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# Reasoning from the Uterus: Casanova, Women’s Agency, and the Philosophy of Birth

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## Abstract

The emerging area of philosophy of birth is invaluable, first, to diagnose fallacious assumptions about the relation between the womb and reason, and, ultimately, to challenge potentially damaging narratives with major impact on birth care. With its analysis of eighteenth-century epistemic and medical discussions about the role of the uterus in women’s reasoning (or lack of reasoning), this article supports two arguments: first, that women’s “flawed thinking” was a premise drawn by many modern intellectual men, one that was presented as based upon empirical evidence; and second, that the pervasive construction of the uterus as an element that renders women wild, uncontrollable, and irrational continues to influence contemporary obstetrics (and maybe even to nurture obstetric violence), even as today’s medicine and science consider themselves to be free of any such prejudices.

This article shows the role that Giacomo Casanova played in debunking these prejudices and presents his short manuscript on the issue as an important contribution to the literature of the Enlightenment, with its argument against women’s supposed “natural” inferiority and for the idea that differences in education (rather than anatomical differences) were to blame for women’s subordinate position in society.

Detailed analysis of the “thinking uterus” debate illuminates the different ways in which various arguments from/by the “anti-uterine” lobby were used to justify the subordination of women: sometimes emphasizing the connection between the uterus and thought and sometimes negating it, but always concluding that women’s inferiority is to be found in some known or yet-to-be-discovered anatomical, and mainly sexual, deficiency or problem.

## Brains, Wombs, Casanova, and Obstetrics

This article addresses a philosophical reconstruction of one component of the thesis of the naturalization of female rationality. The component at stake associates the working of the brain (in women) to the working of the uterus or womb. In the eighteenth century, the relationship among what we might term today as “woman, health, and brain” was tinged with discourses of disparagement and incapacity,

which went beyond the empirical data available. Medical theories of the time fostered a view of women that located them far from rationality and closer to animals than men. To be more precise, medicine of the Enlightenment played out an odd debate over the relationship between women's brains and their uteruses. Thus, when it came to assessing women's rational capacities, in question was whether female thought had its origins in the uterus, given that there was no "proof" that it came from the brain. This controversy came to be known as the "thinking uterus" debate, and there was one most surprising participant in it: Giacomo Casanova. The well-known Italian adventurer published a staunch defense of women's cognitive capacities and of their right to an education. To date, Casanova's debunking of the "anti-uterine" prejudices has received little attention in academic studies of the fight for sexual and gender equality; my article recovers his important contribution.

As well as analyzing the arguments brandished by both sides of the "thinking uterus" debate, my article also ponders the persistence of a series of age-old commonplaces that still beset contemporary obstetrics. As a result, in addition to shedding light on various striking moments from the histories of medicine and ideas, my historical approach aims to explore more deeply some of the associations between the role of the brain and the role of the uterus that have been made repeatedly over the centuries, so much so, in fact, that they seem to be part of our conceptual furniture. Yet their longevity does not mean those associations are sound, nor does it mean that we should accept them or let them continue to regulate our current social and political practices. Accordingly, the aim of this article is to uncover the hidden patriarchal premises that, immune to all real changes in paradigms and praxis, still permeate certain aspects of contemporary obstetrics. Ultimately, this article aims not only to uncover, but also to challenge such assumptions.

### Hypothesis of Research: Obstetrics as Genealogy or Logos of the Origin

This article hypothesizes that the survival of patriarchy is closely bound up with a particular way of viewing pregnancy. As to what I have referred to elsewhere as "the pregnancy of the subject" or "the pregnant subject" (Villarmea 2009; Villarmea and Fernández Guillén 2012; Villarmea 2015a; 2015b; Villarmea and Guilló 2015; and Villarmea, Olza, and Recio 2015), we still need to resignify notions of pregnancy, labor, and childbirth that dispense with all age-old, misogynistic nuances. In agreement with this hypothesis, the sphere of childbirth is currently proving to be fertile ground for explorations from feminist and gender perspectives.

I am in complete agreement with Celia Amorós's thesis that philosophical feminism needs to reconstruct a *genealogy* that is nonpatriarchal (Amorós 2014, 11–12). Amorós campaigns for nonpatriarchal philosophy to study in detail our customary discourses of origin and provenance. My own view is that the analysis of medical obstetrics should occupy a major part of this line of research. Obstetrics and obstetric practice have been—and continue to be—one of the cornerstones of our society's construction of *genealogy*. This is why my article takes "genealogy" in its literal sense, as a *logos* or study of *genos*, where the Greek term *logos* refers to "word" as something meditated, thought over, or reasoned (in other words, "reasoning," "argumentation," "speech," "discourse," or "knowledge"), and *genos* has to do with the Indo-European root "gen-," meaning "give birth" (as in "genesis" or "generate"). From this connection, I shall argue that the *logos* regarding the *genos* that medical science implants in obstetrics

becomes one of the paradigmatic sites from which our society constructs its discourse about our origin or *genealogy*.

My research attempts to unpick the “philosophical yields” (Amorós 2014, 12), which are also social and political, of the medical institutionalization of pregnancy, labor, and childbirth. Obstetrics is the medical or health science that deals with gestation, childbirth, and puerperium. The term derives from the Latin adjective *obstetricius* (“pertaining to the midwife”) and from the substantive *obstetrix* (“midwife”), which literally means “the one at the front” (of the woman giving birth). It also derives from the verb *obstare* (“to be at the front of”), the origin too, intriguingly, of the word “obstacle.” According to my hypothesis, a certain approach to obstetrics is one of the pillars supporting patriarchy; and should this be confirmed, it follows that a rational critique of the patriarchy entails a rational critique of that approach. Thus, an analysis of the medical institutionalization of the sphere of childbirth would be a necessary step in a contemporary critique of patriarchal reason. Any progress toward building the egalitarian society we desire requires a reform of the science and practice of obstetrics, which situates obstetrics not so much in front of, nor on the opposite side of, the woman in childbirth in line with its etymology, but also *at her side* and *with her*, even if only symbolically. Following this train of thought, I would like to propose the notion of “ad-stetrics” (the science of those who are at the side of the woman in labor) as an inspiring concept to bear in mind.

Viewed from the perspective of gender, the science that today concerns itself with *genos*, obstetrics, can function to legitimize the use and abuse of the female body and the mistreatment or violence inflicted on many of these bodies at a pivotal moment in women’s lives. Pregnant and laboring women are a vulnerable and unique group with a fundamental human right to dignity. Provision of quality maternity care globally is uneven, and often fails to respect the rights of those it serves. Maternal care is a fierce battlefield between “intervened” vs. “normal,” “safe” vs. “experienced,” “social” vs. “medical” birth models (Newburn and Singh 2003; Karlsdottir, Halldorsdottir, and Lundgren 2014; WHO 2014; Hall 2015; Euro-Peristat 2018). Efforts to improve maternal health have traditionally focused on “too little, too late” situations. “Too little, too late” means a lack of access to good quality care, or care that cannot be accessed quickly enough, and covers inadequate access to services, resources, or evidence-based care. But “too much, too soon” can also harm. “Too much, too soon” refers to care before, during, and after childbirth that is too much, unnecessary, inappropriate, and even harmful. “Too much, too soon” care is increasing everywhere as more women around the world give birth in health facilities. Recent evidence shows that the situation is getting worse, not better, in terms of women’s rights, neonatal well-being, and long-term consequences.<sup>1</sup>

The recent United Nations *Report on Violence against Women with a Focus on Childbirth and Obstetric Violence* (UN 2019) finds that women the world over, regardless of socioeconomic status, are subjected to mistreatment and violence even during an extremely vulnerable moment of their lives: labor. Violence can take the form of medical procedures (such as episiotomies or caesareans) for which there is little physiological justification. Such birth-care practices have yet to be identified and treated as a human rights violation against women. They do not reflect isolated incidents nor sporadic episodes experienced by women in the course of their lives, but rather are part of a continuum of the gender-based violence that occurs in the wider context of structural inequality and discrimination, and also as a result of poor education and training. According to this view, obstetric violence is another manifestation of patriarchy.<sup>2</sup>

This essay uses a conceptual framework dating from the very beginnings of obstetrics to uncover the hidden premises and assumptions that still permeate many of the most common practices in twenty-first-century birth care. Of course, as a health science and practice, the obstetrics of today bears little relation to its historical counterpart. Yet, and this is my argument, an analysis of certain common obstetric debates from that earlier period enables us to uncover many hidden or insufficiently visible aspects of obstetrics today. Regardless of issues of intentionality and individual or corporate awareness, I seek to trace the thread of concepts that unites primitive obstetrics with contemporary practice to identify and unmask the internal web that connects them. Helping to free today's science from sexist prejudices remains the chief goal of feminist epistemology and epistemological feminism.<sup>3</sup> Doubtless, we all know that cutting off the hydra's heads is a never-ending task, yet that is no reason to give up our efforts.

### Reason, Health, and Women at the Dawn of Obstetrics

Since antiquity, the nature of a woman's body and mind (or soul) has been the subject of debate. Thomas Aquinas's dictum that "tota mulier est in utero" [woman is a womb] is well known—a legacy of Aristotelian ideas and debates over whether women had souls and, if so, of what kind or whether those souls were superior, complete, or human, or whether they were just "matter." Simone de Beauvoir made clear the pivotal role of this dictum when she chose it as the first answer to the question "What is a woman?" at the opening of her monumental contribution to philosophical feminism, *The Second Sex*.

In a historical-cultural context that equated women with their bodily sexual condition, the first argument to be explicit in defense of the equality of male and female rational capacities was formulated in the seventeenth century by the philosopher François Poullain de la Barre, on the basis of Cartesian premises. Descartes had argued that humans were a compound of two independent substances: the body (*res extensa*) and the soul (*res cogitans*), but he did not work out the consequences of the independence of these substances in the debate over the nature of the soul of a woman. It was his disciple, Poullain, who pursued Descartes's metaphysical and epistemological argument to its ultimate practical and political conclusion. In his book, *De l'égalité des deux sexes* [*On the equality of the two sexes*] (Poullain and Frelin 1673/1989), Poullain argued with absolute coherence that no difference between male and female souls could be derived from the differences between their bodies; corporeal differences did not entail different mental processes or thoughts. The complete argument is crystal clear: if humans think with their soul (not with their body), then there can be no difference between men and women in cognitive or rational terms. Thus, Poullain uses the radical Cartesian distinction between the two substances to neutralize the popular prejudice that the bodily characteristics of women lay behind their mental peculiarities—more specifically, that (purported) female mental deficiencies were the result of their (different) somatic properties. Poullain's thesis that women's lower intellectual capacities could not be the result of their bodily differences can be considered as one of the first milestones in the history of feminist theory.

As well as refusing to differentiate between human souls on the basis of corporeal features, Poullain offered a frank explanation of the issues at stake. In his book *De l'éducation des dames* [*On the education of women*] (Poullain 1674/1985), he claimed that if women did not have the same analytical capacity as men, it was merely because they had not been educated to develop it as their male counterparts had. The mechanics

of the mind did not differ from one sex to the other; on the contrary, the mind of either sex was as capable as that of the other when instructed under equitable conditions. Poullain makes no bones of the fact that the belief that women are intellectually inferior to men is a prejudice based on the authority, custom, and “interests” of the latter. In short, equal educational instruction creates equal thinking capacity. Accordingly, equal opportunities become a prerequisite of any fair assessment of cognitive performance.

As Cinta Canterla puts it in her book *Mala noche*, the

argument for the equality of souls (or, in its secularized version, for spirits or minds) would soon grow outdated in the face of the advances of Enlightenment medical theory, which tried to find an explanation for the capacities of every human being, and especially the intellectual capacities, in the configuration of the body and that updated and injected new life into the theories about sexual difference that had held sway since Greek antiquity. (Canterla 2009, 44)

Canterla’s work shows how, under the paradigm of the New Science, eighteenth-century medicine was particularly interested in the relationship between the body’s constitution and human capacities. This approach meant that misogynistic theories of the female body, chiefly its sexual configuration and procreative function, gave a new lease on life to the supposedly inferior mental capacities of women. These theories were old, but the scientific discoveries related to health gave them a new gloss. The sexism of this New Science and medicine lay hidden beneath a wealth of data, procedures, and studies leading to conclusions that, although in many respects undoubtedly new, were also hamstrung by fixed, preconceived ideas and prejudices regarding everything that had anything to do with a comparison between the sexes. The empirical approach to physiology of this new Enlightenment medicine pushed theories about male and female equality *à la* Poullain de la Barre into the background, while its hypotheses and goals gave new strength to old theories about sexual difference. It became common once again to believe that natural bodily differences had irrevocable consequences for behavior and capacities, which not only were unchangeable but should actually be preserved. This, then, is Canterla’s suggestive argument: the medicine of the period became a powerful source of legitimacy for sexual inequality. Time and again, Enlightenment medical treatises regarded the uterus as the organ responsible for supposed female bodily decadence, and for the suspected female tendency toward nymphomania and “uterine frenzy.” These views, which enjoyed the credibility and authority conferred by medical science, would be accepted by Enlightenment thinkers and used to add respectability to their proposals that women should be educated in modesty and subjected to external supervision (the father’s in the first instance, and then the husband’s). And this in turn fed back into the prejudices of the physicians.

The Enlightenment is a key moment in the construction of the relationship between the “female” body and reason, for it set in motion the chain of associations that would be crucial to the later conceptual developments I wish to emphasize here. An insistence on the pernicious influence of the womb on the rational capacities of women had one particularly blatant consequence: the belief that their uteruses made women descend into chaos and nervous breakdowns. Irrationality, sensitivity, or emotionality, peculiar to and extreme in women, and their characteristic volubility or imaginative disorders were the result of, and could be explained by, the fact that only they had a womb. This supported the connection between the uterus and madness that is present in

the etymology of “hysteria” and has been so exploited in the history of medicine and psychology. Once again, we see how in the case of women, *and only in their case*, sexuality and reproductive function are what account for cognitive capacity and mental state or health. This insistence that women are chronically ill and in thrall to their reproductive function goes hand in hand with the emphasis on the female body as a source of irrationality. Thanks to their capacity to become pregnant and therefore to submit themselves to organic processes, women were historically classified as bodies incapable of complete self-control, which was the paradigm of rationality. The processes of pregnancy and childbirth were associated with an inability to control the body, and they became another pillar that supported arguments for their female irrationality.<sup>4</sup> On the spectrum from animal to human, the pregnant or laboring woman was positioned near the former and well away from the latter.

All this is evidence of the point to which the relationship among “woman, health, and brain” has been tainted since the eighteenth century by a discourse of disparagement and incapacity that goes far beyond empirical data. Medical theories promoted and justified a view of women as virtual animals in need of society’s guardianship. Patriarchal prejudices pervaded the study of pregnancy, childbirth, and breastfeeding to such an extent that these states and experiences were made akin to irrationality or mental disorders. To reveal further how the survival of the patriarchy is directly related to the endurance of a particular view of the pregnant woman and childbirth, I now turn to a detailed analysis of one of the debates typical of fledgling obstetrics. In what follows, we shall consider the discussion of two distinguished gynecologists of the time regarding what the famous Italian adventurer Giacomo Casanova called the “thinking womb” controversy.

### Casanova and the “Thinking Womb” Debate

#### “Lana Caprina”

Giacomo Casanova (1725–1798) is famous for his entertaining autobiography, *Histoire de ma vie* [*History of my life*], one of the best sources of information about the customs and conventions of social life in eighteenth-century Europe. This encyclopedic narrative can be read on many levels, and I recommend it to anyone who might enjoy a breathtaking tale, fictionalized yet sincere. Casanova became notorious for his adventures and his affairs with women, which were frequently complicated, oftentimes humorously related, and full of *coups de théâtre* and close shaves—so much so that his personality and escapades have made him the epitome of the “womanizer” or “Don Juan.” His name is synonymous with seduction.

All these details are well known and reappear time and again in popular works on Casanova. Less familiar is his passionate yet lucid defense of women’s equality and their right to an education. This side of Casanova, which earns him a place in the finest feminist tradition, is best seen in one of his early works, which made his name and had immediate and widespread effect. Published in 1772 in Italian under the title *Lana caprina: Epistola di un licanthropo* [*Splitting hairs: Letter from a lycanthrope*], the work presents solid arguments against the prevailing views of female inferiority and submission. In 2000, the French National Translation Prize was awarded to the then-recent edition of this opuscle (Casanova 1999/2014). A splendid Spanish version was published by Hermida Editores in 2014, with the title *Lana caprina: Epístola de un licántropo*. There seems to be no translation yet published in English. I will thus use the Spanish edition in this essay.

*Lana caprina* takes as its title a line from Horace (*Epistles* I, 18,15): “Alter rixatur de lana saepe caprina” [There’s always someone arguing over the wool of goats]. To wonder whether goats have wool is, indeed, to waste time in fruitless discussions of issues that do not require attention—in other words, over nonsense. (Although that does not mean that we cannot learn much about what underpins these discussions if we do listen to them.) The title Casanova chose for his work perfectly captures what lies between its covers: a satire on the medical diatribes of the period and their prejudices regarding the alleged lack of reason that purportedly characterized women.

When Casanova wrote *Lana caprina*, he was already back from his adventures. He had been imprisoned in and expelled from almost every city he had lived in, and was now embarking on a more settled period. *Lana caprina* was his first bestseller: its first edition of 500 copies sold out in fifteen days. The hundred sequins of gold he pocketed was a far from negligible figure at the time. The Venetian author penned his work in epistolary form after visiting Tartuffi’s library in Bologna, where a cross-eyed monk had given him two leaflets written by the doctors of anatomy Petronio Zecchini and Germano Azzoguidi. Casanova himself describes the situation in his *Memoirs*:

A week after my arrival at Bologna, happening to be in the shop of Tartuffi, the bookseller, I made the acquaintance of a cross-eyed priest, who struck me, after a quarter of an hour’s talk, as a man of learning and talent. He presented me with two works, which had recently been issued by two of the young professors at the university. He told me that I should find them amusing reading, and he was right.

The first treatise contended that women’s faults should be forgiven, since they were really the work of the matrix, which influenced them in spite of themselves. The second treatise was a criticism of the first. The author allowed that the uterus was an animal, but he denied the alleged influence, as no anatomist had succeeded in discovering any communication between it and the brain.

I determined to write a reply to the two pamphlets, and I did so in the course of three days. When my reply was finished, I sent it to M. Dandolo, instructing him to have five hundred copies printed. When they arrived, I gave a bookseller the agency, and in a fortnight, I had made a hundred sequins.

The first pamphlet was called “L’utero pensante,” the second was in French and bore the title “La force vitale,” while I called my reply “Lana caprina.” I treated the matter in an easy vein, not without some hints of deep learning, and made fun of the elucubrations of the two physicians. My preface was in French, but full of Parisian idioms, which rendered it unintelligible to all who had not visited the gay capital, and this circumstance gained me a good many friends amongst the younger generation. (Casanova 2004, chapter 18, paragraph 177)

As Casanova tells us, the two doctors were involved in a debate over the nature of woman and her womb. Whereas the two doctors concurred in attributing to women a shortfall of rationality, they differed over the arguments on which they based their conclusion. Since the debate they conducted is representative of the state of the question at the time, it is important to understand the arguments each wielded. In what follows, I shall first present and analyze their positions regarding the nature of the womb and its consequences for female nature, as a way into the obstetrics debate of the time and its

ongoing impact; I shall then compare those positions with Casanova's own views on the matter.

### *The Thinking Womb Thesis*

Petronio Zecchini had written the leaflet *De geniali della dialettica delle donne ridotta al suo vero principio* [On the nature of female dialectic reduced to its true principle]. A professor at the University of Bologna, Zecchini began his tract asking to be forgiven for his offenses against women, as if wishing to apologize beforehand for maintaining as the central tenet of his essay the contention that women were completely dependent on, and at the service of, the womb and that said organ overruled their wishes or consent. For Zecchini, the womb was womankind's "true beginning," that is to say the origin of their entire behavior, their thoughts, and their rational processes. That is why Casanova referred to Zecchini with playful lucidity as the author of the leaflet on the "thinking" or "speaking womb."

We should be grateful to Casanova for giving the author of the *Dialectic Reduced* the nickname of "*Vir fugiens*" [The man who flees]. This sobriquet takes its meaning from the Latin aphorism that was engraved on the frontispiece of Zecchini's work, beneath a medallion: "*Vir fugiens & denuo pugnabit*" [The man who flees may fight again]. It occurred to Casanova that "the man who flees" was a good way to describe someone who rambles on without bothering to prove his claims. (It occurs to me that the second part of the aphorism chosen by Zecchini is also relevant to our theme: unfounded libels are the dialectical strategy to which apologists of sexism resort in order to retreat gracefully before returning unharmed to the fray at a later date.)

As reported by Casanova, Zecchini concluded his work by saying: "Women either do not think, or if they do think, they think in an odd way all their own" (Casanova 1999/2014, 39). In short, Zecchini's thesis is that the womb governs female reason. However, my analysis of his discourse sheds light on some interesting qualifications to his position. Zecchini admits that in reality women think *with* their reason but *from* their womb. This implies that, although women *also* use reason in their thinking processes, the organ that is finally responsible for those processes is not the brain but the womb. Thus, it becomes clear that reason in women is a mere means or tool of the real motor or causal agent that initiates, controls, and explains the rational process (as well as all other behavior), namely, the womb. Although potentially anachronistic, it would not be inappropriate to use the following metaphors to illustrate Zecchini's thesis: the womb as origin, headquarters, seat, center of operations, force-field, or center of influence over all female behavior, including intellectual behavior. In Zecchini's words (as transmitted by Casanova): "I have called your womb a thinker not because I attribute to it the faculty of thought, but because it is the absolute master of your thought, and if the womb is not a thinker because it does not think, it is inasmuch as it makes you think its way" (49).

This unique argument whereby women think with reason but from the womb allowed its promulgators to draw the following conclusion: women do think, but in a quite peculiar way. Obviously, given the characteristics of the uterus, which is not an organ designed for thought, its use for rational ends could not be expected to yield spectacular results. A deliberately logical explanation could therefore be given for the deficient thinking capacity of women: as they did not use the right organ when reasoning, the results could not be completely normal, proper, or correct. The answer to the question of whether women think was then, yes, but not properly—when all is said and done, thinking with the womb is not real *thinking*.



An analysis of this kind of discourse from a gender perspective shows that it actually works in the opposite way from what it would have us believe. Advancing as its first premise (for the conclusion is, in fact, just that, a mere *premise*) that female thought is defective by nature, a cause is then sought to explain it. That cause is found in a second premise, namely, that women think with an inappropriate organ. Given these premises, all that remains is to assign to women as their organ of thought the only one that makes them different from men: their wombs. Thus, the culmination of the argument is not only *ad hominem* but, in a very strict sense, *ad feminam*.

But what is the most serious consequence of our anatomy professor's position? By arguing that the womb governs female behavior, Zecchini concludes that women are not responsible for their actions, whether good or bad, nor for their successes or failures. Women are completely dependent on their uterine fluctuations and are therefore incapable of free, rational action. Here we can see how the New Science and medical advances gave a new lease on life to justifying female inferiority and political minority of age, both in relation to their cognitive capacities and to the moral and political consequences of those capacities. Therefore, because women had no capacity for independent thought and were not responsible for what they did, they had to be under the protection of men (fathers or husbands).

This view of women's mental deficiency had its most direct consequence in the denial of their access to citizenship and the prohibition of their right to vote. Women could not vote, the argument went, since they could not detach themselves sufficiently from their own physiological peculiarities to think in terms of society as a whole and the common good.<sup>5</sup> In practice, one might reason that the deprivation came before the explanation: society first determined that women were not to be allowed to vote and only later explained that discrimination by appealing to women's supposed rational deficiency resulting from their organic constitution. Women were deemed not to possess the rational capacity to choose what was morally or politically good without being bidden by their bodies. Everything women thought or decided had its beginning and end in their organic particularity and in the (fluctuating) state they happened to be in at a given time. Given this premise, there was no reason to allow changeable and indiscriminating beings to express their views on important questions of social and political life. Accordingly, their irrationality was identified as the required justification for the predetermined denial of the vote for women.

In contrast, no equivalent argument was ever formulated for men, as none was ever required. There was no assumption or conception of men being determined by their bodily conditioning factors whenever they thought, made decisions, or acted. In men, it was held that reason was able to detach itself from the changing, individual particularities and was capable of autonomy. Hence, they could and must take part in public debate about the common good by means of the right to vote.

This contrast between male and female reason was stated quite openly and at length by thinkers of the stature and influence of Rousseau and Kant.<sup>6</sup> This is sufficiently well explained in feminist studies in the history of philosophy such that there is no need to say more about it here.<sup>7</sup> My focus lies elsewhere: namely, to trace the transposition of these same arguments into the medical texts of the age and to ascertain at what point medical justifications, with the credibility and authority of New Science, began sustaining philosophical speculation.

Let us then return to the debate between our two doctors, and examine the counterargument.

### The Vital Force or Animal-Womb Thesis

Our second doctor of anatomy, Germano Azzoguidi, had written the pamphlet *Lettres de Madame Cunégonde de B (Bologne) écrits à Madame Paquette de Ferrara (Letters from Madame Cunegunda of Bologna to Madame Paquette of Ferrara)* as a critical reply to his opponent. In this work, Azzoguidi suggested that a woman is home to an “animal” in the form of her own uterus. To understand this identification of the womb with an animal, we need to remember that the identification of everything associated with female sexuality and procreative capacity with animality was widespread in the eighteenth century, as it had been since antiquity and would continue to be in the following century. Even so, Azzoguidi’s contribution to this line of thought is still a surprise since he proposes that a particular female sexual organ not only *behaves* like an animal but, in fact, *is* an animal.<sup>8</sup> Azzoguidi does not expand on the idea of the womb being an animal. But it might be in view of the way animality connotes force and vitality that Casanova calls his position the “vital force” thesis.

Despite his association of the womb with an animal, Azzoguidi unexpectedly argues that the womb has no power over female reasoning. What matters most about his position is the argument he uses in support: the womb cannot be the cause of women’s thoughts *because* there is no anatomical connection between both “vessels.” True enough, the anatomists had still to find the organic connection between the uterus and the brain; yet anatomy felt itself advanced enough to be able to deny the existence of any causal relationship between them as empirical evidence was not forthcoming, and action at a distance had been ruled out. With impeccable scientific logic, Azzoguidi countered Zecchini with the argument that women could not think with their brain from the womb since those organs were not connected.

It is striking that Azzoguidi rejected the uterine origin of female thought only because he had been unable to find any vessels connecting the relevant organs. One feels he would not have been in the least surprised if such an anatomical relationship were to be discovered in time: for Azzoguidi, the relationship could not be proven simply because the causal process had yet to be found, but not because it was nonsensical to believe that women, unlike men, thought with, or from, their sexual organs.

Azzoguidi formulated a final argument against his fellow anatomist Zecchini when he criticized the latter’s claim that women think with their wombs, as a contradiction in terms. The womb does not think; the brain is the only thinking organ. Therefore, if women do think, they must do so with the organ ordained by nature for such a purpose, that is, with the brain. As the brain is the only thinking organ, if women think at all, then they must also do so with the brain. We have already seen how Zecchini was in fact in agreement: thinking with the womb is not exactly thinking, except by approximation. So, what really happens is that women do not think.

We can see, therefore, that the question under debate is the very question that triggered the controversy: does a woman think or not? The ongoing debate, with its great display of dialectic skill, sought to elucidate whether women thought, and, if they did, what organ they used to do so. In a nutshell, the debate between these two Bolognese doctors of anatomy was a rerun of the original and most recent prejudices of misogyny of the time. Zecchini argued that the womb governed female behavior and that therefore women were incapable of free and rational action; Azzoguidi criticized Zecchini’s thesis but, without dissociating himself from the corporealization or naturalization of the concept of woman, focused exclusively on the issue of whether any physical connection existed between the organs of the womb and the brain.

As I remarked earlier, this type of controversy was the direct descendant of the age-old arguments over whether women had souls. The medical debate sketched here illustrates how sexist premises, which since antiquity had been central to patriarchal discourse and practice and that still existed and were influential, were introduced to the new terrain that medical scientists were staking out in Modernity.

### *The Force of Education versus the Influence of the Uterus*

In the words of Marina Pino's succinct summary in her prologue to the Spanish edition of *Lana caprina*, "we now have the theory of the womb that thinks for women and the theory that the female womb is an animal that cannot think for them because there is no channel permitting it to do so" (Casanova 1999/2014, 16). What, then, does Casanova bring to the debate? What was his objective in reproducing and commenting on the controversy between the two doctors? The answer to both questions is crystal clear: Casanova ridiculed this kind of debate, which explains the title of his work, "lana caprina." He thought it absurd to argue over whether women think with their uterus, and he felt it important—as well as entertaining—to dismantle the foundations of the controversy. His clever mockery of the competing positions alerts us to the other conceptual current related to equal rights that traversed the Enlightenment: the theorization and attempts to put into practice the universalization of human potential, regardless of distinctions on grounds of sex, race, social conditions, or health. Casanova's is a passionate yet lucid contribution to one of the main chapters in this universalization: equality of rights for men and women.

Casanova analyzed the whole debate from its initial premise to its final conclusion before setting his sights on the first contender, Zecchini, and his thesis that women were "speaking wombs." The adventurer and lady's man makes short work of putting his finger on the absurd and groundless sexist prejudices that underwrite the ideas of those doctors who claim to establish intellectual difference and differences of character between the sexes on the basis of anatomical differences. Casanova ridicules the debate with arguments partly resembling those I set out previously, but that at times are more provocative, as when he explicitly hints at how Zecchini associates the reproductive capacities of the female to rationality, but not those of the male: "Woman has a womb and man has sperm, and that is the only difference; but if thinking pertains to the soul and not the body, why should this doctor turn his attention to women's wombs more than to men's sperm?" (52).

Casanova even anticipates a possible retort when he says that, although "thought is a property of the soul, the soul depends on the body for a huge amount of impressions and affections, wherefore it is not impossible that the womb furnishes women with that huge amount, thereby shaping them into thinking souls that differ from those housed in male bodies" (52). In answer to this possible objection, Casanova imagines a woman who argues as follows:

Assuming the doctrine of the adversary, let me accept that it is true that for this reason my womb causes alterations in my thinking faculty with the result that it makes me a different thinker from a man, then the sperm will have sufficient force in men to make them think under the influence of spermatic affections and therefore in a fashion unique to them and different from women. And this leads us to the conclusion that a woman thinks like a woman, a man like a man. *Pierre danse mieux que Jean, Jean danse mieux que Pierre, ils dansent bien tous deux.* [Pierre

dances better than Jean, Jean dances better than Pierre, both are good dancers]. But if we examine the facts instead of straining our wits to formulate theories, we notice that men and women think in the same way. What the libeler of wombs terms dialectical diversity is no more or less than a certain difference in the propensities, the desires, and the passions; yet these in no way change the way of thinking, which is why his doctrine of the womb is a shameful physical theory reduced to a most disagreeable conclusion. (52–53)

It is important to emphasize that in choosing a woman to formulate such a soundly logical counter-argument, Casanova provides possible evidence of the degree to which he believed women use (and can use) the same logic as their interlocutors. To ascribe to a woman the words quoted above is another rhetorical strategy Casanova deploys to persuade us that women think (and can think) in the *same* way as men.

As for Azzoguidi's animal-womb thesis, Casanova comes to grips with it in places such as the following satirical paragraph, which I quote in its entirety:

The woman's lot would have been extraordinarily grim if, in addition to all the hardships they undergo on account of our despotism, of the weakness of their sex, and of the duties they have agreed and specified with nature and their families on entering civil society, if, I say, to crown it all the Creator had given them an internal animal called womb, which, not content to have copious whims of a material nature also desired to take charge of her head and, within her head, of that point of central force where the soul finds its seat and whence it transmits to all the vital sensations in all the other parts of the body the effects of its thoughts. If women were in thrall to their wombs, neither merit nor demerit could be predicated of them; they would be deprived of all character of human society, worthy of disdain and incapable of any reasoned action since they could be entrusted with nothing without having previously examined the state of that inordinately peculiar viscera. If that really were the case, all that could be said of them would be that they did not really belong to the human species, but were an imperfect product of nature, which had bestowed upon them no greater birthright than the appearance of reason and no more. (69–70)

Obviously, the extreme hardship or injustice of women's perceived enslavement to a tyrannical womb did not mean it was not the true state of affairs. Far from falling into this logical trap, the strength of Casanova's appeal to common sense lies in his injunction to admit that whoever argued that an internal animal was in charge of the female body and mind had to be ready not only to deny women the capacity to act voluntarily and rationally, but also to deny that they belonged to the same species as men. This argument entails the internal logic that women are a flawed creation of nature (and of the Creator) inasmuch as their apparent power of reason and humanity would be just that, *apparent*. And two simple doctors could hardly claim, so it seemed to Casanova, to have proven that. As demonstrated, the unmasking of the sexist prejudices lurking behind the veneer of scientific, or pseudoscientific, discourse is the *coup d'effet* Casanova unleashes to discredit all discussion of "lana caprina." He maintained that to debate whether women have an animal instead of a womb is as idle as to argue the toss over whether goats have wool or not. (But for all its stupidity, this debate has taken place and has had repercussions. Goats are unaffected by arguments over trivialities; women, however, are affected, and greatly so, by the "debates" that have been held about us.)

To my mind, more interesting than his entertaining criticism is Casanova's explanation of the reasons behind the current state of affairs. In a sophisticated and visionary manner, he argues that both women and men are conditioned by education and social roles, which together form the true origin of their behavior:

From childhood man grows accustomed to confronting and attacking in order to defend himself from whomever seeks to oppress him; with cold blood he marches off to war to spill blood or challenges to a duel a rival whom he slays, or who slays him, without anger. Woman . . . knows nothing of war while her duels are verbal combats; that is how she is brought up, and by dint of education she is reduced to admiring male courage without being capable of conceiving or imitating it. (54–55)

This quote shows that, according to Casanova, displaying courage, for example in warfare, is not an inherent sexual feature; rather it is a learned, gendered behavior.

Casanova contends that the difference between male and female reason stems from context rather than from constitution. As he puts it, "Women's education and lot are the two reasons why our logic makes them different from us; and our education and lot are the two reasons why our logic makes us different from them. Man holds all in his power, but woman is possessor only of what man has given her" (54). Women's thoughts are the result of what they have learned, not the effect of uterine influence:

Women do not study theology, nor the soul, nor the other life, nor the possibility that pure spirituality exists; they only do what their good old pedagogues told them to do. Thanks to study, men sharpen their wits and attain to an understanding of mysterious dogmas while at the same time setting out the reason for which they can no longer be amazed when affirming that they have understood them. (56)

His conclusion is unequivocal: women, like men, think with their heads but have no greater powers of reason than those they have been allowed to develop.

Casanova recognizes that, if women are determined by anything, it is not by the womb but by the education they receive and by their distinct social condition. As he states emphatically at the end of his work, a woman "educated in certain circumstances thinks one way; if educated in other circumstances would think another way" (64). This thesis coincides with that of Poullain de la Barre, who, as we saw at the start of this article, argued that the mind does not work differently according to its sex; instead, women do not develop the same rational capacities as men because they are not educated on an equal footing with them. Casanova reaches the same conclusion when deploying irony to discredit the regressive thoughts of those anatomists who, at the height of the Enlightenment, continued to rehearse discriminatory prejudices toward women that the society of the age maintained.

To challenge the overall premise of my essay, one might counterargue that the doctors' expressions were metaphorical. For example, one could conclude that we should not interpret literally the metaphor of the uterus as an animal. In response, I would note that metaphors used for women are very different from metaphors used for men. So much so that in the case of men, doctors do not devote time to searching for metaphors to describe their (lack of) rationality nor its origin.

In my view, and on the grounds outlined above, Casanova is fully entitled to be counted among the few writers of the Enlightenment—Mary Wollstonecraft,

Theodor von Hippel, Choderlos de Laclos, Condorcet, and Olympe de Gouges are others—who diagnosed female backwardness as a social problem caused by lack of education. It is in texts like theirs that the origins of theoretical feminism are to be found. “People think they know Casanova. They are wrong,” Philippe Sollers writes in the opening of his lively guide to the famed libertine’s sprawling memoir (Sollers and Mortimer 2016, 3). I agree, though for different reasons than Sollers’s. He spurns bourgeois hypocrisy and cliché to affirm a jocund philosophy of life devoted to the twinned pursuits of pleasure and joy. I offer my contribution to show that Casanova was in favor of some of the more egalitarian ideas that were in circulation in his time. Meanwhile, most of his contemporaries—Rousseau and Kant chief among them—were still confusing effects with causes and attributing intellectual deficiencies and even mental pathologies to a purportedly natural condition. This naturalist fallacy prevented them from recognizing the social origin of the problem of social inequality and gender disparity at the same time as it lent legitimacy to their blindness.

*Lana caprina* is well worth reading, a task that, as Casanova himself tells us, will not occupy us for more than “an afternoon.” The man has become a myth, and it is about time to eschew the myth. His little book, written with vibrant logic, healthy good sense, and winning good humor, conveys to its readers today the fun, the wit, and the sarcasm many women still choose to employ to mock those who fancy themselves their superiors. Worth noting too is the blunt epithet Casanova used of women’s detractors: the “anti-uterine.”

### “Uterine Issues” in Contemporary Obstetrics

Now that we have reached the end of our conceptual analysis regarding an influential theme in the history of ideas, it might well be asked, “Yes, but what has all this to do with contemporary obstetrics? To be sure, the moderns had some funny ideas . . . but what has it all got to do with obstetrics today? It’s part of the history of ideas and of medicine, but it’s irrelevant to us today, isn’t it?” I assert that this is precisely what we need to consider: whether some associations still shape the conceptual schemes we operate under today.

The history of certain ideas needs to be taken seriously. The view that women were sick beings both physiologically and mentally was the precondition that enabled the subsequent characterization of the womb’s functioning as denying women their capacity. If we remember that fact and its consequences, we shall find it easier to detect its conceptually active, ideological remains in certain obstetric and midwifery discourses and practices.

Arguably, a crucial barrier to warranting women’s rights in the labor room are beliefs as to whether a woman in labor is actually in full control of her capacities. And why would women in labor not be at full capacity? Well, here the answer is not openly provided—as it would contradict all kind of legal regulations—but it points to the following: women’s lack of capacity during labor is presented as a *de facto* consequence of the pain and fear associated with birthing contractions. Women are deemed to be in an altered state of body and consciousness, and this altered state is taken to deeply affect their capacity to retain and recall information, and to balance it when making a decision. When we take it as *obvious* that they are not fully in control, we normalize such judgment, and this normalization encourages us to ignore what women say and works to deny them the space and time to say what they need to say. In short, women who are subject to the “uterine influence” during labor *do not* reason well. My philosophical

analysis focuses on this key aspect: there is much to be gained from noting, and then challenging, the apparent lack of capacity of women in labor, due to their being subject to the uterine influence.

As commented above, recent reports and literature of obstetric violence have put onto the agenda data regarding the excessive frequency with which perinatal practitioners infringe basic legal parameters and health-care strategies and protocols. In line with this focus, I present my historical reconstruction of the precursors of obstetrics to throw some light onto current approaches to “uterine issues.” The thesis that the female condition was deficient and weak because it was controlled by its reproductive function enjoyed widespread support across eighteenth-century medicine and philosophy. We should pause to ponder whether this idea of the sick, irrational woman in thrall to her reproductive functions is still current in obstetrics today. When considering pro-medicalization positions, we should investigate carefully whether this is one of the reasons why pregnant women and women in childbirth are considered as *patients* rather than *users* in our health systems, or whether it explains in part at least why pregnancy and childbirth are still approached both conceptually and in practice as *illnesses*, when they are in fact not pathological but physiological conditions. We should consider whether this is related to—in view of the large amount of available testimony—the custom of treating pregnant women and women in childbirth like mere *containers*, which is also relevant when assessing some of the simplistic defenses of surrogacy.<sup>9</sup> Modern metaphors according to which women are more “animal-like,” wilder, and more uncontrollable might also be an influence worth addressing in some of the contemporary discourses that defend nonmedicalized or “natural” birth.<sup>10</sup>

To investigate these issues, I have here reflected on the relation between the notions of reason and the uterus in the history of Western thought. To understand how certain obstetric and midwifery procedures have survived and how these are directly related to the endurance of a particular view of laboring women, I have aimed to untie a critical conceptual knot in the history of patriarchy, with a particular focus on the dawn of obstetrics during the Enlightenment. I argue that it is necessary to reconstruct the history of the naturalization of female rationality in order to understand what is going on in the context of childbirth. The philosophical analysis of the conceptual history helps to explain what happens in the maternity ward, and why.

For those who are familiar with women’s lives and the feminist ideas that illuminate it, there are too many active associations in contemporary obstetric discourse and practice. If we could trace those associations, we would avoid continuing to fall into certain logical traps that support the continuation of practices around childbirth that are not justified by medical evidence, not to mention being supported by new paradigms of personalized, values-based, user-centered medicine. The emerging area of the field of philosophy of birth is invaluable to, first, diagnose fallacious assumptions on the relation between the womb and reason, and, ultimately, challenge risky narratives with major impact on birth care (Villarrea 2020; Villarrea and Kelly 2020).

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## Notes

1 I have examined controversies in birth care in Villarrea 2009; Villarrea and Fernández Guillén 2012; Villarrea, Olza, and Recio 2015; Villarrea 2015a; 2015b. These publications provide the empirical base from which the present analysis derives. For debates on maternal care, see *Lancet Maternal Health Series* n.d. For a comprehensive view of how respectful maternity care, evidence-based co-design, and participatory action have been taken up by a number of global authorities, including the World Health Organization, see Byrom and Downe 2015. From the 1980s onwards, feminist social scientists who have criticized the provision of maternity services in general and obstetric care specifically include Suzanne Arms, Sheila Kitzinger, Robbie Davis-Floyd, and Ann Oakley (Oakley 1980; Kitzinger 1984; Oakley 1986; Davis-Floyd 1992; Oakley 1993; Arms 1997; Zwelling 2002; Kitzinger 2006; Davis-Floyd 2009; Kitzinger 2015). As to the growing critique from inside the clinical profession, see Amali Lokugamage, Soo Downe, Susan Bewley, and Wendy Savage (Savage 1986; Bewley and Ward 1994; Downe 2008; and Lokugamage and Porter 2011). Within the existing data, it is worth reading some influential qualitative systematic reviews that evaluate medical literature on birth, such as Wax et al. 2010; Roome et al. 2016; Betrán et al. 2018; Downe et al. 2018; Kennedy et al. 2018; WHO 2018; Thomson et al. 2019.

2 Venezuelan law defines obstetric violence as: "the appropriation of the body and reproductive processes of women by health personnel, which is expressed as dehumanized treatment, an abuse of medication, and the attempt to convert natural processes into pathological ones, bringing with it a loss of autonomy and of the ability for women to decide freely about their bodies and sexuality, negatively impacting the quality of life of women" (Venezuela 2007). An interesting discussion of the law is Pérez D'Gregorio 2010. To understand better the phenomenon of obstetric violence as gender-based violence, see WHO 1985; Chalmers 1992; Fernández Guillén 2015; Recio 2015; Cohen Shabot 2016; Gervas and Pérez-Fernández 2016; Ruiz Berdún and Olza 2016; Sadler et al. 2016; Goberna and Boladeras 2018; Pickles 2020; Cohen Shabot 2020a; 2020b.

3 The alternative terminology that I employ here is intentional. Expanding upon an insight in Amorós 2000, 9–10, there is good reason to prefer the phrase "epistemological feminism" to the more usual "feminist epistemology." The notion of "feminist epistemology" seems to imply that there is a type of epistemology that is feminist and another type that is not. It would then be possible to conceive of a nonfeminist epistemology (not simply an "a-feminist" epistemology). In contrast, the notion of "epistemological feminism" strengthens the idea that any theory of knowledge—especially with regard to its methods, validity, and scope, and the distinction between justified belief and opinion—must fulfill certain requisites in relation to the treatment that women receive in that perspective. In short, if it really is epistemology—a reflection on what knowledge is—then it cannot blindly incorporate, or lead to, sexism. For more on this, see Villarrea 2005.

4 The paradigmatic, and most influential, example of the ideological connection between uterine constitution, rational handicap and education for submission is Rousseau's *Émile, ou Del'éducation* [*Emile, or, On Education*], and specifically its chapter 5, devoted to the education of Sophie, on which we cannot pursue here.

5 Contrary to popular belief, one could argue that a woman in labor should be considered a supreme paradigm of *self-control*. Not so much in the sense in which "self-control" is linked to the display of modest or decorous behavior, but rather in the sense in which "self-control" can be associated with the capacity to traverse and cut across pain and pushes, for example. But this interpretation of self-control is not a common one.

6 The paradigmatic and most influential example of the ideological connection among uterine constitution, rational weakness, and education for submission is Rousseau 2013, specifically chapter 5, devoted to the education of Sophie. Kant's misogynistic observations on female reasoning are present, for example, in Kant 1965, 132–33. A more detailed analysis of this topic can be found in Villarrea 2005.



7 The argument that the presumed irrationality of women was the basis for denying them the vote can be found in a number of historical and geographical settings and has been explored in feminist approaches to female suffrage (Hellerstein, Hume, and Offen 1981; Offen 2000; Mayhall 2003; Bush 2007; Offen 2010; Harrison 2013). An interesting coverage of the topic by the British Library can be found at <https://www.bl.uk/votes-for-women/articles>. For the use of this justification to ban female suffrage in the less-known particular context of the Second Spanish Republic (1931–37) and the Spanish Civil War (1936–39), see Capel 1992; 2006.

8 The idea of the womb being an animal can be traced to a famous and colorful passage in Plato's *Timaeus*: ("the womb is an animal which longs to generate children") and is connected to that of the wandering womb. The wandering womb was the belief that a displaced uterus was the cause of a number of medical pathologies found in women. The notion of the migratory uterus originates in texts of ancient Egyptians, although it persisted in European academic medicine and popular thought for centuries. For more on this fascinating topic, which is the basis for medical and philosophical theories of hysteria, see, for example, Micale 1995.

9 For a more nuanced approach to surrogacy, see Fabre 2006; Teman 2010; Bailey 2011; Deonandan, Green, and Van Beinum 2012; Phillips 2013; Straehle 2016; Marrades Puig 2017; Zehelein 2018.

10 An example might be the case of Michel Odent's discourse, as recognized, for instance, by Martin 1989.

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