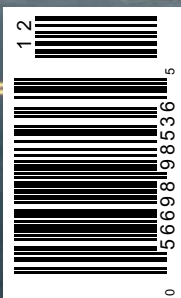


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SELECTIVE MEMORY: AN INTERVIEW WITH LONDA SCHIEBINGER

ALISTAIR SPONSEL

Uncovering the history of abortion practices in the early modern period requires overcoming several layers of forgetting. Those who sought to terminate pregnancies tended to do so in secret, and the main practitioners of abortion in Europe during this time were midwives, whose relatively low social status and face-to-face training meant that they left very few written records of their activities. In the colonial setting of the Caribbean, abortion became an act of silent protest by enslaved African women who refused to see their children born into slavery. Meanwhile, many of the literate men who documented healthcare techniques and technologies in the Old and New Worlds were determined that the methods for controlling fertility remain obscure.

Londa Schiebinger, a professor of history at Stanford University, has written extensively on the forgotten histories of women's participation in science. She examined the cultures of seventeenth- and eighteenth-century abortion in her 2004 book *Plants and Empire: Colonial Bioprospecting in the Atlantic World*. In May 2011, Alistair Sponcel spoke to Schiebinger about the reasons why the methods, if not the motives, for early modern abortion seem so foreign to us, the role of historians in preserving our collective memories, and the moment when a historian must embrace the act of forgetting.

Much of your work has dealt with bodies of knowledge and cultural practices that were either forgotten or intentionally made opaque. A striking example from *Plants and Empire* is the knowledge and use of herbal abortifacients in the early modern period, both in Europe and the New World.

Yes, in the eighteenth century. The really interesting thing is not only that we've forgotten about these plant preparations that were used specifically to induce abortion, but that we've forgotten the word *abortifacient*. There's not even a standard pronunciation; it can be aborti-FAY-shent or aborti-FAH-ki-ent. If we used the word regularly, we would have an agreed-upon pronunciation. My first surprise was that when I say that I work on eighteenth-century abortifacients, everyone says, "What? Did I hear right?" We not only lost the knowledge, we lost the word.

And the definition of *abortion* itself has changed.

That's right. In the eighteenth century, people didn't distinguish between miscarriage and abortion in the way we do today. There were no certain "signs of pregnancy" until the fetus had quickened, and even this was only immediately known to the woman herself. Herbs listed in the *material medica* as abortifacients might also be listed as menstrual regulators used to induce menses. The same plant might be used as a menstrual regulator or as an abortifacient—just in a different dosage.

In the eighteenth century, there were many ways to induce abortion. European women's abortifacient of choice was savin, a type of juniper tree. An essential oil was extracted from its leaves and used as a medicine. It was said that you knew the midwife in town because she had a savin tree in her backyard. When European governments started cracking down on abortion, the savin trees were cut down or fenced off to prevent access. There was a concern in the eighteenth century, which was ill-founded, that countries were losing population—and a large population was considered the strength of a nation. The crackdown on abortion was part of broader efforts to grow economic and military might. The Prussian government, one of the first to effect laws, in 1794, against abortion, felled the savin trees in the Tiergarten in Berlin.

The notion that people—evidently men as well as women—once traveled into a town, recognized a tree for its abortifacient properties, and were thereby able to locate the midwife's house, suggests that knowledge of the practical uses of plants was once much more widespread in places like Berlin than I imagine it is now.

I think that there was widespread knowledge of the practical uses of plants but among a population who didn't write. We don't actually know how this learning about abortifacients circulated in the culture. This is not only forgotten, I don't think it can be known. We assume that midwives passed it on to their apprentice midwives, and we know from some letters that mothers passed it along to daughters, and probably neighbors to neighbors. European midwives did not write about this topic (theirs was not a "learned" profession). It is even harder to get information about abortifacients in the West Indies, because it was mostly slaves administering them to other slaves.

How do you attempt to work around these obstacles?

opposite: Caricature of an obstetrician, 1773. Courtesy the National Library of Medicine.





Using European sources, mostly natural histories. Male naturalists bioprospecting in the Caribbean searched for valuable plants to use as foods, drugs, or dyes. They recorded what they saw. The French especially were great anthropologists during this period. And so I was able to identify eight specific plants used as abortifacients across the islands of the Caribbean in the eighteenth century. I found this information recorded in French, English, and Dutch sources, so we can be pretty sure that women were using these plants for abortion.

But the way I got onto this was through the work of a woman from Frankfurt called Maria Sibylla Merian, who was what we today would call an entomologist. She published an exquisite book in 1705 on the insects of Suriname. She was celebrated as an artist; she did her own copper plates and had ways of mixing her own colors that people haven't yet been able to reproduce. She records that Indian women and slaves in Suriname induced abortion with the seeds from a plant she called the peacock flower, because they did not want their children to become slaves. And I said to myself, this is unusual information for a book on the metamorphosis of insects.

The plant Merian mentions is one of a total of eight that we know for certain were used for these purposes in the Caribbean during that period. There were many, many others, I'm sure, but most weren't identified in ways that we can understand. The best sources of written information would have been the handful of European midwives in the colonies, or the wives of plantation owners because they often saw to their slaves' medical needs. But I was unable to find letters, diaries, or other materials that revealed these practices.

Two distinct things seem to have been forgotten: the knowledge of particular remedies and other techniques and the services provided by female midwives in the era before modern obstetrics and gynecology. Presumably part of the reason why people in academic circles aren't familiar with the notion of abortifacient herbs is that we tend to think of abortion as a surgical procedure.

The forgetting took place in a very specific cultural context, and through an intense power struggle. It's not that European culture simply forgot, but rather that it *villainized* this knowledge. And this had to do with an entire

shift in the personnel who cared for women and their health. The late eighteenth century is the moment when women, who had been active in science and medicine in the early and mid-eighteenth century, were defined out of these professions. Women were active as midwives and also interested in physics and astronomy in this period. With the rise of modern universities and the professionalization of science, structures emerged that eliminated the women; they're barred from attending university, and even the fact that they were active participants in an earlier era is forgotten.

Abortifacients continued for a long time to be used by poor people in both Europe and the Caribbean, as were midwives, but for the wealthier portions of the population—where the money was to be made—birthing was soon dominated by men. First, there is the hermaphroditic “man midwife,” and later the obstetrician. These male and female practitioners had very different knowledge bases—I call it a gender division of knowledge. Midwives used herbs, while people who were going to become obstetricians were trained as surgeons, and medical abortion became surgically based. In this shift from midwives to obstetricians much knowledge was forgotten and eventually lost concerning contraception and abortifacients—and, importantly, women lost much of their control over their own fertility. It is interesting that in the 1960s, one of the first priorities of the contemporary women's movements was to reclaim knowledge of women's bodies and reintroduce midwives to birthing.

And history records the practices of the elite, or at least the literate.

Yes, the medical profession in the eighteenth century began to test drugs in a systematic way—clinical trials started in the eighteenth century. They're not the same as what we have today, but certainly established protocols came into being then. Abortifacients were not among the drugs tested, and came to be perceived as dangerous, and, no doubt, they soon were because, on the one hand, the robust community of midwives and wise women who had developed them was being destroyed, and, on the other hand, these drugs were systematically excluded from the new scientific developments in medicine and pharmacology. But they are not completely forgotten; when I was doing this research in the Caribbean, in the 2000s, I ran into people who still used herbal abortifacients. So these practices survive. They're not the mainstream anymore, but they're not ever quite forgotten by everybody. I guess we have to

opposite: “Peacock Flower Plant,” from Maria Sibylla Merian's *The Metamorphosis of the Insects of Suriname*, from an edition published in 1719. Courtesy the John Carter Brown Library at Brown University.



ask *who* has forgotten them. In this case, it's the medical profession that thinks of them as ineffective drugs.

I wanted to ask you about the phenomenon of abortion, because at least in the European part of your story, abortion appears to have been an act undertaken with the aim of forgetting. The covert nature of abortions has made research difficult for historians, but it seems like part of the objective in the first place was that any given abortion might be forgotten.

Well, I think anyone who's had an abortion doesn't forget it.

But it appears that the purpose of many abortions was not merely to terminate a pregnancy, but to keep

the pregnancy itself out of public view and out of the historical record, to be able to act as though the pregnancy had never happened.

Yes. You're right to emphasize that there's a huge amount of secrecy around this; people are trying to cover up, they're trying to forget, they're trying to make others forget. I don't know anybody in the early modern period who advertised that they had had an abortion. And abortion—like birthing—could be dangerous. Contraception is preferable. We know that women in this era had a number of methods of contraception.

Frontispiece to John Blunt's *Man-Midwifery Dissected; or, The Obstetric Family-Instructor*, 1793. The scene depicts a human figure, the right half of which is an obstetrician with the tools of his trade, including forceps; the left half is a female midwife. Courtesy the National Library of Medicine.

You have mentioned that in the Caribbean you met people who were familiar with abortifacients. Perhaps when cultures collide, as they did in the eighteenth-century West Indies, certain bodies of knowledge are likely to be systematically ignored or subordinated but perhaps not universally forgotten.

It's not necessarily a subordination of knowledge; the Europeans in the Caribbean were highly selective about what they wanted to remember and develop from these various cultures. Commerce, after all, was the point of colonization. Take Sir Hans Sloane, whom we think of in glorious terms as the president of the Royal Society and founder of the British Museum; as a young man he was in Jamaica practicing medicine, and also bioprospecting for new drugs. These he directly commercialized into his private practice in London.

And he became a chocolate entrepreneur along the way.

He made a buck! Well, a pound. So we have to remember that what the Europeans remembered and developed served their purposes; what they didn't want was often vilified and erased from their collective memories. I think the same thing happened with slave populations in the Caribbean. Slaves of African origins had very rich medical traditions, but Europeans were only interested in the material aspects of those traditions: so they collected the herb or the bark or the sweating technique, but they weren't interested in what we might call the cultural or even spiritual aspects of the cure, even though Europeans at the time knew about what we call the placebo effect. They recognized the power of imagination and how it could work in a cure. But what they diagnosed as "imagination" in Europeans they judged as "superstition" in Africans. Europeans did not collect the cultural practices that came to be called the *Obeah*, or in the French holdings what came to be called *voodoo*. These then are also traditions which are lost to Europeans, not collected, not valued, but remembered and practiced by other peoples. The whole process of forgetting is very culturally specific and has to do, in my mind, with power struggles.

What's remarkable about the use of abortifacients by African slaves in the Caribbean was that this population had been forcibly removed from the locations where they presumably had longstanding local traditions for regulating fertility. Somehow in a new setting they were able to find ways to prevent or

terminate pregnancy effectively enough that even the Europeans could recognize it being done. Do you suspect that this knowledge was generated *in situ* in the Caribbean, or that this was a case in which abortion practices and perhaps even abortifacients did manage to cross the Atlantic?

We would certainly love to know more about this circulation of knowledge in the Atlantic world; there are many treatments that physicians at the time claimed to be African, or were learned from what Europeans called African doctors. But we don't know how those cures got to the Caribbean, and we can't be sure they're cures that Africans brought on slave ships. Judith Carney's work is very interesting here; she documents how certain rices were brought from Africa to the Americas and then cultivated by Africans. And we might imagine that certain drugs were brought on ships because the captains have to keep slaves alive during the Middle Passage. Slaves may have carried certain drugs as seeds that they then cultivated in the Caribbean, or they found familiar plants in their new tropical homes. Africans were experts in what comes to be called tropical medicine. But they might also have learned particular cures from the Amerindians, because these populations mixed as well. The West Indies are a fascinating area because these populations mixed and sometimes interbred in the Caribbean basin, and there's got to have been a robust exchange of knowledge.

Would you say that the movement of knowledge from the slave populations to the European observers would be more problematic than knowledge moving within populations that had a common enemy in the Europeans?

Well yes, Europeans were often eager to learn about African or Amerindian cures, but these populations weren't necessarily interested in telling them. To collect secrets, Europeans often spied on people; they followed them to see what plant they were collecting, made friends with people just to learn about a cure, and tried to buy cures. We have to remember that all of this knowledge exchange is within a colonial context of the conquered and vanquished.

Do you see the issue of indigenous and subaltern knowledge of abortifacient herbs—and the ways in which that was both kept secret, and also frankly suppressed by European physicians and botanists who were not keen to advertise how these things might

work—as representative of larger themes of forgetting when it comes to cross-cultural encounter?

I have to come back again to the idea of forgotten by whom, or forgetting by whom. The European presence in the Caribbean is quite remarkable because it's so strongly male. You have the planters, you have the plantation owners, you have surgeons, mostly naval surgeons, and you have very roughly trained physicians who are coming out to the colonies as young men to make their fortune. The European population that was there was not one that was going to be interested in abortifacients. As an example of a European physician on a plantation, take John Quier in Jamaica, who set out to study specifically if the smallpox inoculation caused miscarriage. Even though slave women miscarried as a result of inoculation, he was not told about it because miscarriage and abortion were so secret. Slave women aborted as an act of political resistance—so that their offspring would not become slaves. Both the politics and structure of colonial societies prompted forgetfulness, shaping the things that Europeans forgot. But these things are not forgotten by other populations, nor can they be, because they're crucial. They may go underground, but are not forgotten.

You also have to remember that mercantilism in the eighteenth century led government officials to cultivate larger populations. Especially toward the end of the eighteenth century, Caribbean plantation owners saw that the slave trade was going to end, and they knew that they had to breed slaves. It was in their interest to encourage the forgetting of abortifacients.

You've pointed out that to the extent that herbal use of abortifacients persisted in Europe much beyond the period we're talking about here, it was as a comparatively unprofitable enterprise that seemed to survive in order to service the needs of those who couldn't afford the "man midwife," the obstetrician.

Yes. And then, too, states soon passed centralized laws against abortion, and it became illegal. That's one way to forget! And the process of forgetting was such that for a long time it made the historians of science blind to what these women were doing.

We might say that the very practice of doing history is an effort to address the forgetting that has happened between our time and some former time. It was a founding premise of cultural history that people in the past didn't just have different experiences, they had

entirely different worldviews, and this type of historical scholarship was aimed at overcoming the forgetting that has made past mentalities seem so foreign to us. So I wonder if you'd reflect on that, on your role as an interpreter between today and the forgotten past.

What's interesting as a historian is that you select your project—what you want to remember, what you want to keep the culture from forgetting—and then you investigate the evidence, such as documents, and so on, that you can find. I deal with forgotten people with forgotten knowledge, mostly around gender issues, but also around issues of slavery and peoples who have been subordinated in and by Western culture. Often, historians have to go beyond what is recorded because many of the people that we want to write about were illiterate. Over the past decades, social and cultural history have found ways to remember things that were not archived or curated or kept at the time. So, it's a fun and important sleuthing project, and we have to be really imaginative about how we go after our sources.

My view is that history is a cultural way to remember. It's our collective remembering, but, at the same time, history must necessarily be selective. And that kind of selectivity, which is molded by culture and politics, shapes what we know about the past. If you wrote a book that captured all the details of one day, it would be thousands of pages long, so a historian has to forget, has to leave things aside, in order to function, in order to tell a story. I think the crucial question for historians is, what informs that selectivity? Why are we selective in different ways? We need to be very aware of what that process is, and to be critical of the process of forgetting.