Reading Signs of Pregnancy in the Eighteenth and Nineteenth Centuries: The Case of Lady Flora Hastings and Sir James Clark

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WHETHER in the East or the West, childbirth and pregnancy have been loaded with diverse and often conflicting meanings. Lying-in was a rite of passage in which agony of pain and fear of death of the mother and/or the baby mixed with the high hope of the birth of a new life.[1] The pain which accompanies childbirth is, as told in *Genesis*, the first punishment that God inflicted upon half of humanity. The Annunciation, one of the most popular scenes in the Renaissance paintings and sculptures, represented the Virgin in various emotions and attitudes. Fra Roberto Carracciolo of sixteenth-century Florence counted "five Laudable Conditions of the Blessed Virgin" in "the Angelic Colloquy", namely, disquiet, reflection, inquiry, submission, and merit.[2] *The Book of Ancient Events (Kojiki)*, the mythical and epic chronicle of the earliest Japan, tells the death in childbirth of Izanami, the creation goddess of the country: after giving birth to numerous land masses, gods and goddesses, Izanami died from a particularly difficult birth of the god of fire, whose passage to this world badly burned the private part of the Goddess.[3]

Also at a more mundane and secular level, pregnancy was sometimes a source of embarrassment. In Japan, there are proverbs which involve innuendo against those who become pregnant at an advanced age, since it reveals that the mother is engaged in sexual activity when she is expected to quit. For some women who had been engaged in illegitimate sexual intercourse—premarital or extramarital—and became pregnant as a result of the act, it was something to be concealed with utmost care and desperation. In the late-eighteenth- and early-nineteenth-century England, publications such as *Town and Country Magazine, Bon Ton Magazine, Crim.Con.Gazette*, and so on provided the public with the stories of clandestine pregnancy and secret lying-in of *dégéréné* aristocrats, which were eagerly consumed as anti-aristocratic pornography.[4] Less well-off women had recourse to manipulative and drug-induced abortion, in their attempt to destroy the evidence of their illegitimate sexual activity, as well as to avoid the burden of new-born children. Female domestic servants, who were vulnerable to sexual exploit within the household and beyond, and, at the same time, were not supposed to be sexually active, were regarded as regular customers of abortion pills and portions, which were sold under the euphemism of medicines to cure the suppression of the menses.[5]

At the core of this concern and attempt to hide, cover up, and terminate pregnancy, there existed a simple and inevitable biological fact that human reproductive process usually involves visible changes in the body of the expecting mother, most notably the protruding belly. When framed into the social and cultural context of norms constructed around sexuality and privacy, this physiology of reproduction constitutes the expressive power of the body, the power to reveal one's secret *against one's will*.[6] The pregnant body could retroactively publicize the act of the most private in the past, despite the mother's (and often the father's) wish to conceal it; thus breaking the barrier between the

public and the private. The big belly, not under the control of the will of the owner of the body, eloquently spoke out about her secret past.

On the other hand, especially at its earlier stage, hiding pregnancy from the public notice was not regarded as a particularly difficult task. Putting on certain clothes was widely believed as enough: Will Honeycomb, the vain and affected character in *The Spectator*, could tell "whose Frailty was covered by such a Sort of Petticoat." When Molly Seagrim, an amiable and attractive daughter of a gatekeeper, became pregnant in *Tom Jones*, her mother noticed the alteration in the shape of her daughter and put her in a fine apparel, "in order to hide it from her neighbours."[7] Indeed, those who were on intimate terms could be kept ignorant. Julius Hardy, a Methodist button-maker of Birmingham, had not discovered his maidservant's pregnancy until a visiting friend of his noticed her altered condition.[8] In his *Conjugal Lewdness*, Daniel Defoe believed that a wife can easily get an abortion without being suspected even by her husband.[9]

Even when a woman was suspected of being pregnant and was interrogated about her condition, she could deny the charge of illicit sexual activity and insist on her innocence. The suspicion was routinely denied until the last moment, when the change in her body and shape became unmistakable, or until some sort of pressure or threat was put upon her by the interrogator. When Thomas Turner, an overseer of the poor for East Hoathly, Sussex, interviewed a servant to ascertain whether she was pregnant as the rumour went, she was able to easily persuade Turner of the contrary. Elizabeth Purefoy had to bring a midwife to "search" the body of her maid-servant in order to make her confess.[10] The pregnant woman's insistence was partly because of the grave issues at stake, namely her reputation, honour and, in the cases of a servant, her employment at present and in future. No doubt, however, her awareness of the strong position she was in must have played a part in her stout and obstinate denial of the charge. As a rule, her sexual partner was the only person that had first-hand observation of the act which caused the pregnancy. Thus it was very hard to bring a proper witness.[11] The fetus *per se*, the ultimate evidence of her illicit sexuality, was concealed in her own body and invisible from the outside. The material and conclusive evidence was absent until the last moment. (Here it is suggestive that the Greek word for conception, "*kyesis*" is derived from "*keuthesis*", meaning concealment.)[12] Although her body had the power to reveal the secret, she was able to counter the expression of her body by her verbal statements.

This complex situation of the duality of bodily and verbal expressions, and the attempt to deny the expression of the body while it was about to betray the truth, was best captured in a novel by Eliza Heywood, *Fantomina: or Love in a Maze* (1725). The eponymous heroine continually changed her identity and made love with a man as different female personae. When Fantomina finally found herself with child, she tried to conceal the fact by using diverse means, even in the presence of her mother, which was successful up to a point:

> She would easily found means to have screened even this from the Knowledge of the World had she been at liberty to have acted with the same unquestionable Authority over herself as she did before the coming her Mother, . . . By eating little, lacing prodigious strait, and the Advantage of a great Hoop-Petticoat . . .[13]

Although living under the same roof with her mother, who was "a woman of . . . penetration", with the ample opportunity of being closely observed without the covering-up clothes, made it extremely difficult for Fantomina to keep the secret, she managed to conceal the fact. It was a ball at court, in front of the participants, that the unexpectedly early labour almost disclosed the truth: "she was seized with those pangs, which none in her condition are exempt from:—She could not conceal the sudden Rack which all at once invaded her . . . " Her own body was overwhelming her, defying all devices she constructed to counter it. Yet again, she managed to invent some explanations and deceived the mother and people around her:

> Had her Tongue been mute, her wildly rolling Eyes, the Distortion of her Features, and the Convulsions which shook her whole Frame, in spite of her, would have revealed that she laboured under some terrible shock of nature. Every Body was surprised, every Body was concerned, but few guessed at the Occasion.[14]

Here, her words ("her Tongue") won a narrow victory over her bodily expressions in the contest to persuade people around her about her condition. In the end, however, it was medical observation that put this long game to an end. "A physician was immediately sent for: But he presently perceiving what was her Distemper, called the old Lady aside, and told her, it was not a Doctor of his Sex, but one of her own Daughter stood in need."[15]

Although Fantomina's story reveals the complexity of the game of handling the competing signals of a woman's body and her words, the way in which it ended should not mislead us into believing that physicians in the eighteenth century carried the final and ultimate authority in the matter of telling pregnancy, or were able to cut the Gordian knot of concealment and indirect evidences. It is true that in the eighteenth century the grand mystery of women's body and particularly her womb was being unlocked. The metaphors of intellectual penetration, conquest, and revelation is the most obvious in the anatomical investigation of pregnancy. It culminated in the extraordinary illustrations in William Hunter's *The Anatomy of the Human Gravid Uterus* (1774), in which the fetus in the womb is depicted with remarkable clarity and beauty. Penetrating through one layer after another, anatomical gaze probed into the secret hidden in the dark cavity, where the Nature unveils herself to the male anatomist.[16]

The day-to-day medical or gynaecological practice of telling pregnancy of a live woman was, however, completely another matter. In the context of the diagnosis of pregnancy, medical practitioners were far from a triumphant mood: they freely admitted that the task of determining whether a woman is pregnant or not was daunting to them. Was the cessation of menses due to pregnancy, or menopause, or pathological obstruction? Did the protruding belly mean that she is with child, or she has developed a tumour? Distinguishing pregnancy from other pathological or semi-pathological conditions, especially in its early months, used to be notoriously difficult before the advent of reliable and easily available chemical testing techniques in the early twentieth century.[17] In many difficult cases, doctors then were essentially no better a judge to tell pregnancy than lay people. Without the aid of gynaecological and obstetric science and the array of techniques of physical examinations, chemical testing and technological apparatuses such as x-ray and ultrasound, which help the twentieth-century obstetricians to have relatively reliable knowledge about what's going on in the woman's body, the doctors were rightly aware that they could not claim exclusive and esoteric expertise over the question of pregnancy.

It is important to note that those aids have allowed the medical practitioner to have *direct* access to the inside of the female body, whereas he used to rely on indirect information supplied by the woman in his clinical encounter with her.[18] Between the doctor and the female body, there existed a medium of her words, which reported what she observed outside her body (e.g. the cessation of menses) and what she felt inside the body (for example, "quickening"). The most vital source of medical information came from the woman—her own report of the stagnation of menses, sensation of movement of the fetus, and so on. The medical practitioner thus sometimes found that the expecting mother herself could become yet another obstacle, because of the unreliability of her report, and, in some cases, deliberately misleading information she gave to the doctor.

The credibility of the report made by the woman thus became a crucial component of the diagnosis. Given the almost constant undercurrent of misogyny and sexism in Western culture and the ever-increasing medical ambition for professionalization and hegemony, it is quite natural that some doctors contemptuously dismissed those stories told by women as unreliable, misleading, and, sometimes downright lies. Nevertheless, doctors had virtually no choice other than listening to the story. If the woman is honest and worthy of belief, the doctor could rely on her report. Otherwise, the whole business of diagnosing pregnancy became risky guesswork and a complicated chess-game against the woman. Gerard van Swieten, an eminent professor of medicine at Vienna, remembered a case in which

his attempt to know the truth was repeatedly frustrated. He once took care of "an unmarried woman, who, by her sly pretensions to great sanctity, was taken by all [including the doctor himself] to be a virgin of the most uncorrupted chastity." For seven months, she suffered from ascites or dropsy in the belly, for which Swieten prescribed hydragogue purges without any suspicion of her pregnancy. It turned out, however, her pretension to chastity was false. Indeed, she had been pregnant, and aborted a fetus of about three months old. Swieten found himself to have assisted the abortion by prescribing the medicine. Moreover, being unable to accuse the woman either of deception or of intentional abortion, he bitterly recorded that everything was in her palm: "[she] had no difficulty in persuading me, that she knew nothing of her being with child, as her belly began to swell three or four months before she had conceived."[19] Swieten was keenly aware of his lack of access to the truth—the information about her virginity, pregnancy, intention of abortion, and so on was under her tight control.

As this example shows, especially problematic cases were those of single women and their premarital sexuality. Swieten continued that those women who were "clandestinely pregnant" often successfully deceived physician "by pretending to have a dropsy, with the hopes of destroying the fetus by taking the strong powerful medicines." Or, they pretended to suffer from the obstruction of menses, and got strong emmenagogues, again in order to get an abortion. Even if the midwife's examination had suggested a possibility of pregnancy, the woman could easily elude the suspicion, "by solemnly affirming, and taking every thing sacred to witness, that their virginity is untouched."[20]

Given the eighteenth- and nineteenth-century concern for female sexual propriety, it is quite understandable that Swieten was not alone in entertaining medical suspicion against a single woman's plea of virginity. Gustave Bernutz and Ernest Goupil, two obstetricians in early-nineteenth-century Paris strongly warned against believing the plea, expressing their deep-rooted suspicion:

> We cannot of course trust much to the statements made by patient themselves. In single women, not the most positive denial nor even the existence of the hymen, will justify the absolute dismissal of all idea of pregnancy.[21]

Some doctors believed that women were able not only to conceal pregnancy but also to simulate it. In the context of the practice of "pleading the belly", or to have the execution postponed until the birth of the baby, a lot of eighteenth-century female convicts claimed pregnancy and had their body examined by a midwife, with an all-female jury deciding on their case.[22] Its abuse was well-known at that time, and doctors warned against too easy a certification of pregnancy. Their suspicion or paranoia reached high point when one of them warned against an elaborate somatic manoeuvre used by women:

> Some females, from the desire to simulating pregnancy, have acquired the power of contracting their abdominal muscles in so singular manner, that many able accoucheurs have been deceived and believing that they felt the fetal movements, have consequently pronounced them pregnant.[23]

Many male medical practitioners must have felt that their attempt to know the truth was routinely baffled by female deceits and tricks. Medical pessimism for correct diagnosis of pregnancy was certainly due to the sheer technical difficulty in distinguishing early pregnancy from other bodily states without recourse to modern physical and chemical means, as the old-styled history of medicine might want to tell. There were, however, factors other than pure technical issues involved in the pessimism.

First of all, the doctors were keenly aware of the shaky epistemological ground on which they had to base their diagnosis of pregnancy. In other words, the patient held in their hand key information for the diagnosis of pregnancy, the first-hand or direct access to which was usually denied to the doctor.

Take, for instance, the special orgasmic feeling which was believed to be experienced by the woman at the very moment when she conceived. Ever since Greek medicine, the extraordinary pleasure that was experienced by the woman during a sexual intercourse was one of the crucial signs of conception.[24] Jane Sharp, an experienced and learned midwife in the seventeenth century wrote that "[the] pleasure she takes at that time is extraordinary": her body shivers, teeth chatter, joints seized with convulsions, with the feeling of numbness at the uterus.[25] It is important to note here that these "signs"

are all subjective bodily sensations which were caused by invisible processes taking place in the woman's body. Because it is a sign based on subjective sensation, nobody could share it exactly as it was. Because of its gender-specificity, a male medical practitioner was incapable of imagining a similar experience in himself. Gerard van Swieten wrote with the sense of wonder and almost envy at the women's possession of the vital information of the subjective feeling in the middle of the intimate act, which was a reliable sign of pregnancy.

> Women, when they conceive, feel a surprising change at that time; and I know several married ladies of worth and credit, . . . who, from these signs, could calculate the time of conception and future delivery, even with the greatest exactness.[26]

Moreover, at the time when the medical consultation was made, the special sensation had gone, leaving virtually no trace on the body which the doctor could see himself. Swieten wrote that Hippocrates believed that a doctor is able to tell pregnancy by testing whether the orgasmic sensation is reproduced in the woman when a pessary is inserted: "if, after the trial of pessaries, . . . pains shall come into the joints; if her teeth shall chatter, or she is seized with blind giddiness and yawning; there are more hopes of her conceiving."[27] The simulation of sexual intercourse and orgasm for pregnancy testing, however, does not seem to have been thought of seriously by eighteenth-century physicians and obstetricians, almost certainty for reasons of propriety, decorum, and professional etiquette, which will be discussed below. By any consideration, Hippocratic replication of the pleasure at conception, which would have enabled the doctor to observe the crucial sign, must have been an unrealistic option.

This example of orgasmic sensation as one of the diagnostic signs of pregnancy shows the fundamental obstacle put on male obstetric practitioners in the eighteenth century who wished to tell whether his patient/client was pregnant or not. Access to the key information was either denied to him, or made only with great difficulty. Unless *he* himself had had sexual intercourse with the woman, he was by no means able to observe the diagnostic sign itself.[28] The woman's report of her own sensation at the time of sexual intercourse was, therefore, the only information which could be available to the doctor. Swieten observed: "for a physician can no way come at the knowledge of these things, but from the accounts given by women themselves."[29]

It is true that there were other diagnostic signs of pregnancy, but the situation here was not better for the physicians. Some were, like the orgasmic feelings, subjective sensations experienced privately by the woman, which she could conceal or control, such as the womb sinking down, pain about the belly, "preternatural desire to something not fit to eat or drink", or "no great desire to copulation."[30] Some signs, such as fever, costiveness, vomit, heart-burn, and so on, were too general.[31] Some means, such as the red spots supposedly to appear on a needle laid in the urine of a pregnant woman, sounded so much like a typical popular superstition by the eighteenth-century standard, that it is unlikely that enlightened and learned physicians took them seriously.[32] Other signs appeared in those parts of the body to which access was normally denied, e.g., the swelling of the breast, change in the color of the nipples and labia.[33] From the medical practitioner's viewpoint, therefore, another obstruction for a certain diagnosis was the protective layers of privacy and decency constructed around the person of expecting mother. Not only the act of procreation, but also most of the early diagnostic signs of pregnancy belonged to the private sphere, into which the public were usually not allowed to trespass.[34] Although doctors in the past were allowed some freedom to probe into the state of the private parts of the body, medical access to these private signs was acquired often with greatest difficulty.

In this context, the issue of touching should be discussed. Perhaps the greatest handicap eighteenth- and early-nineteenth-century doctors suffered in retrospect was that they were unable or unwilling to touch the body of the woman in order to ascertain whether she was pregnant or not. One of the most physically direct and sexually charged of the five senses, touch played uniquely crucial and ambivalent role in history of medicine.[35] The gender barrier for a male doctor involved is the most crucial here. Unlike midwives, whose gender enabled them to practise tactile examination of the female body, physicians in the eighteenth and early nineteenth century seem to have avoided touch in the

context of practice for pregnant women, employing a minimum of physical and manual examination.

One of the most important signs of pregnancy, to which medical access was difficult or problematic, is elicited through touching the uterus or the fetus. From the age of Hippocrates, the closing of the os uteris and the softening of its neck were widely believed to take place: "the orifice of the uterus is closed but soft to the touch and lacking in resistance."[36] It seems that early-modern female midwives regularly made use of the tactile sensation in order to ascertain whether pregnancy took place. *Aristotle's Masterpiece* stated as a matter of fact: "it is a certain sign of conception, if the midwife putting up her finger, find the interior neck of the womb exactly closed."[37]

Male physicians, however, seems to have been largely barred from the business of touching female reproductive organs. With his extensive gynaecological practice spanning over thirty years with more than two thousand patients, Johann Storch, an eighteenth-century physician in Eisenach and a subject of Barbara Duden's brilliant study, does not seem have regularly touched his clients' genital or private parts but summoned a midwife whenever tactile examination was necessary. Even mere visual examination of the breast was allowed to him with greatest difficulty.[38] The relative scarcity of the use of tactile sensation in obstetric and gynaecological practice was due probably both to the physician's unwillingness and inability. The pride they took in their "learned" profession made physicians look down the use of hand or "manual" examination, while the barrier of gender and privacy certainly prohibited the practice which were allowed to midwives. The psychological barrier of touching the pregnant female body was so great for male practitioners. Even William Giffard, who had crossed gender boundary to become one of the earliest practising man-midwives in early-eighteenth-century England and deprived female midwives of almost all roles in childbirth, left the practice of "accurate diagnosis by touching to his allegedly inferior female co-workers."[39]

From the seventeenth century on, there emerged a new species of medical practitioners who in many ways transcended the gender barrier, i.e., man-midwife or accoucheur.[40] Armed with the knowledge of anatomy, extensive training at hospitals, the new instrument of forceps, and, above all, the cultural asset of science and the Enlightenment, those amphibious practitioners were crossing the boundary between male physician/surgeon and female midwife, and overcoming the gender barrier standing between the practitioner and the patient. They were often the only male person in the otherwise female-only lying-in-chamber, and usually the only male (other than sexual partners, of course) that was allowed to touch the private part of the expecting mother. It is, therefore, quite understandable that the most extensive discussion of the use of touch to ascertain pregnancy in the eighteenth century came from William Smellie, the most eminent man-midwife in eighteenth-century England.

In his *Treatise of the Theory and Practice of Midwifery*, William Smellie devoted a section to the topic of touching, or inserting the fore-finger lubricated with pomatum into the vagina, in order to feel the os internum and neck of the uterus, "to be informed whether the woman is or is not with child, to know how far she is advanced in her pregnancy."[41] He recommended the method as effective in diagnosing pregnancy after the fourth month, thinking that the best time is in the morning, when the patient was still fasting, bladder and rectum having been discharged. Indeed, touch became a crucial or the most important way of investigating the possibility of pregnancy. Pathological obstruction of menses are hardly discernible from pregnancy, since they share various symptoms felt by the patient such as pains in various parts of the body, sickness and oppression at the stomach, a fullness of all the viscera, and stretching fullness of the breasts. Here, touch cut the Gordian knot:

> The signs of pregnancy are to be distinguished from those that belong to obstructions, by the touch in the vagina, and motion of the child, in the fifth or sixth month; sometimes, by the touch in the rectum, before and after the fifth months, when the tumour of the abdomen is plainly perceived.[42]

Smellie described the crucial sensation a fetus gives to his forefinger inserted in the vagina as follows:

> the circumscribed tumour, or stretching of the uterus, is felt above the os pubis; and by this circumscription and consistence, easily distinguished from the ascites or dropsy of the abdomen; it is also rounder and firmer than those swelling, that accompany obstructions.[43]

Alfred H. McClintock, the nineteenth-century annotator of the text of Smellie found in this passage "the unequivocal test of pregnancy which has been called ballottement, or repercussion." He believed in the great power of the technique, which gives a sensation unique to the fetus: "The sensation experienced by the upward displacement of the fetus (the finger pressing on the cervix, or on the uterus immediately in front of the cervix) and its descent again on the tip of the finger is quite peculiar, easily recognizable, and not to be simulated by any known disease or other condition of the uterus."[44]

To many eighteenth-century man-midwives, however, Smellie's newly formulated technique was not wholeheartedly welcome. As Adrian Wilson has pointed out, William Hunter, the man-midwife who succeeded to Smellie's fame and eminence, in fact advised his students to avoid internal examination:

> Smellie advised introducing a finger *in ano*, which will more likely ascertain the pressure, but the indelicacy of this operation has exploded its practice in private. Such practice is improper when you are called to satisfy a lady.[45]

Obviously, Hunter was concerned with the specific basis of the practice of himself and other leading male accoucheur, as well as the public opinion against man-midwives' breach of the code of intimacy and privacy between different sexes, which dictated the touchable and untouchable zones of the body.[46]

To invent a medical technique based on hospital practice is one thing, and to apply it to private practice is quite another. The gap was wide when doctors attempted to transfer the technique experimented on hospital patients to private practice. As N.D. Jewson and others have forcefully pointed out, despite the flourishing of general and special hospitals in the eighteenth century, aristocratic patronage long remained the key to the success of a medical practitioner, particularly in England.[47] Judith Lewis has convincingly argued that this was more so for accoucheurs or man-midwives aiming to climb the social and professional ladder in the early nineteenth century, because of the discrete nature of the obstetric practice. They had to cultivate a deferential attitude toward their aristocratic clients, displaying "carefully acquired refined sensibilities."[48] The onus of modesty was put on the male practitioner, rather than on the female patient. Under such a situation, the accoucheur was not in the position of imposing a certain medical operation against his client's will. Rather, he had to ask permission to have clinical access to her body, or at least to certain parts of it. Naturally, female genitalia was the path doctors feared to tread, being the part most difficult for them to touch.

In fact, vaginal examination at that time was often regarded as a mean to punish, stigmatize, and degrade the woman. Invented by Joseph Récamier in 1801, speculum matricis, an instrument for inspecting the uterine neck and vagina, was extensively used in the French government's attempt to regulate Parisian prostitutes. When some Francophile British doctors learned the efficacy of the instrument and tried to introduce it into their own country, furore ensued over the possible breach of physical and moral virginity, voyeuristic intrusion and, worst of all, instrumental rape.[49] Clinical penetration into the female body through genitalia was far from what the doctors could freely practice, not least to his aristocratic clients.

Moreover, to propose an examination of the body when the woman was denying the possibility of pregnancy could be a grave offence, since it implied that the physician was entertaining doubt about the veracity of her report, and, in some cases, to her virginity and chastity declared by herself. Under the duality of the bodily and verbal messages involved in the doctor-patient relationship, the doctor's desire to listen to what the body tells could be interpreted as his lack of trust in what the person tells to him. Thus, Thomas Denman maintained that the proposal of vaginal examination should be made with greatest care, and as the last resort: "Never propose an examination per vaginum but as a matter of absolute necessity."[50] Even the expression of the slightest suspicion might offend her ladyship. Swieten wrote, "I have known very worthy physicians who have given the highest offence, in some

wealthy and fashionable families, when they seemed to be in the least suspicious of such a thing. . . . My way, is to administer only innocent things with great solemnity and form, giving no sign whatever of my suspicion."[51] Medical and general etiquette at that time did not permit him to hint that the woman was telling a lie about her virginity or chastity. This is all the more understandable, since he possessed virtually no lever of medical science or expertise to overturn the statement made by her.

This passive attitude is epitomized in the "expectant" strategy. Nature and time, rather than art and science, would solve the mystery. Among medical practitioners, there seems to have been almost unanimous agreement that time is the only certain test of pregnancy. Storch took the strategy of "wait and see" in cases of doubt, waiting until "the whole thing would come to light . . . all by itself." A personage as august as Swieten expressed the same sentiment. In cases of doubt, he let the time pass and let "the cause of my just suspicions grow every day more evident." William Hunter also recommended waiting for more certain signs to show themselves, rather than rushing to conclusive signs gained through vaginal examination: "Here you should for your own reputation's sake endeavour to use some ambiguous answer, and by prescribing inoffensive medicine . . . to amuse her a month longer."[52]

In order to examine the difficulty experienced by medical practitioners who had to diagnose pregnancy in a concrete setting, I should like to turn to the case of Lady Flora Hastings and Sir James Clark, which took place in 1839 at the court of the young Queen Victoria. Lady Flora Hastings was the eldest child of Francis Rawdon Hastings, and from 1834 a favorite lady of the bedchamber to the Duchess of Kent at Kensington Palace, the mother of future Queen Victoria.[53] After Victoria's accession to the throne in 1837, Hastings continued her role of the tentacle of the Duchess of Kent and Sir John Conroy to watch, influence, and control the Queen. Accordingly, the young and somewhat temperamental Victoria was to develop extraordinary hatred against Hastings, calling her "that odious Lady Flora" and "an amazing spy, who would repeat everything she heard."[54]

In November 1838, Victoria and her ladies at the Palace noticed exceedingly suspicious figure of Hastings, who had just returned from a short sojourn to her native Scotland. The Queen wrote to Lord Melbourne, who was then the Prime Minister of the Whig Government, "we have no doubt that she is—to use the plain words—with child!" To exacerbate their suspicion, Hastings had formed an intimate friendship with Conroy, who was a notorious womanizer. Victoria naturally rushed to the conclusion that Hastings was pregnant with Conroy's child, writing to Melbourne of her conviction: "the horrid cause of all this is the Monster and Demon incarnate, whose name I forbear to mention."[55]

Perhaps unaware of the rumour but well aware of her own extraordinary state, Hastings consulted Sir James Clark on the 10th of January 1839. Clark was then physician to the household of Duchess of Kent, as well as the physician to the Queen.[56] She had "derangement of bowels and of general health" with pain low in the left side, accompanied by "considerable enlargement of the lower part of the abdomen." After the consultation and "some very simple remedies," the painful symptoms were somewhat abated or stabilised, but "the size of the abdomen continued undiminished." Around the first of February, he was sent for by Melbourne, who informed the doctor of the rumour and suspicion at the court about his patient and asked him to give his professional opinion. With the lack of clear diagnostic signs, he evaded the question, but at the same time admitted that he somewhat shared the suspicion: "while such suspicions ought not to be readily listened to, I was, at the same time, bound to admit . . . that the appearance of Lady Flora in some degree countenanced them."[57] Here it should be noted that Clark's professional acquaintance with Hastings had not told him anything of greater diagnostic value than her appearance and, particularly, the protruding belly.

Since Hastings appeared relatively healthy and her belly still remained enlarged, it seems that Clark was increasingly inclined to suspect her pregnancy. After his interview with Melbourne, Clark tried to ascertain the true cause of the enlargement (or perhaps being encouraged by the Prime Minister to do so), attempted to gain more direct access to Lady Flora's body itself. He recollected: "[I] on several occasions examined the state of the abdomen over her dress; . . . but being unable in this way to satisfy myself as to the nature of the enlargement, I at length expressed to her my uneasiness

respecting her size, and requested that at my next visit I might be permitted to lay my hand upon her abdomen with her stays removed." Hastings, clearly in the possession of the conviction that she was not pregnant and perhaps not suspecting disease serious enough to justify the step proposed by the doctor, declined to accede to the request.[58]

This is a very interesting example which shows that the doctor's right to examine private parts of the body depended on negotiation with the female patient, who had a right to refuse what she thought of as an unnecessary or unpleasant procedure. Needless to say, many medical men resented the restriction thus put on them, seeing it as an obstacle hindering correct diagnosis and professional authority. Commenting on this very topic, *The Lancet* criticized women's misplaced modesty: "many female have undermined health and compromised existence, through similar feelings of mistaken delicacy."[59] It is not clear, however, to what extent this too common a picture of modest and prudish Victorian ladies coying from physical and particularly gynaecological examination corresponds to the reality. Lady Flora's straightforward refusal seems to indicate her judgment (which turned out to be both justifiable and wrong) that such an examination was unnecessary, rather than the shyness of Victorian women.

Her refusal to submit herself to medical examination only deepened Clark's suspicion. He might have even expressed his firmer conviction to one of the ladies at the court. Despite Melbourne's caution against any rush action expressed to Clark, Victoria and her ladies started an over-the-top offensive on their long-standing enemy two weeks later. On the 16th of February, Clark was ordered by one of the ladies of the court to inform Hastings of the rumour entertained at the court about her pregnancy. He asked point-blank whether she was privately married and then urged her to confess or to go through a strict medical examination. According to the account of Hastings, he then exhorted her to confess, and at her steadfast refusal, he got agitated and angry.[60] On the same day the Queen notified the Duchess of Kent that until the suspicion was cleared, Hastings was not allowed to appear before her. To this forceful pressure, Lady Flora and the Duchess of Kent gave in, and agreed to the medical examination. They appointed Sir Charles Clarke (no relation with Sir James), one of the leading accoucheurs in London and the former physician to Queen Adelaide.

On the next day, the medical examination by the two doctors was performed. The Third Earl of Holland learned from Lady Tavistock, who was one of the masterminds of the whole business, how the proceeding went:

> Sir Charles Clark was remarkably abrupt, hasty, and peremptory in his proceedings. Having heard the object of their consultation, suddenly bade Lady Flora go to her bedchamber and Lady Portman to follow her and, on the spur of the occasion and without further deliberation, proceeded, much to the surprise and annoyance of Lady Portman, to manual and professional enquiry, and pronounced, in as decisive a tone as any enquiry or inspection of an adult woman could justify, the entire and inviolate state of her Hymen and her therefore undoubted virginity.[61]

As this passage shows, Sir Charles conducted the examination of her hymen, rather than pregnancy itself.[62] This was in accordance with the purpose of the entire business. Victoria's aim was to damage the integrity of her mother's court, by revealing how sexually licentious its members were.[63] To the Queen and her sympathisers, the big belly of Lady Flora signified the loosening of the code of sexual behaviour in the enemy's camp.

Another interesting undercurrent here is the rivalry between the two doctors, one male accoucheur and the other physician. The rivalry must have been felt more keenly by Sir Charles, since in 1826 he led the Obstetrical Society to petition the Royal Colleges of Physicians and Surgeons to grant them regular constitution, which the College of Physicians refused in a particularly insulting manner, emphasising the "manual" nature of obstetrics.[64] As if to revenge, Sir Charles asked Sir James to conduct the manual examination himself, who plainly recorded this humiliating experience:

> This I at first declined, stating it to be unnecessary; but on his earnestly urging me to do so, I felt that a further refusal might be construed into a desire to shrink from a share of the responsibility, and

I accordingly yielded.[65]

After Sir James was forced to admit that he was mistaken, the two doctors signed the certificate: "We have examined with great care the state of Lady Flora Hastings, with a view to determine the existence or non-existence of pregnancy, and it is our opinion, although there is an enlargement of the stomach, that there is no ground for suspicion that pregnancy does exist or ever has existed."[66]

The Queen's onslaught against Duchess of Kent and the Conroy faction in the person of Lady Flora turned out to be a complete fiasco. Instantly Clark was dismissed from the post of the physician to Duchess of Kent's household, although he remained to serve as the physician to the Queen. The Queen pretended that she did not take the defeat seriously, making peace with Lady Flora rather casually.[67]

Quite naturally, Lady Flora and her family members felt that she was given the gravest insult, while this extraordinary procedure travelled very quickly among the gossipy London society, with various rumours around, some still believing Hastings' pregnancy.[68] Only when Hastings died in July and the autopsy revealed a malignant tumour in the belly—the cause of the swelling—was her name conclusively cleared. Then she provided an ideal martyr for the discontent Tory cause, who were then regretting the Whig bias of Victoria and her court. A Whig magnate Lord Holland bitterly wrote that the Tory press was effectively making a martyr of her and alleging that she was dying of broken heart, deeply wounded by the treatment and insult she received from the Queen.[69] Victoria's post-accession popularity faded quickly. She was hissed at the Royal Ascot by two ladies and it was feared that her carriage might be stoned.[70]

One of the foci of the attack of the press was, quite naturally, the court-physician Clark. Some pamphleteers demanded his dismissal from the post of the physician to the Queen.[71] While some doctors, no doubt due to their *esprit de corps*, attempted the difficult task of defending the conduct of Clark. He himself admitted his fault in not being able to attribute the swelling to the fatal tumour which was rather difficult to diagnose by the standard of that time.[72] What was problematic was his conduct through the whole affair. Those who defended Clark, including Radical-Reformist *Lancet*, mounted somewhat unconvincing argument, maintaining he acted "from imprudent disregard for his own interests, a species of knight-errantry."[73]

The most interesting criticism of Clark came from Roderick MacLeod, the editor and proprietor of *London Medical Gazette*, the engine of medical conservatism and the arch-enemy of *The Lancet*.[74] In the article, MacLeod claimed that Clark lacked medical "tact", and insisted that when first asked by Melbourne or any other members of the court, he should have stoutly denied there was any foundation for the charge, *independent of what he really thought*. While doing so, MacLeod continued, Clark should have notified Lady Flora and the Duchess of Kent of the suspicion entertained by others, thus giving chance to the former to deal with the situation in secret and private. The point MacLeod wanted to emphasize was, that the medical practitioner as the sole possessor of expert observation, should control the flow of information, carefully restricting its streaming into the public channel. By being too honest, straightforward and expressing his own vague suspicion to Melbourne, or giving consent to the idea of medical examination, the argument went, Clark tacitly encouraged the Queen to demand the drastic step of medical examination, which was regarded as a foolish step even by the sympathizers of the Queen.[75] By so doing, he also deprived Hastings and Duchess of Kent of the chance to cope with the situation by private negotiation with Victoria. In short, MacLeod argued, Clark's duty should have been to help the smooth handling of the issue in the backstage. It gave much more emphasis on the medical practitioner's inter-personal skill and tact of manoeuvring, than his ability to discover and tell the truth by examining the body.

MacLeod's opinion was by no means an isolated one, but was shared by Sir Henry Halford, the doyen of gentlemanly medical manners in the early nineteenth century. Lord Holland recorded the opinion of Sir Henry:

> Sir Henry Halford's observation was that of a physician and Man of a world. When the ladies of the court, said he, remarked any thing of the sort on his patient's appearance to Sir James Clark, he should have scouted all such suspicions as perfectly ridiculous and pledged himself as a professional Man that they were untrue and then have conveyed to the Lady Herself or her protectress, the Duchess of Kent, what had occurred, in a way to give them full assurance if it was untrue, and a good opportunity of withdrawing herself from notice if it was true. Whether he believed it or not, he was a professional man was bound to give not the slightest countenance or probability to such suspicion to any but the Lady herself.[76]

Note the strong approval given by Holland to Halford's proposed tactful manoeuvre. It is an opinion of "man of the world," showing urbane skill of handling difficult situation. Moreover, Holland thought that it is an opinion of "a physician," which suggests that this was what aristocratic client expected from a doctor in charge of delicate and sensitive private questions such as pregnancy. MacLeod's and Halford's criticism of Clark and their alternative were in perfect tune with aristocratic expectation.

Although *Lancet*'s criticism of MacLeod's suggestion as a lesson in medical ethics which encourages doctors to lie was too simplistic, it has a point. The basic function of MacLeod's tactful doctor was to provide private service to his patrons and superiors and to help them to conduct successful negotiation with each other in the closed world. This is the very antithesis of the ethos of scientific medicine in the public sphere, which emphasized endeavour to disclose what was regarded as objective truth, which should be the ultimate guide for medical practice.

My brief survey of the history of the diagnosis of pregnancy in the eighteenth and early nineteenth century tells that despite the expressive power inherent in the body, it was difficult to make use of the power in a certain cultural and social context. The body possesses powers to express something hidden, which is inconvenient for those who wanted to conceal something, while useful for those who want to know or reveal the secret. The access to the revealing signs of the body was, however, far from automatically gained. A medical practitioner in the past (and in the present also), sometimes faced a difficult situation of conflicting signs, with the woman telling one story, her body another. Turning a blind eye to what her body tells and behave as if he had not suspected her must have hurt his professional and male pride, as well as violated the long-standing belief in the science of the body as a guide for conducting his practice. Nevertheless, this was exactly what experienced and eminent medical practitioners suggested that they should do. Swieten, Halford, and MacLeod were quite explicit about giving priority to medical etiquette and refraining from the examination of the body or proposing such a measure. This was due not only to technical insufficiency, but also to the code of aristocratic or upper-class medical practice. A code which at that time more or less prohibited the doctor from bluntly expressing doubt about the veracity of the words of the patient, let alone having a forceful recourse to the examination of her body. The access of medical practitioners to the expressions of the body was, therefore, often gained only through complex negotiation with the owner of the body. The expressive body is not just there to be decoded as a natural object. The fact that it is always somebody's body makes the act of reading its expressions an inter-personal activity as well as medical-scientific one.

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28) Swieten tells a case in which even a husband, who was a doctor, could not detect the pregnancy of his wife. *Ibid.*, p. 304.
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42) *Ibid.*, pp. 188–9.
43) *Ibid.*, pp. 189–90.
44) *Ibid.*, pp. 190–1. It is noteworthy that also in Japan from about the 17th and 18th century, obstetricians developed a sophisticated technique of manual examination for the diagnosis of pregnancy, without inserting the fingers in the vagina. The first person who developed the skill seems be Gen-Etsu Kagawa, who made various important contributions to early modern Japanese obstetrics and gynaecology. The technique was developed by his disciples and obstetricians of another school. See Masakiyo Ogata, *Nihon Sankagakushi [History of Japanese Gynaecology]* (Tokyo: Koh-an Kinen Kai, 1980), pp. 326, 427–430, 539, et. passim.
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