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Shannon Withycombe. *Lost: Miscarriage in Nineteenth-Century America.* New Brunswick: Rutgers University Press, 2018. 236 pp. $26.95, paper, ISBN 978-0-8135-9153-7.

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Our polarized political climate has reduced reproductive healthcare to divisive partisan politics, leaving little room for people to express the complexities of their individual reproductive lives. Many of us are left feeling as if there is a "correct" public and private response to pregnancy and its various forms of loss, driven largely by allegiances to our political ideologies. In centering nineteenth-century women's personal narratives of pregnancy and miscarriage, Shannon Withycombe's *Lost: Miscarriage in Nineteenth-Century America* gives readers a deeply researched counter to the polemics of modern pregnancy. Withycombe spent years mining women's personal correspondences to discern how they perceived pregnancy and miscarriage in an influential historical moment that included the professionalization of obstetrics, a shift in medical theory from one that understood pregnancy in terms of preformation (the idea that humans simply grew in the womb from miniature versions of their adult bodies) to one based in epigenesis (the theory that an organism develops sequentially from an egg cell), and the emergence of legislation that restricted women's reproductive control. Withycombe's findings are both deeply important and yet rather unsurprising: some women celebrated their miscarriages while others felt a deep sadness at their loss, and many felt both joy and grief within the context of a reproductive life that could span decades.

This study opens with several detailed personal accounts of miscarriage from individual women that allow Withycombe to explore and challenge the notion that pregnancy loss is always followed by grief. She combines these personal accounts with physicians' writings to assert two additional and notable interventions in the remaining three chapters of her book, expanding our understanding of both the history of reproduction and embryology. First, medical protocol for treating miscarriage changed drastically over the course of the century, and this shift was influenced both by physicians who began framing miscarriage as an abnormal medical event in need of medical oversight and their women patients who embraced this change and invited physicians to care for them during pregnancy loss. Second, as physicians increasingly managed women's miscarriages, they gained access to fetal specimens to use to better understand the emerging paradigm of epigenesis, pushing the history of embryology beyond the laboratories of elite scientists and into women's bedrooms and the offices of country physicians.

At the core of Withycombe's study is the notion

that women's responses to pregnancy and miscarriage depended upon the context in which they lived—both their personal circumstances and the social and medical worlds that more broadly defined their choices. For instance, Withycombe found that some nineteenth-century women described their miscarriages as "joyful" occurrences. As the century progressed, laws banning abortion and restricting information on fertility control passed in states across the country, limiting women's ability to control their reproductive lives. For some women in these states, miscarriage was an unexpected and welcome reprieve from childbirth, and women like Mary Cheney greeted their pregnancy's end with relief. Mary and her husband already had nine children, and by the time she learned she was carrying her tenth child, she had spent nearly two decades of her life pregnant and nursing. With her youngest child only nine months old, Mary miscarried her pregnancy. When she reported this to her husband, Frank, she began her letter with the words, "O Bliss, O Rapture unforeseen!" (p. 28). In a historical moment when women had little control over their fertility, miscarriage could be embraced as a relief from the physical strain of decades of childbearing.

Conversely, a woman's reaction to her pregnancy and miscarriage could also depend upon where she found herself in her reproductive life, as well as the material circumstances of her family. Ella Gertrude Clanton Thomas, the wife of a wealthy Southern planter, miscarried early in her marriage and described none of the joy expressed by Mary Cheney. Presumably she wished to be a mother, and together with her husband had the resources to make this a comfortable prospect. Ella would go on to bear several children, though when she learned of her pregnancy in 1865, she would have a decidedly different reaction. As she monitored the impending approach of the Union army, she wrote that she was "sincerely sorry for it [her pregnancy]" (p. 32). Wartime struggles made a pregnancy that she likely longed for earlier in her reproductive life difficult for Thomas to imagine in 1865.

Equally complex were women's reactions to their pregnancies. Lucy McKim Garrison chose to personify her three-month-old pregnancy by naming her child Katherine. While the personification of the fetus is not a surprising occurrence in our age of visual medical technologies and aggressive baby product marketers encouraging women to think of their pregnancies in terms of "babies" long before fetal viability, Withycombe's example alters our understanding of the relationship between visual medical technologies and the personification of fetal life. Lucy wrote letters in her unborn daughter's voice and viewed the life growing within her as a child long before any technology allowed her to view her developing pregnancy. And yet many women understood and experienced their pregnancy within paradigms of illness or quickening, or the moment in which the woman could feel fetal movement. In a period when the nascent field of obstetrics was professionalizing and embryology was relatively new, argues Withycombe, women were free to react to their pregnancies and miscarriages with a broad spectrum of emotions.

Alongside her complex analysis of women's personal reactions to pregnancy and miscarriage, Withycombe's research also highlights a significant shift in the medical management of miscarriage that played out over the course of the nineteenth century. Once seen as a natural part of a woman's reproductive life, pregnancy loss was actively reframed by physicians and the women they treated as a dangerous condition in need of oversight by a physician. This shift, Withycombe argues, was rooted in two important changes in medical theory and treatment for pregnancy loss. First, the theoretical shift from preformation to epigenesis transformed human development from a mysterious and unknowable process into one that could be observed and known. Miscar-

riage could easily be construed as a natural and unconcerning aspect of one's reproductive life within a medical worldview that saw fetal specimens as mysterious and something other than human. As physicians and scientists began to study and know the fetus, however, treatment for miscarriage also changed. What was once considered a natural and common occurrence was reframed as an unnatural and dangerous medical event in need of physician management. As one can imagine, women patients initially had no interest in physicians overseeing their miscarriages. In large part this was because physicians had almost no tools to treat pregnancy loss, and according to domestic medical manuals written by doctors, everything seemed to cause miscarriage. If it was unavoidable ***and*** untreatable, women reasoned, then what was the use in inviting a physician to manage the process?

Women's views on the medical management of miscarriage changed, however, as physicians began attending births, an experience largely reserved for the wealthy and the poor. While patients who could afford it gave birth under a physician's watchful eye in their own homes, working-class and poor patients began giving birth in institutions like lying-in and teaching hospitals that were often attached to women's medical colleges interested in providing their students with clinical medical experience. The power dynamics of the home were different than those in institutional settings, where young women were often away from their extended family support systems and at the mercy of their attending physicians. It was on the bodies of these women, according to Withycombe, that physicians felt comfortable practicing new, more active forms of treating miscarriage that would ultimately alter the protocol for treating pregnancy loss more generally. Notably, women themselves desired these treatments for miscarriage and became active coconstituents of the medicalization of miscarriage largely accepted as the model by 1880. What was once considered a natural event centered on women's bodily knowledge had become an unnatural occurrence in need of professional medical intervention.

As doctors increasingly attended women's miscarriages at the close of the nineteenth century, they were, perhaps unintentionally at first, given access to fetal remains. Withycombe's research illuminates physicians' interest in collecting fetal specimens from their patients in an effort to better understand the emerging science of human development and epigenesis. While most patients were willing to hand over fetal tissues, physicians occasionally resorted to deception as a means to obtain a specimen that would allow them to answer questions that were impossible to observe on the live bodies of pregnant women. In highlighting physicians' interest in collecting fetal samples from their miscarriage patients, Withycombe asks us to think outside of the boundaries that place Franklin Mall and the Carnegie Institute at the center of the history of embryology. Physicians, with the help of their women patients, she argues, were collecting fetal samples decades before Mall embarked on his massive fetal collection.

While Withycombe's case studies provide compelling evidence for her argument and highlight the importance of studying an individual's responses to a medical event, they largely feature the experiences of middling and wealthy white women. Readers will likely be interested to know more about the individual experiences of nonwhite patients, especially those women involved in co-creating the active interventions that ultimately became the protocol for miscarriage treatment by the late nineteenth century. Additionally, *Lost* raises important questions regarding state interactions with physicians and miscarrying women. The late nineteenth century saw an increasing interest in collecting population statistics, especially in the major urban areas of the United States. These statistics were used by city

and state officials to guide public health policy, and miscarriage rates were among the data public officials became increasingly interested in quantifying. Further examination of the state's role in defining miscarriage for women and their doctors would provide an interesting complement to Withycombe's work. For instance, did women subvert or embrace the state's intent, and what role did physicians play in this process? And to what extent was a miscarriage considered an official death that would trigger state involvement? Ultimately, Withycombe's focus on women and their experiences provides us with new insight through which to examine miscarriage and pregnancy, forcing us to rethink the place of pregnancy loss within the broader history of reproduction.

The history of reproduction is rich with studies that explore issues like the legal evolution of reproductive control, the sharp demographic changes of the nineteenth century, the rise of birth's medicalization, and the fight for legalized birth control and abortion. ***Lost*** gives us something different and long absent from the historiography: a historical account of miscarriage constructed from women's own personal narratives. To do so is no easy endeavor: locating references to miscarriage and pregnancy loss in the archival record requires profound dedication, patience, and skill. We should all be glad Withycombe embodies these qualities in spades, as her study provides us with novel understandings of nineteenth-century pregnancy and miscarriage from the perspective of the women who lived through these experiences. ***Lost*** provides a needed reminder that women's lived experiences transcend the polemics of law, culture, and medicine, though they are indeed influenced by them.

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