospital became integral to the survival of the man-midwife and by the end of the century, both had proliferated.

Rather than incidental, the hospital building was a key component of the man-midwife's increasing control. Purpose designed, it was a space for birth, recovery, sickness, and also autopsy. It was from these new spaces that man-midwifery firmly established and controlled childbirth practices and began a process of modelling a new maternal body, a body that had previously been contiguous with social family life and interior domestic space. I argue that the female body became a new material object within the space of the hospital, and that this materialisation subsequently challenged domestic space.

16

In the maternity wing I pace the corridor. I look out diagonally to where the old hospital would have been over 200 years ago, imagining the gravel road, the plain blank front, windows dark. The proud bell tower sounding the midday meal. The stench of the river running to the north.

17

The first purpose made premises for lying-in in England was John Leake's Westminster New Lying-in Hospital built in 1767 on Westminster Bridge Road.²⁷ Leake's early medical education is unknown, but by 1765, referred to as a man-midwife or *accoucheur*, he purchased a piece of land at the south end of the newly built Westminster Bridge. Money for the building was raised in the usual way by subscription. Leake's hospital was highly selective and open only to the 'very deserving' married poor. Undermining midwifery and the pregnant woman in equal measure, he took pains to depict women as both guided by irrational thought, and the 'weaker sex ... unable to help each other.' Those with any sign of illness, or more complex needs though, would not be admitted. A proponent of maternal forceps, Leake attended in 'all *praeternatural Labours or Cases of real Danger*'.²⁸

18

Despite his views, Leake's lying-in hospital was not a wholly masculine space. A midwife, matron and nurses were there for ordinary births. Women subscribers were also harnessed and appealed to as 'Mothers themselves' and invited to visit.²⁹ But men were now, for the first time, not only fully present in the birthing women's lives, but in numbers not seen in domestic births. The *Account of the Westminster New Lying-in* lists its staff as including 'A Physician Man Midwife, A Physician Man Midwife Extraordinary, A Consulting Physician, A Surgeon, Two Visiting Apothecaries' [4]. Groups of male students were also trained in the hospital.³⁰ More importantly, it was men who now dictated the spatial setting. By stipulating the size of windows, level of heating, as well as the choice of curtains, bedding, comforts, food and drink, and restricting the people that could attend the birthing woman, they controlled the experience of childbirth.

19

Although without the same grandeur as our sister the City of London, will be, all vertical and high-lanterned, I have a fine frontage to the street. I am ordered and severe enough for purpose; my small lantern and weathervane make measure of the sky. My whole is reassuringly weighty, solid, as fitting for the offices of men. Yet she, this girl, rarely more

than glances up. Now upon my step, I see her clearly. Her head turns slowly from side to side, as if assessing me: Is she with child? I think not, as her dress falls smoothly over her. Nor is she one of our lady subscribers; their benefaction rarely arrives in person. Who could she be then? Young women who are not near to their confinements do not linger, and she is above the station of a woman in need, and neither a nurse nor a matron. Suddenly, her head high, she enters through the gate, and rushes forward, almost tripping up the rest of my stone steps to the front door.

20

Compared with the cramped urban housing poor women inhabited (a whole family often sharing a ‘wretched’ single room), the hospital, with its three wings and lofty bell tower, would have appeared to be very grand and solid, spatially generous, and certainly ordered. There is no evidence, though, that the interior spaces were anything but plain and bare. The money raised for the building was modest and at one stage there was a shortage of bricks. A decision was made to have costly roof tiles at the front but cheaper slates at the rear, where they could not be seen.³¹

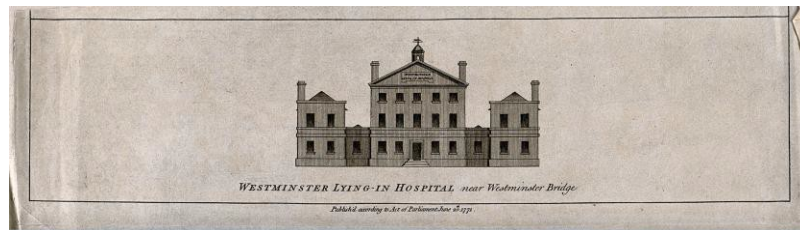


Figure 3

Plans of the Westminster New Lying-in have disappeared. Engravings show that the exterior was sizeable, ordered and plain, with three stories of accommodation in the centre. Maps reveal it was about three times the footprint of its later 1830 counterpart built on an adjacent street. Yet according to some descriptions, there were only ten beds per floor in small wards in the two side wings, perhaps 28 beds in total. (Leake boasted that it was ‘large enough to contain 70 beds’ and that 1000 women were delivered between 1767 and 1775.³²) Plans of similar hospitals show that a large amount of the interior accommodation was for boardrooms, man-midwife offices and matron accommodation, and service areas such as kitchens and laundries. The *Account* shows that there were strict timetables, rules and regimes. Meals consisted of simple, easily digested vegetable-based foods, wine, ‘water, acidulated by orange juice’ and ‘weak tea’. Caudels, the traditional alcoholic drinks given for sustenance and medicine, were banned. In further opposition to traditional midwifery practice, rooms were kept cool ‘and neither incommoded with much noise or strong light’.³³ Examination took place at regulated times. Women were free to leave only at the behest of the Physician Man Midwife, i.e. Leake. All of this not only amounted to new social control, but a new spatial incarceration of the postnatal woman. When the man-midwife attended a home delivery *he* was a *visitor* in someone else’s space or home. When a woman gave birth at the hospital *she* was the *visitor*. The hospital essentially *belonged* to the man-midwife – he commanded the space.

21

In the beginning, my front was lit every night by the porter, as the streets in this marshy forgotten place were pitch dark.

She enters the lobby slowly, her feet tapping on the stone floor. She hesitates, it is never clear which way one should go, and the poor women who arrive in early labour, already cowed by my huge facade, are further confused by this sequence of tall empty spaces. This girl (now I see she is barely older than 16 years), stops and listens. The noise of walking above, and crying, drifts in echoes over the smooth surfaces. She hovers by an opening to the long corridor. There are wide stairs on the left, down which the sounds come. A door beyond the corridor is labelled 'Committee Room and Secretary's Office'. After a few moments Nurse Raymond comes along the narrow, darkened corridor and asks her what she requires.

22

Despite the order the hospitals imposed on childbirth, they were not clean. There were three spatial reasons for this. Firstly, the hospitals were located in poor areas of the city, on cheap wasteland sites, with the Westminster New on marshy ground near the smoky industrial chimneys lining the Thames. Even two years after it was built, the hospital governors were making an application to 'make a raised causeway in front of the hospital' to separate the building from the muddy street. Secondly, although the plain rooms were airy and light, the atmosphere was insalubrious. The spaces were busy and crowded with at least seven women sharing each of the four small ward rooms, and numerous women coming and going.³⁴ With no labour room as such, women laboured on the ward, and 'difficult cases' were dealt with on special 'delivery-beds'. 'Warm baths' were brought to the patient's bedside'. With no toilet facilities there would have been a great deal of fluid mess in each room, and many bedpans to empty. Dirty linen was changed, but beds were merely aired between patients.³⁵

The third reason for the lack of cleanliness emerged from the man-midwife's interest in autopsy. Dissection of the pregnant female body was increasingly included in midwifery training. Prior to the hospitals, this would take place in the bed of the deceased woman, although very rarely and only with permission from her family.³⁶ The newly designed hospitals included dissection rooms. Although mortality rates for traditional deliveries in the home were not as high as was feared at the time (3–6 deaths per thousand), the death rate of women in the hospitals was up to five times higher (16–20 per thousand), attributable to a newly named disease, *puerperal fever*.³⁷ At the Westminster New the figure was even higher with a mortality rate of up to 28.6 per thousand, despite the women's previous good health, and the disease not appearing in the town, or in general hospitals.³⁸

23

Hygiene was poorly understood until the latter half of the nineteenth century, yet cleaning regimes were instigated: a Dr Young, struggling to contain puerperal fever, writes, 'I washed and painted the ward, caused all the bedding to be removed, and fired gunpowder at different times in the ward. I had a number of chaffers filled with cinders, which burnt all night; and all the windows were opened through the day.' At the Westminster New, Leake proposed 'sprinkling the [floor]boards with pure water and vinegar' and cleansing the beds soaked

with 'putrid, bilious fluids' with 'sun and open air'.³⁹ Beds were un-curtained in the large airy rooms. These approaches – driven by ideas of eliminating contaminated air through fumigation or freshening – suggest why puerperal fever was only kept at bay for short periods.⁴⁰ Further, sick women were being weakened by the continued remedy of bleeding and purging.

24

The reasons for fever outbreaks were complex. Yet as the dead women were from poor families with little agency, many more corpses for dissection became readily available.⁴¹ And in turn, dissection itself caused more deaths, aided, I argue, by the hospital's spatial arrangements and their perpetuation of particular practices. The bodies would be left in the basement untreated until a group of students were assembled for the autopsy. As described by William Hunter, the autopsy would take place over some weeks, the flesh decaying as time passed. The assembled men-midwives, students (and occasional midwife), would attend autopsies in the morning, then move to ward rounds. Men- midwives wore the same clothing daily for all activities. They ascended from the basements and moved between the women, who they examined vaginally. Instruments used for autopsy and examination were commonly made from non-sterile metals with bone or ivory handles, whose cracks and porosity absorbed germs; neither hands nor instruments were washed after autopsy or between each examination, but wiped on aprons, instruments placed in deep pockets, or a case.⁴² Smear hands then touched balustrade, door handle, woman's body. Potentially lethal germs remained on and were physically transferred between instrument, hand and clothing, and from and to the interior of a woman, and from there in a series: body, instrument, hand, room, bed, body; womb, bed, hand; room, body, bed, womb.

25

As I lie there sweating out the pain, I hear her ask to see the room. The matron looks askance but when she states her aunt's subscription she demurs. I'm rather certain she is lying. She looks into the ward, and over me, through the huge windows. I watch her face fall. I am suddenly aware of the stench, the noise, the fear, the other women looking tired, ill, bedraggled.

The one she seeks though is not here, she would never have set foot in a hospital – despised them.

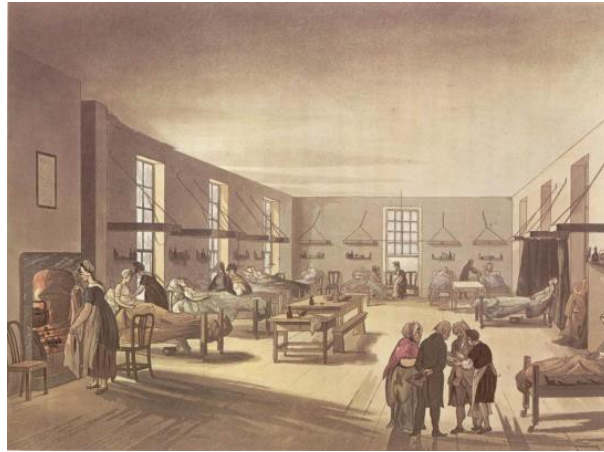


Figure 4

26

The hospital setting presented a new material maternal body. Although images and models exploring the body's interior workings had existed for centuries, indeed there are many examples of these across mainland Europe, they were on the whole for midwifery training, and rarities to an ordinary woman. Her sense of her pregnant body was personal and felt rather than seen. Located in the everyday, it was more consistent with the homely materiality of bed-linen and curtains, the room's interiority, heat, smells, dust, darkness; the bodies of the accompanying women; her own childbirth experiences. The lying-in hospital enacted changes which cleared away this continuous materiality, and positioned the female body as an enlightenment object in space.

It did this in several ways: first through its space; and secondly by shifting the image of the body to a visual object in this space. At the Westminster New, Leake used the hospital to extract the 'indecent' body from its home: 'it was extremely disagreeable to seek after Labours at a great Distance, among the very lowest Class of People, in Alleys and remote Parts of the Town'.⁴³ As we have seen, the hospital spaces were plain, simple and neutral. Curtains were removed from the beds and windows. Women were now sharing a room with complete strangers during labour and recovery, who were also labouring, defecating, crying, dying. All could see each other in the newly airy and light spaces. Former privacies were eliminated by the visual. Women were also depersonalised: Leake rarely mentions the pregnant mother as a person, only twice naming her: as 'the Woman'.⁴⁴ Her body, now a number, was subjected to routine and regulation: meals, examinations and exercises were imposed upon her at specific times. She left the hospital only at the doctor's jurisdiction, or became material for dissection.

27

In 1774 Hunter published *The Gravid Uterus*, a book of dissections of unnamed subjects.⁴⁵ All that Hunter says about the first woman he acquired is that she died suddenly near the end of pregnancy in 1750, and that 'the body was procured before any sensible putrefaction had

begun; the season of the year was favourable for dissection'.⁴⁶ As these images were well received, Hunter set out to raise subscriptions to make them into life-size engravings. Where the living subject was neutralised in the space of the hospital, her dissection led to minutely detailed, material portrayals of maternity. In the process the pregnant body became an object, reduced to an unidentifiable, legless and headless torso. Hunter's engravings became the standard template for dissection.

Shocked by the sounds and smells, she turns on her heel and rushes, slipping over my polished floor. Wondering where the infants are, she stops and clutches a door jamb of an office by the entrance.



Figures 5 & 6

28

The door is ajar. Gasping, she sights the strange truncated body in a box on the floor. A woman but not a woman. A monster. What have the women in this place become?

With the body increasingly visualised in an exteriorised way, men-midwives created new physical models of her to aid teaching practices. This idea was not new and midwives had used 'dolls' in France for centuries. Following the lost 'machine' of Leake's mentor William Smellie, Leake devised his own 'Apparatus'. It was an 'artificial substitute' which aimed to supersede the midwifery dolls ('*Machines badly constructed, ... so far from being useful that they do much Harm*'), and separate teaching from the live body ('*living Bodies are very improper Subjects for initiating Pupils*'). These '*artificial Bodies, so mechanically and naturally constructed*' included muscles and ligaments, and cloth doll fetuses.⁴⁷ The 'apparatus' was mobile and packed in a box to transport to a room full of students.

29

The lying-in hospital signalled spatial contestation to the domestic site of maternity. Although home birth was standard into the twentieth century, it is clear that the personal and non-medical nature of childbirth began changing in the eighteenth century. Even where many, including feminist Mary Wollstonecraft, resisted the hospitals, (one commentator complained ‘women are examined by 30 pupils together, and where the *head-master of the ceremonies* uncovers them to *shew* the operation of his instruments’⁴⁸), hospital practices spiralled outwards into the home. The man-midwife was increasingly invited into the middle-class home, bringing his counsel of: ‘breathing a pure air’ and ‘all impurities [should] be constantly removed which might contaminate the air of the room’.⁴⁹ As diarist Francis Place wrote in 1798, he preferred ‘a medical man in good practice [...] as my wife was young strong and healthy’, continuing, ‘there were no curtains to the bed, no candle, nor heating and stimulating messes’.⁵⁰ As well as opening the home to light and air, man-midwifery stripped back and objectified the space of the body with models, instruments and ultimately the risk of disease. Despite her hatred of hospitals, Wollstonecraft died at home in 1797 after childbirth, probably from puerperal fever caused by the intervention of a man-midwife.

...she flees

After seeing Fanny there, I too have decided to leave

30

To return: “‘The essay is the form of the critical category of the mind. For the person who criticizes must necessarily experiment, he must create conditions under which an object becomes visible anew, and do so differently than an author does’”.⁵¹ In critique of the imposing edifice of the hospital, I offer the spatial essay form as a dispersed creative structure. The thirty parts rhythmically build experimental spaces that move between alternative temporalities, voices and modes of writing. These are punctuated by the shock of the image; what Woolf identified as ‘pictures of other people’s lives and minds – these biographies and histories ... and pictures of actual facts; photographs. Photographs, of course, are not arguments addressed to the reason; they are simply statements of fact addressed to the eye’.⁵²

... as I flee, I hear the sigh of the wind, the muted cries of the women and babies I’ve left behind

The hospitals established a place for male practitioners in maternal culture. These men entered the grand, utilitarian façades, walked the polished floors, and commanded the corridors. They laid women bare in light lofty wards aired by large open windows; dissected them in grubby dark basements – developing spatial practices that ordered, regulated, confined and brought disease. Taken back into the home, the same spatial practices fundamentally altered childbirth for all women.

... as she flees, I sigh, the air passing through my windows slip, slick, air, spit, stench, splay—

Can a building feel shame? I say

Post—

As/saying Architecture establishes the critical role played by the hospital space in maternity history through three [plus one] modes. The first, a spatial re-enactment of an early maternity building, materialises the pregnant female body; the second, a radio play transcript, imagines the subjectivities of characters in the spaces; the third, images of the building and the inside-out of the pregnant body, interrupts, dissects even, the first two. In these three modes, the fictional (the personal) suggests an ambiguity (an experimental uncertainty) that peels open the historical to reveal the other – the voices of individual women lost in historiographic writing. It speculates that a building itself can perform the absence of their archive.

Finally, the [plus one] writes the role of the essay as a ficto-spatial form. The ficto-spatial essay is a critical, feminist mechanism that opens up and reflects upon writing architectural history. It is interdisciplinary: the historical, architectural and creative illuminate and discomfit the other; the social and political activate the body and identify power. Different voices and different subjective positions, both verbal and visual, are adopted in a reflexive, cyclical process that invents and tests different versions of unfolding and understanding the object of architecture. History is brought to a conflict, to a ‘standstill’, to use Benjamin’s term.⁵³ In doing so a new ‘object packed with consciousness’ emerges.⁵⁴

Figure 1: Detail of frontispiece to Jane Sharp, The Midwives Book (1671).

Figure 2: Westminster New lying-in hospital. Engraving on silk, C. Grignon after S. Wale. (Founded 1765). Wellcome Library.

Figure 3: Westminster New lying-in hospital, 1771. Wellcome Library.

Figure 4: Augustus Charles Pugin and Thomas Rowlandson, Hospital, Middlesex, from The Microcosm of London: or, London in the Miniature (1808).

Figures 5 and 6: William Harvey, Tables I and IV of The Anatomy of the Gravid Uterus Exhibited in Figures (1774). Photographs Emma Cheatle, 2016.

Notes

¹ Cheatle, Emma forthcoming *The Architecture of Lying-in: From the Dark and Airless Room to the Hospital for Women*, London: Bloomsbury

² Steedman, Carolyn 2001 *Dust: The Archive and Cultural History*, Manchester: Manchester University Press

³ Bachelard, Gaston 1958 *The Poetics of Space* London: Penguin; Benjamin, Walter 1999 [1927–39] *The Arcades Project* H Eiland and K McLaughlin (trans), Cambridge, Mass.: Belknap

⁴ Brian Dillon quoting Michael Hamburger in Dillon, Brian 2017 *Essayism*, London: Fitzcarraldo: 13

⁵ Deleuze, Gilles 2013 *Cinema I: The Movement-Image*, London: Bloomsbury

⁶ Woolf, Virginia 1992 [1905] ‘The Decay of Essay-writing’, in R Bowlby (ed), *A Woman’s Essays: Volume One*, London: Penguin: 5-7; 6

⁷ Gualtieri, Elena 1998 ‘The Essay as Form: Virginia Woolf and the Literary Tradition’, *Textual Practice* 12 (1), 49-67; 52

⁸ Diary entry of 2 November 1932. Woolf, Virginia 1983, in A Olivier Bell and A McNeillie (eds), *Diary of*

Virginia Woolf, vol. 4 (1931-1935), New York: Harcourt Brace & Co.: 129

⁹ Gibbs, Anna 2005 'Fictocriticism, Affect, Mimesis: Engendering Differences', *TEXT* 9 (1) April, at <http://www.textjournal.com.au/april05/gibbs.htm#2r> (accessed 3 April 2018)

¹⁰ Adorno, Theodor 1991 [1958] 'The Essay as Form', in T Adorno, *Notes to Literature Vol 1*, S Weber Nicholzen (trans), New York: Columbia University Press: 9

¹¹ Captions appear at the end of the essay.

¹² Wilson, Adrian 1985 'William Hunter and the Varieties of Man-Midwifery', in WF Bynum and R Porter (eds), *William Hunter and the Eighteenth-Century Medical World*, Cambridge: Cambridge University Press: 30. See also, Shorter, Edward 1985 'The Management of Normal Deliveries and the generation of William Hunter', in Bynum and Porter (eds), *William Hunter and the Eighteenth-Century Medical World*: 371–383; Wrigley, EA 1966 'Family Limitation in Pre-industrial England', *Economic History Review* xix (1), 97; Cody, Lisa Forman 2005 *Birthing the Nation: Sex, Science and the Conception of Eighteenth-Century Britons*, Oxford: Oxford University Press: 35–37

¹³ Sarah Stone, for example, trained with her own mother for six years. Stone, Sarah 1737 *A Complete Practice of Midwifery*, London: T Cooper: xv. Midwifery manuals, despite the failure to professionalise midwifery in Britain, were influential and reproduced well into the nineteenth century.

¹⁴ The gossip was a group of local women who aided the birth.

¹⁵ On eighteenth-century shared space see Vickery, Amanda 2009 *Behind Closed Doors: At Home in Georgian England*, London: Yale University Press

¹⁶ Pollock, Linda A. 1997 'Childbearing and Female Bonding in Early Modern England', *Social History* 22 (3), October, 289

¹⁷ Churchill, Fleetwood (ed) 1849 *Essays on the puerperal fever and other diseases peculiar to women*, London: Sydenham Society: 93. My italics.

¹⁸ Sharp, Jane 1671 *The Midwives Book*, London: Simon Miller: 187, 191–2. At the right time she might anoint the labouring woman's 'secrets' or 'privities' with 'Oyl of white Lillies, Butter, or Ducks grease'.

¹⁹ Sharp 1671 *The Midwives Book*: 230. Percival Willughby states: 'The cold aire, with the cold keeping of women in travaile, doth straiten, and make stiffe the genitall passages, that they cannot easily be relaxed, and so by accident, oft is made a slow and painful labour.' Willughby, Percival 1863 [1672] *Observations in Midwifery*, SR Publishers: 160

²⁰ These sections are extracted from a radio play transcript where the two spaces converse across time.

²¹ Wilson 1985 'William Hunter and the Varieties of Man-Midwifery', discusses when and the way in which they were called.

²² Pyne, William H and Combe, William 1808 *Microcosm of London; or, London in miniature*, London: Methuen: 134

²³ Willughby 1863 *Observations*: 65

²⁴ As Stone stated: 'For dissecting the Dead, and being just and tender to the Living, are vastly different', Stone, 1737 *A Complete Practice*: xi, xiv. Ulrich, Laura Thatcher 1990 *A Midwife's Tale. The Life of Martha Ballard, Based on Her Diary*, New York: Knopf: 54. Versluisen, Margaret Connor 1981 'Midwives, medical men and "poor women labouring of child": lying in hospitals in eighteenth century London', in H Roberts (ed.), *Women, health and reproduction*, London: Routledge: 31. The invention of the maternity forceps is attributed to the Chamberlen family, see my chapter 'box' in forthcoming *The Architecture of Lying-in*

²⁵ Blunt, John 1793 *Man-midwifery Dissected; or, the Obstetric Family-instructor*, London: Samuel William Forres: 193; also see Isaac Cruikshank's frontispiece.

²⁶ Subsequently, the hospitals made charitable visits to deliver women in their own homes, where the patient was sometimes even paid, for example by William Smellie, see Versluisen 1981 'Midwives, medical men': 26–7

²⁷ Rhodes, Philip 1977 *Dr John Leake's Hospital: A History of the General Lying-In Hospital, York Road, Lambeth 1765-1971: the Birth Life and Death of a Maternity Hospital*, London: Davis-Poynter: 25

²⁸ 1767 *An account of the Westminster New Lying-in Hospital, begun and finished under the patronage of the*

Right Honorable Earl Percy, president, 1–4. Italics as original. Leake, John 1773 *A Lecture Introductory to the Theory and Practice of Midwifery*, London: R Baldwin: 60, 54; also Leake, John 1772 'Practical Observations on Childbed Fever', in Churchill, Fleetwood 1849 *Essays on the puerperal fever and other diseases peculiar to women*: 117–204

²⁹ 1767 *An account of the Westminster*: 3–4

³⁰ Women were also taught midwifery: 'privately instructed [...] by being allowed to reside in the *Hospital*', Leake 1775 *A Course of Lectures on the Theory and Practice of Midwifery*, London: J Murray: 2

³¹ *An account of the Westminster*: 2; Rhodes 1977 *Dr John Leake's Hospital*: 25, 26

³² Leake 1775 *A Course of Lectures*: 2

³³ Rhodes 1977 *Dr John Leake's Hospital*: 77; Leake 1772 'Practical Observations on Childbed Fever': 171; 166

³⁴ Rhodes 1977 *Dr John Leake's Hospital*: 25, 37

³⁵ Leake 1772 'Practical Observations on Childbed Fever': 175, 160. In other contemporaneous hospital plans, The City of London of 1773, for example, which was based on the Westminster New, shows four wards of five beds per floor and only one labour room. Women arrived during or at the onset of labour, and were sent away if labour proved to be false. There were around 160 deliveries per year once established [Rhodes 1977: 36; 77], that is one every other day or so. The later 1830 building had two bathroom and toilet facilities per floor, probably installed in the later nineteenth century.

³⁶ See Ulrich 1990 *A Midwife's Tale*

³⁷ Loudon, Irvine 1992 *Death in childbirth: an international study of maternal care and maternal mortality 1800–1950*, Oxford: Oxford University Press: 160, 13–17, 196–7. By 1850, there were around 5 deaths per 1,000, a figure that did not significantly improve until the 1930s. Current figures are 1–2 in 10,000, [pp 98, 151]

³⁸ It is difficult to establish the exact death rate as it is widely thought the hospitals attempted to conceal it. An outbreak was usually very severe and some lying-in hospitals were accused of burning two women at a time in a coffin to conceal the problem, Loudon, Irvine 1998 'The Tragedy of Puerperal Fever', *Health Libraries Review* 15, 152. In 1769–1770, 14 of the 63 women delivered died of puerperal fever, [196]

³⁹ A Dr Young in Edinburgh, Churchill (ed) 1849 *Essays on the puerperal fever*: 266; Leake 1772 'Practical Observations on Childbed Fever': 173, 175

⁴⁰ Leake 1772 'Practical Observations on Childbed Fever': 174; Clarke, John 1793 *Practical Essays on the Management of Pregnancy and Labour; and on the inflammatory and febrile diseases of lying-in women*, London: J. Johnson: 270–5

⁴¹ The deaths from puerperal fever in the new hospitals throughout the eighteenth and nineteenth centuries resulted partly from the bacteria carried by the attendant or examiner, and partly from new interventionist midwifery practices.

⁴² Semmelweis traced this process in 1847, see Loudon 1998 'The Tragedy of Puerperal Fever', 153

⁴³ See Leake 1775 *Course of Lectures*: 2

⁴⁴ Leake 1775 *Course of Lectures*: 22, 11. In contrast, the infant is named numerous times: as 'Infant', 'Child', Children'.

⁴⁵ Hunter, William 1851 [1774] *The Anatomy of the Gravid Uterus Exhibited in Figures*, London: Sydenham Society: v–vi, 1–6, and Plates 1–10

⁴⁶ Probably from the British Lying-in Hospital at Brownlow Street where he had been surgeon-*accoucheur* since 1749, see Bynum 1985 *William Hunter*: 21

⁴⁷ Leake 1775 *Course of Lectures*: 3–4, 16

⁴⁸ John Blunt, a critic of hospital man-midwifery, in 1793 decried the situation: Blunt 1793 *Man-midwifery Dissected*: 220, italics original. Radical thinker Mary Wollstonecraft loathed the hospitals and was totally against the associated man-midwifery, see Cheatle, Emma 2017 'Between Landscape and Confinement: Situating the Writings of Mary Wollstonecraft', in H Frichot, C Gabrielsson, H Runting (eds), *Architecture and Feminisms: Ecologies Economies Technologies*, London: Routledge: 75; and Wollstonecraft, Mary 1891

[1792] *A Vindication of the Rights of Woman*, London: Fisher Unwin: 26

⁴⁹ Clarke 1793 *Practical Essays*: 376; Clarke 1849, in Churchill (ed), *Essays on the puerperal fever*: 376

⁵⁰ Thale, Mary (ed.) 1972 *The Autobiography of Francis Place: 1771–1854*, London: Cambridge University Press: 184 ⁵¹ Adorno 1991 ‘The Essay as Form’: 18, quoting M Bense 1947 ‘Über den Essay und seine Prosa’, *Merkur* 1 (3), 420 ⁵² Woolf, Virginia 1938 *Three Guineas*, London: Hogarth Press: 9

⁵³ Benjamin 1999 *The Arcades Project*: [N3, 1], 463

⁵⁴ See Cheatle, Emma 2016 *Part-Architecture: The Maison de Verre, Duchamp, Domesticity and Desire in 1930s Paris*, London: Routledge

Works cited

1767 *An account of the Westminster New Lying-in Hospital, begun and finished under the patronage of the Right Honorable Earl Percy, President*

Adorno, Theodor 1991 [1958] ‘The Essay as Form’, in T Adorno, *Notes to Literature Vol I*, trans. Shierry Weber Nicholsen, New York: Columbia University Press: 3-23

Bachelard, Gaston 1958 *The Poetics of Space* London: Penguin

Benjamin, Walter 1999 [1927-39] *The Arcades Project* H Eiland and K McLaughlin (trans), Cambridge, Mass.: Belknap

Blunt, John 1793 *Man-Midwifery Dissected; or, the Obstetric Family-instructor*, London: Samuel William Forres

Bynum, WF and Porter, Roy (eds) 1985 *William Hunter and the Eighteenth-Century Medical World*, Cambridge: Cambridge University Press

Cheatle, Emma forthcoming *The Architecture of Lying-in: From the Dark and Airless Room to the Hospital for Women*, London: Bloomsbury

Cheatle, Emma 2017 ‘Between Landscape and Confinement: Situating the Writings of Mary Wollstonecraft’, in H Fricot, C Gabrielsson, H Runting (eds), *Architecture and Feminisms: Ecologies Economies Technologies*, London: Routledge: 66-78

Churchill, Fleetwood (ed) 1849 *Essays on the puerperal fever and other diseases peculiar to women*, London: Sydenham Society

Clarke, John 1793 *Practical Essays on the Management of Pregnancy and Labour; and on the inflammatory and febrile diseases of lying-in women*, London: J Johnson

Cody, Lisa Forman 2005 *Birthing the Nation: Sex, Science and the Conception of Eighteenth-Century Britons*, Oxford: Oxford University Press

Deleuze, Gilles 2013 *Cinema I: The Movement-Image*, London: Bloomsbury Dillon, Brian 2017 *Essayism*, London: Fitzcarraldo

Gibbs, Anna 2005 ‘Fictocriticism, Affect, Mimesis: Engendering Differences’, *TEXT* 9 (1) April, at <http://www.textjournal.com.au/april05/gibbs.htm#2r> (accessed 18 March 2019)

Gualtieri, Elena 1998 ‘The Essay as Form: Virginia Woolf and the Literary Tradition’, *Textual Practice* 12 (1), 49-67

Hunter, William 1851 [1774] *The Anatomy of the Gravid Uterus Exhibited in Figures*, London: Sydenham Society

Joeres, Ruth-Ellen B and Mittman, Elizabeth (eds) 1993 *Politics of the Essay. Feminist Perspectives*, Bloomington: Indiana University Press

Leake, John 1775 *A Course of Lectures on the Theory and Practice of Midwifery*, London: J Murray Leake, John 1773 *A Lecture Introductory to the Theory and Practice of Midwifery*, London: R Baldwin

Leake, John 1849 [1772] *Practical Observations on Childbed Fever*, in F Churchill (ed) *Essays on the*

- puerperal fever and other diseases peculiar to women*, London: Sydenham Society: 117-204
- Loudon, Irvine 1992 *Death in childbirth: an international study of maternal care and maternal mortality 1800– 1950*, Oxford: Oxford University Press
- Loudon, Irvine 1998 'The Tragedy of Puerperal Fever', *Health Libraries Review* 15, 151-6
- Pollock, Linda A 1997 'Childbearing and Female Bonding in Early Modern England', *Social History* 22 (3) October, 286-306
- Pyne, William H and Combe, William 1808 *Microcosm of London; or, London in miniature*, London: Methuen
- Rhodes, Philip 1977 *Dr John Leake's Hospital: A History of the General Lying-In Hospital, York Road, Lambeth 1765–1971: the Birth Life and Death of a Maternity Hospital*, London, Davis-Poynter
- Sharp, Jane 1671 *The Midwives Book*, London: Simon Miller
- Steedman, Carolyn 2001 *Dust: The Archive and Cultural History*, Manchester: Manchester University Press
- Stone, Sarah 1737 *A Complete Practice of Midwifery*, London: T Cooper
- Thale, Mary (ed) 1972 *The Autobiography of Francis Place: 1771–1854*, London: Cambridge University Press
- Ulrich, Laura Thatcher 1990 *A Midwife's Tale. The Life of Martha Ballard, Based on Her Diary*, New York: Knopf
- Versluysen, Margaret Connor 1981 'Midwives, medical men and "poor women labouring of child": lying in hospitals in eighteenth century London', in H Roberts (ed), *Women, health and reproduction*, London: Routledge: 18-41
- Vickery, Amanda 2009 *Behind Closed Doors: At Home in Georgian England*, London: Yale University Press
- Willughby, Percival 1863 [c. 1672] *Observations in Midwifery*, First printed from MS, reprint SR Publishers
- Wollstonecraft, Mary 1891 [1792] *A Vindication of the Rights of Woman*, London: Fisher Unwin
- Woolf, Virginia 1992 [1905] 'The Decay of Essay-writing', in R Bowlby (ed), *A Woman's Essays: Volume One*, London: Penguin: 5-8
- Woolf, Virginia 1938 *Three Guineas*, London: Hogarth Press Woolf, Virginia 1937 *The Years*, London: Hogarth Press
- Wrigley, EA 1966 'Family Limitation in Pre-industrial England', *Economic History Review* XIX (1): 82-109