WOMAN, MEDICINE AND ABORTION
IN THE NINETEENTH CENTURY

by

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[It was] as if the Almighty, in creating the female sex, had taken the uterus and built up a woman around it.¹

That one truism says it all — women are made and meant to be not men, but mothers of men.²

Much has been written concerning the role of medicine in forming current abortion laws. The medical profession, on both sides of the Atlantic, has proved central in shaping legislation which has both in turn criminalised and liberalized access to abortion. Kirstin Luker has described the medical profession as: “probably the single most important influence in bringing about nineteenth century anti-abortion laws.”³ Similarly, John Keown has emphasised the “important influence [of the medical profession in] ... the determination of when abortion is 'criminal' and when it is 'therapeutic.'”⁴ Luker, Keown and others ⁵ have analyzed the use of abortion in the enhancement of the occupational status of medicine. Abortion constructed as a medical as well as social

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issue allowed medicine to promote its parochial professional concerns:

It appears that a central (though not exclusive) concern of the profession in both the restriction of the law in the nineteenth century and its relaxation in 1967 has been self-interest ... [T]wo central concerns of the profession are freedom from control and the prevention of encroachment upon its sphere of influence by the medically unqualified ... [Both] of these concerns have been prominent in the development and operation of the laws relating to abortion from 1863.6

Yet medicine’s response to abortion has not been motivated solely by professional self-interest. As I will argue opposition to abortion in this period in part resulted from a desire to maintain existing gender relations. Opposition worked within the framework of a belief in True Womanhood.7 True Woman’s inherent (“biological”) characteristics defined her social and economic role, her “appointed sphere of action.”8 The stance taken by the medical profession may be understood as a means of opposing the emergence of Woman9 beyond the confines of her natural sphere — beyond church, home and family. Allowing women to control their reproductive lives threatened to introduce new avenues of experience and purpose beyond those provided by child birthing and rearing. Contextualised in this way the abortion issue becomes part of a much broader picture of gender relations.

6 Keown, supra n.4, at 159.
7 See C. Smith-Rosenberg and C. Rosenberg, “The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America”, *Journal of American History* 60 (1973), 332. Petchesky, however, emphasises the medical role as more creative than merely affirmative: “physicians more than any other group [were] the social agents who, through their popular writings as much as their medical treatise, propagated the Victorian ideology of ‘true womanhood.'” — R.P. Petchesky, *Abortion and Woman’s Choice: The State, Sexuality and Reproductive Freedom* (London: Verso, 1986), 82.
9 I am following Sally Sheldon in using Woman to denote a mythical social being rather than a tangible, biological reality. Woman may be translated to “the representation of an essence inherent in all women (which is seen as Nature, Mother Mystery ... Femininity et cetera), i.e. Woman is seen as a socially constructed rather than a biologically rooted entity.” S. Sheldon, “‘Who is the Mother to Make the Judgement?’: The Constructions of Woman in the English Abortion Law”, *Feminist Legal Studies* 1 (1993), 3, at n.2 (reference omitted).