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WOMEN AND MEDICINE IN ROBIN OLIVERIA'S *MY NAME IS MARY SUTTER* AND AMI MCKAY'S *THE BIRTH HOUSE*

HAZIRLAYAN

GÖKÇE KAYA

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DR. ÖĞR. ÜYESİ DEFNE TUTAN

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ÖZET

Gökçe Kaya. Robin Oliveira'nın *My Name Is Mary Sutter* ve Ami McKay'in *The Birth House* Romanlarında Kadın ve Tıp. Sosyal Bilimler Enstitüsü. Amerikan Kültürü ve Edebiyatı Yüksek Lisans Programı. 2021.

Amerikan İç Savaşı'nın başlangıcından 1. Dünya Savaşı'nın bitişine kadar olan dönem, tıp tarihi ve kadın hareketleri için büyük önem taşır. Bu dönemde yaşayan iki genç ebe, erkek egemen tıp dünyasını özgün bakış açılarından gözler önüne serer. Kadınların tıp eğitimi almasının önündeki engelleri ve bu engellerin İç Savaş sırasında cerrah asistanlığı yaparak nasıl adım adım aşıldığını, *My Name Is Mary Sutter*'ın ana karakteri Mary Sutter ortaya koyar. Geleneksel aile ve toplum yapısına aykırı olan cerrah olma isteği ya reddedilir ya da alaya alınır. 20. yüzyılın başlarında ise, jinekoloji alanındaki gelişmeler Kanada'nın en ücra köşelerine dahi ulaşır. *The Birth House* eserinde, Scots Bay'de, geleneksel yöntemler ile tıbba modern yaklaşım arasındaki rekabet, yaşlı ebe Bayan B. ve Dr. Thomas aracılığıyla gösterilmektedir. Doğal yöntemlerden modern tıbba geçiş, doktorun o dönemin tarihsel çerçevesi ile paralel olan, kadınlara karşı ayrımcı bakış açısıyla birlikte, ana karakter Dora'nın düşünce yapısını şekillendirir. Birinci bölümde, Raymond Williams'ın kültür kuramı kapsamında her iki romanda da değişimden kaynaklanan ilerleme ve gerilemeler incelenmiştir. İkinci bölümde ise, Birinci Dalga Feminizm ile tıp tarihi arasındaki ilişki üzerinden ebelerin çalışma alanlarının kısıtlanması, doğumda uygulanan yeni teknikler, cinsellik ve doğum kontrolün, olumlu ve olumsuz yansımaları incelenmektedir. Bu tez, Birinci Dalga Feminizm doğrultusunda kadınların tıbba katılımını incelemeyi ve bu konuyu Raymond Williams'ın kültür kuramı üzerinden genişletmeyi amaçlamaktadır.

Anahtar Kelimeler: Feminizm, Raymond Williams, Ebelik ve Tıp, Robin Oliveira, Ami McKay

ABSTRACT

Gökçe Kaya. Women and Medicine in Robin Oliveira's *My Name Is Mary Sutter* and Ami McKay's *The Birth House*. Sosyal Bilimler Enstitüsü. Amerikan Kültürü ve Edebiyatı Yüksek Lisans Programı. 2021.

The period from the beginning of the American Civil War to the end of the First World War is of great importance for the history of medicine and women's place in society. Two young midwives living in this period reveal the male-dominated medical world from their unique perspectives. Mary Sutter, the protagonist of *My Name Is Mary Sutter*, shows the barriers in women's access to medical education and how to overcome these obstacles step by step as an assistant surgeon during the Civil War. Her desire to be a surgeon, which is against the traditional family and social structure, is either rejected or ridiculed. At the beginning of the 20th century, advancements in the field of gynecology reached even the most remote corners of Canada. In *The Birth House*, at Scots Bay, the rivalry between traditional methods and the modern approach to medicine is demonstrated through the elderly midwife Ms. B. and Dr. Thomas. The transition from natural methods to modern medicine, together with the doctor's discriminatory perspective against women, which is in line with the historical framework of that period, shapes the mindset of the protagonist, Dora. In the first chapter, the progress and regressions arising from change in both novels are examined within the scope of Raymond Williams' cultural theory of the Residual, Dominant and Emergent. In the second part, the repercussions of restriction of the working areas of midwives, new techniques in childbirth, sexuality and contraception are examined through the association between First Wave Feminism and the history of medicine. This thesis aims to examine women's involvement in medicine in accordance with First Wave Feminism, and to elaborate on this subject through Raymond Williams's cultural theory of the Residual, Dominant and Emergent.

Keywords: Feminism, Raymond Williams, Midwifery and Medicine, Robin Oliveira, Ami McKay

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INTRODUCTION

Published within four years of each other, American Canadian novelist Ami McKay's *The Birth House* (2006) and American author Robin Oliveira's *My Name Is Marry Sutter* (2010) offer feminist representations of women in/and medicine. In each novel, the protagonist starts off as a midwife in training, and, in the course of her career, serves to demonstrate the historical, social, cultural, and medical factors impacting the lives of women in the period the novel is set. Interestingly, both novels take place against the historical backdrop of warfare, something which highlights the increasingly professionalized commitment of women to give and sustain life in the midst of large-scale destruction. In *My Name Is Marry Sutter*, which is set in Albany, New York during the American Civil War, the eponymous protagonist desires to become a medically trained surgeon. In *The Birth House*, which takes place in Nova Scotia, Canada during World War I, Dora Rare, as a house-trained midwife devoted to keeping the women and new-borns of her rural community alive and well, comes into contact with modern medicine.

Besides featuring a woman protagonist professionally involved in healthcare during times of war, each novel portrays its respective historical period as a difficult time of transition in the social lives and roles of women on the one hand, and in the science and practice of medicine on the other. In its analysis of the two novels, this thesis will therefore combine the historical framework of First Wave Feminism as well as medicine with that of cultural studies: the first chapter will investigate how the fictional world of each novel is informed by the history of those feminist developments and medical changes taking place in the time that the story is set. Utilizing Raymond Williams's model of the residual, dominant, and emergent strands of social life, the second chapter will explore the impact of modern medicine on women's personal, social, and professional lives as represented in the two novels. Placing the two novels within the historical context of feminism, medicine and literature, the thesis aims to discuss women's place in medical institutions in general, and the impact of modern medicine on gynecology and its controversial detachment from traditional healing methods in particular.

Feminist movements prior to and during the American Civil War inform the historical and conceptual background of *My Name Is Mary Sutter*[1]. As a young midwife in a patriarchal society, Mary is far ahead of her times: her desire to receive medical education to become a surgeon was not a possibility for women until the early 20th century in America. Oliveira places Mary's pursuit of a medical career within the context of contemporary feminist struggles. The first women's rights convention, Seneca Falls Convention, was held in New York in July 1848. One of the organizers, Elizabeth Cady Stanton, published "The Declaration of Sentiments" which called for equal social, economic, and legal rights for women. Before the war, most nurses were male whereas women – confined to the domestic sphere – took care of sick people or attended births without any training. Following the emergence of First Wave Feminism, approximately 10.000 women stepped out of the domestic sphere, serving, for example, as nurses in the battlefield during the Civil War, like Oliveira's Mary Sutter. The change in gender roles sparked the improvement of women's place in the society in the postwar period.

In America, Seneca Falls Convention marked the emergence of First Wave Feminism. Within the period from the mid-nineteenth century to the 1920s, the movement focused on multiple subjects in relation with women's rights. Centering on women's suffrage and abolitionism, with Susan B. Anthony and Elizabeth Cady Stanton's formation in 1869 of the National Woman Suffrage Association (Block, 2010, p.2), the first part of First Wave Feminism aimed for equal rights for women in their social sphere, such as access to education, "financial independence and the right to own and control property, and for equal salary and equal privileges at work" (Block, 2010, p.1). Starting as early as 1848, from Married Women's Property Law (Khan, 1996, p. 364), women started to acquire the stated rights. However, "[w]omen obtained the right to vote in 1920 with the passage of the Nineteenth Amendment to the US Constitution" (Block, 2010, p.2). Towards the end of the 19th century, in the field of medicine, "[t]he achievements of Florence Nightingale (1820-1910), the founder of modern nursing, and Elizabeth Blackwell (1821- 1910), America's first female physician, have been counted among the initial breakthroughs of the women's cause in England and the United States" (Monteiro, 1984, p.520). Briefly:

> Blackwell and Nightingale typify two divergent viewpoints in feminist thought: an "equal rights" emphasis that stresses female oppression and the ways in which women may escape the constraints of

[1] The novels are discussed so as to establish a chronological order according to the period they represent, not according to the year of publication.

> male-dominated society (Blackwell's viewpoint), and a "women's culture" emphasis that stresses homosocial bonds among women as well as the positive values that characterize that culture (Nightingale's viewpoint). (Monteiro, 1984, p.527)

Therefore, their impacts on First Wave Feminism are not limited to medicine. Just as women's suffrage not only ensures that they have equal rights with men, but also enables them to be recognized as individuals in the society, the participation of women in medicine and the ability to receive education in this field also highlights the change in women's place in the society. In *My Name Is Mary Sutter*, Mary is a fictionalized representative of women in medicine living during the first part of First Wave Feminism.

Oliveira's novel is firmly entrenched in the history of American women and medicine. In the epilogue, the author mentions the exceptional success of Elizabeth Blackwell who became the first woman to get a medical degree in the United States in 1849. In the novel, Mary Sutter becomes the first graduate of Elizabeth Blackwell's school of medicine (*MNMS*[2], p.388). Before that accomplishment, Mary meets Dorothea Dix, "an American hospital reformer" (Ehrenreich and English, 2010, p.33) and superintendent of army nurses. In 1862, Dix issued the criteria for interviewing female applicants seeking to work in army hospitals. Oliveira portrays Mary as one of the applicants. During the interview, Mary also mentions the work of Florence Nightingale during the Crimean War: The English trainer of nurses and social reformer who is today hailed as the pioneer of modern nursing. As historical figures who impacted the course of modern medicine, Blackwell, Dix, and Nightingale prove inspirational for Mary Sutter in her journey to become a surgeon.

If *My Name Is Marry Sutter* focuses on the historical advent of women in society and in modern healthcare, *The Birth House* explores, again from a historical perspective, the competition between midwives and male obstetricians in delivery rooms. The rise of modern gynecology and obstetrics resulted in the loss of credibility for midwives. Even magazines with a predominantly female readership promoted obstetricians over midwives, as going to obstetricians was associated with social prestige (Radosh, 1986, p.135). Moreover, patients without sufficient economic means were unable to benefit from modern gynecological treatment. As in *The Birth House*, births take place in the mothers' houses: the family pays the midwife, Miss B., in coffee, rice and vegetables. Dr. Thomas's arrival in Scots Bay challenges Miss B.'s customary methods in childbirth. Dismissing the setting and its

[2] The titles of the novels will be abbreviated throughout the thesis as follows: *My Name Is Mary Sutter*: *MNMS*, *The Birth House*: *BH*.

conditions as “fishing shacks and barns,” he upholds the Canadian “Criminal Code of 1892” which states that “[f]ailing to obtain reasonable assistance during childbirth is a crime’” (*BH*, p.34). He also demands a high wage. Dora, on the other hand, struggles to find her place between continuing traditional methods and adopting the practices of modern medicine.

At the beginning of the 20th century, “women’s reproductive freedom, such as legal access to contraception, became an important part of first wave feminism” (Block, 2010, p.1). Birth control outlined the second part of First Wave Feminism in the light of Margaret Sanger. The terminology “itself possessed a high content of feminist ideology. Control implied autonomy and self-determination for Sanger, and these qualities formed the foundation for her feminism” (Johnson, 1977, p. 63). In accordance with uncontrolled births in *The Birth House*, McKay underlines the women’s poor conditions in the represented social sphere, caused by the never-ending pregnancies. For Sanger, “[w]omen needed to control their bodies in order to control their lives; the most important threat to a woman's independence came from unwanted and unanticipated pregnancy” (Johnson, 1977, p. 63). Sanger believed in medical science and tried to cooperate with physicians. However, all her attempts until 1920 ended in failure. Among many foreseeable reasons behind those setbacks, a statement that summarizes all is “cultural discourse matters” (Folbre, 2004, p.353). As the paths of First Wave Feminism changed from women’s suffrage to birth control, they formed the culture and society accordingly.

The difficulties that women encountered from the Civil War to the end of World War I are shown to have momentous impacts on the personal, professional, and social lives of the protagonists in the two novels. During this period, women both suffered and challenged conservative and inequitable social as well as medical biases and practices. In analyzing the two novels’ representations of women in/and medicine at these troubled times, the thesis will utilize Raymond Williams’s model of “residual, dominant, and emergent” cultures.

As a pioneer of Cultural Studies, Raymond Williams (1921-1988) “revises the traditional Marxist conception of culture” and develops a “three-part account of historical change that notes emergent and residual forms alongside dominant ones” (Leitch et al, 2010, p.1420). Williams’s thoughts helped reshape the cultural perspective in literary studies and his “disciplinary boundary crossing made him a model for cultural studies” (Leitch et al, 2010, p. 1420). Leitch interprets Williams’s argument that “a culture is not only a body of intellectual and imaginative works; it is also a whole way of life,” a line of inquiry which

"shows how culture has varied roles that can change over time" (Leitch et al, 2010, p.1421). With the dominant representing the established norms in the society, Williams defines the residual as experiences and values "formed in the past, but […] still active in the cultural process" (Williams, 1977, p.122), and the emergent as "new meanings and values, new practices, new relationships" (Williams, 1977, p.123). While the residual exists within the dominant culture in the form of values and traditions, the emergent challenges the ongoing dynamic of the dominant as a phase to possibly impact the future of the cultural process.

Raymond Williams focuses on cultural evolution in *Marxism and Literature* (1977), through the terms the residual, the dominant and the emergent. Williams was "a prolific writer, a literary journalist and novelist; a prominent critic of drama, the novel, culture, and media; and one of the founding figures of cultural studies, media studies and communications" (Leitch et al, 200, p.1420). As an English literary critic, he was "always skeptical of the division between high and low culture" (Levine et al, 2002, p.424). In his works, "Williams revises the traditional Marxist conception of culture" (p.424) and develops a trilateral cultural theory considering the residual, the emergent and the dominant. Williams begins his social definitions with the dominant culture. Simply, the dominant is a cultural mass that compromises the norms of the society such as traditions, rituals and values. It represents the current standards of a culture "with determinate dominant features" (Williams, 1977, p.121). About the components that form the dominant culture, Williams underlines that if "the internal dynamic relations" of the cultural process are to be analyzed, the residual and the emergent should be discussed as they "reveal the characteristics of the 'dominant'" (p.122). The key element of the dominant culture is understanding its interchanging nature. Not limited to "stages and variations," the cultural process embodies "the internal dynamic relations" (Williams, 1977, p.121) which are visible through the residual and the emergent elements.

Williams underlines the presence of the residual in the cultural process, not as an "element of the past, but as an effective element of the present" (Williams, 1977, p.122). Since culture is not static, any opposition from the past and the present has inevitable ramifications in the process. In her paper "Raymond Williams, Marxism and Literature" (1977), Caroline Levine identifies the residual elements detached from its formation in the past by suggesting that "politically it does not really matter whether they come from the past or are emerging now; they are important only insofar as they represent a real alternative to the status quo. In this sense, the residual is also and necessarily emergent" (Levine et al,

2002, p.426). The residual can be present in the dominant throughout the cultural process but it does not fully blend in. It can oppose or offer an alternative for the dominant culture like the emergent, and differs "from the 'archaic,' though in practice these are often very difficult to distinguish" (Williams, 1977, p.122). The two concepts are the elements of the past, "but their place in the contemporary cultural process is profoundly variable" (p.122). Williams defines the archaic and its distinction from the residual as follows:

> I would call the 'archaic' that which is wholly recognized as an element of the past, to be observed, to be examined, or even on occasion to be consciously 'revived,' in a deliberately specializing way. What I mean by the 'residual' is very different. The residual, by definition, has been effectively formed in the past, but it is still active in the cultural process, not only and often not at all as an element of the past, but as an effective element of the present. (p.122)

The residual acts like a reminder, rather than being a remainder of the past, because of its "active manifestation" (Williams, 1977, p.122) in the cultural process.

For the emergent, Williams's first description is that "new meanings and values, new practices, new relationships and kinds of relationship are continually being created" (p.123). Being associated with something new, the emergent corresponds with something in the future. Williams explains this appearance in two ways. First, the emergent can appear as "elements of some new phase of the dominant culture" or "those which are substantially alternative or oppositional to it" (p.123). Interpretation of the emergent depends on its relation with the dominant culture. Like the residual, the dominant can reject, disdain or ignore the emergent. Otherwise, the emergent can also be incorporated with the dominant like the residual by changing its structure or it can modify the dominant elements. Therefore, being new should be interpreted as creating an opposition to the dominant culture or being part of a change, rather than its association with the future.

In both novels, the residual, the dominant, and the emergent keep interacting in various degrees. The emphasis in *My Name Is Mary Sutter* is on the conflict between the dominant and the emergent. Although the protagonist's ambition to become a surgeon is discouraged, and even ridiculed, by the society – the dominant strain being the fact that a 'woman surgeon' was not even a concept in the 1860s – Oliveira makes her protagonist look forward to the future as a woman and a woman healthcare professional, thus placing emphasis on the emergent.

In contrast to *My Name Is Marry Sutter*, *The Birth House* foregrounds the clash between the residual and the emergent. Even though it is set some fifty years after *My Name Is Mary Sutter*, the residual has a strong presence in *The Birth House*: Miss Babineau and her Willow Book full of natural recipes are depicted to be the backbones of the traditional culture of healthcare. The persistence of the residual creates serious complications when it comes into contact with the emergent, as represented in the novel by means of the arrival of Doctor Thomas and the opening of Canning Maternity Home. The midwives, so far central to the lives of rural women, have received no professional education; therefore, their traditional knowledge and practices are discredited by trained obstetricians, who associate such practices with witchery, enchantment and neglect.

Despite the different historical periods and regions in which they are set, and despite the different emphases they place on the residual, dominant, and emergent elements of the relevant time and place, both novels meet in the common ground of women in medicine. The historical achievements of the then-emergent First Wave Feminism can be traced on many occasions in the novels: the portrayal of women's participation in social and public life through medicine in *My Name Is Mary Sutter*; and the rural women's increasing awareness of the attention and care they socially, professionally, and medically deserve as women in *The Birth House*. When analyzed in conjunction with the advances First Wave Feminism ushered in, the emergent in both novels can be observed clearly: in *My Name is Mary Sutter*, it is evinced in women's increasing social and professional visibility; and in *The Birth House* it receives extended treatment through representations of the modern approach to birth, contraception and sexuality. As this thesis will investigate, Oliveira and McKay, through their narratives of Mary Sutter and Dora, depict as well as deconstruct the dominant patriarchal culture of the respective historical periods they fictionalize.

My Name Is Mary Sutter's author Robin Frazier Oliveira was born in Albany, New York in 1954. She holds a Bachelor's Degree of Russian from the University of Montana (Mair, 2010). After graduation (1979), she decided to try a different path in her career and studied nursing. She was a registered nurse in Seattle and worked for seven years in various fields such as gynecology and cardiology (Mair, 2010). A few years after the birth of her youngest child, she started learning how to write. She completed her MFA in Writing in 2006 at Vermont College of Fine Arts. Oliveira began writing *My Name Is Mary Sutter* in 2002 and while she was still working on it, the novel won James Jones First Novel Award in 2007. This was followed by Langum Prize for American Historical Fiction (finalist) in

2010 (Langum Foundation, 2016) and Michael Shaara Award for Excellence in Civil War in 2011 (Gettysburg College History Department, 2011). Oliveira's success in historical fiction continued with a follow up novel entitled *Winter Sisters* (2018), which shares the same protagonist with *My Name Is Mary Sutter*.

American Canadian novelist Ami Mckay was born in Lebanon, Indiana in 1968. She moved to Scots Bay, Nova Scotia, which is also the place where *The Birth House* is set, in 2000 with her family. Before starting her writing career, she was a music teacher in a high school in Chicago (Gardner, 2011). She has a degree in musicology from Indiana State University. After moving to Canada, she also worked as a journalist and produced documentaries for CBC radio. She won Excellence in Journalism Medallion for her documentary *Daughter of Family G* in 2003 (Gardner, 2011). Her first novel *The Birth House*, published in 2006, became a best seller in Canada and was translated into Spanish, French, Dutch, German and Lithuanian. The novel received "several awards, including Canadian Booksellers Association Libris Awards for author of the year and fiction book of the year in 2007" (Gardner, 2011).

Oliveira's historical fiction *My Name Is Mary Sutter* circles around the biography of the protagonist; Mary Sutter. The story takes place in America during the Civil War. Oliveira introduces Mary in a delivery scene with an obstetrician, Dr. James Blevens. Like her mother, Mary is a trained midwife. She, her mother Amelia and her twin sister Jane live in Albany, New York. Unlike her mother, she wants to become a surgeon. However, medical education is something almost impossible to get for women at that time period. Her aim shapes the flow of the events and plays a significant role in the warfare and women empowerment theme throughout the novel. Mary encounters two doctors who guide and train her unwillingly, of course, as women were not associated with medical practices in the 1860s, unless it was midwifery. Poor conditions and lack of medical assistance during the Civil War gave women the opportunity to attend as nurses. Mary starts working unofficially for Dr. William Stipp in the Union Hospital that is reserved for wounded soldiers only. For a while, her duties are only cleaning and maintenance, until she helps an urgent amputation by reading the instructions from "*The Practice of Surgery*" (*MNMS*, p.171). As of that moment, she continues attending countless amputations in the battlefields and eventually becomes a surgeon.

My Name Is Mary Sutter is told from the third person point of view. Narration simply tells the story of Mary Sutter along with a few chapters that are dedicated only to historical figures like Abraham Lincoln and Doretha Dix. Those chapters expand the warfare theme of the novel by providing interpretation of real-life dialogues, registries and newspaper articles. Oliveira specifically gave importance to the historical timeline by including these chapters as interruptions to Mary's story to add another layer to authenticity. Medicine and women's place in the American society during the Civil War are represented by multiple perspectives in *My Name Is Mary Sutter*. Mary and her mother, Amelia, are both aspiring and determined women, but Mary's twin sister Jenny is a conventional housewife. Not only within the Sutter household, the novel has two polar opposite male characters as doctors who symbolize the traditional and contemporary approach of 19th century medicine. Mary, as a midwife with the passion of becoming a surgeon, collaborates with the other characters on a common ground and exposes her own identity along the way.

The Birth House tells the story of a young midwife and the first daughter of the Rare family in generations; Dora Rare. From the first-person point of view, Dora narrates the turn of events in a small village in Scots Bay, Canada, during World War I. The older midwife who trains Dora, Miss Babineau, and her healing methods symbolize the traditional folk medicine aspect of the novel. The well-accepted remedies from her Willow Book are interrogated by the women of Bay, with the arrival of Dr. Thomas. The main conflict of the novel starts from the first encounter of him and Miss B. and continues until the end. Dr. Thomas appears to be the representative of modern techniques used in the early 20th century delivery rooms. He opens "Canning Maternity Home" (*BH*, p.38) to ensure safe and painless births for women. Where his methods and medication are controversial, the high mortality rate of home births remains. From a young woman's perspective, the novel discusses the contention between traditional and modern medicine, without overlooking the unspoken topics like contraception and sexuality.

The first-person narrative of *The Birth House* shifts between Dora's memories, her daily life and the background stories of the characters. Other characters and their impact on the plot are limited by her perspective. It is important because of the counter arguments over medicine among the characters. The contradictions and competition between traditional and modern medicine lead to formation of sides. However, what makes Dora an unbiased narrator is her young age and open mind. On the one hand, she grows up with black and white characters; a religious aunt, six brothers and an old midwife. On the other, she

witnesses affairs, stillbirths and deaths. Her perception constantly changes along with the ongoing events in Scots Bay and the outside world. Even if their village is an isolated place, she has a chance to travel to Halifax and Boston. She spends most of her life in the Bay, among women, without being able to speak a word on sexuality. Intimacy is associated with reproduction only; Miss B.'s remedies are for mothers and babies. The only exception is clandestine contraception methods, which are expected repercussions of uncontrollable births. Ironically, Dora discovers her sexuality with a vibrator prescribed by Dr. Thomas and through conversations with the prostitutes she meets in Boston.

Polar opposite settings; Albany, New York and Scots Bay, Nova Scotia define protagonists' identities and symbolize "home" in their lives. Stories start and end in Albany and Scots Bay for both novels, even if the protagonists travel to other places. The two settings also introduce opposite features in terms of income rate, level of development and nature. Those have significant impact on the protagonists and should be taken into consideration while analyzing women in medicine. In *The Birth House*, Dora introduces the setting in the prologue as: "My house stands at the edge of the earth" (*BH*). This stance is both metaphorical and literal. Scots Bay is a seaside village located in Kings Country, Canada. It has long seashores and lots of greenery. Cape Split is also located there, which provides hiking and sightseeing options for the visitors. During the First World War, when the novel is set, Scots Bay was even more secluded. As mentioned in the novel, livelihood is limited to fishing and shipbuilding. The harbor is next to the mountain, the red cliffs of "Blomidon" (*BH*, p.9). The Scots Bay community is located on the top of the mountain in the form of scattered settlements. They build the houses themselves according to their income level. The Canning Maternity Home, Dr. Thomas's birth clinic, is located down the mountain which makes it very challenging for pregnant women to access especially when they are in labor. From the spooky and silent woods of Scots Bay, Dora gets a chance to visit Halifax, where she helps the wounded pregnant women in the Halifax Explosion (1917) (*BH*, p.213), and Boston during the influenza pandemic, The Spanish Flu (1918). It is not incidental that two important dates coincide with her travels. Both cause Dora to question her medical skills and knowledge, reassess Miss B.'s methods and force herself to improve.

Unlike Dora, the protagonist of *My Name Is Mary Sutter*, Mary, was born and raised in Albany, New York. She comes from a wealthy family; she is able to access information as her library is full of novels and articles on medicine. On the contrary, the community in *The Birth House* is so detached from the outside world that it is believed that reading novels,

poems or magazines will make women sick (*BH*, p.40). Both Dora and Mary are inquisitive and have a contemporary mindset. They are eager to learn and are even critical of their tutors. However, the setting of the two novels is almost completely opposite to each other. Therefore, the concept of accessing information differs accordingly. Gynecological developments during the Civil War were behind compared to the early 20th century. For this reason, developments in the field of medicine should be evaluated mostly on the basis of surgery, anesthesia and research. As a midwife, Mary applies what she learns as a nurse in the battlefield to the field of gynecology. She even gets a chance to meet Abraham Lincoln and to get his support on going to the battlefield with any supplies she needs (*MNMS*, p.346).

Together with their differences and similarities, both midwife protagonists represent a unique movement in First Wave Feminism. These representations offer a comprehensive analysis through Raymond Williams's Residual, Dominant and Emergent. As First Wave Feminism focuses more on women's involvement in society and less on contraception methods, Williams's cultural theory expands the reasons behind as presented in the novels. Differences between the setting and time shape the dominant cultures, along with the emergent elements appearing in the cultural process. The interaction between the dominant and the emergent and the impact of the residual and protagonists' engagement in the transitionary periods mark the significant points to be evaluated further on both culturally and historically. In addition, this thesis presents an innovative approach, as the two novels have not yet been examined together in the context of First Wave Feminism, cultural theory, and most importantly, women's involvement in society and medicine. *My Name Is Mary Sutter* only appears in a PhD Dissertation[3] as a suggested further reading. *The Birth House* is studied mainly in Canadian literature under the subjects of Catholicism[4], plant-based ingredients and remedies in literature[5], medicalization of childbirth and midwifery compared to 21th century medicine[6], concept of 'home' in association with Freud[7] and landscape-gender coupling[8].

[3] "A Case Study of Adolescent Females' Perceptions of Identity in an After-School Book Club" by Atkins.
[4] PhD Dissertation, "Saltwater Sacraments and Backwoods Sins: Contemporary Atlantic Canadian Literature and The Rise of Literary Catholicism" by Atkinson.
[5] PhD Dissertation, "Weed Women, All Night Vigils, and The Secret Life of Plants: Negotiated Epistemologies of Ethnogynecological Plant Knowledge in American History" by Ford.
[6] MA Thesis, "Helpers and Demons: Binary Representations of Early 20th-century Midwives, Doctors and Childbirth in Ami McKay's *The Birth House*" by Mintz.
[7] PhD Dissertation, "On Deformity: Bodies in Contemporary Canadian Fiction" by Ram.
[8] PhD Dissertation, "Ambivalent Constructions of Nature and Region in Lynn Coady's Fiction: An Ecocritical Reading" by Thompson.

In this framework, Chapter 1 dissects Raymond Williams's cultural theory of the Residual, Dominant and Emergent in the two novels. Williams's cultural theory is explained and exemplified through the novels. The focus of Chapter 2 is on women's involvement in medicine, regarding First Wave Feminism. Women are examined as patients, midwives, surgeons, mothers, and individuals in the society. Birth methods of the periods are compared as traditional and modern. Modern medicine is dissected in terms of diagnosed illnesses and commonly administered drugs. Starting with the scopolamine morphine narcosis, sedatives and birthing positions are analyzed in a historical context, followed by discussion of 'need' against 'administration' of modern techniques. The patriarchal aspect of modern medicine was expanded in the 20th century by the diagnosis of Hysteria, the absence of contraception methods, and women's access to education. In conclusion, the findings of Chapter 1 are harmonized with the discussions of Chapter 2. The social and cultural difference that contradicts the time difference between *My Name Is Mary Sutter* and *The Birth House* is clarified by Williams' theory, and the impact of the patriarchal mindset in modern medicine on women is evaluated considering the two parts of First Wave Feminism.

CHAPTER I

RESIDUAL, DOMINANT AND EMERGENT IN *MY NAME IS MARY SUTTER* AND *THE BIRTH HOUSE*

Traditional methods and modern medicine in Robin Oliveira's *My Name Is Mary Sutter and* Ami McKay's *The Birth House* appear through different approaches and perspectives within the historical framework of the novels. These can be interpreted through Raymond Williams's "Residual, Dominant and Emergent" cultural theory. The simple contrast between modern and traditional approaches in the novels are convenient for identifying the dominant, the emergent and the residual cultures. However, because of the unconventional subjects and characters, multiple cultural forms emerge through the analysis of each novel. These cultural forms not only exemplify Williams's theory, but they also offer a historical cultural analysis.

The application of William's theory to the two novels is controversial because of the appraisal of the modern techniques. Oliveira's novel focuses on the aim of the protagonist to become a surgeon in the Civil War era. On the other hand, McKay introduces a comparison between traditional and modern techniques in the gynecology field by contrasting the old midwife's remedies with the obstetrician's new approaches. Compared to the WWI period, medicine was underdeveloped in the Civil War times, and Oliveira mainly represents the surgical area of medicine rather than gynecology. Both novels share midwives as protagonists, but medicine's impact on them vary in accordance with the novels' settings. The representatives of traditional healing are also the midwife protagonists, but their objectives have a prominent impact on the exposition of what dominant culture consists of. Moreover, their stance against the emergent culture in their own timeframe go hand in hand with the feminist movements in that period of time.

The two novels are set in important time periods in the history of the United States. On the timeline between 1861 and 1914, medicine improved and women's place in the society changed. Culture adapted to those changes along the way; in other words, a new dominant culture was formed. Compared to the early 20th century, medicine and women's rights were inadequate in the Civil War years in the US. Therefore, the dominant culture that Oliveira introduces in her novel is expected to be changed drastically in McKay's novel. However, *The Birth House* is set in a secluded, rural area. The small community of Scots

Bay is isolated from the outside world, which suggests that the locals might be excluded from the advancements or even not be aware of them at all. This variant modifies what is residual, dominant and emergent in the novel, particularly in contrast to *My Name Is Mary Sutter*.

As medicine progressed and women's place in the medical field, as well as in society changed from the beginning of the Civil War towards the end of WWI, culture kept pace with the alterations. Raymond Williams's cultural theory is based on these interchanging dynamics through the cultural process. David Arditi explains this continuum as follows:

> The focus on the process of culture means it is not static, but rather fluid like a stream. Alongside the process of culture, cultures change as well. Therefore, each cultural moment is informed by what came before it. Raymond Williams described this process of cultural change and adaptation through three aspects of culture: dominant, residual, and emergent culture. These are not variations of culture or different time periods, but rather part of the process of cultural change. As new cultural forms develop, the dominant culture appropriates or adapts those aspects into the dominant culture. (Arditi, 2021, p.125)

The adaptation to the dominant culture is a significant part of the cultural process. As the developments and innovations take place continuously, their interpretations within the cultural process summarizes the bond between the emergent/residual and the dominant.

In *My Name Is Mary Sutter*, a young midwife with the ambition of becoming a surgeon in the American Civil War period introduces the emergent as the protagonist's purpose throughout the novel. In the late 19th century, women's place in the society was confined to their houses. Their tasks were limited to housework, taking care of their children and husbands. The main profession was midwifery or nursing. Therefore, a midwife trying to get medical training and education was an uncommon, irrational expectation. When the domestic lifestyle of women is considered as the dominant culture, being a surgeon in such society highly contradicts with it. The contradiction highlights the presence of the emergent, as "the residual and the emergent express opposition to the dominant cultural order" (Arditi, 2021, p.126). The emergent, becoming a surgeon as a woman, collides with almost every aspect of the dominant culture represented in *My Name Is Mary Sutter*, and in America during the Civil War.

Williams explains the clash between the emergent and the dominant as the emergent being expected to be adapted or reconstructed by the dominant culture (p.123). The first way

is that “through the process of appropriation, the dominant culture eliminates the oppositional tendencies and allows them to function within the dominant order” (Arditi, 2021, p.126). This can be exemplified with the perspective towards midwifery in *My Name Is Mary Sutter*. Even if it is considered as a profession, and “American men might want good midwives for their wives, they did not wish to marry one” (*MNMS*, p.36). As a profession, midwifery was convenient for the domestic sphere; it was also conventional and did not go against the conservative life style of that time period. Due to its proper nature, midwifery was adapted by the cultural process but still categorized as a job. It was inconvenient because women’s jobs would take them out of their homes, keep them away from their domestic duties, earn them money and respect. The dominant culture in the 1860s, as mentioned earlier, did not recognize women as equal members of the society. Therefore, in this novel, midwifery can be considered as the residual that is adapted by the dominant culture.

Raymond Williams underlines the aspects of the residual through its ability to reflect the “certain experiences, meanings, and values which cannot be expressed or substantially verified in terms of the dominant culture,” but which “are nevertheless lived and practiced on the basis of the residue of some previous social and cultural institution or formation” (Williams, 1977, p.122). Roots of midwifery date way back in history. Midwives have always been a part of the communities as women always need assistance during labor; “for centuries women were doctors without degrees, barred from books and lectures, learning from each other, and passing on experience from neighbor to neighbor and mother to daughter” (Ehrenreich and English, 2010, p.25). The act of helping one another was shaped into a profession through the cultural process. In both novels, midwifery is passed on from one generation to the next, which means that the tradition, residual, has been formed in the past and still is an active element of the dominant culture.

The second interaction between the emergent and the dominant culture is reconstruction or rejection. Simply, the emergent can change a significant part of the dominant or the dominant can refuse the emergent as a whole. For example, during the Civil War, the need for workforce in the field forced the acceptance of women outside the boundaries of the society. Like in *My Name Is Mary Sutter*, Mary’s aim of becoming a surgeon is facilitated by urgent nurse admissions in the hospitals. Moreover, the novel’s historical consistency draws parallels between how the cultural process adapted and reconstructed the emergent factors. Back then, First Wave Feminism focused on equal rights, starting with the Seneca Falls Convention in 1848, like owning property, right to divorce

and suffrage. Women in medicine and their being able to get medical training or education was not even a subject of discussion. While First Wave Feminism was criticizing the dominant order, new alternatives emerged and reconstructed the relevant parts of the culture. Unlike in *The Birth House*, the competition between traditional and modern medicine falls into a different path. The dominant culture of the rural community, as represented in the novel, comprises conventional elements like religious rituals, natural remedies and traditional healing in terms of gynecology. On the contrary, the emergent, that is introduced by Dr. Thomas, challenges the traditional lifestyle with modern approaches. Eventually, he is forced to leave Scots Bay. In other words, the emergent fails to adapt "as a form of resistance to incorporation" (Williams, 1977, p.125)[9] In fact, *My Name Is Mary Sutter* presents two different emergent cultures against the dominant.

Becoming housewives and mothers, those were the two features a woman would desire in the 1860s. For centuries, the dominant[10] was shaped by the residual: the inequality between women and men. *My Name Is Mary Sutter* introduces a contemporary woman against almost every aspect of the culture she lives in. Mary Sutter is well aware of her skills and willing to expand her knowledge by getting a proper education in a medical institute or at least training from a doctor. Dr. Blevens refuses to train her and medical schools also reject her application just because she is a woman. He and other doctors who Mary contacts to get the training, turn her down by pointing out that her current profession, midwifery, should be more than enough. As mentioned earlier, midwifery is already an example of the residual that is adapted by the dominant culture. It accepts the profession, but midwifery still contradicts with women's place in the society. Therefore, others see Mary as greedy, lunatic or less-feminine. Next to her twin sister Jane, who is described as the polar opposite of Mary, she looks and behaves like an outsider. Jane is simply a beautiful and quiet girl. She desires to get married and have children and does not share any interest in midwifery or medicine with her sibling or mother. Even the physical features alone dissociate two women figures that society appreciates and excludes. By comparing the two, Oliveira underlines the presence of the female mind hidden behind the society's standards. From head to toe, Mary herself becomes the emergent against the dominant culture she lives in.

[9] Not limited to these two examples, both novels consist of different emergent forms against the dominant cultures which will be discussed further on.
[10] The represented conservative society in the novel.

Modern medicine and feminist movements are both emergent aspects in both novels. Historically, *My Name Is Mary Sutter* is set through the early years of First Wave Feminism. During that period in America, the discussion topics were women's right to vote and their place in the society. Although *The Birth House* belongs to the same period of feminism, subtopics are drastically different. As a result, the emergent factors in the two novels are accompanied by the alterations. Within the domestic sphere, housewives were represented as the backbones of the nation in the 19th and early 20th century America. In the dominant culture of both novels, women appear as mothers, future mothers or widows, who do not have any occupation aside from midwifery. Therefore, women do not appear as individuals in the public sphere as much as men. From the second half of the 19th century, the inclusion of women in the society is presented in *My Name Is Mary Sutter* as the first step of feminist movements. Mary Sutter symbolizes this involvement in the public sphere through social liberation of women, which is the emergent factor of the novel and the historical period. Her contrasting features with her twin sister and the women's place in the society make her the emergent in both the domestic and public sphere. In a way, she becomes the utmost figure who shapes the feminist struggles. On the other hand, at the beginning of the 20th century, *The Birth House* continues by demonstrating the further steps of feminism which were contraception and sexuality. As the emergent appears in the form of male dominated delivery rooms, the controversial topic of women's place in the public sphere shifts to woman's body, sexuality and nature against the modern approaches in gynecology. Likewise, the protagonist, Dora adapts and reacts to the emergent. However, Dora Rare cannot be considered as a symbol or representative of the emergent as Mary Sutter. In between the residual and the emergent, Dora stands out with her ability to criticize both. Yet, Mary is determined and motivated to become a surgeon as a woman from the very first lines of the novel.

Throughout the novel, Mary gets help from two doctors: Dr. Stipp and his apprentice Dr. Blevens. The emphasis is on the contrasting doctor figures in terms of identifying the emergent in the novel, rather than Mary's relation with them. Still, the involvement of these characters in Mary's life should be briefly summarized in order to identify the basics of the dominant culture. Her first encounter with Dr. Blevens is during Bonnie's labor. Even if Blevens is impressed by Mary's skills, he finds her ambition of becoming a surgeon absurd and rejects her training request immediately. As this is not her first rejection, Mary continues to seek opportunities until she reads Miss Doretha Dix's circular in the newspaper (*MNMS,*

p.103). It is the interpreted and shortened version of the original circular published on July 14, 1862. In the original notice, the requirements for female nurses are laid out by the circular, including Dix's strict provisions for the applicants. In the novel, Mary does not meet the requirements at all. Even so, she considers this a huge opportunity to prove her skills in the medical field. She travels to New York to apply, but she is dismissed by Dix right away, specifically because "no man in the army is going to have a baby" (*MNMS,* p.120). Eventually, she goes to the Union Hotel Hospital to assign herself to any kind of duty rather than going back to Albany. There, she meets Dr. Stipp who hires her as a maid. When the conditions of the war become worse than expected, numerous seriously wounded soldiers are rushed to the hospital each day, and Dr. Stipp requires help from Mary. As Mary does not know how to attend to a serious injury, Stipp asks her to gradually read the instructions from an old book entitled "*The Practice of Surgery*" (*MNMS,* 171) while he performs the amputation. This is the milestone in Mary's medical career path.

Surgical interventions are carried out in accordance with the books that instruct the doctors or trainers step by step. They are also educational tools that cover subjects like anatomy and directions on attending to a patient, as the example from the amputation procedure indicates: "divide the loose muscles first, and lastly, those which are intimately attached to the bone, taking care, with a scalpel, to cut completely through the deep muscular attachments, about higher up, than could be executed with the amputating knife itself" (*MNMS,* p.174). The book offers the basics of surgery, which is historically parallel to the level of medical development during the Civil War. Medical approach is part of the dominant culture. Therefore, the novel reveals the medicine theme not only through an ambitious protagonist but also through warfare. While Mary tries to overcome the gender tag in the medical field, medicine itself is forced to change in accordance with the necessities. As mentioned earlier, there are two different emergent cultures in *My Name Is Mary Sutter*. The first is the patriarchal dominant culture against women in medicine, the second is the residual, limited and raw approach against the emergent; research, examination and analysis.

When Dr. Stipp chooses guidance from an old book during an amputation, the limits of medical developments become more visible in the Civil War period. In the novel, that book is the only source of information that Dr. Stipp refers to. However, at the very beginning of the novel, during his visit to Mary's house Dr. Blevens sees "*Gray's Anatomy, A Pharmocolgia and The Process of Parturition*" (*MNMS,* p.*23*) in their library. The comparison between the books alone represents the modern medicine against the dominant

culture. Also, the irony of midwives' resources being more advanced and contemporary supports the aforementioned emergent element of the novel. To go back to Mary's first inclusion in a real medical intervention, it can be said that the amputation process covers both emergent cultures. A woman who has a lot of information about medicine, beyond the limits of *The Practice of Surgery*, is restricted to reading the instructions to a doctor. On the other hand, the doctor, Dr. Stipp, has the experience without a deeper sense of medical information. Nevertheless, just reading the instructions and being present during the surgery can be a milestone in a woman's career. Furthermore, the application process underlines how experience is more valuable than knowledge in the dominant culture. The novel also brings together two doctors who have different approaches to medicine: Dr. Blevens and Dr. Stipp.

As represented in the novel, medical training mostly covers the structural form of the human body like "the levers and pulleys of the muscular system, the placement of the bones, the ball and socket of the joints" (*MNMS*, p.74). This approach is also compatible with the old book that Dr. Stipp refers to during the surgery. Therefore, the structural form, without any research on the operation of the human body and mind, can be considered as the norm, in other words, the dominant culture. What detaches Dr. Blevens from Dr. Stipp and the dominant is his modern approach towards the medical science. The autopsy lectures he had before with Dr. Stipp provided him with a different perspective from the expected. He questions "how to repair the structure once it failed" (p.74). His inquiry itself is the emergent in two ways. First, the urge to know more directs him to do some research with the microscope. As rare as it sounds, this way of investigation in medicine was not common in medical history. Even if the microscope was invented in the 16th century, in the medical field;

> The microscope became an essential tool of doctors in the daily practice of identifying pathogens by the 1880s. This pioneering work allowed for easy identification of epidemic and endemic diseases; once doctors understood what caused illness, they could combat its spread through quarantine, disinfection, vaccines, and antibiotics. (Seeing Small: How the Microscope Changed Everything, 2017)

In the novel, the reason behind an illness is represented as a mystery. There are ways to solve the occurring issues in surgery and in birth, but they are limited. The microscope is an important step in the field of research, which eventually has a constructive influence on the problems. Historically, its appearance in the novel can be interpreted as a foreshadowing of the new phase of medicine. It also presents a distinct opposition to the dominant culture.

Either way, the microscope symbolizes research, technology and a change in perspective which forms the second emergent of the novel.

Blevens' inquiry also leads to the advancement of pharmaceutical science. Through research, doctors gain the ability to understand the reason behind a medical insufficiency and to create an alternative solution. While Blevens spends his time on research with the microscope, Dr. Stipp focuses on the amputations even though he forgets the instructions in the book. Two doctors form different approaches that eventually lead to creating different fields within medicine. At that point, the dominant culture consists of the simple interventions like cutting out the seriously wounded limbs, without considering the possibility of infection. Since many soldiers in the novel die as a result of high fever or other symptoms of serious infections after the amputations, the aftermath of avoiding these results forms the emergent; scientific research. In the history of medicine, "in 1928, at St. Mary's Hospital, London, Alexander Fleming discovered penicillin. This discovery led to the introduction of antibiotics that greatly reduced the number of deaths from infection" (American Chemical Society International Historic Chemical Landmarks. Discovery and Development of Penicillin, 1999)[11]. In the novel, the surgeries take place 67 years before this discovery, which explains the need for research and advancement in medicine. More importantly, in the dominant culture, the emergent seems like a redundant issue. Other doctors tease Blevens as they think that he wastes his time on the microscope. The microscope itself is a valuable and uncommon item to own but for the other doctors, an unnecessary thing to have. Therefore, their perspective on the subject of research is inevitable. Keeping the patients alive is the number one priority and taking care of numerous wounded soldiers with limited equipment is hard enough for the doctors. At that point, healing and "medicine was devoted to diet, air and brandy, for there was little else" (*MNMS*, p.74). Emergency amputations aside, "in the case of chest or abdominal wounds, surgeons probed with their finders, prescribed morphine and tried to stop external bleeding. Otherwise, there was little they could do" (Shryock, 1962, p.162). A man with a microscope is substantially alternative to the current status, in other words, the emergent creates a distinct opposition to the dominant culture.

During an unfortunate fire in the hospital where he works, Blevens tries to save his microscope instead of evacuating the patients from the building. For this reason, he is judged

[11] This piece is adapted from "The Discovery and Development of Penicillin 1928-1945."

by other doctors for endangering patients' lives. The discussion between them reveals a new, innovative but incomprehensible way of thinking against the dominant culture. Blevens states his perspective on the potential of the microscope is as follows:

> I believe there may be an alternate component to disease, one that cannot be seen with the naked eye, that might be contributing. A microscope would help all of us understand disease in another way; I could establish reports, share information; it is entirely worthwhile. (p.293)

Their response is simply "what you want is impossible" (p.293), stating that they are in the middle of a war. Primary necessities are ambulances to transport soldiers from the battlefield. In that situation, a new way of resolution is a blind spot. The conditions are not favorable for an innovative approach, even if it has the potential of solving a bigger problem and even reducing the workload of the doctors and making room for new patients. However, medicine is at a point where an experienced surgeon, Dr. Stipp, in one of his letters to Blevens, writes: "I attempted to remove a bullet from a liver. Shocking how much blood" (*MNMS,* p.298). The knowledge is limited to the muscles and bones; the dominant is confined to the basics of the human body. What Blevens observes through the microscope[12] is many steps ahead of his time.

Traditional medicine against modern medicine is one of the main oppositions in both *My Name Is Mary Sutter* and *The Birth House*. Interestingly, they share the emergent as modern medicine even if they are set in very different time periods. There are two reasons behind this. First, they are actually set in transition periods in the history of medicine and feminism. As Williams states, culture is not static. Its shifting nature can be analyzed best when there are multiple visible oppositions that force the dominant culture to change or to adapt. The second reason is what traditional and modern medicine represent. Traditional medicine is based upon survival. It was shaped and formed by people's needs, which are as old as humanity. As mentioned earlier, penicillin was not discovered until 1928, which means assistance was inadequate. Fortunately, nature always offered aids to help relieve the pain, soothing the mother or ending an unwanted pregnancy. Unfortunately, they were not enough. At that point, the emergent, modern medicine progresses with another objective: each human life is valuable. In *My Name Is Mary Sutter*, the importance of survival in the dominant culture is obvious. About 53 years later, when death rates start to decrease in any field of medicine, the emergent becomes more distinguishable against the dominant. The

[12] For further information on the historical background of the microscope in America, see "The Microscope in American Medical Science, 1840-1860" by Cassedy.

change in perspective directly affected the approach to the human body and practice techniques, which are depicted in *The Birth House*.

Like midwifery, traditional applications in medicine are residual elements that are fairly visible in the cultural process. At the beginning of the 20th century, medical developments in the field of gynecology gained a distinct feature; male obstetricians started to monopolize the delivery rooms by excluding the midwives. This can be considered as a transition period in between the two approaches mentioned earlier, prioritizing either survival or the value of life. The new approaches in gynecology emerged in opposition to the limited, nature-based remedies. Hence, their incorporation into the dominant culture was not a smooth process. One of the many reasons was the emergent being biased and exclusionary towards the midwives. In the dominant culture, the survival of the baby and the mother mostly depended on the midwife's skills and the attainable resources. Those resources were things that could be easily found in every household or garden. Midwives were trusted figures in the communities and midwifery was a profession taught by mother to daughter. In fact, two midwife protagonists of the novels share very similar historical backgrounds. They are mentioned to be both French immigrants and women in their families have been midwives for generations. The residual culture, in terms of traditional healing and midwifery, appears through its solid background and vivid presence in the dominant culture. The avant-garde movement in the field of gynecology emerged in response to the limited resources of traditional medicine. Depending on the death rates in home births (Ansell and Lindvall, 2020, p.233) the ratio was aimed to be reduced by focusing on the baby. Even though the starting point of the emergent was well-grounded, its application created diversions.

In Ami McKay's novel, natural remedies are more prominent while talking about traditional methods. Different from *My Name Is Mary Sutter*, midwives of Scots Bay use herbs, spices, fruits and vegetables to heal diseases and while attending births. Most of them have analgesic or sedative effects on the patients. Miss B., the old midwife, is a French immigrant and not related to anyone in the Scots Bay area. She teaches Dora, the protagonist, how to attend births and use those herbs when needed. In the 1910s, especially in gynecology, natural remedies and healing techniques drastically shifted to mechanicalized, hospital-based methods. Application of scopolamine-morphine and cesarean section in births gained popularity among middle and upper classes. Male obstetricians were in charge of those applications because they were the ones who were able to get a proper medical

education or training (Jessee, 2018, p.15). Midwives, on the other hand, were left behind and associated with the "southern poor" (Radosh, 1986, p.135), as they were unable to access training or education. The two novels have different takes on this subject. *My Name Is Mary Sutter* circles around the inequality in being involved in medicine by getting education or training for women. *The Birth House* also underlines this obstruction. However, *My Name Is Mary Sutter* expands this issue by focusing on medical insufficiency at the same time. *The Birth House* represents a community that suffers from medical insufficiency but rejects the developments in medicine because of their practitioners and application ways. The two novels handle the emergent elements against the dominant culture differently because of the 53-year gap. Their similarities, though, arise from *The Birth House* being based on an isolated community that has minimal interaction with the outside world.

Raymond Williams's dominant culture description highlights its interchanging feature and sustained interaction with other cultural elements. It is far from constancy; besides the active interaction with residual and emergent components, the dominant culture consists of a variety of beliefs, perspectives and lifestyles in itself. However, "small communities such as tribal societies are usually culturally monolithic" (Mahtabi and Eslamieh, 2015, p.167). As such, they can stand against the cultural process by being static, or in other words, resist to change in accordance with the emergent, or reject it as a whole. Like in *The Birth House*, the residual is a visible active element of the cultural process, but the emergent fails to be so. The unity of this particular culture is most likely shaped by sole belief, perspective and lifestyle. Therefore, it becomes harder to adapt to the unfamiliar. In *My Name Is Mary Sutter*, even if women in medicine is a strong emergent factor, because the novel is set in Albany and New York, the cultural variety allows the dynamics of the dominant culture to multiply. More importantly, as it is an ongoing process, similar examples emerge to help the adaptation of the emergent and eliminate its estrangement. One of the examples from the novel is the presence of Doretha Dix and her call for nurses to the battlefield hospitals. Dix herself is a revolutionary figure in women's involvement in medicine and feminist movements. Assigning women to help cannot be considered a proper achievement of women's involvement in medicine but it is certainly a step of the emphasized emergent. In other words, it is a part of the "social process of incorporation" (Bryson, 2008, p.747). *The Birth House,* on the other hand, represents this cultural process where traditional methods are visible as the residual factors. The dominant is shaped by patriarchy; women are housewives with plenty of children. As the novel is set in a rural area, men's workplace is

limited to fishing. Women's roles are parenthood and household chores. Minimal interaction with the outside world and old practices shaping the roles in the society leave no place for the emergent. As Williams states for the new practices: "to the degree that it emerges, and especially to the degree that is oppositional rather than alternative, the process of attempted incorporation significantly begins" (Williams, 1977, p.124). In isolated dominant cultures, rather than adaptation, the possible outcome is transition. After all, it is all about "the concept of the constant negotiation between dominant, emergent and residual cultures" (Bryson, 2008, p.747), and how the negotiation is made. In this case, the negotiation can be observed clearly between the characters of the novel; Miss. B. and Dr. Thomas.

The arrival of Dr. Thomas at Scots Bay is the first introduction of the modern approach in gynecology to the community. Simply, Dr. Thomas is the symbolic figure of the emergent, while Miss. B. is the representative of the residual. He opens the Canning Maternity Home and welcomes the mothers, with new appliances and drugs to be used during childbirth. The difference that isolation makes is visible through a comparison with the community represented in *My Name Is Mary Sutter*. Modern appliances such as forceps, modern applications like ether and morphine in childbirth are present in the novel. Mary is familiar with the new techniques in the Civil War years and also able to comprehend their utilization in childbirth. As a midwife, her perspective towards the application of modern medicine is expected to be unfavorable. The intriguing part is Dr. Blevens's unorthodox, also negative view on the modern techniques. In response to whether to use chloroform and forceps, he states: "I'm a surgeon, for God's sake, not a butcher" (*MNMS*, p.15). Mary explains that "he didn't like administering chloroform to ease the mother's pain, because babies ended up languishing in the womb, and doctors had to go hunting for them with forceps. Too many women had bled, too many babies' skulls had been crushed" (p.15). This attitude foreshadows Dr. Blevens being pro-research and investigation rather than basic medical solutions mentioned further in the novel. Yet in *The Birth House*, Dr. Thomas is the representative of modern yet harmful applications, which are actually advanced forms of chloroform and forceps.

Besides the competition between the natural remedies and modern medication, Dr. Thomas also symbolizes the male monopolization in the delivery rooms that excluded midwives. Miss. B. immediately despises him, and his presence in Scots Bay irritates her even before talking to him. This encounter exemplifies the dynamics of the dominant culture represented in the novel and its reaction to the emergent. The dominant culture is mainly

formed by the residual elements, which estrange the new formations even more. Miss. B. is the only person who has the authority, along with the respect from the community, by being the only one who can practice the limited medicine and healing techniques. Her Willow Book that contains all plant-based recipes is unique; she is the only one who knows every step of their application. In case of a failure during that application, there is no one to blame. Hence, her traditional approach forms a significant part of the culture. When a male doctor appears with drugs that promise zero pain during labor along with low death rates, the residual loses its credibility and precedence. As expected, the dominant responds with refusal, rather than compromise.

The effect of the residual on the dominant culture is fairly different in *The Birth House* from *My Name Is Mary Sutter* in terms of visible elements of the past and their present forms within the cultural process. The dominant culture "chooses to emphasize some meanings and practices from the past and present while also choosing to exclude others" (Bryson, 2008, p.747). Very similar or identical elements of the residual or the emergent can be tolerated differently by the dominant culture. For example, since midwifery is a very old profession and medical resources such as painkillers or antiseptics were very limited for a long time, spirituality has become a part of the healing process. Therefore, fear, together with the lack of sources and knowledge, created the mandatory bond between spirituality and religious guidance. In *The Birth House*, spiritual aspects are harmonized with Catholicism. "Virgin Mary Tree" (*BH*, p.19) in Miss B.'s garden is the most valued, yet magical element of the novel. Miss B. and Dora are often called names and schoolyard stories imply "if your cat or baby goes missing, you'll know where to find the bones" (*BH*, p.6) referring to Miss B.'s backyard, where she plants vegetables, fruits and herbs. She uses them for the preparation of medications. When Dora attends her first birth with Miss B., the baby dies right after the delivery. The schoolyard stories are somehow literal, as they burry the baby under the Mary Tree, showing respect to the land by taking their shoes off to "let no outside world touch Mary's ground" (*BH*, p.19). The Scots Bay community gives great value to religion and family relations; they meet every Sunday at church and share their blessings and sorrows. They depend on Miss B. when their children are sick or wives get pregnant, and respect her techniques without question. She is also the only person in the village who has the capability to heal and administer medication to especially mothers and babies. Along with spiritual and magical associations, Miss B. becomes a mysterious yet respected figure among the community. Miss B. herself never mentions anything spiritual other than her Catholic

beliefs. The only thing she does is interpreting tea leaves, which, in fact, is a foreshadowing as the fortune telling hints at the ending of the novel. As the novel is set in an isolated town without electricity, such supernatural stories appear to be folktales and are associated with the healers.

The Birth House contains many examples of traditional spiritual rituals practiced during childbirth and healing, such as Miss. B.'s signature move to make the sign of the cross with her fingers on the mother's or baby's body. She always prays along with it: "Mother Mary, help this mama, help this baby, Mother Mary, Blessed Virgin, Our Lady of the Moon and Star of the Sea, Ave Maria Stella" (*BH,* p.66). Whereas, *My Name Is Mary Sutter* only has one; "a candle sputtered and then extinguished. Outside, the perennial hush of winter. Inside, Christian's ghost, stalking them" (*MNMS,* p.264) which is a foreshadowing of Jenny[13]'s dramatic death during labor. Christian is their brother who died recently at the battlefield. Flickering of the candlelight is commonly associated with the presence of spirits, which is also a recurring symbolism in *The Birth House*. The use of candles also highlights the absence of electricity in both novels. If traditional healing and spirituality is considered as a unit and as the residual, it can be said that the dominant culture represented in *My Name Is Mary Sutter* excludes the spiritual aspects, whereas *The Birth House* embraces them as a whole. The reason behind this distinction is the different emergent elements. A midwife with the aim of becoming a surgeon should be at the furthest from spirituality and closest to science during her medical interventions. Otherwise, the unworldly practices may conceal the skills and knowledge, representing him/her as a healer rather than a physician.

A similar mindset is visible in *The Birth House* towards the old midwife of the novel. Even if she is the only one who knows the herbs, their adjustments and how or when to apply them, Miss. B. and even Dora are called witches. At some point, Dr. Thomas and Dora question the concept of faith which Miss. B. strongly supports. At first, like others in the community, they trust Miss. B.'s skills and rely on the remedies she offers. However, the unfortunate death of Mrs. Ketch's thirteenth child during birth, which is the first childbirth Dora attends with Miss. B., raises suspicion. The birth described in the novel is indeed a difficult one. To begin with, it is the thirteenth child and a premature birth. The mother's conditions are terrible. She is forced to milk the cows and peel the potatoes for supper by her husband during the intense labor (*BH,* p.8). Most probably, even if Mrs. Ketch had the

[13] Mary's twin sister.

opportunity to deliver her baby in a hospital by today's standards, the chances of losing the baby would have also been high. It should not be forgotten that Scots Bay community is isolated from the outside world. Limited medical resources and Miss. B.'s skills mark the fine line between life and death, especially in childbirth. Therefore, the reaction to the emergent is expected to be different when it is compared with the community represented in *My Name Is Mary Sutter*. The presentation of an idea to a very conventional order causes that idea to attract attention before it is examined. What Dr. Thomas offers is more than modern techniques; it is also a whole new mindset. He is the outsider who either brings hope or harm, nothing in between. The dominant culture here does not negotiate; the emergent either reconstructs the dominant or disappears.

Just as Miss. B. is the representative of the residual, similar standards apply for Dr. Thomas for being the emergent. Their medical approaches differ in every possible aspect. The Willow Book, a commemorative collective of all herbal recipes, is the only guidance for the Scots Bay community for years. Delivery rooms are mothers' homes; payment has never been an issue between families and midwives. The residual is so evident in the dominant culture that the arrival of Dr. Thomas is considered a threat by Miss. B., even before he steps out of his car. So much so that she hides Dora in the attic from him throughout his visit (*BH*, p.32). Her encounter with Dr. Thomas challenges her skills, as he presents a whole new perspective in medicine. Each method is obscure and mysterious for her; almost all of them contradict with Miss. B.'s approach or disregard the natural remedies. As the two sides symbolize either the utmost conventional or the unorthodox, the dominant culture simply fails to adapt. Miss B. and Dr. Thomas cannot coexist in the same community. They can actually coordinate, but it is impossible because of the change in perception towards midwives in that time period. Doctors only want the experience of the midwives and their clients. Their skills and knowledge are worthless compared to obstetricians' training.

In both novels, transition periods in medicine make it easier to observe the dynamic nature of the dominant culture. Those periods also offer black and white characters, which symbolize either the residual or the emergent in the novels, as well as gray characters to accompany the concept of change. Although these characters have common features with black and white characters, they represent a wider perspective and margin of error. The protagonist of *The Birth House*, Dora, is such an example. She collects guidelines from Miss. B. and Dr. Thomas, adapts to them in accordance with the inspected data, and forms

something unique. Just like the dominant culture, Dora embodies the residual and adapts the change by reshaping and eliminating some parts of the emergent.

The main contradiction arises from the polar opposite ways of approaching the patient. A similar difference is represented in *My Name Is Mary Sutter*, between Dr. Blevens and Dr. Stipp. As scientific research is associated with Dr. Blevens, modern techniques that Dr. Thomas presents in gynecology are considered unnecessary by the people around them. Two modern approaches in medicine mirror the emergent elements in the novels. What creates the significant difference is the approach to the subject of women in medicine. As mentioned previously, women's involvement in medicine is the fundamental emergent factor of *My Name Is Mary Sutter*. The same issue also appears in *The Birth House*, but in the reverse order. Due to the common perspective of the time period, male obstetricians were preferred instead of midwives "since women were barred from the medical schools (either by the admission requirements or by pressure from other students) and since it was claimed by the schools that only doctors could make childbirth safe, physicians gradually began to replace the midwives" (Radosh, 1986, p.130). Midwifery was more of a communal practice and not devoted only to women to practice. Man-midwives were present as early as in 1762 like "Dr. William Shippen, Jr., who had studied midwifery under the famous English man-midwife, Smellie" and even "opened a midwifery school in Philadelphia for the instruction of both men and women. Shippen assumed that with proper instruction, midwives could take care of many cases while emergencies would be referred to qualified physicians" (Radosh, 1986, p.130). This mindset provides a suitable perspective to compare what Dr. Thomas offers to the community of Scots Bay. He wants a business plan instead of cooperation with the midwives. In other words, he disregards women's needs and gives priority to the baby rather than the mother. Just as Miss B.'s spirituality overshadows her skills, Thomas's approach prevents acceptance of the modern and useful methods he offers. It also contrasts with the traditional ways even more. Along with his ignorance towards the women of the community, the estrangement turns into hatred.

The residual and the emergent in both novels share insufficiencies and flaws either in the application process or in terms of qualification. For the residual and its presence in the dominant culture, death rates correlate with its deficiency. The amputations in *My Name Is Mary Sutter* and stillbirths in *The Birth House* represent the shortcomings of the traditional, or in this case underdeveloped techniques of medicine. The reactions to those issues differ in accordance with the impact of the emergent. Mary Sutter is not satisfied with the results

of the medical interventions. Being aware of the insufficiencies, she is eager to learn more. Whereas Miss. B. stands more on the ignorant side. She considers the failures as the law of nature, not willing to improve or question her skills. In terms of the new approaches in medicine, the take on both novels appears to be different. However, in terms of gynecology, they meet at a common point. Even if Mary attends a few births throughout the novel, her appraisal of new applications used in childbirth is similar to Miss. B.'s and Dora's appreciation. Indeed, the use of forceps and scopolamine morphine is the failure in the history of gynecology, and they are part of the emergent in both novels. This also underlines the parallel between the medical history and the novels. Whereas *My Name Is Mary Sutter* centers around an ambitious midwife who studies, learns and tries the modern techniques from a critical point of view, *The Birth House* presents the encounter between the conventional and skilled midwives and wise but inhumane obstetricians.

CHAPTER II

WOMEN IN MEDICINE IN *MY NAME IS MARY SUTTER* AND *THE BIRTH HOUSE*

From 'back-alley' abortions to the controversial standing of midwives in the late 19th and early 20th century, women could barely benefit from the medical developments in that period. As contraception was a taboo in the US until the end of World War I, its alternative was midwives and their herbal medication for abortion. *The Birth House* particularly focuses on this issue through Scots Bay women's community and the shared grievance on never-ending pregnancies. The women discuss possible solutions by extending old midwife's plant-based remedies. Not only were these ways of ending/voiding pregnancies highly dangerous, but they were also a result of the common belief in the US and Canada in that time period that the existing contraception methods like condoms were inappropriate. Women in the Bay share the common belief that men should only use a condom with prostitutes (*BH*, p.228), which elaborates the mindset of that time period and the perspective of women towards modern techniques. The association between condoms and prostitution in women's mind implicitly relates to their perception of sexuality.

Not only was the association between pleasure and sexuality absent, but also midwifery was linked to witchery and magic in the early 20th century America. Even if "about 50 percent of all babies were delivered by midwives" (Ehrenreich and English, 2010, p.31), midwives were called witches and "ridiculed as 'hopelessly dirty, ignorant and incompetent'" (p.32). Midwives' healing methods became a concern when obstetricians monopolized the delivery rooms. Natural remedies and healing techniques were associated with witchcraft. Midwives were "accused of having magical powers affecting health – of harming, but also of healing. They were often charged specifically with possessing medical and obstetrical skills" (Ehrenreich and English, 2010, p.8). However, limiting midwifery to traditional or herbal healing methods simplifies this multifaceted profession.

Dora's tutor Miss B., Marie Babineau, is a French immigrant. She comes from Acadia, "the fertile valley of her ancestors" (*BH*, p.25). Dora describes her once as "gap-toothed" and having a "brown, wrinkled face" (p.24). She frequently calls herself a 'traiteur' throughout the novel, which is referred to as "Cajun traiteurs" in French, meaning "treaters or faith healers" who "have been ministering to the ill and the injured around the bayous

since the 18th century, when the Acadians migrated to southwestern Louisiana from France by way of Nova Scotia" (Yochim, 2004). In the novel, Miss B.'s great-grandfather, Louis Faire LeBlanc is also a traiteur like her and, in fact, she believes that he visited her in a dream "whispering secret remedies and prayers of healing" (*BH*, p.26). She is not related with anyone in Scots Bay, which supports the common belief that she is gifted. Miss B.'s spiritual side always goes hand in hand with her religious beliefs. She always asks for Mary's help and does the "cross sign" (p.14) during labors. In fact, this is a customary part of Miss B.'s way of delivering a child. Starting from preparing clean towels and boiling water, Dora learns to make multiple cross signs on women's bodies and to repeat the prayers. As Dora is the only daughter of the Rare family in five generations (p.5), Miss B. believes that she is the chosen one. The similar mindset is present for Mary in *My Name Is Mary Sutter*. Mary and Jenny's mother Amelia are of French descent like Miss B., and she refers to Mary as the one who perpetuates the tradition of midwifery handed down from generation to generation. She believes that there is a reason Mary is the one to become a midwife instead of Jenny. Although it is not mentioned in the novel, Amelia may have named Mary after Virgin Mary because it is highly probable that she has similar beliefs as Miss B., with whom she shares the same origins.

Midwife literally means 'with-woman,' (*OED Online*) a woman who is with the mother during the childbirth. The midwife's "presence may have been considered contribution enough, for she could offer the laboring woman the reassurance of having witnessed many births" (Wertz and Wertz, 1989, p.6). Before the medical developments that effected the field of gynecology, births would take place in line with the cooperation between women. Besides medical assistance, midwives provided moral support to mothers during the deliveries. Like in *The Birth House,* Miss B. brings herbs for easing the pain and encourages others to bake the "Groaning Cake" for its comforting scent. It is believed to be a traditional recipe that appears in "many cultures as a special dish, bread, or drink, spiced with cinnamon, allspice and/or ginger" (*MNMS*, p.4). Baking with earthy spices creates a homey atmosphere which can help soothe the mother and, furthermore, the cake can be distributed as an offering to the ones who attend the childbirth process. It has a simple celebratory meaning that is associated with birthday cakes as well. Both in the novel and in real life, mothers had needs in the household like cleaning, cooking and taking care of other children. Their female relatives, neighbors and women who passed the childbearing age helped with the chores, as "managing household with children was simply so difficult and exhausting that the last stage

of pregnancy, delivery itself, and the postpartum period would weaken and even kill a woman if she also had to continue her chores without help" (Wertz and Wertz, 1989, p.3). While midwives were taking care of the mother and the newborn, others were assigned to look after her children and help around the house. Besides the responsibilities, the population of the house should also be considered; "there was no lengthy period of a woman's life without the presence of children in the home" (Wertz and Wertz, 1989, p.3). Without any contraception methods, "births usually occurred about fifteen to twenty months apart, because conception was biologically unlikely as long as a woman was still nursing an infant" (p.3). The examples of over-crowded families and secret discussions of contraception methods among women are present in *The Birth House*.

In the small community, there are two reasons behind the secrecy of such topics. First and foremost is the patriarchal society they live in. The second reason is the presence of the White Rose Temperance Society (*BH,* p. 24), formed by senior women who passed the childbearing age. With its name, the society echoes The Temperance Movement (1820s) and Women's Christian Temperance Union, represented by Frances Willard in 1874, that promoted reducing alcohol use of the married men and moral reform (Waxman, 2019). Dora's aunt Fran is one of the wealthy members of the White Rose Temperance Society and women in this society support the patriarchal order in the domestic sphere, against immorality and despise Miss B.; they find her filthy and strange (*BH,* p. 24). Aunt Fran also regularly teases Dora about her reading habit. She believes "overthinking and novel-reading causes, at the very least, fretting, nightmares and a bad complexion" (*BH,* p. 39) and she shares a relevant quotation from *The Science of a New Life* by Dr. John Cowan (*BH,* p.39). After she warns Dora's mother about this, Dora's father, Mr. Bigelow, burns all the books. Aunt Fran and other women in the White Rose Temperance Society, not only represent the pressure and control on younger women in the community, but also their scientific approach mirrors the patriarchal feature of the early 20th century modern medicine. Aunt Fran's criticism of reading and overthinking under the name of concern is a foreshadowing of Dr. Thomas's diagnosis of Hysteria on Dora.

The young women of Scots Bay, Dora, Bertine, Mabel and Sadie, form the Occasional Knitters Society (*BH,* p. 183) that allows them to spend time together while they are knitting socks for the soldiers. They are also responsible for "sewing rag dolls for the children of Halifax, and taking mid-winter boxes of cheer to those who are shut in or in need" (*BH,* p.227). They mostly gather at each other's houses, "reading tea leaves and holding other

women's children" (*BH*, p.227) in their arms. Compared to its utmost opposite, the White Rose Temperance Society, in terms of care giving, the Occasional Knitters Society represents the solidarity among young women. On the cold nights of Scots Bay, the women befriend each other while drinking tea, knitting socks, and sharing what is considered immoral by the White Rose Temperance Society, their husbands, their families, and the Church. The need for birth control is a recurring subject. They share family recipes, methods that they heard around and Miss B.'s teas and herbs from the Willow Book. As contraception is not an issue to discuss among the community or with Dr. Thomas, the support that is formed within the Occasional Knitters Society represents the backbones of solidarity in First Wave Feminism and highlights the blind spots of modern medicine in that period.

Mother and child health became a concern as "one in thirty died giving birth" in the early 20th century but "childbirth did not become much less deadly until antisepsis and antibiotics also entered the birthing room, long after the entrance of doctors" (Borst and Jones, 2005, p.23). Midwives' limited approach to the occurring problems during births increased the number of deaths. Therefore, at the beginning of the 20th century, modern practices in delivery rooms aimed to lower the mortality rate. As represented in *The Birth House*, when modern medicine is introduced to the women of Scots Bay, promising a safer and pain-free childbirth, the medical establishment is appreciated and adapted by their husbands rather than the mothers. This forced some women to choose Dr. Thomas over Miss. B, taking away their freedom of choice while delivering their babies. Until the end of the 19th century, the authentic healing techniques and "pain control was reliant upon the skill and knowledge of the attending midwife. By the turn of the century, however, child deliveries had fallen, for the most part, under the jurisdiction of obstetrics and delivery hospitals" (Ragsdell-Hetrick, 2014, p.115). Even if the pain-free birth was the slogan that marked 20th century's medical approach, which was just the opposite of the natural methods, it caused disabilities and stillbirths.

One of the reasons behind the unsuccessful approach to childbirth was the use of scopolamine-morphine narcosis, in another words Twilight Sleep:

> In 1906 Gauss described a new method of using the drugs and introduced the term 'twilight sleep.' It is essential to understand clearly that what is meant by twilight sleep is neither analgesia nor anesthesia, but a condition of amnesia. In twilight sleep sensation is still present though in diminished degree; the patient feels the pains of the uterine contractions, frequently she moans, draws up her legs, and in other ways shows that she is suffering, but these painful sensations are not recorded in the memory cells, and

> after the influence of the drug is removed, the patient will vow she never experienced them. (Fairbairn et al, 1918, p.3)

Scopolamine-morphine narcosis was first used in 1902 to relieve the pain during labor but "instead, it causes the patient to momentarily forget the pain of uterine contraction and vaginal delivery, and […] the patient will experience a moment of amnesia" (Ragsdell-Hetrick, 2014, p.116). As a result of this procedure, mothers were not able to sense or be aware of anything throughout the birth, and "there is complete loss of memory for all events taking place during the period the patient is under the influence of the drug" (Fairbairn, 1918, p.3). Twilight Sleep had physical and psychological repercussions for the baby and the mother. Yet, it was highly popular and commonly used in delivery rooms at the beginning of the 20th century. So much so that Hemingway's *A Farewell to Arms* (1929) mentions the use of scopolamine-morphine implicitly. The protagonist Lieutenant Frederic Henry narrates his girlfriend Catherine Barkley's "intense and prolonged labor that ultimately produces a dead infant and leads to Catherine's death" (Ragsdell-Hetrick, 2014, p.115). In 1918, an appointed committee of obstetricians and gynecologists published a report on the use of scopolamine-morphine narcosis in childbirth. The report states the appropriate dosage, application techniques and possible effects on the human body. In terms of accuracy, Hemingway's novel represents misapplications. To ease Catherine's pain, her doctor administers a gas which she inhales right after her contractions. As the labor takes so long, the effectiveness of the gas decreases. She craves for more and more each time, until the nurses take her to the delivery room. She shows almost every symptom of overdose like forgetfulness, loosing track of time and inability to control her bladder. Babies, on the other hand, "born to mothers who have received high doses of Twilight Sleep" were expected to be "sleepy, with a decreased drive to breathe" (Ragsdell-Hetrick, 2014, p.117). The stillbirth and mother's death in the novel can be associated with the use of scopolamine-morphine, but the uncontrolled application of the gas should also be considered.

The 20th century introduced innovative approaches in gynecology. Like scopolamine-morphine, the implementation of new methods required rigor and attention, and these methods had not yet been adequately tested. They were part of the progress. The issue was the attitude against women. Besides the exclusion of midwives from delivery rooms and exclusion of women in medical education, the focus drastically shifted from mother's well-being to the baby. Even if Twilight Sleep was promoted through the zero-pain campaign, it eliminated the mother completely. In a delivery room, circa 1915, an outsider was likely to

encounter a sedentary and unresponsive mother in a comatose state, a newborn struggling to breathe and male obstetricians taking care of the baby. Mother's presence was highly controversial, which can lead to the inference that: "The new reproductive technologies accentuate the shift in power from the mother to the doctor, from women to men" (Mies and Shiva, 2014, p.52). Besides its contrast with natural birth, the administration of scopolamine-morphine also puts the obstetrician in charge and "in these circumstances, the physician rather than the mother comes to be seen as having produced the baby" (Mies and Shiva, 2014, p.51). As a result, women dissociated from the society even more while they were trying to get medical education or obtain contraception methods.

As discussed in relation to First Wave Feminism and female involvement in modern medicine, the isolation of women by male obstetricians' supremacy and the change of the focus from mothers' health to babies' well-being caused mistrust against modern techniques among women. With the rise of modern gynecology in the early 20th century, "pregnant women are viewed not as much as sources of human regeneration, as the 'raw material' from which the 'product' – the baby – is extracted" (Mies and Shiva, 2014, p.51). In *The Birth House*, Dr. Thomas introduces Twilight Sleep as a pioneer innovation to the women of the Bay. When he applies it to Dora's cousin Ginny during her labor, Dora intentionally says "Ginny's child is *extracted*" (*BH*, p.110) rather than born or delivered, and underlines the disempowerment of the mother. The application process of scopolamine-morphine is not clear as it is in Hemingway's *Farewell to Arms*, yet both represent the same approach. The two mothers feel "left behind, unsure" and there is no "moment of celebration at the end" (*BH*, p.111) of either birth. Besides, Ginny's and Catherine's babies similarly have trouble breathing, as a common side effect of the drug, and one of them cannot survive. However, there are significant distinctions between the two labors.

Another significant alteration that links the use of sedatives and childbirth is the birthing position of women. Before the obstetricians monopolized the delivery rooms, midwives guided women in crouch or sitting position during deliveries. Both in *My Name Is Mary Sutter* and *The Birth House*, the positioning of the mothers' changes to laying on their backs in administration of the male doctors. In medical terms, it is called "lithotomy position" (Diogru et al, 2016) and it is used along with sedatives like scopolamine-morphine narcosis and chloroform. With the progress in the field of gynecology, "lithotomy position was routinely adopted" (Diorgu et al, 2016, p.522) also by the midwives towards the end of the 20th century. However, especially in the early 20th century, "[t]he mothers seemed to be

passive participants in their own labour and birth. The lithotomy position and extensive use of episiotomy was practised without informing and consulting the mothers" (Diorgu et al, 2016, p.522), just like the Twilight Sleep administration. Compared to the births that were administered by the midwives, an unconscious and motionless woman on the operation table surrounded by male obstetricians resembles the contrast between natural methods and modern approach in gynecology.

As represented in *Farewell to Arms*, Catherine's labor is a difficult one. In terms of required medical intervention, the application of scopolamine-morphine through gas and its adjustment are questionable. Due to the "complexity of performing twilight sleep accurately, the measurements of morphine and scopolamine had to be precise and the risk of overdose was high" (Pollesche, 2018). Not being able to wake up after the process, memory loss and psychological side effects on the mother were still present even if it was performed accurately. Besides women's detachment from the birthing process and its repercussions during postpartum, as stated earlier, Twilight Sleep has dangerous side effects on the baby's health, too. Hence, it limits its need of application in terms of purpose and result. The drug offers a pain-free birth which has zero impact on the concerning death rates in natural birth as promoted by the obstetricians. As medicine was still progressing especially in the gynecology field during World War I, approaches like the untested use of scopolamine-morphine can be considered a part of the experimental development process. Twilight Sleep was developed as a solution to pain and its testing is limited to physicians Kronig and Gauss's researches and publications on this subject (Pollesche, 2018). Due to insufficient resources and data obtained for the process and the results, only the positive aspects were reflected causing its widespread use among women. Until "the death of Francis Carmody in August 1915" (Pollesche, 2018) from scopolamine morphine administration in childbirth, Twilight Sleep was the common answer to labor pains in modern gynecology at the beginning of the 20th century.

Towards the mid-20th century, scopolamine-morphine narcosis was no longer used in childbirth. Even before the death of Francis Carmody, "wide publicity given to twilight sleep led to its abuse in unskilled hands. A high incidence of asphyxiated[14] babies led to the abandonment of the method" (Heaton, 1946, p.571). Within the transition period of medicine, other method that was considered a successful innovation in gynecology that made

[14] Common side effect of scopolamine morphine narcosis on babies after birth.

its way to today's medical world is the cesarian section in childbirth. The origins of this administration date back in history. The first cesarian section was successfully performed in 1500, in Switzerland where "a soldier, Jacob Nufer, performed the operation on his wife" (Boley, 1991, p.319). Cesarean section has been a part of human culture since ancient times and there are tales in both Western and non-Western cultures of this procedure with positive results. At the beginning, this procedure's objective was "the possible rescue of the fetus" (Sherrod, 2017, p.3) or the mother during a risky labor. In America, "the earliest published operation is done by John Richmond in Ohio, 1827" (Boley, 1991, p.321). The patient "was in labour for thirty hours suffering from eclampsia", which is a risky condition caused by high blood pressure, and the doctor performed c-section "with a few instruments from a pocket case" (p.321). Aside from the sedatives used in childbirth, cesarian section is also a controversial application because of its contrast to natural birth, and the two novels differ in this regard. Similar to Twilight Sleep, cesarian is also interpreted as prioritizing the baby in *The Birth House*. *My Name Is Mary Sutter*'s take on this subject is highly argumentative and open to interpretation. Before elaborating on the perspectives on the c-section in each novel, women's insecurity and hesitation towards modern medicine should be underlined, especially in the early 20th century. Women's exclusion from delivery rooms and detachment from childbirth in *The Birth House* and misapplication of scopolamine-morphine in *Farewell to Arms* represent how some women avoid modern techniques, even if some of them like c-section are necessary in some conditions. In the first place, the gap between natural birth and modern approaches causes prejudice. Especially among the predominant residual cultures, like in *The Birth House*, this gap is easier to perceive. Yet in *Farewell to Arms* and in *My Name Is Mary Sutter*, the feeling of apprehension is a prediction rather than an inference.

The arrival of Dr. Thomas at Scots Bay is dramatic enough to represent the gap between the natural remedies and modern techniques. Among various conflicts, the shift from mother's well-being to the baby and the payment methods stand out the most. As mentioned earlier, Miss. B. never asks for anything in return for her assistance. The order among the domestic community is shattered by Dr. Thomas's demanded fee. Therefore, Miss. B.'s immediate response to his introductory speech on the modern approach in gynecology is "What you sellin'?" (*BH*, p.29). He is selling, indeed, the imposed mindset of the early 20th century gynecology. In fact, "for physicians to overcome the public perception that childbirth was a natural event that could be handled at home, obstetricians recruited nurses to spread the word that obstetrics was a legitimate medical specialty and that the

hospital would provide the best possible environment for birth" (Sherrod, 2017, p.4). Hospitalization alone was highly expensive, and together with the administered drugs, like scopolamine morphine, or a possible c-section, took the birthing process to a whole other level, especially compared to the natural births at home. More importantly, women of Scots Bay pay for Miss. B.'s labor and assistance by meeting her basic needs, not in cash. Along with the offered modification, women are no longer able to pay for themselves; their husbands take charge. An example from *The Birth House*, Dora's cousin Ginny writes in her letter about a young woman who gave birth under the care of Dr. Thomas: "[h]e said her labour was taking too long, so he cut her and gave her ether! She required quite a few stitches, and the ether made her sick. The baby's fine, a boy, some big, but she said she'd rather have had her baby at home. They'll have to sell their best milk cow to pay the bill" (*BH*, p.334). This example contains two critical aspects of modern gynecology. First, the implied high costs for a single birth appear as a result of the cesarean section. Not to be forgotten, contraception is a taboo among the Scots Bay community, which means that the probability of other pregnancies is high and the family is not able to afford either hospital care or c-section for their future children. Secondly, the necessity of the c-section is highly doubted. This part is open to discussion, as there is not any information on the labor's exact duration or the risk level. However, even though the operation is successful, the negative perspective towards its administration among women is still present; reckless use of drugs and avoiding women's needs by prioritizing the baby result in fear and mistrust.

Ginny's labor is the last childbirth Dr. Thomas attends before leaving Scots Bay. During the labor, Ginny is so afraid of him that she cries out "Get him away from me!" (*BH*, p.346). It is mainly because he attends the birth without her permission and tries to give her Pituitrin and chloroform. Again, Dr. Thomas's medical approach is controversial here. His forced involvement aside, the medicine he suggests can be necessary depending on Ginny's situation. The pregnancy has been problematic from the very beginning, even life-threatening. The symptoms listed by Dora are "swollen all over, suffering from crippling headaches and nearly blind each time she tries to stand up" (*BH*, p.340). The exact name of the complication is not mentioned in the novel but Miss. B. calls it "Stranger's Face" or "mask of death" (p.341) as the patient's face becomes unrecognizable because of the excessive swelling. The actual name of the disorder is Preeclampsia-eclampsia which appears as Preeclampsia, and without treatment, develops into eclampsia. It is believed to be caused by high blood pressure of the mother, and the treatment is prescription of drugs that

either help preventing a possible seizure or lower the blood pressure. The reasons behind the complication are still not fully known but theories in this field have led to the emergence of many different others associated with Hysteria in the long run.

To explain this unknown complication during pregnancy, physicians referred to the theory of the 'wandering womb.' Briefly, "central to this theory was that the uterus was able to physically uproot itself from its seat in the pelvis and travel anywhere within a woman's body in search of satisfaction" (Bell, 2010). The roots of this perception date back to Ancient Greece; even "Plato lived and wrote during this medical enlightenment" (Adair, 1995, p.153) and "while Hippocrates believed that a dried-up uterus wandered the body in search of moisture, Plato viewed the uterus as an animal that wandered because it was sexually unsatisfied and desired to make children" (Bell, 2010). This wandering and mobility of the uterus within the body is believed to disturb other organs and inevitably causes diseases like Eclampsia. The womb's destination is believed to determine the specific complication, for example "if the womb strayed into the head, it would cause headaches; if it sat in a woman's chest, it could cause near-suffocation. A misplaced womb could steal breath" (Wisenberg, 2007, p.113). The antidote aimed to relocate the womb, and to do so "affected women would be given something foul-smelling to breathe, so that the womb would be repulsed" (p.113). Another solution, in line with Plato's point of view, was intercourse as "the womb longed to be of use […] and wanted to be a nest" (p.113). Eventually, the womb's unfulfilled desire to bear children was associated with Hysteria by the obstetricians in the mid-19th century.

Hysteria was an erroneous disorder that women were legitimately diagnosed with throughout history, and it "has been a sex-selective disorder, affecting only those […] with a uterus" (McVean, 2017). Throughout history, Hysteria "was considered from two perspectives: scientific and demonological. It was cured with herbs, sex or sexual abstinence, […] clinically studied as a disease and treated with innovative therapies" (Tasca et al, 2012). The symptoms of Hysteria were "anxiety, insomnia, depression, irritability, fainting" or in other words; "Hysteria was basically the medical explanation for everything that men found mysterious or unmanageable in women" (McVean, 2017). Under the influence of the wandering womb theory, Hysteria was categorized as a physical illness and treated accordingly. As mentioned in *The Birth House*, the vibrator is prescribed for the uterus. The treatment aims to cure the infertility, without taking the pleasure outcome into the account. At the beginning of the 20th century, even if the symptoms appear as psychological, obstetricians came to the decision that the complication was related with a physical

deficiency which was "a conclusion only supported by men's […] dominance over medicine, and hysteria's continued use as a synonym for 'over-emotional' or 'deranged'" (McVean, 2017). This also highlights the dominant patriarchal mindset in the medical field that directly affected gynecology, contraception and women's place in the society.

Hysteria began to be characterized as a psychological disorder rather than a physical one towards the 20th century. At first, "Jean-Martin Charcot had famously 'scientificized' hysteria in the 1880s in France at the Sâlpetrière Hospital, demonstrating the condition's symptoms in lectures using live subjects and cataloguing the symptoms through a series of published photographs and images (Clinical Lectures)" (Devereux, 2014, p.23). However, his student, Sigmund Freud's "early theories situated hysteria not in a physical lesion but in a kind of internal psychical scar produced through trauma or repression" (p.24). The wandering womb theory is the basis of this perspective, especially what Plato offers in terms of desire and needs. Obstetricians explained Hysteria through depression, which is caused by not being pregnant. At that point, the terms like 'desire' and 'needs' were not associated with women's sexuality at all. In fact, they were identified with the longings of the womb. Women diagnosed with Hysteria showed a wide range of symptoms, from fatigue to seizure. The diversity and irrelevance of the symptoms is why this disorder got its current name; Conversion Disorder, which supports Freud's diagnosis by distinguishing it from a simple depression state. Patient's symptoms "take many forms and are designated conversion reactions because the underlying anxiety is assumed to have been 'converted' into physical symptoms" (Britannica, 2014). The mindset in the early 20th century was in between wandering womb and Freud's trauma theory. *The Birth House* depicts this through Dr. Thomas and his diagnosis of Dora as Hysteria.

Emergence of Hysteria coincides with women's participation in society and education. In other words, "it was […] the way nineteenth-century U.S. and European cultures made sense of women's changing roles" (Briggs, 2000, p.246). Towards the end of the 19th century, in the context of First Wave Feminism, changes in women's place in the social and domestic sphere are interrelated with the diagnosis of Hysteria. Especially since the field of modern medicine and gynecology was male dominated, this diagnosis can be considered as a product of the patriarchal perspective and a way to keep women at home. Rather than a disruption, it was a distraction for women as Hysteria "is at once a diagnostic gesture of dismissal of women as competent participants in public life, a social role uncomfortably inhabited by suffering women, and a warning about the dangerous consequences for women

of engaging in unfeminine behavior" (Briggs, 2000, p.247). Two midwife protagonists either have an unconventional role, contemporary mind or engage in unfeminine behaviors. In both novels, midwifery is classified as a profession and a reason that keeps women occupied, distracted and away from their home. Besides midwifery, Dora is diagnosed with Hysteria for two reasons. First, she is unable to get pregnant and second, she objects to and argues against the suggested treatments and comments of Dr. Thomas, especially after Miss. B.'s death. Dr. Thomas simply focuses on the pregnancy concerns only and eliminates her presence as a woman with the diagnosis of Hysteria.

The protagonist midwife is portrayed as longing to get pregnant and to have her own big family in *The Birth House*. The families in Scots Bay are mostly overcrowded with children. What is expected of a young girl is to get married as soon as she hits her childbearing age and start giving birth to her children. Men are mostly absent, especially because they join the army, as the novel is set during the World War I. Unlike them, Dora's husband Archer did not volunteer as a soldier; he prefers spending his days on futuristic project designs and his nights on drinking and forgetting about them. After a rocky start, Dora and Archer's marriage is never on track again. When he drinks, he becomes aggressive and abusive towards Dora. Before leaving the house, he beats and sexually assaults Dora multiple times. However, as this is considered quite normal by the society she lives in, Dora feels guilty for not being able to make her husband happy and get pregnant. She reaches out to Dr. Thomas, hoping that he can help her to get pregnant when Archer comes back home. After the examination, Dr. Thomas comments:

> Your premature exposure to the primitive and sometimes unseemly regenerative aspects of womanhood, coupled with your current desire to bear children, has left your body's systems in a constant state of nervousness. Your fragile psyche has forced your female organs to collapse, leaving you barren and gaunt with illness […] You haven't attended any more births? (*BH*, p.194)

If Dr. Thomas is talking about the traumas Dora was subjected to by Archer in his first sentence, he would have made a very accurate determination. Instead, what he means by her exposure to womanhood is Dora's participation in births as a midwife. While he is trying to promote modern medicine to women, he actually discriminates against them. Dr. Thomas's statement for Dora's involvement to births as a young woman, associates with the believed causes of Hysteria: "Overuse of the female mind, overwork and sexual repression" (Rodgers, 2014). At the beginning of the 20th century, while women "were increasingly seeking higher education" (Rodgers, 2014) and birth control methods, they were simply diagnosed with a

mental illness and excluded from the delivery rooms. Dr. Thomas diagnoses Dora with "neurasthenia" (*BH*, p.194), a 'functional disease' that shares common characteristics with Hysteria (Paciaroni and Bogoussslavsky, 2014). Whereas, Dora's symptoms are similar with depression after a traumatic experience which supports Freud's perspective on this condition.

What Dr. Thomas prescribes for neurasthenia is highly compatible with the wandering womb theory on the one hand, yet unexpectedly epochal for women's sexuality on the other. As Plato states, the womb wanders in search of desire. Not in terms of pleasure, but it desires reproduction. Dr. Thomas administers the treatment by using a vibrator, which he calls a 'medical marvel' (*BH*, p.196), to prepare Dora for conception. He suggests that "it prepares the womb, leaving it ripe and waiting for a dear little soul" (p.195). The focus is on the baby. Dora is none other than a female patient who consults a doctor with certain symptoms. However, the only focus of her treatment is to ensure that she has a child. After all, as Dr. Thomas says Dora is "useless to her family and her community" (p.200) in this condition. His statement underlines his patriarchal approach that causes the biased perspective of women in Scots Bay towards modern medicine. Ironically, in the treatment process Dora discovers what Plato did not mean by desire. She is "invigorated to the point of great happiness" (p.201). She is capable of understanding what a vibrator offers a woman more than a treatment. Naively, she wonders: "Have I stumbled upon yet another exercise that is better attended to by the fairer sex? Wouldn't the scholars and journals of medicine be astounded to learn of my findings?" (p.201). Evidently, a newly wedded young woman chooses the vibrator over her husband and discovers sexual pleasure for the first time. This also shows that she embraces the modern techniques. Among all the innovations Dr. Thomas introduces to the community, this might be the most bizarre one. Even so, Dora accepts and enjoys it open-mindedly. While she is using the vibrator daily, she also continues to use Miss. B.'s "Moon Elixir[15] four times a day" (p.202). Natural remedies and the modern treatment together serve the best for Dora's healing process and psychology. However, other women in Scots Bay still prefer the conventional and cut-and-dry methods from the Willow Book.

Unaware of their own sexuality, women's appreciation of intimacy is limited to getting pregnant in *The Birth House*. That is why the contraception methods are not open to

[15] Miss B.'s remedy from the Willow Book, combination of spices and sweets, slowly cooked during the full moon. It prepares the mother for pregnancy.

discussion and protection through condoms is associated with prostitution (*BH*, p.228). Even if they are desperate to use them, women choose to end the existing pregnancy instead. The only way to terminate the pregnancy is by using Miss. B.'s natural remedies. Although most of them are very risky, they do not consider the other way. There are two main reasons behind their attitude. The first one is, women of the Bay are hesitant to accept techniques that modern medicine offers. As a result of their biased perspective towards c-section, they prefer to give birth in the hands of the midwife. The contradiction behind this approach is, each modern technique Dr. Thomas administers throughout the novel is actually accurate and necessary. What makes them improper is the reflection of the patriarchal mentality of the obstetricians of that time period onto Dr. Thomas's manner. The second reason is the patriarchal society they live in; women are not able to make their husbands use protection. If their husbands want more children or simply "another boy" (p.229), their words are final. Although women's "health and independence were closely linked to their ability to control their own fertility, […] reproductive physiology, sexuality and sexual dysfunction strongly fortified the cultural imperatives that tended to minimize male causation and responsibility in these areas" (Soloway, 1995, p.639). Therefore, "the one clearly male contraceptive, the condom, was as closely linked to illicit sex and the prevention of venereal disease outside marriage" (p.639). Pleasure is attributed to men; they only use condoms to avoid syphilis transmitted from prostitutes.

Besides hampering women's access to modern medicine both as professionals and as patients, obstetricians prioritized the health and well-being of babies rather than those of mothers. One important consequence of this practice was the neglect, if not repression, of birth control for women. It was only when soldiers returned home with venereal diseases after WWI that contraception became a public discussion topic. Advances in medicine did not primarily serve women as the priority shifted to the baby's well-being. In *The Birth House*, Miss B. illustrates this through the mother-seed and child-fruit resemblance (*BH*, p.153). Fruit may seem like the prize, she states, but it is the seeds that grow. On the contrary, Dr. Thomas classifies women as useless when they cannot or can no longer give birth. Birth control became even more controversial when this mindset was present in the early 20th century. Therefore, there was no other choice left for women but to depend on natural remedies for contraception. In the United States, "the movement that first coalesced around the term 'birth control,' was coined by Margaret Sanger" (Gordon, 2002, p.138). In 1914,

> Sanger launched her own feminist publication, *The Woman Rebel*, advocating for birth control. She was charged with violating the Comstock laws and fled to England, though had friends share a pamphlet she authored on contraceptive techniques in her absence. In 1916, she opened the first birth control clinic in Brownsville, Brooklyn. Barely a week later, she was arrested and spent 30 days in jail. (Michals, 2017)

After seven years, she successfully opened "the first contraceptive clinic in America, with doctors in charge, and in seven years some eighteen thousand women have been advised there" (Smith, 1930). Ironically, rather than the need of family planning or women's rights, contraception became a subject matter when soldiers returned home with venereal diseases after the WWI.

Compared to the dominant patriarchal approach on the birth control subject, Dr. Thomas takes care of Ginny and evaluates her condition in the light of the same perspective. First and foremost, he does not classify Ginny's situation as an illness; he passes her off by saying: "You must understand, Mrs. Jessup: like you, the majority of pregnant women are neurotic" (*BH*, p.342). As childbirth changed from traditional to modern in the early 20th century, "within such a medical model, an approach to care depicted by the diagnosis and treatment practiced by physicians, the focuses during the birth process shifted to risk instead of health and to technological intervention instead of natural processes" (Sherrod, 2017, p.2). This means that medical advances were based on power rather than welfare. In this equation, power was attributed to the patriarchy, in other words to the male doctors, while women were either ignored patients or skilled midwives. In Ginny's situation, the possible solutions of her complication were debated and altered throughout the centuries. In the early 1800s, "Blood-letting remained a staple in the prevention and treatment of preeclampsia-eclampsia" (Bell, 2010). Even if the treatment method was outdated at the beginning of the 20th century, this method was still used because a better way could not be found. Dr. Thomas does not administer blood-letting on Ginny but he "told Ginny that if the swelling in her ankles and hands didn't go down, he'd have to perform bloodletting" (*BH,* p.342). Before suggesting the proper solution, his condescending attitude towards Ginny undermines his own credibility, even though he is the only person in Scots Bay who can apply this if necessary. In other words, Ginny's not wanting the doctor around at the time of birth due to this disengagement could have been fatal if things went wrong.

In contrast to the modern techniques, Dora uses the natural remedies from Miss. B.'s Willow Book, such as "Epsom Soaks," "Stepped Hops," milk, herbs and even fish (*BH,*

p.342) to heal Ginny's eclampsia. She makes sure that Ginny is alone, safe, resting and eating well to relieve her anxiety. Physical examination is the only way for Dora to diagnose her disease. In contrast to the symptoms of the complication, most of the remedies either have sedative effects or are used for relieving anxiety. Very few of them reduce the swelling, or have a significant effect on the blood pressure. Dr. Thomas also has a similar approach; he tries to comfort Ginny and facilitate the upcoming labor in a rhetorical way. Throughout the novel, even if Dr. Thomas's decisions and administrations are mostly accurate, his approach to women masks the things he and modern medicine can offer to the community. Misrepresentation of the emergent causes the dominant to reject it as a whole. He calls women, especially pregnant women, neurotic in nature and diagnoses them with Hysteria. Depression, morning sickness, or any other feeling women can endure apart from contractions during pregnancy are interpreted as "the pregnant woman's way of gaining attention from a husband who is uncomfortable with his wife's condition" (*BH,* p.320). Dora's husband Archer also has a similar approach and he is strongly against Dora's occupation. After Miss B.'s death, Dora wants to preserve the herbs and plants by taking them to her own house. Archer responds fiercely, stating that Miss B. is a fraud and most of the illnesses are in women's mind (*BH,* p.172).

Two dominant male figures in Dora's life try to estrange her from midwifery, only because it conflicts with their interests. Eventually, both men leave her with physical and psychological trauma that could easily have been avoided if modern and traditional techniques were used together. The emergent, modern medicine, fails to be adapted by the dominant as it rejects the residual completely. However, the emergent does not disappear without any impact throughout the cultural process. Since "hegemony of the effective dominant culture is characterized as a complex, multilayered negotiation and renegotiation of the emergent and residual cultures and of those cultures relative to the dominant culture" (Bryson, 2008, p.748), the change in Dora's perspective corresponds with the need for contraception, which is associated with awareness of gender-neutral pleasure during intercourse. Throughout the "processes of incorporation and selective tradition" (Bryson, 2008, p.748) of the cultural process, contraception and sexual pleasure incorporated to the dominant culture.

Although Dora is highly similar to Mary Sutter, in terms of reflecting the transition to the modern techniques along with their midwifery skills among the society they live in, Dora is not an absolute representative of the emergent. Her potential to adapt is obstructed by the

discriminatory attitude of Dr. Thomas. On the other hand, the emergent results in an unexpected new path which also challenges the dominant: the implicit presence of pleasure in sexual intercourse. Dora's awareness correlates with women's rights movement that falls into the second part of First Wave Feminism. Two novels cover the two parts of this movement. While *My Name Is Mary Sutter* focuses on women's involvement in society through access to medical training, *The Birth House* underlines the importance of contraception methods with women's inability to benefit from the modern techniques. As women's education was a controversial matter, Mary Sutter's aim of becoming a surgeon, which was a profession that was attributed to and defined by men in the 19th century, is significant for the representation of the beginnings of First Wave Feminism. From the social sphere to the domestic sphere, the second part of the movement is exemplified through Dora Rare. The timeline of the novels starts with the efforts of women to join the medical world and ends with the developments in medicine and gynecology not fully serving them.

The young midwives, Mary and Dora, approach midwifery differently. As Mary has the opportunity to interact with trained doctors and has access to information through articles and books, her opinion on midwifery is as follows: "you had to know very little to deliver a baby. Babies mostly delivered themselves. Only rarely did the process take on the need for extraordinary skill and urgency; as a practice, the procedure had become routine, almost dull" (*MNMS*, p.103). These are the thoughts she has before admitting as a nurse in the battlefield. After she experiences many hardships while administrating surgeries, her thoughts drastically change and she asks herself: "Was this what medicine was? Barbarity? By comparison, even at its worst, childbirth was artful. Even when women bled or seized, there remained at least the elegance of hope. The flickering promise of life" (*MNMS*, p.179). Certainly, she associates medicine with the war at this point. As far as she is concerned, what she is eager to learn is just a tool that is used to treat soldiers, in other words, a response to a 'meaningless' war. Mary knows that "she had left the world of women, and now all she had was tomorrow, and men, and their unreason" (*MNMS*, p.180). Not only does she foresee the segregation of women, especially midwives, from medicine but she also associates medicine with men. Although the reasons are different, the two novels converge on the point that men were identified with medicine and women with midwifery.

Women's involvement in medicine appears as the main theme of *My Name Is Mary Sutter*. The novel represents an early grab of modern medicine compared to *The Birth House*. There are two approaches to the advancements which serve Mary in different ways. The first

one is the transitional era of medicine from basic methods, such as amputations, to the need of research. During the Civil War, the division between those fields were not crystal clear. Therefore, like women's involvement in medicine, research techniques were not fully embraced[16]. Mary not only appears as a symbol of social liberation of women by serving in the battlefield as a nurse, but she also pays precise attention to research. From the beginning of the novel, her pursuit in life revolves around learning more. While she is trying to persuade Dr. Blevens to become his apprentice, she claims: "I want to know more about anatomy, physiology. The *something* I cannot see" and continues; "I want to understand *everything* […] Isn't it all connected? Isn't the body a system? How can I understand a part if I do not understand the whole?" (*MNMS*, p.19). Her curios mind is similar with Dr. Blevens's keen interest in research. What makes Mary stand out as a woman among other nurses working in the hospitals with soldiers is her contemporary approach to medicine in that particular period.

Although Mary and Dora are not given the chance to do research or to access proper education, their desire to know more leads to similar points in the novels. Mary is expected to be questioning the complications that appear during childbirth as a result of her inquisitive character. The unforeseeable incident is Dora's critical approach to Miss. B.'s remedies. As Miss. B. is her tutor, Dora follows her instructions without questioning up to the point when Mrs. Ketch has a stillbirth (*BH*, p.17). Two days after they burry the infant in Miss. B.'s garden under the Virgin Mary tree, Dr. Thomas arrives at Scots Bay. He has the information beforehand about the stillbirth; Mr. Ketch had reached him after the incident and asked for his help. Dr. Thomas critically asks Miss. B. if there was a way to save the baby. Then, in order to prevent similar situations, he recommends that women should give birth in Canning Maternity Home and that Miss. B. should direct her patients there. Miss. B. immediately withdraws this demand and asks him to "leave the women of the Bay" (*BH*, p.34) to her. During this discussion, Dora is hiding upstairs as Miss. B. told her to do so. Unlike Mary Sutter, women of Scots Bay are very hesitant towards outsiders, especially if they are men. This detail alone corresponds with the different emergent factors represented in the novels. Mary Sutter reaches out on her own to male doctors and works with Dr. Stipp alone in the hospitals and battlefields without any concern. Therefore, her ambition and efforts resemble

[16] Even surgery had a controversial standing as doctors who attended the surgeries of the wounded soldiers had limited experience and knowledge. For further information on this subject, see Shyrock's article "A Medical Perspective on the Civil War".

the emergent in the foreground. In *The Birth House*, even the visit of a foreign man is a reason to hide. They actually try to preserve the residual by isolating the dominant, to avoid any interaction with the emergent.

After Dr. Thomas leaves, Dora starts to have nightmares about the night they buried Darcy (Dora names him before the sepulture). One night she dreams that "the Mary tree comes to life" (*BH*, p.36) and takes Darcy in its arms and starts walking. She follows her, "hoping that at least she'll take him up to heaven, but she just keeps on going, walking out of the woods and down the mountain, until she's standing at Dr. Thomas's door" (*BH*, p.37). This resembles transition and change as the Mary Tree, the central image of the residual, comes to life and in the hope of regaining life carries the baby to Dr. Thomas's door; bringing it to the hands of the emergent. Moreover, as this is Dora's dream, it creates a connection between Dora and Mary in terms of being able to critically examine the aspects of the dominant culture they live in. The difference is, Dora dreams, Mary takes action. As Dora is born and raised in a small, conventional community, she learned to suppress her unorthodox thoughts and feelings. Therefore, her dream should be evaluated in this context. Although Dr. Thomas's speech disturbs Miss. B., it causes Dora to reconsider what she knows. Unfortunately, Dr. Thomas's patriarchal attitude causes Dora to lose her trust in him at the end of the novel. This underlines the repercussions of the exclusion of women from modern medicine.

Another example is present in *My Name Is Mary Sutter*. Due to her unconventional perspective, Mary tries to apply what she learned while working with Dr. Stipp to the field of midwifery. Amputations show her what she 'cannot see' in the human anatomy. While working with Stipp, she learns the basic functioning of the human body and the location of the muscles and bones. During her twin sister Jenny's labor, she perceives that it is almost impossible for Jenny to give birth in the natural way. The baby's head is simply too big for her to deliver safely. As mentioned earlier, this is also an issue during a labor that Dr. Thomas administers c-section in *The Birth House*, and also in *Farewell to Arms* through Catherine's delivery. All three labors are presented as 'taking too long,' emphasizing that babies are exceptionally big. Different from the other two, Mary is not able to access scopolamine-morphine or a trained obstetrician to perform an emergency c-section. In the 19th century, forceps and chloroform administration to the mother were the only methods used in

childbirth[17]. Before Mary's arrival, Amelia calls for a young surgeon apprentice as a last resort. While waiting hesitantly, the thoughts running through her mind are "How many women had bled to death because of doctors' eager machinations?" referring to the forceps, "and the dreaded chloroform would ease Jenny's pain, but it would also make her unable to fight" (*MNMS*, p.264). Her two statements about forceps and chloroform are highly compatible with the early 20th century techniques of modern medicine in the field of gynecology and the mindset of the obstetricians.

On the other hand, the resemblance between Amelia and Mary is evident. Their common negative attitudes towards these techniques used in childbirth, interest in science and medicine, and independent personality distinguish them from Jenny. Still, Amelia appears as a very supportive, strong and intelligent mother figure. When Mary reads Doretha Dix's notice in the newspaper at the breakfast table, Amelia already knows that Mary is going to apply. She easily perceives the weaknesses and secrets of the girls, supports them under all circumstances. Both stubborn figures, Mary and Amelia conflict regularly but share a significant common feature which is prioritizing their profession over anything. When Jenny and Mary were two, because the birth she attended took longer than expected, Amelia found them "standing in their crib, their faces wet with tears and mucus, their nightgowns stained with urine" (*MNMS*, p. 36). Similarly, although Amelia has written many times to ask Mary to return home to attend Jenny's birth, Mary cannot leave the wounded soldiers.

When Mary arrives, at least ten hours after Jenny's contractions started (*MNMS*, p. 264), everyone in the bedroom is desperate to find a solution as soon as possible. The doctor is also there, administrating the chloroform and using the forceps. She observes him silently, "accustomed now to chloroformed men, Mary was nonetheless shocked to see Jenny so lifeless, her legs heavy and unmoving on the bed […] she lay as if left for dead on a battlefield" (p.266). While she associates her with the soldiers, she also underlines the effects of chloroform on the human body. Its similarity with scopolamine-morphine is also obvious. Afterwards, she tries to use the skills and knowledge she gained while working with Dr. Stipp, by taking charge of the process:

[17] For further acknowledgment on the use of chloroform in America, see "The History of Anesthesia and Analgesia in Obstetrics." Starting from page 568, Claude E. Heaton explores the first use of anesthesia (both ether and chloroform) by Sir James Y. Simpson in October 1946.

> She inserted her hand into Jenny's body, […] trying to locate the cervix and the baby's head and the hard ring of the bones of the pelvis in the wreckage of flesh torn by the forceps. Nothing felt normal. She imagined it was what Stipp felt, trying to retrieve a bullet from a ruined thigh. (p.266)

Again, she navigates her thoughts through her experiences and emphasizes Stipp's mindset during the surgeries. Up to that point, Stipp does not allow her to the process beyond reading instructions or supplying the necessities. Therefore, Mary's knowledge is limited to the books she read and operations she observed. She can also easily identify the damage caused by the forceps, which shows how forceps can seriously harm the mother, too. As the labor is 'taking too long' and Jenny is frustrated, she decides to operate a c-section. She starts with planning it first:

> She was already beginning to reconstruct in her mind the colored diagram of a pelvis from *Gray's Anatomy*: […] It was perhaps an act of faith to trust a diagram, but it was no more an act of faith than Dr. Stipp's trust in her, reading instructions to him in the dining room of a dirty hovel of a hotel, an act that now seemed wildly tame compared to this. How she wished him here, performing the same mercy for her, his fingers flipping through pages, reading her instructions, imbuing her with confidence. (p.267)

This is a summary of Mary's unconventional journey in medical training. It starts from her library; learning from what she reads on her own. She constructs a basic knowledge of anatomy and improves it through the surgeries she attends with Dr. Stipp. The critical point is, even Stipp's trust in her for a task as simple as reading instructions to him is highly important for Mary. In a situation she wants to be a part of as a woman, being trusted gives her the confidence and support she needs. She seeks the same; not to be directed but to be instructed as an apprentice. This also shows that Stipp is able to see her as a partner and a fellow colleague. After she makes up her mind, she begins the c-section:

> Mary searched for the exact place to insert the knife […] She kept pushing, until the knife reached the cartilage. The resistance was shocking. She understood now why Dr. Stipp became exhausted and sweaty during amputations. What force it took to dismantle a human being. (p.267)

Aside from midwifery, this is her first experience in her path of becoming a surgeon. The baby is born alive and healthy, but Jenny dies within minutes.

The necessity to administer of c-section depends on various conditions during labor and the medical history of the mother. Today, c-sections are usually planned in advance or decided by the doctors in emergencies during childbirth. Obstetricians or gynecologists have the opportunity to check the ultrasounds regularly throughout the pregnancy and make a

thorough examination of the mother's health. These listed privileges were beyond imagination during the 19th and early 20th century in America. Medicine was still progressing and doctors were experimenting on the drugs, diseases and new techniques. Recurring or unsolvable issues guided this progress, such as Jenny's delivery in *My Name Is Mary Sutter*. Mary's bold decision to administrate the c-section and its result should be evaluated separately. To start with her decision; application of what she learned from Dr. Stipp proves that, with a given chance, women can actually become a surgeon in that period. In fact, she does more than just implementation. She adjusts her knowledge and skills to a whole new field. Even if the baby is born healthy, the results of the c-section that led to Jenny's death should be discussed together with the administration of forceps and chloroform, as they are both parts of the medical intervention. Jenny's death may be caused by the blood loss as a result of the c-section or because of the chloroform. Considering the similarity between the scopolamine-morphine narcosis and chloroform, the probability rises. Aside from the reasons behind Jenny's death, the significant part is Mary's courage rather than the success rate of the c-section.

With the given chance, confidence in the abilities women can display is one of the most important distinguishing features between the protagonists. This confidence is given by those the protagonists meet. Mary's social circle is dominated by men; she works with Stipp and Blevens, reaches out to Lincoln and his assistants to ask for help, takes care of wounded soldiers in hospitals or directly at the battlefield. Among them, she is able to prove her skills and eventually become an official surgeon. Dora lives in a community where nearly all men went to war, leaving behind their wives and children. She is surrounded by women. The two protagonists are exposed to different subjects as a result of the dissimilarity of their encounters. Those interactions cause inevitable influences on their mindset towards women's place in the society and "these aspects of medical literature highlight the fact that medical knowledge speaks not only to physiological realities but also to a host of assumptions about social roles and relationships" (Doyle, 2018, p.18). In fact, subjects covered in the novels such as women's access to medical training, midwives' exclusion from delivery rooms, "the disappearance of the maternal body and the dominance of the uterus in medical literature" (Doyle, 2018, p.19) demonstrate how these novels "can tell us as much about common assumptions regarding gender roles, […] and sexual ideology as they do about medical knowledge and practice" (Doyle, 2018, p.19). All in all, the exclusion of women from two different aspects, and how much they can benefit society and medicine if

they are included, has been evaluated from a feminist perspective in the light of developments in the history of medicine.

CONCLUSION

Women's exclusion from medicine is analyzed from two perspectives of young women living in two different periods that are significant in the history of America. Centering around the midwife protagonists, both novels represent women's struggles against modern medicine in the patriarchal society they live in. Between the American Civil War and World War I, women's involvement in the society changed along with First Wave Feminism. Medicine, on the other hand, also progressed significantly. The interrelated bond between medicine and First Wave Feminism is illustrated through diverse examples in *My Name Is Mary Sutter* and *The Birth House*. Not limited to the field of gynecology, the subject of women in medicine is discussed from a broad perspective. The protagonists depict the shortcomings of each period and reflect them through their personality and actions. While Mary Sutter is particularly prioritizing medical training for women, she also becomes a representative of necessary adjustments in the society she lives in. This approach also mirrors the historical feminist movements that coincide with the beginning of First Wave Feminism. Aiming at what seemed impossible at the time, Mary deviates from the norm in the society immensely. Mary's objective is women's involvement in the society by getting medical training, which was one step ahead of the ongoing social movements in that particular time period. In early 20th century, Dora Rare, the protagonist of *The Birth House*, also reveals the drawbacks in medicine and society. A home-trained midwife like Mary Sutter, Dora encounters the modern approach in gynecology open-mindedly. The failure to obtain useful and advanced medical skills is associated with Dr. Thomas's inhumane, exclusionary and disdainful attitude towards women in the novel. Again, the obstetrician's mindset is parallel with his colleagues' perspective at the beginning of the 20th century. The novel depicts this stance by comparing it with its polar opposite; Dora's tutor and midwife Miss. B. In between Miss. B. and Dr. Thomas, Dora forms her own critical approach towards modern gynecology. In this manner, Dora's contemporary mind is highlighted.

In the first chapter, Raymond Williams's cultural theory of the Residual, Dominant and Emergent, is scrutinized under two subheadings that are ascribed to the novels separately. Starting with the definition of each cultural element, their presence in the cultural process is examined for each novel. Breakthroughs in modern gynecology and their association with First Wave Feminism are examined through the interaction between the dominant and the emergent aspects. *My Name Is Mary Sutter* portrays the emergent as

women's involvement in the medical world. In Civil War times, the possibility of a woman getting medical training aside, midwifery was considered an inappropriate profession for a wife. Women were expected to stay at home while taking care of their children and husbands. Even today, midwifery is a profession that requires regular short travels and stays depending on the births to be attended. Therefore, especially in the 19th century, the conventional family structure considered midwifery as a profession for women, which means that midwifery was the former emergent aspect that has been incorporated into the dominant culture. What Mary desires to obtain highly contradicts with the dominant, making her the symbol of the emergent in the novel. *The Birth House* offers a whole other perspective on a similar subject. The isolated setting introduces the highly conventional culture with strong residual elements within the dominant. Not only are women isolated from the society, but the whole community is placed in a secluded place. The midwife protagonist exemplifies the uneducated yet contemporary mind of a young woman. The emergent, modern medicine, appears with her first encounter with Dr. Thomas. Unlike in *My Name Is Mary Sutter*, women's exclusion from medicine and society is the dominant, rather than the emergent. Even if *The Birth House* is set in the early 20th century, isolation from the outside world reveals a cultural structure similar to, even behind, the society in which Mary lives in the 19th century. Women's place in the society is deteriorated compared to the society portrayed in *My Name Is Mary Sutter*. On the other hand, medicine is depicted through the field of gynecology only in *The Birth House*. Rather than an improvement in terms of medical training for women, male obstetricians excluded midwives from the delivery rooms, creating a larger gap between natural and modern techniques in childbirth. Consequently, the modern approach in gynecology appears as the emergent in the novel. Another emergent aspect is revealed through Dora's exploration of the pleasure concept in sexuality. This emergent also highly contradicts with the dominant culture, as contraception methods are depended on Miss. B.'s remedies and considered taboo even among the women of Scots Bay. The incidental realization that Dora experiences is associated with Mary's application of her skills to midwifery and discovering the deficiencies of medicine in that time period.

To better understand the cultural process in both novels, the historical parallels should be taken into consideration. The theme of warfare has an influence on the social structures, especially on the emergent. *My Name Is Mary Sutter* introduces Mary and Dr. Blevens through a childbirth scene. At that particular moment, Blevens reads from the newspaper that the Civil War has begun. The reason behind the synchronized timing of the two events

is a foreshadowing of Mary's contributions to the battlefield as a surgeon assistant. She administers the difficult childbirth successfully and impresses Blevens with her skills. Unfortunately, her performance is not enough for Blevens to admit her as a trainee. What removes the barrier between Mary and medical training turns out to be the war itself. It seems as if her journey of becoming a woman surgeon starts with Doretha Dix's advert, but actually it begins from the very first chapter of the novel. *The Birth House* depicts the First World War in an implicit manner compared to *My Name Is Mary Sutter*. Warfare serves the main theme in three ways. First, the war draws back the male population from the community, leaving temporally a female dominant society behind. Issues related to women come to the fore in the dialogues between them as a result of the more frequent gatherings of women. Secondly, Dora's first encounter with the outside world coincides with the time of the Halifax Explosion. Taking care of the wounded and attending to the premature births as a result of the explosion reconstructs her perspective towards modern medicine. Last but not least, right after World War I, contraception started to be evaluated as the soldiers returned to their homes with venereal diseases. Even if this is not mentioned throughout the novel, birth control methods are one of the main subjects discussed and the emergent element of *The Birth House*.

In conclusion, this thesis examines women in medicine through Raymond Williams's cultural theory of the Residual, Dominant and Emergent in *My Name Is Mary Sutter* and *The Birth House*. Midwife protagonists' involvement in the medical world exposes the roles attributed to women by the patriarchy and the biased perspectives of male doctors on female inclusion in the field. Even if both protagonists are midwives, the topics covered in the novels do not revolve only around gynecology. Prioritizing women in the public sphere, Mary Sutter reshapes the norms in the dominant culture by being the symbol of the emergent. The historical fiction draws significant parallels with women's place in the society and medicine in the particular period. Mary overcomes all the obstacles in her way of becoming a surgeon with the help of Dr. Stipp and Dr. Blevens. On the other hand, a young woman integrated into the conservative social structure and traditional birth methods, discovers her identity in spite of the setbacks. In the memory of Miss. B., Dora consolidates her natural remedies with the modern approach. She chooses to incorporate the modern perspective, rather than the techniques that Dr. Thomas introduces, as a result of the exclusionary and inhumane manner of the early 20th century medicine. In this regard, both protagonists

reconstruct the dominant culture with distinctive emergent aspects that mirror the cultural progress in the 19th and early 20th century America.

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