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Being and Becoming a Midwife in Eighteenth-century France:
Geographies of Pedagogical Practices and Objects

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requirements for the degree Doctor of Philosophy
in History

by

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2020

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ABSTRACT OF THE DISSERTATION

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Professor Mary Terrall, Chair

In eighteenth-century France, concerns over a perceived population crisis and a neo-Hippocratic commitment to the social and physical environment as sources of both health and disease resulted in childbirth becoming a site for widespread governmental and medical intervention for the first time. Rhetoric blaming “ignorant” rural midwives justified government- or church-funded provincial training courses. Augmenting published textbooks, a variety of unexplored sources—such as surveys, student notes, advertisements, meeting minutes, marginalia, letters, and objects including mannequins and instruments—enables my project to investigate local negotiations around midwifery pedagogy. I argue that the French governmental and medical institutions sought to regulate and control midwifery, not eliminate the practice, thus challenging the simplified, Anglocentric narrative of male usurpation of the female domain of midwifery. Attention to the administrative practices of midwifery courses illustrates the limits of both the French absolutist monarchy and medical institutions to implement their will in the provinces. While midwifery courses expanded state and medical control over childbirth to an unprecedented degree, debates around midwifery education expose the diverse and sometimes

conflicting strategies midwives employed.

“Being and Becoming a Midwife” demonstrates the instability of the categories of “*accoucheurs*” (man-midwives) and “*sages-femmes*” (midwives) and the plurality of identities surrounding these terms in provincial France. Educated, licensed midwives practiced alongside untrained, licensed and unlicensed midwives. Frequently male and female practitioners collaborated through family ties, apprenticeships or educational relationships, and professional networks. Urban practitioners criticized rural midwives and surgeons alike for incompetence, revealing that geopolitical (urban and rural) and class differences shaped their social realities and medical practices as much as the division between man-midwife and midwife. By investigating the process of midwifery assimilation into mainstream medicine in eighteenth-century France, I uncover the ways that certain types of knowing become legitimized to the exclusion of others and how access to the profession was regulated.

The dissertation of Scottie Hale Buehler is approved.

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Kathryn Norberg

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Mary Terrall, Committee Chair

University of California, Los Angeles

2020

To Mark

A true partner. Always.

In memoriam S.V. Ivlia Beata.

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LIST OF ABBREVIATIONS

AD: *Archives Départementales*

AM: *Archives Municipales*

SRM: *Société royale de médecine*

BnF: *Bibliothèque nationale de France*

BIU Santé: *Bibliothèque interuniversitaire de Santé*

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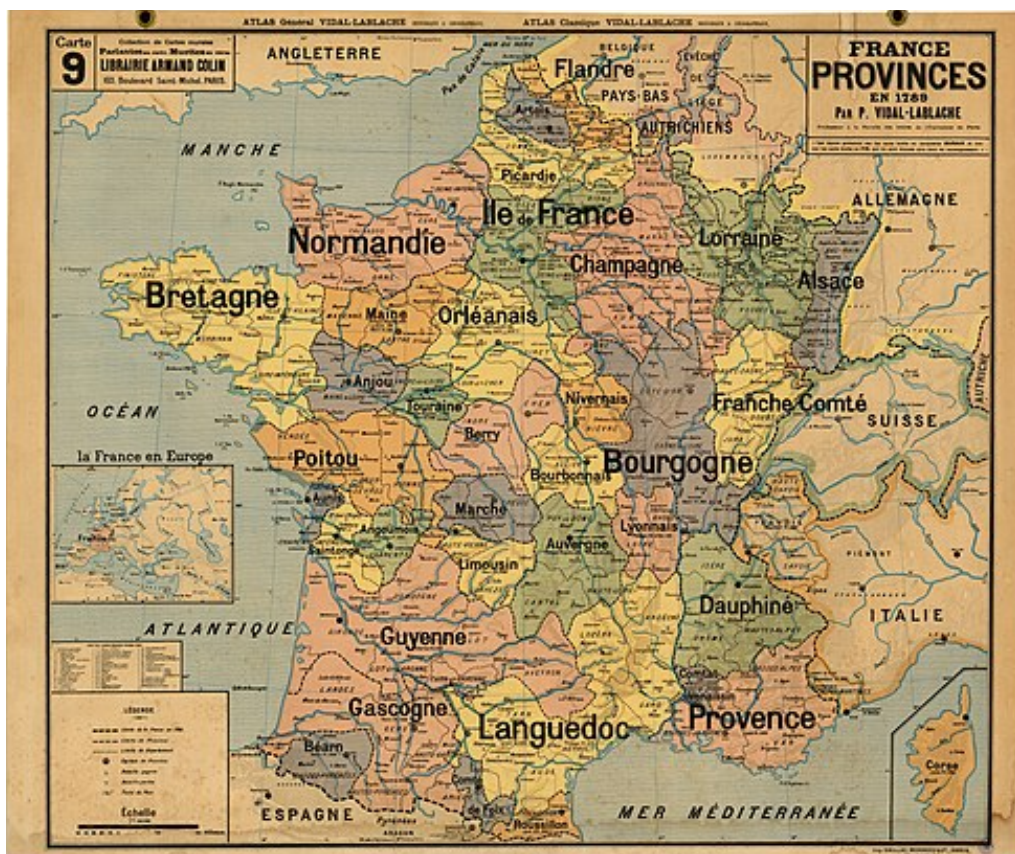
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Map of the provinces and généralités of France in 1789

Map by Paul Vidal de la Blache

ACKNOWLEDGMENTS

Contemporary midwives in the U.S. frequently exchange stories lamenting the male medical usurpation of the historically female domain of midwifery. These narratives typically take on a timeless quality that grants modern midwifery legitimacy: “women have always cared for each other in childbirth.” Conversely, in the halls of hospitals and sterilized prenatal rooms accounts of the horrors and deaths of bygone childbirths echo and justify an uncritical championing of medicalization. As a practicing homebirth midwife, I confronted these conflicting accounts of the history of obstetrics. I recognized that historical narratives buttressed modern professional divisions and naturalized inter-professional conflict. Yet, in practice, many midwives, myself included, appreciated, fostered positive relationships with, and, when births deviated from physiological norms, relied on our OB/GYN colleagues; many doctors decried the over-medicalization of childbirth. Surely, I speculated, the past was equally complex. I started to read extensively in the history of midwifery outside my fulltime practice. Historical questions welled up and motivated my desire to change careers and become a historian of medicine. Far from a rejection of my past devotion to midwifery, this vocational pivot furthered my advocacy for reproductive justice.

My training and experiences as a midwife deeply informed this dissertation. Unlike the twentieth-century histories of childbirth written by obstetricians, mine does not assume that childbirth was overwhelmingly dangerous or scary, though I know how it can be both. Neither do I romanticize births or midwives, for I have witnessed too much to do so. Hours spent practicing skills and maneuvers on mannequins provide a wealth of bodily knowledge to pull from in understanding similar objects in the past. Consequently, my first acknowledgement is to

all the midwives in Austin, Texas who trained me and with whom I have worked over the years. You inspired this project.

Projects as large and daunting as “Being and Becoming a Midwife” are not produced in isolation. The extensive research conducted in three countries for this project would not have been possible without financial support from UCLA, the Consortium for the History of Science, the Huntington Library, the Chateaubriand, the American Association for the History of Nursing, the Center for the Study of Women at UCLA, and Barbara Rootenberg. The people who have shaped my dissertation are too numerous to name in full, but a smaller group deserves special mention.

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ignited my passion for French midwifery and provided a springboard for my research on the “king’s midwife.”

I owe a significant debt of gratitude to all the librarians and archivist who have helped me along the way. Jérôme van Wijland, Irmine Casy, and the rest of the staff at the *Bibliothèque de l’Académie de Médecine de Paris* graciously accommodated me multiple times. The employees of the *Archives départementales d’Aisne* went above and beyond in helping me obtain damaged documents that proved central to Chapters 3 and 4. Beatrice Houot at the *Archives départementales de Vosges* exceptionally assisted me in research. Thank you to Joel Kline at the Huntington and Melissa Grafe at Yale. My deepest gratitude and friendship go to Russell Johnson of UCLA’s Biomedical Library. Other than Mary, Russell has been my biggest cheerleader and materially improved this project through the library’s holdings and acquisitions. When I first met him as a recruit for the history department, his passion helped convince me that UCLA was the right intellectual home for me.

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ideas, the seminar discussions, and the suggested edits: Iris Clever, Sebastiaan Broere, Joshua McGuffie, Maia Woolner, and Jacob Green. Iris has been my international partner in crime through it all. H.O.S.A. For Life!

Mary “Polly” McDonald provided crucial editing services that I can never repay. Lil’Brontes proffered critical feedback, even rewriting key sections in her quest for treats, and Iulia Beata extended moral support from a nearby sunny window seat. Most importantly, to Mark, your patience as a husband is outmatched only by your patience as an editor. Thank you for believing in me and sacrificing so much for my dreams: you are a true partner through it all.

BIOGRAPHICAL SKETCH

Scottie Hale Buehler is a midwife turned historian of medicine. After earning her BA in Sociology and Women and Gender Studies from the University of Texas at Austin (2006), she became licensed as a Certified Professional Midwife (2010) and founded a homebirth midwifery practice. Her doctoral dissertation was supported by fellowships from UCLA, the Consortium for the History of Science, the Huntington Library, the Chateaubriand, the American Association for the History of Nursing, the Center for the Study of Women, and Barbara Rootenberg. Scottie continues to advocate for midwifery on a national level. She sits on the board of directors of the Midwifery Education and Accreditation Council (MEAC), the regulatory body for midwifery education in the United States. She still attends births as a secondary midwife.



Figure 1 Examination of Midwifery Students (1821)

Marguerite Coutanceau, midwifery instructor in Bordeaux, sits at the center table in a yellow dress and white bonnet. A model of a pelvis and infant are on the table to right and judges distribute a stack of books to students. Image by Bouthenot. "96 Plates on Childbirth for the New Edition of a Work of Madame Coutanceau" Bibliothèque Val-de-Grâce L 1526.

BEING AND BECOMING A MIDWIFE IN EIGHTEENTH-CENTURY

FRANCE:

GEOGRAPHIES OF PEDAGOGICAL PRACTICES AND OBJECTS

INTRODUCTION

In the library of the Val-de-Grâce military hospital in Paris sits a collection of unpublished illustrations by the artist Bouthenot, entitled “96 Plates on Childbirth for the New Edition of a Work by Madame Coutanceau.”¹ In the penultimate image, midwifery students undergo an examination in a room of the École Royale de Médecine (Royal School of Medicine) decorated with banners proclaiming “Long live the King!” and “Long live the Duke of Angoulême!” (see Figure 1). A statue of a man in military uniform dominates the background, while busts frame the people occupying the foreground. Five midwifery students, most in bonnets, gather around tables laid with green cloth. Papers, embossed books, a model of a pelvis on a stand, a doll of a newborn with attached placenta, and a large silver chalice (probably a prize for the top student) clutter the table tops. A female pupil, draped in white with a red ribbon, withstands the scrutiny of the panel and accepts an offered book—her reward for passing the examination of the jury of seven men and one woman. The sole female examiner is Madame Coutanceau, midwifery instructor in Bordeaux and the adopted niece of the famous Angélique Marguerite Le Boursier du Coudray. Dressed modestly, she smiles at the student, satisfied. The staged composition, aimed at a decidedly Restoration audience (as evidenced by the banners

¹ 96 Plates on childbirth for the new edition of a work of Madame Coutanceau: 1821, Bibliothèque Val-de-Grâce: L 1526, 147. Gelbart drew my attention to the existence of these images. Nina Rattner Gelbart, *The King's Midwife* (Berkeley: University of California Press, 1998), 270-79.

proclaiming royalist support) in 1821, exhibits the outcome of seventy years of significant political, social, and medical change. The medicalization of childbirth and the simultaneous increase in the regulation of midwives in the second half of the eighteenth century transformed midwifery from an informal, loosely structured occupation to a regulated medical profession after 1803.

Seeking reasons for a perceived depopulation crisis, administrators, physicians, and surgeons employed a centuries-old trope of the ignorant rural midwife to justify increased intervention into the occupation in the form of midwifery training courses.² Previously, a certain number of deaths or injuries during childbirth was considered a fact of life that was solely within God's jurisdiction, but a growing belief in the ability of medicine and education to shape the nation transformed childbirth into a site ripe for improvement.³ Midwifery instruction would not just save the French population from the "murderous hands" of incompetent midwives but, reformers argued, would bring rural women into a new enlightened age by dispelling their ignorance and superstition. By the middle of the eighteenth century, an alliance, symbolized in the aforementioned image by the convergence of medical and political objects and motifs (see Figure 1), formed between the monarchy and medical institutions.⁴ Expanding French

² Jacques Gélis, *La sage-femme ou le médecin* (Paris: Fayard, 1988); Nathalie Sage-Pranchère, *L'école des sages-femmes* (Tours: Presses Universitaires François-Rabelais, 2017). Both of these studies have connected the rise of midwifery education to concerns about depopulation.

³ On childbirth as in God's realm see Jacques Gélis, *History of Childbirth: Fertility, Pregnancy, and Birth in Early Modern Europe*, trans. Rosemary Morris (Boston: Northeastern University Press, 1991), Parts 2 & 3.

⁴ Toby Gelfand, "A "Monarchical Profession" in the Old Regime: Surgeons, Ordinary Practitioners, and Medical Professionalization in Eighteenth-century France," in *Professions and the French State: 1700-1900*, ed. Gerald Geison (Philadelphia: University of Pennsylvania Press, 1984); Toby Gelfand, *Professionalizing Modern Medicine* (Westport: Greenwood Press, 1980), Chapter 4.

governmental interest in medicine as a tool to solve social, political, and physical problems created many career opportunities for men in the realm of childbirth.⁵

The best methods to achieve the reform of midwifery, however, became the subject of fierce debate. Various midwives challenged presumptions about their skill levels and resisted governmental and medical interference, while others capitalized on the changing circumstances to promote their own reputations and further their careers. Male medical practitioners and government administrators also periodically disagreed. For example, a few medical men argued that education would only instill a dangerous pride in rural midwives. Intendants regularly found educational programs too expensive to implement. The subsequent debates about educating midwives drew upon assumptions about women, peasants, and other rural inhabitants in delineating what was possible and shaping the practices of specific courses.

“Being and Becoming a Midwife” tells the story of the widespread implementation of training courses for midwives in France from 1750 to 1820. Frequently, midwifery courses ended in examinations similar to the one in Coutanceau’s image, utilized comparable textbooks, employed mannequins, motivated students with prizes, and displayed images for pedagogical purposes. Mostly men, but also a few women, taught these varied classes, which began to appear in the 1760s and became prevalent by the 1780s. The illiteracy of most students led instructors to employ verbal pedagogical practices, borrowing from the tradition of catechism. The prevalence of provincial training courses derived, at least in part, from national policies supporting such programs. The crown reduced the tax burdens for regions that implemented programs, offered licenses (and sometimes associated stipends) to instructors, and paid for the printing and circulation of textbooks aimed at rural midwives. The strategies of the crown, however, cannot

⁵ For more on the expansion of the medicable in the eighteenth century see Lawrence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), Chapter 7, Section D.

explain the diversity of forms these classes took as they encountered localized political structures and socio-cultural practices around midwifery. Complicating political histories that over-emphasize the power of an absolutist monarchy, significant regional diversity across France necessitated that the education of midwives be orchestrated locally. This dissertation argues that while midwifery courses expanded state and medical control over childbirth to an unprecedented degree, attention to the contexts of the negotiations around midwifery education exposes the diverse and sometimes conflicting strategies midwives employed. The patchwork of assorted programs across the nation defies one-dimensional narratives of resistance or subjugation, instead revealing the eighteenth-century changes in norms and regulatory practices around midwives to be contested and dynamic processes.

Previous historians of European midwifery identify the rise in the eighteenth century of the man-midwife, who eventually replaced the midwife as the primary care provider for uncomplicated childbirths.⁶ Critical accounts offer important corrections to this narrative, pointing out that relations between male and female practitioners were sometimes cooperative, that both midwives and man-midwives were heterogeneous groups with different goals and practices, and that women still attended a significant portion of births in 1800.⁷ Scholars of continental midwifery bemoan the dominance of the Anglo-American model. They argue that the

⁶ Lisa Forman Cody, *Birthing the Nation* (Oxford: Oxford University Press, 2005); Jean Donnison, *Midwives and Medical Men* (London: Historical Publications Ltd, 1988).

⁷ Accounts challenging the narrative of conflict between men and women include Robert Woods and Chris Galley, *Mrs. Stone and Dr. Smellie: Eighteenth-century Midwives and their Patients* (Liverpool: Liverpool University Press, 2014). On the persistence of midwives as birth attendants David Harley states: "By the end of the century, it is possible that in some parts of England about half of all deliveries were attended by men." Woods and Galley point out that while midwives' share of deliveries declined, overall the actual number of deliveries they attended increased in the eighteenth century by 5%. The result was that midwives would have still delivered 68% more women in 1800 than in 1700. David Harley, "Provincial Midwives in England: Lancashire and Cheshire, 1660-1760," in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (London: Routledge, 1993). For more on the heterogeneity of man-midwives see Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England 1660-1770* (Cambridge: Harvard University Press, 1995). On the diversity of midwives see the whole collection: Hilary Marland, ed. *The Art of Midwifery: Early Modern Midwives in Europe* (London: Routledge, 1993).

changes wrought in the eighteenth century varied vastly by country and demonstrate that medicalization was not always a linear or highly contested process.⁸ In France, for example, men began to attend uncomplicated childbirths regularly in the late seventeenth century, much earlier than their British colleagues, and encountered little resistance.⁹ As this dissertation will show, moreover, there was no systematic attempt to eliminate midwives by French governmental or medical institutions due in part to a recognized national scarcity of medical practitioners. The ascendancy of man-midwives was even slower in the Italian city-states, Spain, and Eastern Europe. Russia so lacked trained surgeons to the extent that midwives enjoyed few challenges to their authority.¹⁰ Yet the Anglocentric account of usurpation remains stubbornly persistent because of a lack of English-language scholarship on average midwives practicing in other European countries.¹¹

French historians of midwifery have focused primarily on the *longue durée* of change in childbirth viewed through the frameworks of professionalization and medicalization. They position the proliferation of training courses as a stage in the process toward modern obstetrics.¹²

⁸ Hilary Marland, "The 'Burgerlijke' Midwife: The *Sadsvroedvrouw* of Eighteenth-century Holland," in *The Art of Midwifery*, ed. Hilary Marland (New York: Routledge, 1993); Nadia Maria Filippini, "The Church, the State, and Childbirth: The Midwife in Italy During the Eighteenth Century," in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (New York: Routledge, 1993); Mary Lindemann, "Professionals? Sisters? Rivals? Midwives in Braunschweig, 1750-1800," in *The Art of Midwifery*, ed. Hilary Marland (New York: Routledge, 1993).

⁹ For more on seventeenth-century accoucheurs see Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France* (Aldershot: Ashgate, 2005); Bridgette Sheridan, "Whither Childbearing: Gender, Status, and the Professionalization of Medicine in Early Modern France," in *Gender and Scientific Discourse in Early Modern Culture*, ed. Kathleen Long (Burlington: Ashgate, 2010).

¹⁰ Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 1999), 119.

¹¹ *The Art of Midwifery* remains a crucial but rare exception. Marland, *The Art of Midwifery: Early Modern Midwives in Europe*.

¹² Jacques Gélis, "La Formation des accoucheurs et des sages-femmes aux XVIIe et XVIIIe siècles," *Annales de démographie historique* (1977); Gélis, *La sage-femme ou le médecin*; Nathalie Sage-Pranchère, "Étude comparée de deux projets de cours d'accouchement à la fin du XVIIIe," *Histoire, économie et société* 28, no. 2 (2009); Sage-Pranchère, *L'école des sages-femmes*.

Jacques Gélis, the preeminent French historian of childbirth, traces the rise of the *accoucheur* to a new *mentalité*, a “new conception of life,” in the eighteenth century that saw birth as potentially dangerous and imbued each infant with a right to life. He argues that midwifery courses created a new class of midwives, younger and medically trained, and cemented the superiority of the *accoucheur* (as instructor) over the midwife.¹³ Nathalie Sage-Pranchère tracks the professionalization of French midwifery through the nineteenth and twentieth centuries, identifying the pedagogical programs of the eighteenth century as its inception point.¹⁴ This dissertation challenges their linear accounts of professionalization and medicalization by highlighting regional variations in midwifery regulation and the diversity of midwives’ responses. For example, the “new class” of midwives identified by Gélis often overlapped with “traditional” midwives because many experienced women took classes to further their knowledge and to gain medico-legal legitimacy in the shifting landscape of expertise.

Professionalization—operationally defined as “the acquisition by any occupation of the traits of the ideal type,” including “a body of theory taught at institutions of higher learning, uniform standards for training and performance, a system of certification for qualified practitioners”—is often too anachronistic to be useful as an analytical category.¹⁵ The concomitant social and political changes vanish under the broad heading of “professionalization.” At best it is a black box; more concerning, it reflects a progressive conception of historical change in triumphalist narratives. Furthermore professionalization would need to be broadened to the point of abstraction in order to capture the realities of early modern

¹³ Gélis, *La sage-femme ou le médecin*.

¹⁴ Sage-Pranchère, *L'école des sages-femmes*.

¹⁵ Matthew Ramsey, *Professional and Popular Medicine in France* (Cambridge: Cambridge University Press, 1988), 3.

medicine and female practitioners.¹⁶ Mary Lindemann questions the extent to which early modern midwives saw themselves as professionals or even as a community with shared interests: “It seems more likely that their lives and their *métier* were moulded by quotidian circumstances...”¹⁷

Rather than treating education as a stage in the process of professionalization, this project highlights the “multiple axes of tension and rivalry” around educating midwives.¹⁸ It recovers the diverse events and relationships (with medical men, governmental and ecclesiastical authorities, other midwives, and birthing women) that shaped the changing experiences of midwives. Neither the French state nor medical men acted uniformly to regulate or medicalize midwifery. Diverse visions existed for midwives and competed for dominance. Midwives themselves lacked a united agenda. It was far from a foregone conclusion that midwifery would eventually professionalize in the early nineteenth century.

France represents an ideal location for studying midwifery education due to the early implementation and extent of its programs. Midwifery regulation existed from the late medieval period in many European countries, but education remained sporadic. The Spanish Royal College of Surgery in Barcelona established classes for midwives in 1795 (there were some earlier but aborted attempts to implement education in 1775 and 1776).¹⁹ In Holland, municipalities supervised the regulation and education of midwives from the mid-seventeenth century. Local surgeons’ guilds conducted lessons for midwives. These pedagogical efforts,

¹⁶ Lindemann, "Professionals? Sisters? Rivals? Midwives in Braunschweig, 1750-1800."; Monica Green, "Women's Medical Practice and Health Care in Medieval Europe," *Signs* 14, no. 2 (1989).

¹⁷ Lindemann, "Professionals? Sisters? Rivals? Midwives in Braunschweig, 1750-1800," 178.

¹⁸ This phrase comes from Green, "Women's Medical Practice and Health Care in Medieval Europe," 452.

¹⁹ Teresa Ortiz, "From Hegemony to Subordination: Midwives in Early Modern Spain," in *The Art of Midwifery*, ed. Hilary Marland (New York: Routledge, 1993), 100-01.

however, were patchy and bottom-up compared to the more directed programs in France.²⁰ English midwives possessed the slimmest educational opportunities of all European midwives, consisting primarily of private courses, London lying-in hospitals, or the Hôtel-Dieu in Paris. The first British midwifery schools outside of London appeared in the 1790s in Manchester and Liverpool.²¹ No other eighteenth-century European country tackled the education of midwives so extensively or invested as much in pedagogy as France. At the same time, localities reinvented midwifery education by appropriating and reconfiguring associated objects, rhetoric, ideas, and practices, exposing the limits of the absolutist monarchy in France. In order to capture the multitudes of midwifery education, I have organized this project around geographically defined case studies covering primarily Paris, Auvergne, Soissons, Languedoc, and Guyenne and Gascony. Read together the chapters depict the shifting and unstable landscapes of authority between national, regional, and municipal administrators and between physicians, surgeons, and midwives.

Sarah Hanley articulates the importance of laws regulating marriage and childbirth to modern nation-state building. A reciprocal relationship between the monarchy and jurists, formed around the common goal of upholding the patriarchal power of elite men over their families and finances, spawned an entanglement of law and family that she calls the “family-state compact.” Midwives, in their roles as attendants and certifiers of births, mediated between reproductive agents and the state. Through their associations with midwives, women could mitigate their risks of illicit behavior (such as birthing a baby out of wedlock). When practiced legitimately, midwifery upheld the family-state compact; when practiced illegitimately,

²⁰ Marland, "The '*Burgerlijke*' Midwife: The *Sadsvroedvrouw* of Eighteenth-century Holland," 194-96.

²¹ Harley, "Provincial Midwives in England: Lancashire and Cheshire, 1660-1760," 28.

midwifery challenged it.²² Midwifery courses supported a nation-building project in so far as they expanded the state's administrative apparatus deep into rural communities in order to instill proper behavior in potential midwives and monitor them thereafter.

A plurality of identities surrounding the categories of *accoucheurs* and *sages-femmes* in provincial France, the regional diversity of midwifery practices, and the competing agenda of many provincial administrators complicated any goal of a unified approach to education. Far from a narrative of top-down implementation, the realization of midwifery courses necessarily involved compromise. The lived experiences of the historical actors involved in midwifery pedagogy provide insight into medicine's role in constructing and maintaining social hierarchies. The traditional lens of professional conflict—which has shaped much of the scholarship on early modern midwifery—obscures as much as it reveals because male and female practitioners frequently collaborated through family ties, apprenticeships, and professional networks. Geopolitical (urban and rural) and class differences, moreover, determined rural practitioners' medical practices as much as the division between man-midwife and midwife. Through its focus on midwifery training courses, this dissertation uncovers the ways that certain types of knowing become legitimized to the exclusion of others and how certain individuals' access to the occupation was regulated.

The emphasis on local contexts in this project permits the identification of patterns in how authority was maintained, strengthened, weakened, and given particular shape through routine interactions. The result is a dynamic network of people, objects, and practices that

²² Sarah Hanley, "Engendering the State: Family Formation and State Building in Early Modern France," *French Historical Studies* 16, no. 1 (1989).

molded midwifery.²³ Attention to administrative practices exposes the mechanisms that connected the large-scale philosophical and rhetorical systems that motivated the interest in educating midwives and opened specific paths for career making. In short, the specificity of the focus on the administrative and pedagogical practices of midwifery courses in this project traces the shifting and complex relationships between medicine, the state, and midwifery beyond mere medicalization and professionalization. At the same time, this study increases our knowledge about ordinary French midwives as care providers, community members, workers, political figures, and advocates for their occupation.²⁴ It highlights their diverse practices, training, skill levels, and goals as they negotiated the changing medical landscape. It gives voice to previously hidden historical actors.

A Nation in Decline?

A popular belief in a general French moral and physical deterioration developed during the eighteenth century as the country attempted to come to grips with a series of military losses, epidemics, and financial crises. All of Europe treated a large, growing population as a principal sign of national wealth and security; however, many feared France was not faring well relative to its neighbors.²⁵ Historian Sean Quinlan describes the central role of medical men in portraying a

²³ Hardwick speaks of practices in this manner. Julie Hardwick, *The Practice of Patriarchy* (University Park: Penn State University Press, 1998), Introduction. My focus on practices is broadly inspired by Actor Network Theory: Bruno Latour, *Reassembling the Social* (Oxford: Oxford University Press, 2005); Michel Callon, "Some Elements of a Sociology of Translation," in *Power, Action, and Belief: A New Sociology of Knowledge?*, ed. J. Law (London: Routledge, 1986).

²⁴ Marland calls for exploring midwives as "women workers, as active members of their communities, as 'missionary' and political figures, and as defenders of their status and occupation..." Hilary Marland, "Introduction," in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (London: Routledge, 1993).

²⁵ Sean Quinlan, *The Great Nation in Decline: Sex, Modernity, and Health Crisis in Revolutionary France c. 1750-1850* (Burlington: Ashgate, 2007); Andrea Rusnock, *Vital Accounts: Quantifying Health and Population in Eighteenth Century England and France* (Cambridge: Cambridge University Press, 2002); Karin Johannisson, "Society in Numbers," in *The Quantifying Spirit in the 18th Century*, ed. Tore Frängsmyr, J.L. Heilbron, and Robin

France endangered by decadence and decline and proposing medicine as the solution to “regenerate a sick and decaying nation.”²⁶ A general optimism in medical progress shifted the disciplinary objective of medicine from recapturing the wisdom of the ancients to creating medical knowledge afresh.²⁷ While charges of incompetence and ignorance against rural midwives had circulated for centuries, by the 1760s government officials and reforming physicians linked this trope with the causes of depopulation. Joseph Raulin, physician to Louis XV, was one of the most prominent and vocal exponents to blame midwives for the deaths and injuries that could result from childbirth:

Since we have realized that the human species is degenerating and that depopulation has become noticeable, the Minister desires to research the causes and find the most right and proper methods to dispel them. The inadequacy of provincial midwives in the Art of Childbirth [*accouchement*], that the majority [of them] have the foolhardiness [*témérité*] to practice without knowledge, presents one of the most alarming causes.²⁸

The provincial midwives’ ignorance not only caused the death of subjects of the crown, Raulin claimed, but also occasioned injuries to mothers and infants that disabled them for life. A decade earlier, Simon-Charles-Sébastien Bernard de Ballainvilliers (1721-1767), the intendant of Auvergne from 1758-1767, captured the emerging sentiment connecting midwives to depopulation fears:

The accidents occasioned by the incompetence of women of the countryside who dabble in childbirth are infinite. The murderous ignorance of these matrons deprive the State of a great number of subjects and the most pitiable are those

E. Rider (Berkeley: University of California Press, 1990); Carol Blum, *Strength in Numbers* (Baltimore: The Johns Hopkins University Press, 2002); Leslie Tuttle, *Conceiving the Old Regime* (Oxford: Oxford University Press, 2010).

²⁶ Quinlan, *The Great Nation in Decline: Sex, Modernity, and Health Crisis in Revolutionary France c. 1750-1850*, 4.

²⁷ Brockliss and Jones, *The Medical World of Early Modern France*, 441.

²⁸ Joseph Raulin, *Instructions succinctes sur les accouchemens* (Paris: Vincent, 1770), iii.

unfortunates who, deprived of the use of their limbs, seem to be born only to be the perpetual objects of our compassion.²⁹

Such rhetoric targeted midwives, and rural midwives in particular, for reform. The nexus of three philosophies—neo-Hippocratic medicine, Lockean philosophy, and physiocratic economics—turned the attention of the intellectual, administrative, and medical elites to educating rural midwives. Specifically, neo-Hippocratic medicine expanded the medical sciences into the realm of childbirth, while physiocratic economic theory drew attention to the importance of a large, healthy agrarian population. A widespread confidence in education to (re)mold individuals—informed by Lockean philosophy—presented training courses as the best method for improving rural midwives.

Neo-Hippocratic medicine emerged as a forerunner in the miscellany of medical philosophies that populated mid-eighteenth-century France amid the remnants of Galenic medical theory. It drew upon the connection in Hippocratic medicine between health, disease, and the physical environment, but expanded these relationships to encompass the social and moral milieus. By presenting a more holistic view of human biology based upon developments in the fields of physiology and demography—specifically the concepts of sensibility and collective behavior and risk—neo-Hippocratic medicine provided the theoretical framework to connect the health (and illness) of the individual to society and the physical body to the moral.³⁰ In framing the moral failings of the nation in biological terms, doctors expanded their authority into new

²⁹ Letter from Ballainvilliers to Les Echevins de Clermont: December 9, 1760, AD Puy-de-Dôme: 1C 1401, Fol. 9. For more on Ballainvilliers and his role in establishing midwifery courses see Chapter 2. His son also had a minor role to play in the courses of Languedoc, Chapter 5.

³⁰ Quinlan, *The Great Nation in Decline: Sex, Modernity, and Health Crisis in Revolutionary France c. 1750-1850*, 10-13. More general information on neo-Hippocratic medicine see Brockliss and Jones, *The Medical World of Early Modern France*, 751-52.

realms such as psychology, veterinary medicine, and childbirth.³¹

While governments had long played a role in disease prevention, neo-Hippocratic medicine ushered in a new type of public health focused on collectives, rather than individuals. Neo-Hippocratics, accordingly, instituted many social and ecological engineering projects—even medical police.³² To the traditional Galenic emphasis on diet and exercise, neo-Hippocratics added air, especially in the form of weather, as a determinant of health. The *Société royale de médecine* (SRM), motivated by neo-Hippocratic philosophy, commenced a nationwide program in 1778 to study the relationship between the weather and disease.³³ Having relegated God to the celestial realm, medical reformers believed medicine could achieve any earthly goal, if only they had enough knowledge to understand a phenomenon.³⁴ The SRM would lead the effort to gather all the information necessary to understand the state of health and illness in the nation, including a survey of the nation's midwives in 1786.

Doctors promoting the new program of medicine also put forth novel public personae beginning in the 1770s, casting themselves as moral crusaders and health activists. The conception of the enlightened physician emerged in large part thanks to the efforts of Félix Vicq d'Azyr, perpetual secretary of the SRM. While still maintaining a private practice, this new

³¹ Quinlan, *The Great Nation in Decline: Sex, Modernity, and Health Crisis in Revolutionary France c. 1750-1850*, Chapter 1; Brockliss and Jones, *The Medical World of Early Modern France*, Chapter 7, Section D.

³² Brockliss and Jones, *The Medical World of Early Modern France*; Quinlan, *The Great Nation in Decline: Sex, Modernity, and Health Crisis in Revolutionary France c. 1750-1850*.

³³ Carloine C. Hannaway, "The Société Royale de Médecine and Epidemics in the Ancien Régime," *Bulletin of the History of Medicine* 46, no. 3 (1972); Jean-Pierre Peter, "Une enquête de la Société Royale de Médecine (1774-1794): malades et maladies à la fin du XVIIIe siècle," *Annales: Histoire, Sciences Sociales* 22, no. 4 (1967); J. Andrew Mendelsohn, "The World on a Page: Making a General Observation in the Eighteenth Century," in *Histories of Scientific Observation*, ed. Lorraine Daston and Elizabeth Lunbeck (Chicago: University of Chicago Press, 2011).

³⁴ Brockliss and Jones, *The Medical World of Early Modern France*, 441.

medical man also aided the progress of medical science through experimentation and the collection of data. His zeal for the public good drove him to dedicate himself to improving humanity. He became a medical administrator, able to comment expertly on many social ills and offer practical solutions. Laurence Brockliss and Colin Jones argue that the SRM advanced this romanticized depiction, under the efforts of Vicq d'Azyr, through institutional approval in the form of awarding prizes, publishing *mémoires*, and producing idealized obituaries of deceased members.³⁵ The crown also encouraged and rewarded such behavior from any type of medical practitioner by granting exclusive licenses and stipends. Men, usually but not exclusively surgeons, seeking positions as instructors of midwifery courses participated in this discourse when they displayed themselves as selflessly promoting the public good by dispelling ignorance and saving lives for the nation. A few women, particularly Madams du Coudray and Coutanceau, also successfully deployed similar personae (though appropriately deferential to medical men, at least in appearance) to gain licenses (*brevets*) from the crown and establish the authority of their pedagogical projects.³⁶

Educating midwives represented only one path to combating a perceived population decline. The crown enacted policies to reform the reproductive practices of its citizenry as early as 1666. The Edict of Marriage, which sought to counter late marriages and celibacy, innovatively employed monarchical power to promote the traditional values of the French legal and political system around family and reproduction.³⁷ Leslie Tuttle enumerates three ways in which procreation became imbued with political importance in early modern France. First, the

³⁵ Brockliss and Jones, *The Medical World of Early Modern France*, 473-79.

³⁶ See Chapters 2-3 and 5-6.

³⁷ Tuttle, *Conceiving the Old Regime*, 16.

reproduction of the monarch facilitated political reproduction and stability. Second, Biblical ideas championed large, flourishing nations as indicators of divine blessing. Moreover, the monarch's regulation of reproductive morality would curry God's favor. Third, the rise of a "social science" of reproduction investigated and compared different historical and cultural traditions of reproduction, debating which was the most politically and socially beneficial. Once the relativistic argument could be made, by Montesquieu most prominently, that different cultures and legal systems produced diverse reproductive practices, reproduction transformed from a divinely controlled realm to one subject to human intervention.³⁸ Over the course of the eighteenth century, the monarchy thus undertook a series of official and unofficial pronatalist policies that promoted the traditional social order "where fathers (and by extension kings) ruled beneficently over burgeoning, fecund households."³⁹ Some, however, believed the king himself and the extravagance of his court might be to blame for France's reproductive failures.

As the eighteenth century advanced, many reformers identified luxury as a principal cause of the moral decay of the country. A greed for individual wealth, they argued, would lead citizens to put personal before national interests. Instead, they promoted a vision of patriotism that placed the welfare of the public before all else. Moral and economic concerns comingled in a new "economy of virtue" that attacked "unreal wealth"—fortune achieved by international commerce, luxury trade, or finance—and presented agriculture as the means to achieve lasting national economic well-being.⁴⁰ Stressing the fiscal importance of agrarian labor, the rising economic philosophy known as physiocracy developed by the 1760s a principal objective of

³⁸ Tuttle, *Conceiving the Old Regime*, Introduction. For more on the "social science of reproduction" named by Tuttle see Blum, *Strength in Numbers*.

³⁹ Tuttle, *Conceiving the Old Regime*, 178.

⁴⁰ John Shovlin, *The Political Economy of Virtue* (Ithaca: Cornell University Press, 2006), Introduction.

cultivating a robust and large peasant labor population.

The physiocratic goal of increasing agricultural labor manifested in the works of provincial agricultural societies. *Agronomes*, landowners, and amateurs seeking to promote a renewal of rural prosperity through practical improvements gathered in these organizations. They offered education on agriculture, handed out prizes for essay contests, and rhetorically linked economic improvement with patriotism. Founded by the Controller-General of Finance Henri Bertin in 1760, agricultural societies quickly germinated in over a dozen cities: Paris, Le Mans, Orléans, Rouen, Tours, Limoges, and Soissons included.⁴¹ At times these societies became interested in midwifery. The Agricultural Society of Soissons initiated preliminary efforts to establish a regional midwifery course in the generality.⁴² Bertin himself supported the national training program of Madame du Coudray during and after his ministry. She even instructed midwives on his estates in Bourdeilles in Dordogne.⁴³ Agricultural Societies explicitly linked increased human reproduction (and animal breeding) to national economic strength.⁴⁴

Debates ostensibly about economics took on explicitly gendered arguments when the bulk of the blame for the moral degeneracy associated with luxury fell on noble women, *salonnières* in particular. Women's increasing participation in political and scientific life and their patronage of low-born intellectuals threatened long standing social divisions, leading some (such as François Fénelon) to call for their relegation to the domestic sphere. Many doctors,

⁴¹ Shovlin, *The Political Economy of Virtue*, 3; John Shovlin, "The Society of Brittany and the Irish Economic Model: International Competition and the Politics of Provincial Development," in *The Rise of Economic Societies in the Eighteenth Century*, ed. Koen Stapelbroek and Jani Marjanen (New York: Palgrave, 2012).

⁴² See Chapter 3.

⁴³ Gelbart, *The King's Midwife*, 93, 102, 05-06, 11, 12, 55, 212.

⁴⁴ See Chapter 3.

including Raulin, claimed that an appetite for pleasure and overthinking in upper-class women produced physical disease, specifically hysteria, alongside a more general moral degeneration. Rural women, however, avoided such concerns, reforming doctors maintained, through hard work, simple thinking, and traditional domestic duties.⁴⁵ The rural environment also provided healthful air and food. Moral and physical hygiene, which offered the only path towards regeneration and health for both elite and rural women in the neo-Hippocratic framework, required reeducation under the guidance of reforming medical practitioners. Neo-Hippocratics prioritized the reform of the moral and physical health of women because they were the cornerstones of a strong and vibrant population.⁴⁶

Such theories about the physical differences between rural and urban elite women bled into debates about educating midwives. Some provincial administrators argued that rural women's robust physicality and healthier lives meant that they gave birth more easily than their wealthier counterparts and thus required less-skilled attendants. The *subdélégué* from Aurillac, François-Xavier Pagès de Vixouse, made such a claim upon hearing of midwifery courses in his area: "It is nevertheless certain that childbirths here are more happy than those of the cities. Nature and good temperament can compensate for a deficit in assistance."⁴⁷ Instructors of midwifery courses fervently argued against such beliefs, insisting that ignorance in the form of premature interventions hindered the normal course of nature (thus suggesting that a well-trained

⁴⁵ Shovlin, *The Political Economy of Virtue*, 30-38; Quinlan, *The Great Nation in Decline: Sex, Modernity, and Health Crisis in Revolutionary France c. 1750-1850*, 46; For more on the attacks on intellectualism in women and midwifery education see Adrianna Bakos, "'A Knowledge Speculative and Practical,'" in *Women's Education in Early Modern Europe*, ed. Barabara Whitehead (New York: Garland Publishing Inc, 1999).

⁴⁶ Quinlan, *The Great Nation in Decline: Sex, Modernity, and Health Crisis in Revolutionary France c. 1750-1850*. On the healthiness of good air and exercise for pregnant women see Gélis, *History of Childbirth: Fertility, Pregnancy, and Birth in Early Modern Europe*, 76-78.

⁴⁷ Letter from François-Xavier Pagès de Vixouse to the Intendant: February 11, 1760, AD Puy-de-Dôme: 1C 1401, Fol. 13.

midwife would intervene less). Conversely and simultaneously, midwifery educators used oral and physical pedagogical practices and repetition to overcome the (perceived) limited ability of rural female students for complex thought.

It was not obvious that education should be the answer to the perceived problem of the ignorance and incompetence of French midwives. In fact, for many Englishmen facing the same predicament, the answer was the suppression of midwives.⁴⁸ In some provinces of France, intendants aimed to attract highly skilled midwives from Paris to their regions rather than invest in expensive educational programs. A dearth of medical practitioners in rural areas merged with a confidence in education to turn the apprehensions about midwives towards training programs.⁴⁹ Midwifery education, moreover, became a goal at the same time cries for universal education gained momentum in France. Beginning *circa* 1760, the number of books published on education increased annually.⁵⁰ While *philosophes* identified ignorance as an evil and sought to promote reason, such beliefs did not necessarily translate into support for universal education as some considered ignorance a social utility among the lower classes. If given the opportunity through education to leave their physically demanding work in agriculture, peasants might do so. Others, particularly the Abbé Terrisse, argued that the ability of the lower classes to read and write was generally beneficial to the state and civil society. Most educated peasants would work more productively, he asserted, though education alone was not able to overcome habitual laziness. These debates caught fire in the 1760s and raged up to the Revolution.⁵¹

⁴⁸ Cody, *Birthing the Nation*.

⁴⁹ For the numbers and distribution of medical practitioners in the eighteenth century see Brockliss and Jones, *The Medical World of Early Modern France*, Chapter 8, section D.

⁵⁰ Harvey Chisick, *The Limits of Reform in the Enlightenment* (Princeton: Princeton University Press, 1981), 42-45.

⁵¹ *Ibid*, Chapter 2-3.

Reformers of the second half of the eighteenth century (such as Diderot, Helvetius, and Holbach) found in education the means by which not only to combat ignorance and superstition but also to reshape France into a more united, freer, and more moral society. Lockean philosophy animated this exaggerated confidence in education; pedagogues embraced the theoretical implications of *tabula rasa* and worked on educational programs to mold young minds through the presentation of particular experiences in a specific sequence. Speaking in support of the power of education, Jean-Paul Rabaut de Saint-Etienne declared in 1789: “man is capable of indefinite perfection, and this perfection depends on the enlightenment he receives.”⁵² Entrenched in Lockean philosophy, most, though not all, medical reformers believed that education would cure the country midwife’s ignorance, ineptitude, and superstition.⁵³

As the century advanced, many lost hope that individuals would undertake the necessary personal hygiene regimens and instead turned to the government to implement public policy to treat society.⁵⁴ The ascendancy of Anne Robert Jacques Turgot, protégé of the economist and physician Quesnay, to the position of Controller-General of Finance in 1774 saw a reform-minded physiocrat in a position of great power and bridged gaps between administrators and the intelligentsia.⁵⁵ As intendant of Limoges, he had brought the midwifery courses of Madame du Coudray to the region and had forced participation on the parishes. During his short tenure as Controller-General of Finance, Turgot enlisted scientific experts to find practical solutions to

⁵² Quoted in David Bell, *The Cult of the Nation in France: Inventing Nationalism, 1680-1800* (Cambridge: Harvard University Press, 2003), 2.

⁵³ On Lockean philosophy: Chisick, *The Limits of Reform in the Enlightenment*, 39-41.

⁵⁴ Quinlan, *The Great Nation in Decline: Sex, Modernity, and Health Crisis in Revolutionary France c. 1750-1850*, Chapter 1.

⁵⁵ Charles Coulston Gillispie, *Science and Polity in France at the End of the Old Regime* (Princeton: Princeton University Press, 1980), Chapter 1.

technical problems. He established the SRM as the arm of government devoted to the advancement and dissemination of medical knowledge, promoted civil engineering projects, standardized weights and measures at the Mint, reformed gunpowder and munitions production, tackled the epizootics devastating livestock around the country, and supported the establishment of midwifery courses. He sponsored particular instructors of midwifery and backed the printing and circulation of books dealing with childbirth.⁵⁶ Though brief, his administration established a tradition of the state's reliance on scientific knowledge to extend its power, even into childbirth.⁵⁷

In order to establish midwifery education as an imperative, Bertin, Turgot, Raulin, Ballainvilliers, and likeminded administrators tapped diverse cultural resources that included the intellectual and rhetorical devices illuminated above (depopulation, sensationalist educational theory, neo-Hippocratic medicine, physiocratic economics, etc.). They opened specific paths for career advancement, rewarded certain favored behaviors, and certified particular types of expertise. A focus on local processes uncovers the networks of humans and objects—people, mannequins, textbooks, and images—involved in promoting midwifery education and determining the specific form of courses. Both male and female practitioners employed diverse and sometimes contradictory strategies when engaging with legal structures. Thus, particular attention to the administrative practices of midwifery courses and the tactics of practitioners in career building illuminates the broader role of intellectual, cultural, material, and human forces in reshaping French society.

⁵⁶ On Turgot and the SRM see Hannaway, "The Société Royale de Médecine and Epidemics in the Ancien Régime." On Turgot's support of midwifery courses see Chapter 3 and Gillispie, *Science and Polity in France at the End of the Old Regime*, Chapter 1.

⁵⁷ Gillispie, Gillispie, *Science and Polity in France at the End of the Old Regime*, Chapter 1.

l'Art des Accouchements

The loose body of knowledge referred to as *l'art des accouchements* in the eighteenth century does not easily map onto our modern concepts of obstetrics or midwifery. “Obstetrics” elicits visions of surgeons and hospitals, of lab work and prenatal care not encompassed by *accouchement*. “Midwifery,” to the modern reader, is laden with gendered and political connotations; to some, it denotes a rejection of the medicalization of childbirth. Prenatal care was limited in the eighteenth century, consisting mostly of treatments for sterility, avoiding miscarriages and birth defects, and advice about the foods and activities to avoid.⁵⁸ Typically, only the wealthy arranged a practitioner for the birth ahead of time and the rest of the population sent a family member or friend to retrieve a midwife when labor commenced. The practitioners of *accouchement* were midwives (*sages-femmes*, *accoucheuses*, or *matrones*) and man-midwives (*accoucheurs*). Practitioners, male and female alike, recognized that the vast majority of births were normal physiological events. Most treatises promoted patience and prudence over intervention. Due to the incongruity between the contemporary and early-modern terms, I will refer to the eighteenth-century body of knowledge pertaining to childbirth by the French term *accouchement* throughout the dissertation.

A certain idealized image of a midwife predominated in early modern France and is reflected in the historical literature. As an older woman, a midwife ideally had bodily experience of childbirth herself. (Even in early modern France, however, women recognized that large families placed significant constraints on a midwife’s availability.) Often the midwife learned

⁵⁸ Wendy Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois* (Exeter: University of Exeter Press, 1996), Chapter 4.

her trade from a female relative. She was virtuous and able bodied; most crucially, she had to inspire confidence. In exchange for her work, the rural midwife received room and board during the birth and a small gift from the family such as bread, eggs, cake, or some firewood afterwards. From wealthier clients, she may earn about 24 *sous*. The midwife presented the newborn for baptism, at which time she anticipated another small gift, and accompanied the mother to her churching between fifteen and 30 days postpartum.⁵⁹ Despite a common and persistent belief in the midwife as a social outcast, witch, or other deviant in the historical literature, most midwives held significant social power.⁶⁰ Realities are always more complicated than romantic conceptions, and the midwifery courses that emerged across France significantly altered both the demographics and the idealizations of practitioners.

A range of childbirth attendants is lumped under the title of “midwife” by historians and historical actors alike. Many rural communities lacked any official midwife and women simply assisted each other. This *de facto* arrangement persisted, exclusively in some areas, in 1786 when the SRM conducted its survey of midwives. If a particular woman showed an affinity for the work—i.e., she was exceptionally patient and reassuring—she could become a “good mother,” an adopted, unofficial midwife. She was the community member most likely to be called to a birth but possessed no training other than her personal experiences. She could continue in this role for a long period and maybe, over time, become the community midwife or she could move on to other pursuits. In locations fortunate enough to have one, an assistant to the midwife, called a *chambérière* around Dijon and *servicial* in Languedoc, prepared the home for the birth, heated

⁵⁹ Gélis, *History of Childbirth: Fertility, Pregnancy, and Birth in Early Modern Europe*, 104-11.

⁶⁰ David Harley, "Historians as Demonologists: the myth of the midwife-witch," *Social History of Medicine* 3, no. 1 (1990): 109-11; Harley, "Provincial Midwives in England: Lancashire and Cheshire, 1660-1760."; Gélis, *History of Childbirth: Fertility, Pregnancy, and Birth in Early Modern Europe*. Gélis claims midwives were charged with witchcraft but offers no evidence to support this claim.

the water, made the bed, and helped the midwife in difficult labors. She also attended the mother and infant after the birth, guiding breast-feeding and performing other postpartum assistance.⁶¹ Hence, multiple, sometimes overlapping, roles surrounded childbirth. Where possible, I differentiate these functions.

Practitioners divided the *art des accouchements* into of two types of knowledge: the theory (*principles*) and the practice (*pratique* or *manuel*). By using the term “art,” surgeons emphasized that assisting in the delivery of infants was a mechanical art and thus under the jurisdiction of surgery. The practice of *accouchement* consisted of the maneuvers to deliver infants from various positions, vaginal exams, the tying and cutting of the umbilical cord, and delivery of the placenta among other procedures meant to assist nature in her normal course. Surgeon-*accoucheurs* stressed experience over theory in their treatises, establishing themselves, rather than physicians, as the medical authorities over childbirth.⁶² When it came to female midwives, however, surgeons charged that they lacked the principles of the art and that their manual interventions were unskilled. Furthermore, differing expectations of appropriate theory existed for rural midwives, who, it was argued, lacked the capacity for critical thought. While Parisian midwives studied holistic anatomy and physiology alongside men, no similar expectations existed for rural women beyond basic reproductive anatomy.

Books devoted to *accouchement* provide the opportunity to sketch the shifting and contested boundaries of the field of knowledge. Lianne McTavish treats early modern French obstetrical books as sites for the production and contestation of authoritative knowledge. In these treatises, man-midwives construct their authority in relation to and distinct from representations

⁶¹ Gélis, *History of Childbirth: Fertility, Pregnancy, and Birth in Early Modern Europe*, 103-04.

⁶² McTavish, *Childbirth and the Display of Authority in Early Modern France*, 30.

of female midwives and the maternal body itself.⁶³ Between 1550 and 1730, eighteen men and two women in France published at least 23 treatises with significant material on childbirth (there is one unpublished text by a female midwife), as counted by McTavish.⁶⁴ Ambroise Paré's tract on extracting infants from the uterus in *Briefve collection de l'administration anatomique* (1549) and his book *Deux livres de chirurgie, de la generation de l'homme* (1573) form the earliest French treatises addressing childbirth. Though averaging a lengthy 400 pages, French manuals on *accouchement* during this period commonly remained small, in *octavo*, in order to ensure portability. They enjoyed a wide audience. Surgeons authored sixteen of the 23 books, which explains the typical emphasis on experience over theory. Moreover, the treatises betray a conservatism as authors concerned themselves more with their position *vis-à-vis* authorities than with displaying innovation. They followed a predictable format: theories of conception, fertility, and sterility; diagnosing pregnancy and determining the sex of the fetus; prescribed behavior during pregnancy; the illnesses of pregnancy and miscarriage; signs of true labor; normal delivery; postpartum care; and difficult deliveries. Discussing the presentations and maneuvers of complicated deliveries occupied most of the space of the books.⁶⁵ Despite these commonalities, authors also engaged in debates around contested topics such as appropriate instrument usage, cesarean sections, and late-term births.⁶⁶

Books published in the sixteenth century, such as Paré's, usually discussed childbirth as

⁶³ Ibid, Introduction.

⁶⁴ Ibid, 25. This number only includes books that originated in France and excludes overly polemical works, those devoted solely to monstrous births, and those concerned with conception or anatomy of the reproductive organs.

⁶⁵ Ibid, 32. Laget also discusses the average length of and topics covered in French obstetrical texts. Mireille Laget, "Childbirth in Seventeenth and Eighteenth Century France: Obstetrical Practices and Collective Attitudes," in *Medicine and Society in France*, ed. Robert Forster and Orest Ranum (Baltimore: Johns Hopkins University Press, 1980).

⁶⁶ McTavish, *Childbirth and the Display of Authority in Early Modern France*, 32, 38.

one aspect of surgical practice, but by the late seventeenth century books devoted solely to the topic predominated. Authors began to argue that *accouchement* was a specialized field of knowledge that required unique practices. Case studies, appearing with greater frequency, provided experiential knowledge to readers alongside anatomy and theory.⁶⁷ Other shifts in the genre of medical books devoted to childbirth occurred in the mid-eighteenth century: case studies declined in prominence, physicians began to author more treatises on *accouchement*, and a mechanical presentation of the process of birth appears. Just as François Mauriceau's works embodied the quintessential late seventeenth-century treatise full of personalized accounts of heroic actions, André Levret's *l'Art des accouchemens* (1753) ushered in a new conception of birth with his geometric measurements of the pelvis. Shifting *accouchement* from primarily a set of maneuvers, Levret and his disciples, such as Jean Louis Baudelocque, sought a robust and systematic—even if hopelessly mechanistic—understanding of how the physiological processes of conception, labor, childbirth, postpartum involution, and breastfeeding occurred. A grasp of theory, they argued, enabled practitioners to understand causes and, therefore, intervene in a more timely and appropriate way. While they still generally understood childbirth to be physiological, they focused more commonly on illnesses, rare abnormalities, and infrequent complications, ultimately contributing to the medicalization of childbirth.

Very few French women wrote treatises, unlike their British counterparts. In fact, there are only five known French female authors of books on *accouchement*; they were all exceptional women who advocated for their occupation. Louise Bourgeois (1563-1636), midwife to Queen Marie de Médicis, wrote *Observations diverses sur la sterilité, perte du fruit, foecondité, accouchements, et maladies des femmes et enfants nouveaux naiz* (1609) and *Recueil des secrets*

⁶⁷ Ibid, 38-40.

(1635). Translations of her work into Latin, German, Dutch, and English continued to appear into the eighteenth century and attest to her work's popularity.⁶⁸ Mademoiselle Baudoin composed a small unpublished treatise in the form of a letter to Dr. Vallant, who she hoped would publish it, in 1671. It focuses on complicated deliveries, recommending podalic version (a maneuver in which the practitioner delivers the infant by the feet) in malpresentations and the use of the crochets in obstructed cases after confirming the death of the infant. She trained at the Hôtel-Dieu of Paris under Madame Le Vacher before moving to Clermont in Auvergne.⁶⁹ In 1677, Marguerite de la Marche used her experience as head midwife of the Hôtel-Dieu to produce an instruction manual for students: *Instruction familière et utile aux sages-femmes*. She covers normal and complicated deliveries using the question and answer format of the catechism.⁷⁰ Madame du Coudray's *Abrégé de l'art des accouchements*, published in 1759, breaks a long drought of female-authored books after that of Madame de la Marche. She uses simple language to address her chosen audience of rural midwives. In the second edition, she added the first color-printed obstetrical images.⁷¹ Her adopted niece, Marguerite Coutanceau, wrote two textbooks: *Eléments de l'art d'accoucher en faveur de sages-femmes* (1784) and *Instructions théoriques et pratiques à l'usage des élèves* (1800). Coutanceau presents a wide variety of medical subjects to her students. She discusses diseases and their treatments, inoculation, and bloodletting.⁷² Of these women, Bourgeois and du Coudray have received by far

⁶⁸ Ibid, 29.

⁶⁹ Ibid, 44.

⁷⁰ Marguerite de la Marche, *Instruction familière et utile aux sages-femmes pour bien pratiquer les accouchemens, faite par demandes et réponses* (Paris: La Marche, 1677); For more on this book see McTavish, *Childbirth and the Display of Authority in Early Modern France*, 44-46.

⁷¹ Gelbart, *The King's Midwife*, Chapters 13 and 29.

⁷² See Chapter 6.

the most attention from historians. Their careers and lives defy any generalizations about the ignorance and incompetence of early modern midwives.

The growing emphasis by doctors on theoretical principles in the eighteenth century, moving away from the previous dominance of experiential knowledge, echoed shifts in science more broadly. In 1626, Louise Bourgeois challenged her detractors: “Show me where you have done better than I tell of doing. My practice is not empty words; It is true results.”⁷³ Madame de la Marche, disparaged the need for theory: “There are two types of material in this book. One is pure speculation about which one often puts useless questions to midwives and the knowledge of which belongs to the Physicians.”⁷⁴ She lamented that examiners focused more on such questions than on practice. Du Coudray, however, speaks only of conveying the “true principles of this art” to her students in 1759, while her niece praises her in 1784 as “a repository of all knowledge, both theoretical and practical...”⁷⁵

Even so, the *art des accouchements* to a large extent would always be a manual practice. As such, books aimed at rural women covered very few illnesses of pregnant, birthing, or postpartum women and infants. Common exceptions included convulsions and hemorrhages, the most frequent and serious complications. Instructional manuals covered anatomy of the female reproductive system, signs of pregnancy, conception, miscarriages, “false pregnancies” (hydatidiform moles and blighted ovums), signs of labor, and special cases of twins and childbirth when the infant or mother is dead. Those textbooks aimed at *accoucheurs* carried

⁷³ Translation in Alison Klairmont Lingo, ed. *Midwife to the Queen of France: Diverse Observations* (Toronto: Iter Press, 2017), 87.

⁷⁴ Marguerite de la Marche, *Instruction familière et utile aux sages-femmes pour bien pratiquer les accouchemens* (Paris: Laurent d'Houry, 1710), Avis.

⁷⁵ Angélique Marguerite Le Boursier du Coudray, *Abrégé de l'art des accouchemens* (Paris: la Veuve Delaguette, 1759), v; Marguerite Coutanceau, *Eléments de l'art d'accoucher* (Bordeaux: Michel Racle, 1784), ix.

significantly more information on illnesses (including treatments as well as symptoms) and the mechanics of childbirth. By the end of the century, male and female birth attendants generally accepted that a good practitioner required an appropriate balance of theory and practice.

Pregnancy and Birth in Provincial Early Modern France

Cultural practices around pregnancy and childbirth varied significantly across France and throughout the early modern period. For example, midwives in Île de France, Normandy, and Lorraine used unsalted, melted butter to anoint the birth canal, while midwives in Aquitaine used walnut oil. Those in Provence and Languedoc preferred olive oil while lard and animal fats predominated in Berry, Auvergne, and Limousin.⁷⁶ Yet, historians, particularly Jacques Gélis, and anthropologists have uncovered sufficient commonality across time and space to enable us to generalize about cultural practices.

Despite the lack of prenatal care in the early modern period, pregnancy brought about various changes in and scrutiny of a woman's behavior. Pregnancy, childbirth, and childrearing were collective experiences in early modern France. Communities speculated on the sex of an unborn child: did the mother carry or swell on the right side? Step first with her right foot? Then a male child would surely follow. If the left side dominated then the community anticipated a girl (coinciding with Hippocratic theory).⁷⁷ Cessation of menstruation remained the primary sign of pregnancy, but measuring the maternal waist, certain nocturnal bird cries (owls presaged both birth and death), uromancy, and the garlic test also discerned a pregnancy. Common belief held that a tube connected the bottom to the top of female bodies. Thus, a garlic clove, reminiscent of an embryo, placed in the vagina would cause a non-pregnant woman's breath to smell in the

⁷⁶ Gélis, *History of Childbirth: Fertility, Pregnancy, and Birth in Early Modern Europe*, 114.

⁷⁷ *Ibid*, 88-90.

morning. Lack of a garlic odor indicated that a fetus blocked the fumes from reaching the head (again in line with Hippocratic physiology).⁷⁸ Fetal movement marked the beginning of life. Male fetuses developed faster than their female counterparts so they tended to quicken earlier. In recognition of the multiple causes of amenorrhea, the quickening represented the only irrefutable proof of pregnancy.⁷⁹ Upon confirmation, women prepared and cared for their bodies. Mothers rubbed their bellies and breasts with oils and liniments with the goal of more elastic skin in order to avoid stretch marks and prepare for lactation. Well-off pregnant women supported their bellies with girdles, often made of dogskin, that they adjusted every few days and changed every two weeks when it spoiled. Poorer women made do with bandages.⁸⁰

Just as today, mothers of the past grappled with many fears during pregnancy, including concerns of miscarriage and birth defects. According to Ambroise Paré and others, excess emotion and imagination in particular posed a risk to any pregnancy, especially before the child was properly formed. Medical texts often compared the developing fetus to baking bread—doughy and malleable. Heightened emotions or imagination at an inopportune time could imprint on the infant, causing physical abnormalities or birthmarks.⁸¹ To counter such dangers, mothers traveled to regional healing shrines, often devoted to the Virgin Mary, on sites dating back to pagan worship in antiquity. They offered votives in the shape of frogs (symbolizing the uterus) or pregnant women. Women also gained blessings and healing from drinking or swimming in the sacred springs. The spring in Aiguevive (Touraine) remained a popular destination until the early

⁷⁸ Ibid, 46-48.

⁷⁹ Ibid, 48-49.

⁸⁰ Ibid, 79-80.

⁸¹ Ibid, 53-56.

nineteenth century.⁸²

When the pains began, the pregnant woman understood that the child approached and summoned four to six gossips (female guests and helpers) to prepare the home for the birth. Neglecting the marital bed for a common room in order to protect the bed sheets, the gossips would construct a straw mattress before the fire. Scattered ash absorbed any fluids. The women fastened all doors and windows tight against evil spirits and increased the warmth of the room regardless of season. Water would be boiled.⁸³ Only the well-off possessed their own amulets for childbirth—eagle-stones, bezoars, mandrakes, or a rose of Jericho to unfold its petals as the labor progressed—but a gossip may have loaned one to the birthing mother or one may have been passed down through the generations. Women applied such items early in labor to the stomach or left leg and removed them as soon as the child was born in order to avoid the risk of a hemorrhage. They undid all knots, laces, fastenings, and buckles on the laboring woman to limit any constrictions.⁸⁴

The midwife arrived shortly with her bag containing a syringe for enemas, a canula for injections, a silver tube for emptying the bladder (*algalia*), a baptismal syringe, thread for ligatures, scissors or a knife, and small bottles of ipecacuanha and the mineral kermes—or so contained one example of a midwife's bag in Castres in the late eighteenth century. Chemical medicines and exotic items from around the French empire made their way into the rural areas via country surgeons, quacks, and peddlers. Borax, laudanum, other narcotics, spirit of hartshorn, licorice water, and Carmelite water all circulated. But these specialty items remained very

⁸² Ibid, 66-76. For more on cultural conceptions of pregnancy and, in particular, childhood see Jacques Gélis, Mireille Laget, and Marie-France Morel, *Entrer dans la vie* (Paris: Éditions Gallimard/Julliard, 1978).

⁸³ Gélis, *History of Childbirth: Fertility, Pregnancy, and Birth in Early Modern Europe*, 96-101.

⁸⁴ Ibid, 115-20.

expensive and most individuals relied on the traditional staples: honey for energy, garlic and onion to revive the spirits and promote dilation, and wine.⁸⁵ Upon arrival, the midwife assessed the woman to confirm she was in labor: How strong are the contractions? When did they begin? Where are the pains felt? Vomiting ensured labor had commenced. The midwife would perform “the touch,” a vaginal exam, soon after arrival to check dilation, which she spoke of in terms of the size of a finger, thumb, palm, or in terms of everyday items. She would “work the mother,” massaging the genitals and the birth canal with butter, oil, or lard to soften and prepare the tissues.⁸⁶ The mother moved about freely during her labor and typically kneeled, sat, crouched, or was on hands and knees for the delivery.⁸⁷ During contractions, the midwife would press down on her belly, coaxing the infant to descend.⁸⁸ Louise Bourgeois, however, did not recommend the practice of “working” the mother. She preferred women to give birth lying in bed, though she advised walking around until pushing. Nevertheless, she recognized the benefits of a squatting or standing delivery for small or large women or those with extreme back pain (usually a sign of a posterior presentation).⁸⁹ All attendees of the birth expected, and even encouraged, the laboring mother to make noise and scream.⁹⁰

If labor did not proceed smoothly and in a timely fashion, the midwife would intervene with a cordial of licorice water, cinnamon, and extract of hyacinth to facilitate dilation.⁹¹

⁸⁵ Ibid, 113-14.

⁸⁶ Ibid, 135-36.

⁸⁷ Ibid, 121.

⁸⁸ Ibid, 159.

⁸⁹ Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois*, Chapter 4.

⁹⁰ Gélis, *History of Childbirth: Fertility, Pregnancy, and Birth in Early Modern Europe*, 120.

⁹¹ Ibid, 159.

Surgeons often charged that midwives broke the waters (using a fingernail or a grain of salt) too early and too frequently. But many midwives believed that an infant had to be born at the right time or complications could develop. Enemas and induced vomiting also sped up labor. Midwives of some regions, particularly Lyonnais, used rye ergot in a broth, water, tisane (an herbal concoction), or wine to enhance contractions—a treatment as dangerous as it was effective at expelling a baby. Surgeons denounced all these practices, to limited effect.⁹²

Upon the emergence of a healthy child, the midwife would tie off the cord in two places: one near the placenta and the other at varying lengths from the navel. Beforehand she would milk the cord to ensure the infant received all of the vital blood. Once the cord was cut, however, umbilical blood became corrupted and she might then milk the cut end away from the infant to prevent contamination. The midwife would wrap the cord stub in white linen rubbed with butter, oil, or grease.

Midwives profoundly understood that the immediate postpartum period was the most dangerous for the life of the mother. They had to deliver the placenta completely and safely. Textbooks advised patience during this time, but many of the techniques for promoting labor could also bring down an overdue placenta. No treatment, however, was more effective than medicaments made from human or animal placentae. Midwives pulled on the cord to the detriment of the mother, often causing a uterine prolapse or hemorrhage. Upon the safe delivery of the afterbirth, the mother could be moved back to the marital bed and the infant would be kept near the fire for warmth with its eyes covered to protect it from the light.⁹³ A lit candle guarded the child from evil spirits and adults took turns watching over the child. The newborn's name

⁹² Ibid, 137-38.

⁹³ Ibid, 162-64.

would not be muttered in front of anyone before the baptism.⁹⁴ Churching marked the end of the lying-in period and purified the postpartum woman. She provided cakes, symbolic of the placenta, to be blessed; she left one with the priest and presented the other to members of her family or village women of childbearing age.⁹⁵

The majority of communities across rural France expressed satisfaction with their traditional midwives on the SRM survey in 1786, that is, midwives who would have practiced variations of the customs laid out above.⁹⁶ As courses of instruction became more common, these same midwives would have incorporated new knowledge on anatomy, particular maneuvers, other treatments for seizures and hemorrhages, etc. into their existing practices and belief systems. Midwives' complete rejection of traditional knowledge was impossible; birthing women would have refused to call them to their births.⁹⁷ Various regions of France valued different birth practices and often emphasized those in local courses. Education, therefore, resulted in a commingling of pre-existing and emerging medical knowledge, rather than a simple supplanting of traditional practices.

History of the Regulation and Education of French Midwives

The proliferation of midwifery courses across the country in the second half of the

⁹⁴ Ibid, 194-96.

⁹⁵ Ibid, 171.

⁹⁶ See Chapter 4.

⁹⁷ Audrey Eccles, discussing the English case, finds a slow pace of change in obstetrical practices due to the expectations of laboring women regarding what a midwife should do during a birth. A woman was unlikely to recommend or return to a midwife who did not behave in the anticipated ways. Audrey Eccles, *Obstetrics and Gynaecology in Tudor and Stuart England* (Kent: The Kent State University Press, 1982), 119-20.

eighteenth century, while groundbreaking, was not the beginning of midwifery education in France, nor the first attempt at regulation of the occupation. In the ancient Mediterranean, midwives were highly regarded, officially recognized, and paid for their services, but the following centuries found midwifery less organized and lacking official designation. Women sought the care of experienced friends, family, and neighbors during their births. The fourteenth century marks a moment of change. Driven by ecclesiastical desires to ensure proper baptism for all infants, midwifery revived into an official occupation requiring specialized knowledge (of some sort) and compelling pay.⁹⁸ Legislation in 1311 from a Paris synod required every village of France to have a skilled midwife prepared to conduct baptisms in emergencies. Diaconal visitations provided the opportunity for church oversight. Selected women, chosen by church officials or by local women, appeared before the Bishop for examination and oath-taking. It is unclear, however, if they were questioned on any topic other than baptism and how consistently such regulations were enforced.⁹⁹ Tiffany Vann Sprecher and Ruth Mazo Karras describe the reciprocal relationship between the church and midwives: the church relied on midwives to uphold ecclesiastical policies and midwives required the church to sustain their occupation.¹⁰⁰ By the end of the fifteenth century, all municipalities in the north and northeast of France had *sages-*

⁹⁸ Katharine Park, "Birth and Death," in *A Cultural History of the Human Body in the Medieval Ages*, ed. Linda Kalof (New York: Berg Publishers, 2010). The position of midwives in the ancient Mediterranean is likely more complex than Park's simple presentation here. Hyginus, in his telling of the apocryphal tale of Hagnodike, claims that before Herophilus the Athenians did not have midwives. Lesley Dean-Jones points out that this is highly unlikely but that the Greeks of the early 5th century may not have had female physicians. Lesley Ann Dean-Jones, *Women's Bodies in Classical Greek Science* (Oxford: Clarendon Press, 1994), 32.

⁹⁹ Park, "Birth and Death."

¹⁰⁰ Kathryn Taglia, "Delivering a Christian Identity: Midwives in Northern French Synodal Legislation, c. 1200-1500," in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Zeigler (Suffolk: York Medieval Press, 2001); Tiffany Vann Sprecher and Ruth Mazo Karras, "The Midwife and the Church: Ecclesiastical Regulation of Midwives in Brie, 1499-1504," *Bulletin of the History of Medicine* 85, no. 2 (2011).

femmes pensionnées (pensioner midwives) paid by the city to deliver the poor.¹⁰¹

Throughout the medieval and early modern periods, Paris legislated the most strenuous regulations and educational requirements for midwives in all of France. The capital city implemented a program for training and licensing midwives under the king's first barber in the *Statuts et Reiglements* of 1560. The statutes required a prospective midwife to apprentice with an official, sworn midwife (*matrones jurées*) or in the maternity ward of the Hôtel-Dieu and undergo an examination by a panel of two surgeons, one physician, and two midwives. Upon passing her exam, the newly minted midwife presented herself to the mayor or other official to swear her oath of loyalty.¹⁰² Along with the protected right to practice midwifery came many responsibilities. Conduct and character preoccupied the statutes (and would continue to concern administrators of midwifery courses). Midwives were required to ensure all infants were baptized, deliver poor women for free once a year at the Church of St. Côme, attend all women in labor regardless of their social or economic status, report disreputable behavior of other midwives, notify authorities of any attempted abortion or infanticide, and disclose all abandoned infants. The statutes also delimited the comportment of midwives, requiring them to remove all rings, wash their hands before births, and avoid all unbecoming conduct or crude language.¹⁰³ As Alison Klairmont Lingo notes, a series of edicts in the late sixteenth century, including the 1560 *Statuts*, eventually turned the (Parisian) midwife into a "decorous, obedient servant of the

¹⁰¹ Sprecher and Karras, "The Midwife and the Church: Ecclesiastical Regulation of Midwives in Brie, 1499-1504."

¹⁰² Alison Klairmont Lingo, "Editor's Introduction," in *Midwife to the Queen of France: Diverse Observations*, ed. Alison Klairmont Lingo (Toronto: Iter Press, 2017), 22-26.

¹⁰³ Brockliss and Jones, *The Medical World of Early Modern France*, 264; Lingo, "Editor's Introduction," 22-23; Richard L. Petrelli, "The Regulation of French Midwifery during the *Ancien Régime*," *Journal for the History of Medicine and Allied Sciences* 26, no. 3 (1971).

Crown.”¹⁰⁴ In contrast, provincial midwives, especially those living in rural areas, remained mostly beyond the systematic reach of the crown or medical authorities until the early nineteenth century.

A royal edict from 1730 officially placed all midwives under the authority of surgeons, ending ecclesiastical regulation and ushering in medical surveillance. Representatives of a local community of surgeons examined potential midwives seeking licensure for three hours after they presented a statement of their Catholicism and good life and morals from their priests. Those midwives living in larger towns with communities of surgeons also had to demonstrate that they were at least 20 years old and had apprenticed for two years under a licensed midwife or at the local *hotel-dieu* (hospital). Licensure was expensive: 37 *livres* for midwives living in a city with a Lieutenant to the First Surgeon, 23 *livres* for those living in cities without a Lieutenant, and 10 *livres* for rural midwives.¹⁰⁵ Still, the enforcement of the 1730 edict was sporadic at best. Regional and national laws came into conflict when certain intendants instituted rules that attendance in midwifery courses alone was sufficient for licensure. Course instructors, moreover, clashed with local communities of surgeons around authority over midwives and the definition of midwifery expertise (through course attendance or examination). Midwives found themselves in impossible situations, stuck between national and regional laws.

For centuries, women traveled from all over France and Europe to train at the Hôtel-Dieu, hospital for the poor in Paris. European kings begged the Ministers of France to permit their

¹⁰⁴ Lingo, "Editor's Introduction," 25; Petrelli and Gélis echo this argument. Petrelli, "The Regulation of French Midwifery during the *Ancien Régime*."; Gélis, *La sage-femme ou le médecin*, Chapter 2.

¹⁰⁵ Le Blond d'Olblen, *Statuts et Réglemens généraux pour les communautés de chirurgiens des provinces: Donnés à Marly le 24 Février 1730*, Quatrième ed. (Paris: Fr. Didot le jeune, 1765); Gélis, *La sage-femme ou le médecin*, 44-45; Brockliss and Jones, *The Medical World of Early Modern France*, 491.

midwives to apprentice at this illustrious institution.¹⁰⁶ Located near Notre Dame, the public hospital became the most renowned training facility for midwives in Europe by the end of the sixteenth century. The rules governing apprenticeship changed over the centuries, but typically four to six students studied for a three-month period. Would-be apprentices applied to the bureau of the hospital with a certificate of good life and morals signed by their local priest and their marriage contract. Pregnant women were not permitted to enroll. At the beginning of the eighteenth century, the restriction against single women was lifted. During the 1730s, students had to pay the significant sum of 180 *livres* for their training, which consisted primarily of observing and then performing hundreds of births during their tenure. Students were mostly married, though some were widowed and a few were unmarried. Between 1735 and 1737, a total of 115 midwives graduated from the Hôtel-Dieu; 68 stayed in Paris to practice, while 47 returned to the provinces. Of the unmarried students, most had a midwife mother or surgeon father. Training as a midwife at the Hôtel-Dieu represented a significant improvement in social and economic status for the majority of these



Figure 2 Jean-Jacques Fried (1689-1769)

Fried stands, lecturing, in a room of the midwifery school. Painting by Joseph Wolfgang Hauwiller (1743).

¹⁰⁶ See the Joly de Fleury collection at the BnF, specifically 227, 281, 269, 280, 288, 287, 1215.

women.¹⁰⁷

The *maîtresse des accouchées* (mistress of birthing women) oversaw the maternity ward and apprentices at the Hôtel-Dieu. Hospital rules required her to be a widow because she lived, bathed, and ate in the hospital. A jury consisting of the hospital's physician and surgeon examined her knowledge of midwifery and confirmed her extensive experience before she could take on her new role. Hospital rules forbid her to conduct deliveries beyond its walls. Policy dictated that she dress modestly, treat laboring women with sweetness and charity, and properly educate her students. Some of the most illustrious midwives of Europe held this position: Madame Le Vacher (renowned for her knowledge of anatomy), Marguerite de La Marche (author of one of the few French midwifery manuals by a woman), Madame Dugès, and Marie Louise La Chapelle (Dugès' daughter who built obstetrical mannequins and worked closely with Jean Louis Baudelocque at *La Maternité*). The Bureau of the Hôtel-Dieu also mandated that the head midwife perform dissections for her apprentices every six weeks under the supervision of the physician.¹⁰⁸ All of the great *accoucheurs* of the seventeenth century worked alongside these women: François Mauriceau, Philippe Peu, Paul Portal, Pierre Dionis, and Guillaume Mauquest de La Motte.¹⁰⁹ The women of the Hôtel-Dieu possessed significant education, displayed a high skill level, and maintained tight control over the maternity ward.

Eighteenth-century Paris provided a plethora of opportunities for midwives to gain education and anatomical knowledge even outside the Hôtel-Dieu. Private courses in midwifery,

¹⁰⁷ For more on the Hôtel-Dieu, including sources that have since been lost to fire, see Henriette Carrier, *Origines de la Maternité de Paris: Les maitresses sages-femmes et l'office des accouchées de l'ancien Hôtel-Dieu (1378-1796)* (Paris: Georges Steinheil, 1888); Gélis, *La sage-femme ou le médecin*, Part 1, Chapter 3.

¹⁰⁸ Carrier, *Origines de la Maternité de Paris: Les maitresses sages-femmes et l'office des accouchées de l'ancien Hôtel-Dieu (1378-1796)*.

¹⁰⁹ Gélis, *La sage-femme ou le médecin*, 58.

anatomy, and pharmacology proliferated. Saturdays in Royer's botany and pharmacy class at the *Jardin des Plantes* were reserved for midwives.¹¹⁰ A 1725 law implemented public anatomy and surgical lessons at the St. Côme amphitheater taught by five instructors.¹¹¹ From 1733-1743 midwives regularly joined classes at the school of surgery on the rue des Cordeliers: César Verdier demonstrated anatomy while Sauveur-François Morand performed dissections and taught surgical operations. Abruptly, the surgeons closed these courses to midwives in 1743. But the women fought back, turning to the physicians at the Faculty of Medicine to request instruction in reproductive anatomy. The Faculty was happy to oblige, taking the opportunity to challenge surgical authority over midwives. They instituted 23 courses on bones taught by Exapère Bertin and a midwifery course by Jean Astruc. In sum, the estimated 200 midwives living in Paris around mid-century were highly educated and had access to the cutting edge medical theories of the day.¹¹²

Paris offered the most diverse and prestigious options for midwifery education, but it was not alone in providing midwives opportunities to improve their knowledge and skill. Jean-Jacques Fried (1689-1769), "master of midwives," established a midwifery school in Strasbourg in 1728, very likely the first course of its kind in France. The school accepted women and physicians. Fried held anatomy demonstrations at the amphitheater every winter and taught a theoretical course of midwifery twice a week. During these meetings, students learned the maneuvers necessary to resolve obstructed labors in addition to theoretical lectures on menstruation, conception, and the division of labors into natural, non-natural, and *contre nature*.

¹¹⁰ "Cours de Botanique," *L'Avantcoureur*, May 21 1770.

¹¹¹ Brockliss and Jones, *The Medical World of Early Modern France*, 506-07; Gelfand, *Professionalizing Modern Medicine*, Chapter 5.

¹¹² Brockliss and Jones, *The Medical World of Early Modern France*, 506; Gelbart, *The King's Midwife*, 38-44; Gelfand, *Professionalizing Modern Medicine*, 86-90. See also Chapter 1.

Guillaume Mauquest de la Motte's *Traité complet des accouchements* (1721), which Fried's assistant J.G. Scheid translated into German, served as the textbook. To this text, Fried appended some personal notes. He vehemently argued that midwives should be trained in podalic version—the maneuver (re)developed by Ambroise Paré that permitted the delivery of a living infant from a malpresentation. Students and instructor spent the remaining three days of the week in the hospital treating pregnant and laboring women. Upon completion of the course, students underwent examination first by the *accoucheur*, then by a panel consisting of the Physician of the City, the *Vice-Doyen* of the College of Medicine, and the *accoucheur*. The “master of midwives,” now head of the school, conducted autopsies on any woman who died while pregnant, in labor, or immediately postpartum at the hospital and supplied a report on the cause of death.¹¹³ It is quite possible that these cases made their way into the midwifery courses. Though lauded locally, similar midwifery courses did not develop elsewhere in France until decades later.

In 1759, Louis XV presented an exclusive license to travel the French nation teaching provincial midwives and *accoucheurs* to Angélique Marguerite Le Boursier du Coudray. In building a reputation, she constructed an obstetrical mannequin of a life-sized female torso set on a wooden base and wrote her textbook, *Abrégé de l'art des accouchements* (1759). She paid the hefty price of 3,000 *livres* to add 26 color-printed plates, the first in obstetrics, to the second edition. Her mannequin received an approbation in December 1756 from the College of Surgery under the examination of Verdier and André Levret. Ever the skillful businesswoman, du

¹¹³ Meeting Minutes Chambre de XV: March 13, 1728, AM Strasbourg: 2R 133; Meeting Minutes of Chambre de XV: December 13, 1727, AM Strasbourg: 2R 132; Jean-Pierre Leffitz, *L'Art des Accouchements à Strasbourg et son rayonnement européen de la Renaissance au Siècle des Lumières* (Strasbourg: Éditions Contades, 1985); Guillaume Mauquest de la Motte, *Traité complet des accouchemens naturels, non naturels, et contre nature* (Paris: Laurent d'Houry, 1722).

Coudray charged between 200-500 *livres* (depending on whether it was the silk or linen model) per mannequin and required each region she visited to purchase a certain number. Her large classes covered 38 lessons and hosted 60 to 80 students, though some classes were known to expand well beyond a hundred. Technically, du Coudray taught *accouchement* only to women and pedagogical methods and the use of her mannequin to surgeons. However, surgeons' own accounts of her class detail the knowledge they gained from her on basic obstetrical maneuvers, instrument usage, and cesarean sections. By her retirement, du Coudray had taught in more than 40 cities and educated around 5,000 of France's midwives.¹¹⁴ She forged a career path in midwifery pedagogy that others tried to emulate.

Du Coudray carefully distinguished herself, and other Parisian midwives, from rural, illiterate women:

My whole objective is to include in a few words the true principles of this Art and to present them from a point of view comprehensible to women of little intelligence. How many of these there are, who, without foreseeing any problem, meddle in childbirth, and how many unfortunates become the victims of this ignorance... Since I do not write for the enlightened, I cannot err in expressing myself simply.¹¹⁵

In this way, she helped rhetorically link the supposed ignorance of rural midwives with fears about a declining population. She also maintained the traditional hierarchy between midwives and medical men, exhorting her students to call in male practitioners in a timely fashion when necessary.

I pray that I not be accused of passing myself off as a doctor. I speak here only from a pure zeal for unfortunates deprived of all aid... It is in these pressing cases

¹¹⁴ Gelbart, *The King's Midwife*; Nina Rattner Gelbart, "Midwife to a nation: Mme du Coudray serves France," in *The Art of Midwifery*, ed. Hilary Marland (London: Routledge, 1993); Gélis, *La sage-femme ou le médecin*, Section 3, Chapter 1.

¹¹⁵ Translation by Gelbart, *The King's Midwife*, 76; Coudray, *Abrégé de l'art des accouchemens*, V.

that I hope country midwives will be capable of giving the necessary help to women in danger. I cannot exhort them too strongly never to overestimate their supposed knowledge, and to be docile to the wise advice of experienced persons.¹¹⁶

She did not, however, take her own advice on submissiveness in her dealings with the intendants and other government administrators of France, as so charmingly captured in Nina Gelbart's biography. Because she wielded the power of the crown, du Coudray's programs for career making—involving rhetorical commitments to utility and the promotion of the good of humanity—and for educating midwives—structured as itinerate courses organized by the intendant and employing mannequin, textbook, and images—became a dominate template for others. While she successfully used authorship, invention, and powerful allies to build her authority and open paths for career making in midwifery pedagogy, her influence was not absolute. Regions such as Languedoc (Chapter 5), Soissons (Chapter 3), and Provence rebuked her efforts.

During the 1770s, midwifery courses sprang up in Lyon, Amiens, Châlons, Quimper, Lille, and Caen, to name just a few places. Many of these courses formed after Madame du Coudray had visited the region. Surgeons trained in her pedagogical method conducted the courses and utilized the mannequins she left behind. Nevertheless, places where du Coudray never visited—such as Lyon, Soissons, Alsace, and Languedoc—also implemented programs. In these places, male practitioners typically taught courses to midwives, sometimes writing their own textbooks and ordering mannequins from Paris.¹¹⁷ Teaching midwifery courses provided a fruitful path for reputation building, career advancement, and money making for both male and

¹¹⁶ Coudray, *Abrégé de l'art des accouchemens*, 46; Translation in Gelbart, *The King's Midwife*, 77.

¹¹⁷ Gélis, *La sage-femme ou le médecin*, Part 3, Chapters 2-3; Gélis, "La Formation des accoucheurs et des sages-femmes aux XVIIe et XVIIIe siècles."; Sage-Pranchère, *L'école des sages-femmes*, Chapter 1; Sage-Pranchère, "Étude comparée de deux projets de cours d'accouchement à la fin du XVIIIe."

female practitioners.

Chapter Outlines

As no single narrative could capture the diversity of courses that emerged across France between 1760 and 1789, I arrange my project around geographically and thematically organized chapters, tackling subjects such as religion, social networks, expertise, reputation crafting, and state building through the lens of midwifery education. The resulting micro-accounts of pedagogical and administrative practices untangle the local social, political, and medical contexts that determined the structure of courses and, ultimately, bolstered contested social hierarchies.

Painting the background upon which the changes of the later eighteenth century occurred, Chapter 1 investigates the role of private midwifery courses in Paris in promoting a conception of childbirth that increasingly required medical oversight. Such classes played a central role in the career making of some of the most famous of eighteenth-century *accoucheurs*. In order to attract students, they distinguished themselves from others through the use of pedagogical objects (such as instruments, specimens, and images), specialized spaces (such as amphitheatres), and innovative instructional methods. Provincial men and women traveled to Paris to study *accouchement* in the courses and brought theories, objects, and pedagogical practices back home. In the cultural and social milieu of the provinces, however, such knowledge, objects, and practices took on new meanings and uses.

Obstetrical mannequins captured the imaginations of audiences in the eighteenth century as much as they do today. Beyond mere objects of spectacle, they embody specific epistemologies and were important pedagogical tools. Chapter 2 focuses on the well-known

mannequins of Madame du Coudray, not as profitable business or examples of a mechanistic conception of the body (as in the current historiography), but as objects of expertise. Becoming an expert instructor or midwife involved building an intimate relationship with these mannequins and learning to engage with them in specific ways. The attention to the circulation of mannequins in Auvergne, where du Coudray first built and used them, highlights their process of becoming objects of expertise.

The northern regions of France boasted the highest density of midwives and the largest number of midwifery training courses. In the Generality of Soissons, the subject of Chapter 3, the intendant, Louis Lepeletier de Mortefontaine, took a particular, personal interest in midwifery education. Tracing the administrative practices of the regional course illuminates their importance to the careers of municipal, local, and regional administrators and the limits of monarchical control over the provinces. Personal connections proved fundamental to determining the form and content of training programs in the generality. Tensions between national and regional laws governing midwifery increased the precariousness of midwives and facilitated government intervention into midwifery.

The SRM and the Controller-General of Finances, Charles Alexandre de Calonne, collaborated to conduct a national survey of midwives in 1786. The addition of midwives to a survey of medical practitioners initiated three months earlier heralded the process of medicalization of the occupation. Midwives themselves were not consulted for the survey; instead priests, municipal officers, and surgeons provided information about midwives in their communities. By taking seriously the materiality of the paper surveys, Chapter 4 excavates the inherent social logics of the project and highlights changing, and sometimes conflicting, notions of midwifery expertise and local debates around educating midwives. Survey making represented

an act of boundary drawing and exclusion, but where those lines should be drawn still elicited fierce debate in 1786.

This dissertation principally explores state and medical regulation due to the focus on the period after the 1730 edict that placed midwives under the jurisdiction of surgeons and legally ended ecclesiastical supervision. But ecclesiastical regulation continued throughout the eighteenth century, even if greatly diminished in an altered form. Chapter 5 turns to the church-administered midwifery course of Languedoc. The presence of Huguenot midwives in the region intensified ecclesiastical efforts to ensure orthodox baptism. Midwifery courses became a means to instill orthodoxy in students. The body of knowledge required of midwives expanded to include a complex system of baptism that required significant theological and medical knowledge. By defining the *art d'accouchement* as inherently Catholic, the church implied that Huguenots lacked the necessary knowledge to be legitimate midwives.

Jean-Pierre and Marguerite Coutanceau, adopted nephew and niece of du Coudray, leveraged a wide range of professional and personal identities to gain positions teaching midwifery in Bordeaux and throughout the Generality of Guienne and Gascony. In the process, they pushed out other, rival courses taught by surgeons and midwives. Chapter 6 explores their practices of expertise and Marguerite's reframing *accouchement* to establish the primacy of women as both midwives and instructors. Highly successful, she teaches in Bordeaux for 40 years and inaugurates a line of female instructors.

Archives and Sources

The large archives of Paris—the Bibliothèque nationale de France (BnF), Archives

Nationales (AN), Académie de Médecine—have been popular quarries for historians for centuries. The books and documents they house have been read and reread by historians of each generation, yet they remain crucial for any study as they constitute the main body of material pertaining to the administration and finances of eighteenth-century France. Paris' large, central bureaucracy required institutional memory to function and retained a truly expansive quantity of documents. The *Archives Nationales* houses the national administrative documents: *cahiers de doléances*, private collections of many prominent government officials, meeting minutes from government committees, and petitions (such as Coutanceau's) to the National Assembly. I spent much of my time with the documents from the Joly de Fleury, *Comité de Mendicité*, *Comité d'Instruction Public*, and notary collections. By far the most important Parisian archive for this study was the *Bibliothèque de l'Académie nationale de médecine*, which contains the archives of both the Société royale de médecine (SRM) and the *Académie royale de chirurgie*. From these collections I gathered *mémoires* from provincial practitioners on childbirth, testimonials on obstetrical books and objects, textbooks (some annotated), images, and, crucially, the four cartons of surveys of midwives conducted by the SRM in 1786. The survey provides essential information about provincial midwives that shapes nearly every chapter. Chapter 4 tackles the survey project itself.

Despite the importance of Parisian archives for framing my project and providing the source material for Chapter 1, departmental archives (designated by "AD" in footnotes) afforded the majority of material for the remaining chapters. Municipal archives and libraries supplemented findings from departmental archives. Letters sent from the provinces to the crown are stored in Parisian archives, though provincial administrators often kept copies for their own records. Documents produced by regional administrators for other provincials, however,

typically remained in the generalities (*généralités*, administrative division governed by intendants). Letters between local officers or *subdélégués* and the intendant survive in the C-series of departmental archives, though revolutionary changes in the administrative divisions of France complicate this seemingly straightforward organizational system. The C-series contains a wealth of information about the normal operations of a generality. Variations in quality and quantity of the documents by region, nevertheless, prevail due to intendants' differing administration styles and historical contingencies. Yet the C-series also reflects the anticipated biases of governmental documents; only men of a certain social status were permitted to write directly to the intendant. Controversies, however, create rifts that allow alternate voices, including those of women, to break through. Moreover, biased documentation is revealing in its own way and often betrays authors' specific visions and idealization.¹¹⁸

During the research for this project, I collected a prodigious corpus of documents from thirty-seven libraries and archives in three countries to supplement published books. The diversity of these sources—including surveys of provincial midwives, student notes, marginalia, pamphlets, course enrollment lists, posters for courses, certificates of graduation, printed leaflets advertising courses, governmental meeting minutes, and letters—permits a triangulation of differing accounts and presents a multidimensional view of midwives and their training courses. Instruments, images, and mannequins flesh out our understanding of midwifery courses even further by divulging embodied practices when appropriately contextualized by books and documents. Conflict and debate, in addition to breaking the silence of diverse voices, forced historical actors to articulate and justify their positions—a great boon to the historian. Attention

¹¹⁸ This type of reading is inspired by Mary Lindemann, *Health and Healing in Eighteenth-Century Germany* (Baltimore: The Johns Hopkins University Press, 1996), 17.

to inherent assumptions, contradictions, and practices exposes the factors that shaped decisions and behaviors. In this way, the geographic case studies of “Being and Becoming a Midwife” unearth the myriad mechanisms by which stakeholders revived and recreated midwifery education.

THE OBJECTS AND PEDAGOGICAL PRACTICES OF PRIVATE MIDWIFERY COURSES IN PARIS

CHAPTER 1

“...a man cannot be a good surgeon and *accoucheur* without a tour to Paris.”
-John Harrison, lamenting the notion (1750)¹

When male medical practitioners sought positions as instructors of midwifery in the provinces, they frequently supported their claims of authority with connections to the Parisian medical world in the form of personal relationships formed, classes attended, objects obtained, books read, or institutional affiliations gained.² At the very least, would-be-instructors had to demonstrate a familiarity with the current ideas, practices, and controversies dominating Parisian *accouchement*. This chapter explores these ideas, practices, and controversies in order to understand the context in which these provincial instructors consistently made reference and comparison. Moreover, this chapter establishes the vibrant pedagogical world open to midwives and *accoucheurs* in Paris during the eighteenth century. Far from an educational desert for women, Paris offered innumerable, pedagogically diverse medical courses for those who could afford to pay.

¹ John Harrison, *A View of the Practice of Surgery in the French Hospitals* (London: Jacob Robinson, 1750), 4-5. Quoted in Toby Gelfand, "Paris: 'Certainly the Best Place for Learning the Practical Part of Anatomy and Surgery'," in *Centres of Medical Excellence? Medical Travel and Education in Europe 1500-1789*, ed. Andrew Cunningham, Ole Peter Grell, and Jon Arrizabalaga (Farnham: Ashgate, 2010).

² See Chapters 3 and 5 for specific examples of potential instructors, such as du Fot and Deberge, relying on Parisian connections to obtain positions as midwifery instructors.

Background: Parisian Medical Education

The eighteenth century witnessed radical transformations in the content and pedagogical methods of medical education. Student demand had been growing for hands-on medical education since the seventeenth century, a request that the Faculties of medicine with their Scholastic commitments could not generally meet. Optimism about the abilities of medicine to reshape society ushered in a broadening of medical subject matter beyond the three core subjects of physiology, pathology, and therapeutics to include such topics as botany, anatomy, and, later, childbirth. Instructors taught an increasing number of courses in the vernacular. In short, the reform of medical education, even at the staunchly traditionalist Paris Faculty, was well underway early in the eighteenth century. Yet, medical faculties still failed to provide hands-on experience with patients. It was expected that practitioners would gain such experience on the job soon after graduation, but both practitioners and patients voiced a growing dissatisfaction with this approach.³ Denis Diderot famously criticized this practice: “As a result, a young doctor makes his first essays in the art on us and only becomes skillful by dint of murder.”⁴

Responding to student demand, the crown, under the influence of François de La Peyronie and Georges Mareschal (the current and former king’s first surgeon), funded the formation of the École de Chirurgie at Saint-Côme in 1725. These public surgical courses supplemented those found at the *Jardin du Roi* and at the Faculty of Medicine. L’École de Chirurgie, however, lacked registration or examination until 1750, but admitted any student who sought an education. Initially only five lectures existed: surgical principles, osteology and bone

³ Brockliss and Jones, *The Medical World of Early Modern France*, 38-43; Laurence Brockliss, "Medical Education and Centers of Excellence in Eighteenth-Century Europe: Towards an Identification," in *Centres of Medical Excellence? Medical Travel and Education in Europe 1500-1789*, ed. Ole Peter Grell, Andrew Cunningham, and Jon Arrizabalaga (Farnham: Ashgate, 2010).

⁴ Quoted in Brockliss and Jones, *The Medical World of Early Modern France*, 500.

diseases, anatomy, surgical diseases and operations, and surgical therapy. *Accouchement* was added in 1747, ophthalmology in 1765, chemistry in 1774, and botany in 1783. After 1750, the École de Chirurgie established a three-year course cycle: anatomy courses from November to February; surgical courses from February until May; physiology, pathology, and therapy courses from May until November. Midwifery courses met three days a week from May until the end of August. All classes lasted ninety minutes.⁵ The establishment of the full College in 1750 marked a key transitional moment in the relationship between surgeons and physicians. With the institution, surgeons implemented the necessary mechanism to separate themselves from the lower ranks of Barbers and solidified modest royal patronage.⁶

Despite the official interdiction against women attending medical courses at the Faculty of Medicine and the College of Surgery, there were exceptions made at different times in the eighteenth century as midwives became pawns in the conflicts over the professional boundaries between physicians and surgeons. From 1733 to 1743, the École de Chirurgie allowed midwives to attend courses. When the École revoked this privilege, forty midwives, including Madame du Coudray, signed a petition to the Faculty of Medicine requesting it take up the mantle of educating midwives. The administrators of the school agreed, offering instruction by Jean Astruc on *accouchement* and twenty-three lessons by Exapère Bertin on bone structure. Midwives and apprentices flocked to the Faculty of Medicine's new amphitheater on rue de la Bûcherie.⁷ Later, the physician M. Paris took over educating midwives at the Faculty of Medicine, advertising these courses in the weekly newspaper the *Avantcoureur*. This class began at four in the

⁵ Ibid, Chapter 8, Section C; Gelfand, *Professionalizing Modern Medicine*, 87-88.

⁶ Gelfand, *Professionalizing Modern Medicine*, Chapter 5, 126-27.

⁷ Gelbart, *The King's Midwife*, 38-43; Brockliss and Jones, *The Medical World of Early Modern France*, 448; Jean Astruc, *L'Art d'accoucher réduit à ses principes, où l'on expose les pratiques les plus sûres et les plus usitées dans les différentes espèces d'accouchemens* (Paris: P Guillaume Cavelier, 1766), Preface.

afternoon every day of the week.⁸ Medical institutions, however, were not the only places midwives had access to education in Paris.

Parisian Private Courses

Private scientific and medical courses appeared all over Paris beginning in the late seventeenth century, fostered by the emerging consumerism of the rising bourgeoisie and the increasing belief that education should be available and useful to all. These courses could include both men and women and often emphasized empirical pedagogical methods.⁹ Courses were offered in private homes, hospitals, gardens, and amphitheaters; these pedagogical places also became spaces of sociability as instructors and students from the medical faculties and the College of Surgery mingled with the intellectually curious who had enough money to pay the entrance fee. Reputations and careers could be made or destroyed in these courses.

Fees from private courses often supplemented instructors' incomes from the medical faculties and private practice. Henri-François Ledran (1685-1770) was widely recognized as the premiere teaching surgeon in Europe, and Guillaume-François Rouelle (1703-70), apothecary, taught an extremely popular chemistry course. Instructors relied upon institutional appointments (such as at La Charité where Ledran held a post) or their private practice to provide students with access to patients. Pierre-Joseph Desault, a surgeon at the Hôtel-Dieu (1774-95), the physician Louis Desbois de Rochefort (held his position from 1750-86), and Jean-Nicolas Corvisart de Marets (1755-1821) at the Charité and Chambon de Montaux at the Salpêtrière, all offered

⁸ "Cours d'Accouchements aux écoles de médecine," *L'Avantcoureur*, April 9 1764.

⁹ Michael Lynn, *Popular Science and Public Opinion in Eighteenth-century France* (Manchester: Manchester University Press, 2006), Chapters 1 and 2.

courses in clinical medicine. While technically prohibited by the schools, these private courses using hospital space and patients remained too lucrative for instructors to abandon.¹⁰

Instructors sometimes built specialized spaces to attract students and subjects, such as pregnant women, for demonstrations. Antoine Petit built his own amphitheater for anatomical demonstrations. Such a space ensured he could teach more students, and facilitated their ability to see the demonstrations, but it also contributed to his legitimacy as an instructor.¹¹ Théodore-Étienne Lauverjat offered private courses in *accouchement* in the 1770s and built a hospice to attract Paris's pregnant poor in order to provide live subjects for his students:

In order to support unimpeachably the discoveries that he [Lauverjat] has made relative to different aspects of the art of midwifery and to contribute thereby to the instruction of students, he announces that he will receive pregnant women and attendants of women in labor in his hospice.¹²

Even medical and surgical students enrolled at the Faculty of Medicine or the College of Surgery often found it necessary to supplement their theoretical education with attendance in one or more of these private courses.¹³

Men and women from the provinces also flocked to the capital to be trained in *accouchement*. While some educational paths were forbidden or periodically blocked to women, these students still had access to a wide variety of high quality educational opportunities in Paris. In addition to the Hôtel-Dieu de Paris, the Faculty of Medicine, and l'École de Chirurgie, a wide variety of private courses dotted Paris. For example, Royer offered botany and pharmacy classes

¹⁰ Gelfand, *Professionalizing Modern Medicine*, 114, 16-27, 44-45; Brockliss and Jones, *The Medical World of Early Modern France*, 512-13.

¹¹ Brockliss and Jones, *The Medical World of Early Modern France*, 509-16.

¹² Journal de Paris June 26, 1777; Brockliss and Jones, *The Medical World of Early Modern France*, 510-11.

¹³ Brockliss and Jones, *The Medical World of Early Modern France*, 509-16.

at the Jardin des Plantes and reserved Saturdays for midwives.¹⁴ Tallendier de la Bussiere, surgeon, offered two midwifery courses in the 1760s: one for midwives in the vernacular at six in the evening and another in Latin at noon for “foreigners, students of medicine, and those who wish to familiarize themselves with the Latin language.” Tallendier, like Petit and Lauverjat, had his own amphitheater on the *rue de la Harpe*. He further enticed student midwives by opening an infirmary where they could practice deliveries on live women, after familiarizing themselves with the maneuvers on “machines” first.¹⁵ In order to stand out in such a competitive market, instructors often employed a variety of instructional tools to entice and teach students. The resulting pedagogical diversity increased the appeal of private instruction over that of the Faculty of Medicine and the College of Surgery for students with enough money to seek additional education.

Due to the proliferation of courses and varied pedagogical techniques, students traveled from all over Europe to attend Parisian private medical courses. In particular, many famous European man-midwives supplemented and refined their previous education in Paris. William Smellie, for example, described how he

...made a journey to London in order to acquire further information on this subject [midwifery]. Here I saw nothing was to be learned; and by the advice of the late ingenious Dr. Stewart, who was my particular friend, I proceeded to Paris, where courses on midwifery were at that time given by Grégoire.¹⁶

¹⁴ "Cours de Botanique."

¹⁵ "Cours d'Accouchemens," *L'Avantcoureur* 1763, 268.

¹⁶ John Glaister, *Dr. William Smellie and his Contemporaries* (Glasgow: James Maclehose and Sons, 1894), 227.

He studied under Grègoire the younger for three months.¹⁷ At the time, Grègoire used the forceps of Edmund Chapman's design, but Smellie protested that he instructed his students to be too free with their use. These lectures cost students eight *livres* to attend, an additional guinea for each demonstration of the use of instruments, and two guineas to deliver a living woman under supervision.¹⁸ Eventually, Smellie grew disillusioned with his experience in Paris, too. His student and colleague William Hunter also traveled to Paris for additional education, and the fiery anti-man-midwife Elizabeth Nihell trained for two years at the prestigious Hôtel-Dieu in Paris.¹⁹ Parisian midwifery training provided a practitioner, both male and female, with prestige and perceived expertise.

Rivalry often arose between instructors of these private courses. M. Payen, royal professor at Saint Côme, set up a private "*cours d'accouchement*" in direct competition with that of the celebrated surgeon-*accoucheur* André Levret with the assistance of a "very eminent physician and man-midwife" who wrote his lectures. An estimated 60 students, men and women, attended these popular classes; some actually held an interest in developing or improving their medical skills, while others were simply intellectually curious. The mixed audience, and, to some extent, Payen's dry delivery of the information, created a raucous and flippant atmosphere according to Tolver, a student from England. These courses lasted three to four months and cost one guinea—a very affordable price. Students were required, however, to pay additional fees for hands-on experience. Once a week approximately 10 to 12 women attended the course for

¹⁷ Woods and Galley, *Mrs. Stone and Dr. Smellie: Eighteenth-century Midwives and their Patients*, 160; Walter Radcliffe, *Milestones in Midwifery and the Secret Instrument* (San Francisco: Norman Publishing, 1989), 47.

¹⁸ Radcliffe, *Milestones in Midwifery and the Secret Instrument*, 47.

¹⁹ On Hunter see C Helen Brock, "The Happiness of Riches," in *William Hunter and the Eighteenth-Century Medical World*, ed. Roy Porter W F Bynum (Cambridge: Cambridge University Press, 1985). On Nihell see Harvey Graham, *Eternal Eve: The History of Gynecology and Obstetrics* (Garden City: Doubleday and Company, Inc, 1951), 290.

students to practice vaginal exams at six *sous* each. Students drew lots for a turn to perform the delivery and paid one *livre* merely to attend a birth. It was such a lucrative business to provide students with patients to practice on that some midwives also participated, charging 3 *livres* for observing a “natural” labor, six *livres* for performing the delivery, and 12 *livres* for preternatural cases.²⁰ The potential profits of these courses led to fierce competition and rivalry among the instructors for students.

Private courses not only offered lucrative income, but they also provided an important mechanism for reputation building and even an opportunity to gain support for particular medical theories over those of rivals. Increasingly during the eighteenth-century, scientific and medical men turned to the learned public to respond to questions of scientific or medical legitimacy and authority in journals, pamphlets, salons, books, cafés, and private courses.²¹ These social spaces provided resourceful men with the opportunity to build a public reputation, and reputations were central to moneymaking opportunities. The most successful men were able to move between the Academies and the salons, between the gardens of the Jardin du Roi and the newspapers of Paris, appropriately modifying their presentation for each audience.²²

From this miscellany of private midwifery courses, this chapter dives into two examples, chosen for the existence of rich source material and to demonstrate their divergent pedagogical approaches. Antoine Petit (1718-1794), physician, and André Levret (1703-1780), surgeon, both seized opportunities provided by eighteenth-century Paris to establish their own, private *accouchement* courses. Petit taught his extremely popular course for over twenty years and drew students from around France and Europe. Some of his students, such as Augier du Fot and René

²⁰ Tolver, *The Present State of Midwifery in Paris* (London: T Cadell, 1770), 53-56.

²¹ Lynn, *Popular Science and Public Opinion in Eighteenth-century France*, Chapter 2.

²² Mary Terrall, *The Man Who Flattened the Earth* (Chicago: University of Chicago Press, 2002), Chapter 1.

Auguste Dupont, would later use the fact of having taken his class to bolster their applications for midwifery teaching positions in the provinces. Brockliss and Jones claim that Petit “taught most of the leading physicians in France on the eve of the Revolution”²³—famous students included Esprit Calvet, Pierre-Joseph Amoreux, and Guillaume-François Laennec (uncle to René Laennec). Petit held positions at the Faculty of Medicine and the Jardin du Roi. André Levret’s private course also included an international contingent of eminent students: Giuseppe Vespa, Georg Wilhelm Stein, Lukas Johann Boër, and Johann Friedrich Osiander. Levret’s obituary in a popular newspaper acknowledged his contribution to training the next generation of practitioners: “Indeed, there may not be a renowned *accoucheur* in Europe who did not come to France in order to take lessons from this celebrated man in [his] Courses of *Accouchement*, which he taught for more than thirty years...”²⁴ Despite the popularity of his classes, however, historians remember Levret primarily for rationalizing childbirth and for creating and modifying medical instruments. Nevertheless, both Petit and Levret played important roles in shaping the ideas, practices, and controversies that dominated Parisian *accouchement* in the eighteenth century.

Antoine Petit

For over twenty years, Antoine Petit taught classes on anatomy, surgery, and *accouchement* at the Faculty of Medicine (from 1748), at the Jardin du Roi (from 1760-1778), and in private courses held at his house on the *rue Gît-le-Coeur* (begun probably sometime in the 1760s). A reforming pedagogue himself, he argued for more surgical education for physicians,

²³ Brockliss and Jones, *The Medical World of Early Modern France*, 511.

²⁴ "Nécrologie," *Journal de Paris*, Janvier 27, 1780.

encouraged professors to perform their own dissections and demonstrations (rather than foisting that duty off on surgeons), and insisted that the study of structures (anatomy) should come before function (physiology).²⁵ Still, his reform had limits. It appears that his classes were primarily lecture-based with little opportunity for hands-on experience. Anatomical demonstrations must have occupied some not insignificant role in his pedagogical approach, as evidenced by the amphitheater built at his home for his private courses.²⁶ While information on Petit's pedagogical methods is lacking, possibly because he mostly lectured, multiple copies of student notes from



Figure 3 Portrait of Antoine Petit (1775)

Antoine Petit Dessiné et Gravé par C. Macret en 1775.

his courses survive, and two students, M. Baignères and Perral, published his lecture notes from a 1770 class as *Traité des Maladies des Femmes Enceintes, des Femmes en Couche, et des Enfants Nouveaux Nés* (1799).²⁷ Thus, we have a good understanding of the topics covered in his courses.

As this newspaper ad makes clear, Petit relied heavily on his institutional connections and titles to attract potential students.

²⁵ Gelfand, *Professionalizing Modern Medicine*, 97, 153, 80; Georges Sauvé, "Un Cours de Médecine d'Antoine Petit en 1768," in *Société française d'Histoire de la Médecine* (1988).

²⁶ Brockliss and Jones, *The Medical World of Early Modern France*, 511.

²⁷ Antoine Petit, *Traité des maladies des femmes enceintes, des femmes en couche, et des enfants nouveaux nés* (Paris: Daudouin, VII); Extrait du cours d'accouchement de M. Antoine Petit, copie par Pierre Fabre en 1771: 1765, Bibliothèque de l'Académie Nationale de Médecine: MS 889 (1760); Traité des accouchement de Mr. Petit docteur en médecine: 1762, BIU Santé: MS 5395; Manuscript Traité d'accouchements: 1759, BIU Santé: MS 5247.

Course of Illnesses.

M. Antoine Petit, *Docteur-Régent en Médecine* at the Faculty of Paris, Professor of Anatomy and Surgery of the *Jardin Royal des Plantes*, Member of the Royal Academy of Sciences of Paris, and of Stockholm, Inspector of Military Hospitals of France, &c. &c. begun Monday May 14th at noon a course in which he lectures on the illnesses of pregnant women, the art of *accouchemens*, the illnesses of women newly delivered, and those of newborn infants.

M. Varnier, Physician of the Faculty of Paris, and Doctor of the Faculty of Montpellier, began Thursday the 17th of the same month at the same hour, in the same amphitheater, a free course of physiology.

The amphitheater of M. Petit is in the house of the School of Medicine, *rue de la Bûcherie*.²⁸

The weekly newspaper in which this ad appeared, *L'Avantcoureur*, wrote on "economic, technical, and cultural life," making it a good forum to attract the educated and intellectually curious students Petit sought.²⁹ It is unclear if M. Varnier's physiology class was part of the *accouchement* course or separate, but it is possible they teamed up to bring in more students.

Petit structured his lectures around the Galenic conception of disease as it was passed down through Islamic traditions; for each disease Petit provided a description, cause(s), symptoms, diagnostics, prognosis, and cures.³⁰ In a gesture to the more recent emphasis on empiricism in medicine, he interspersed observations of individual cases between the different diseases.³¹ Petit's students would have recognized his presentation of the subject matter as conservative and, therefore, very much in line with the philosophy of the Faculty of Medicine, though probably ill-suited to the more pedagogically innovative Jardin du Roi.

²⁸ "Cours de Maladies," *L'Avantcoureur*, Mai 21 1770, 330.

²⁹ Jacques Wagner, "L'Avant-Coureur 3 (1760-1773)," in *Dictionnaire des Journaux*, ed. Jean Sgard (Paris: Universitas, 1991).

³⁰ Nancy Siraisi, *Medieval and Early Renaissance Medicine* (Chicago: The University of Chicago Press, 1990), Chapter 5.

³¹ Extrait du cours d'accouchement de M. Antoine Petit, copie par Pierre Fabre en 1771: 1765, Médecine: MS 889 (1760); Petit, *Traité des maladies des femmes enceintes, des femmes en couche, et des enfans nouveaux nés*.

Petit broadened the scope of *accouchement*. Many *accoucheurs*, such as Levret, concerned themselves mostly with labor and childbirth and only minimally with conception, sterility, and a few common ailments of pregnancy and the newborn. Petit, conversely, divided *accouchement* into the diseases of pregnant women, the art of delivery (the manual of operations), the diseases of postpartum women, and the illnesses of newborns.

The art of *accouchement* is not reduced to only knowing how to deliver a woman. It extends to the knowledge of illnesses, which could occur during or after childbirth [and] to the manner to treat them. The illnesses of newborns are also of part of this medicine.³²

Petit covered a wide range of illness: hernias, fevers, smallpox, convulsions in mothers and infants, urinary tract stones, breast infections (“milk fever”), diarrhea, and the vapors, to name just a few. In comparison, he spent very little time on labor and delivery, the maneuvers of childbirth.³³ Petit qualified that the illnesses of women and girls who were not pregnant belonged under the scope of “ordinary medicine” and not *accouchement*. By demarcating the boundaries of knowledge in this way, Petit placed childbirth under the purview of physicians rather than surgeons.

Petit actively participated in the renegotiations of professional boundaries between surgeons and physicians of the eighteenth century, recognizing *accouchement* as a contested territory.

The art of *accouchemens* is one part of surgery, which is only itself one divided part of medicine...It is necessary to possess the grand principles of the art in order to know and behave properly in the treatment of these maladies...A man who is only an *accoucheur* without being a physician, falls everyday into fatal blunders...It would be the same with a man who, without being an *accoucheur*, though a physician, wished to deliver in all cases.³⁴

³² Petit, *Traité des maladies des femmes enceintes, des femmes en couche, et des enfans nouveaux nés*, 14-15.

³³ *Traité des accouchement de Mr. Petit docteur en médecine*: 1762, Santé: MS 5395.

³⁴ Petit, *Traité des maladies des femmes enceintes, des femmes en couche, et des enfans nouveaux nés*, 13.

Petit promoted an expansion of the domain of physicians when he argued that they should study surgery. Far from believing that physicians should replace surgeons completely, he instead contended that physicians could better hold their position at the top of the medical hierarchy by providing quality care in all areas of healthcare. In fact, Petit saw surgeons and physicians as the only proper caregivers for childbirth.

Because male practitioners had too long failed to understand the importance of the study of *accouchement*, it had been relegated to women. Petit saw a situation ripe, thanks to medical advances, for the reemergence and redefinition of *accouchement* as a rationalized science. For the good of humanity, Petit explained, women should never have been involved in *accouchement* and now they should not “meddle” in the evolving discipline. The misogyny bleeds from his pen:

Are they [women] in a position to learn all the things that one must absolutely know in order to fulfill this part [of medicine]? Did nature give them the strength to finish certain laborious childbirths, where the strongest men cannot suffice? Moreover, how to give the necessary notions to a weak and shy sex which trembles and shudders at the mere word cadaver? This is impossible. These considerations, and others, must engage all nations to remove this part of medicine from the hands of women.³⁵

Petit had to contend that the art of *accouchement* was fundamentally different than it had been in the past in order to justify the position women historically held as the primary attendants at uncomplicated childbirths.

Petit divided childbirth into three categories: natural, non-natural, and *contre nature*. Natural births, meaning those that follow the natural order, occur at nine months gestation with the infant in a head down or feet presenting position, without any “foreign assistance.” Non-natural births encounter some obstacles; they are still basically natural births but last longer and

³⁵ Ibid, 10.

can prove more difficult. In *contre nature* births, obstacles prevent delivery without recourse to “assistance of the art.” Petit admits that the distinction between natural and non-natural births is superfluous, probably because it does not affect practice by the *accoucheur* in the birth room. Instead, he emphasizes the categories of natural and *contre nature*.³⁶ Petit even attempts to provide a risk assessment based on these divisions. Generally, he finds *contre nature* births, those that are completely blocked or require significant assistance, rare: no more than 1 in 300 births.³⁷

Petit involved himself in many of the medical controversies of the day, specifically those around inoculation and late-term pregnancies. His position in support of both inoculation and the possibility of late-term births came from a belief that medical knowledge should be widely disseminated in order for the general population to take action to promote individual health and well-being. Moreover, rather than relying on the established authority of the ancients on medical subjects, Petit argued practitioners needed to develop theory from observations and experience.³⁸ In contrast to Levret, Petit did not include these controversial topics in his courses, suggesting he sought to provide a basic foundation of medical knowledge to his students before entering into less certain territory. Conversely, Levret used his course to promote his provocative medical theories and instruments.

³⁶ Ibid, 273-74. Extrait du cours d'accouchement de M. Antoine Petit, copie par Pierre Fabre en 1771: 1765, Médecine: MS 889 (1760).

³⁷ Extrait du cours d'accouchement de M. Antoine Petit, copie par Pierre Fabre en 1771: 1765, Médecine: MS 889 (1760).

³⁸ Lindsay Wilson, *Women and Medicine in the French Enlightenment* (Baltimore: Johns Hopkins University Press, 1993), Ch. 2.

André Levret

Contemporaries and historians alike have championed André Levret as the most prominent French *accoucheur* of the mid-eighteenth century. Jean-Louis Baudelocque, perhaps the most important of the next generation, bestowed upon Levret the title “celebrated” and cited his work and authority frequently.³⁹ Levret achieved his reputation during his lifetime through prodigious publications, tireless creation and modification of medical instruments, and royal as well as medical institutional patronage. Attesting to his celebrity, stories about him still circulate. When he rose to the role of royal *accoucheur* to the Dauphine, Maria Josepha of Saxony, in 1760, a lady-in-waiting commented to Levret: “You must be pleased, Monsieur Levret, to be called to deliver the Dauphiness. That will make your reputation.” Levret replied: “Madame, if my reputation was not already made, I should not be here.”⁴⁰ Levret knew his own worth and excelled—thrived, even—at the politics that dominated the court and the lives of the aristocrats who constituted the majority of his private practice.

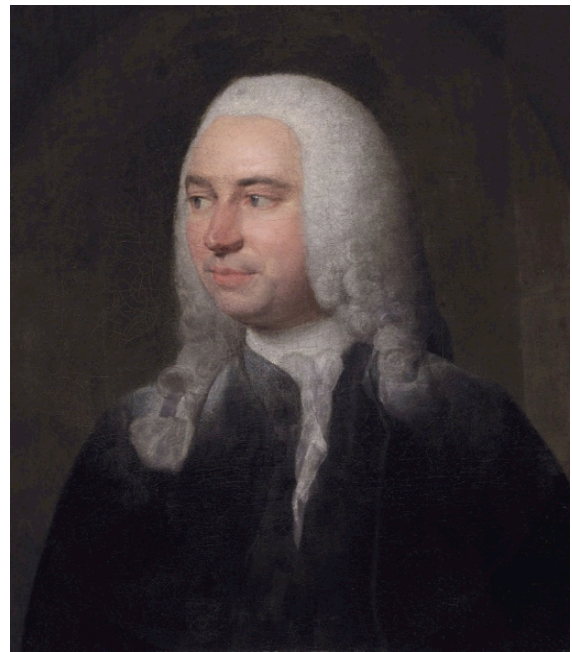


Figure 4 Portrait of André Levret

Painting, “Portrait of the surgeon, André Levret, in a black coat,” by Jean-Siméon Chardin.

At seventeen years of age, Levret began to study medicine under Jean Louis Petit (no known relation to Antoine Petit), himself a highly respected surgeon and medical instrument

³⁹ Jean Louis Baudelocque, *L'art des accouchemens* (Paris: Méquignon l'aîné, 1781).

⁴⁰ Graham, *Eternal Eve: The History of Gynecology and Obstetrics*, 287.

creator. Apprenticeship blossomed into friendship, and, when Petit died in 1750, he bequeathed Levret the considerable sum of 40,000 *livres*. Further cementing Levret's economic fortunes, a grateful and rich patient, Samuel Bernard, gave him a massive 100,000 *livres*. Married for a second time, Levret had a son and daughter late in life. Upon the birth of his son, Augustin, Louis XV provided the newborn with a *brevet de colonel*, a great honor for a commoner. Levret's wealth gave him the flexibility to study anatomy and *accouchement*, and allowed his maneuverability among his prosperous patients. Sometime around 1740, Levret began to teach his private course on *accouchement* that he would continue until 1777.⁴¹ His classes overlapped with Petit's and they would have competed for students.

Levret taught his classes at his home in the prosperous neighborhood of Montmartre:

M. Levret, *accoucheur* to Madame la Dauphine, &c. &c. &c. will open a course of *accouchement* on Monday January 8th 1771 at 9 in the morning. Those who desire to attend are asked to register at his home, rue des Fossés-Montmartre, next to the notary.⁴²

Newspaper ads such as this one were a common way to promote a private class. Levret placed this ad in a medical journal, but such ads for private midwifery courses could also be found in more popular newspapers such as the *Journal de Paris* and the *Avantcoureur*, suggesting a wide array of stakeholders and non-practitioner potential students. While Levret would later choose to emphasize other aspects of his course, in this example his legitimacy as an instructor comes primarily from his title as *accoucheur* to the Dauphine.

In his book on the state of midwifery in Paris, the English man-midwife A. Tolver named Levret's course as the most prominent in the city in 1770: "At present, although the obstetrick

⁴¹ Ibid, 287-90; Étienne Tarnier, "Dixième conférence: Levret," in *Conférences historiques faites pendant l'année 1865* (Paris: G Baillière, 1866), BnF 8-T1-71.

⁴² "Cours d'Accouchement," *Journal de médecine, chirurgie, pharmacie*, December 1770.

[sic] art is taught by many, there are but two of eminence, or perhaps but one (since Dr. [Jean Louis] Petit declined) of real scientific knowledge in Paris: M. Levret.”⁴³ These classes lasted six weeks and were very expensive, according to Tolver. The mathematical and technical nature of the lessons made them inaccessible to beginners. Thus, it was not highly attended despite its prestige.⁴⁴

In 1753, Levret published *l'Art des Accouchemens démonté par des principes de physique et de mécanique* as a textbook for his course. The subtitle of *l'Art*, “to serve as the base and foundation of particular lessons,” speaks to the book’s role as the substance of Levret’s pedagogical method. In fact, he sold the first edition exclusively to his students; however, interest must have been high as pirated copies circulated.⁴⁵ Maintaining the exclusivity of the book may have been an attempt to increase enrollment in his course, but, by 1761, Levret either realized the futility of his efforts or recognized the potential profitability of wider circulation because he released the second edition to the public. A third edition followed in 1766.

Levret describes how he extracted the principal precepts of *accouchement* from his course in order to create the aphorisms found in his textbook. This is contrary, he points out, to the typical practice of providing students with a prospectus of course material because, he argued, a prospectus “does not usually leave in the mind any dogmatic impressions after one has read it.”⁴⁶ The genre of aphorisms thus assisted the retention of the material for students by providing pithy, memorable rules to govern their actions. Aphorisms have a long and prestigious

⁴³ Tolver, *The Present State of Midwifery in Paris*, 2.

⁴⁴ Ibid.

⁴⁵ André Levret, *L'art des accouchemens*, First ed. (Paris: Delaguet, 1753). Unofficial copy at New York Academy of Medicine Library: RBS 94.

⁴⁶ Levret, *L'art des accouchemens*, iii.

history in medicine, dating back to Hippocrates himself. By choosing this genre Levret put himself in such illustrious company as François Mauriceau, the seventeenth-century *accoucheur* he so greatly admired.

Levret divided his textbook into four sections in the first edition: anatomy, mechanisms of pregnancy, labor and delivery, and the illnesses of pregnant women and infants. The subjects covered follow the pattern of other textbooks aimed at *accoucheurs*. The distinctiveness of his book comes, rather, from his particular conception of the childbirth process. He begins part four on labor and delivery thus:

Childbirth is a natural and truly mechanical operation susceptible to geometric demonstration...The knowledge of the Mechanical Laws of childbirth is essentially necessary to all who are destined for the Art of *accouchement*.⁴⁷

From these mechanical laws, an *accoucheur* develops knowledge of causes, Levret argues, and is thereby able to assist nature when it encounters obstacles. These laws, furthermore, come from God himself. The genre of aphorisms supports his project by presenting, not explaining, the mechanical laws intended to govern a practitioner's behavior and decision-making.

The principles presented in Levret's book include two categories of birth: natural and laborious. Laborious labors further divide into those that can be resolved by the use of hands alone and those requiring instruments. For a labor to be natural, the mother had to be "well-formed" in body and pelvis, have her uterus in the proper position, not be too advanced in age, and have sufficient contractions. Additionally, she needed to be pregnant with a not-too-large, living infant who was not a "monster," was well positioned within the uterus, with a properly presenting and "not-too-solid" head. If all these conditions were met, it was likely that a natural labor would occur; meaning, at nine-months pregnant, the mother would give birth

⁴⁷ Ibid, 76.

spontaneously, with pain, to a healthy infant presenting with his or her head turned to the sacrum.⁴⁸

Prolonged length of time defined laborious labors. Paradoxically, though, length of labor remained the most variable and idiosyncratic feature of childbirth. The most common cause of prolonged labor included the impaction of the fetal head, but “fleshy and sanguine” women, large and “solid” infants, weak, non-expulsive contractions, and a shortened umbilical cord (whether because it is naturally short or because it is wrapped around the baby) all also contribute to slowing labor. Depending on the specifics of the situation, these obstructions to the normal processes of nature can be remedied with maneuvers by hand or by instrument.

Assumed in Levret’s categories of childbirths is an idealized form of the birthing body constructed through the pelvic measurements he performed on a large number of cadavers, his observations, and his experience. In order to meet the criteria of a “well-formed” woman (*une femme bien conformée*), the circumference of the superior straight of the pelvis (the inlet) must be circular and the distance between both ischial spines and the distance between the spines and the sacrum (at the place where it meets the coccyx) should all be at least four inches (*pouces*) wide. These measurements make an equilateral triangle in the pelvic cavity. Levret goes on to divide the pelvis into planes and axes, describing their archetypal incline and angles. He also subjects the soft tissues to the same geometric understanding: “The cavity of the vagina approaches a spherical shape whose axis has been curved.”⁴⁹ Yet Levret also refers to the flexibility of tissues and anatomical parts with reference to solidity. Levret measured and mapped the reproductive organs and the pelvis to construct the ideal, geometric birthing body. In

⁴⁸ Ibid, 77.

⁴⁹ Ibid, 23.

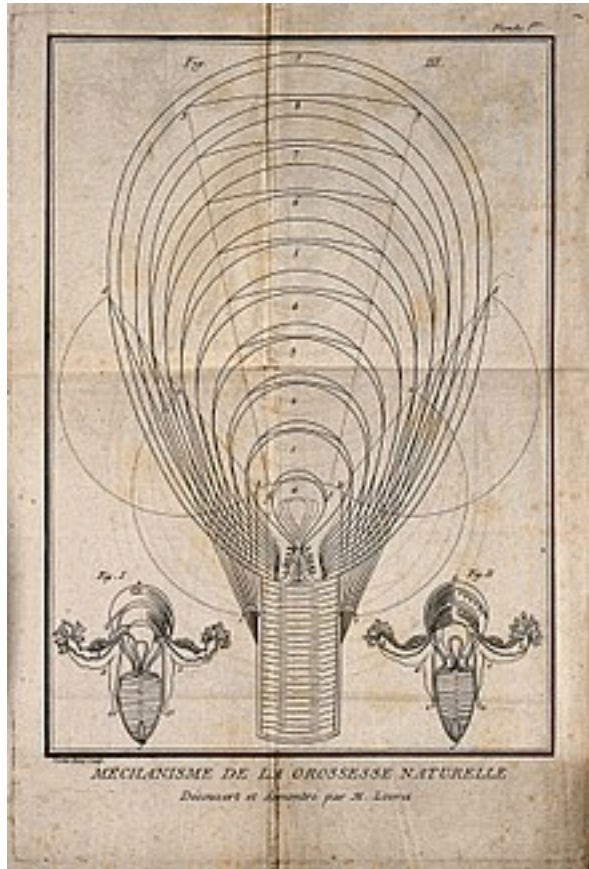


Figure 5 *Mechanisme de la grossesse naturelle* (1752)

From *Explication des Plusieurs Figures sur le mecanisme de la grossesse et de l'accouchement*

so doing, he fashioned the idea of the planes of the pelvis—inlet, midplane, and outlet—still in use in modern obstetrics today.⁵⁰ From this conception of the birthing body, Levret spelled out the mechanical laws that govern its movements.

Levret created his mechanical laws of childbirth with the assistance of his friend Antoine Louis, chief surgeon of the Salpêtrière hospital, who provided Levret with cadavers. He based his research method on observation and experience in which he first experimented on mannequins, then cadavers, and finally on live women.⁵¹ Levret additionally used his research to bring students into his course.

I end, in their favor, each of my courses by communicating to them [students] the progress I have made in my painstaking research on uterine polyps since the printing of my work on the cure of this illness.⁵²

⁵⁰ While Levret first articulated the concept of the curve of the birth canal, he gets the angles wrong and, so, the eponym goes to Carl Gustav Carus. Levret measured a 35 degree incline of the pelvic inlet in the standing position but today we recognize this incline to be 55-60°. This fundamentally alters the crucial alignment of the anatomical parts that form the Curve of Carus. Graham, *Eternal Eve: The History of Gynecology and Obstetrics*, 290; Myles, *Myles Textbook for Midwives*, Fourteenth ed. (Edinburgh: Churchill Livingstone, 2003).

⁵¹ André Levret, *L'art des accouchemens*, Third ed. (Paris: Chez P Fr Didot le jeune, 1766); Tarnier, "Dixième conférence: Levret."

⁵² Levret, *L'art des accouchemens*, iv.

Because he incorporated his research into his class, we are left to speculate on the extent to which the classroom was also a research space for Levret.

Levret visually depicted his mechanical laws of childbirth in a collection of images published the year before his textbook as *Explication des plusieurs figures sur le mecanisme de la grossesse et de l'accouchement*.⁵³ The initial three plates included “The Mechanism of Natural Pregnancy,” “The Mechanism of Different Pregnancies,” and “The Mechanism of Natural Childbirth.” (Of course, here “natural” means following the natural order, *i.e.*, an uncomplicated pregnancy or childbirth, not our modern conception of natural childbirth.) Some individuals bound these images into their copies of the first edition of his textbook.⁵⁴ Later, Levret included them in the second edition of *l'Art*, with two additional plates: “The Fundamental Principles of the Mechanism of Childbirth Relative to the Pelvic Cavity Only” and “The Growth of the Mechanism of Natural Pregnancy.” The term “*mechanism [sic]*” in the title of the book and the individual images informs the viewer that they reveal both the structure of the reproductive body and the mathematical laws of motion that govern these parts.⁵⁵

These images not only displayed but also embodied Levret’s geometric conception of childbirth and birthing bodies. In the textual description of each image he provided the proportional reduction in size from the physical organ: “The First Plate: The first two figures of this plate are meant to be reduced to an eighth of the natural volume [of the uterus] and the third [figure] to only a quarter or a third.”⁵⁶ Thus, geometric images best conveyed knowledge about

⁵³ André Levret, *Explication de plusieurs figures sur le mecanisme de la grossesse et de l'accouchement* (Paris: Delaguet, 1752).

⁵⁴ The Huntington Library in San Marino, CA has one such copy.

⁵⁵ “Mécanique,” in *Le Dictionnaire de l'Académie Française* (Paris: Brunet, 1762).

⁵⁶ Levret, *L'art des accouchemens*, 297.

Levret's geometric conception of childbirth. This pedagogical decision, moreover, employed an idealized form of the birthing body, erasing all natural, individual variation.

Levret's composite images contained multiple figures, each of which depicted several mechanical forces and change over time. He incorporated time in his images through the use of concentric lines representing different moments. It would, therefore, take up too much space to describe fully each plate and all its constituent elements. Instead, I offer a brief overview of each plate and comment on the main mechanical laws represented. Levret's first plate, "The Mechanism of Natural Pregnancy," contains three figures: two smaller images—of the uterus, vagina, fallopian tubes, ovaries, and related ligaments—and a larger image of the uterus, vagina, and vulva (see Figure 5). The bottom two smaller images are mostly anatomical in nature and concern the positioning of structures and vessels in

relation to each other. Figure one (on the left) depicts changes in uterine volume and the positioning of anatomical parts, particularly the uterine ligaments, before pregnancy, at one month pregnant, and at two months pregnant. Figure two also concerns the state of the structures of the internal reproductive organs at these three moments in time but includes certain vessels. The third and central figure displays the thickness of the fundus of a pregnant uterus (without the fetus) and its dilation at monthly intervals throughout the pregnancy.

Additionally, the rectangle made by the F and G



Figure 6 *Mechanisme de différentes grossesses* (1752)

From *Explication des Plusieurs Figures...*

lines shows the movement of the placenta up to the fundus of the uterus during pregnancy as the uterus grows. Ultimately, Levret argues, visually and textually, that the round ligaments that support the uterus form an ellipse and don't lengthen or grow during pregnancy.⁵⁷

The second plate covers “the mechanisms of different pregnancies” and focuses on the relations between the bones of the pelvis and the

soft tissues of the uterus (see Figure 6). A large skeleton, looking away from the viewer, dominates the page as it takes a step and gestures with its left arm. Overlapping ovals representing the pregnant uterus emerge from its pelvis and hang at different angles. Uteri in different positions float around the skeleton. In the bottom left hand corner two bony pelvises depict, first, a “well-formed” pelvis and, then, the results of rickets on the pelvis. In the text, Levret asks the viewer to note the wide inlet of the first, well-formed pelvis and the contraction of 50% of the

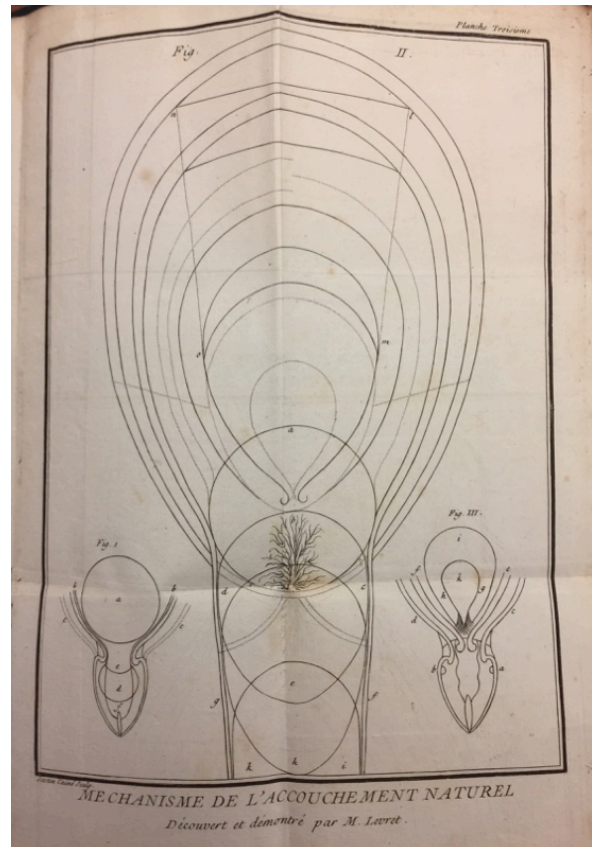


Figure 7 Mechanisme de l'accouchement naturel (1752)

From *Explication des Plusieurs Figures*

inlet in the second. The comparison of the two types of pelvises continues in Fig. 3 and Fig. 4 (of the second plate), positioned between the skeleton's legs, except these pelvises have two crossing lines to represent the directions of force on the head of the femur as a result of supporting the weight of the torso. Unlike the smaller pelvises at the bottom of the page, the

⁵⁷ Levret, *Explication de plusieurs figures sur le mecanisme de la grossesse et de l'accouchement*.

various floating uteri relate back to the skeleton in the middle and depict myriad different things—the position of the uterus when the woman is standing or lying down, the angle of the cervix to the vagina in different positions, and the positioning of the uterus based on placental location—that all help the *accoucheur* know the best position for the mother to deliver in.⁵⁸

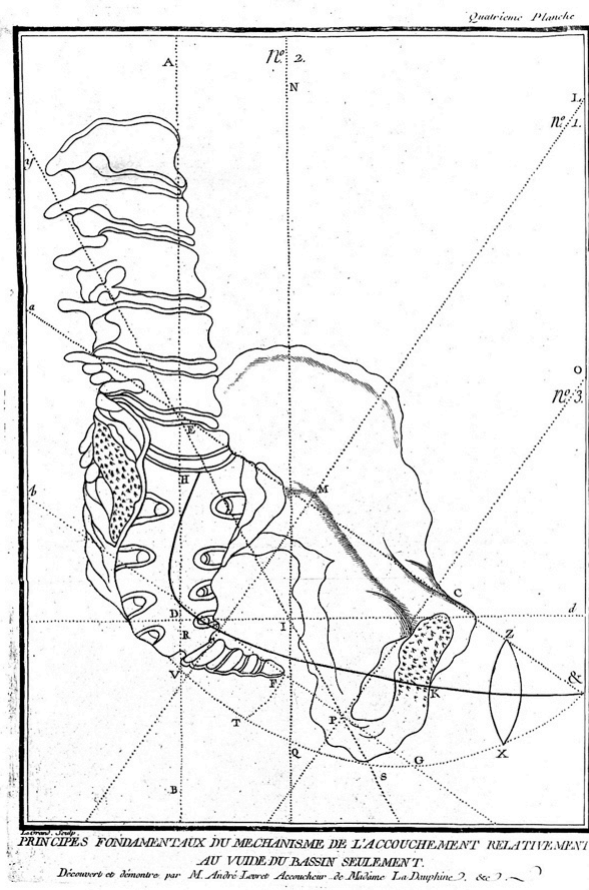


Figure 8 Principes fondamentaux du mécanisme de l'accouchement relativement au vuide du bassin seulement (1761)

L'art Des Accouchemens, 2nd edition

before, during, and after delivery. Elliptical dotted lines mark the reduction in uterine size when the membranes rupture and the rectangular dotted lines delineate the degrees of curvatures of the

The third plate, “Mechanism of Natural Childbirth,” comprises three figures of the uterus and vagina: two small in the bottom corners and one large in the center (see Figure 7). Each explores the changes to the reproductive organs during and immediately after childbirth. Fig. 1 in the lower left-hand corner presents the shape of the membranes as they descended into the vagina with and without a contraction during labor. It also explains why the head recedes during a contraction in early labor: uterine contractions pull it up before the cervix has opened enough for it to descend with pressure. Fig. 2, in the middle, is made up of four concentric uteri displaying their different shapes and volumes

⁵⁸ Ibid.

placenta at different points during labor. Finally, the circles moving from the uterus into the vagina represent the changing shape of the fetal head as it navigates the birth canal. Fig. 3 argues that the cervix folds in upon itself during contractions, but it also displays a small void left in the vagina after birth and the engorgement of the vaginal walls from the “violence” of childbirth.⁵⁹

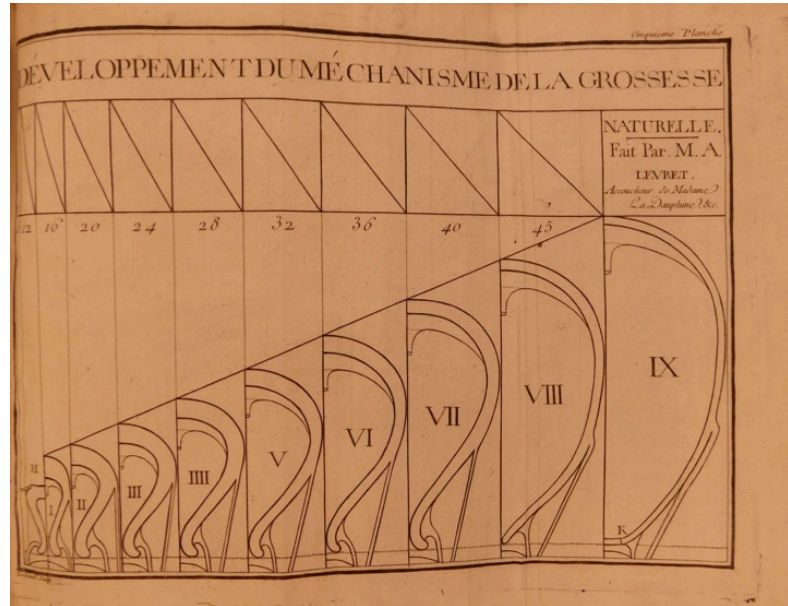


Figure 9 Développement du mécanisme de la grossesse (1761)

L'art Des Accouchemens, 2nd edition

The two plates added in the second edition of *l'Art* elaborate on themes present in the first three plates. Plate Four depicts the lateral view of the lumbar vertebrae and pelvis with lines crisscrossing these structures to form the angles and axes of the pelvis (see Figure 8). The oval to the right of the pubic bone represents the vulva. This plate reveals the position of the pelvis, pregnant and not, when the woman is in different positions. Like Plate Two, this image suggests different positions for women in labor. Ultimately, Levret finds:

Hence, when a woman is lying on her back, following the designated inclined planes, the direction of the womb will be better in all respects than if the woman was standing up. It can be seen that, contrary to vulgar opinion, in this last situation the fundus of the uterus tends to fall in front and its orifice [cervix] to go backwards. Instead, in the situation we advise [on her back], it stops the opposite and that was what needed to be demonstrated.⁶⁰

⁵⁹ Ibid.

⁶⁰ Levret, *L'art des accouchemens*, 311.

Thus, Levret claims practical implications for his theoretical conception of birthing bodies while providing mathematical support for a non-traditional birthing position. Plate Five improves upon and elaborates on Plate One by schematically depicting the growth of the uterus, the thinning of the uterine walls, and the effacement and dilation of the cervix during pregnancy (see Figure 9). Levret concludes his discussion of the images: “I flatter myself that with the aid of these new figures of the mechanism of pregnancy, I will succeed in instilling what I think about this marvelous operation of nature.”⁶¹ None of these images could be fully understood without the accompanying textual description to convey their complex and multilayered meanings. All but one of these stylized and idealized images contains the label “discovered and demonstrated by Monsieur Levret” at the bottom, emphasizing his role in the development of this conception of childbirth and treating it as a natural phenomenon to be discovered rather than created. The collection of images helped transform Levret from a mere *accoucheur* into someone conducting research and producing new knowledge on the frontier of his science: a savant.

Levret’s theoretical framework of childbirth garnered significant support in France because it combined the mechanical, rational medical model with the increasingly powerful empiricist trend in mid-eighteenth century medicine; his mechanical model of childbirth was, after all, based on his measurements and experiences. Still, not everyone agreed with his system. Physician, surgeon, and *accoucheur*, Jean François Sacombe, in his verse *La Luciniade, ou l’art des accouchemens, poème didactique* (1792), attacks Levret’s conception of childbirth.

Levret had talent, sure. But in his deception,
he cheapened dear nature; her gifts to him he shunned.
Not to imitate her, not to serve or save her,

⁶¹ Ibid, 319.

a slave to his own laws, he wished to enslave her.⁶²

Sacombe, an anti-cesarean campaigner, cast Levret as a thoughtless slave to his mechanical laws, cut off from nature. Instead, Sacombe argued, an *accoucheur* should assist nature in her organic processes. Ironically, this is precisely what Levret claimed his laws did when they revealed the causes of any complications encountered in labor. Another detractor, Alphonse Leroy, challenged Levret on multiple fronts—his pelvic measurements, fetal head measurements, and fetal and uterine positioning—ultimately stating that “the author [Levret] only supported it [the position of the infant as he or she is born] in order to make it fit in a system that is purely imaginary, on the mechanisms of childbirth.”⁶³ Leroy and Sacombe both charged Levret with subjugating clinical facts to his rational theory, a common critique of the systematists of the seventeenth century.

Regardless, Levret continued to advocate a geometrical and mechanical system of childbirth in his courses. He held that reading alone was not sufficient to gain proficiency in *accouchement*: “there are certain precepts that it is not possible to perfectly convey in writing, nor in speaking, and that can only be acquired by practice.”⁶⁴ The difficulties in conveying embodied knowledge through the written word occupied all types of artisans. Paola Bertucci uses the term “intersemiotic translation” to describe the political process of re-creation involved in

⁶² Jean François Sacombe, *La Luciniade, ou l'art des accouchemens, poème didatique* (Paris: Garnéry, Devaux, au Bureau, Levigneux, 1792), 57-58. Thank you to A.D. Ficus for poetry translation.

“Levret eut des talens, mais par son imposture,

Il avilit en lui ces dons de la nature;

Et loin de l’imiter, et loin de la servir,

En esclave à ses lois il voulut l’asservir.”

⁶³ Alphonse Leroy, *La pratique des accouchements* (Paris: Le Clerc, 1776), 126.

⁶⁴ Levret, *L'art des accouchemens*, iv.

translating knowledge across media. The politics of establishing rules and adjudicating expertise within professions combined with decisions about how to convey knowledge across different media.⁶⁵ Levret's attack on reading as insufficient for medical knowledge challenged Scholastic medicine and the Faculty of Medicine in particular. Surgeons employed claims of experiential knowledge to bolster their authority *vis-à-vis* physicians.

To convey experiential knowledge safely in the classroom, Levret invented “mechanical phantoms” for students to practice on under his supervision. These mannequins, even if “slovenly made” as derided by Tolver, ensured that students could enter the difficult career of *accouchement* with confidence.⁶⁶ Levret argued that new *accoucheurs* needed competence in both the practice and the theory of *accouchement* in order to reduce risk to mothers and babies:

Moreover, it is undeniable that one enters into and traverses the career of Practice with less risk than if one had neglected to become acquainted with this exercise that, seconded by the knowledge of the fundamental Precepts of the Art, must masterfully guide one in the Practice.⁶⁷

Some students, moreover, had the opportunity to accompany Levret to births, first as errand runners hauling his instrument bag and, eventually, apprentices who cared for laboring women under his supervision.⁶⁸ Levret employed multiple methods to provide the experiential knowledge he argued was so important for students. Such education and training could not be found at the College of Surgery or the Faculty of Medicine.

⁶⁵ Paola Bertucci, *Artisanal Enlightenment* (New Haven: Yale University Press, 2017), Chapter 5.

⁶⁶ Tolver, *The Present State of Midwifery in Paris*, 4. Tolver complains about Levret's mannequins and prefers the English ones.

⁶⁷ Levret, *L'art des accouchemens*, iv.

⁶⁸ Students in these capacities are mentioned periodically in the cases printed by Levret. André Levret, *Suite des observations sur les causes et les accidens de plusieurs accouchemens laborieux* (Paris: Delaguette, 1751). But Tolver claims there was no opportunity for experience with patients in Levret's class. Tolver, *The Present State of Midwifery in Paris*.

The decision to use objects in the classroom, however, was not just a pedagogical one. Often objects, especially those with entertainment value, helped an instructor attract students. Levret held back some information from his textbook to entice potential students:

but, nevertheless, there are still many points which expressly need explanations which I have reserved for my particular lessons, at the end of which I am delighted to clarify all the doubts which may arise in the minds of all those who honor me with their presence.⁶⁹

In particular, *l'Art* provided little in the way of detailed descriptions of how to perform maneuvers to deliver babies from different positions. These, it seems, were conveyed primarily by demonstrations on his mannequins. Levret, with occasional help later in life from the surgeon Pierre-Victor Coutouly (1738-1814), performed about thirteen demonstrations each session of his class.⁷⁰ They modeled maneuvers to deliver infants in different positions—foot presentations, complete breech, transverse lay, arm or leg presentations—but also included complications such as impaction of the head and a severed head remaining in the uterus. These complications required the use of instruments, either obstetrical forceps or a *tire-tête*.⁷¹ In fact, Levret modified existing models of these types of instruments and heavily promoted his versions of these instruments over those of others. His *tire-tête* greatly revised the instrument first created by Mauriceau in the late seventeenth-century; in many ways, Levret saw himself as the rightful heir to Mauriceau's intellectual legacy. Levret taught the use of these instruments on his mannequins during his demonstrations. We will return to Levret's forceps at the end of the chapter.

⁶⁹ Levret, *L'art des accouchemens*, iv.

⁷⁰ de Villiers, "Séance du 19 Octobre 1886: Notice sur le chirurgien accoucheur Coutouly et sur ses oeuvres," in *Bulletin de L'Académie de Médecine*, ed. J Bécclard and Proust (Paris: G Masson, 1886).

⁷¹ Cours par Levret écrit par Coutouly: 1774, Bibliothèque de l'Académie Nationale de Médecine: MS 76 (1024), Fol. 185; Manuel pour les accouchements dité par M. Levret à ses cours particuliers: Recueilli et écrit par Coutouly: Bibliothèque de l'Académie Nationale de Médecine: MS 76 (1024), Fol. 185.

In addition to the mannequins, Levret also had a cabinet of natural history containing 800 jars of specimens. Tolver described the pomp with which Levret displayed these items: “His preparations and instruments are displayed with formal parade...”⁷² We know very few specifics



Figure 10 Levret's Image of Baby Girl with Birth Defects

This image hung on the wall during Levret's classes. Bibliothèque de l'Académie nationale de médecine, uncatalogued.

about this collection. It did include an infant girl born with a shocking combination of birth defects—anencephaly, a large neck tumor, and deformity of the joints.⁷³ A pencil drawing of her suggests that this specimen was important enough to Levret to require additional display (see Figure 10). He also had the entire cadaver of a woman embalmed. Generations of students learned anatomy from her and, justifying fears about impropriety among surgical students, named her *Margot*.⁷⁴ When Levret's son-in-law, Destremeau, took over the course in 1777, this museum became a significant part of how he promoted the course.

M. Destremeau, member of the College and Royal Academy of Surgery, and son-in-law of M. Levret, will begin Monday, May 4th, a course of theoretical and

⁷² Tolver, *The Present State of Midwifery in Paris*, 4.

⁷³ Images from Levret's course given to de Villiers from the family of Coutouly: Bibliothèque de l'Académie Nationale de Médecine: Uncatalogued Images.

⁷⁴ Tarnier, "Dixième conférence: Levret."

practical *accouchement*, in his house, rue Neuve S. Eustache. This class will be all the more interesting because the anatomical pieces, relative to childbirth and which compose the Cabinet of M. Levret, will be used in demonstrations.⁷⁵

Pedagogical objects, whether mannequins, images, or anatomical specimens, bestowed prestige and legitimacy upon courses at the same time they increased public interest.

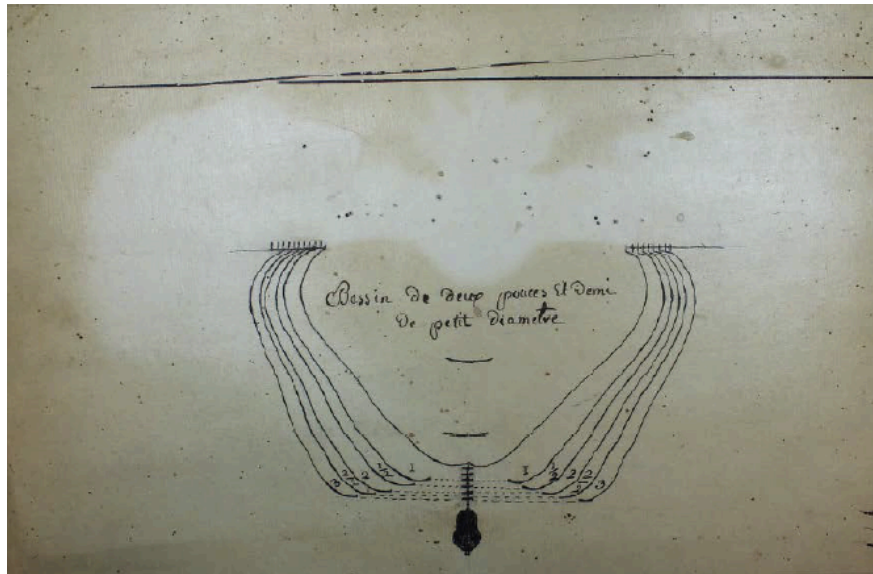


Figure 11 Schematic of Pelvis by Levret

“Pelvis of two and a half *pouces* in the small diameter,” Bibliothèque de l’Académie nationale de médecine, uncatalogued.

In the last decades of the nineteenth century, the physician de Villiers obtained a large collection of instruments, images, and manuscripts from the family of the surgeon Pierre-Victor Coutouly to be donated to the *Académie de Médecine*. Coutouly had been a student and close friend of Levret for the last ten years of his life. The items given to the Academy include a collection of images Levret hung on the walls during his courses that Coutouly purchased after Levret’s death.⁷⁶ Suggesting the subject matter Levret believed to be most conducive to visual

⁷⁵ "Cours," *Journal de Paris*, April 22 1778.

⁷⁶ Villiers, "Séance du 19 Octobre 1886: Notice sur le chirurgien accoucheur Coutouly et sur ses oeuvres."

representation, these images obtained by the Academy of Medicine generally fall into three categories: anatomical (both normal and abnormal), “monsters,” and instruments. One image does not fit into these categories; instead, it schematically represents the dimensions of the pelvic outlet (see Figure 11). Unlike his published images that visually depict his mechanical laws of childbirth, these simpler images represent only one concept. Many of the images display only normal anatomical features, including both female and male reproductive organs and the bones of the pelvis. Others focused on abnormal anatomical features, specifically uterine



Figure 12 Removal of a Uterine Polyp

polyps. In one image, a ligature has been tied around the base of a uterine polyp to demonstrate Levret’s newly developed

Levret developed a new technique for treating uterine polyps that involved tying them off before removal. You can see his method presented here. Bibliothèque de l’Académie nationale de médecine, uncatalogued.

technique for removing one (see Figure 12). Levret used the images of the forceps of Smellie and the *mains au tenette* of Palsin for comparison (see Figures 13 and 14). (We can imagine the accompanying discussion about the pros and cons of each instrument.) Finally, another set of images, when combined, created a temporal narrative displaying the changes in the uterus over time—from non-pregnant, to pregnant, to immediately after birth, to five days postpartum. The number and quality of these images—mostly pencil sketches with some oil paints—suggests they were central to Levret’s pedagogical method, though we do not know when he displayed each.

The note accompanying these images from Coutouly states: “He [Levret] used them for demonstration in the particular courses that he made at his home.”⁷⁷ *Démonstration* is the same French word used to describe presentations made on a mannequin or a mathematical proof. It

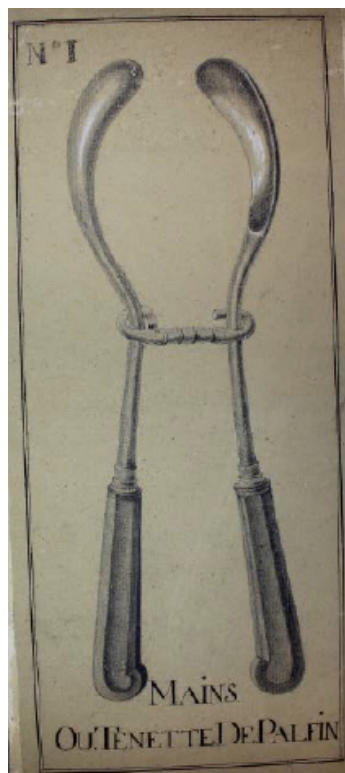


Figure 13 Mains ou tenette de Palsin

Hung on the wall during Levret’s course. The number in the top left corner suggests this image was one in series. Bibliothèque de l’Académie nationale de médecine, uncatalogued.

referred to obvious and convincing proof or to show the very thing being explained, and harks back to its etymologically prior closing of scientific and mathematical proofs: *quod erat demonstrandum*.⁷⁸ So, it is the direct relationship between knowledge, whether a theoretical concept or a specific procedure, and image that Levret wished to convey. The existence, however, of such a wide array of pedagogical tools in his class—mannequins, images, books, practice on patients, natural historical specimens—suggests that the translation between different media was far from perfect. Each left something to be desired.

While his motivations for teaching must have been

complex and changeable, Levret’s research was central to why he continued to teach his private course for over three decades. As we have seen, he became wealthy very early in his career thanks

to his mentor Jean Louis Petit and an appreciative patient, so he did not need to teach for financial reasons. Nor can reputation-building—at least in terms of building a prominent patient base and gaining respect from fellow practitioners—fully explain his choice to teach for so long. In 1742, Levret earned his status as a master surgeon of the city

⁷⁷ Images from Levret’s course given to de Villiers from the family of Coutouly: Médecine: Uncatalogued Images.

⁷⁸ “Démonstration,” in *Le Dictionnaire de l’Académie Française* (Paris: la Veuve Brunet, 1762).

of Paris and membership in the Royal Academy of Surgery.⁷⁹ By 1750 Levret had published two well-received books, one already in its second edition, and he became *accoucheur* to the Dauphine in 1760. Yet, Levret continued to teach until 1777 when his health prevented him from continuing. Private courses offered an opportunity to convince medical and non-medical persons of the validity of one's ideas and practices in an age when the public played an increasingly important role in deciding medical and scientific controversies and adjudicating expertise.⁸⁰ Levret presented himself as more than a talented *accoucheur*; he was a pioneer and inventor pushing the traditional boundaries of *accouchement*. To this end, he needed to market his particular conception of childbirth and convince others of the utility and superiority of his instruments. We now turn to his curved obstetrical forceps to explore how he did this and to what effect.

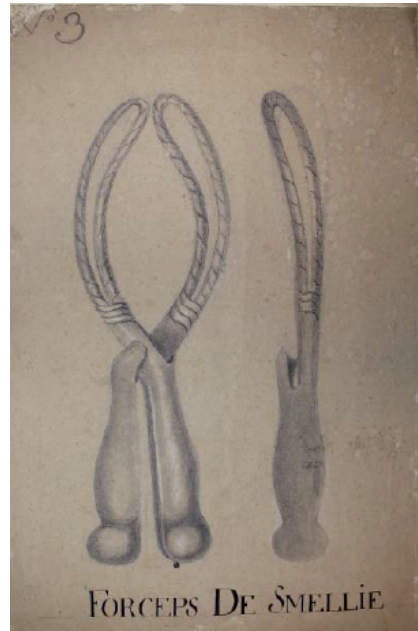


Figure 14 Forceps de Smellie

Hung on the wall during Levret's course. The number in the top left corner suggests this image was one in series. Bibliothèque de l'Académie nationale de médecine, uncatalogued.

Levret's Curved Forceps

When Edmund Chapman published the first description of obstetrical forceps—those of the Chamberlen design—in 1733, a revolution in midwifery occurred that, before the end of the century, would result in the usurpation of the profession by the man-midwife due in large part to

⁷⁹ Tarnier, "Dixième conférence: Levret."

⁸⁰ Lynn, *Popular Science and Public Opinion in Eighteenth-century France*, Chapter 2.

this instrument's ability to deliver a live infant from an obstructed labor. Or so the traditional account goes. According to Walter Radcliffe:

The publication of the forceps placed a powerful weapon in the hands of men-midwives which they were not slow to take up. With it they gained an ascendancy over their women rivals which has lasted to this day.⁸¹

Many other historians have complicated this narrative with accounts demonstrating the political and social changes, beyond the emergence of the forceps, that facilitated the rise of man-midwives.⁸² Adrian Wilson even uncovers a link between opinions about forceps usage among man-midwives in London and political affiliation.⁸³ Plus, some historians question how much explanatory power for historical change should be granted to an object that was rarely used. Wilson estimates that between one and a half to two percent of births could be classified as obstructed or complicated, only a part of which would require forceps.⁸⁴ Objects, however, can take on social power well beyond their rate of use. Most of the scholarship on the history of midwifery from the last twenty years has either ignored the materiality of the forceps completely or focused exclusively on tracing their various forms over the centuries. Instead, the history of André Levret's addition of the pelvic curve to the forceps provides an opportunity to untangle the links between materiality and the social and political milieu of eighteenth-century Paris while expanding our conception of potential forceps users.

Within the history of obstetrical forceps, Levret looms large. Historians credit him with the addition of the pelvic curve to the forceps, along with Pugh and Smellie who seem to have

⁸¹ Radcliffe, *Milestones in Midwifery and the Secret Instrument*, 56.

⁸² Cody, *Birthing the Nation*; Mary Fissell, *Vernacular Bodies* (Oxford: Oxford University Press, 2004); Wilson, *The Making of Man-Midwifery: Childbirth in England 1660-1770*; McTavish, *Childbirth and the Display of Authority in Early Modern France*.

⁸³ Wilson, *The Making of Man-Midwifery: Childbirth in England 1660-1770*, Part 3.

⁸⁴ Ibid, 18.

developed it contemporaneously and separately. Levret's forceps molded to the maternal body as well as the fetal head—at least this was his intention. Previous forceps had a cephalic curve—the bend around the infant's head—but the pelvic curve added a lateral bend to accommodate the curvature of the birth canal, the very curve diagrammed by Levret's pelvic measurements. Levret presented these forceps to the *Académie Royale de Chirurgie* on January 2, 1747.⁸⁵ Never missing an opportunity for self-promotion, he advertised in *l'Art* that anyone who wished to examine or procure any of his instruments could do so from M. Pradier and provides his address. He stressed that Pradier constructed his instruments “perfectly” in an attempt to ensure that his readers received an approved version.

Imitation instruments might have circulated and heightened Levret's concern that purchasers obtain a legitimate item.⁸⁶



Figure 15 Levret's Curved Forceps

These were, however, not the first forceps Levret built. Previously, he made a “straight forceps” (without a pelvic curve) with a three-position articulation and fenestrated blades with a hollowed-out inner surface. Grooves increased the strength of the grip on the infant's head. The handles were long, metal, and curved outward, allowing the operator to use two hands to apply more force as he or she pulled. At 19 inches long, Levret's forceps were heavy and capable of “considerable

Notice both the cephalic and pelvic curves. These forceps also display the one position articulation.

⁸⁵ A copy of the *extrait des registres* of the academy can be found in Levret, *Suite des observations sur les causes et les accidens de plusieurs accouchemens laborieux*, xxiii. Leonard Laufé, *Obstetrical Forceps* (Hagerstown: Medical Book Department, 1986). Hibbard places the date for the addition of the pelvic curve at 1751 but the 1747 extract clearly names “un nouveau forceps courbe.”

⁸⁶ Levret, *L'art des accouchemens*, vii.

force both in the compression of the infant's head, and for traction..."⁸⁷ They became the prototype for the long and heavy French forceps, as opposed to the shorter, lighter English style.⁸⁸ Levret made two important modifications to these forceps in his next design; he added the pelvic curve and simplified the articulation to one position (see Figures 15 and 16).

Obstetrical instruments had long symbolized death and injury to many birthing women. Crochets were the worst offenders: they manually removed (hopefully) already deceased fetuses. "Straight" forceps often inflicted grave injury to the vagina and perineum of birthing women even while they assisted the delivery of living infants, who themselves could be damaged by these instruments. Levret wished to distance himself from these associations and instead stressed the humanity of his methods and instruments.

[A]n *accoucheur* who has humanity must almost always regard with horror the *other* different instrumental methods used in such a case, all the more so today because they are rightly supposed to be condemnable before God and man.⁸⁹

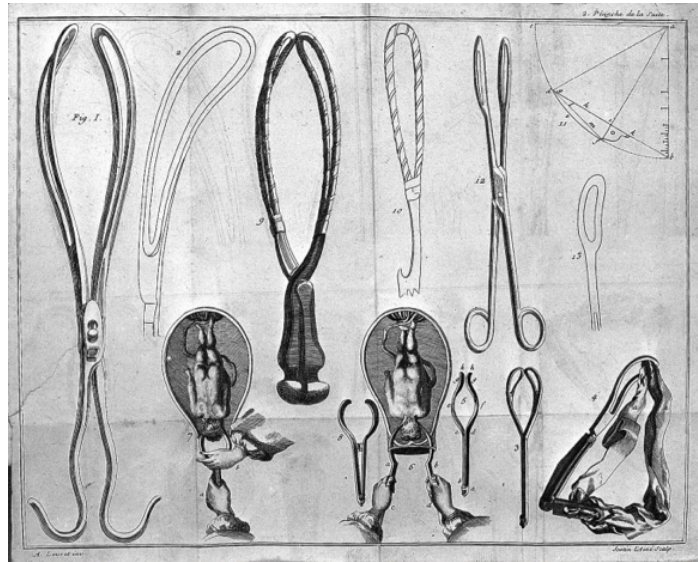


Figure 16 Comparison of Instruments By André Levret

Levret's curved forceps are on the far left and Smellie's smaller forceps are in the middle. Levret demonstrates the greater grip and traction of his forceps in the bottom images with infants *in utero*. From *Observations sur les causes et les accidens de plusieurs accouchemens laborieux* (1754)

⁸⁷ Radcliffe, *Milestones in Midwifery and the Secret Instrument*, 57.

⁸⁸ Ibid; Bryan Hibbard, *The Obstetrician's Armamentarium* (San Anselmo: Norman Publishing, 2000).

⁸⁹ Levret, *L'art des accouchemens*, 112. Stress mine.

Levret sought to construct an instrument that embodied the enlightenment value of rationality in service to humanity.

Levret, however, did not find saving the life of the infant sufficient; he wanted to reduce the damage to mothers in the process:

...give to [the forceps] a gentle curve in the way of those of the parts of the mother which serve as the passage for the infant...that this new curvature makes it possible to seize the head of the child above the pubic bone, while the straightness of the ordinary forceps directs it [the head] towards the protuberance of the sacrum bone. So that, when we believe to hold with this instrument, the head in one of its diameters, we only [actually] hold a portion of its circumference, which is near the neck. It is impossible to hold it [the head] in this way because the instrument slides and slips easily between the head of the child and the rectum of the mother.⁹⁰

The slippage of the branches of the straight forceps causes damage to the vagina. The curved forceps, due to their shape fitting to the curvature of the pelvis as measured by Levret, reduces this damage. Antoine Petit agreed with Levret and claimed the curved forceps protected the perineum and caused less bruising than straight forceps.⁹¹ Smellie did not support the pelvic curve for the sake of the bodies of mothers, but contended, as did Levret, that the pelvic curve allowed the forceps to reach higher into the pelvis.⁹²

While he did not find the straight or English forceps ineffectual in all cases, Levret argued that his curved forceps were more versatile.

The forceps made according to my last correction are likewise useful in extracting in every case the head of the child, whether the face is turned toward the side of the pubis, whether it is facing the sacrum, whether it is applied to one or the other of the ilia, whether it presents itself first in the birth canal, or whether it is the occipital region which was advanced first; for there is not a single one of these instances in which this instrument has not succeeded with me...the head lends

⁹⁰ Levret, *Suite des observations sur les causes et les accidens de plusieurs accouchemens laborieux*, 165.

⁹¹ Petit, *Traité des maladies des femmes enceintes, des femmes en couche, et des enfans nouveaux nés*, 407-8.

⁹² On Smellie's justification see Laufe, *Obstetrical Forceps*, 7.

itself sufficiently to their passage without any necessity for using a force capable of harming either the mother or the child.⁹³

Levret asserts a litany of instances in which his curved forceps could be useful: when the head is impacted in the vagina; when a very large head (such as with hydrocephaly) fails to descend further; when birth needs to occur quickly in cases of hemorrhage, convulsions, cessation of contractions, lethargic contractions, a very short umbilical cord, the cervix tight around the infant's neck, a violent retention of urine, and breech births; when the shoulders are stuck (shoulder dystocia); and when a decapitated infant's head remains in the uterus. His forceps, however, required a "well-formed" pelvis, which, as we have seen, was defined by his geometric measurements.⁹⁴ In fact, Levret was so confident in his instrument that he claimed that it could not take life if used properly.

When we follow exactly the rules we have just prescribed, we have the satisfaction of drawing out live children, whenever they have not lost their lives before the operation, because it is demonstrated and decided that this instrument, well handled, cannot deprive them of life.⁹⁵

The caveat about proper usage was an important distinction because the curved forceps required different operation than the straight forceps.

Attempting to minimize the differences in operation, Levret provides instructions on how to use the curved forceps compared to the straight.

However, as the new curve of this forceps requires some changes in the guidebook [of how to use it], it is advisable, although there is little difference, that I warn that when one goes to introduce the first branch, one must present, to the orifice of the vagina, the new curve, the concavity below, or what comes to the same thing, the convexity below. But in order to arrive there conveniently, one

⁹³ Levret, *L'art des accouchemens*, 113; Translation by Hibbard, *The Obstetrician's Armamentarium*, 43-44.

⁹⁴ Ibid.

⁹⁵ Levret, *Suite des observations sur les causes et les accidens de plusieurs accouchemens laborieux*, 164.

must, in your introduction, lower the hand more than when one uses the straight forceps...One must not miss these circumstances, especially the first, because otherwise the curve of the forceps will be inclined downwards instead of upwards...⁹⁶

There are also differences in how to use the curved forceps when extracting the infant. First, one should not lower one's hands as much initially. This will help protect the perineum. Second, one should elevate one's hands a little more (if the infant presents in the normal way with its face down) towards the end of extraction. Despite Levret's assurances that the shape of his forceps would universally decrease damage to the maternal perineum, in practice they require technical expertise and specific training for proper use. Levret's optimism about his instrument, and his geometric conception of birth, encountered further resistance from birthing bodies themselves. He based his system on a 35-degree incline of the pelvic inlet in the standing position; today we recognize this incline to be 55-60 degrees.⁹⁷ The result would be little to no reduction in damage to the maternal soft tissues with the use of the curved forceps. In fact, many of Levret's critics charged that his large, heavy forceps often caused harm.

Despite Levret's confidence and his attempts to associate his forceps with humanity, not everyone favored his instrument. An *accoucheur* wrote into the *Gazette de Santé* deploring the use of all instruments, decrying them as "murderers, infidels, ineffective, and often dangerous to the mother." He even twisted Levret's words. He quoted him, dropping "other" to make a stronger anti-instrument point than Levret intended: "any *accoucheur* who has humanity must regard with horror the different instrumental methods..."⁹⁸ Other practitioners contended that

⁹⁶ Ibid, 166.

⁹⁷ Graham, *Eternal Eve: The History of Gynecology and Obstetrics*. Discusses a 35/55 degree difference in pelvic inclination. Myles, *Myles Textbook for Midwives*.

⁹⁸ "D'Abas, près d'Acq.," *Gazette de Santé* 1776.

there were many other procedures, such as the symphysiotomy, that accomplished the task of delivering a mother and child more safely than the use of forceps.

Controversies over midwifery practices and instruments played out on a public stage. An October 1777 series of letters in the *Journal de Paris* debated the efficacy of symphysiotomy (the complete severing of the cartilage of the symphysis pubis to increase the transverse space of the pelvis) compared to forceps extraction and cesarean section. This daily newspaper sought to be the “familiar and daily correspondence of the citizens of the same city” and publicized theatre productions, provided a meteorological bulletin, reported on literature, announced births and deaths, and discussed science. Reading about and commenting upon scientific and medical controversies formed a cornerstone of the sociability of Parisian savants, philosophes, and *salonnières*.⁹⁹ Newspapers such as the *Journal de Paris* provided an efficient and profitable method for sharing information, introducing the citizenry to new subjects, and instigating public debate.

An anonymous initial letter began the discussion in support of symphysiotomy as the more humane practice and referred to the use of forceps as “snatching [the infant] with the greatest violence.”¹⁰⁰ Instead Héritier, the *chirurgien interne* of the Hôtel-Dieu, replied, labeling symphysiotomy “useless and dangerous.” He uses his own pelvic measurements to argue that in symphysiotomy,

the distance between the pubis and the sacrum is only augmented by two *lignes*. Thus the cutting of the symphysis is useless to facilitate childbirth. Thus it is not able to replace the use of forceps, let alone the cesarean operation.¹⁰¹

⁹⁹ Terrall, *The Man Who Flattened the Earth*, Introduction.

¹⁰⁰ "Aux Auteurs du Journal Le 4 Octobre 1777," *Journal de Paris*, October 6 1777.

¹⁰¹ "Aux Auteurs du Journal," *Journal de Paris*, October 11 1777; "Seconde lettre de M. l'Héritier, chirurgien interne de l'Hôtel-Dieu," *Journal de Paris*, October 22 1777.

Procedures such as the symphysiotomy could escape the murky moral connotations of instrument use by avoiding the objects altogether, despite the fact that the procedure required greater intervention into the body.

Levret had to contend with specific criticisms of his forceps in addition to these general critiques of obstetrical instruments. Smellie, who himself added a pelvic curve to the forceps, asserted:

They [the long forceps] were contrived some years ago by myself, as well as other practitioners, on purpose to take a better hold of the head when presenting and high up in the pelvis, but I did not recommend their use in such cases, for fear of doing more harm than good, by bruising the parts of the woman when too great force was used.¹⁰²

Smellie disagreed with Levret regarding the ability of the curved forceps to protect the soft tissues of the mother. He and Levret remained friendly and corresponded to some degree; Levret sent Smellie the first edition of his *Observations sur les Causes et les accidens de plusieurs accouchemens laborieux* (1747), but fundamentally disagreed on the best form for the forceps.¹⁰³ Levret, meanwhile, challenged the ability of Smellie's preferred smaller forceps to maintain a grip on the head of the infant.¹⁰⁴ But his friendly rivalry with Smellie was not the greatest challenge to Levret; this came in the form of Alphonse Leroy.

Leroy, professor at the Faculty of Medicine, called use of the forceps "barbarity" and, specifically naming Levret, Grégoire, and Dussé, attacked surgeons for ignoring the "system" for instrument usage as laid out by Paré, Mauriceau, and Palsin. He charged them all with egoism

¹⁰² Quoted in Glaister, *Dr. William Smellie and his Contemporaries*. Also see William Smellie, *A Collection of Preternatural Cases and Observations in Midwifery*, vol. III (London: D Wilson, T Durham, 1764), 89.

¹⁰³ Glaister, *Dr. William Smellie and his Contemporaries*, Chapter 14, 240.

¹⁰⁴ Levret, *Suite des observations sur les causes et les accidens de plusieurs accouchemens laborieux*, 228-29.

and greed: “each surgeon is only concerned with subtracting or adding to an instrument.”¹⁰⁵ In other words, Leroy accused surgeons of focusing on small changes to existing instruments in order to make a profit rather than real medical progress. Leroy took particular issue with Levret, spending much of his book on the “critical history” of midwifery, *La Pratique des Accouchements*, challenging him. He summarizes the works published by Levret, just to pick each apart; he critiques Levret’s pelvic measurements, his identification of the largest diameter of the fetal head, and his theory that placental location determined fetal positioning. Generally, Leroy reserved his most caustic remarks for Levret’s “false reasoning,” which undergirds all bad practice, and his too-heavy reliance on instruments. Concerning Levret’s curved forceps, Leroy regrets the approbation they received in France and reinforces the criticisms of foreign *accoucheurs*.

The forceps, reviewed, corrected, and augmented by M. Levret, have not obtained abroad the same applause as from the French Nation. Smellie, Bohemer, and other doctors blame him because they are complicated, embarrassing, and scary, and, in ignorant hands, their usage is more dangerous than those [forceps] of England.¹⁰⁶

The charge that his forceps were “embarrassing and scary” speaks to the fact that *accoucheurs* had to attend to the reactions of birthing women, their families, and friends to their instruments. Smellie’s solution was to hide his instruments from sight and put leather sleeves on the blades to prevent noise.¹⁰⁷ Levret’s large, metal forceps make a daunting sight indeed! Leroy added that Levret’s instructions for the use of the forceps only increased the danger. He strongly believed that instruments should only be used as a last resort and supported many non-instrument based

¹⁰⁵ Leroy, *La pratique des accouchements*, 84.

¹⁰⁶ Ibid, 138.

¹⁰⁷ William Smellie, *A Collection of Cases and Observations in Midwifery*, vol. II (London: D Wilson, T Durham, 1754); William Smellie, *A Treatise on the Theory and Practice of Midwifery* (London: D Wilson, 1752).

practices to accomplish the delivery, such as symphysiotomy.¹⁰⁸ In fact, he may have played a role in publishing the pro-symphysiotomy articles in the *Journal de Paris*, as he was present at the labor of Madame Souchot discussed therein. Apparently the surgical community pushed back because Leroy published a supplemental pamphlet defending himself the same year (1776).

Leroy's critics took specific exception to his attacks on Levret, prompting the following defense: "I discussed the works of Levret and this is a crime in your eyes; but this surgeon, must he be regarded as an infallible oracle?"¹⁰⁹ In the pamphlet Leroy further expands upon his criticisms of Levret, providing citations and cases to support his positions this time. Professional boundaries played a key role in this debate. While Levret promoted surgeons as the proper care providers for childbirth, Leroy pointed to the physicians in hospitals across Europe to argue for their expertise in the field.¹¹⁰ After about 1750, the boundaries between surgery and physic began to weaken as certain surgeons sought prestige and broke with Barbers. Some physicians, such as Antoine Petit, reluctantly began to see surgery as a field worthy of study and practice.¹¹¹

Multiple meanings coalesced around Levret's forceps; they existed at the nexus of multiple controversies. Indeed, they garnered great social importance even while they were probably rarely used. For Levret, his forceps exemplified the enlightenment ideal of rationality in service to humanity by reducing harm to mothers and babies. At the same time they became brutal tools inflicting injury on the very people they were supposed to help according to Leroy, Smellie, and supporters of symphysiotomy. A person's position regarding the professional

¹⁰⁸ Alphonse Leroy, *Recherches historiques et pratiques sur la section de la symphyse du pubis* (Paris: Le Cerc, 1778).

¹⁰⁹ Alphonse Leroy, "À son critique," (Paris: F A Didot, 1776), 10.

¹¹⁰ Ibid, 4.

¹¹¹ Brockliss and Jones, *The Medical World of Early Modern France*, Chapter 9.

controversies between physicians and surgeons, symphysiotomy, and cesarean section informed his or her view of the forceps. Moreover, Levret's forceps embodied his idealized conception of birthing bodies. Yet, women's bodies themselves resisted his geometric system when they tore, bruised, and otherwise failed to respond as anticipated.

The complexity of meanings surrounding Levret's forceps only increased as they traveled. In 1779 Dr. Deberge, an instructor of midwifery in the Generality of Soissons purchased a collection of instruments for his course for provincial women. In total he spent 39 *livres* on *pince à faux germes*, a uterine syringe, and Levret's forceps.¹¹² Deberge's predecessor, du Fot, had stated that he would teach the women in the class how to use forceps.¹¹³ Outside of Paris, the controversies surrounding these instruments and practitioners lost some of their rigidity in the face of the shortage of medical practitioners in the countryside. For years Deberge traveled every January to Paris to study under the "grand masters" of *accouchement*: chiefly Jean-René Sigault, originator of symphysiotomy, and Alphonse Leroy, the leading advocate for symphysiotomy. Deberge identified Sigault specifically in regard to symphysiotomy, boasted that Sigault had praised him, and stressed that he was "fortified" by their conversations.¹¹⁴ Nevertheless, Deberge still chose to employ the forceps, and specifically those of Levret, in his courses. Faced with a dearth of rural practitioners, the conflicts that so occupied Parisian practitioners changed significance. Instead, practicalities motivated decisions to possibly train women in the use of the forceps.

¹¹² Letter from Deberge to Lepeletier, intendant of Soissons: August 1, 1778, AD Aisne: C 631; Letter from Deberge to Lepeletier, intendant of Soissons, with a list of objects and their prices: June 25, 1779, AD Aisne: C 631.

¹¹³ Letter from du Fot to Lepeletier: July 1, 1773, AD Aisne: C 630.

¹¹⁴ AD Aisne: C 631, Fol. 11, 55, 57, and 86.

Conclusion

Paris remained a center of medical education, ushering in hospital-based pedagogy, well into the nineteenth century, even if London's prominence grew by the latter part of the eighteenth century. Women had access, if sporadic, to a wide-array of medical courses and anatomical demonstrations. Private courses in myriad subjects developed all over Paris because the French population increasingly embraced the idea that knowledge should be shared among all and a growing bourgeois class had disposable income to spend on education.¹¹⁵ Private midwifery courses in particular proved to be a profitable endeavor for instructors, the fees often supplementing other income from medical institutions, faculties of learning, and private practice. Additionally, these courses provided an opportunity to build an international reputation. Instructors often developed their wealth and reputations through the exploitation of bodies of poor women and disabled individuals that they cast as pedagogical aides.

An instructor's position on the professional disputes between surgeons and physicians and other medical controversies determined particular pedagogical methods of classes. Both Petit and Levret sought to rationalize *accouchement*, Levret through geometry and Petit using anatomy and physiology. They conceived of childbirth as fundamentally physiological and normal and saw significant intervention as rarely necessary. Levret, however, pursued the mechanisms of normal childbirth only so that he could better understand abnormal pregnancies and births. In all pursuits, he remained stubbornly focused on the abnormal. Petit, on the other hand, placed greater emphasis on the diseases of women and, by doing so, placed *accouchement* firmly under the jurisdiction of physicians. Petit desired to ban women completely from the practice of *accouchement*, while Levret seems inclined to leave natural births to them. For

¹¹⁵ Lynn, *Popular Science and Public Opinion in Eighteenth-century France*, Chapter 1.

Levret, teaching represented more than a livelihood; his courses permitted him to gain followers for particular theoretical systems and promote specific medical instruments.

The pedagogical objects of Levret's course—mannequins, images, a natural history collection, instruments, and the textbook—frequently performed the dual functions of attracting students and advocating his particular theory of childbirth and the birthing body. He promoted his geometric conception of childbirth by claiming it enabled him to invent a more humane type of forceps. In this way, the material form of the forceps was entangled with social and cultural concerns about men and their instruments. The meanings and purposes of his forceps, however, changed when they left the specific social and political context of Paris. Unexpectedly, women may have been taught to use the forceps in rural areas where male practitioners were scarce. It is also no coincidence that Deberge was a physician and therefore would have been less invested in maintaining the boundary between surgeons and midwives through the prohibition against instrument usage. Technologically determinist accounts of the forceps ignore the debates around the instrument even among man-midwives and its multiple social connotations. But too often socio-cultural accounts of the rise of the man-midwife fail to consider the instrument altogether or its material changes overtime. Tracing the physical adaptations of the obstetrical forceps as intertwined with particular socio-cultural meanings reveals its role in medico-professional boundary making and where those boundaries broke down. As detailed in the forthcoming chapters, provincial midwifery professors had to demonstrate knowledge of and engagement with Parisian medical theories and controversies, but the ways they did so varied according to local contexts.

CIRCULATING MADAME DU COUDRAY’S “MACHINES” IN AUVERGNE

CHAPTER 2

South of Paris, deep in central France, lay the historical and cultural region of Auvergne; its capital, Clermont-Ferrand, perched in its northern arm. The Generality of Riom designated its political borders governed by the intendant with the help of his *subdélégués*. Pregnant inhabitants of the lush region dotted with green volcanoes made pilgrimages to Mons Anicius in Le-Puy-en-Velay to beg the healing intercession of Mary.¹ Among its verdant mountains, its officials nurtured the development of the first government-administered system of midwifery courses in France. After a midwife’s initial efforts established a course in the capital, the regional administrators faced difficulties in spreading and maintaining the training program. Their struggles shed light on how midwifery education became one solution to the perceived problem of a declining population.

In the city of Aurillac in the southern part of Auvergne, the inhabitants gathered inside the town hall (*hôtel de ville*) as the sun reached its zenith on July 16, 1760. The sound of a trumpet pierced the air, announcing the commencement of the assembly of the General Council, presided over by Jean Baptiste Verdier, Advisor to the King in his Local Councils, General of the Bailiwick, and President of Aurillac. All the prominent inhabitants of the town were present: consuls, lawyers, notaries, the local physician and surgeon. They had come to witness the opening of a locked, wooden box; it held a new “machine” invented by a midwife from a neighboring city.² The contraption, which its inventor and the intendant claimed would reduce

¹ Gélis, *History of Childbirth: Fertility, Pregnancy, and Birth in Early Modern Europe*, 70.

² Metting Minutes from Conseil General: July 16, 1760, AD Puy de Dôme: 1C 1401, Fol. 20.

the deaths and injuries of childbirth, garnered significant interest among the townspeople. The risqué nature of the object only increased the drama and their curiosity.

We can imagine what those gathered saw when the box opened: brown linen expertly stitched and padded into the life-sized form of a female body from the navel to the knees, bolted to a wooden base. The abbreviated legs rest in stirrups, exposing the genitals. The generous labia majora surround the urinary meatus—a buttonhole—and the orifice of the vagina. A thickened strip of canvas functioning as the perineum can be loosened or tightened to control the size of the vaginal introitus. At the center of the mannequin, invisible to the attentive eyes of the audience, is an osseous pelvis from a young woman. Accompanying this masterpiece of tailoring is an infant, also linen, with a cord sewn to its umbilicus. Embroidered red and blue lines marking veins and arteries crisscross the globular placenta at the far end of the umbilical cord. Ingenious uses of fabric permit flexibility in the main joints of the infant, as only the long bones of its limbs consist of wood. Several layers of fluted tarlatan interlock to form the spine, in the correct number of vertebrae, and give it the necessary elasticity.³ The spectacle of this mannequin could have prevented their work, but here in Aurillac the men of the General Council knew their job. They gathered around this childbirth doll, poking, prodding, and inspecting it. Only a few of them could appreciate its medical utility; the others must have marveled at its artfulness. The exhibition disrupted the usual austerity and pomp of the General Council meetings.

A letter from the intendant, transported with the mannequin, provided the Council with specific instructions and a public reading before the opening of the box encouraged compliance. The orders specified that the mannequin, produced by the famous Madame du Coudray, must be

³ This description is based on the sole surviving mannequin made by du Coudray at the *musée Flaubert et d'histoire de la médecine* in Rouen. The Rouen mannequin also came with a model of twins with placenta, reproductive anatomy, an infant and placenta at 7 months gestation, a decapitated head, and pessaries. Michel et. al. Benozio, *La "machine" de Madame du Coudray ou l'art des accouchements au XVIIIe siècle* (Bonsecours: Point de Vues, 2004).

stored in the town hall. The municipal Consuls' annual inspection of the condition of the mannequin ensured its proper maintenance, but the intendant forbade them from retrieving or taking any other action related to the prized object without prior approval. The intendant had requested the July 16th gathering of the prominent inhabitants of the city in order to certify that the contents of the box—the mannequin, a copy of du Coudray's *Abrégé de l'art des accouchements*, and loose printed sheets—arrived safely. The Council then produced a report on its findings. Local authority over the mannequin rested entirely with a surgeon, chosen by the city, who had studied its use in a fifteen-day course taught by du Coudray in nearby Clermont. In Aurillac, the inhabitants selected the surgeon Cabanes to teach *accouchement* to the women of the countryside.⁴

Maintaining the mannequins represented a political project of great importance: it strengthened crown control over remote regions; it imparted particular ideas about rural women; and defined expertise. The obstetrical mannequins, moreover, facilitated and shaped multiple relationships between the administrators, practitioners, and inhabitants of Auvergne. After a brief background on du Coudray's fruitful management of her reputation and success in gaining the approbation of the Royal Academy of Surgery for her invention, this chapter will concentrate on the process of training users for her pedagogical mannequins—instructors and students—after du Coudray left Auvergne. Proximity to and skillful engagement with the mannequin defined the expertise of instructors and students alike.⁵ This chapter explores how the obstetrical mannequins

⁴ Letter from Ballainvilliers to the Consuls of Aurillac: June 20, 1760, AD Puy de Dôme: 1C 1401, Fol. 8; Metting Minutes from Conseil General: July 16, 1760, AD Puy de Dôme: 1C 1401, Fol. 20; Letter from du Coudray to the intendant: August 1, 1760, AD Cher: C 319, Fol. 24.

⁵ Carr describes expertise as "something people do rather than something people have or hold." It involves building intimate and proper relationships with culturally valuable objects. E Summerson Carr, "Enactments of Expertise," *Annual Review of Anthropology* 39 (2010).

came to shape social relations between medical men and midwives and the consequences of these new relationships for the midwives of Auvergne.

Delivering a Medical Technology

In her biography, Nina Gelbart artfully traces the reputation-building practices of Angélique Marguerite Le Boursier du Coudray as she developed a national program for educating midwives.⁶ Gelbart identifies how du Coudray's textbook and mannequin helped win her the unprecedented accolade of a royal license (*brevet*) in 1759 and bolstered her authority throughout her travels over the next twenty-four years. In her first known letter, du Coudray announced the commencement of her national pedagogical program to thirty intendants of France. She devoted most of the letter to explicating the benefits of the mannequin for reducing the deaths and injuries of childbirth: "one learns on the machine in little time how to prevent such accidents."⁷ Historian of science Anna Maerker tracks the transformation of anatomical models into medical technologies, overcoming disparagements of their accuracy and utility, in eighteenth- and nineteenth-century Europe. In order to turn artificial bodies so often associated with entertainment or erotica into objects of medical expertise, producers had to deftly manage their own reputations, diminish the role of artisans in constructing objects, gain the support of prestigious institutions, and skillfully control the interactions between users and objects (what

⁶ Gelbart, *The King's Midwife*. Gelbart's biography is the definitive work on Madame du Coudray. I am indebted to her for tracing du Coudray's travels and reputation building practices.

⁷ Letter from du Coudray to the intendant: August 1, 1760, AD Cher: C 319, Fol. 24. Translated by Gelbart, *The King's Midwife*, 17.

Maeker terms configuring users).⁸ Using these same tactics, du Coudray's mannequin surmounted derisions of its utility and accuracy to become an object of medical expertise.

Du Coudray began to build her linen dolls after returning to Auvergne in 1751 from Paris where she had trained and practiced as a midwife for sixteen years. She first settled in Thiers, but, not finding a warm welcome, quickly moved on to the larger city of Clermont to work as the principal midwife. Over the course of the next five years, her teaching evolved from apprenticing four women to organizing classes with the support of Jean Baptiste François de la Michodière (1720-1797), intendant of Auvergne from 1753-1757.⁹ La Michodière's administration forecasted the tighter entanglements of state and science common in the later eighteenth century in so far as he employed scientific expertise to solve the problems facing his province. His keen interest in population statistics likely fueled his belief that French depopulation was caused, at least in part, by the incompetence of rural midwives. Unlike his successor (Ballainvilliers) who would later established a system of courses, La Michodière's solution to the problem of ignorant midwives consisted mainly of bringing well-trained Parisian midwives to his province. Du Coudray was one such acquisition.¹⁰

Within the context of developing the initial midwifery course in Clermont, du Coudray conceived of and built the first mannequin. Her textbook provides an account of these preliminary efforts:

⁸ Anna Maerker, "Anatomizing the Trade," *Technology and Culture* 54, no. 3 (2013).

⁹ Gelbart, *The King's Midwife*, Chapters 8-11. Gélis states that du Coudray was born near Clermont-Ferrand in 1712 and went to Paris for training in 1737. Gélis, *La sage-femme ou le médecin*, 113-14.

¹⁰ Collections Relating to La Michodière Bringing Parisian Midwives to Auvergne: AD Puy-de-Dôme: 1C 1398 and 1399; On La Michodière's interest in population statistics see, for example, his work as a scientific editor of Louis Messance, *Recherches sur la population des généralités d'Auvergne, de Lyon, de Rouen, et de quelques provinces et villes du royaume* (Paris: Durand, 1766); Gelbart, "Midwife to a nation: Mme du Coudray serves France," 134.

The only obstacle I found to my project was the difficulty of making myself understood by minds unaccustomed to grasping things except through the senses. I took the tack of making my lessons palpable by having them maneuver in front of me on a machine I constructed for this purpose, and which represented the pelvis of a woman, the womb, its opening, its ligaments, the conduit called the vagina, the bladder and rectum intestine. I added a model of a child of natural size, whose joints I made flexible enough to be able to put it into different positions; a placenta with its membranes and the demonstration of waters that they contain; the umbilical cord composed of its two arteries and of the vein, leaving one half withered up, the other inflated, to imitate somewhat the cord of a dead child and that of a live child in which one feels the beating of the vessels that compose it.¹¹



Figure 17 Du Coudray's Mannequin

The only surviving mannequin of du Coudray's at the Musée Flaubert d'Histoire de la Médecine in Rouen, France. The accessories shown here include the twins attached to placenta (in front) and fetus with uterus and placenta (to the left).

¹¹ Angélique Marguerite Le Boursier du Coudray, *Abrégé de l'art des accouchements* (Paris: Debure, 1777), v-viii. Translation by Gelbart (1998), 60-1.

Each piece of du Coudray's mannequin was numbered and identified with parchment so that students could test their anatomical knowledge.¹² The parts could be removed, viewed, and put back together, all made to life-sized proportions. The sole (known) surviving mannequin, in a museum in Rouen, is fixed on a wooden base shaped like a birth chair with the legs in stirrups. Du Coudray intended it to be placed on a table in front of students (see Figure 17).¹³ Her mannequin was meant not just to teach, but also to scare and warn. She created replicas of a shriveled umbilical cord and the crushed head of an infant, illustrating the results should a midwife not know the limits of her skills and fail to call in a surgeon when needed.¹⁴ The mannequin also came with accessories that included a model of a set of twins attached to a placenta and a fabric replica of the female reproductive organs. Such items were not meant for manual demonstrations but were models to illustrate discussions of anatomy and twin births.¹⁵

Du Coudray traveled to Paris in April of 1756 to show her mannequin to La Matinière, the King's First Surgeon, and he paved the way for her to display it before the *Académie royale de Chirurgie* (Royal Academy of Surgery). Eight months later, she received an official approbation for her obstetrical figurine. The record reads:

Messieurs Verdier and Levret were nominated by the College to examine a machine invented by Madame du Coudray, Mistress Midwife, received in Paris, established in Clermont in Auvergne, in order to demonstrate the practice of Childbirth, having made a very advantageous report, the College judged this Machine worthy of our approbation...¹⁶

¹² Benozio, *La "machine" de Madame du Coudray ou l'art des accouchements au XVIIIe siècle*; Gelbart, *The King's Midwife*, 61.

¹³ Benozio, *La "machine" de Madame du Coudray ou l'art des accouchements au XVIIIe siècle*.

¹⁴ Gelbart, *The King's Midwife*, 61.

¹⁵ Arlette Dubois, "La machine de Madame du Coudray-1778," in *La "machine" de Madame du Coudray ou l'art des accouchements au XVIIIe siècle*, ed. musée Flaubert et d'histoire de la médecine- Rouen (Bonsecours: Point de Vues, 2004).

¹⁶ "Lettre d'un citoyen, amateur du bien public, à M***, pour servir de défense à la mission de la dame du Coudray," (Paris: P.G. Simon, 1777).

This was a rare honor for a woman. The Royal Academy of Surgery's support bolstered her reputation and provided crucial legitimacy for her mannequin.

The legitimacy conferred by prestigious institutions proved extremely beneficial to du Coudray when challengers attacked the accuracy and the utility of the mannequins throughout her career. Such attacks were common against anatomical models in the eighteenth century due to the "interpretive flexibility" caused by their myriad uses—from entertainment and erotica to medicine. Du Coudray needed to build public trust in her models as authoritative medical objects.¹⁷ The preponderance of other terms to describe similar mannequins—*simulacrum*, *phantom*—exposed ambiguity around their relationship to real bodies.¹⁸ Even La Martinière, who did much to facilitate du Coudray's career, expressed doubt about the mannequins' epistemological and pedagogical status:

Her machine has its merits for speaking grossly to the eyes of women from the countryside who would not be able to obtain more solid instruction. But in the opinion of the masters of the art, it lies always far below the knowledge furnished by good theory.¹⁹

By "good theory" La Martinière likely meant a robust understanding of the physiological processes of pregnancy, childbirth, and postpartum involution: the knowledge commonly debated among men in the courses, Academies, and medical schools of Paris.²⁰ The mannequins alone, he claimed, were insufficient to provide the full body of knowledge of *accouchement*. Nevertheless, their very inability to convey the knowledge produced from "good theory" is what,

¹⁷ Maerker, "Anatomizing the Trade."

¹⁸ Margaret Carlyle, "Phantoms in the Classroom: Midwifery Training in Enlightenment Europe," *Know* 2, no. 1 (2018).

¹⁹ Letter from La Martinière to Ballainvilliers, intendant of Auvergne: June 29, 1759, AD Puy-de-Dôme: 1C 1400, Fol. 7. Translation by Gelbart, *The King's Midwife*, 94.

²⁰ See Chapter 1 for more.

in La Martinière's view, made it an ideal pedagogical tool for rural women; they were incapable of grasping such knowledge anyway. As Maerker notes, definitions of accuracy for anatomical models depended on their intended uses and audiences.²¹ La Martinière found du Coudray's mannequins sufficiently accurate for instructing rural women, but not for men.

Du Coudray and La Martinière agreed that rural women learned best through their senses, but they offered contradictory conceptions of theory. In a letter to an intendant advertising her pedagogical program, du Coudray detailed the advantages of her linen bodies:

Drawn to Auvergne, I invented there a machine for demonstrating delivery....In three months of lessons a woman free of prejudice, and who has never had the remotest knowledge of childbirth, will be sufficiently trained. We have the advantage of students practicing on the machine and performing all the deliveries imaginable. Therein lies the principal merit of this invention. A surgeon or woman who takes the sort of course available until now will learn only theory, [and will expect] the situations encountered in practice to be uniform, or at least not very varied.²²

Her mannequin embodied all possible births, teaching students adaptability and quick thinking rather than rigid rules. They could replicate the full variability of births found in nature, free from danger, over a shorter period of time than either practicing on living women or book learning.

In addition to managing her reputation and gaining the approbation of prestigious institutions, du Coudray also employed rhetorical methods to transform her mannequin into an object of medical expertise. Her insistence on the label "machine," denoting an object that acts through its own power to do something, for her mannequin emphasized its utilitarian functions.²³

²¹ Maerker, "Anatomizing the Trade," 536.

²² Letter from du Coudray to the intendant: August 1, 1760, AD Cher: C 319, Fol. 24. Translation by Gelbart, *The King's Midwife*, 15-17.

²³ "Machine," in *Le Dictionnaire de l'Académie Française* (Paris: Coignard, 1694).

She placed herself, furthermore, firmly within the recent tradition of simulation on “machines” within midwifery education by prominent man-midwives. Richard Manningham utilized a “glass machine” in his courses in London as early as 1739 and William Smellie advertised his own “machine” in newspapers beginning in 1741.²⁴ Preceding du Coudray’s similar argument, Smellie articulated the pedagogical importance of these objects:

In order to acquire a more perfect idea of the art, he [the student] ought to perform with his own hands upon proper machines, contrived to convey a just notion of all the difficulties to be met in every kind of labor.²⁵

These were not mere models, which display, but “machines” that performed tasks and invited individuals’ intimate interactions.

Nor was du Coudray the first to use such objects in midwifery education in France. Gregoire the younger followed his father into midwifery pedagogy in Paris and simulated childbirth on a human pelvis covered in oil-skin and woven materials. The English literature, at least, labeled Gregoire’s simulator a machine: “Midwifery is taught here [in Paris] by several, but the person of most repute is Mons. Gregoir [*sic*]; whose Machine caused a stir all over Europe.”²⁶ Du Coudray’s “machines” certainly displayed mechanical ingenuity—they performed routinized functions after all—but they lacked the self-moving parts usually associated with the term.

The obsession with artificial life in the mid-eighteenth century emerged from materialist and mechanist debates about life. Materialists, rejecting Cartesian dualism, located life in matter,

²⁴ Harry Owen, *Simulation in Healthcare Education* (Cham: Springer, 2016), 95-99.

²⁵ Smellie, *A Treatise on the Theory and Practice of Midwifery*, 446.

²⁶ Harrison, *A View of the Practice of Surgery in the French Hospitals*, 49.

whereas mechanists placed all vital functions in the interactions between the body's parts.²⁷ Historians have been quick to point out that the descriptor "machine" used by du Coudray invoked a mechanistic conception of the body and childbirth. They recount that such language would have been unfamiliar to her female students, but through repeated practice on her mannequin, she instilled in them her (mechanistic) conception of childbirth.²⁸ While such machines shaped how people thought about bodies, they also changed perceptions of matter and physiology. Both mechanists and materialists adopted the concept of "sensibility" by the mid-eighteenth century in order to better describe sensation, thought, and all other aspects of life. It provided the crucial link between the body and thoughts, feelings, sensations, and morals. The result was an expansion of the functions of matter beyond the seventeenth-century qualities of size, shape, state of motion, number, and solidity.²⁹ As historian of science Jessica Riskin has noted: "If life was material, then matter was alive, and to see living creatures as machines was also to vivify machinery."³⁰ Artisans developing such machines attempted to capture the textures, substances, and physiology of life. The movements, textures, and liquids of du Coudray's mannequin reflected a belief that artificial models should behave like living bodies.³¹

The production of mechanical marvels, by the mid-eighteenth century, showcased the knowledge, intelligence, and discernment of the producer as much as any purely intellectual

²⁷ Jessica Riskin, "Eighteenth-Century Wetware," *Representations* 83 (2003).

²⁸ Gelbart, *The King's Midwife*, Chapter 10; Carlyle, "Phantoms in the Classroom: Midwifery Training in Enlightenment Europe."

²⁹ Riskin, "Eighteenth-Century Wetware."; Anne Vila, *Enlightenment and Pathology* (Baltimore: The Johns Hopkins University Press, 1998), Introduction.

³⁰ Riskin, "Eighteenth-Century Wetware," 99.

³¹ Ibid.

product.³² Rhetorically, du Coudray always designated herself the mannequin's "inventor" (*inventée par*). By doing so, she borrowed from a belief in the power of inventors and the mechanical arts to improve mankind, as particularly articulated by d'Alembert and Diderot in the *Encyclopédie*, in order to build her reputation as an expert and humanitarian.³³ Du Coudray's mannequin transformed rural women into skilled midwives who could save the citizens of the nation. Casting herself as an inventor, moreover, bolstered her claims about the originality of her mannequins and her pedagogical approach generally. As one administrator noted:

Being of her own invention and composition, she seems to have an exclusive right to make her machine and distribute it, so that those who wish to imitate it may not succeed as well as her. It would be a type of theft against her to deny her the considerable profit she makes on the sale of her machines.³⁴

Claims of priority were a common tactic to gain medical celebrity because they helped garner royal recognition, state honors, media attention, and prestige in consumer society.³⁵

Despite du Coudray's assertions, she was not alone in making such objects, even among women. By the 1770s, Madame L'Enfant and Madame Riel sold life-sized dolls built around real skeletons for practicing childbirth maneuvers under the label of mannequins and phantoms.³⁶ In discussing these mannequins, Augier du Fot called them phantoms and marionettes. Such

³² Bertucci, *Artisanal Enlightenment*, Introduction.

³³ For example see Jaucourt, Louis. "Invention." The Encyclopedia of Diderot & d'Alembert Collaborative Translation Project. Translated by Nelly S. Hoyt and Thomas Cassirer. Ann Arbor: Michigan Publishing, University of Michigan Library, 2003. <http://hdl.handle.net/2027/spo.did2222.0000.155> (accessed February 26, 2020). Originally published as "Invention," *Encyclopédie ou Dictionnaire raisonné des sciences, des arts et des métiers*, 8:848–849 (Paris, 1765).

³⁴ Letter from de Borsbedeul to the intendant of Guienne and Gascony: July 30, 1764, AD Gironde: C 3302, Fol. 11.

³⁵ For a good description of medical celebrity through model making in the eighteenth century see Lucia Dacome, *Malleable Anatomies: Models, Makers, and Material Culture in Eighteenth-Century Italy* (Oxford: Oxford University Press, 2017), chapter 3.

³⁶ "Manequins pour l'exercice du manuel des accouchemens," *L'avantcoureur*, March 19 1773. Madame Riel is mentioned as working with Madame L'Enfant in Augier du Fot, *Catéchisme sur l'art des accouchements pour les sages-femmes de la campagne* (Mende: Claude Bergeron, 1775).

language connected these objects to artists' figures and toy marionettes, situating them within a larger context of artistic representations of bodies but also potentially downplaying their medical utility.³⁷ Later in the century, Marie Catherine Rose Laurent (née L'enfant) produced leather mannequins for the Port-Royal Maternité, which was under the directorship of her husband Jean Louis Baudelocque.³⁸

The mannequin remained the mainstay of du Coudray's reputation even while it continued to be a target of attacks over the years. The resulting controversies often played out publically in newspapers and other media. Jean Le Bas—a surgeon, *accoucheur*, royal censor, and fellow obstetrical educator in Paris—challenged the figure's ability to convey knowledge about real bodies over twenty years after La Martinière's comments:

All men, truly in the Art of Delivery, would admit that the best executed mannequin is only a ghost, an enactment, a shadow of truth, capable of giving false ideas to the beginners who, once having their heads filled, would not know to avoid the practice of a bad job on a living subject.³⁹

According to Le Bas, the artfulness of the mannequins caused significant harm by giving students false confidence in their abilities.

Du Coudray's pedagogical program endured persistent attacks in the 1770s, forcing du Coudray to marshal her allies in Paris. An anonymous citizen described the benefits of her mannequin in a 1777 pamphlet: "This innocent artifice [the mannequin] succeeded for du Coudray to make the students repeat the maneuvers; these good women were encouraged and

³⁷ Carlyle, "Phantoms in the Classroom: Midwifery Training in Enlightenment Europe." For more on du Coudray's use of these objects in his classes see Chapter 3.

³⁸ Carlyle, "Phantoms in the Classroom: Midwifery Training in Enlightenment Europe."

³⁹ Jean Le Bas, *Précis de doctrine sur l'art d'accoucher* (Paris: Prevost, 1780), 11-12.

succeeded perfectly...”⁴⁰ Here the artfulness of du Coudray’s creation becomes “an innocent artifice” rather than Le Bas’s more sinister simulacrum. The value of her mannequin lay in its ability to safely conduct repeated maneuvers mimicking many different types of labors.⁴¹ It incorporated time by permitting the user to stop or rewind the childbirth process. It allowed a student to re-perform a difficult maneuver or correct a mistake. Some administrators and pedagogues even embraced the sensationalism of the mannequin. About the time the pamphlet appeared, M. Mouton, *subdélégué* in Sainte Menehould, applauded du Coudray’s creation and detailed its benefits for rural students in the *Gazette de Santé*, a medical newspaper.

...a public course of *accouchemens*, run with the assistance of a machine invented by Madame du Coudray. Numerous students of the countryside have been instructed by their eyes, in that this machine is talking [*parlante*], so to speak, and by the lessons of demonstrators...This machine appeared very suitable for instruction of this kind...but also because in the particular case of village women usually little educated, the form of spectacle is more gripping than that of discourse.⁴²

Mouton’s choice of *parlante* to describe the mannequin further enlivens it. Pedagogical methods deemed appropriate for educating peasant women frequently drew upon ideas about their physiology and ability to learn. According to many medical and educational experts of the period, female peasants possessed limited abilities for deep or critical understanding.⁴³ The drama of the mannequin, therefore, made it an ideal pedagogical tool for such an audience. The debates around the mannequins reveal that gendered beliefs about their audience and about the

⁴⁰ "Lettre d'un citoyen, amateur du bien public, à M***, pour servir de défense à la mission de la dame du Coudray," 2.

⁴¹ Carlyle, "Phantoms in the Classroom: Midwifery Training in Enlightenment Europe."

⁴² Mouton, "Lettre écrite de Sainte Menehoud, le 29 Février 1776 par M. Mouton, Procureur au Bailage et Subdélégué," *Gazette de Santé*, April 18 1776, 67.

⁴³ Chisick, *The Limits of Reform in the Enlightenment*, Chapter 2. Even among those, such as the Abbé Terrisse, who believed in education for peasants, they often argued that peasants had limited ability for education.

appropriate balance between theory and praxis shaped perceptions of the utility and accuracy of the mannequins.

Midwifery mannequin making constituted big business in eighteenth-century France. In little more than a decade after her approbation from the Royal Academy of Surgery, du Coudray found herself contending with many rival mannequin makers within France. Madame L'enfant produced her own mannequins and supplied them to du Fot's midwifery classes in Soissons (see Chapter 3). Recognizing the profitability of mannequin making, Baudelocque married into families engaged in the enterprise—twice.⁴⁴ Antoine Dubois sent letters across France in 1793 advertising his mannequin, which he designated a mannequin, phantom, and machine all at once.⁴⁵ A talented businesswoman, du Coudray required every town in which she taught to purchase a certain number of linen and at least one silk model. The linen mannequin cost 200 *livres* while the silk warranted 300 *livres*. In 1777, du Coudray raised the prices to 300 *livres* and 500 *livres*, respectively. Not intended for demonstration, the silk versions were to be kept in the town hall as a model for repairs of the more practical linen type.⁴⁶ Anyone entering the town hall, the administrative hub of the town, would be reminded of her contributions to French midwifery. She established pedagogical practices and created materials that remained in communities long after she left.

Details regarding the exact methods and the individuals involved in the construction of the mannequin remain shrouded. Early mannequins were built around wooden pelvises but later

⁴⁴ Baudelocque married Andree de Voulter, whose family made obstetrical machines, in 1777. After her death, he continued this business with his second wife, Marie Catherine Rose Laurent (*née* Lenfant). Owen, *Simulation in Healthcare Education*, 77. In Chapter 5, we see that Baudelocque sells a mannequin for 200 *livres* to the *Assiette* of Narbonne.

⁴⁵ Carlyle, "Phantoms in the Classroom: Midwifery Training in Enlightenment Europe."; Letter from Antoine Dubois to the Intendant of Languedoc: May 1, 1793, AD Tarn: L 175, Fol. 9; "Manequins pour l'exercice du manuel des accouchemens."

⁴⁶ Gélis, *La sage-femme ou le médecin*, 160; Gelbart, *The King's Midwife*, 209.

makers often used real pelvic bones. Other improvements were made, including a sponge to simulate the waters breaking and color added in order to make the demonstrations more realistic.⁴⁷ Not everyone approved of the quality of the models; one surgeon accused du Coudray of using an old pelvis after it broke.⁴⁸ It is not surprising that quality may have suffered at times since she seems to have made a large number in short periods. For example, a simple tally of sold mannequins mentioned in printed sources reveals that between 1773 and 1778 du Coudray made at least 58 machines.⁴⁹

From her early days in Auvergne, du Coudray always indicated that she produced the mannequins, but it would have been impossible for one person to construct all of them, especially while traveling and teaching courses. She retained an entourage by 1777 that included her niece and her husband, a cook, chambermaid, lackey, and, appearing in one letter, a “boy for the machines.”⁵⁰ This brief glimpse is all we have to suggest who was involved in building the mannequins. All members of the household likely dabbled in the construction to a greater or lesser extent and for varying periods of time. One can also imagine that the staff executed most of the manual aspects of the assembly—the sewing, metal work, drawing/painting, and the attaching of the bone and metal pieces with wire or screws—and that the young boy mentioned above may have performed the majority of this labor. To bolster her claims that the mannequin was an object of medical expertise, du Coudray obscured the individuals involved in its construction. It was her knowledge and skill that bestowed legitimacy on the mannequins as

⁴⁷ Gélis, *La sage-femme ou le médecin*, 161. Gelbart, *The King's Midwife*, 117, 207.

⁴⁸ Gelbart, *The King's Midwife*, 207.

⁴⁹ Gelbart, *The King's Midwife*, 161; Gélis, *La sage-femme ou le médecin*.

⁵⁰ Gelbart, *The King's Midwife*, 207.

authoritative, not the makers'.⁵¹ The mannequin resided at the center of du Coudray's pedagogical methods and her reputation-building practices for her entire career. Upon her retirement, her adopted niece, Marguerite Coutanceau, continued the use of her Aunt's mannequins in her own courses in Bordeaux (see Chapter 6). A multigenerational dynasty of midwifery teaching rose up around these cloth simulators of childbirth.

Du Coudray received her royal directive to teach the nation's midwives on October 19, 1759. Acting quickly, she wrote letters to 30 intendants in August 1760 announcing the commencement of her nationwide tour. She went to Moulins first and, by the end of 1763, she had taught in Autun, Bourg-en-Bresse, Chalon-sur-Saône, Limoges, and Tulle. Her biographer, Gelbart, details her trials and successes in exacting detail and maps her travels crisscrossing the nation.⁵² Rather than traversing well-surveyed terrain, this chapter pauses in Auvergne in order to explicate the role of the mannequins in defining expertise and shaping social relations after du Coudray's departure.

Delivering Instructors

Simon Charles Sébastien Bernard de Ballainvilliers (1721-1767), the intendant of Auvergne from 1758 to 1767, continued his predecessor's interest in improving the local art of midwifery by extending the program for educating midwives to the entire generality in 1760.⁵³ Having procured permission from the Controller-General of Finance the prior year to purchase a

⁵¹ On the importance of the reputation of the producer and the obscuring of the role of the artisan in medical technology making see Maerker, "Anatomizing the Trade."

⁵² Gelbart, *The King's Midwife*.

⁵³ Simon Charles Sébastien Bernard de Ballainvilliers (1721-1767) should not be confused with his son, Simon Charles Sébastien Bernard de Ballainvilliers (1760-1835) who was intendant of Languedoc and is discussed in Chapter 5.

few mannequins from the region's tax fund, Ballainvilliers sent notice to four *subdélégués*, namely those of St. Flour, Brioude, Ambert, and Aurillac:

The Dame du Coudray, mistress midwife of Paris, has invented a machine by which one can learn in very little time the art of *accouchements*. This machine was approved by the Academy of Surgery and has earned du Coudray a license from the king to teach the art of *accouchement* throughout the kingdom. The utility of this machine is essential; one learns to prevent an infinity of accidents which happen to mothers and to their infants and deprive the state of a great number of subjects and increase those unfortunate [ones]. My intention is to take advantage of the benefits of this machine to provide relief to rural women, [who are] almost always the victims of the ignorance of ordinary midwives. To this effect, I reserve a machine for your city. It will accompany a book written by Dame du Coudray on the same subject. This book is adorned with all the verity [*authenticité*] necessary to merit total confidence in her lessons...*I also believe that it will be more advantageous for a surgeon to attend to the safekeeping [of the mannequin]. He would learn all the mechanics of this invention in far less time than a woman and he would be more able to instruct all the women of the countryside that will ask him.* The project that I propose to you interests humanity and I plan to help this province. I count on your zeal to extend and multiply this assistance by educating the most students possible from the parishes surrounding your city.

Please notify the notable inhabitants of your town. When I send you the machine, I will write to you concerning the manner of the storage [of the machine]...the machine will be entrusted only for the instruction of women of the countryside who are intended for this art.⁵⁴

The mannequin's status as a medical object of expertise relied heavily on du Coudray's budding reputation as a pedagogical and clinical expert and on its approbations from the Academy of Surgery and the king. Now, however, Ballainvilliers wanted to circulate the mannequins beyond du Coudray's classroom, to create a program for educating midwives that could function without her. Ballainvilliers asks these four *subdélégués* to each identify a local surgeon to study the use of the mock-woman under du Coudray in a fifteen-day course in Clermont before she left. She taught these surgeons in addition to her normal duties educating prospective midwives.

⁵⁴ Letter from Ballainvilliers to the *subdélégués* of St. Flour, Brioude, Ambert, and Aurillac: [January] 26, 1760, AD Puy-de-Dôme: 1C 1401, Fol. 6. Emphasis mine.

Ballainvilliers' letter stands at a crucial moment for the history of midwifery education in France; Auvergne would offer the first regionally organized system of midwifery courses in the country. If Ballainvilliers had wished, he could have established women, like du Coudray, as the primary instructors of midwives, but his belief that men would learn "the mechanics" of the mannequin more quickly than women resulted in a decision that would become systematized as du Coudray moved through other regions and intendants adopted similar policies. Ballainvilliers made this decision against the wishes of du Coudray: "First of all, Madame du Coudray intended to leave instruction in the hands of women. But we happily found very skilled surgeons to take care of it and everything is better."⁵⁵ Men would be the primary instructors of *accouchement* across France.

St. Flour and Brioude received their mannequins first in May 1760; a month later Ambert's and Aurillac's followed; the capital, Clermont, received its doll in December. The *subdélégué* of St. Flour wrote to the intendant as early as January to ensure his town received one of the first.

With haste, I informed the inhabitants of this town of the doubt that you could procure for St. Flour a machine and the book of Madame du Coudray in order to train those who wish to be instructed in the art of *accouchements*. It is much more essential in this region that we implement the training of students in this art, as the majority of peasants, unable to send [or] search for a surgeon in town without difficulty, employ women who have no knowledge concerning this operation.⁵⁶

Word about the mannequins spread fast. As Ambert and Aurillac celebrated the arrival of their wooden crates, the *subdélégué* from Mauriac, M. Tournemire, also worried his *élection* (a municipal administrative and financial division) would be left out. Their chosen surgeon,

⁵⁵ Letter from Jaoul to Demerville, subdélégué of Thiers: January 4, 1762, AD Puy-de-Dôme: 1C 1401, Fol. 62.

⁵⁶ Letter to the Intendant: January 30, 1760, AD Puy-de-Dôme: 1C 1401, Fol. 52.

Lacroix, “had hastened to go and take the lessons from du Coudray,” but now Tournemire feared that the intendant had already allocated all the available mannequins. He stressed to the intendant that in order to facilitate the public good (*bien general*) of education for the inexperienced midwives of his remote *election*, Lacroix depended upon a mannequin.⁵⁷ Tournemire’s plea fell on favorable ears and in February 1761 Mauriac welcomed its own mannequin.⁵⁸ Not all towns fared so well. Demerville, the *subdélégué* of Thiers, received no response to his attempts to procure a mannequin for his region; the available mannequins had likely already been dispersed by November 1760 when he placed his request, eleven months after the *subdélégué* of St. Flour and four months after the *subdélégué* of Mauriac.⁵⁹ The intendant’s secretary, however, did not forget his appeal. Unexpectedly, in January 1762, a model became available and it arrived in Thiers in early April.⁶⁰ The childbirth simulacrum embodied virtues of public utility certified by governmental and medical institutions alike, transforming it from a mere pedagogical tool to an object of great social and civic importance. Its presence brought prestige, good will, and money (through regional funds allocated for midwifery courses) to the selected towns of Auvergne.

The municipal officers of each town that received a mannequin nominated a surgeon to care for the linen figure and to lead the initiative to educate midwives: Blancheton in Clermont, Bourleyre in Brioude, Grasset in St. Flour, Bordenave in Ambert, Lacroix in Mauriac, Joseph Cabanes in Aurillac, and Jean Constant in Thiers. Selections mostly proceeded smoothly, though the *subdélégué* of Thiers complained that an alderman desired his brother-in-law to hold the

⁵⁷ Letter from Tournemire to the Intendant: June 29, 1760, AD Puy-de-Dôme: 1C 1401, Fol. 44.

⁵⁸ Mauriac Meeting Minutes: 1761, AD Puy-de-Dôme: 1C 1401, Fol. 48.

⁵⁹ Letter from Demerville to the Intendant: November 1, 1760, AD Puy-de-Dôme: 1C 1401, Fol. 60.

⁶⁰ Letter from Jaoul to Demerville, *subdélégué* of Thiers: January 4, 1762, AD Puy-de-Dôme: 1C 1401, Fol. 62; Meeting Minutes of the Municipal Assembly of Thiers: April 18, 1762, AD Puy-de-Dôme: 1C 1401, Fol. 74.

position while others (including the *subdélégué* himself) supported Constant, surgeon of the general hospital. In support of Constant, the *subdélégué* described the lack of experience in childbirth of the five other local surgeons and Constant's superior skills and education: he had trained in Paris at the prestigious St. Côme. Finally, cementing the choice, the *subdélégué* disclosed Constant's previous acquaintance with du Coudray in Clermont.⁶¹ It was decided; Constant was the most skilled and "could produce the greatest good."⁶²

Ballainvilliers required each surgeon to attend du Coudray's class in Clermont in order to learn her pedagogical methods and the operations of the mannequin. A midwife teaching surgeons could threaten the established hierarchy of practitioners. La Mertinière warned Ballainvilliers of the dangers should du Coudray become too presumptuous.⁶³ Ballainvilliers skirted the issue, stressing that du Coudray would merely be teaching her pedagogical method and use of the machine to surgeons. But a description by eleven surgeons of their experiences in her class six years later reveals a more complicated reality:

We first learned simple and complicated deliveries, then the way to extract children with the help of instruments in malformations of the pelvic bones, as well as to do cesarean operations, and the puncture of children's heads...in cases of hydrocephalus. Mme du Coudray accompanied all her operations with liquids, [to show] loss both of blood and of waters. She has skillfully detailed for us the signs leading to knowledge of pregnancies and miscarriages, and showed us all the infirmities of women, including cancer of the womb, all so well depicted [on her machine] that one could not better imitate nature. Which has perfectly convinced us that she rightly deserves the brilliant praises that are won for her everywhere by her great reputation.⁶⁴

⁶¹ Letter from Demerville to the Intendant: February 8, 1762, AD Puy-de-Dôme: 1C 1401, Fol. 64; Letter from Demerville to the Intendant: January 15, 1762, AD Puy-de-Dôme: 1C 1401, Fol. 61.

⁶² Letter from Jaoul to Demerville, *subdélégué* of Thiers: February 15, 1762, AD Puy-de-Dôme: 1C 1401, Fol. 63.

⁶³ Letter from La Martinière to Ballainvilliers, intendant of Auvergne: June 29, 1759, AD Puy-de-Dôme: 1C 1400, Fol. 7.

⁶⁴ Quoted in Gelbart, *The King's Midwife*, 117. AD Doubs (Besançon) 1C598.

Surgical education typically covered only theoretical *accouchement* and surgeons often sought out additional experiences to gain practical knowledge. The pedagogical uses of the mannequin were self-evident. The compulsory attendance in du Coudray's course for the surgeon-demonstrators (*chirurgiens démonstrateurs*), however, performed additional social functions: it controlled who had access to the mannequins and provided du Coudray with the opportunity to manage users. After she left the region, Blancheton (the surgeon chosen from Clermont) took over these duties and trained Constant from Thiers in how to use the birthing figure. Ballainvilliers stored the silk model, intended to aid in repairs, in the archives of Clermont's town hall.⁶⁵ A series of rules governed access to and use of the mannequins even after the training. Ballainvilliers instructed the surgeon-demonstrators to store the prized objects in their respective town halls, allow municipal officers to inspect its condition once a year, provide annual reports to him on its condition, ensure the textbook *Abrégé* always accompanied it, and instruct the local women in *accouchement*.⁶⁶ Not everyone, however, appreciated the tight control Ballainvilliers maintained over the pedagogical dolls.

The inhabitants of Brioude bristled at the intendant's orders. They decided the mannequin should reside either at the Hôtel-Dieu (later deemed inappropriate due to its small size) or the home of the *subdélégué*, Jean François Croze de Mombizat, so that all the physicians and surgeons of the town could have free access to it. One physician and four surgeons had attended the city meeting, presumably to advocate for their right to use the model in their own courses, for

⁶⁵ Letter from Jaoul to Demerville, subdélégué of Thiers: January 4, 1762, AD Puy-de-Dôme: 1C 1401, Fol. 62; Écoles de démonstration par les accouchemens: 1766 and 1767, AD Puy-de-Dôme: 1C 1404, Fol. 1.

⁶⁶ Letter from Ballainvilliers to the Consuls of Aurillac: June 20, 1760, AD Puy-de-Dôme: 1C 1401, Fol. 8.

their own education, or for entertainment (though no explanation is provided).⁶⁷ Initially, the secretary of the intendant chastised the townspeople for their lack of gratitude and insisted they hold a second deliberation before he reported their insubordination to Ballainvilliers.⁶⁸ The inhabitants quickly gathered, but they remained obstinate in their wish that the mock woman remain in a public room, accessible to all. Boldly, they put forth an additional request: Bourleyre's salary should be allocated instead to the *élection* to be used as they see fit. The mannequin stood at the center of a power struggle in which the *subdélégué*, as a representative of the intendant, demanded that the citizens adopt Ballainvillier's directives, while the *premier consul*, Antoine Fabre Bourgeois, and his family wielded their power to reallocate the funds to infrastructure projects.⁶⁹ The inhabitants of Brioude put forth a vision for the mannequins, recognizing their high social and economic value, which would provide equal access to all the male medical practitioners of the town. Ballainvilliers, however, insisted on a plan that ensured exclusivity of access. After more than six weeks of debate between the municipal officers and the intendant, Ballainvilliers flexed the full might of the intendency to quell the dissent:

I took great pleasure in providing the town of Brioude with such an essential aide to its local residents. I would have wished that the views of the good eased all the intercession...The machine will remain in the hands of Sr. Bourleyre. The people who find it useful will have no difficulty in searching for the good where it is. It is rather useless for those who think otherwise to go see it.⁷⁰

⁶⁷ Letter from Mombizat to the Intendant: June 5, 1760, AD Puy-du-Dôme: 1C 1401, Fol. 30; Minutes from Brioude Town Meeting: June 1, 1760, AD Puy-de-Dôme: 1C 1401, Fol. 31; Letter from Mombizat to the intendant: June 12, 1760, AD Puy-de-Dôme: 1C 1401, Fol. 33.

⁶⁸ Letter from the secretary of the intendant to Mombizat of Brioude: June 8, 1760, AD Puy-de-Dôme: 1C 101, Fol. 29.

⁶⁹ Letter from the syndic of Brioude to the intendant: June 12, 1760, AD Puy-de-Dôme: 1C 1401, Fol. 32; Letter from Mombizat to the intendant: June 12, 1760, Puy-de-Dôme: 1C 1401, Fol. 33; Meeting Minutes from Second Brioude Town Meeting: June 8, 1760, AD Puy-de-Dôme: 1C 1401, Fol. 34. I identified the Bourgeois family as the main instigators of the opposition based on a statement from Mombizat (the *subdélégué*) that it is only 3-4 men who impeded the matter. The meeting minutes reveal three family members present in addition to the *premier consul*.

⁷⁰ Letter from Ballainvilliers to the Syndic of Brioude: July 18, 1760, AD Puy-de-Dôme: 1C 1401, Fol. 39.

The issue was settled: the mannequin remained with Bourleyre because no town hall existed.

Bourleyre's annual class lasted three months. He and his students (both male and female) gathered six days a week from 8 am to 5 pm with a one-hour lunch break. Bourleyre scheduled his class around the local grape harvest to encourage attendance. An absence of large, public spaces in Brioude triggered another problem for Bourleyre: where could the students gather? The largest assembly area for the inhabitants remained the *collège*, but it was deemed inappropriate due to the presence of school children. So the course withstood concerns about the impropriety of young women meeting in the home of a young surgeon to discuss childbirth in order to overcome logistical obstacles.⁷¹

A copy of du Coudray's *Abrégé de l'art des accouchements* accompanied each phantom in its wooden crate. The book functioned, alongside the courses surgeon-demonstrators were required to attend, as a tool to manage users' interactions with the figurine. Many of the subjects covered in the textbook corresponded to models or functions on the mannequin. For example, the anatomy covered in Chapters 2-5 could be demonstrated on the linen model of the uterus and associated soft tissues. The anatomical labels stitched onto the false woman linked the topics in the book to specific locations on the model. Chapter 26 covers footling breech births and warns against pulling too hard on the body before the head is born as this could cause it to separate from the trunk. A model of a severed head complemented the mannequin (at least in the version that survives in Rouen) and would have emphatically illustrated this point. Such an object would also be useful in demonstrating the subject of Chapter 33, the petrification of a deceased fetus

⁷¹ On the class see Letter from Bourleyre to the intendant: June 26, 1760, AD Puy-de-Dôme: 1C 1401, Fol. 40. On concerns about the class being held at his home see Letter from Couguet to the Intendant: June 5, 1760, AD Puy-de-Dôme: 1C 10401, Fol. 36.

causing the severed head to remain in the uterus after the body was delivered. More generally, at least twenty of the 38 chapters could be demonstrated on the mannequin or its accompanying accessories: methods of delivering infants in different presentations, cord prolapses (referred to in the book as “births where the cord presents first”), delivery through a narrow birth canal, even uterine or vaginal prolapse.⁷² So, in addition to being a textbook for her students (though many could not read) and a method for gaining wider recognition for du Coudray, the book also operated as a guide for the surgeon-demonstrators on how to use the expensive machines.

Ballainvilliers’ appreciation of the importance of the textbook motivated his insistence that the book and object always remain together. The textbook and the mannequin operated as a unit; only in conjunction could the ideal balance of theory and practice be achieved. Contrary to the non-verbal pedagogical practices that developed around the anatomical and childbirth models in Giovanni Antonio Galli’s classroom in Bologna, the textbook-mannequin of du Coudray combined visual, tactile, and auditory information to convey the intended knowledge.⁷³ Labels, thematic linkages, and the maneuvers practiced in the classroom, moreover, invited students to connect the book to the mannequin to the human body.

The seven classes in Auvergne (in Clermont, Brioude, Ambert, St. Flour, Aurillac, Thiers, and Mauriac) each occurred once a year, typically in the spring or summer, and ran for three months.⁷⁴ Instructor and students spent all day together, breaking only for lunch. Instructors’ pay depended primarily on student enrollment, but Blancheton (in Clermont) and

⁷² Coudray, *Abrégé de l’art des accouchemens*.

⁷³ For more on Galli see Dacome, *Malleable Anatomies: Models, Makers, and Material Culture in Eighteenth-Century Italy*, Chapter 5.

⁷⁴ There was discussion from some instructors and administrators that the Fall (October in particular) would be a better time to hold the courses as students would be less busy then. It is unclear if any steps were ever taken to move the classes.

Bourleyre (in Brioude) were consistently paid better than their colleagues. Presumably, Blancheton's location in the capital city and the antagonistic environment in which Bourleyre worked increased their remuneration. Pay varied considerably. Bourleyre and Blancheton typically made 200 *livres* per year. In 1766, when Bourleyre failed to garner any students, his pay dropped to 150 *livres*. The next year, it dropped even lower to 100 *livres* when he taught only four students, but that decision was made by the new intendant after Balainvilliers' death. In comparison, Lacroix (in Mauriac) received no pay in 1764 and 1765 when he did not have any students, due to illness. Cabanes (in Aurillac) made a mere 40 *livres* in 1764 for teaching two students.⁷⁵ None of the instructors could make a living exclusively teaching midwifery courses. They often complained about low and delayed pay and the loss of income when they could not attend to their patients.⁷⁶

⁷⁵ Démonstrateurs des accouchement eclairissement donnés par les subdélégués pour les années 1762 et 1763: 1763, AD Puy-de-Dôme: 1C 1402, Fol. 1; Eclaircissement donnés par les subdélégués sur l'utilité des écoles de démonstration: 1764, AD Puy-de-Dôme: 1C 1403, Fol. 1; Eclaircissement donnés par les subdélégués sur l'utilité des écoles de démonstration: 1765, AD Puy-de-Dôme: 1C 1404, Fol. 34; Écoles de démonstration par les accouchemens: 1766 and 1767, Puy-de-Dôme: 1C 1404, Fol. 1.

⁷⁶ AD Puy-de-Dôme 1C1400-1405; Jean Constant in particular repeatedly insisted his taxes were too high, not representing the reduction owed him. See AD Puy-de-Dôme 1C1403, Fol. 24-27, 29, and 30-31; and 1C1402, Fol. 49.

Instructor Pay in Auvergne Between 1761 and 1768⁷⁷ (Table 1) (all amounts in <i>livres</i>)								
	1761	1762	1763	1764	1765	1766	1767	1768
Bourleyre (Brioude)	300	120 (ill)	200	200	200	150 (no students)	100	100
Bordenave (Ambert)	120		140	100	(no mémoire submitted)	0	150	150
Grassal (St. Flour)			120	60	80	80	80	80
Constant (Thiers)	0	0	100	100	80			---
Lacroix (Mauriac)	0	0	100	0 (no students; ill)	0 (no students)	80?	80?	---
Cabanes (Aurillac)	0	0	100	40	200	---	---	---
Blancheton (Clermont)	100		240	200	200	200	150	150

From the inauguration of his course in Aurillac, Joseph Cabanes grappled with logistical difficulties. He wished to hold the course in a local house that the city rented to board troops, but the owner, the widow Cambefort, protested. She seemed particularly horrified by the idea that “some acts of anatomy” would be conducted in her home.⁷⁸ Eventually, Cabanes yielded at the request of the intendant and hosted his class at the town hall. Another surgeon assisted him with the twice-a-day demonstrations and a physician, Briende, gave periodic lessons on the illnesses that precede and result from childbirth. The first class alone boasted fifteen to eighteen

⁷⁷ Démonstrateurs des accouchement eclaircissement donnés par les subdélégués pour les années 1762 et 1763: 1763, Puy-de-Dôme: 1C 1402, Fol. 1; Eclaircissement donnés par les subdélégués sur l'utilité des écoles de démonstration: 1764, Puy-de-Dôme: 1C 1403, Fol. 1; Eclaircissement donnés par les subdélégués sur l'utilité des écoles de démonstration: 1765, Puy-de-Dôme: 1C 1404, Fol. 34; Écoles de démonstration par les accouchemens: 1766 and 1767, Puy-de-Dôme: 1C 1404, Fol. 1; State of the Courses in Clermont, Ambert, St. Flour, and Brioude: June 21, 1768, AD Puy-de-Dôme: 1C 1404, Fol. 7.

⁷⁸ Various Documents Relating to the Controversy of Where to Hold the Aurillac Course: December 1760, AD Puy-de-Dôme: 1C 1401, Fol. 21-24.

students.⁷⁹ Such lofty ambitions, however, crumbled by 1776. Cabanes moved away from Aurillac and left the artificial body in a deplorable state. He arranged for another surgeon to continue his teaching duties, but his replacement refused to take possession of the mannequin until it had been repaired. Complicating matters, restoration could only occur in Clermont. Only one graduate of the course remained around Aurillac by 1767—the rest had died.⁸⁰ The city of Mauriac likewise faced numerous difficulties in attracting students and, by 1767, declared that “this machine is not very useful in this canton.”⁸¹ Only Brioude, Ambert, St. Flour, and Clermont hosted classes in 1768.⁸²

Instructors were not the only people required to learn how to engage with the mannequins in an expert way: so did students. Both du Coudray and Baillainvilliers sought a particular type of pupil, one they believed best able to learn the practices of expertise and who embodied their conceptions of an ideal midwife. Yet, Baillainvilliers’ idealized model student proved too unrealistic; he could not fill the seven annual courses of midwifery across the province.

Delivering Midwives

The mannequin required proper students in order to fulfill the grand pedagogical goals promised by du Coudray: “In three months of lessons a woman free of prejudice, and who has never had the remotest knowledge of childbirth, will be sufficiently trained.”⁸³ Du Coudray and

⁷⁹ Letter from Pagés de Vixouse to the intendant: December 15, 1760, AD Puy-de-Dôme: 1C 1401, Fol. 24.

⁸⁰ Écoles de démonstration par les accouchemens: 1766 and 1767, AD Puy-de-Dôme: 1C 1404, Fol. 1.

⁸¹ Écoles de démonstration par les accouchemens: 1766 and 1767, AD Puy-de-Dôme: 1C 1404, Fol. 1.

⁸² State of the Courses in Clermont, Ambert, St. Flour, and Brioude: June 21, 1768, AD Puy-de-Dôme: 1C 1404, Fol. 7.

⁸³ Letter from du Coudray to the intendant: August 1, 1760, AD Cher: C 319, Fol. 24. Translation by Gelbart, *The King's Midwife*, 16.

Ballainvilliers both sought, often unsuccessfully, female students who were young and inexperienced but had enough intelligence and work ethic to profit from the lessons. Of course, students also needed to possess upstanding morals. Du Coudray later requested to officials in Rennes to admit “absolutely no old women nor any who already practices this profession.”⁸⁴ She argued that inexperienced women had no bad habits to break and that younger women were more moldable and could serve their communities for a longer period than their older counterparts.

Ballainvilliers asked local priests to select appropriate women for the classes from their congregations and to send their names on to the *subdélégués*. He exhorted his *subdélégués*:

I ask you to act in concert with the parish priest of your subdelegation in taking care to provide students for the surgeon who must instruct them...Three months must suffice for a women devoid of prejudice and who has never exercised the profession.⁸⁵

The classes remained free to students and, with a statement of poverty from their priest, poor students could receive two to three *sols* per day for living expenses: enough for a small piece of meat. The statements of poverty often emphasized the desired traits:

I, the undersigned priest of the parish of Lavaudieu, certifies that the named Catherine Darsat, widow for many years, is an inhabitant of Lavaudieu [and] that her life is very regular, pious, and uplifting. Her morals are irreproachable and she is full of zeal...⁸⁶

Age restrictions on students, despite being unevenly enforced, produced a tendency towards younger midwives that chipped away at the cultural traditions that required a midwife to have bodily experience of childbirth. Marguerite Benoit, about eighteen years old, sought attendance

⁸⁴ Gelbart, *The King's Midwife*, 189.

⁸⁵ Letter from Ballainvilliers to the *subdélégués*: May 1760, AD Puy-de-Dôme: 1C 1401, Fol. 7.

⁸⁶ Letter from the Curé de Lavaudieu to the intendant: December 15, 1766, AD Puy-de-Dôme: 1C 1404, Fol. 26.

in the midwifery course in order to follow in the footsteps of her aged, uneducated mother.⁸⁷ The priest in Besse lauded the local midwife, who practiced for 34 years, and wished to send her to the class as a reward. But her age reduced the service she could provide to her community afterwards, so, he sent her daughter Anne Chanderon instead. She would suffice, he noted, because she knew how to read, had zeal, and possessed some intelligence.⁸⁸ Ballainvilliers ultimately found such ideal students much more difficult to find and convince to leave home than he anticipated.

Beginning in 1763, Ballainvilliers requested *subdélégués* to provide him with yearly reports on the “zeal” and “utility” of the instructors, defined primarily by student enrollment. (While student enrollment is an easy measurement, it is not necessarily indicative of quality of an educational program. As discussed below in Chapter 6, administrators praise the success of Coutanceau’s program despite her low enrollment) Ballainvilliers compiled the information provided by the *subdélégués* into charts listing the town, instructor, number of students, a general observation, and the stipend earned. The general observations detailed the efforts by instructors to attract more students, their pay in previous years, and any explanatory information (such as illness). In aggregate, the submitted charts trace a decline in student enrollment starting in 1762. Enrollment bottomed out at a mere 20 students in 1768 (see Table 2).⁸⁹ Surgeons attended the

⁸⁷ Letter from the Curé Duclaux to the intendant: April 29, 1767, AD Puy-de-Dôme: 1C 1404, Fol. 36.

⁸⁸ Letter from the Curé of Besse to the intendant: August 30, 1766, AD Puy-de-Dôme: 1C 1404, Fol. 23.

⁸⁹ Démonstrateurs des accouchement eclairissement donnés par les subdélégués pour les années 1762 et 1763: 1763, AD Puy-de-Dôme: 1C 1402, Fol. 1; Eclaircissement donnés par les subdélégués sur l'utilité des écoles de démonstration: 1764, AD Puy-de-Dôme: 1C 1403, Fol. 1; Eclaircissement donnés par les subdélégués sur l'utilité des écoles de démonstration: 1765, AD Puy-de-Dôme: 1C 1404, Fol. 34; Écoles de démonstration par les accouchemens: 1766 and 1767, AD Puy-de-Dôme: 1C 1404, Fol. 1; State of the Courses in Clermont, Ambert, St. Flour, and Brioude: June 21, 1768, AD Puy-de-Dôme: 1C 1404, Fol. 7.

courses alongside women, though their enrollment seems to also decline over time.⁹⁰ The falling-off of student participation occupied Ballainvilliers, *subdélégués*, and surgeon-demonstrators and pushed Ballainvilliers to decrease instructor pay in the hopes of increasing their motivation to entice students. Such practices eventually led instructors, *subdélégués*, and priests to loosen student restrictions in their endless quest for more students.

Student Enrollment in Auvergne Between 1762 and 1768⁹¹		
(Table 2)		
	Female Students	Male Students
1762-63 (includes some from 1761)	110	18
1764	43	3
1765	30	4
1766	24-26	None listed
1767	21-23	None listed
1768	20 (only four classes)	None listed

The emphasis in tracking student numbers and in determining instructor's pay, however, seems to have been on female students, so the absence of male students in later years may be due to inconsistencies in documentation rather than actual enrollment. Furthermore, not all

⁹⁰ Démonstrateurs des accouchement eclairissement donnés par les subdélégués pour les années 1762 et 1763: 1763, AD Puy-de-Dôme: 1C 1402, Fol. 1; Eclaircissement donnés par les subdélégués sur l'utility des écoles de démonstration: 1764, AD Puy-de-Dôme: 1C 1403, Fol. 1; Eclaircissement donnés par les subdélégués sur l'utilité des écoles de démonstration: 1765, AD Puy-de-Dôme: 1C 1404, Fol. 34; Écoles de démonstration par les accouchemens: 1766 and 1767, AD Puy-de-Dôme: 1C 1404, Fol. 1; State of the Courses in Clermont, Ambert, St. Flour, and Brioude: June 21, 1768, AD Puy-de-Dôme: 1C 1404, Fol. 7.

⁹¹ Démonstrateurs des accouchement eclairissement donnés par les subdélégués pour les années 1762 et 1763: 1763, AD Puy-de-Dôme: 1C 1402, Fol. 1; Eclaircissement donnés par les subdélégués sur l'utility des écoles de démonstration: 1764, AD Puy-de-Dôme: 1C 1403, Fol. 1; Eclaircissement donnés par les subdélégués sur l'utilité des écoles de démonstration: 1765, AD Puy-de-Dôme: 1C 1404, Fol. 34; Écoles de démonstration par les accouchemens: 1766 and 1767, AD Puy-de-Dôme: 1C 1404, Fol. 1; State of the Courses in Clermont, Ambert, St. Flour, and Brioude: June 21, 1768, AD Puy-de-Dôme: 1C 1404, Fol. 7.

instructors indicated the gender of students, a fact that complicates tracking the number of male attendees. The appearance of male and female names on some student lists suggests that they underwent the same education, side by side.

As instructors' income flagged due to low enrollment, emotions heightened. Instructors complained that it was "impossible to attract women" and wrote to the priests soliciting students to no effect.⁹² Ballainvilliers increased the pressure on the clergy to identify potential students with a memorandum circulated across the region in 1763:

Sieur Blancheton wrote to multiple priests in order to invite them to choose subjects from their parishes and send them to him. I have learned that they have not answered him. I hope that you wish to contribute to the assistance that I wish to procure for humanity in this Province. To do so will depend on your choice of some intelligent woman from your parish who wishes to take up this profession.⁹³

Subdélégués unanimously defended the instructors and reassured the intendant of their efforts in attempting to procure students. Pagés de Vixouse, *subdélégué* of Aurillac, complained that the municipal *Consuls*' lack of regard for Cabanes' work or for the money spent sending him to Clermont for training prevented the procurement of more students.⁹⁴ In addition to transferring blame, instructors and *subdélégués* provided three other interrelated reasons for low student enrollment: student stipends were too low, domestic obligations kept women from being able to travel, and midwifery did not pay enough to tempt them.

A priest from Crest responded to Ballainvilliers' memorandum to inform him he had identified a "virtuous, wise, and intelligent woman" for the class in Clermont. She, however, would not be able to attend for another five or six months because she was still nursing her

⁹² Ecclaireissement donnés par les subdélégués sur l'utilité des écoles de démonstration: 1765, AD Puy-de-Dôme: 1C 1404, Fol. 34.

⁹³ Circulaire from Ballainvilliers to the Priests of the Province: March 5, 1763, AD Puy-de-Dôme: 1C 1402, Fol. 11.

⁹⁴ Letter from Pagés de Vixouse to the intendant: March 14, 1763, AD Puy-de-Dôme: 1C 1402, Fol. 28.

infant.⁹⁵ Tournemire, the *subdélégué* of Mauriac, captured the financial difficulties that prevented so many women from being able to leave home:

All new establishments are subject to slowness before steadfastness...Moreover, the expenditure to get here, which is considerable, prevents students from coming to take the lessons. We [administrators] only contemplate the present, but it seems to the students that they only work for the public [for free] and do not acquire a profession which must compensate them fully for the small expense which they are obliged to make in order to live during the time that they are absent from their homes.⁹⁶

In response to Ballainvilliers' memorandum a year later, Tournemire reiterated these sentiments and suggested that the intendant grant students "some privileges" to compensate them.⁹⁷ A priest from Coudes put matters even more bluntly. Speaking of the 10 *sols* salary received by midwives for a birth, if they were paid at all, he grumbled, "the salary they get is so modest that it amounts to nothing."⁹⁸ The potential income of a midwife was insufficient to motivate most women to take on the burden—financial and personal—of leaving their homes for three months.

In a twist, Bordenave, surgeon-demonstrator in Ambert, argued that student numbers should be kept low so that they could each have as much access to the mannequin as necessary.⁹⁹ From their inception, the courses had centered around the linen models.

I chose from the parishes around Clermont women who had the intelligence and who wished to commit themselves to *accouchemens*. I charged Madame du Coudray to instruct them on the machine that she had conceived of. In three months the coarsest women were sufficiently instructed on the practice of *accouchemens*. They performed all types of births on this machine. The women

⁹⁵ Letter from Brun to the intendant: March 23, 1763, AD Puy-de-Dôme: 1C 1402, Fol. 16.

⁹⁶ Letter from Tournemire to the intendant: May 25, 1762, AD Puy-de-Dôme: 1C 1402, Fol. 42.

⁹⁷ Letter from Tournemire to the intendant: March 15, 1763, AD Puy-de-Dôme: 1C 1402, Fol. 40.

⁹⁸ Letter from the Priest of Coudes to the intendant: April 25, 1763, AD Puy-de-Dôme: 1C 1402, Fol. 17.

⁹⁹ L'École de démonstration des accouchemens sur la machine: March 25, 1768, AD Puy-de-Dôme: 1C 1404, Fol. 10; Letter from Bordenave to the intendant: December 6, 1767, AD Puy-de-Dôme: 1C 1404, Fol. 19; Letter to the intendant: March 25, 1768, AD Puy-de-Dôme: 1C 1404, Fol. 9.

particularly practice the most difficult [births] and difficulties are simulated as often as we wish. [This is] a precious advantage that we can not have when the students are trained on the human body at the Hôtel-Dieu in Paris.¹⁰⁰

Ballainvilliers exposed here a tension between his insistence that the mannequin could teach even the “coarsest” of women and the requirement that students possess some intelligence. The prominence of the machines in the midwifery classes of Auvergne continued long after du Coudray departed. Surgeon-demonstrators, priests, and *subdélégués* frequently referred to the classes as “The School of Demonstration of *Accouchemens* on the Machines Invented by Madame du Coudray.” Lists of students submitted to the intendant appeared under headings that stressed the presence of the mannequin: “Summary of surgeons and midwives who attended the course of *accouchemens* on the machine of Madame du Coudray...”¹⁰¹

One surgeon-demonstrator asserted that “midwives instructed on the machine” knew the different types of childbirths—natural and *contre nature*—and appropriate maneuvers for different fetal positions. By simulating and nuancing a multitude of situations on the mannequins, instructors instilled in students the need to call for surgical assistance early when complications arose, before any harm comes to the mother or child.¹⁰² Through daily repeated hands-on practice, students honed their skills and mastered technical maneuvers. Equally important, the students learned how to display expertise while practicing on the mannequins. They developed an expert linguistic repertoire through the use of anatomical terms and the names of the different types of labors. They mastered the ability to authoritatively interpret and

¹⁰⁰ Mémoire by Ballainvilliers: AD Puy-de-Dôme: 1C 1404, Fol. 4.

¹⁰¹ List of Students in the course in Brioude: March 5, 1766, AD Puy-de-Dôme: 1C 1404, Fol. 20.

¹⁰² L'École de demonstration des accouchemens sur la machine: March 25, 1768, Puy-de-Dôme: 1C 1404, Fol. 10.

engage with the objects, such as appropriately responding to stimuli from the mannequin.¹⁰³ A student who saw simulated diverse and numerous situations would be more confident when facing a complication for the first time. Trained midwives would even be more likely to dispel supernatural fears and superstitions as they arose in the birth room. Administrators rewarded course graduates who effectively demonstrated expertise and who were able to successfully translate the skills developed on the mannequins to birthing bodies—a far from simple task.

Mignol, the *subdélégué* from Thiers, conveyed his praise for Constant to the intendant and recounted the success of one his students:

She [already] had some principles from routine from having practiced some years. She helped to draw the best from a very dangerous childbirth where the mother and the infant would have succumbed if she had operated according to her old prejudices. This woman, who only took the lessons on the machine for at most a month, announced that they [the lessons] were of great help to her in the peril in which she found the laboring woman [and] from which she meticulously drew her away and saved her [and did enough for] the infant to receive the Baptism.¹⁰⁴

The mannequin transformed this midwife, previously full of prejudice and possessing only routine, into a capable practitioner who saved citizens, according to Mignol. Two years later, the priest of Vollore expressed his annoyance to Constant that the last student he had sent him decided to “remain on the mountain.” But he had found a new student, Gabrielle Vossias-Rape, who already practiced midwifery in pressing cases and was “of very good morals and somewhat skilled...”¹⁰⁵ Mere months later, the priest wrote back to express his great satisfaction in Constant’s training:

The three women that you have instructed in the art of *accouchement* are wonders. It has been more than a year since either a mother or an infant perished

¹⁰³ For more on expertise as practice see Carr, “Enactments of Expertise.”

¹⁰⁴ Letter from Mignol to the intendant: June 13, 1762, AD Puy-de-Dôme: 1C 1401, Fol. 71.

¹⁰⁵ Letter from Vallé to Constant: August 29, 1764, AD Puy-de-Dôme: 1C 1403, Fol. 32.

when, in the past, a month would not pass without one perishing...I confess that your school is a great consolation for me and results in great advantages for my parish.¹⁰⁶

In particular, Vossias-Rape distinguished herself. During a recent difficult birth, her “swiftness and dexterity” saved an infant from death. The priest reported that she delivers poor women for free despite facing financial difficulties herself; her husband suffered from an extended illness and they cared for four children. The priest asked for a reduction in her taxes in recognition of her “considerable public service.”¹⁰⁷ Stipends and tax breaks rewarded some students who successfully combined the manual skills and knowledge of *accouchement* with desired social behavior.

Having fielded the complaints of *subdélégués* and surgeon-demonstrators concerning their difficulties in recruiting students for years, Ballainvilliers wrote to the *subdélégués* again in October 1765. He informed them that they could write to the priests of their territories with his authority and suggested the pursuit of a specific type of student: “The wives of rural surgeons should embrace this profession through its similarity with that of their husbands.”¹⁰⁸ Ballainvilliers recognized that medical families had more to gain financially from the courses through consolidating occupational and domestic duties in this manner. Family members could share tools, knowledge, and clients. In one student list, two sets of mothers and daughters appear alongside two other students sharing a last name but of unknown relation.¹⁰⁹ Marie La Salle, daughter of a surgeon-*accoucheur*, drew attention when she arrived nearly two months late to

¹⁰⁶ Letter from Vallé to Constant: December 14, 1764, AD Puy-de-Dôme: 1C 1403, Fol. 28.

¹⁰⁷ Ibid.

¹⁰⁸ Letter from Ballainvilliers to the *subdélégués* of Ambert, Mauriac, St. Flour, Thiers, and Aurillac: October 2, 1765, AD Puy-de-Dôme: 1C 1404, Fol. 33.

¹⁰⁹ Etat des élève que j'ai fait dans la province d'Auvergne: 1768?, AD Puy-de-Dôme: 1C 1404, Fol. 3.

Cabanes' class in Aurillac in 1765. Upon her appearance, the *subdélégué* immediately dispatched a letter to the intendant. She lacked the statement of poverty from her priest necessary to obtain the daily stipends, but the *subdélégué* testified to her father's poverty himself and added, "It is to be presumed that she, as the daughter of a master, will make progress here, which will make her useful in this province for childbirths."¹¹⁰ Administrators understood that family connections facilitated a student's entrance into midwifery and decreased the financial burden to do so.

While familial ties represented a common entrance into medicine for women, a few came to midwifery with personal experience in medicine. In one exceptional instance, a priest from St. Martin de Tours and Rochefort bragged that his student, Marie Gendraud, would make the most progress of all the students because "she knows how to read, [knows how to] write, has good judgment, and, besides, she is always occupied with the work of surgery mostly for the poor that she treats for free..."¹¹¹ Moreover, she prepared the medicines that the *subdélégué* entrusted to the priest to distribute to the poor. But she made no money off these endeavors, probably out of necessity to avoid reprisal from surgeons. Though it is impossible to know her motivations, the midwifery courses may have offered her a path to a sanctioned and profitable medical practice.

In an attempt to attract more students, administrators increased students' earning potential by granting them exclusive rights to practice after graduation.

In order to compel her [the student] to leave her husband and children for three months, I told her that upon her return from the school she will work alone in my parish if she merits an advantageous and honorable certificate from Sieur Blancheton. The old midwives of the countryside will be forced to go take the lessons from the people proposed by your grandeur and receive from them a certificate in order to be able to continue to exercise the art of *accouchement*.¹¹²

¹¹⁰ Letter from Pagès de Vixouse to the intendant: May 6, 1765, AD Puy-de-Dôme: 1C 1404, Fol. 38; Suppliment to the Student List by Pagès de Vixouse: May 6, 1765, AD Puy-de-Dôme: 1C 1404, Fol. 39.

¹¹¹ Letter to the intendant: March 16, 1763, AD Puy-de-Dôme: 1C 1402, Fol. 15.

¹¹² Letter to the intendant: March 21, 1763, AD Puy-de-Dôme: 1C 1402, Fol. 12.

It is unclear how common such measures were or how stringently they were enforced. An earlier directive from Ballainvilliers may have inspired this priest and established the exclusive rights of du Coudray's students to practice. In a draft of a letter that Ballainvilliers intended to be printed and circulated, he enrolls the priests of his jurisdiction in his plan:

These misfortunes [caused by ignorant midwives] so detrimental to the public good, which multiply the number of poor and infirm in the cities, made up my mind to assist some women from different villages every year to take advantage of the free education of Madame le Boursier du Coudray, mistress midwife from Paris established in Clermont. She exercises them on a machine she invented which obtained an approbation of the Academy. In a very short time these women find themselves sufficiently educated to effectively help women in the countryside. The named _____, your parishioner, profited from the lessons of Madame du Coudray. She will present to you a certificate. I have no doubt that this woman deserves much more confidence than those of your parish who have not had the same instruction and that fewer accidents will happen to the women cared for by [the above] named _____. As I am persuaded that you are aware of the advantages of this aid, I ask you to watch over her success and kindly inform me of it in a few months...*It would destroy all the usefulness of this good that I wish to make for your parish if you did not do everything you can to promote the public confidence in favor of _____ and prevent others in your parish who may continue to work [as midwives].*¹¹³

For centuries priests had performed limited regulatory activities: taking oaths and ensuring midwives knew how to conduct baptisms. Now Ballainvilliers asked them to promote one type of midwife over another, to even bar some from their current occupation. Priests no longer merely identified potential students; they also assisted in policing incipient occupational boundaries as educated midwives returned to their communities. Ballainvilliers attempted to institute a new system of expertise based on training on the mannequin in courses. The

¹¹³ Letter from Ballainvilliers to the Priests: May 3?, 1759, AD Puy-de-Dôme: 1C 1400, Fol. 12. Emphasis mine. The student's name would appear in the blanks.

established midwives of Auvergne, however, would not quietly capitulate to Ballainvillier's plans to instill fresh, course-trained midwives in their communities.

Difficult Labors (Resistance)

In the mountains of administrative documents produced to facilitate the circulation of the mannequins, to monitor their condition over time, and to garner proper instructors and students to use them, the voices of midwives themselves rarely can be heard. Yet, in moments of controversy, a few women assert themselves to co-opt administrative structures for their benefit. In these exceptional cases, the impact of the new educational regime on the lives of midwives in Auvergne materializes.

Jeanne Cureyras hardly left her house after arriving in Plauzat from du Coudray's course in Clermont in 1759. The women of the town rallied against her due to malicious rumors spread by another midwife, Marguerite Brunet. Cureyras attended only three births, despite recently employing her new education to great effect in a difficult labor. Her priest, Binon, took pity on her and felt it is his patriotic duty to notify Ballainvilliers of her poor treatment.

Marguerite Brunet, our old midwife, with no regard for the interdiction against attending childbirths in this parish until further notice from you (contained in the [above] letter that you wrote to me on the 3rd of last month and that I informed her of on the 4th), has not left off delivering a number of women since. This abuse, dangerous by itself and opposed to your charitable views, increases... There may be no other way than to ban Marguerite Brunet, who has no other principles than a crude practice of about eight years. If you have made up your mind to do so, please do not let anyone know that you have done so due to these reproaches, which I have the honor to give you. The adherents of Marguerite Brunet, who has the greatest number [of supporters] for her, would take the opportunity to cast off the trust they have in me and of which I must be jealous for their spiritual good.¹¹⁴

¹¹⁴ Letter from Binon to the intendant: June 9, 1759, AD Puy-de-Dôme: 1C 1400, Fol. 18.

Brunet would not be so easily curtailed. When a *cavalier de la Maréchaussée* (mounted police) delivered the subsequent interdiction against her attending births from the intendant, complete with a threat of a twenty *livres* fine and even jail time, she claimed it was a fake orchestrated by Binon. Brunet continued her campaigning, soliciting women at the end of their pregnancies and probably disparaging Cureyras along the way. She understood that her authority came from the women of her community. Fearing retaliation for his actions against Brunet, Binon also appreciated the social power wielded by the matrons of his parish. Privately to Binon, Ballianvillers identified baptism as an important moment of surveillance. If Brunet presented an infant at church, she would be fined for illicitly practicing midwifery. Defiantly, Brunet claimed she would only cease practicing once she received an official prohibition signed by the royal bailiff. A difficult childbirth attended by Brunet endangered an infant's life and provided Binon and Ballainvilliers with the opportunity to obtain the requested injunction with an increased fine of 50 *livres* plus damages with interest to Cureyras.¹¹⁵

While Binon and Ballainvilliers gathered the documents for the prohibition—a statement of capacity for Cureyras signed by Ballainvilliers and du Coudray and a summary of events and Brunet's bad actions collated by Binon—Brunet sought additional allies.¹¹⁶ She turned to the Community of Surgeons in Riom, skipping over the larger and closer city of Clermont possibly because the community of surgeons there remained loyal to the intendant or because she lacked friends among them. From the Lieutenant to the King's First Surgeon she obtained an interdiction against Cureyras for practicing midwifery without a license granted by the community of surgeons (required under a 1730 royal edict) and garnered a certificate of mastery

¹¹⁵ Collection of Documents Pertaining to the Brunet and Cureyras Affair: June to November 1759, AD Puy-de-Dôme: 1C 1400, Fol. 15-34.

¹¹⁶ Prohibition for Brunet From the Bailly of Plauzat: August 5, 1759, AD Puy-de-Dôme: 1C 1400, Fol. 23.

for herself.¹¹⁷ An astonished Binon declared Brunet a “brazen” woman for her insolence. He could forgive her self-interest but not the harm she inflicted on Cureyras. Regarding the 1730 law requiring midwives to be examined by a community of surgeons, he interpreted this decree to only apply to cities, not rural areas. Two possible responses, one gentle and one harsh, lay before Binon and Ballainvilliers. The harsher entailed an “authoritative strike” (*un coup d'autorité*) against non-course trained midwives justified by accidents during childbirth, especially those caused by “the ignorance of midwives.” In other words, rhetorically employing the injuries and deaths from childbirth in defense of banning the practice of certain midwives. The gentler path consisted of Ballainvilliers requesting that the Lieutenant to the King’s First Surgeon revoke Brunet’s certificate and bestow one on Cureyras instead.¹¹⁸ The surgeons refused and stood fast in their decision. As a result, Cureyras eventually capitulated and submitted herself to their examination because she did not feel secure in deriving her authority solely from du Coudray’s certificate.¹¹⁹ Presumably, both Brunet and Cureyras continued to practice in Plauzat.

In her discussion of the Brunet-Cureyras affair, Gelbart describes a clash of two birthing cultures: one traditional, the other medical. As she points out, du Coudray refers to laboring women as “*la malade*” (the patient), while tradition treated childbirth as a normal part of the lifecycle. Cureyras had not spent a lifetime developing relationships with the women of Plauzat, gaining their trust and learning their rituals for childbearing, as Brunet (presumably) had.¹²⁰

¹¹⁷ Letter to the intendant from the community of surgeons of Riom (François Carier Viallette): September 5, 1759, AD Puy-de-Dôme: 1C 1400, Fol. 25-26.

¹¹⁸ Letter from Binon to the intendant: September 18, 1759, AD Puy-de-Dôme: 1C 1400, Fol. 31.

¹¹⁹ Letter from Binon to the intendant: November 9, 1759, AD Puy-de-Dôme: 1C 1400, Fol. 30; Letter from Binon to the intendant: November 9, 1759, AD Puy-de-Dôme: 1C 1400, Fol. 32.

¹²⁰ Gelbart, *The King's Midwife*, 79-87.

However, Brunet's willingness to employ surgeons to bolster her authority challenges any reductionist classification of her as traditional. The Brunet-Cureyras affair, moreover, demonstrates the limits of Ballainvillier's plan to reshape expertise in midwifery. Brunet, exhibiting great flexibility and dynamism, effectively mobilized two preexisting systems of expertise: one conferred by the local community of birthing women and the other certified by communities of surgeons. Due to the decisions of Ballainvilliers (and the administrators that later adopted his policies), du Coudray's pedagogical project ideally depended on the suppression of existing midwives. Priests, such as Binon, played a crucial role in monitoring the activities of all midwives and reporting back to the intendant. Binon exhibited his willingness to use the dangers of childbirth to promote a new, course-educated class of midwives. Regulating access to the courses, and the mannequins at the center of the pedagogy, effectively controlled who could be a midwife.

For other women, the courses offered a path to legitimate practice when applying to the community of surgeons was not feasible. Anne Magnol, a widow living in Chamalières, practiced as the sole midwife without the permission of the Community of Surgeons in nearby Clermont. The surgeons had threatened her with imprisonment should she continue illicitly delivering babies, despite the fact that she rarely earned any money for her efforts. Confidently, she herself appealed directly to the intendant; such matters were usually handled through male intermediaries. The shaky signature at the bottom of the letter suggests she received help in writing it.¹²¹ She represented that she would be happy to improve her skills under the guidance of du Coudray, if the intendant would protect her from the surgeons of Clermont: "she [Magnol] asks you to agree to her going to Dame du Coudray, midwife of Clermont, for better

¹²¹ Letter from Anne Magnol to the intendant: [Between 1763-1765], AD Puy-de-Dôme: 1C 1403, Fol. 9.

improvement and, working under these auspices, you shelter her from the persecution of the surgeons.”¹²² Midwives, such as Magnol and Brunet, defy simple categorization as either traditional or medicalized when they pursue multiple and sometimes contradictory paths to authority. When conflicting methods to certify expertise exist, individuals can exploit loopholes to their advantage. As discussed in Chapter 3, however, sometimes such inconsistent systems provided more opportunities for surveillance and *ad hominem* attack.

Conclusion

Anthropologist E. Summerson Carr describes expertise as interactional (amongst humans and between humans and objects), as a continual process, and as practice. Expertise is something done, not possessed. Experts become intimate with inaccessible but culturally valuable things; their training requires learning how to define, frame, interpret, and engage with these objects in an expert way.¹²³ As students practiced maneuvers on the mannequins in the midwifery courses around Auvergne, they ritualistically learned the linguistic repertoire and bodily comportment that signified expertise. The courses also rendered them experts officially; they gained certificates upon completion that often granted them the exclusive right to practice in their communities, access to privileged spaces like the town hall, and valuable items such as the textbook. Yet, the same practices that transformed students into experts cast other midwives as less knowledgeable. Instructors similarly learned the authoritative linguistic and bodily practices of expert instructors of midwifery through their course with du Coudray and her textbook. In

¹²² Ibid.

¹²³ Carr, "Enactments of Expertise."

yearly reports back to Ballainvilliers and in their interactions with students and the public, instructors continually (re)authenticated themselves as experts.

Despite the efforts of du Coudray, Ballainvilliers, the *subdélégués*, and instructors to promote the new practices of expertise, traditional practices continued concomitantly. Marguerite Brunet skillfully negotiated multiple conceptions of expertise in order to maintain her practice and diminish that of Jeanne Cureyras. Still, at the center of all these social relations—between the intendant and regional administrators, between the intendant and medical practitioners, between male and female practitioners, between the public and medical practitioners—stood the mannequin. It served functions beyond the pedagogical, swelling to include the political and civic. Reminiscent of theriac in early modern Italy, municipalities created ceremonies around the reception and maintenance of the linen women that invested non-medical persons in the objects. Administrative practices devoted to its proper upkeep and use ensured its continued value. No administrator who wished to be seen as enlightened and working for the public good could afford to ignore these objects.¹²⁴

Ballainvilliers died in 1767. The midwifery courses limped along for a few years afterwards, but administrative efforts, resources, and attention to educating midwives diminished. By 1786, when the Société royale de médecine conducted its national survey of midwives (see Chapter 4), scant evidence of the courses remained. Communities of surgeons licensed most of the midwives, but many *subdélégations* chose not to list unlicensed midwives, muddying the picture. The women of the geographically isolated mountainous regions of Mauriac and St. Flour mostly assisted each other in childbirth. In fact, neither region possessed a

¹²⁴ On the civic importance of theriac see Paula Findlen, *Possessing Nature: Museums, Collecting, and Scientific Culture in Early Modern Italy* (Berkeley: University of California, 1994), Chapter 6.

single, licensed midwife in 1786 despite previously hosting courses.¹²⁵ Efforts by the Provincial Assembly to re-establish midwifery courses materialized in 1788, likely prompted by the survey findings, to unknown effect. As part of a larger public health initiative, it distributed books and pamphlets on animal husbandry, inoculation, drowning, vapors, and childbirth. The Provincial Assembly circulated a *mémoire* deploring the incompetence and ignorance of midwives. Its solution called for the hospitals of four towns—Clermont, Aurillac, St. Flour, and Brioude—to host seven midwifery students each for a six month long course. St. Flour chose a physician, Sr. Juery, to conduct the courses and Bourleyre remained in Brioude.¹²⁶ The revolution likely interrupted the execution or the document trail of these courses. Nevertheless, the mannequins of Auvergne disappeared from the historical record.

¹²⁵ Survey sages-femmes du royaume de la généralité Riom: 1786, Bibliothèque de l'Académie Nationale de Médecine: SRM 87, 16; Jacques Gélis, "L'Enquête de 1786 sur les sages-femmes du royaume," *Annales de démographie historique* (1980).

¹²⁶ Procès verbal de l'assemblée de département de Clermont-Ferrand: October 1788, AD Puy-de-Dôme: 1C 7364, Fol. 221; Procès verbal des séances de l'assemblée de département de St. Flour: October 1788, AD Puy-de-Dôme: 1C 7373, Fol. 37-38, 181; Extrait des registres des deliberations de l'assemblée de département d'Aurillac: October 1788, AD Puy-de-Dôme: 1C 7359, Fol. 65-66; Procès verbal des seances de l'assemblée de département de Brioude: October 1788, AD Puy-de-Dôme: 1C 7361, Fol. 48, 66.

ADMINISTRATIVE PRACTICES OF MIDWIFERY EDUCATION IN THE GENERALITY OF SOISSONS

CHAPTER 3

During the 1770s provincial midwifery courses emerged across France in Lyons, Amiens, Châlons, Quimper, Lille, and Caen, to name just a few places. Many of these formed after Madame du Coudray visited the region.¹ Surgeons trained in her pedagogical method taught the courses and utilized the prized mannequins she left behind. Nevertheless, places where du Coudray never set foot—such as Lyon and Soissons—also implemented programs. This chapter investigates the local negotiations around midwifery education in the Generality of Soissons. Laws governing midwifery (national and regional), municipal politics, contests over medical professional boundaries, and local social networks all informed the specific structure and pedagogical choices of the midwifery-training course in the generality. The subsequent configurations of power and authority reveal the limitations of monarchical power and the prominence of provincial patronage systems. In the case of Soissons, the result was the establishment of a lineage of physician-instructors that, for a time, challenged surgical authority over midwifery with the support of the intendant.

The midwifery course in the Generality of Soissons provides an ideal place to excavate the national, regional, and municipal political, social, and economic forces and their relationship to the particular practices and objects employed in midwifery education because the deaths of two local instructors led to the creation of a large archive documenting administrative decisions.

¹ See Chapter 2 for more on du Coudray.

Moreover, conflicts between different types of medical practitioners permit us a glimpse of the course's impact on local communities. The generality's geographic proximity to Paris—the city of Soissons lies about 100 kilometers outside the capital—fostered close political and medical ties and frequent exchanges of ideas and objects between the regions. The administrative practices of the course expose a fundamental commitment to a social order in which midwives practice under state control. Then again, government administrators and male medical practitioners often found their power more limited than expected, and the resulting restructuring of the social world of midwives became something different and unexpected.

Background

Intendants ruled over the 37 generalities of France through their subordinates, the *subdélégués*.² The king appointed these intendants, from the *noblesse de robe*, to represent him in local political matters and execute his will. In practice, they performed a mediating role between local and royal politics as the position was dependent on both positive royal and regional public opinion. *Subdélégués* constituted part of a network of personal connections upon which the intendant relied to function. These unpaid administrators oversaw a *subdélégation*, made up of multiple *arrondissements*, each of which contained multiple parishes, and often they continued to hold their positions even as intendants changed. Also unpaid, municipal officers constituted another part of the political hierarchy; they performed unpopular functions, such as policing and tax collection, causing frequent difficulty in locating individuals willing and able to fill these positions. Priests, though officially part of the ecclesiastical hierarchy, provided crucial information to the intendant, often through the *subdélégué*, and acted as the lowest-level

² There were 37 generalities by 1787 but only 32 at mid-century.

administrators enforcing the intendant's policies in the parish. The intendant, however, also required strong connections at court to be effective. To foster these contacts he often had to please ministers, particularly the Controller-General of Finances, through support of the ministers' projects. Court connections reinforced and legitimized his authority in the generality and allowed him to advocate for his region at a national level.³ The personal client systems that undergirded the French state require the historian to pay particular attention to the intendant and his personal connections.

Louis Lepeletier de Mortefontaine, intendant of the Generality of Soissons from 1765 to 1784, exemplifies the career path and family circumstances of many regional administrators. Born on April 6, 1730, to a respected lineage of noble administrators, Lepeletier inherited a long list of titles including Marquis de Montmeillan and Seigneur de Mortefontaine. His father, Jacques-Louis Lepeletier, served as *Conseiller au Parlement de Paris* and president of the second *Chambre des Enquêtes*. His mother, Marie-Louise Feydeau de Calende, was the daughter of another president of the *Chambre des Enquêtes*. Following his father and grandfather into administration, Lepeletier became a *conseiller* of the Paris Parliament at 19, a prerequisite to serving as *Maître des Requêtes*, which he did from 1754 to 1773. He continued his service to the king with a brief stint as intendant of La Rochelle in 1764 before becoming intendant of Soissons. His daughter married Henri Lefèvre d'Ormesson, who himself became Controller-General of Finance in 1783 (almost as a birthright).⁴ The aristocracy's maintenance of political and social alliances through such marriages meant that, when intendants negotiated for particular

³ William Beik, *A Social and Cultural History of Early Modern France* (Cambridge: Cambridge University Press, 2009), Chapter 5 and 6; William Doyle, *Origins of the French Revolution* (Oxford: Oxford University Press, 1980), Chapter 1; William Beik, *Absolutism and Society in Seventeenth-century France: State Power and Provincial Aristocracy in Languedoc* (New York: Cambridge University Press, 1985), Chapter 3, 5.

⁴ François Alexandre Aubert de la Chenaye-Desbois, *Dictionnaire de la noblesse*, 2nd ed., vol. 11 (Paris: Antoine Boudet, 1776), 251.

programs, they were often doing so with family members.

Government administrators, such as Lepeletier, came to include midwifery education in their concepts of enlightened administration due to increasing exposure to rhetoric linking the longstanding trope of “ignorant” rural midwives to depopulation. A growth in the book trade and a veritable explosion of new periodicals facilitated this connection as philosophers and medical men regenerated this familiar image of midwives in their discussions of degeneracy in their books, newspapers, and pamphlets. From 1715 to 1785, the number of independent journals almost quadrupled, from 22 to 79. One third of the French population under Louis XVI could read and write.⁵ Thousands of books and pamphlets considered France’s population “problem.” Moral and political philosophers, such as Montesquieu, identified religious prejudice and the failure of the government to protect its citizens, both those born and those yet to be born, as the causes of depopulation. Due to the belief that governments had a moral imperative to foster their populace, the depopulation discourse became a tool for critique of the monarchy and resulted in calls for social and political reform.⁶

The 1770s witnessed multiple attempts at governmental and financial reform. From 1769 to 1771, France experienced a severe financial and economic crisis due to bad harvests, leading to an increasingly vocal anti-monarchal faction among parliamentarians as France’s national debts increased. René de Maupeou, Chancellor of France, reorganized, limited, and reduced the membership of the parliaments in an attempt to suppress dissent. Louis XVI assumed the throne in 1774 following the death of his grandfather, Louis XV, and appointed new administrators who rolled back these reforms and proposed their own. Colin Jones describes the decade of the 1770s

⁵ Doyle, *Origins of the French Revolution*, 45, 47, Chapter 2 generally.

⁶ Tuttle, *Conceiving the Old Regime*; Rusnock, *Vital Accounts: Quantifying Health and Population in Eighteenth Century England and France*; Blum, *Strength in Numbers*.

as one of “...patchy recovery in which a variety of statesmen offered differing reform pathways.”⁷ Pronatalist reform policies reached their zenith between 1760 and 1789.⁸ Educating midwives in government-sponsored courses constituted another of these reforming projects so prevalent in the 1770s.

Madame du Coudray: Defining a Problem

As we have seen, Louis XV charged Madame du Coudray with educating the midwives of France in 1759 after the invention of her mannequin and publication of her textbook. The next year, she sent letters to the intendants announcing her itinerate program and informing them of her availability.⁹ Bernard de Ballainvillers, intendant of Auvergne and personal friend of du Coudray, contacted the intendant of Soissons, Charles-Blaise Méliand, to inform him that du Coudray had finished her teaching duties in Clermont and was searching for her next challenge. She could come to the Generality of Soissons for the discounted rate of 3,800 *livres*: 1,000 *livres* for her travel from Auvergne, 1,200 *livres* salary for four months, and 1,600 *livres* for four “machines,” the mannequins central to her pedagogical practices. Wishing to gauge the demand for such a program, Méliand wrote to his *subdélégués* posing two questions: Is there a need for such a program or does the presence of skilled surgeons make it superfluous? And would students come to Soissons for these lessons?

Many *subdélégués* turned to local informants to answer these questions. After all, they were not medical practitioners and oversaw numerous parishes, preventing them from knowing

⁷ Colin Jones, *The Great Nation: France from Louis XV to Napoleon 1715-1799* (London: The Penguin Group, 2002), 280.

⁸ Tuttle, *Conceiving the Old Regime*, 151.

⁹ Gelbart, *The King's Midwife*. Also see Chapter 1.

intimately the state of midwifery in each community. The *subdélégués* of Crepy, Soissons, Noyon, and Villers Cotterets consulted with medical men—surgeons and/or physicians—while the *subdélégués* of Coucy and Ham turned to municipal leaders—a mayor, aldermen, syndics, priests, and other “prominent inhabitants.” The replies flooded the intendant’s desk over the next month and they expose the remarkably varied state of midwifery throughout the region.

The vast majority of these responses recognized the utility of midwifery education, describing midwives as incompetent [*impéritie*], ignorant, and possessing only one “routine” for delivery. A typical response from Ribemont provides an example:

...the need for an instructed midwife is most urgent. The rest of the villages are about the same....The shepherds are the most experienced and often, in difficult childbirths, it is to them that we have recourse. What abuse follows from the incompetence which reigns in this art?...How many women crippled, murdered, so to speak, by the fault of ignorant midwives? How many unfortunate infants in the same situation? How many fewer, useless, or burdensome citizens?¹⁰

Birth could result in death, but equally horrible in this *subdélégué*’s mind, it could cause physical injury that could transform a potentially productive citizen into a burden on family and state. This *subdélégué* also places blame for these evils on “ignorant” rural surgeons as well. The La Fère *subdélégué* responded with a similar sentiment about midwives:

They [midwives] almost all have only one blind routine which, by natural consequence, produces innumerable accidents and for which it would be good for the State and for humanity to provide a prompt and sure remedy.¹¹

Derogatory rhetoric about midwives appeared mostly in the opening statements of the letters and provided the opportunity to praise the intendant for his goodness and commitment to humanity for considering this undertaking. The potential project, congruent with contemporary

¹⁰ Letter from Gaudry, *subdélégué* de Ribemont, to Méliand, intendant of Soissons: May 30, 1760, AD Aisne: C 629, Fol. 15.

¹¹ Letter from *subdélégué* de La Fere to Méliand, intendant of Soissons: May 30, 1760, AD Aisne: C 629, Fol. 16.

paternalistic ideas about governance, could bolster the intendant's reputation as a good and moral administrator.

While common, the pejorative discourse about midwives was not universal. The *subdélégué* of Ham stands as an exception when he expressed contentment with the current state of midwifery in his region.¹² Other *subdélégués* commended particular midwives in their communities.

We have in Clermont two matrons who apprenticed at the Hôtel-Dieu of Paris...There is here a midwife who devotes herself to these exercises with enough success that there are no complaints made to me concerning her profession.¹³

Also, in the city of Soissons, both midwives possessed good reputations and one was “very knowledgeable about *accouchements*.”¹⁴ While most respondents employed the common and handy trope of ignorant midwives to express a desire for more and better-educated midwives, some undermined this rhetoric by expressing contentment with the particular midwives in their community. Nevertheless, neither the critiques of midwives nor the desire for more of them translated into support for bringing du Coudray to Soissons.

In fact, the majority of *subdélégués* in the region did not approve of bringing du Coudray to the city of Soissons, at least not without caveats. Administrators considered many factors in their decisions to endorse, or not, du Coudray's program: the existence of training opportunities in Paris; the difficulty for women, especially poor women, to travel to Soissons; and the ability of surgeons to mitigate harm by intervening in difficult births. Due to Soissons' proximity to Paris, the opportunity to train at the illustrious Hôtel-Dieu stood as a more viable option than in

¹² Letter from Subdélégué of Ham to Méliand, intendant of Soissons: May 30, 1760, AD Aisne: C 629, Fol. 18.

¹³ Letter from subdélégué de Clermont to Méliand, intendant of Soissons: June 1, 1760, AD Aisne: C 629.

¹⁴ Letter from subdélégué of Soissons to Méliand, intendant of Soissons: May 26, 1760, AD Aisne: C 629, Fol. 20.

other regions. Some *subdélégués* argued that training at the Hôtel-Dieu was cheaper and more effective than du Coudray's program:

If you propose...to send to Paris a young woman of good will and morals, she would make more progress in 6 months at the Hôtel-Dieu than she would in 6 years in the province, [and] the price would be more or less the same...¹⁵

The *subdélégué* of Clermont also believed the trip to Paris to be more cost effective. Du Coudray's patron, Ballainvilliers, countered that the "machines" invented by du Coudray "are infinitely more advantageous than the one [course] that you could take at the Hôtel-Dieu..."¹⁶

Conflicting opinions emerged among *subdélégués* about whether women were more willing to travel to Paris or to the city of Soissons. The *subdélégué* of Vervins argued that only women with money go to Soissons, while the *subdélégué* of La Fere felt that only urban women went to Paris.¹⁷ Soissons' proximity to Paris caused a diversity of opinions about the most convenient locale for midwifery training. Generally, the *subdélégués* recognized differences in availability between urban and rural women and between wealthier and poorer women.¹⁸

Many *subdélégués* questioned how easily and willingly women would leave their homes and families. "...[T]he majority of persons who perform the function of midwife are not in a place to be absent, to be away from their places for two months..."¹⁹ Apprehensions about the

¹⁵ Letter from *subdélégué* of Noyon to Méliand, intendant of Soissons: May 29, 1760, AD Aisne: C 629, Fol. 19.

¹⁶ Letter from Ballainvilliers, intendant of Auvergne, to Méliand, intendant of Soissons: June 14, 1740, AD Aisne: C 625, Fol. 9.

¹⁷ Letter from *subdélégué* de La Fere to Méliand, intendant of Soissons: May 30, 1760, AD Aisne: C 629, Fol. 16; Letter from *subdélégué* de Clermont to Méliand, intendant of Soissons: June 1, 1760, AD Aisne: C 629; Letter from *subdélégué* of Vervins to Méliand, intendant of Soissons: June 20, 1760, AD Aisne: C 629, Fol. 7.

¹⁸ Claude Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons," in *Mémoires- Fédération des sociétés d'histoire et d'archéologie de l'Aisne* (Laon: Fédération des sociétés d'histoire et d'archéologie de l'Aisne, 2004).

¹⁹ Letter from the *subdélégué* of Coucy, Caninet, to Méliand, intendant of Soissons: July 4, 1760, AD Aisne: C 629, Fol. 5.

social and economic stability of their homes, families, and communities underlay many of the more practical concerns about du Coudray's class.

The *subdélégué* of Neuilly-Saint-Front supported bringing du Coudray to Soissons because his region had only one midwife and no surgeons. Other *subdélégations*, such as Crepy and Guise, which advocated for the program, did so with suggestions of improving it. The *subdélégué* of Crepy asked that the class travel to the principal cities to make it more accessible for the students.²⁰ Guise, on the other hand, approved the program but only if it was “a certain duration” and if the cost of gathering and supporting the students was not too high.²¹

In the end, Méliand did not invite du Coudray to Soissons. Without wide support for the project, the 3,800 *livres* price tag became unjustifiable. Laverdy, then Controller-General of Finance, briefly revived the idea in 1764 without success.²² Méliand explained to Laverdy its previous failure: “the object and the expense of this establishment seemed to me too considerable...”²³ He assured the Finance Minister that he remained convinced of du Coudray's talents for instruction and added that he would be interested in one of her students teaching in Soissons, provided the crown paid for it.

The decision not to bring du Coudray to Soissons represents a failure to build consensus around the solution to the problem of “ignorant” or “incompetent” midwives. In light of the satisfactory performance of individual midwives and the absence of any specific examples of

²⁰ Letter from Bezin, *subdélégué* of Crepy-en-Valois, to Méliand, intendant of Soissons: June 14, 1760, AD Aisne: C 629, Fol. 8.

²¹ Letter from *subdélégué* of Neuilly Saint Front to Méliand, intendant of Soissons: June 7, 1760, AD Aisne: C 629, Fol. 11.

²² Letter from Laverdy, *côntroller général*, to Méliand, intendant of Soissons: October 16, 1764, AD Aisne: C 625, Fol. 3.

²³ Letter from Méliand, intendant of Soissons to Laverdy, controller-general of finance: October 24, 1764, AD Aisne: C 625, Fol. 2.

incompetent midwives, these concerns appear general and somewhat rhetorical at times. Be that as it may, du Coudray and her powerful allies, including other intendants and the Controller-General, failed to convince the *subdélégués* or the intendant of Soissons of the necessity of her program for improving the quality of midwives. In the 1770s, the situation changed and *subdélégués*, at times the same men who had rebuffed du Coudray, met the proposal of midwifery courses with enthusiastic support. For example, the *subdélégué* from Ham, content in 1760, requested the course be held in his city in 1780.²⁴ An explanation for the change of opinion emerges when we explore the growing social, political, and economic benefits of educating midwives in the 1770s.

The Power, Politics, and Practices of Educating Midwives in Soissons

Historians have long emphasized the role of privilege, personal ties, and patronage relationships in shaping eighteenth-century French politics. It is no surprise then that these factors greatly informed the creation and style of midwifery education in the Generality of Soissons. The specific ways individuals negotiated these social relations, however, illuminates the complexity of these practices and the failure of the crown to exert unimpeded power on local communities, even under an absolutist—if declining—monarchy. A wide range of individuals of varying social and political statuses demonstrated an interest in and commitment to training midwives. At times involvement stemmed from personal interest in gaining new sources of income, new patronage relationships, or building their reputations. Equally important was the opportunity to shape the course to fulfill specific visions for a social order. In particular, many administrators and medical men sought to bring midwives under greater governmental control.

²⁴ Letter from [Deberge]: May 6, 1780, AD Aisne: C 631.

Despite this wide-ranging commitment among government and medical men, as we will see, they did not always agree on the best way to achieve this goal.

The Abbot of Lègue, under the auspice of the Bureau of Agriculture, submitted a proposal for the establishment of a midwifery course to the intendant of Soissons in June 1773 on behalf of the physician Augier du Fot. The necessary introduction established communication between the intendant and the physician. Regional agricultural societies brought physiocratic commitments to agricultural prosperity to bear on local problems. Physiocracy had linked the growth of a healthy agrarian labor force to the economic well-being of the nation. The Abbot's letter blended fears of a population decline with praise for the intendant's beneficence in a familiar way.

“Soissons, the Fourth of June, 1773

Monsieur,

The Bureau of Agriculture charged me with the honor of addressing to you the *mémoire*, here joined, of Doctor du Fot concerning the methods to prevent the loss of a multitude of women and infants in labor, [methods] which appear equally wise and practical to him. Deign, Monsieur, to take the methods into consideration, and we do not doubt, touched by their simplicity, you will hasten to give to the province a new occasion to benefit from your administration. The proposed establishment is worthy of your humanity and of the beneficence that characterizes you. It would be superfluous to make representations to you of instances that the good of your heart renders absolutely useless. But I must not forget to remark to you, Monsieur, that the Bureau of Agriculture would see with true satisfaction Doctor Du Fot charged to preside over this establishment. The enlightenment, the zeal, and the selflessness of this skilled doctor reassures us that he will not cease to merit the honor of your confidence and that of the province, which has more than one time already felt the effects of your patriotism. It seems that the author of this project is the most proper, more than any other, to execute this. We submit the remainder of these ideas, Monsieur, to the wisdom of your views and we have confidence that the best person is the one to whom you will give preference.

I have the honor to be with respect, Monsieur, your very humble and obedient servant.

L'Abbé de S. Legue”²⁵

²⁵ Letter from L'abbé de S. Legue to Lepeltier: June 4, 1773, AD Aisne: C 630.

While many details still remained to be decided, this letter marked the beginning of midwifery training courses in Soissons. Du Fot had worked as a physician in Laon for the previous eleven years and, within months of this letter, would become a member of the Bureau of Agriculture himself.²⁶ The Bureau provided him with important access to the intendant and institutional support for launching his program of educating midwives. Note the significance the letter placed on du Fot being the appropriate instructor, reinforcing the connection between the Bureau and the midwifery courses. As much as du Fot's relationship with the institution benefited him personally, educating midwives fit with the Bureau's mission bolstering agricultural production. Moreover, Louis Lepeletier de Mortefontaine, the intendant of Soissons, granted the Bureau permission to work with the *subdélégués* to choose students for the midwifery courses.²⁷ The Bureau, consequently, redefined its purview in much wider terms to include the maintenance of the agricultural human workforce. This expansion, however, required du Fot as an intermediary because there is no evidence of the Bureau's involvement with the courses after his death.

Lepeletier accepted du Fot's proposal for a midwifery course immediately. Unlike Méliand, he did not seek input from his *subdélégués*. As he must have been aware, du Coudray was at the height of her reputation and currently teaching in nearby Châlons-sur-Marne and Verdun. As her prestige grew, so too did that of many of the intendants who supported her, including Ballainvillers. In fact, the current Controller-General of Finance, Anne Robert Jacques Turgot, had hosted her himself when he was intendant of Limoges (1761-1774).²⁸ Lepeletier requested

²⁶ Letter from du Fot to Gouge, secretary of the Bureau of Agriculture in Soissons: December 27, 1773, AD Aisne: D 15, Fol. 31; Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons."

²⁷ Letter from Lepeletier, intendant of Soissons to Le Carlier, director of the Agricultural Society: May 7, 1774, AD Aisne: D 15, Fol. 36.

²⁸ Gelbart, *The King's Midwife*.

two courses from du Fot for the next year in the two principal cities of the generality, Soissons and Laon.

Training midwives remained an expensive undertaking. The government compensated each student for her absence from home and for her room and board with 36 *sols* per day; student stipends amounted to 1,200 *livres* annually. Additionally, Lepeletier allocated 600 *livres* for the mannequins and instruments and 1,200 *livres* for du Fot's salary.²⁹ In the 1760s, Méliand had found the 3,800 *livres* required by du Coudray to be too expensive, but Lepeletier in 1773 approved the 3,000 *livres* annual budget for the course likely because he secured royal financing.

Immediately upon approving the course, Lepeletier wrote to Ormesson, assistant to Turgot, to request funding for the course. Appealing to Turgot's physiocratic tendencies, Lepeletier linked the ignorance of midwives to fears of depopulation:

I have been occupied for some time [...] in my province with the prevention of the loss of a multitude of women in labor and their infants, caused by the ignorance and incompetence of the midwives and [...] surgeons...which results in the depopulation and imperfection of humankind, especially in the countryside.³⁰

Turgot already knew of du Fot, praising him as the "pensioner of the king" who "joins to much knowledge, the sweetness, clarity, and precision necessary for the instruction of people of the countryside."³¹ In what would become a recurrent theme in his life, du Fot relied on his connections with prominent administrators and medical men to achieve his goals. Turgot quickly

²⁹ Letter from du Fot to Lepeletier: July 1, 1773, AD Aisne: C 630; Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons."

³⁰ Letter from Lepeletier to Ormesson: July 4, 1773?, AD Aisne: C 630.

³¹ Letter from Ormesson to Lepeletier: July 13, 1773, AD Aisne: C 630.

and enthusiastically approved a reduction in the taxes (*capitation*) owed by the Generality of Soissons in the amount of 3,000 *livres* to fund du Fot's course.³²

Per the agreement, du Fot commenced his courses in 1774 in the cities of Soissons and Laon. Each course lasted one month, consisted of 32 lessons, and took place in the town hall (*Hôtel de Ville*). Du Fot instructed, following the arrangement of his Parisian master, Antoine Petit, midwives on all types of births—natural, difficult, and *contre nature*—though “proportionate to the intelligence of midwives of the countryside.”³³ The *subdélégués* of the designated towns chose students in consultation with priests, *syndics*, and “principal inhabitants.” The ideal students were literate and between 25 and 30 years old. Each student would be given a copy of du Fot's textbook, once it was published. Du Fot permitted established midwives from small villages into his course as long as they were under 40 years of age. The age limit maximized the benefits of education because younger students could serve their communities for longer periods. Furthermore, many midwifery instructors believed younger students to be more malleable and easier to teach. Recognizing that many students had families and children, du Fot gave them Sunday night off. He disbursed their stipends five days at a time to encourage fiscal responsibility. He also requested that the government accord his students “some privilege or exception;” he was granted authority to bestow on graduates a license that forbade any others who had not taken his class from practicing under penalty of a fine.³⁴

³² Letter from Ormesson to Lepeletier: July 13, 1773, AD Aisne: C 630.

³³ Letter from du Fot to Lepeletier: July 1, 1773, AD Aisne: C 630.

³⁴ Anne Amable Augier du Fot, "Cours public et gratuit d'accouchements dans la généralité de Soissons," in *Catéchisme sur l'art des accouchements pour les sages-femmes de la campagne* (Mende: Claude Bergeron, 1775). Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons."; Letter from du Fot to Lepeletier: July 1, 1773, AD Aisne: C 630.

Multiple aspects of du Fot's program facilitated the extension of local governmental control into rural areas, areas previously somewhat distant from the arm of the government, resulting in a restructuring of the social relations of these small towns and hamlets. The intendant brought peasant women, literally, into the heart of the administration, the town hall, to be instructed by du Fot. Traditionally, midwifery training had occurred within local communities, facilitated by family and community members, except for the lucky few who trained at the Hôtel-Dieu in Paris.³⁵ Paternalistically, the intendant, through his agent du Fot, controlled students' access to the money promised them by disbursing it in small amounts. His representatives—the local priests, *subdélégués*, and prominent members of the community—determined which women could access course-based education and, therefore, who could (legally) practice. If a midwife practiced without a license, the same representatives decided whether to pursue a penalty against her.

Du Fot pursued multiple avenues to promote his system of educating midwives; he circulated his textbook nationally and advertised in prominent medical journals. In July 1773, Jean-Jacques Gardane—a physician trained in Montpellier, now doctor-regent of the Faculté de médecine de Paris, and royal censor—founded the *Gazette de Santé*, concerned principally with provincial medicine, as a weekly half sheet of four to six pages. He wanted to “simplify popular medicine” by stressing its practicality in order to garner wide appeal.³⁶ Anticipating du Fot's first course, an announcement appeared in the *Gazette de Santé*:

M. Dufot [*sic*], physician commendable for his care and intelligence [*lumières*] has just been commissioned by M. le Pelletier de Morfontaines [*sic*], intendant of this province, to give a free course of midwifery, in favor of midwives of the countryside. This same physician had formerly established in Laon, his

³⁵ See Introduction and Chapter 4.

³⁶ Jean Sgard and Jean-Daniel Candaux, "Gazette de Santé," in *Dictionnaire des journaux* (Paris: Universitas, 1991).

hometown, a free store of remedies destined for poor peasants. M. Nacher [*sic*], doctor in medicine, must succeed him in the administration of this truly useful assistance and the unfortunate continue to be relieved. These examples do not find enough imitators.³⁷

Enlightenment ideals that knowledge should be utilitarian and benefit humanity connected the act of teaching a midwifery course and the establishment of a warehouse for medical remedies. Du Fot, like many instructors, presented himself as a selfless devotee of these ethical and political principles. A September 22, 1774, article in the *Gazette* congratulates du Fot for “finally receiving the fruits of his labors and zeal,” his courses “hav[ing] had the most complete success and have generally been applauded by persons of the highest distinction.”³⁸ Du Fot used his connection with Gardane to maximum effect, as his course appears more often than any other in the newspaper.

Du Fot also used the *Gazette de Santé* to attack his self-proclaimed primary rival, Madame du Coudray.

The Intendants of the different *généralités* of the kingdom, having felt the necessity of instructing midwives in the art of *accouchement*, very useful and, nevertheless, very ignored in the countryside, had chosen to call, each in their province, the Dame Ducoudray [*sic*], mistress midwife, very instructed, with a tireless zeal, to conduct thus in the principal towns of the kingdom, in order to communicate there her knowledge and talents. However, this help has been fleeting [and] we have felt by the good that was produced by this temporary instruction, the advantage which could result in the cities and in the countryside of a permanent education.³⁹

Du Fot skillfully uses du Coudray’s success to promote his own project while at the same time criticizing her for the itinerant nature of her courses. He surely knew that she trained surgeons to

³⁷ "De Soissons le 17 Septembre," *Gazette de Santé* 1773.

³⁸ "De Soisson, le 13 Septembre," *Gazette de Santé* September 22, 1774, 266.

³⁹ "De Soissons le 10 Mai," *Gazette de Santé* May 19, 1774.

continue teaching after she left a region, but du Fot took this opportunity to distinguish his project from hers by arguing that local physicians and surgeons—midwives are conspicuously omitted—could ensure a more permanent instruction. Du Coudray complained of these criticisms in a letter to the intendant, her friend St. Etienne in Châlons:

I would like you to read the one [agricultural gazette] from Soisson [*sic*] of the ninth of this month. There is an article about Soisson which concerns the establishment that the intendance is setting up for the instruction of midwives. Lucky for me to be rid of them. I don't know whether you recall the repugnance I felt to be forced to go there. But in this article there is one thing that shocks me. That they proclaim [the teaching] more lasting [there] than elsewhere. You alone would be in a position to prove that M. d'Orfeuil, as well as other intendants, always had the intention to make this institution durable, since M. D'Orfeuil just had a number of women instructed by twenty-three demonstrators in each city where the machines were left. You do this whatever way you wish, and I think it is very necessary that it be put in the *Gazette de France*. Besides, it's only just to do this for M. d'Orfeuil, who stopped at nothing to produce such a great good and to make it more permanent than elsewhere.

Just think how those other courses are run. A demonstrator need only keep these women eighteen days! I have one of my disciples in Soisson, and I shall be informed of all that goes on there.⁴⁰

Du Fot's disingenuous critiques challenged the reputations of du Coudray and the intendants who had expended so much time and money to bring her to their regions. Du Coudray, never one to remain silent, wished to fight back in the newspapers, but sought one with even more prestige and a larger audience, the *Gazette de France*. As both du Fot and du Coudray were acutely aware, newspapers could make or break a reputation.⁴¹ Du Fot infuriated du Coudray, at least in part, because he used publication as effectively as she did for self-promotion.

⁴⁰ Quoted in and translated by Gelbart, *The King's Midwife*, 177.

⁴¹ Terrall discusses the centrality of reading and writing to sociability and reputation building. Terrall, *The Man Who Flattened the Earth*, Chapter 1.

Du Fot died suddenly in September 1775.⁴² His hard work networking and building his reputation had just started to pay off and even posthumously his connections continued to produce rich dividends. Turgot and Lepeletier ensured that du Fot's wife received 400 *livres* annually for the rest of her life out of the salary of any future instructor, with one caveat: she must apportion 100 *livres* annually to the Soissons midwife, Goupil, for attending the births of the poor. Du Fot previously held this position (for 400 *livres per annum*) and, as Madame du Fot could not assume the duties herself (after all she was not a midwife) the cost of his replacement fell to her. While not a large sum, it was enough to keep his family out of abject poverty and represented the appreciation of Turgot and Lepeletier for his work, even if they denied her the 600 *livres* she had requested.⁴³

When, in 1780, Dame Goupil could no longer perform her functions as midwife to the poor or at the *maison de force* (workhouse), a further opportunity to extend the power of the course arose. The Count de Flamarens, having heard about Goupil's declining health from his personal surgeon, recommended Madame Renard (also called Richemont)—trained at the Hôtel-Dieu of Paris and St. Côme, with 18 years' experience practicing in Paris—to fill Goupil's position. The duchesse of Trémoille also took a personal interest in the matter, suggesting the surgeon Pierre Esprand from Soissons for the position.⁴⁴ Lepeletier insisted, however, that the

⁴² Letter from Turgot to Lepeletier on the death of du Fot: October 4, 1775, AD Aisne: C 630; Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons."

⁴³ Copy of the letter from Turgot to Lepeletier: October 31, 1775, AD Aisne: C 630; Copy of the letter from Lepeltier to the widow of du Fot: November 8, 1775, AD Aisne: C 630; Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons."

⁴⁴ Letter from Le Comte de Flamarens to Lepeletier, the intendant of Soissons: March 6, 1780, AD Aisne: C 631; Letter from Lepeletier, intendant of Soissons, to the Comte de Flamarens: March 11, 1780, AD Aisne: C 631; Letter from Esprand to Lepeletier, intendant of Soissons: AD Aisne: C 631; Letter from Lepeltier, intendant of Soissons, to the duchesse de Trémoille: June 15, 1780, AD Aisne: C 631; Attestation for Renard: AD Aisne: C 631; Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons."

position “is not vacant”⁴⁵ as it was destined for one of the students from the local midwifery course. This was, he asserted, “an act of justice of which, you will agree, I cannot refuse.”⁴⁶ By reserving this position, and its potential salary of 400 *livres*, for a student, Lepeletier increased the benefits of course attendance and, thus, student investment in the courses. As the stakes for course participation increased, so too did the ability of the program to shape local communities.

Du Fot taught classes in only three locations before his death: Soissons, Laon, and Noyons. Still, his impact on the midwifery community proved enduring. When the Société Royale de Médecine conducted the national survey of provincial midwives eleven years after his death, 20 of du Fot’s students still practiced midwifery, mostly in Soissons and Laon.⁴⁷ At the moment of du Fot’s death, however, the future was less certain. Turgot expressed vagueness about the status of the class: “It’s a question of knowing if the death of S. du Fot leaves, in effect, a vacant place...” Undeterred, he offered to assist in the search for a replacement and asked to be kept up to date on the candidates.⁴⁸ Lepeletier had already set his eyes on Dr. Nachet, the physician and manager of the free dispensary of medical remedies (*dépôt gratuit de remèdes*) established by du Fot in Laon.⁴⁹

On October 14, 1775, ten days after Turgot’s letter upon du Fot’s death, Lepeletier announced his choice of Jacques Antoine Nachet, “a very skilled physician *accoucheur*,” to replace du Fot. Lepeletier went to great lengths to remind Turgot of the crown’s financial

⁴⁵ Letter from Lepeltier, intendant of Soissons, to the duchesse de Trémoille: June 15, 1780, AD Aisne: C 631.

⁴⁶ Letter from Lepletier, intendant of Soissons, to the Comte de Flamarens: March 11, 1780, AD Aisne: C 631.

⁴⁷ Survey sages-femmes du royaume de Soissons: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19.

⁴⁸ Letter from Turgot to Lepeletier on the death of du Fot: October 4, 1775, AD Aisne: C 630.

⁴⁹ "De Soissons le 17 Septembre."

commitments to the course. Turgot quickly approved Nachet as instructor and the pension for the widow du Fot.⁵⁰ Nachet was not the only candidate for the position. Madame d'Aumale submitted the name of M. Pontcarré to replace du Fot, but Lepeletier brushed her off for unknown reasons.⁵¹

While Lepeletier broadcasted his intention to continue the course as quickly as possible, nevertheless du Fot's death caused some anxiety about the future. The *subdélégué* from Villers Cotterets, located southwest of the city of Soissons, worried that the promised spot for his student, Toinette Beudelot, in the cancelled October class would be lost. He explained that "the parish of Boursonne has no other assistance than that of an 80-year-old and infirm woman, who is more in the circumstances of receiving than giving [assistance]."⁵² In fact, this concern for the state of midwifery came from the Marquise of Boursonne herself. Not only did she speak to the *subdélégué* at his house regarding this matter, but she also wrote to the intendant requesting that he assure her that the prospective student would be guaranteed a spot in the first class that opened.⁵³ Not leaving it to chance, the *subdélégué* reminded Lepeletier of his obligation as the opening of Nachet's first class approached.⁵⁴ These fears demonstrate the value that local administrators ascribed to the midwifery courses. The ability to claim a "*sage-femme brevetée*" (licensed midwife) gave prestige to rural administrators. The intervention of the Marquise of Boursonne aligns with the traditional role of local noble women to guard the health of peasants,

⁵⁰ Copy of the letter written by Turgot to Lepeletier: October 31, 1775, AD Aisne: C 630; Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons."

⁵¹ Letter from Lepeletier to Mme d'Aumale: October 14, 1775, AD Aisne: C 630; Letter from Mme d'Aumale to Lepeletier Nominating Pontcarré: October 2, 1775, AD Aisne: C 630.

⁵² Letter from subdelegate of Villers Cotteret to intendant Lepeletier: AD Aisne: C 630.

⁵³ Letter from Marquise de Boursonne: October 3, 1775, AD Aisne: C 630.

⁵⁴ Letter from *subdélégué* of Villers Cotteret to intendant Lepeletier: April 30, 1776, C 630, Fol. AD Aisne.

particularly that of the women and children.⁵⁵

Under Nachet, the administrative practices pioneered by du Fot became systematized. Nachet, like du Fot, taught two month-long classes per year, one in May and the other in October. Unlike du Fot, Nachet branched out beyond the principal cities of the region in order to reach more women. One month before a course commenced, Nachet would recommend a location to the intendant for approval. Lepeletier would then contact his *subdélégué* in that region asking that they print letters to send to the priests, *syndics*, and the “principal inhabitants” of the town announcing the class and asking them to “choose from honest women and [those] capable of profiting from the lessons...”⁵⁶ By 1777 these letters from the intendant became standardized in form, content, and language. Lepeletier and Nachet limited class size to twenty students, who each received a living allowance of 36 *sols* per day.⁵⁷ Nachet taught in June 1776 a student body in Laon that included some attendees from Craonne. In October 1776, he was in Guise; in May 1777, in Château-Thierry; and in October 1777, in Clermont.⁵⁸ Nachet and Lepeletier endeavored to spread the courses around the generality, increasing its reach.

Nachet died from a lifelong illness at 30 years of age on March 10, 1778.⁵⁹ He left vacant three positions: professor of *accouchement*, doctor of the pauper’s hospital (*dépôt de la mendicité*), and epidemics doctor. The search for Nachet’s replacement commenced

⁵⁵ Alisha Rankin, *Panacea's Daughters* (Chicago: University of Chicago Press, 2013), Introduction and Chapter 1.

⁵⁶ Letter from intendant Lepeletier to Berthe subdélégué of Clermont: September 10, 1777, AD Aisne: C 630; Letter from intendant Lepeletier to M. Prevost subdélégué from Château-Thierry: April 6, 1777, AD Aisne: C 630.

⁵⁷ Letter from intendant Lepeletier to Berthe subdélégué of Clermont: September 10, 1777, AD Aisne: C 630; Letter from intendant Lepeletier to M. Prevost subdélégué from Château-Thierry: April 6, 1777, AD Aisne: C 630.

⁵⁸ AD Aisne: C 630; Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons."

⁵⁹ Letter from subdelegate L'Eleu to intendant Lepeletier upon Nachet's death: March 10, (1778), AD Aisne: C 630; Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons."

immediately, even as M. L'Eleu de Servenay, the *subdélégué* of Laon, notified Lepeletier of his death.

M. Nacet, physician in this city, to whom you wished to accord your confidence to make and give lessons on *accouchement* in your *généralité*, died this morning, widely regretted...the S. Nacet, his father, [is a] very skilled and experienced master in surgery. This father, widower for 15 years, remains burdened with five children, none of whom is established. Their education will yet require a considerable expense...the honest and sensible inhabitants of this city dare to hope, Monseigneur, that you will be moved by the recent loss of S. Nacet, father, and his children, and preserve for the one [Nacet] the second [his father], who yet needs to uplift the family, this is to say to charge him to take the care of the ill of the hospital [*dépôt*] and of the treatment [...] epidemics.⁶⁰

The Count of Hédouville had the same idea and also proposed Edmé Antoine Nacet, father of Jacques, to head the poor hospital and the doctor Labrusse to conduct the midwifery courses.⁶¹

The administrators agreed that the Nacet family deserved continued government support, as had du Fot's widow. Lepeletier immediately offered Edmé Antoine Nacet the positions of doctor at the poor hospital and instructor for the midwifery course. Nacet accepted the position at the hospital, but declined the teaching role, claiming that he could not be absent from Laon for two months annually for the sake of his children and patients.⁶² Thus, the very family ties that inclined Lepeletier to offer him the position required Edmé Antoine Nacet's rejection. This was, however, only a minor setback as recommendations and applications for the teaching position flooded Lepeletier's office upon Nacet's death. The selection of the next instructor of midwifery in Soissons drew the opinions of *accoucheurs* from Paris, such as Alphonse Leroy

⁶⁰ Letter from subdelegate L'Eleu to intendant Lepeletier upon Nacet's death: March 10, (1778), AD Aisne: C 630.

⁶¹ Letter from the Comté de Hédouville to Lepeletier, the intendant of Soissons: April 10, 1778, AD Aisne: C 630.

⁶² Letter From Edmé Antoine Nacet to Lepeletier, intendant of Soissons: March 29, 1778, AD Aisne: C 630; Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons."

and Poissonnier, and some of the most prominent members of the region: the Count of Hédouville, the Abbot de Moncel, the Count de Coigny, and many local administrators.

The Count of Hédouville had recommended the physician Labrusse from Laon for professor of *accouchement* at the Count of Coigny's behest. De Coigny himself, the Abbot of Lironcourt, and Madame de Narbonne also advocated for Labrusse as epidemics doctor.⁶³ Lepeletier bowed to such esteemed opinions by offering Labrusse the position. Having been informed of his success by both L'Eleu and Hédouville, Labrusse rushed to express his gratitude to Lepeletier.⁶⁴ Hédouville too recognized a debt owed to Lepeletier: "I give to you a million thanks for that which you wished to accord to M. Labrusse and Nachet..."⁶⁵ By splitting the multiple titles held by Nachet, Lepeletier could further cultivate and grow his personal networks and collect gratitude from prominent persons. The position of professor of *accouchement*, nevertheless, remained vacant and there were three other applicants.

When the senior Nachet declined to fill his son's position, he took the opportunity to suggest another, Gaignières.

This [is the] son of M. Gaignières, old master in surgery and lieutenant to the First Surgeon of the King. This young man has been, for four years, in Paris. We are assured that he has taken two classes, Monseigneur, the lessons of M. Alphonse Le Roy, famous *accoucheur* in this capital.⁶⁶

This 25-year-old doctor, on his way at the time of this letter to receive his physician's cap in Reims, amassed more recommendations than any other candidate. The Abbot of Moncel

⁶³ Letter from the Comte de Coigny to Lepeletier, intendant of Soissons: no date, AD Aisne: C 630; Letter from the Comté de Hédouville to Lepeletier, the intendant of Soissons: April 10, 1778, AD Aisne: C 630; Letter from Madame de Narbonne to Lepeletier, intendant of Soissons: March 19, 1778, AD Aisne: C 630; Letter from Abbé de Lironcourt to Lepeletier, intendant of Soissons: March 12, 1778, AD Aisne: C 630.

⁶⁴ Letter from Labrusse to Lepeletier, intendant: AD Aisne: C 630.

⁶⁵ Letter from Hédouville to Lepeletier, intendant of Soissons: March 29, 1778, AD Aisne: C 630.

⁶⁶ Letter From Edmé Antoine Nachet to Lepeletier, intendant of Soissons: March 29, 1778, AD Aisne: C 630.

arranged the necessary introduction between Gaignières and Lepeletier and wrote multiple times on Gaignières' behalf.⁶⁷ "I believe him worthy of the encouragement that you would gladly accord to burgeoning talent and merit."⁶⁸ While the abbot was Gaignières' fiercest supporter, he had others in Madame de Marchais, L'Eleu de Servenay (the *subdélégué* of Laon), and the Count of Hédouville.⁶⁹ Two motivations underlay the recommendations for Gaignières: the near universal respect for his father for 30 years of service to Laon and his training under Alphonse Leroy in Paris.

Even Leroy wrote to Lepeletier on Gaignières' behalf:

I assure you that he is very able [*en état*] to fill the chair of professor of *accouchement*...For two years he assiduously attended my courses and practiced under my eyes. It is after this that I certify to you his skill, his intelligence, and his wisdom...I believe [myself] able to reassure you concerning his air of youth...⁷⁰

Leroy's concerns about Gaignières' youth were not unfounded. The Abbot of Moncel argued that his youth represented an asset, not a liability: "Permit me to add that the place of demonstrator of *accouchements* can only be filled by a young man, physician or surgeon, little occupied..."⁷¹ The extent and quality of recommendations for Gaignières, however, failed to overcome the concerns about his age and inexperience. Lepeletier explained his decision against Gaignières to the Abbot of Moncel:

...you know, Monsieur, the consideration that I have always held for your recommendations. This young man declared, without a doubt, the most happy disposition but you admitted to me that this one [Gaignières] has not produced either the practice or the experience necessarily required for the chair of the

⁶⁷ Letter from Abbé de Moncel to Lepeletier, intendant of Soissons: March 17, 1778, AD Aisne: C 630.

⁶⁸ Letter from Abbé de Moncel to Lepeletier, intendant of Soissons: March 12, 1778, AD Aisne: C 630.

⁶⁹ Letter from the Comté de Hédouville to Lepeletier, the intendant of Soissons: April 10, 1778, AD Aisne: C 630.

⁷⁰ Letter from Leroy to Lepeletier, intendant of Soissons: April 3, 1778, AD Aisne: C 630.

⁷¹ Letter from Abbé de Moncel to Lepeletier, intendant of Soissons: April 17, 1778, AD Aisne: C 630.

professor of *accouchement*. . . I perceive that it [his youth] could embarrass [*gêner*] and also drive away the confidence of the public. . .⁷²

The concern about Gaignières' age was not just about inexperience; he had, after all, attended births with Leroy for two years. The unease also related to an interest in maintaining propriety. Persistent concerns about indecency endured when male practitioners attended female patients and younger practitioners were believed to be the most likely to behave improperly. Feeding such concerns, stories circulated about the surgeons at the Hôtel-Dieu of Paris making jokes, laughing, and generally behaving raucously in the maternity ward.⁷³ Lepeletier could not risk disrespect or frivolity in an instructor who would be charged with the care of the female students and discuss with them the most sensitive of topics. He attempted, nevertheless, to smooth things over with Moncel and Leroy by assuring them of his deep respect.⁷⁴ Conversely, L'Eleu, as his subordinate, did not receive any such explanation or reassurance, only instructions to assist the new instructor in reestablishing the course.

Another Parisian-trained practitioner also sought the position of professor of *accouchement*, the surgeon René Auguste Dupont. He had practiced as an *accoucheur* in Guise for fourteen years and had attended in Paris the courses of Antoine Petit (like du Fot), Poissonnier at the *Collège Royal*, and Moreau at the Hôtel-Dieu of Paris. Poissonnier endorsed "a report very favorable to his talents."⁷⁵ Apparently these impressive credentials and one strong

⁷² Letter from Lepeletier, intendant of Soissons to l'Abbé de Moncel: May 1778, AD Aisne: C 630.

⁷³ Carlyle, "Phantoms in the Classroom: Midwifery Training in Enlightenment Europe."; Brockliss and Jones, *The Medical World of Early Modern France*, 616; McTavish, *Childbirth and the Display of Authority in Early Modern France*, 114; Philippe Hecquet, *De l'indécence aux hommes d'accoucher les femmes et de l'obligation aux femmes de nourrir leurs enfans* (Trevoux: de l'imprimerie de S.A.S, 1708).

⁷⁴ See also Letter from Lepeletier, intendant of Soissons to Alphonse Leroy: April 16, 1778, AD Aisne: C 630.

⁷⁵ Letter from Poissonnier to Lepeletier, intendant of Soissons: March 20, 1778, AD Aisne: C 630; Mémoire: AD Aisne: C 630; Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons."

recommendation were not enough to get Dupont the position. Quite possibly Lepeletier had a preference for a physician-instructor.

One other candidate failed to obtain the position of midwifery instructor. Not heeding the conventions of supplication and zeal, and instead demonstrating arrogance and disinterest, limited the chances for success of M. Dieu's, physician in Soissons. He openly admitted that the post of doctor of the poor hospital (*dépôt de la mendicité*) did not interest him as "the earnings were too modest in proportion to the dangers..."⁷⁶ He added that "the title of Doctor of Epidemics would suite me the best..." as he had already initiated a correspondence with the Société Royale de Médecine. Regarding the professorship of *accouchement*, he presented himself as indifferent yet willing.

As to the midwifery courses, I have, like all my colleagues, theoretical knowledge. I have only put it into practice five times and always in difficult cases. But if you judge it proper...I would be flattered to be in a position to fulfill the charge with honesty...⁷⁷

His attitude, comportment, and lack of experience in childbirth doomed his application.

Interestingly, the successful candidate, Deberge, initially applied for the position of epidemics doctor. "I doubt that we [would] find in this region a man more enlightened and with more zeal than S. Deberge," praised the commissioner of war, Lunyt de Sainte-Foix, the day after Nachet's death.⁷⁸ Deberge was the physician for the town and military hospital of La Fère, north of Soissons. Pierre Delaunay-Deslandes, the director of manufacturing for a large glass

⁷⁶ Letter from Dieu to Lepeletier, intendant of Soissons: March 12, 1778, AD Aisne: C 630; Due to damage in the original document, quote comes from Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons."

⁷⁷ Letter from Dieu to Lepeletier, intendant of Soissons: March 12, 1778, AD Aisne: C 630.

⁷⁸ Letter from Lunyt, commissaire des guerres, to Lepeletier, intendant of Soissons: March 11, 1778, AD Aisne: C 630.

factory in St. Gobain, also submitted a recommendation on Deberge's behalf. Both Lunyt and Deslandes emphasized Deberge's experience with combatting epidemics and instituting an inoculation program; they noted nothing about childbirth.⁷⁹ Lunyt praised Deberge and fashioned him the model public servant in a letter to Lepeletier:

His talents, Monsieur, known in this region, his assistance with the epidemics we had here without any remuneration, only by his zeal and his humanity, the same feelings and the same conduct for the service of the king.⁸⁰

The words "zeal," "humanity," and "service," paint Deberge as the ideal enlightened physician and Lunyt reinforces these claims with specific examples. Deberge's role in the epidemic crises warranted his reputation. Midwifery courses were framed within Enlightenment values of subjugating personal desires for the greater good of country and humanity, and the public expected the ideal instructor to embody these qualities.

Lepeletier remained skeptical because he feared Deberge's obligations at the military hospital might interfere with his role as instructor. Lunyt, however, reassured Lepeletier that the absences twice per year would not pose a problem, especially since Deberge only earned 160 *livres* and the surgeons could fill-in. Almost as an afterthought, Lunyt finally addressed the question of childbirth in the postscript: "I will add, Monsieur, that M. de Berge [*sic*] has knowledge and a particular study of *accouchement*, and...he presides over all our women in this great work."⁸¹ While experience in childbirth undoubtedly informed Lepeletier's choice of instructor, the delayed attention to this factor in Deberge's case suggests it wasn't the primary

⁷⁹ See also Letter from Deslandes to Lepeletier, intendant of Soissons: March 14, 1778, AD Aisne: C 630.

⁸⁰ Letter from Lunyt, commissaire des guerres, to Lepeletier, intendant of Soissons: March 11, 1778, AD Aisne: C 630.

⁸¹ Letter from Lunyt, commissaire des guerres, to Lepeletier, intendant of Soissons: April 15, 1778, AD Aisne: C 630.

concern. Lunyt's response reassured Lepeletier who now expressed to Deberge his "greatest confidence...in your talents, experience, wisdom, and morals..."⁸² It took two months and six candidates, but Lepeletier had finally found his next professor of midwifery.

The choice of the next instructor, and its concomitant power, lay with the intendant. Yet, he was not free to choose unreservedly. There were social, political, and economic considerations. Not all recommendations carried the same weight. While the endorsements from Leroy and the Abbot of Moncel deserved an explanation when Lepeletier's choice went elsewhere, L'Eleu's reference, as his subordinate, did not. Edmé Antoine Nachet stood as Lepeletier's first choice for instructor, both because he was a well-respected and established surgeon and because there existed a moral obligation for Lepeletier to care for the families of his deceased pensioners. Nevertheless, personal reasons prevented this appointment. Lepeletier decided, thereafter, to divide up the three positions left vacant by Nachet's death, ensuring maximum benefit to himself and mitigating any repercussions.

Personal connections continued as a necessary, but not alone sufficient, condition for a candidate's appointment. Gaignières received by far the most commendations from the highest-ranking individuals, but these could not overcome concerns about a perceived lack of experience and the fallout from social fears about young medical men and indecency. Nor was experience alone sufficient. Dupont, with his years of Parisian medical education and vast experience, had the strongest résumé, but he was a surgeon and offered only one recommendation. Deberge successfully obtained the appointment by presenting an image of himself with the desired combination of knowledge, experience, morals, and proper comportment. Lepeletier's decision emerges as quite constrained when we consider all the socio-political ramifications. He must

⁸² Letter from Lepeletier, intendant of Soissons, to Deberge: May 22, 1778, AD Aisne: C 630.

have desired primarily a selection that would benefit himself in some way—either through contributing to his reputation as an administrator or in gathering obligatory favors from important individuals—but he had to negotiate with local elites, Parisian medical men, local government administrators, and the general populace of his region. Moreover, the diversity of persons invested in this process, from Abbots and Counts to military and manufacturing men, illustrates that the ramifications of the choice of midwifery instructor went beyond medical and pedagogical concerns. Each recommendation presented a different social vision for midwifery and the proper interactions between the sexes: Should surgeons or physicians educate midwives? What age, level of experience, and comportment were appropriate for a midwifery instructor? What family and social connections should he have? Also, the involvement in these decisions of noble women, such as Madame Marchais, occurred within their social role as maternal figures and charity workers for the poor, particularly poor women and children. Various and diverse community members retained a stake in the regional midwifery course, as Deberge surely found when Lepeletier sent him to work immediately upon accepting the position.

In June 1778, only three months after Nachet's death, Deberge commenced his teaching career in Crépy-en-Valois to an audience of fourteen students. He was "surprised by their approach as much as their intelligence. All [students] now know the pelvis, its defects, and those other parts that serve in generation, nutrition, and the expulsion of the infant."⁸³ He taught them all the possible positions of the infant *in utero* and the maneuvers used to deliver each. Students took turns practicing these maneuvers on mannequins, presumably still those of Madame L'Enfant and Riel that du Fot had used.

At least initially, Deberge continued to follow the general structure of the courses as laid

⁸³ Letter from Deberge to Lepeletier, intendant of Soissons: August 1, 1778, AD Aisne: C 631.

out by du Fot and Nachet: two courses per year at a location chosen by Lepeletier and Deberge together with each student receiving a stipend of 36 *sols per diem*. The classes were short, lasting about 15 days. In 1785 Lepeletier decided to extend the class to 18 total days without increasing the total cost for student stipends, effectively lowering their pay to 30 *sols per diem*.⁸⁴

The generality enjoyed an annual 3,000-*livre* tax reduction for hosting the spring and fall midwifery courses. (Then as now, tax relief to a locality was as good as money in the bank.) Generally, Deberge and Lepeletier sought to cap the cost of student stipends at 540 *livres* per course. Lepeletier paid Deberge 600 *livres* in cash for each class he taught, though 200 *livres* of it went to du Fot's widow. The total annual budget for the courses left room for additional expenses for such items as books, mannequins, instruments, and anatomical images, especially at the start in 1778. Deberge's first year of teaching was atypical because he bought more additional materials and long-term assets for the course than he ever did again, and because student enrollment was less than full for that year. Still, the expenses incurred for the courses in 1778—including the items purchased by Deberge that weren't actually reimbursed by the intendant until 1779—totaled 2,449 *livres* and 11 *sols*. The generality, thus, profited 550 *livres* and 9 *sols* that year. In 1784, a year in which Deberge exactly met the budget of 1140 *livres* for each class, 720 *livres* remained unspent. As shown in Table 3 below, the total annual costs were low enough every year so that the 3,000-*livres* tax reduction provided by the crown allowed for a profit for the generality. In short, the intendant made money from midwifery courses. While far from stingy, Deberge demonstrated an acute managerial awareness of expense, pointing out the savings he achieved and assiduously explaining any unanticipated expenses to the intendant.

⁸⁴ Letter from Lepeletier, intendant of Soissons, to Deberge: January 12, 1785, AD Aisne: C 631; Letter from Deberge to Lepeletier, intendant of Soissons: January 23, 1785, AD Aisne: C 631; Letter from Deberge to Lepeletier, intendant of Soissons: June 4, 1785, AD Aisne: C 631.

Deberge made a few changes to the class beyond the increase in course length in 1785. In his second year of teaching, he identified a need for additional education for his students, having found himself dissatisfied with the outcome of the June 1779 class in Vervins. Some students from this class frequently forgot the principles he taught them and still “searched for occasions to perfect themselves.”⁸⁵ So Deberge posed the question to Lepeletier:

Will you permit me, Monseigneur, to put before you a certain method for perfecting this establishment, if useful, if necessary for the conservation of mothers and infants? This would be to call the same persons to a second class straight away and forbid those who do not know how to read.⁸⁶

The *subdélégués* of Vervins and Laon agreed, stating that the first class merely “made a beginning on this subject.”⁸⁷ All concurred that students attending two courses would increase the “perfection” of the establishment, without increasing costs, and, as Lepeletier noted, “half knowledge is often more dangerous than ignorance.”⁸⁸ Fears grew that insufficient education would lead midwives to believe they had more knowledge and skill than they did; a situation believed to be just as deadly as complete ignorance. So, until 1786, each year Deberge taught both classes in the same locations, to (mostly) the same students, summarized in the following table (see Table 3).

⁸⁵ Letter from Deberge to M. Breger: June 25, 1779, AD Aisne: C 631.

⁸⁶ Letter from Deberge to Lepeletier, intendant of Soissons, with a list of objects and their prices: June 25, 1779, AD Aisne: C 631.

⁸⁷ Letter from Dupealy, subdelegate of Vervins, to Lepeletier, intendant of Soissons: October 11, 1779, AD Aisne: C 631.

⁸⁸ Letter from Lepeletier, intendant of Soissons to Deberge: October 7, 1779, AD Aisne: C 631.

Location, Number of Students, and Cost of Deberge's Classes 1778 to 1786

(Table 3)

(Asterisks indicate that the information provided is not found directly in the sources but calculated or estimated by the author.)

Year	Month	Location	Number of Students	Cost
1778	June	Crépy-en-Valois	14	1067 livres
1778	October	Marle	Unknown	1024 livres 16 sols
1779	June	In Vervins with 8 students from Hirson and 4 from Laon	20	1140 livres
1779	October	In Vervins with students from Hirson and Laon	20*	Unknown
1780	May	In Ham with 10 students from Nesle	19*	1129 livres 8 sols
1780	October	In Ham with students from Nesle	21	1113 livres
1781	May	In Chauny with 8 students from Coucy	20	1120 livres 4 sols
1781	October	In Chauny with 8 students from Coucy	20	1140 livres
1782	July	In Rozoy with students from Laon	19	1105 livres 16 sols
1782	October	In Rozoy with students from Laon	19*	113 livres
1783	May	Soissons	22	1188 livres 12 sols
1783	October	Soissons	22	1194 livres
1784	May	Noyon	20	1140 livres
1784	October	Noyon	20	1140 livres
1785	May	Clermont-en-Beauvaisis	20*	1140 livres
1785	September	Clermont-en-Beauvaisis	20	1128 livres

Subdélégués had frequently competed to host midwifery courses since their inception. Anxious *subdélégués*, such as those from Laon, Ham, Chauny, and Rozoy, wrote to Deberge or Lepeletier complaining that the class had not yet come to their region or had been absent too

long. Deberge and Lepeletier typically accommodated these requests either by promising the *subdélégué* that the next class would be in his town or suggesting he send a few students to an upcoming and nearby class.⁸⁹ When the *subdélégués* of Laon and Rozoy argued over which region had a greater need of the class, Lepeletier decided the class would be in Rozoy, but reserved space for students from Laon.⁹⁰ When *subdélégués* from Ham, Chauny, and Coucy all requested courses, Lepeletier granted Ham the first class in 1780 and Chauny and Coucy split the next course.⁹¹ When negotiating course locations, Lepeletier considered such factors as geographic location relative to other potential sites and the potential number of students, while prioritizing new locations. Nevertheless, Lepeletier recognized that larger cities like Laon and Soissons required more frequent courses due to the greater number of midwives.

Deberge, like du Fot, cultivated relationships with prominent men. He ensured he remained abreast of the newest obstetrical ideas by traveling every year to Paris to study under Sigault, Leroy, and Colombier, all celebrated *accoucheurs*.⁹² Locally, medical men and government administrators attended his courses in varying capacities. In Ham in 1780 two agents of Lepeletier, M. Derassinette and M. Cauvry, regularly assisted with Deberge's lessons. M. Hedonin, a physician, and four local surgeons "were good model[s] for the public and the midwives."⁹³ In Chauny the *subdélégué*, M. Gouliart, attended the courses in person and reported

⁸⁹ AD Aisne: C 631.

⁹⁰ Letter from Deberge to Lepeletier, the intendant, of Soissons: April 27, 1782, AD Aisne: C 631; Letter from Lepeletier, intendant of Soissons, to Deberge: June 19, 1782, AD Aisne: C 631; Letter from subdélégué of Laon to Lepeletier, intendant of Soissons: June 5, 1782, AD Aisne: C 631.

⁹¹ Letter from [Deberge]: May 6, 1780, AD Aisne: C 631.

⁹² AD Aisne: C 631.

⁹³ Letter from Deberge to Lepeletier, intendant of Soissons: June 18, 1780, AD Aisne: C 631.

back to Lepeletier.⁹⁴ While the specific contributions of these individuals to the class remain murky, it is clear that Deberge cultivated medical connections in each town where he taught. These relationships benefitted Deberge by extending his personal network and performed a surveillance function for the intendant. By the same token, the students in the class also had the opportunity to use the presence of these men to foster significant relationships; after all, these were their local officials who mediated their interactions with higher government administrators and medical men. Marguerite Gobillard, midwife, had to do just this when she found herself in a dispute with the local community of surgeons. To understand her particular problem, however, one must first appreciate the decades-long history of conflict between the midwifery instructors and communities of surgeons in the Generality of Soissons.

A 1730 royal edict required that all midwives be examined by the local community of surgeons, attend courses at the school of surgery in Paris, or undergo an apprenticeship at the Hôtel-Dieu of Paris. Provincial midwifery courses fell outside this legal framework and the question of whether students from government-sponsored courses still required an additional examination by a community of surgeons increasingly demanded a resolution in the generality. The conflict between surgeons and the instructors of midwifery courses in Soissons had been brewing since at least 1760, when a lieutenant surgeon wrote to the intendant, probably in response to the prospect of du Coudray's arrival, reminding him that midwives must submit themselves to surgeons for instruction, exams, and oaths before they could practice. "This method," he promised, "[would] prevent the evils that could be caused and that are indeed caused every day by the incompetence of many women who meddle in childbirth without any

⁹⁴ Letter from Deberge to Lepeletier, intendant of Soissons: June 3, 1781, AD Aisne: C 631.

theory of the art of *accouchemens* and often have only one unsure practice.”⁹⁵ Montmignon, *prévôt* and Lieutenant to the King’s First Surgeon in Château-Thierry, increased the pressure on the intendant to support the surgeons’ bid for exclusive control over midwives when he wrote to the King’s First Surgeon to complain that Nachet, the instructor at the time, was issuing licenses to practice instead of mere certificates of course completion. For Montmignon, the First Surgeon of the King and the author of the 1760 letter, the issue had been decided by the 1730 edict: as physicians, neither du Fot, Nachet, nor Deberge could grant midwives permission to practice.

Montmignon acknowledged the importance of a program for educating midwives in the provinces, but argued that such a program should be under the purview of surgeons, all the while continuing to insist that the matter was already resolved by the 1730 royal edict. He executed this difficult rhetorical maneuver by attacking the pedagogical methods of the instructors. Montmignon contended that the majority of women “do not understand that which we show them.” Surgeons could better reach provincial students through “familiar explanations” than physicians, or so he maintained. In the postscript Montmignon added, “Without a doubt it would be more advantageous that these courses be made in each village of the Election, by one of the surgeons who exercises principally in the field of *accouchements*,” for a small fee of course.⁹⁶ Having trained at least two midwives personally, this matter was not just about professional boundaries for him, but also his own economic wellbeing.⁹⁷ Attempting to bypass the intendant, he also circulated a letter to priests requesting that they inform their local community of surgeons

⁹⁵ Printed Letter to the Intendant: 1760, AD Aisne: C 631.

⁹⁶ Letter from Montmignon, lieutenant du premier chirurgien du roy to Lepeletier, the intendant of Soissons: [1777], AD Aisne: C 631.

⁹⁷ Survey sages-femmes du royaume de Soissons: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19, Fol. 3.

of those midwives practicing without the required examination.⁹⁸ Lepeletier's tactic appears to have been one of avoidance, because no attempt to resolve this issue survives. He did, after all, have the support of the Controller-General of Finance for the midwifery courses. In the 1780s, however, changes in the governmental administration of the *généralité* of Soissons and national governmental and Parisian medical intervention into local midwifery communities caused the conflict to intensify and forced a resolution.

In January 1785, Charles-Esprit-Marie de La Bourdonnaye de Blossac became the intendant of Soissons, and Lepeletier took up a position as *prévôt des marchands* of Paris. Blossac immediately wrote to Deberge, "My intention is for nothing to change." Despite this reassurance, Blossac ultimately altered midwifery licensing practices *vis-à-vis* the examinations by surgeons: "In order for women to avoid the annoyance on the part of the surgeons of the countryside, I ask that they make an examination with the Lieutenant of the First Surgeon." Rather than offering enthusiastic support to surgeons, Blossac seems motivated by a wish to avoid the hassle and difficulty of continued discord. Probably lacking a strong opinion in favor of either side, the 1730 law determined his ruling. The issue, nevertheless, remained unresolved in local communities.

In July 1786, Nicolas Courtois, a master surgeon in Crespy, alleged to Blossac that three quarters of practicing midwives had not been received by the community of surgeons. Blossac handed off the issue to the local *subdélégué*, Bezin, to investigate.⁹⁹ Bezin found the course to be sufficient to address the problem of unsuitable midwives:

The request of Sieur Courtois, surgeon in Crepy [*sic*], is probably brought about by the questions that I asked him, as *prevost* of his community, in order to be able

⁹⁸ Letter from Montmignon, Lieutenant du Premier Chirurgien du Roy to Curés: August 17, (1777?), AD Aisne: C 631.

⁹⁹ Letter from Courtois to Blossac, intendant of Soissons: July 2, 1786, AD Aisne: C 631.

to fill out the survey of midwives requested by the Minister [Calonne]...We observe the disorder that is the reason for his representations about the multiplicity of individuals without character who undertake childbirths and we cannot imagine that it would be easy to install a total reform...We think that the free course in *accouchemens* repeated from time to time would be able to remedy the abuse of the multiplicity of women without character...¹⁰⁰

The Société Royale de Médecine's (SRM's) 1786 survey of provincial midwives illuminated for surgeons the unacceptably high number of midwives practicing without having been received by a community of surgeons. Deberge fought back. Also using the opportunity of the 1786 survey, he wrote to the SRM to argue against the requirement of surgical examination, claiming corruption because many surgeons never intended to pass the students and often overcharged them.¹⁰¹ These conflicts between surgeons and physicians over professional boundaries trapped midwives in the middle and ended up increasing governmental and medical demands on them.

Marguerite Gobillard, a midwife in Thiescourt, found herself at the center of this controversy in 1787. Having taken both du Fot's and Deberge's classes in Noyon, she was unaware of any additional requirements for practice. So when the local community of surgeons demanded she pay 10 *livres* to take an exam, she sought the support of the intendant through her local government's administrators. Her *syndic* and priest pleaded on her behalf:

...she exercises her art more often for charity than personal interest. As she was authorized by your grandeur and she submitted to the exams of Sieurs du Fot and Deberge, she hopes that your grandeur would wish to maintain her in her privileges [of midwifery]...¹⁰²

¹⁰⁰ Letter from Bezin, subdélégué of Crespy, to Blossac, intendant of Soissons: July 12, 1786, AD Aisne: C 631.

¹⁰¹ Mémoire by Deberge: September 25, 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19, Fol. 2. For more on Deberge's letter see Chapter 4.

¹⁰² Letter from local administrators in Thiescourt to Blossac, intendant of Soissons: November 3, 1787, AD Aisne: C 631.

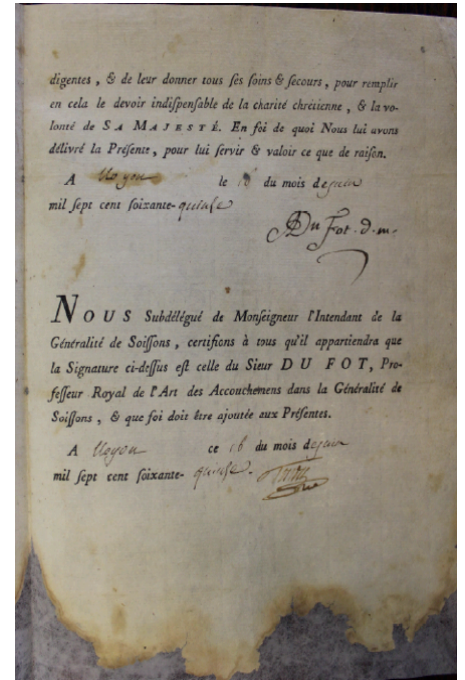
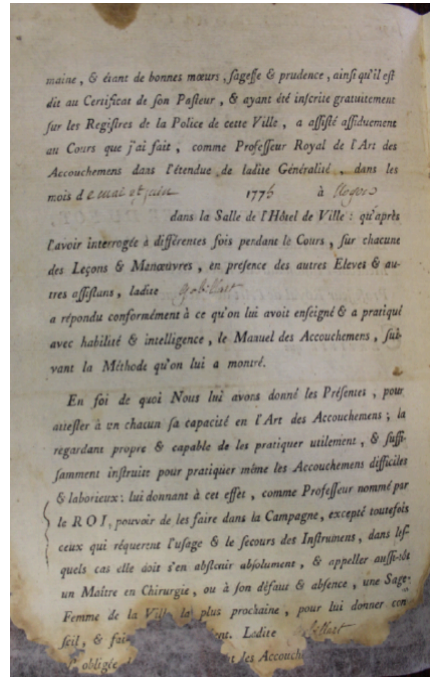
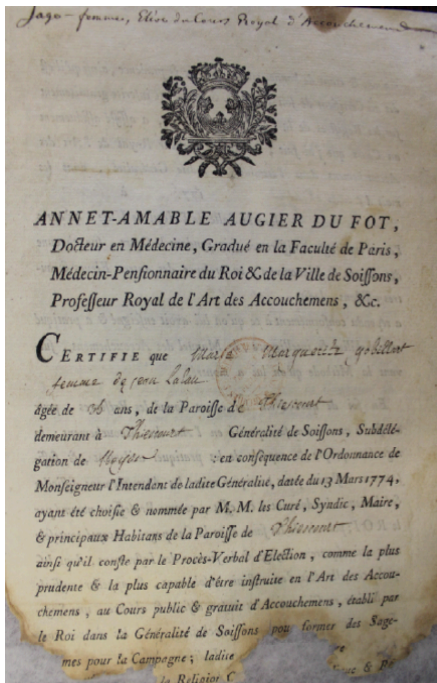


Figure 18 Course Certificate from Augier du Fot (1775)

Certificate of Marguerite Gobillard's attendance in du Fot's class in 1775. AD Aisne C631.

Gobillard argued that she was already a midwife, by rights of having taken the courses and by her comportment; furthermore, she performed acts of charity and her community was happy with her practice. In addition to the signatures of her *syndic* and the priest in support, Gobillard also submitted the certificates from du Fot and Deberge as proof of course attendance and, thus, her right to practice (see Figures 18 and 19). Multiple priests also submitted statements attesting to her status as a midwife and the community's satisfaction with her services. The surgeons of Noyon, the closest community of surgeons, acknowledged her attendance in the courses but emphasized her failure to take an oath.

Her certificates of attendance from du Fot and de Berge [*sic*] attest to the truth that she is capable of exercising this profession [*état*]. But she has not taken the oath in this skill. This is, however, a strict formality in this case without which one is without character.... Moreover, it is not interest that guides the surgeons. It is the proper order [*bon ordre*] and the carrying out of the Regulations.¹⁰³

¹⁰³ Letter from the community of surgeons to Blossac, intendant of Soissons: AD Aisne: C 631, Fol. 143.

The surgeon's argument rested on the maintenance of the social order, between professions, between men and women, and between the estates. For Gobillard, the surgical oath became a tool of moral regulation rather than an assurance of skill and knowledge.

Ultimately, the intendant, through his *subdélégué*, found that the certificates from the

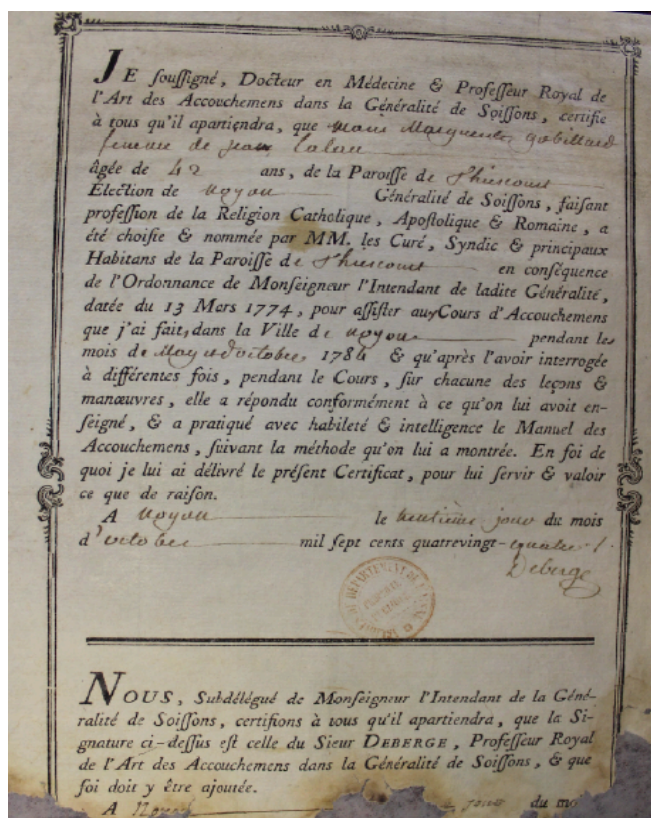


Figure 19 Certificate from Deberge's Class (1784)

Certificate of Marguerite Gobillard's attendance in Deberge's class in 1784. AD Aisne C631.

class alone were not sufficient to practice and required Gobillard to take the examination. He added that local communities of surgeons should know of the midwives in their region anyway.¹⁰⁴ This decision further entrenched surgical authority over midwives. Historians of France have often rightly emphasized the importance of the patronage system and personal connections in legal matters, but the role of laws in shaping the lives of everyday citizens cannot simply be dismissed. In the controversy over Marguerite Gobillard's status as a midwife, the rule of law intertwined with patronage

and personal connections. The law, as argued by historian Michael Breen, should be seen to "shape the terms of disputes...the law conferred legitimacy not only on the intervention of

¹⁰⁴ Letter from subdélégué of Noyon to Blossac, intendant of Soissons: AD Aisne: C 631; Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons."

patrons, but also on the resolution of the disputes...”¹⁰⁵ It was the 1730 royal edict that provided the surgeons the opportunity to intervene in the program of educating midwives, despite the support from the crown and the intendant for the educational program. These contestations over professional boundaries between surgeons and instructors of midwifery courses, however, were not the only way in which educational programs changed the social reality of provincial midwives.

The development and maintenance of the midwifery training program in the Generality of Soissons demonstrates the convergence of law; national, regional, and municipal politics; medical professional boundary disputes; and local socio-cultural practices in shaping the specific form and practices of midwifery training courses. The objects used in the course built and circulated the reputations of instructors, structured pedagogical practices, and conveyed specific ideas about the roles of midwives in society.

Social Entanglements of Pedagogical Objects

Upon Lepeletier’s acceptance of his plan to establish a course for midwives in 1773, du Fot proposed a collection of objects to aid him in his pedagogical goals. One such item, the pedagogical midwifery mannequins made by Mademoiselle l’Enfant and Riel in Paris, used real skeletons of women and infants as their base and represented anatomically correct pelvis, uterus, vagina, and other reproductive organs.¹⁰⁶ Du Fot’s written use of the terms “dummies” (*marottes*), “mannequins” (*fantômes*), and “machines” (*machine*)—sometimes all three in the same sentence—indicates both du Fot’s personal confusion over their ontological status and the

¹⁰⁵ Michael P. Breen, "Patronage, Politics, and the "Rule of Law" in Early Modern France," *Proceedings of the Western Society for French History* 33 (2005): 101.

¹⁰⁶ Carlyle, "Phantoms in the Classroom: Midwifery Training in Enlightenment Europe."

diversity of types and functions of these objects.¹⁰⁷ Du Fot presented clear reasons for the primacy of mannequins in teaching. First, he emphasized the diversity of births he could demonstrate because the mannequins permitted him to place the fetus in any position. Second, in each lesson students could safely practice maneuvers on the mannequins, imparting experiential knowledge while protecting mothers and babies. Finally, du Fot stressed these mannequins' role in appealing to the senses of the students: "It is to their eyes and their senses that it [the mannequin] principally speaks."¹⁰⁸ The empirical sensationalism of philosophers such as Locke and Condillac formed a basis for much pedagogical theory for the "Arts," or trades, in the eighteenth century. Midwifery instructors frequently espoused these pedagogical theories when speaking of peasant women, emphasizing their illiteracy and, thus, receptivity to sense-based learning. Midwifery mannequins were expensive items both to purchase and to maintain. Aware of this, du Fot made it clear that the funds for these mannequins would come from the intendant, who allocated 600 *livres per annum* for the purchase and upkeep of mannequins and instruments.¹⁰⁹ Du Fot also utilized life-size paintings of the mannequins, presumably for quick anatomical reference during lessons.¹¹⁰

While midwifery students practiced maneuvers on mannequins in many eighteenth-century training courses, a more unexpected object appeared in the Soissons midwifery course: obstetrical forceps. In 1755 a royal edict banned the use of instruments by women. Du Fot stated in his initial proposal to Lepeletier that he would instruct his students in the use of forceps until

¹⁰⁷ Ibid.

¹⁰⁸ Fot, *Catéchisme sur l'art des accouchements pour les sages-femmes de la campagne*.

¹⁰⁹ Letter from du Fot to Lepeletier: July 1, 1773, AD Aisne: C 630.

¹¹⁰ Fot, "Cours public et gratuit d'accouchements dans la généralité de Soissons."

they could use them “without danger.”¹¹¹ These lessons probably took place on the mannequins as he listed the forceps under the same course condition that required students to practice on the mannequins at each lesson. Even so, there are no instructions for instrument use in his textbook. Years later, Deberge, too, would purchase forceps for the class. He spent 39 *livres* on André Levret’s forceps, which included the new development of the pelvic curve. Levret designed these forceps using knowledge about the shape of the pelvis and birth canal gained from applying geometric principles to measuring the pelvis.¹¹² The continued purchase of forceps for a class of female midwifery students opens questions about their purpose and use that remain unanswered. Nevertheless, their existence challenges traditional historical accounts of forceps that focus on their use exclusively by male practitioners. A few possible explanations for their appearance in these courses emerge. From a practical viewpoint, the instructors knew that the nearest surgeon often lived too far to provide timely assistance and, thus, may have recognized the need for some midwives to be trained in using forceps. Competency with forceps, moreover, increased the ability of midwives to assist and support surgeons. Either way, maintaining the professional boundaries between surgeons and midwives—which the regulations around forceps strengthened—did not particularly concern either du Fot or Deberge as physicians.

Along with the title of professor of midwifery, four boxes of materials for the midwifery course transferred from Nachet to Deberge. These materials included one real pelvis with ligaments, a sacrum, two hipbones, two femurs, two mannequins [*fantômes*], two infant dolls for use with the mannequins, clothes for one baby, two placentas, and twelve images showing the

¹¹¹ Letter from du Fot to Lepeletier: July 1, 1773, AD Aisne: C 630.

¹¹² See Chapter 2; Radcliffe, *Milestones in Midwifery and the Secret Instrument*; Hibbard, *The Obstetrician's Armamentarium*.

“parts of women” and the different positions of infants *in utero*.¹¹³ M. L’Eleu, *subdélégué* of Laon, oversaw the inventory of the objects and their transfer to Deberge to ensure none sustained damaged or were lost.¹¹⁴ Deberge quickly added to this collection a widow’s pelvis in order to “make the demonstrations more sensible.”¹¹⁵ Within weeks of entering his new position, he had printed the posters that advertised the course, the student certificates of completion, and the letters to be circulated announcing the course. He also signed a sworn statement, as had Nachet, promising to pay du Fot’s widow her 400 *livres* per year.¹¹⁶ These objects and papers were the accoutrements of the position and signified his new role.

Deberge believed the addition of some new objects for the class would “establish a degree of perfection.” He complained, particularly, that the paintings used by du Fot were poorly executed and showed “false” infant presentations. With an approved a budget of 500 *livres*,¹¹⁷ Deberge spent 30 *livres* for two anatomical plates from Jacques Gautier Dagoty of a woman in labor and a section of the *symphysis pubis*; 39 *livres* for Levret’s forceps, gynecological forceps [*une pince à faux germes*],¹¹⁸ and uterine syringe (for baptizing infants *in utero*); 36 *livres* for two new mannequins [*marottes*] with real bones; 24 *livres* for recasting and fixing the old mannequins so that they could be used while waiting for the new ones to arrive; and 14 *livres* for a leather uterus and 24 *livres* for another leather uterus with changeable tops woven from verbena made by a saddler. Leather uteri could contain fluids that would be released to mimic

¹¹³ Inventory of Four Boxes of Supplies for Midwifery Cours: AD Aisne: C 630.

¹¹⁴ Letter from Eleu to the intendant Lepeletier: [June,]1778, AD Aisne: C 630.

¹¹⁵ Letter from Deberge to Lepeletier, intendant of Soissons: June 2, 1778, AD Aisne: C 630.

¹¹⁶ Letter from Deberge to Lepeletier, intendant of Soissons: June 2, 1778, AD Aisne: C 630.

¹¹⁷ Letter to Deberge from the Secretary of the intendant of Soissons: August 14, 1778, AD Aisne: C 631.

¹¹⁸ Today these instruments are used for gripping the cervix or the trailing membranes when delivering the placenta. For more on uterine baptismal syringes see Chapter 5.



Figure 20 Floor of the St. Gobain Factory (18th Century)

An aristocratic family gets a tour of the factory floor. Workers are producing sheets of glass on the casting table to the right, a reform implemented by Deslandes.

the rupture of membranes in childbirth.

Additionally, Deberge requested permission to have Deslandes—the director of manufacturing in St. Gobain who had recommended him to his

position—make him three glass uteruses: one of a normal size, one at 3-4 months pregnant, and

one at the end of pregnancy.¹¹⁹ Deslandes oversaw the glass factory in St. Gobain and its 1,200 workers owned by the Plastrier Company (see Figure 20). Under the name of *Manufacture Royale des Glaces*, the company had created the mirrors that still line the Gallery of Mirrors in Versailles and possessed a monopoly for glass manufacturing up to the Revolution. Under Deslandes' directorship, the factory in St. Gobain modernized and he imposed order and discipline on the factory floor. This meant pushing his workers in a never-ending pursuit of efficiency. He also implemented new manufacturing techniques. Specifically, he developed the use of the casting table to replace glassblowing, enabling the production of larger sheets of glass, and he initiated a new purification method for soda ash. For these reforms, Deslandes earned letters of nobility in 1772.¹²⁰

¹¹⁹ Letter from Deberge to Lepeletier, intendant of Soissons: August 1, 1778, AD Aisne: C 631.

¹²⁰ Maurice Hamon, *Saint-Gobain 1665-1990* (Editions Jean-Claude Lattès, 1988); "The Faces of Saint-Gobain," <http://www.saint-gobain350years.com/#!/en/the-faces-of-saint-gobain/pierre-delaunay-deslandes>; "History of the Group Saint-Gobain," <http://www.saint-gobain350years.com/#!/en/key-dates-of-our-history>.

Deberge's commission from St. Gobain continued a tradition of using glass uteri in midwifery pedagogy. In Bologna, Giovanni Antonio Galli built a *macchina ostetrico* with a wooden pelvis and glass uterus so that students could visualize the movements of the infant *in utero*. William Smellie and Richard Manningham both utilized glass uteri in their London classes. A glass uterus could be filled with liquids to be released at a particular moment in the demonstration and it facilitated the penetration of the student's gaze into the workings of the organ during childbirth.¹²¹ The Deberge uteri, however, seem to be of a different type. His three glass uteri did not depict the process of childbirth but, presumably, illustrated the dramatic growth of the uterus during pregnancy. It is unknown if there was a fetus inside or if the uterine models represented any other reproductive anatomical structures. While the specifics about these uteri and their production remain shrouded in mystery, it is safe to assume from their shape that they were blown, most likely in the Venetian manner, rather than made on a casting table (which produced flat sheets of glass). They could not have been any bigger than 40 inches (one meter) tall, as this is the limit of human lung capacity for glass blowing.

Deberge relied upon and fostered local infrastructure for the production of objects for his class. At the same time, there were many other items that he obtained from Paris: Levret's forceps and Dagoty's prints, for example. Patronage relationships, such as the one between Deslandes and Deberge, strengthened through exchanges of goods and services. Deslandes provided Deberge with the necessary endorsement for his position and Deberge reciprocated through the patronage of his professional endeavors.

More expensive than all these mannequins and instruments combined, however, were the

¹²¹ Lucia Dacome, "Women, Wax, and Anatomy in the 'century of things'," *Renaissance Studies* 21, no. 4 (2007); Dacome, *Malleable Anatomies: Models, Makers, and Material Culture in Eighteenth-Century Italy*; Pam Lieske, "'Made in the Imitation of Real Women and Children': Obstetrical Machines in Eighteenth-Century Britain," in *The Female Body in Medicine and Literature*, ed. Andrew Mangham and Greta Depledge (Liverpool: Liverpool University Press, 2011); Owen, *Simulation in Healthcare Education*.



Figure 21 A Pregnant Woman, Dissected, Lateral View, with Arms Upraised... (1764/1765)

This painting is one of a set of 12. Prints, like the ones purchased by Deberge, would have been made from paintings such as this one. Oil on canvas. Wellcome Images.

paper products for the course: 300 copies of du Fot's *Catéchisme* costing 153 *livres 7 sols*, and all the letters, student certificates, and plaques advertising the course.¹²² The cost to purchase and maintain the objects deemed necessary for a midwifery course remained extremely high. Deberge demanded the best for his students; Dagoty, Deslandes, and Levret all reflected prestige because they stood as the foremost men in their fields.

Jacques Gatieur Dagoty printed the first colored anatomical images employing the color mezzotinting technique invented by Jacob Christoph Le Blon (1667-1741). The theory developed by Le Blon, employing Newtonian ideas about light and color, stated that three primitive colors—blue, yellow, and red—could make all other colors. Using one copper plate for each color he would print the image three times, each on top of the other, to produce the final image.¹²³ In practice, Le Blon sometimes resorted to additions of black or white for “beauty, cheapness, and expediency.”¹²⁴ Upon Le Blon's death, Dagoty and another of Le Blon's students, the artist of du Coudray's color images, Jean Robert, entered into a priority dispute over the four-plate color mezzotinting technique, which Dagoty claimed

¹²² Letter from Deberge to Lepeletier, intendant of Soissons, with a list of objects and their prices: June 25, 1779, AD Aisne: C 631; Letter from Deberge to Lepeletier, intendant of Soissons: August 1, 1778, Aisne: C 631.

¹²³ J. C. Le Blon, *Coloritto* (New York: Van Nostrand Reinhold Company, 1980).

¹²⁴ MD Cromwell Mortimer, "An Account of Mr. James Christopher Le Blon's Principle of Printing, in Imitation of Painting, and of Weaving Tapestry, in the same manner as Brocades," *Philosophical Transactions* 37 (1731).

for himself.¹²⁵ In his *Anatomie des parties de la génération de l'homme et de la femme*, Dagoty created large color images of flayed women in lifelike postures with their uteri or reproductive organs anatomized (see Figure 21). Imagine how striking these would have appeared to Deberge's students as they hung on the walls during the course.

Students touched, saw, smelled, or manipulated multiple objects regularly while in attendance at a midwifery course: mannequins, anatomical images, glass and leather uteri, and forceps. Students, however, engaged with textbooks more frequently than any other object and even returned home with one in hand. In his 1773 initial proposal to Lepeletier, du Fot had promised a "clear and simple" textbook, a copy of which each student would receive upon completion of the course (following du Coudray's practice).¹²⁶ It took two years, but in 1775 his *Catéchisme sur l'art des accouchements pour les sages-femmes de la campagne* appeared. Many instructors of provincial midwifery courses, such as Icart, Astruc, Le Bas, and Didelot, utilized publishing as a tool for self-advancement.¹²⁷ Du Fot took this method a step further by convincing his Paris governmental connections to pay for the printing and national circulation of his textbook. He highlighted his governmental ties on the title page, noting that the text was "made by the order and at the expense of the government," in addition to the usual approbations from relevant scientific societies, specifically the *Académie Royale des Sciences* and the *Faculté de Médecine de Paris*.

In July 1775, letters from Turgot's secretary, Ormesson, to the intendants of France announced 5,000 free copies of the recently published *Catéchisme* for circulation to surgeons and

¹²⁵ Jacques Gautier d'Agoty, "Peinture: Lettre a M. Gautier," *Le Mercure de France* 1756; Jean Robert, "Lettre a l'auteur du Mercure," *Le Mercure de France*, April 1756; Jacques Gautier D'Agoty, *Lettres concernant le nouvel art de graver et d'imprimer les tableaux* (Paris: J Bullot, 1749).

¹²⁶ Letter from du Fot to Lepeletier: July 1, 1773, AD Aisne: C 630.

¹²⁷ McTavish, *Childbirth and the Display of Authority in Early Modern France*.

midwives. Turgot believed “that nothing was more useful than to make known the method followed by this physician in his instructions.”¹²⁸ This promotion of a rival course of du Coudray’s caused confusion in some areas. In Caen, where du Coudray was currently teaching, Fontette, the intendant, asked Ormesson “if the principles of S. du Fot entirely accord with those of du Coudray.” He notes, “It would be unfortunate if [they] did not.”¹²⁹ The support of conflicting programs by the crown was far from unusual as different ministers sought to promote their particular clients over those of rivals. Du Coudray had obtained her original royal brevet from Henri Léonard Bertin, while du Fot’s support came from the later Finance Minister Turgot.

Du Fot’s pocket-sized textbook catered to an audience of literate provincial women with its simple language and question-and-answer format. He divided the book into five sections, three of which correspond to his categories of childbirths: normal births not requiring any interference, births requiring intervention by hand, and births requiring instruments. He devoted the first section mainly to anatomy and physiology, but also included a discussion on vaginal exams and miscarriages. The second section concerns normal, uncomplicated deliveries and the comportment of midwives during them. The third and largest section corresponds to the category of childbirths requiring the intervention of a midwife using only her hands. In this most detailed section, du Fot describes the maneuvers necessary to deliver babies in 21 different positions, though it is questionable how successful a student could be in accomplishing these maneuvers because he divides and separates the instructions. The fourth section illuminates the signs to identify childbirths that require the use of instruments, but it does not describe the use of instruments themselves. The fifth and final section lists, but does not describe or provide

¹²⁸ Letter from Ormesson to Flesselles: July 3, 1775, AD Rhône: 1C 21. Letter from Ormesson to Fontette: July 5, 1775, AD Calvados: C 981.

¹²⁹ Letter from Fontette to Ormesson: July 12, 1775, AD Calvados: C 981.

remedies for, diseases of pregnant and newly delivered women. The final chapter of this section divulges a miscellany of precepts relating to pregnancy and childbirth.¹³⁰ At 90 pages long, du Fot's textbook lacks depth; instead it presents the minimum information in the simplest terms possible. He places the emphasis on identifying, rather than remedying or treating, birth conditions that deviate from normal.

In addition to the explicit goal of educating rural midwives, du Fot intended his "elementary" textbook to promote and spread his educational program. To this end, he included additional front material for the textbook. Adding to the traditional dedication (to Lepeletier) and preface, du Fot incorporated a *discours préliminaire*, a section describing his course titled "*Cours public et gratuit d'accouchements dans la généralité de Soissons*," and a copy of the letter sent from Lepeletier to the *subdélégués* announcing the course. These additional materials advertised his course and also provided the necessary building blocks for anyone wishing to implement his or her own midwifery course. In fact, blanks pepper the section describing his course where the date, location, and student stipend for the course would normally appear. These blanks invite students to fill-in this information with the details of their course, turning the textbook into a record of the class.

In the *discours préliminaire*, du Fot employs familiar rhetoric to attack rural midwives and justify his educational program. Echoing the language used in his letter detailing the conditions of the course to Lepeletier two years earlier, du Fot opens the section:

If the birth of a child must be a day of celebration for all the family, and for the state, it is, unhappily, only too often a day of bereavement in our countryside...Infants perish there coming into the world, or even before birth, by the incompetence of midwives! Accidents arrive daily for women in labor and their newborn infants! Grave and often fatal illnesses are the bitter fruits, for so

¹³⁰ Fot, *Catéchisme sur l'art des accouchements pour les sages-femmes de la campagne*.

many individuals, the hope of present and future generations, of the shameful ignorance of a very simple art!¹³¹

Emotionally charged, dramatic language permeates the section. He praises the priests, rural *seigneurs*, and Lepeletier, again, for saving humanity from the grave and deadly errors of midwives. Du Fot equates midwifery instructors with priests through their commitment to the people: “Instruction is the premier act of charity. The doctor, together with the Minister of Alters, is charged with charity, he is devoted to the salvation [salut] and happiness of the people.”¹³² The instructor of midwifery and the administrators who assist him transform into crusaders for the public good, defending humanity against the “barbarity” of rural midwives. In a more surprising turn, du Fot criticizes fathers for attending to the health of their animals while neglecting the care of their pregnant wives and newborns: a strange and uneasy agricultural analogy. Du Fot did not create this rhetoric, but tapped into broader fears about depopulation and moral decline. In so doing, he positioned himself as a principled advocate for peasants while his paternalism reinforces patriarchal and class divisions.

The preface takes a less moralizing tone as du Fot dives into discussing the textbook itself. He begins by explaining the choice of the word “*catéchisme*” in the title.

For the title of this work we have taken the word *Catechism*, which signifies verbal instruction. This word seems dedicated to sacred things but as we also have “The Catechism of Agriculture” and other works under this same name, we believe we are able to use it too...we modeled our lessons on the repetitions that she [midwife] makes herself after each meeting and at the end of each course. It is as much to the eyes as to spirit that we speak in order to make sensible the Manual of *accouchement*. The goal of this work is to put the principles within reach of persons who appear the least susceptible to instruction.¹³³

¹³¹ Ibid.

¹³² Ibid, xiv.

¹³³ Ibid, v-vi.

As du Fot noted, his textbook pulled from the genre of *catéchisme*, a subtype of the genre of the dialogue with explicitly religious connections, for the question-and-answer format. Most peasant and artisan readers would have learned to read with the catechism at church. In fact, much of the educational and moral training of individuals across class and gender divisions utilized this genre, and du Fot's students would have been familiar and comfortable with it.¹³⁴ Around France other instructors of provincial midwifery courses also utilized dialogue for its simplicity and familiarity for students.¹³⁵ Repetition and memorization, believed to be the best pedagogical method for peasant women, lay at the heart of this genre. Just as in Sunday school, students in du Fot's class would repeat aloud the questions and answers daily. Future exams, whether by the instructor or a committee of surgeons, used the same format of verbal question and answer. The goal was not a deep or critical understanding of the material but simple memorization of rules, as stated by du Fot himself: "Here theory is only practice reduced to rules."¹³⁶ The history of his textbook, however, reveals that du Fot did not choose the genre himself.

The textbook of Jean Louis Baudelocque, a prominent Parisian surgeon-*accoucheur* and instructor, entitled *Principes sur l'art d'accoucher, par demandes et réponses, en faveur des sages-femmes de province* (1775), fills out the history of du Fot's *Catéchisme*. "This work was printed through the efforts of M. du Fot, physician and professor of *accouchement* in Soissons, to whom I had handed over my manuscript," Baudelocque established in his introduction. He

¹³⁴ Adrian Wallbank, *Dialogue, Didacticism and the Genres of Dispute* (Abington: Routledge, 2015).

¹³⁵ For example see Jacques Telling, *Cours d'accouchemens, en forme de catéchisme, par demandes et par réponses* (Paris: d'Houry, 1776). While not using the word "catéchisme" other texts still used the question and answer format. Marguerite Coutanceau, *Instructions théoriques et pratiques* (Bordeaux: Alexis Levieux, 1800); Jean-François Icart, *Leçons pratiques sur l'art des accouchemens* (Castres: P. G. de Robert, 1784); Marche, *Instruction familière et utile aux sages-femmes pour bien pratiquer les accouchemens, faite par demandes et réponses*. Jean Louis Baudelocque, *Principes sur l'art d'accoucher, par demandes et réponses, en faveur des sages-femmes de province* (Paris: Didot le jeune, 1775); Jacques Mesnard, *Le Guide des Accoucheurs* (Paris: Bure l'aîné, Le Breton, Durand, 1743).

¹³⁶ Fot, *Catéchisme sur l'art des accouchemens pour les sages-femmes de la campagne*, vi.

explains further in a footnote: “This Catechism [of du Fot’s] is only an extract that du Fot made from the manuscript of this work, which I entrusted to him in order to convey it to the library of Soissons.”¹³⁷ In his preface, du Fot acknowledges his debt to Baudelocque, writing “we announce here with pleasure and gratitude that we have profited...from the priceless work of the late M. Solayrès by M. Baudelocque, of which this [work] is the handbook [*précis*].”¹³⁸ Unforeseen circumstances delayed the publication of Baudelocque’s book leading to du Fot’s appearing first by a few months. This caused problems for Baudelocque when both books appeared before the *Académie Royale de Sciences* and the *Faculté de Médecine* of Paris with the same title seeking commendations. Du Fot’s publishing priority left Baudelocque deprived of any approbations from significant medical or scientific institutions, but he assures the reader that “they are no less in favor of this one [book].”¹³⁹

Indeed, Baudelocque’s teacher and friend, Solayrès de Renhac, muddles the authorial picture further. Solayrès taught anatomy in Montpellier before going to Paris and gaining reputation as a great *accoucheur*. After his death, Baudelocque obtained a copy of Solayrès’ manuscript with the intention of editing it for publication.¹⁴⁰ It was this manuscript that du Fot believed he possessed, but Baudelocque corrects this assumption in the *avertissement* of his *Principes*:

This work is not that of M. Solayrès, as M. du Fot announces in the preface of his *Catéchisme*...but to his memory I must say that I have worked almost entirely according to his principles...¹⁴¹

¹³⁷ Baudelocque, *Principes sur l'art d'accoucher, par demandes et réponses, en faveur des sages-femmes de province*, xii.

¹³⁸ Fot, *Catéchisme sur l'art des accouchements pour les sages-femmes de la campagne*, vii.

¹³⁹ Baudelocque, *Principes sur l'art d'accoucher, par demandes et réponses, en faveur des sages-femmes de province*, vii-viii.

¹⁴⁰ Baudelocque, *L'art des accouchemens*. Jérôme van Wijland, "Baudelocque et son maître," *Philosophia Scientiae* 22, no. 1 (2018).

¹⁴¹ Baudelocque, *Principes sur l'art d'accoucher, par demandes et réponses, en faveur des sages-femmes de province*, vi-vii.

In short, Baudelocque wrote *Principes* but much of the medical knowledge therein came from Solayrés as his instructor. Thanks to the work of Jérôme van Wijland tracing the manuscript and publishing history of these texts, we can accurately identify Baudelocque, not du Fot, as the initiator of the question and answer format found in the *Catéchisme*, but the knowledge within came from Solayrés.¹⁴²

The convoluted history of du Fot's *Catéchisme* illuminates the instability of the concept of "author;" the author cannot be treated as a coherent, singular voice. Ultimately, du Fot's book demonstrates the coexistence of manuscript and print cultures and challenges the idea that print created stability for texts.¹⁴³ While du Fot did not exclusively write the book, he did mold Baudelocque's manuscript to his purposes. The men that contributed to the material in the book, the genre, and the physical structure of *Catéchisme* all informed the practices around its use in the classroom. Imagine the event of reading aloud from the textbook; a male voice poses questions while a chorus of female voices responds. Sensationalist pedagogy continued in this auditory and oral engagement with the textbook.¹⁴⁴ This book was intended to be memorized and spoken, not just read. This textbook, furthermore, had an afterlife that we can only speculate about as students brought it home with them. Did they read the dialogues aloud with others in their communities? If so, did they provide additional information or context to understand the material in the book? Other interpretations and understandings of the book emerged locally

¹⁴² Wijland, "Baudelocque et son maître."

¹⁴³ On the invention of printing leading to stability of texts see Elizabeth Eisenstein, *The Printing Press as an Agent of Change* (Cambridge: Cambridge University Press, 1980); Adrian Johns, *The Nature of the Book* (Chicago: University of Chicago Press, 1998).

¹⁴⁴ Jennifer Richards discusses the book as event and explores the role of the oral and auditory in this phenomenon. See her forthcoming book *Books and Voices*. Jennifer Richards, "Reading and Hearing the Woman's Booke in Early Modern England," *Bulletin of the History of Medicine* 89, no. 3 (2015).

through oral practices.

Publishing a textbook included du Fot within a national community of midwifery authors. By stressing his government connections in his textbook, he gave his book and his pedagogical program further legitimacy and distinction. The role of these government connections in circulating his textbook around the country, thus exposing it to new audiences, cannot be overstated. There is no evidence that du Fot sought to move his program to the national stage, but, rather, he sought to firm up his position in Soissons through national reputation-building. Du Fot utilized the textbook, like newspapers, for this purpose. Du Coudray represented an important foil that enabled du Fot to build the importance of his project at the same time he distinguished himself from her. Du Fot not only marketed himself but also his pedagogical method, and both were on full display in the *Catéchisme* as it circulated the country with the power of the crown behind it.

Objects—from mannequins to textbooks—fundamentally structured the form of the midwifery course in Soissons at the same time that pedagogical concerns, beliefs about how peasant women learned, and local and national socio-political forces determined the choice of objects. Objects stood at the center of pedagogical concerns, but they also conveyed expertise for instructors and circulated reputations. The instructors utilized both local and Parisian infrastructure for the production of these objects. As these objects traveled between Paris and Soissons and from Soissons around the country, they carried with them specific, if implicit, visions for midwifery education.

Students

More than 350 women likely attended the midwifery courses in the Generality of Soissons between 1774 and 1786. Instructors and local administrators mediate the vague existing information about them; however, a general impression appears from brief mentions, hints, and documentary gaps. *Subdélégués* again turned to local informants such as priests, syndics, and “prominent inhabitants” to choose students from their parishes. Lepeletier asked the *subdélégués* to identify “honest” women who were “capable of profiting from the lessons,” emphasizing morality as much as intelligence.¹⁴⁵ The selections appear to have been submitted directly to the instructor. For the 1776 class in Laon, the names of four students survive. Marthe Lefevre, a widow from Craonne, was 40 years old. A likely mother or aunt of hers, Marguerite Lefevre, 73 years old, practiced in nearby Montigny.¹⁴⁶ The parish of Prouvais chose another widow named Marie Anne Chaudrillier, 35 years old. Anne Margueritte Metréau came from Roucy, remained single at 33 years old, and still practiced with the support of her community ten years later.¹⁴⁷ Beaurieux parish sent Magelaine Gareï, the 35-year-old wife of Pierre Pamelart.¹⁴⁸ The maximum age of 30 years originally recommended by du Fot became a suggestion in practice as difficulty in finding students meeting the narrow criteria of age and literacy led to laxity.

As the course spread outside Laon and Soissons, students had to travel shorter distances and, thus, probably stayed at their homes in the evenings while in training. When classes pulled from two or more cities, though, some of them may have been forced to find local

¹⁴⁵ Letter from intendant Lepeletier to Berthe subdélégué of Clermont: September 10, 1777, AD Aisne: C 630.

¹⁴⁶ Survey sages-femmes du royaume de Soissons: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19.

¹⁴⁷ Survey sages-femmes du royaume de Soissons: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19, Fol. 3.

¹⁴⁸ Letter and Student List for Class in Laon: May 24, 1776, AD Aisne: C 630.

accommodations. It would have been difficult for their families to join them. Imagine the excitement and nerves of traveling—possibly alone for the first time—to begin such a monumental undertaking. The young women would have encountered a classroom with Dagoty’s color images of anatomized women hanging from the walls, mannequins sprinkled around, books stacked and ready for distribution, and pelvises and bones on display. It must have been a little intimidating and overwhelming. In this environment, the students would have formed bonds with each other that lasted beyond the course. When the experienced midwife and student Marie Veronique Denier “helped the others” in Deberge’s 1784 class in Noyon, it is very possible that the less experienced students from neighboring parishes called upon her for assistance with difficult labors after graduation.¹⁴⁹

Deberge increased the bureaucracy around midwifery by producing reports for Lepeletier at the end of each course describing the effectiveness of the class, status of his students, and the costs. As they lack standardization, these reports provide varied information about students, but an outline of the typical student materializes. First, she was most likely married (see Table 4). Second, she was probably in her 30s or 40s, though variability in age was greater than that of marital status (see Table 5). These characteristics stand in stark contrast to our traditional image of midwives as older, widowed women. Deberge’s reports reveal another fact about his typical student: she may have had a surgeon or midwife as a close family member. Sisters Marie Helene Henaut and Marie Jeanne Louise Henaut attended the Ham course together in 1780, following their mother into the practice of midwifery. In 1786 all three women appear on the provincial survey of midwives. The observations reveal that the mother, while “very skilled,” did not practice much, possibly due to her age.

¹⁴⁹ Table of Students from Noyon: May 12, 1784, AD Aisne: C 631.

Marital Status of Deberge's Students (Table 4) ¹⁵⁰			
Class	Unmarried	Married	Widowed
Ham	3	16	2
Chauny	9	6	2
Rozoy	0	10	4
Soissons	0	12	5
Noyon	2	15	3
Clermont	4	16	0
Total	18	75	16

Age Distribution of Deberge's Students (Table 5)										
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50 or more	Unknown	Average Age
Ham	2	1	3	5	3	2	5	0	1	34
Chauny	0	2	4	3	4	1	5	0	1	36
Rozoy	0	1	2	2	3	3	7	0	1	39
Noyon	0	3	0	2	4	6	3	2	0	39
Total: 81	2	7	9	12	14	12	20	2	3	37

The survey recognizes only Marie Jeanne's attendance in Deberge's class, labeling her "skillful and prudent," while her sister merely "little instructed, is not employed."¹⁵¹ Also in the Ham class was Marie Reine Angelique de Chaune, whose husband practiced surgery; Marianne

¹⁵⁰ AD Aisne: C 631; see also Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons."

¹⁵¹ Survey sages-femmes du royaume de Soissons: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19, Fol. 3.

Miguot's father was a surgeon in St. Gobain; the 15-year-old Louise Merlu's father was a surgeon and her mother a midwife; and Marie d'Etoulet, 16 years old, had a mother who attended the midwifery course in 1775. Approximately 29 percent of students in the Ham class had a close family member involved in *accouchement*. While the sample size is too small to

draw any wide-ranging conclusions, it may be that the younger students were more likely to have family connections in the field that facilitated their early entrance into the practice. As we will see again in Chapter 4, family connections were an important predictor for becoming a midwife.

Deberge always provided a general statement about student performance in his course reports to Lepeletier. These typically spoke positively about the intelligence and zeal of the students, with the notable exception of the Vervins' report where his complaints about students prompted the new custom of holding two classes in the same city each year.¹⁵² At times he

Noms des	Noms des	Noms des	Noms des	Noms des	Observations
Lepelletier	autour de la	autour de la	autour de la	autour de la	autour de la
Bouffier	autour de la	autour de la	autour de la	autour de la	autour de la
Bouffier	autour de la	autour de la	autour de la	autour de la	autour de la
Bouffier	autour de la	autour de la	autour de la	autour de la	autour de la
Bouffier	autour de la	autour de la	autour de la	autour de la	autour de la
Bouffier	autour de la	autour de la	autour de la	autour de la	autour de la

Figure 22 Student Table from Noyon

Deberge produced this table of student names and observations for his class in Noyon on May 12, 1784. AD Aisne C631.

¹⁵² Letter from Deberge to Lepeletier, intendant of Soissons, with a list of objects and their prices: June 25, 1779, AD Aisne: C 631.

also provided feedback about individual students. These tended to focus on zeal, intelligence, and comprehension of the material at the end of the course.¹⁵³ Deberge did not expect his students to be highly skilled after one short class. Instead, his observations often spoke to a student's ability to learn. Antoinette Pointier "understands sufficiently and operates with intelligence," while Marie Rodelin had zeal but "needs to improve to work with assurance." Rarely did Deberge fail to see promise in his students. Deberge "threw out" [*jetter*] Marie Agathe Lambert "but with the good will and zeal that she shows, she is resolved to make a good midwife."¹⁵⁴ Deberge valued character as much as intelligence in his students.

In the Ham report some students had the additional label of "chosen by the parish," possibly indicating that either the priest or the general community, not the *subdélégué*, chose these women to attend the course.¹⁵⁵ The 1785 report for Noyon stands out for its arrangement and content (see Figure 22). In the form of a table, the report provides more detailed observations and distinguishes among three types of women: women with a license, women who practice without a license, and students.¹⁵⁶ These designations separate midwives who had been received by a community of surgeons from those who had not and students with no experience from women who practiced. Here the conflicts between the instructors and the communities of surgeons over midwifery examinations divided the students in the class, shifting the relations between them and between students and the instructor. Deberge's increased production of paperwork and the new format of the Noyon table both attest to the burgeoning socio-political

¹⁵³ Letter from Deberge to Lepeletier, intendant of Soissons: June 3, 1781, AD Aisne: C 631.

¹⁵⁴ Table of Students from Noyon: May 12, 1784, AD Aisne: C 631.

¹⁵⁵ Letter from Deberge to Lepeletier, intendant of Soissons: June 18, 1780, AD Aisne: C 631.

¹⁵⁶ Table of Students from Noyon: May 12, 1784, AD Aisne: C 631.

significance of the classes as conflicts between surgeons and the instructors grew and certain municipal positions were reserved for students.

Though the intendant ultimately ruled that midwives who attended the course must still be examined by the community of surgeons, course attendance, contradictorily, granted them the exclusive right to practice in their home towns. Marie-Félicienne Devemau, who had attended Deberge's class, complained to the intendant, via the *subdélégué* of Chauny, that Cécile Boulanger attended births without having taken a course and, thus, harmed her practice. When the community of surgeons examined Boulanger they found her to be "of the greatest ineptitude and of an ignorance absolute."¹⁵⁷ The local priest, Le Conte, and the local syndic provided an additional report to assure that there are no "titled" midwives in their parish and that, while Boulanger was not educated, there are no complaints against her. They acknowledged the possible danger an uneducated midwife could pose to infants: "there are in this parish infants with umbilical hernias which I attribute to the cord not being properly cut." (Umbilical hernias are not related in any way to how the cord is cut.) Cutting the cord in a timely and proper fashion stood as a fundamental skill that all midwives were expected to be able to perform, and, thus, this statement calls into doubt Boulanger's basic skills. The previous year, moreover, a baby had died in childbirth and had to be "pulled out in pieces." "Maybe this accident would not have occurred if there was someone more skilled," the priest and syndic wondered. The intendant banned Boulanger from practice due to these vague testimonies and unanswered questions. Devemau had successfully used her attendance in a midwifery course to push a rival out of practice.

¹⁵⁷ Extract of a Letter Written from Gouillard, subdélégué of Chauny, to Blossac, intendant of Soissons: July 7, 1786, AD Aisne: C, 631.

Conclusion

Provincial government-sponsored midwifery courses sprang up all over France in the 1770s, but their diversity of forms attests to the function of regional social and political contexts in shaping structure and content. Du Coudray and her allies failed to build a consensus around her program of midwifery education in the 1760s in the Generality of Soissons despite a general interest in some type of education. Ultimately, the implemented program came from within the generality through the Bureau of Agriculture, proposed by a physician with strong political and medical connections to Paris. Repeatedly, national laws morphed or weakened upon encountering regional actors and practices, such as with the forceps and surgical examinations. Far from a story of crown control, the midwifery courses in Soissons demonstrate the difficulties of local rule. Nevertheless, neither intendants nor *subdélégués* governed separate from the monarchy. The intendant possessed great power to shape the midwifery courses, but even he could not dictate their form, content, or impact freely.

Myriad individuals sought to engage in and influence the administration of these courses. The high level of interest combined with the concern shown by *subdélégués* over course location proves the social and political value of midwifery education. At stake was the desired social order between medical practitioners, between midwives and the state, and between men and women. No one realistically expected a 15- or 30-day course to produce highly skilled midwives; instead the courses provided an opportunity to instill sanctioned behavior and develop administrative practices of regulation.

While these courses brought midwives under medical and governmental control as administrative practices increasingly incentivized course attendance, the majority of midwives continued to practice without having attended either the course or a surgical examination (see

Chapter 4).¹⁵⁸ The royal edict requiring midwives to be examined by a community of surgeons complicated matters further as national and regional policies and practices came into conflict. Under Lepeletier, physicians became the instructors of midwives, but, upon the arrival of a new intendant, authority over midwives shifted back to surgeons. Blossac's attempt to satisfy the surgeons and align with national law by mandating surgical examination, however, only increased incongruity as the regional rules and practices around course attendance remained. The inconsistency of these policies and practices disadvantaged midwives who now found themselves stuck between regional and national policy, either of which could be used against them. Furthermore, midwifery courses created divisions, defined by an individual's relationship apropos of these procedures, within midwifery communities. Some midwives exploited these divisions to oust rivals. Municipal jobs reserved for course-trained midwives, such as serving at the *maison de force* or delivering the poor, functioned to increase the power of government administrators to shape local communities, but also expanded the authority of these midwives. Course-trained midwives found their positions and career prospects improved. There was, however, a hefty price; midwives had to navigate contradictory policies and those who did not attend the courses practiced in an increasingly precarious environment.

¹⁵⁸ Survey sages-femmes du royaume de Soissons: 1786, Médecine: Société Royale de Médecine, SRM 87 19.

SURVEYING PROVINCIAL MIDWIVES IN SOISSONS AND LYON

CHAPTER 4

Charles Alexandre de Calonne, Controller-General of Finances, dispatched letters in April 1786 to the intendant of each generality of France requesting the addition of midwives to a survey of provincial physicians and surgeons announced three months earlier. Calonne expected swift and exact action from these intermediary administrators—who, after all, were appointees of the king—despite the enormity of the project put before them. Calonne stressed the king’s personal interest in this matter and promised to inform him of the zeal of the intendants. The survey of medical practitioners constituted part of a larger project, the *Topographie Médicale du Royaume* of the Société Royale de Médecine (henceforth the SRM). This “topography” would provide “facts and principles useful to all” in support of the “greatest advantage for the people” by collecting empirical data on local health and illness to help guide national medical policy.¹ Congruent with prevalent neo-Hippocratic commitments connecting health and disease with the environment, the *Topographie* aimed to include epidemics, epizootics, weather surveys, and the state of medical practitioners throughout the provinces.

The addition of midwives to the survey of medical practitioners represented a significant investment of resources by the crown and the SRM for studying midwives and their education with the goal of crafting medical policies. Each, however, found its power to implement its will in the provinces hindered by existing social realities and the divergent goals of local actors. Furthermore, the diversity of survey responses from the distinct regions of France compelled a

¹ Letter from Calonne discussing the *Topographie médicale du royaume*: February 7, 1786, AD Aisne: C 19; Letter from Calonne to intendant of Soissons: April 24 1786, AD Aisne: C 19.

national policy for midwifery education that provided for local contingencies. The SRM attempts to derive universal knowledge from these surveys, moreover, masked heterogeneous notions of expertise.

By centering the data-gathering processes of the survey of midwives, this chapter highlights the contestations and negotiations around midwifery education between the SRM, regional and local government administrators, and medical practitioners. The relationships among these different stakeholders cannot be understood solely through conflict, as they often pooled resources, shared goals, and possessed family ties.² A focus on the responses and survey-related practices in the Generality of Soissons and Lyon lays bare the social world in which debates about midwifery education occurred. Each generality possesses especially rich holdings in its departmental archives and a significant, but distinct, history of government-administered midwifery courses.

The surveys that constituted the SRM's Topography have resurfaced in recent scholarship in the history of science, most prominently in Andrew Mendelsohn's study of the medical weather surveys, but they never disappeared from the social history of French medicine after their (re)discovery in the late 1960s.³ In particular, Jacques Gélis provides a comprehensive and detailed study of the midwifery surveys—a macro-level, quantitative analysis very much in the style of the *Annales* school of social history. Such broad strokes of the historian's pen allow Gélis to describe groups, whether rural midwives or, emerging in the same period as the routine

² Woods and Galley also challenge narratives of inter-professional, gendered conflict by uncovering cooperation alongside conflict between male and female practitioners. Woods and Galley, *Mrs. Stone and Dr. Smellie: Eighteenth-century Midwives and their Patients*.

³ Mendelsohn, "The World on a Page: Making a General Observation in the Eighteenth Century." Hannaway, "The Société Royale de Médecine and Epidemics in the Ancien Régime."; Peter, "Une enquête de la Société Royale de Médecine (1774-1794): malades et maladies à la fin du XVIIIe siècle."; Jean-Pierre Goubert, "The Extent of Medical Practice in France Around 1780," *Journal of Social History* 10, no. 4 (1977).

appearance of *accoucheurs* in France, course-trained midwives. Gélis finds that, by 1786, courses taught by Madame du Coudray or by surgeon demonstrators (*chirurgiens démonstrateurs*) stood as the most common form of training for midwives. More specifically, the Generality of Soissons and its neighbors had more and better educated midwives than most other regions of France. Conversely, women in the Generality of Lyon customarily assisted each other in childbirth and the location of midwifery courses only in the capital city excluded many potential but distant candidates from participation.⁴

A practice-centered approach exposes debates around the basic categories of the survey, including who was a midwife and what constituted education. Competing visions for midwives obstructed the SRM's dreams for crafting simple policy solutions around midwifery education and the contested labors of midwives surface through conflicting survey responses. This chapter uses the midwife surveys from these two locations to tell the stories of provincial midwives and their communities as they navigated the medicalization of childbirth and the associated shifting conceptions of expertise.

Origins of the SRM Midwifery Survey

As the three-month delay from the call for the survey of physicians and surgeons to that of midwives suggests, it was not a foregone conclusion that midwives would be included in such a project. Calonne himself provided an explanation in the April 1786 letter:

The responses [from the survey of physicians and surgeons] which I have received prove the utility of this project. But I think that *it can be brought to a greater perfection* by including a list of midwives. This idea was given to me by

⁴ Gélis, "L'Enquête de 1786 sur les sages-femmes du royaume."; Studying the dispersion pattern of midwives and surgeons in Languedoc, Laget finds that the number of midwives in dioceses with an urban center is much higher than rural or mountainous dioceses. It is safe to assume that this pattern holds for most of France. Laget, "Childbirth in Seventeenth and Eighteenth Century France: Obstetrical Practices and Collective Attitudes."

the observations of some of the intendants. They showed me the evils resulting from the excessive ease with which midwives are admitted to their profession, as well as the ignorance of most of them. In order to remedy these abuses, they wished a survey to be drawn up in every generality, by each *subdélégation*...⁵

What Calonne strove to “perfect” was the information necessary to gain an understanding of health and disease in the nation. By including midwives, Calonne identified childbirth as a site for governmental, as well as medical, surveillance and intervention to a hitherto unprecedented degree.⁶

Some *subdélégués* (local administrators who reported to the intendant) suggested the addition of midwives to the survey of medical practitioners. One from near Lille, having received the initial instructions for the survey of physicians and surgeons, wrote:

The preservation of humanity, which in this moment has fixed the attention of His Majesty, authorizes me to direct your attention to a scourge which can be even more devastating in the countryside than epidemics, namely the deadly hands of ignorant midwives...A movement which we cannot control [*un mouvement dont on n'est pas le maître*] naturally leads us to seek the means of destroying its source. These means, if I am not mistaken, are simple and easy to execute. It would only be a question of making an exact table of midwives... This table would be no less interesting than the one of doctors and surgeons. We might be shocked to see to whose hands we entrust the most precious deposit of nature.⁷

Growing concerns about the general ignorance of midwives now intertwined with a belief that midwives and their education were central to the health of the French population. The SRM enjoyed the necessary experience with medical survey making and connections with provincial practitioners to gather the desired information on the nation’s midwives.

⁵ Letter from Calonne to intendant of Soissons: April 24 1786, AD Aisne: C 19. Emphasis added.

⁶ This is part of a larger trend of expansion of the purview of medicine in eighteenth century France that resulted, at least in part, from the transition to neo-Hippocratic medical philosophy, Enlightenment ideals of equality, and the decline of the medical corporations. For more on this expansion see Brockliss and Jones, *The Medical World of Early Modern France*, 441-59.

⁷ Quoted in Gélis, "L'Enquête de 1786 sur les sages-femmes du royaume."

A series of epidemics and epizootics during the eighteenth century caused significant economic consequences for the crown and illuminated the limits of the existing bureaucratic networks for responding to health crises. The crown and its representatives, nevertheless, were increasingly held responsible for promoting the welfare of the nation and mitigating harm when disasters occurred. Consequently, Anne-Robert Turgot, Comptroller-General of Finances, founded a governmental commission for epidemics in 1776 with Joseph Lassone as Inspector-General and Félix Vicq d'Azyr as Commissioner-General.⁸ The commission sought to gather and organize information on epidemics as well as provide advice for the administration during outbreaks. In 1778, the commission transformed into a full medical society, the Société Royale de Médecine (SRM), with Lassone as President and Vicq d'Azyr as Secretary. Its authority expanded to include the sale of patent medical remedies and the distribution and sale of mineral waters. The prestige of its new position also allowed the society to formalize and strengthen its ties with provincial practitioners and institutions.⁹

Founded on explicitly neo-Hippocratic principles and employing broader cultural trends such as ideas of beneficence and social utility, the SRM saw its role as establishing a large, healthy, productive population and the environment conducive to achieving it.¹⁰ As the medical arm of royal authority, it functioned as a clearinghouse for medical information and as the mediating institution between provincial and Parisian medicine. The SRM conducted multiple surveys in support of its project to collect all information necessary to understand the state of medicine in France and to respond more efficiently to medical crises: surveys on epidemics,

⁸ Hannaway, "The Société Royale de Médecine and Epidemics in the Ancien Régime."

⁹ Ibid.; Peter, "Une enquête de la Société Royale de Médecine (1774-1794): malades et maladies à la fin du XVIIIe siècle."

¹⁰ Brockliss and Jones, *The Medical World of Early Modern France*, 760-69; Peter, "Une enquête de la Société Royale de Médecine (1774-1794): malades et maladies à la fin du XVIIIe siècle."

epizootics, weather, and medical practitioners in the provinces.¹¹ By 1789, the SRM had collected over 226 *mémoires* (essays, proposals, or opinion pieces) studying the connection between climate, geography, culture, and disease in different regions of France. By amassing such a mountain of information about health and illness—and nurturing the relationships necessary to do so—the SRM cemented its political, medical, and epistemological authority until the Revolution.¹² Calonne relied on the SRM's established relationships with provincial medical practitioners and, principally, its technical know-how to conduct the task of surveying midwives.

The SRM Survey as a Paper Technology

Eighteenth-century scholars of the *sciences de l'homme* pursued a greater understanding of the complex aspects of humanity and society beyond the perspectives physics and mathematics had provided in previous centuries. Fontenelle, Buffon, and the Perpetual Secretary of the SRM himself, Vicq d'Azyr, all utilized the methodology of comparison to forge a path between individual cases and formalized abstraction. True knowledge, they argued, comes from the quality or form of the relationship between different facts, not the simple existence of individual data points. They converted particular observations into general types (categories) through identification of the particular and the random. The need to remove irrelevant specificity and identify correlations using comparison ensured that surveys rose as a principal instrument of investigation in the eighteenth century. In particular, the ability of the table to put different types

¹¹ Hannaway, "The Société Royale de Médecine and Epidemics in the Ancien Régime."; Peter, "Une enquête de la Société Royale de Médecine (1774-1794): malades et maladies à la fin du XVIIIe siècle."; Brockliss and Jones, *The Medical World of Early Modern France*, 760-82.

¹² Hannaway, "The Société Royale de Médecine and Epidemics in the Ancien Régime."; Brockliss and Jones, *The Medical World of Early Modern France*, 760-82; For more on the medical weather surveys see Peter, "Une enquête de la Société Royale de Médecine (1774-1794): malades et maladies à la fin du XVIIIe siècle."

[illegible]

This table merely counted the number of various types of practitioners. AD Hérault C 2776.

central role of paper in the production of scientific knowledge and the organization of human activity.¹⁵ Attention to such a mundane object that moves in particular ways across boundaries of

¹⁵ On paper technology see Anke te Heesen, "The Notebook. A Paper Technology," in *Making Things Public: Atmospheres of Democracy*, ed. Peter Weibel Bruno Latour (Cambridge: MIT Press, 2005); Mendelsohn, "The World on a Page: Making a General Observation in the Eighteenth Century."; Andrew Mendelsohn Volkner Hess,

popular and orthodox science, communities, and gendered spaces underscores the coproduction of knowledge, materiality, and gender.¹⁶ Other historians have applied paper technology methodologies to the wide-ranging surveys that made up the SRM's *Topographie Médicale du Royaume*. Mendelsohn's study of the medical weather surveys uncovers the essential role of paper in the extraction and redaction method necessary for general observation making; he describes the procedure of correlation as one of separation.¹⁷ Categorization necessarily involves differentiation, and information is lost as choices are made about what to emphasize, what to exclude, and how to categorize. As the categories on the midwifery survey gained plausibility and sufficient institutional support, their power to shape the world and individuals increased.¹⁸ Thus, the table is both a technique of power and a procedure of knowledge.¹⁹

The SRM's survey project classified midwives and in the process invested those classifications with power. By the nineteenth century, these classifications would come to have large-scale implications for who was permitted to practice by defining the types of training required.²⁰ As we will see, the SRM, at least initially, found its power to validate these categories

"Case and Series: Medical Knowledge and Paper Technology 1600-1900," *History of Science* 10, no. 8 (2010); Lauren Kassell, "Casebooks in Early Modern England: Medicine, Astrology, and Written Records," *Bulletin of the History of Medicine* 88, no. 4 (2014); Carla Bittel, Elaine Leong, and Christine von Oertzen, "Introduction: Paper, Gender, and the History of Knowledge," in *Working with Paper: Gendered Practices in the History of Knowledge*, ed. Carla Bittel, Elaine Leong, and Christine von Oertzen (Pittsburgh: University of Pittsburgh Press, 2019).

¹⁶ Bittel, Leong, and Oertzen, "Introduction: Paper, Gender, and the History of Knowledge."

¹⁷ Mendelsohn, "The World on a Page: Making a General Observation in the Eighteenth Century," 412.

¹⁸ On governmentality see Michel Foucault, *The Order of Things* (New York: Vintage, 1973); Theodore Porter, *Trust in Numbers* (Princeton: Princeton University Press, 1995), Chapter 2.

¹⁹ Michel Foucault, *Discipline and Punish* (New York: Random House, 1977); William Clark, "On the Table Manners of Academic Examination," in *Wissenschaft als kulturelle Praxis*, ed. Hans Erich Bödeker, Peter Hanns Reill, and Jürgen Schlumbohm (Göttingen: Vandenhoeck & Ruprecht, 1999).

²⁰ For the history of the professionalization of midwives in France see Sage-Pranchère, *L'école des sages-femmes*.

more limited than expected. In April 1786, these categories, however, remained inchoate, taking physical form only on paper, on the model table distributed across the kingdom by Calonne.

Conducting the National Survey of Midwives

When Calonne wrote to the intendants requesting the addition of midwives, he provided printed forms [*modèles*] to use and reproduce as necessary; but, he did not offer any instructions

1786

GÉNÉRALITÉ DE Soissons
SUBDÉLÉGATION de Noyon

SAGES-FEMMES
DU ROYAUME.

LIEUX de leur DOMICILE.	LEURS NOMS ET AGE.	ÉCOLES où elles ont été reçues.	OBSERVATIONS sur la manière dont elles exercent leur État.
Appilly			elle n'a reçu aucune éducation de sages-femmes.
Bailly	Barthelemy époux de Jean Marie âgé de 20 ans	elle a suivi le cours de l'école de Berge	Malgré les connaissances elle n'a pu gagner la Confiance de la paroisse des de mande la présence de sages-femmes pour assister à l'accouchement qu'on ne veut la faire aller contre les ordres de son domicile que.
Babouf	Denise Marguerite épouse de Jean Baptiste âgé de 20 ans	elle a suivi le cours de l'école de Berge	elle n'a reçu aucune éducation de sages-femmes.
Beauchieu	Alberine Devaux âgée de 28 ans	elle n'a reçu aucune instruction	elle n'a d'autre titre que l'usage de son état. Elle est née de sages-femmes. la sages-femme d'un autre village. sages-femme instruite.
Beaurain			
Behericourt			
Berlan court	Marie Marie épouse de Jean Baptiste âgé de 20 ans	elles ont suivi le cours de l'école de Berge	elle n'a reçu aucune éducation de sages-femmes.
Bussy	Marie Louise épouse de Jean Baptiste âgé de 28 ans	elle a suivi le cours de l'école de Berge	elle n'a reçu aucune éducation de sages-femmes.

Figure 24 Preparatory Survey from Noyon

Preparatory prepared by the subdélégué in 1786 he sent on to the intendant.

on how to fill out the tables, treating it as self-evident (see Figures 24 and 25).

Entitled *Sages-femmes du Royaume*, the tables listed the generality and *subdélégation* at the top and requested four columns of information for each midwife: 1) place of domicile; 2) name and age; 3) school attended; and 4) “observations” on the manner in which she practiced the profession. These columns immediately reveal the primacy of location, the assumption of education, and the assumed connection between education and method of practice. The SRM wanted to identify, down to the village or town, where midwives lived, but failed to capture their ability to

travel or the extent of their service area. Furthermore, the phrasing of the third column, “schools where they have been enrolled” [*écoles où elles ont été reçues*], expected a particular type of education but evoked a wide range of often contradictory and ambiguous responses. The SRM never inquired about the licensure status of midwives, instead focusing on education. Finally, the education and the observations columns reflect an assumption of a correlation between education and methods of practice.

Engaging existing administrative networks, Calonne requested that the intendants pass along the tables to each *subdélégué*, who then relied on local informants to catalogue midwives and their methods of practice. Local informants included priests, municipal officers, *syndics*, and surgeons, though priests were by far the most common. In practice this method of data collection

became much messier than it first appeared. *Subdélégués* complained that

requests for information went unanswered, that the replies took months, or that the responses failed to provide the type of information sought (such as lacking specificity). Many informants

LIEUX de leur DOMICILE.	LEURS NOMS ET AGE.	ÉCOLES où elles ont été reçues.	OBSERVATIONS sur la manière dont elles exercent leur Art.
Crespy en Valour	Ladame de la Roche âgée de 34 ans	à l'Hôtel Dieu de Paris pendant trois à quatre ans	Elle paraît s'être acquise de la fonction à la suite d'un apprentissage intermittent
	Mme Jeanne Delaplace âgée de 35 ans	à l'Hôtel Dieu de Paris pendant trois à quatre ans	Depuis six ans exerce la fonction à la satisfaction de ses confrères
	Mme Marie de la Roche âgée de 35 ans	à l'Hôtel Dieu de Paris pendant trois à quatre ans	Idem depuis 14 ans
	Mme Marie de la Roche âgée de 35 ans	à l'Hôtel Dieu de Paris pendant trois à quatre ans	Idem depuis 14 ans
	Mme Marie de la Roche âgée de 35 ans	à l'Hôtel Dieu de Paris pendant trois à quatre ans	Idem depuis 14 ans
	Mme Marie de la Roche âgée de 35 ans	à l'Hôtel Dieu de Paris pendant trois à quatre ans	Idem depuis 14 ans
	Mme Marie de la Roche âgée de 35 ans	à l'Hôtel Dieu de Paris pendant trois à quatre ans	Idem depuis 14 ans
	Mme Marie de la Roche âgée de 35 ans	à l'Hôtel Dieu de Paris pendant trois à quatre ans	Idem depuis 14 ans
	Mme Marie de la Roche âgée de 35 ans	à l'Hôtel Dieu de Paris pendant trois à quatre ans	Idem depuis 14 ans
	Mme Marie de la Roche âgée de 35 ans	à l'Hôtel Dieu de Paris pendant trois à quatre ans	Idem depuis 14 ans

Il y a eu dans cet art de nombreux progrès. Il y a quatre femmes qui ont
habitué de différentes manières de qui ont acquis de la fonction dans
qualité de leur art pendant plusieurs années. La fonction, elle paraît
à cette époque pour les femmes commencent à se multiplier qui ont
besoin de savoir à leur grand regret. Quand on a vu un
commencement de l'art de la fonction de la fonction de la fonction

Crespy en Valour le 25 septembre 1786

Figure 25 Preparatory Survey from Crespy en Valour

Preparatory prepared by the subdélégué in 1786 be sent on to the intendant. He wrote a general observation across the bottom of the table.

were not medical practitioners and, thus, had limited experience with or knowledge about childbirth to evaluate midwives.²¹ Very few respondents consulted with midwives for the survey. A priest from the commune of Val d'Ajol (in Vosges) gathered local midwives to be interviewed. In the generality of Soissons, the respondent from Fère en Tardenois relied on the *syndics* to submit the information about midwives, but also required that the women furnish proof of their education to him personally. These are the only known direct consultations with midwives for the survey, such as they are.²²

Despite the failure to meaningfully include midwives in the survey-making process, the responses provided on these forms offer a glimpse of local knowledge about midwives. Priests performed baptisms, last rites, and burials and, therefore, would have had a general conception of the frequency of deaths and healthy births among local midwives. But their responses cannot be taken uncritically and they do not solve the ultimate problem, so often bemoaned, of the dearth of primary sources from French midwives themselves. The surveys do, however, provide us with a map of local and national actors and objects—government administrators, priests, birthing women, midwives, male medical practitioners, midwifery mannequins, and textbooks—involved in the negotiations over the landscape of midwifery practice and education. Still, the lack of consensus on the definitions of the categories, such as who was a midwife to be included in the survey or what constituted education, created responses that did not lend themselves to a single, simple policy solution.

²¹ Physicians and surgeons assisted in the making of the surveys in the *généralité de Montauban* and periodically signed surveys from particular parishes. See Gélis, "L'Enquête de 1786 sur les sages-femmes du royaume."

²² Gélis, "L'Enquête de 1786 sur les sages-femmes du royaume." Letter from Massenot to the Intendant: May 29, 1786, AD Aisne: C 632, Fol. 10.

Généralité de Caen		MEDECINS ET CHIRURGIENS		du ROYAUME.
Subdélégation de Caen		C. 925		
LIEUX	N O M S		NATURE DES MALADIES	
des	DES	DES	ET TRAITEMENS QUI LES OCCUPENT	
DOMICILES.	MÉDECINS.	CHIRURGIENS.	plus particulièrement.	
Valognes.....	Messieurs			
Valognes.....	Messieurs			
Valognes.....	David du Longprez			
Valognes.....	Dumortier			
Cherbourg.....	La ville grec			
Cherbourg.....	La Lande de Vaugouet			
Cherbourg.....	Lamiez			
Cherbourg.....	La ville française			
St Sauveur l'Évêque	Heure			
Briquerebecq	Darvieux			
Briquerebecq	Langlois			
St Pierre l'Église	Simon de laudville			
Barfleur	Guillaume Desmoulin			
Saint Jast	Cheset			
Quetteville	Giel			
Mortelbourg	Morin			

Figure 26 Survey of Physicians and Surgeons

unlike the survey of midwives, was not centralized.²³

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Such administrative activities leave traces in the archive, especially in eighteenth-century France where a large bureaucracy required institutional memory to function and, therefore, retained a truly expansive quantity of documents. The library of the Academy of Medicine in Paris houses the final, completed surveys and accompanying letters submitted to the SRM in four threadbare cartons. Letters between local informants or *subdélégués* and the intendant survive in the C-series of some departmental archives. Extant preparatory surveys used by *subdélégués* and local informants to draft information about midwives and the letters that accompanied them on their way to the intendant may be in one or more departmental archives due to revolutionary reorganization. For instance, about one hundred such letters and preparatory surveys remain in the departmental archive of Aisne (Laon), but none survive in Lyon. Instead, the final surveys, along with letters and pamphlets concerning midwifery education, paint a picture of the complex social world in which midwives, birthing women, *accoucheurs*, and local municipal officials moved and negotiated. Economic and political forces combined with familial and social relations to create the midwifery landscape of Lyon.

Surveying The Midwives of the Generality of Soissons

The extended history of midwifery courses in the Generality of Soissons left behind an especially deep and rich archive. Regional debates about the proper education of midwives closely followed those in Paris and underwent multiple iterations. Due to this heightened attention to midwives from local, regional, and national administrative stakeholders, Soissons became a region with a high density of educated midwives.²⁴ What the SRM and Calonne

²⁴ Gélis, "L'Enquête de 1786 sur les sages-femmes du royaume."

assumed would be a straightforward, if large, project, was in fact quite messy and did not result in easily quantifiable responses.

Though a small town today, in the eighteenth century Soissons was the seat of the administrative division in northern France. As discussed in Chapter 3, a series of instructors traveled the region teaching *accouchement* beginning in 1773. Du Fot and Deberge in particular

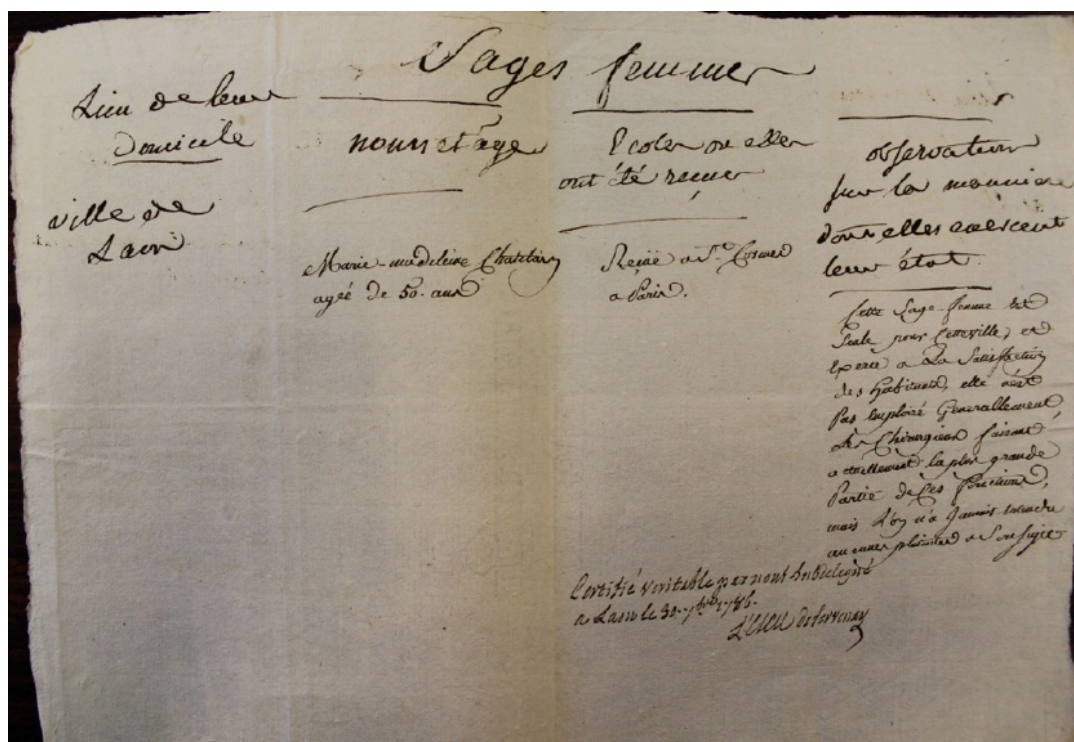


Figure 27 Local Respondent Reply from Laon

The local respondent from Laon supplied the requested information for the SRM survey of 1786 in the form of a scribbled table. Most respondents provided the information in letters. AD Aisne C632, Fol. 13.

contributed to the continual circulation of medical knowledge between Paris and Soissons.²⁵ The surveys bespeak the fruits of their labor. Soissons lists 518 midwives in the region. Using any positive response in the column requesting the school she attended as the indicator, we find 58

²⁵ Carême, "La lutte contre la mort au XVIIIe siècle: l'instruction des sages-femmes dans la généralité de Soissons." AD Aisne: C 630; AD Aisne: C 630; "De Soisson, le 13 Septembre," *Gazette de Santé* September 22, 1774; "De Soissons le 10 Mai," *Gazette de Santé* May 19, 1774; "De Soissons le 17 Septembre," *Gazette de Santé* 1773.

percent of these midwives were uneducated and 42 percent were educated.²⁶ But this does not tell the whole story. If we augment these numbers with information about education level—including classes and apprenticeships—from the observation column, the rate of educated midwives increases to 48 percent.²⁷

Even these simple statistics may obscure more than they reveal because the SRM midwifery survey data is particularly fraught for the quantitative researcher. Different levels of specificity by respondents lead to problems in comparison, and the table's prose format makes quantification difficult. Blanks in columns and unreturned surveys abound. Survivorship bias occurs when the users of data give more weight to the responses returned than the blanks; in historical research it can privilege literate and motivated voices over those of illiterate or indifferent historical actors. Of course, what we call survivorship bias the SRM lamented as noncompliance.

Before local information about midwives could reach the SRM, it underwent multiple stages of manipulation, extraction, and categorization at the regional level. Following Calonne's directive, resident priests and other "prominent members" of the towns collected information on local midwives and sent it on to the *subdélégué*, usually in the body of a letter (see Figure 27; see Figure 28 for flowchart of survey's paper trails). The *subdélégué* then needed to identify the requested information and turn the prose into responses suitable for the narrow columns of the surveys. When the intendant received the preparatory surveys from the *subdélégués*, he

²⁶ There are three entries that do not contain this information or it has been damaged and one entry regarding a surgeon. These are not included in the statistics about education.

²⁷ Survey *sages-femmes du royaume de Soissons: 1786, Médecine: Société Royale de Médecine*, SRM 87 19. Thirty midwives are labeled as having not received any education in the column requesting the school where they were received but have observations stating they attended a course (even if only for a few days), studied under a surgeon (or multiple), or trained under a family member. Not included in the number of thirty are those listed as "a little instructed" or "not well instructed" as this observation was too vague to classify.

attempted to further shorten and streamline responses. This took the form of expunging some information, such as a husband's name, and rewriting observations using short phrases, such as "skilled and intelligent," "practices with success," *etc.*²⁸ In doing so, the intendant redacted what he saw as unnecessary specificity and emphasized the elements that could be comparable. For example, many *subdélégué* responses included the number of years the midwife had practiced in the observations column, thus employing years of experience as a primary descriptor of quality or manner of practice. When the intendant removed almost all of these statements, he shifted the emphasis to method of training, trying to anticipate the desires of the SRM. This process of redaction and extraction resulted in the creation of two mutually exclusive categories of midwives—educated and not—oversimplifying the diversity of midwives' educational backgrounds and experiences. The question of what constituted legitimate education, however, remained.

Throughout the completed surveys, the third column (educational history) frequently contains the statement "received" [*reçu*] in a particular city. In the *subdélégation* of Neuilly Saint Front, there were twelve midwives, all except one listed as uneducated. Yet, the completed surveys list three of them as having been "received" in the cities of Soissons or Chateauthierry with observations of "Not instructed. Only has one routine" and "Without instruction. Only practices by routine." The preparatory documents provide further detail; the letter from the *subdélégué* describes these midwives as "received by the Lieutenant of the First Surgeon."²⁹ Per the national law, these midwives had been examined and given permission to practice by the

²⁸ Collection of Preparatory Surveys and Letters From the Généralité de Soissons: AD Aisne: C 632. Quotations from survey observations may contain added punctuation or capitalization without brackets to maintain readability. The original statements are often fragmentary and not grammatically rigorous.

²⁹ Survey sages-femmes du royaume de Neuilly S. Front: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine SRM 87 19; Letter from *subdélégué* of Neuilly St. Front to the intendant: May 22, 1786, AD Aisne: C 632, Fol. 9.

lieutenant surgeon of these towns without having attended any course. The finished survey labels these women uneducated because they practiced after only an examination. By failing to include the explanatory information provided by the *subdélégué*, the intendant condensed the plethora of paths to practice and erased local debates around these examinations.

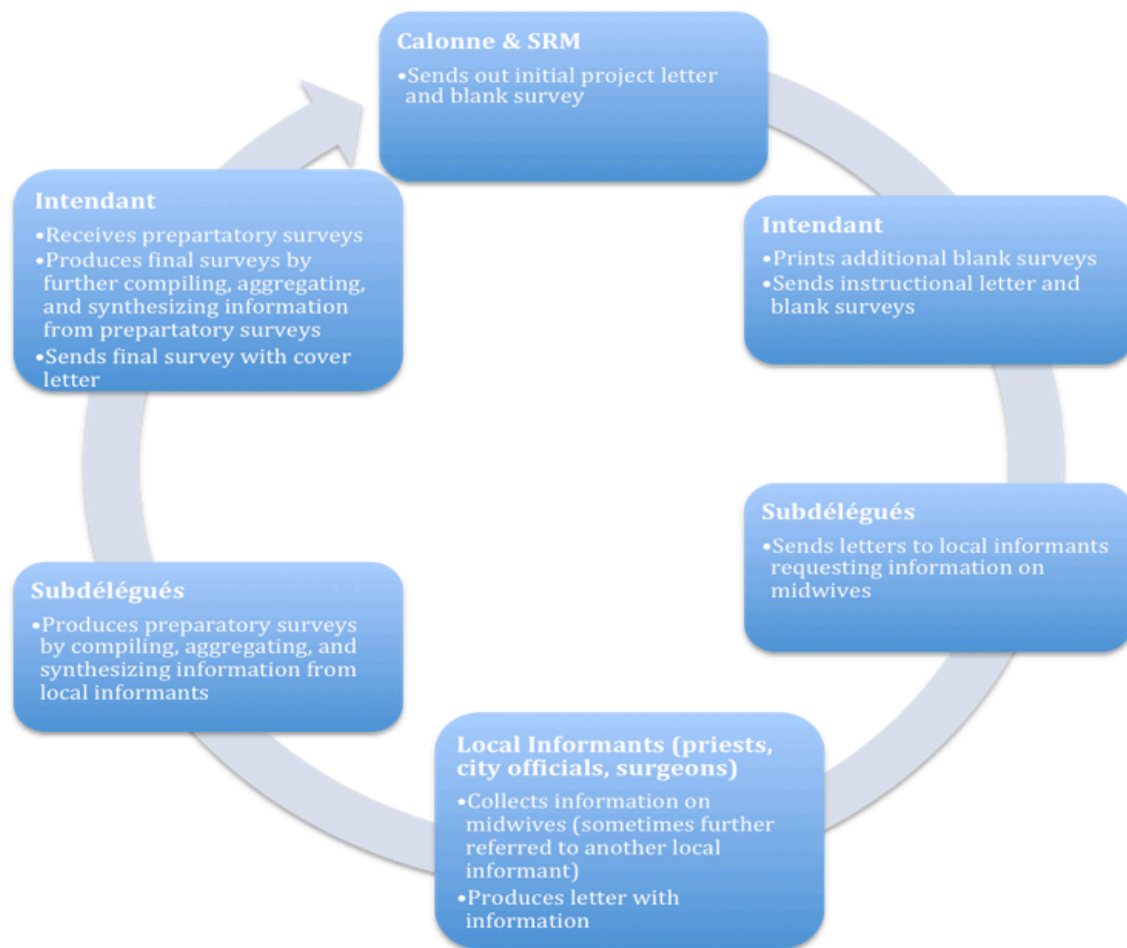


Figure 28 Flowchart of the Survey's Paper Trails

Created by author.

The royal edict from 1730 required all midwives to be examined and licensed by their local community of surgeons in order to practice.³⁰ As with many royal edicts, the enforcement

³⁰ d'Olblen, *Statuts et Réglements généraux pour les communautés de chirurgiens des provinces: Donnés à Marly le 24 Février 1730*.

of this law remained uneven throughout the eighteenth century.³¹ As seen in Chapter 3, midwifery courses frequently stood in opposition to the law. In a letter submitted with the final surveys, the intendant of Soissons reported that the surgeons of Chateauthierry harassed Deberge's students during his most recent class, prompting a letter of complaint.³² Deberge pleaded for the reform of the 1730 statute, identifying multiple harmful, unintended consequences. In place of these examinations, he suggested, with obvious partiality, that midwives be required to attend courses that would grant them the right to practice and that the local *prévôt* and his clerk could attend a few courses to observe the teacher and students.³³ No response to Deberge's complaints or suggestions survives. Conflict frequently arose between instructors of midwifery courses—whether physicians or surgeons—and the local community of surgeons when intendants, ignoring the 1730 edict, granted special dispensations to instructors to license midwives. In short, surgeons and course instructors competed for students and their fees and midwifery courses challenged surgical oversight of midwives. Conflicts between surgeons and course instructors demonstrate that support for regulating midwives did not necessarily translate into agreement about how such supervision should occur.

The frequent labeling of midwives licensed by examination and those trained by apprenticeship as “uneducated” created one definition of education that required familiarity with the “principles” of midwifery as acquired in a formal educational program. Male medical practitioners argued that knowledge of principles enabled midwives to understand causes and, therefore, recognize how to intervene properly when a complication arose. Midwifery textbooks

³¹ Brockliss and Jones, *The Medical World of Early Modern France*, 491-93.

³² Letter from de Blossac submitted with the SRM survey of medical practitioners: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19, Fol. 1.

³³ Further details provided in Chapter 3. SRM 87 d 19, Fol. 2; Mémoire by Deberge: September 25, 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19, Fol. 2.

often included under the heading of “principles” such subjects as anatomy, the form and dimensions of the pelvis, the definition of pregnancy, and the “mechanism” (physiology) of the uterus during pregnancy. Overall, such knowledge allowed the practitioner “to distinguish the work of nature from that which the Art [of midwifery] must supply.”³⁴

The recurrent descriptions throughout the survey of midwives as “without principles, works by routine” showcase the dichotomy between “principles” and “routine” in contemporary medical debates.³⁵ In her work on the mechanical arts in Enlightenment France, Paola Bertucci elucidates a distinction between *artistes* and artisans—the former have *esprit* that manifests as inventive intelligence, skill, and creativity, while the latter merely possessed rote practice. Such routinized behaviors became associated with decreased production and, eventually, diminished national wealth.³⁶ Similarly, when leveled against them, the disparaging term “routine” implied that midwives approached each birth in the same way, failing to take into account any individual circumstances that might require deviation from their normal practices.³⁷

Debates about who should be considered a midwife ensured that some respondents omitted uneducated midwives from the survey completely. The *subdélégué* of Villers Cotterets informed the intendant, “I can strictly count only one midwife in my department that is included in the survey here joined.”³⁸ Nevertheless, he continues to complain of other uneducated midwives in his territory not noted in the survey responses. Other respondents counted such

³⁴ Bas, *Précis de doctrine sur l'art d'accoucher*, Table of Contents.

³⁵ Survey sages-femmes du royaume de Soissons: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19.

³⁶ Bertucci, *Artisanal Enlightenment*, Introduction; Chisick, *The Limits of Reform in the Enlightenment*, 172-73.

³⁷ Caillau offers a particularly revealing discussion on midwives' routine that informs this analysis. J M Caillau, “Rapport sur la mortalité des enfans,” (Bordeaux: Société de Santé, 1797), 14.

³⁸ Letter from subdélégué Le Clere to intendant: May 21, 1786, AD Aisne: C 632, Fol. 8.

women. The *subdélégué* from Neuilly Saint Front held a similar position. Apropos of midwives who had not attended a course, he states:

Although we do not hear frequent complaints against these *alleged* midwives, it is nevertheless very certain that their ineptitude is the source of accidents and that it would be useful to *only admit to this profession [etat] those who have studied...*³⁹

Both the *subdélégués* from Neuilly Saint Front and Villers Cotterets attempted to define a midwife by official course attendance or examination and to disregard those who gained their knowledge through experience or apprenticeship. Differing treatments of uneducated midwives in the survey frustrate quantitative analysis but reveal the diversity and strength of opinions about midwives' training.

Other local administrators and communities of surgeons had already tried to limit who could practice. The wife of M. d'Ecole in Clamecy, Cecile Boulanger in Abbecourt, and Madeline Remboux in Hinnacourt had all been forbidden to practice, yet, their appearance on the final survey suggests their continued association with the profession.⁴⁰ We see here the nascent debates over what characteristics should define a midwife, though it is not until the early nineteenth century that a clearly distinct profession of midwives appears in France because regulation (and the associated institutions) remained patchy.⁴¹ Multiple paths to practice, moreover, demonstrate the heterogeneity of the term *sage-femme* ("midwife") in this period. Despite the efforts of government administrators and medical authorities to promote a particular

³⁹ Letter from subdélégué of Neuilly St. Front to the intendant: May 22, 1786, AD Aisne: C 632, Fol. 9. Emphasis mine.

⁴⁰ Survey sages-femmes du royaume de Soissons: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19.

⁴¹ For more on the development of the profession of midwifery in France see Sage-Pranchère, *L'école des sages-femmes*.

concept of a proper midwife, local communities often remained unswayed in their choices of birth attendants.

The observations from the surveys provide a rare glimpse into community opinions about midwives. Despite surgeons' and others' concerns, many communities "appear[ed] content" with uneducated midwives. One survey recounts that the uneducated midwife Marie Joseph Gobeau "is prudent; we do not complain about her."⁴² Even educated midwives contended with public opinion. One respondent, describing a particular midwife, laments in an observation: "Instructed. Is not employed, we don't know why."⁴³ The assumption that birthing women would be more likely to employ educated midwives pervades these observations. But the level, type, or absence of education had little relationship to the parish's opinion of a midwife—a point that often confounded respondents.

The subdelegation of Coucy le Chateau reported a mix of educated and uneducated midwives, but the public seemed to prefer the uneducated midwives.

This woman, who is very educated, is not employed. The others are preferred to her, often the first widow [an uneducated midwife listed higher up]. This is the idiosyncrasy [*manie*] of the people of the countryside.⁴⁴

In another observation of an uneducated midwife, the same respondent stated: "Has only one routine. She is preferred to the other [educated one]. Such are the women of the countryside."⁴⁵

When faced with the actual choices of birthing women, some respondents rejected their decisions

⁴² Survey sages-femmes du royaume de Soissons: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19, Fol. 3.

⁴³ Survey sages-femmes du royaume de Coucy le Chateau: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19.

⁴⁴ Ibid.

⁴⁵ Ibid.

as irrational and ignored any other personal or social factors that might have informed their decisions.

Although many mixed or ambiguous statements complicate the fraught process of quantifying the general observations of the survey as positive or negative, nevertheless respondents' opinions about midwives follow some general trends. When speaking broadly of midwives, almost all respondents waxed pejorative about their intelligence and skill, yet, 59 percent of observations about specific midwives remained positive. Respondents did not exclude uneducated midwives from praise. Of the positive responses on the surveys, 30 percent described uneducated midwives, indicating that the overall opinions about midwives incorporated a wide variety of factors beyond mere education level. (These statistics do not include mixed statements as positive but do count statements such as "we do not complain" as positive.)⁴⁶ A few local informants even enthusiastically embraced their uneducated midwives. "She exercises with success and intelligence," wrote the respondent from the city of Soissons about six different uneducated midwives.⁴⁷ More frequently, observations reveal respondents' ambivalence about uneducated midwives: "nevertheless she succeeds quite well," "exercises passably," and, most commonly, "we do not complain" or "we appear content."⁴⁸

Numerous comments displayed appreciation for the prudence of community midwives. "Without instruction but prudent." "She is prudent. We do not complain about her."⁴⁹ Prudent midwives practiced judiciously, never taking chances and always calling in surgeons when

⁴⁶ Survey sages-femmes du royaume de Soissons: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19.

⁴⁷ Survey sages-femmes du royaume de Soissons: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19, Fol. 3.

⁴⁸ Ibid.

⁴⁹ Ibid.

complications arose. Respondents valued a midwife who respected the boundaries of her profession and the expectations for her comportment regardless of educational status. When faced with particular midwives in their communities, respondents were frequently either (generally) satisfied or they could not find any complaints among community members. Some of the respondents lived quite separately from experiences of or concerns about childbirth, and, therefore, relied on others for perceptions about midwives. Negative rhetoric about unspecified midwives supported larger strategies of career making and state building because such responses determined the allocation of resources in the region.

Subdélégués and municipal officers frequently competed to have the midwifery course and its associated resources brought to their territory. In petitions to the intendant, they pointed to the condition of the midwives in their region and the location of previous courses to argue for their particular need.⁵⁰ Acknowledgement of a hierarchy of need for the allocation of resources suffuses many of the observations about midwives. Positive observations indicated satisfaction with the *status quo* while others indicated a desire to change the state of local midwifery. “Without talent. We propose replacing her with a student taught by Deberge,” observed the respondent from Montgobert in the subdelegation of Soissons about its 60-year-old midwife. Noyon’s survey also proposed replacing some of the midwives with students fresh from Deberge’s class. Respondents’ dissatisfaction typically stemmed from a perceived lack of education or skill of their current midwives, but at other times they worried about the abilities of aging midwives. The *subdélégué* from Soissons expressed the same concern about two midwives

⁵⁰ AD Aisne, C, 631, Laon.

in their 70s from his community: “Performs her profession very well, but her great age makes us determined to train a student during Deberge’s next course to replace her.”⁵¹

Other parishes expressed a preference for surgeons, a predilection frequently colored by class considerations. The respondent from Hirson reported no midwives, explaining: “In this department we prefer surgeon *accoucheurs*. It is only the poor who are served by midwives [*accoucheuses*] and take the first woman who presents herself.”⁵² Additionally, respondents from two parishes in Chateauthierry describe their midwives as “little employed” due to the presence of surgeons.⁵³ The survey, however, reveals a diversity of relationships between male and female practitioners, beyond mere competition, as surgeons frequently appear as trainers of midwives through apprenticeship and private courses (distinct from the public courses supported by the government).

An examination of the data-gathering processes in the generality of Soissons for the survey of midwives reveals myriad voices—some expected, like the intendant, and some unanticipated, such as birthing women—involved in contestations over the definition of a midwife and her proper training. Members of medical, administrative, and religious hierarchies attempted to manifest divergent visions for midwifery regulation and practice, but found their power limited. The SRM did not receive the types of answers it anticipated—and needed—in order to fulfill its goal of a national topography useful for medical policy. Responses were too complex and did not demonstrate a strong link between education and satisfaction with a midwife for such a goal. Intendants’ attempts to capitalize on the opportunity to gain reputation

⁵¹ Survey sages-femmes du royaume de Soissons: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19, Fol. 3.

⁵² Ibid.

⁵³ Montigny and Le Breuil of Chateauthierry. Survey sages-femmes du royaume de Soissons: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 87 19.

with the crown through quick and thorough responses were often thwarted by slow, incomplete, and improper replies. In their letters to the SRM, local priests, almost without exception, requested more and better educated midwives. Many priests, however, did not respond to the survey request. If instead of ignoring non-responses, we see some of them as potential statements of satisfaction with the current state of midwifery in their communities or, at least, a lack of interest in midwifery education, then priests failed to offer a united, coherent agenda. Conspicuously absent are the voices and goals of midwives themselves. Although the SRM genuinely sought to understand the state of midwifery in the country, it thought it could do so without ever consulting with midwives or birthing women.

The survey does not capture the voices of midwives themselves, but we can, by shifting our scrutiny from the data-gathering practices to the social networks mapped on the surveys, discover the complexity of the social world in which midwives operated, often alongside male practitioners.

Generality of Lyon

In the eighteenth century, Lyon, the so-called second city of France, was a prosperous industrial town known for silk production and book printing. While most of the country needlessly feared a declining populace, Lyon increased its population from 97,000 to 146,000 between 1700 and 1789. Calonne financed major urbanization projects in many commercial cities across the nation, including Lyon, at the time of the SRM survey.⁵⁴ In 1762 Lyon established one of the first veterinary schools in the country.⁵⁵ The city had also founded a

⁵⁴ Jones, *The Great Nation: France from Louis XV to Napoleon 1715-1799*, 166, 345.

⁵⁵ Brockliss and Jones, *The Medical World of Early Modern France*, 456. Jones, *The Great Nation: France from Louis XV to Napoleon 1715-1799*, 257.

faculty of medicine relatively early in 1576 and *La Charité*, a beneficence hospital, in 1622. Significant institutions and a thriving medical marketplace ensured Lyon's position as an important center of medicine, even if it lagged behind Paris and Montpellier.⁵⁶

Like Soissons, the Generality of Lyon weathered decades of debates around midwifery education before the letter from Calonne announcing the SRM survey of midwives arrived in April 1786. For centuries, midwives obtained training at the Hôtel-Dieu of Lyon (which had begun to hire midwives in 1525).⁵⁷ In October 1764, a court patron of Madame du Coudray wrote to Baillon, the then intendant of Lyon, suggesting he bring her to the region to establish "schools of instruction for the women of the countryside who are destined to the profession of midwife [*accoucheuses*]." ⁵⁸ Baillon declined due to the high costs.⁵⁹ His successor, Jacques de Flesselles, a seasoned administrator himself, would take a much greater interest in educating midwives, though Lyon would remain a region untouched by du Coudray's zeal.

As midwifery courses emerged all over France in the 1770s, Turgot circulated five thousand copies of Augier du Fot's *Catéchisme sur l'art des accouchements* throughout France. His assistant, Ormesson, sent 50 copies of this textbook to Flesselles to be distributed throughout the city and the Generality of Lyon as the minister believed "that nothing was more useful than

⁵⁶ For the founding of the medical faculty see Brockliss and Jones, *The Medical World of Early Modern France*, 178-80. For the founding of *La Charité* see Daniel Hickey, *Local Hospitals in Ancien Régime France* (Montreal: McGill-Queen's University Press, 1997), 34-35; Alison Klairmont-Lingo, "Women Healers and the Medical Marketplace of 16th-Century Lyon," *Dynamis* 19 (1999).

⁵⁷ On hiring midwives at the poor hospital see Klairmont-Lingo, "Women Healers and the Medical Marketplace of 16th-Century Lyon."

⁵⁸ Letter from the Controller General to Baillon, intendant of Lyon: October 16, 1764, AD Rhône: 1C 21. For the letter from Baillon to the subdélégués and to the Controller General of Finance stating his intention to look into the possibility of bringing du Coudray see: Letter To the Controller General from Baillon the intendant of Lyon: November 9, 1764, AD Rhône: 1C 21.

⁵⁹ Letter from the Controller General to Baillon, intendant of Lyon: October 16, 1764, AD Rhône: 1C 21; Letter To the Controller General from Baillon the intendant of Lyon: November 9, 1764, AD Rhône: 1C 21.

to make known the method followed by this physician in his instructions...”⁶⁰ Flesselles quickly acted on this directive by sending two copies of the book to each of his *subdélégués*.⁶¹ Having had the issue of the education of midwives and its importance to the crown brought to his attention, Flesselles initiated his own pedagogical program.

Flesselles issued an executive order (*arrête*) on December 23, 1776, establishing a second midwifery school in Lyon after consulting with the priests of his generality concerning remedies for the problem of the “ignorance of midwives.” He planned every detail; the published pamphlet advertising the course included 44 articles dictating all aspects of the program down to the students’ diet (see Figure 29).⁶²

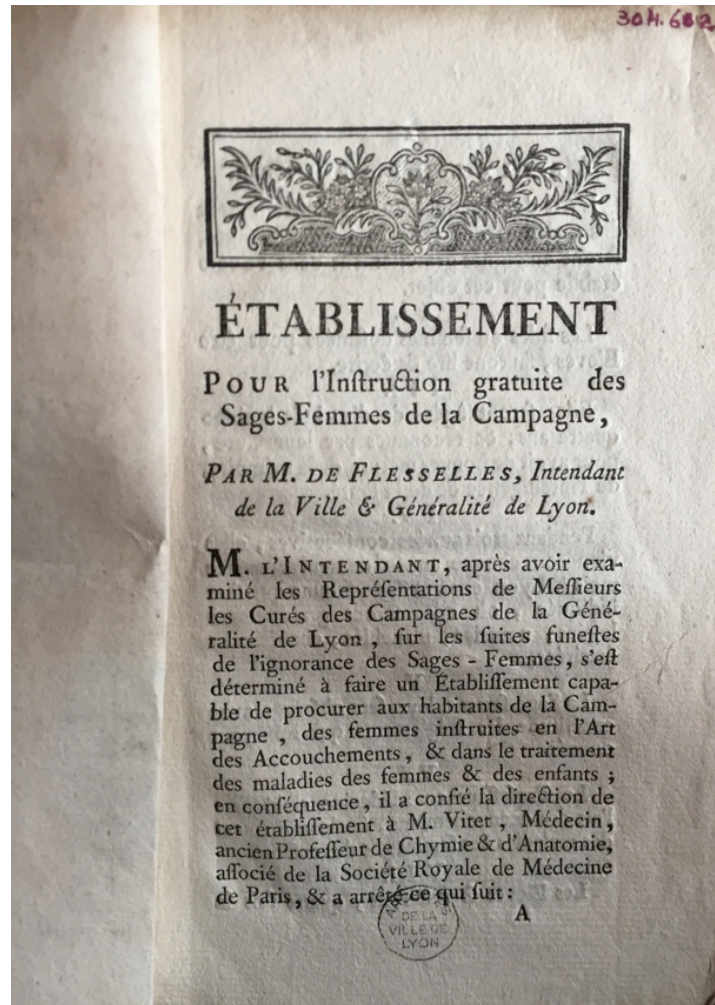


Figure 29 Établissement pour l'instruction gratuite des sages-femmes de la campagne (1777)

The pamphlet announcing the establishment of the midwifery course in Lyon. It contains the rules for students. AM Lyon 1C304602.

⁶⁰ AD Rhône 1C21 Letter from Ormesson to Flesselles: July 3, 1775, AD Rhône: 1C 21.

⁶¹ Letter from Flesselles to Ormesson: July 22, 1775, AD Rhône: 1C 21; Letter from Flesselles to the *subdélégués*: July 17, 1775, AD Rhône: 1C 21.

⁶² Pamphlet by Flesselles *Établissement pour l'instruction gratuite des sages-femmes de la campagne*: 1777, AM Lyon: 1C 304602.

The free midwifery school would draw young women between the ages of 18 and 24 who could read and write and who possessed a recommendation from the local priest for having good morals, memory, intelligence, and health. They would be educated in the illnesses of women and infants in addition to the art of *accouchement*. Such a rigorous task required a three-year commitment from students to travel to Lyon for four months each year. Instruction was free, as was room and board at the midwife's, Madame Bozonnet's, house. Four times a week students met with the professor, Louis Vitet, at his house in order to receive their instruction; they underwent a monthly examination to test their knowledge. Upon finishing in the third year, students defended a public thesis, as medical students did, in order to obtain a license to practice in their intended area. Vitet, physician and member of the SRM, was an ambitious man. Subsequent to teaching midwives, he held tenure as mayor of Lyon in 1790 and positions in the National Convention and the Council of Five Hundred.⁶³

Madame Bozonnet (and later, her successor, the midwife, Madame André) reinforced Vitet's lessons in the mornings and examined students on their understanding of the subject matter in the afternoons. Moreover, the city established a free infirmary for poor pregnant women at the midwife's house every year during the four-month stay, providing students with experiential knowledge to complement the lectures by Vitet.⁶⁴ Between the daily lessons, examinations, and managing the infirmary, Madams Bozonnet and André spent significantly more time with the students, shaping their learning and future practice, than did Vitet. Supervising the education of the students, however, was not the only job of the midwife with whom they resided for four months every year for three years.

⁶³ Bruno Benoît, "Louis Vitet," *Ville de Lyon: Bulletin Municipal Officiel* 1990.

⁶⁴ Pamphlet by Flesselles Établissement pour l'instruction gratuite des sages-femmes de la campagne: 1777, AM Lyon: 1C 304602.

During their sojourn in Lyon, students lived highly regimented lives, as the rules of the program demonstrate. The midwife ensured that the students followed the rules at all times.

Rules for the Students...

19. The students will rise at 5:30 in the morning and will dress, make their beds, and pray to God together until 6.
20. Work from 6 to 8 in the morning.
21. Breakfast from 8 to 8:30 in the morning.
22. Work from 8:30 to 11.
23. From 11 until 12 they will go hear mass and walk always with the midwife.
24. Lunch from 12 to 1.
25. Recreation for one hour, until 1:30.
26. Work from 1:30 to 3.
27. Take a walk with the midwife from 3 to 4.
28. Snack from 4 to 4:30.
29. Work from 4:30 to 7:30.
30. Dinner and recreation from 7:30 to 8:45.
31. From 8:45 to 9 evening common prayer.
32. At 9 they will each lie down in their particular bed.
33. They will take the sacraments every month.
34. On Sundays and holidays they will remain in church from 6:30 in the morning until 8:30. After breakfast they will work until noon. They will hear Vespers from 2 to 3. They will take a walk until 4:30 with the midwife and after snack will work until 7:30.....
38. They will always speak with sweetness and politeness. They will never fail to respect the midwife. They will only tend things capable of fortifying the morals and religion and relative to the science that they study....
40. They will stand neatly and with courtesy and will not be permitted to wear a style of dress different than that which usage permits in their village...
41. Their food will be regulated as follows: 1. For breakfast, household bread, fruit or cheese, water and wine. 2. For lunch, soup, and boiled meat. 3. For snack, bread, fruit or cheese. 4. For dinner, salad and roast. 5. For meager days [certain Christian holidays], at lunch, soup, fish, eggs or *herbages apprêtés*. At dinner, salad, eggs, fish, and *herbages* [mix of peas, lentils, and leafy greens].⁶⁵

Strong interdictions prevented students from leaving the residence without the midwife, and she always escorted the students when they attended church or their lessons with Vitet. The instructor-midwife regulated the clothing (each student was provided with one good dress, six

⁶⁵ AM Lyon 1C304602 Pamphlet by Flesselles Établissement pour l'instruction gratuite des sages-femmes de la campagne: 1777, AM Lyon: 1C 304602, 5-7.

shirts, and other well-fitting clothing), diet, prayer, exercise, and comportment of the students. The school required good morals and religion for admittance, but these prerequisites also remained an integral part of the education. In fact, the moral and religious aspects of being a midwife occupied more of students' time than learning about childbirth and constituted a primary function of the instructor-midwife.

Surveying the Midwives of the Generality of Lyon

The Generality of Lyon retained a moderately-sized population of surgeons and physicians, but a low number of midwives despite the existence of Vitet's comprehensive course and the training available at the Hôtel-Dieu of Lyon. The city itself had 2.2 physicians, 4.8 surgeons, and 2.5 midwives per 10,000 people. Considering the greater need for midwives than for surgeons or physicians, the number of midwives remained insufficient for a large city. Numerous urban parishes lacked midwives completely.⁶⁶ The SRM survey shows a mere 197 midwives for the entire generality. Many of the *subdélégués*, however, like those of Soissons, admitted to leaving women off the survey who did not fit their definition of a midwife. For example, in Limonest, a *commune* in the city of Lyon, the respondent states in his observation:

There is one other woman in Lymonets [Limonest] who involves herself in births though I have forbidden her. She is of a very advanced age. She did not have an apprenticeship. Often she must have recourse to a surgeon because of her limited intelligence.⁶⁷

⁶⁶ For the population of Lyon in the 1780s and the number of surgeons and physicians, I relied on Brockliss and Jones, *The Medical World of Early Modern France*, 522. The surveys provided the number of midwives in the city (37). The priest for the parish of Neufville sur Saone (today Neuville sur Saon) in Lyon stated that there were no midwives but four surgeons. Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11, Fol. 31.

⁶⁷ Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11.

The number of midwives in the region must, therefore, be significantly higher than represented on the final surveys. Further complicating the identification of midwives, the women of the Generality of Lyon frequently attended each other in labor, even if they had no training and did not consider themselves midwives.⁶⁸ For example, in the *subdélégation* of Montbrison, which submitted one of the more complete surveys, women in 38 towns “deliver[ed] themselves mutually.”⁶⁹ Some of these communities appeared content with this arrangement and enjoyed recourse to a surgeon from another town when necessary:

There are no midwives in this parish. The women have assisted each other mutually for many years. There are no bad deliveries....[they] wait patiently for the moment of birth without tormenting either the mother or the infant. In danger we have recourse to the neighboring surgeons.⁷⁰

Regardless of availability, however, the cost of a surgeon could be prohibitive.

The extra expense of a surgeon elicited frequent complaints from many but also transformed his presence in the birth room into a status symbol. One respondent noted class-based preferences for certain practitioners in his survey observation: “In addition, these midwives are employed only by artisans and laborers. People who are of a more distinguished condition resort to surgeons.”⁷¹ A priest from the parish of Firminy near St. Etienne explicitly described the financial difficulty of calling in a surgeon.

Interest alone means that surgeons are rarely called to births. 12 sous [are] all the salary of a midwife and, in the countryside, surgeons require 6 livres. Could the

⁶⁸ This is most common in the *subdélégations* of Charlieu, Montbrison, and Villefranche. These *subdélégations* are also listed by Gélis, “L’Enquête de 1786 sur les sages-femmes du royaume.”

⁶⁹ Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l’Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11, Fol. 46.

⁷⁰ Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l’Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11, Fol. 50.

⁷¹ Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l’Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11, Fol. 46.

government not hire them through some recompense or prize for delivery proportionate to the means of the women of the countryside?⁷²

According to this priest, surgeons charged ten times the rate of midwives. The financial burden of hiring a surgeon left many women without that option even in dangerous births. Thus, against the backdrop of population fears that gripped the nation, the two training programs in the city of Lyon take on an even greater significance to ensure women had access to midwives deemed appropriate.

The generality lacked a large number of educated midwives despite the presence of the two training programs in the capital city (Vitet's and at the Hôtel-Dieu of Lyon). Only 43 of the 197 midwives boasted any type of training (including courses, apprenticeships, and surgical examinations). The observations from the SRM survey provide possible explanations. A respondent from Brindas, a small town about 17 kilometers southwest of Lyon, suggested a need for an educational program in each parish:

A college where women or widows were to be trained in this art and which was then sent to each parish, paid for by each community, would be worthy of the wisdom of the government, which is occupied with the public good with all due care.⁷³

The need for education throughout the region also appears in other observations. A priest from within the city of Lyon points out that the women who wished to pursue midwifery typically lacked financial resources. He asked: "How will they travel? Who will lodge them? Who will feed them during their study?"⁷⁴ Both the intendant and the municipal officials of Lyon

⁷² Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11, Fol. 54.

⁷³ Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11, Fol. 24.

⁷⁴ Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11, Fol. 38.

acknowledged this problem, arranging for room and board for the students in Vitet's course; still, the school lacked students.

Vitet and the municipal officers underestimated the difficulty in finding students from the countryside who met all their qualifications—between 18 and 24 years old, able to read and write, and willing to leave home. “The difficulty of finding in the countryside women who read, combined with writing, make it impossible for this parish to send subjects to schools established to train midwives.”⁷⁵ Another respondent pondered the reasons for any restrictions on students who wished to attend the midwifery school:

I even have in my parish a person, destined to be trained for childbirth, who has asked me to enter her into the school in Lyon. She seems fit for this. So I have already made representations, but it seems to me that we make it a little too difficult [to enter the school]. You profess that she is slightly above the preferred age. If we look for these difficulties, especially in the countryside, I do not think that we will ever succeed in procuring the good we are proposing, which is all the more essential to pursue without recourse and is of interest because we could not provide more benefit to civil society.⁷⁶

Vitet's school in Lyons failed to produce a large number of students because his concept of an idealized student ignored the realities of rural life.

Survey respondents made limited attempts to correlate education and proficiency on the surveys themselves. The link between lack of education and practicing by routine was one such attempt, but at times respondents had to appeal to wider medical theories and cultural conceptions of peasant women to justify the high skill level of supposedly uneducated midwives. One such theory claimed rural women gave birth easily. Moralizing doctors such as Le Camus and Tissot claimed that the sociability of noble women, so extolled by the *philosophes*, prevented

⁷⁵ Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11, Fol. 54.

⁷⁶ Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11, Fol. 86.

them from properly fulfilling their role as guardians of family virtue and led to pleasure seeking and laziness that caused disease, chiefly hysteria. Rural women became the foil to noble women in the hands of medical writers who claimed their hard work and limited minds prevented them from libertinism and safeguarded their greater physical health.⁷⁷

Faced with two “uneducated” midwives in Thurin (near Lyon), one respondent attempted to explain the absence of any harm to mothers or babies by reference to the popular anti-luxury, anti-nobility conception of the rustic virtue of hardworking peasant women.

There are rarely any unfortunate accidents. Either because in thorny cases they have a surgeon called or because our women, made robust by hard work, give birth more easily than the daughters of Ladies [*Dames*].⁷⁸

In Ecully, just west of the city of Lyon, Sieur and Dame Guyonnet, a surgeon/midwife team, had performed their functions without any “accidents” for the previous five or six years. Despite describing their method of practice as “with surety and knowledge,” the respondent believed that the constitution of rural women explained the absence of poor outcomes.

I believe, moreover, that with regard to the women of the country, nature is more important than art. The active life they lead, the simple food they eat, the hygiene of the air that they breathe, the happy position which frees the inhabitants of the country from the tyranny of fashions, adjustments, and all that that we call good manner [*ton*] in society, in a word, the only natural state of being. These are the many means that become the source of protection for women in their pregnancy. Deliveries are commonly prompt, easy, and free from the preliminary [illegible], and the unfortunate results that we see so frequently in higher-class women.⁷⁹

⁷⁷ Quinlan, *The Great Nation in Decline: Sex, Modernity, and Health Crisis in Revolutionary France c. 1750-1850*, 42-51.

⁷⁸ Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11, Fol. 35.

⁷⁹ Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11, Fol. 39.

The views of this respondent reflect contemporary neo-Hippocratic medical philosophy's belief in the role of the environment in shaping both physical and moral well-being. Still, the Rousseauian idealization of rural life and its health benefits threatened programs for educating midwives; if peasant women delivered so easily, then midwives did not require special knowledge or skills. Thus, instructors of midwifery frequently refuted this view, as du Fot does here:

It is an error, very detrimental to the human species, that we say that the women of the country deliver more happily than the women of the city...since the time that I journeyed as a doctor to the villages, the towns, and the hamlets, I have seen the contrary.⁸⁰

Conversely and simultaneously, instructors made reference to related beliefs about the limited intellectual abilities of rural women to justify their pedagogical choices (see Chapters 2, 3, and 6).

Survey responses reveal that private courses or apprenticeship represented a legitimate option for those women who could not attend the training programs in Lyon.⁸¹ A 41-year-old midwife in the *subdélégation* of Charlieu named Benoite Bourcharin obtained an apprenticeship with a midwife in Lyon for 18 months. Also in Charlieu, but in the town of Coutonvre, Marie La Mure, 60 years old, trained 25 years earlier under two surgeons in Roanne. The surgeon Divoyry in the city of Lyon instructed the wife of Simon Jacquy, about 44 years old, in *accouchement*.⁸² These are just a few examples of relationships that span professional, geographic, and gendered boundaries. These interactions built social connections crucial in the patronage economy of

⁸⁰ Letter from du Fot to Lepeletier: July 1, 1773, AD Aisne: C 630.

⁸¹ I included private courses and apprenticeships in the number of educated midwives provided above as long as it was not with a relative.

⁸² Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11, Fol. 21 and 41.

eighteenth-century France.⁸³ They also raise many unanswered questions such as: How much did an apprenticeship or private course cost? How did potential midwives identify those willing to instruct them? What rights and responsibilities did each party have? Was the education primarily experiential or was there a didactic component? As the professional relationships between midwives and *accoucheurs* remained unregulated outside of Paris, the answers may be as diverse as each association. The presence of these apprenticeships challenges narratives that position midwives entirely separate from the medical establishment. They suggest that extensive collaboration between midwives and surgeons existed alongside professional conflict.

The life of the midwife Pierrette from Lyon exemplifies the entanglement of occupational and domestic activities and relationships in eighteenth-century France. She had practiced without reproach as the only midwife in her parish for 30 years before the survey recorded her training: "...Pierrette, midwife, was not received in any school. She was a servant [*domestique*] in the house of Sr. Poteur, master in surgery who introduced her to the art of *accouchement*."⁸⁴ While family ties were preferable, Pierrette's example demonstrates the significance of the household as an economic and social unit beyond blood ties. *Domestique* literally means, "that which is of the house, that which belongs to the house" and referred to an unsalaried worker who was considered a member of the household.⁸⁵ A master's moral imperative of paternalism towards his servant justified the surgeon Poteur's authority over all the people within his household, even dictating such decisions as employment and marriage. The prescriptive literature of the period

⁸³ For more on the patronage economy see Sharon Kettering, *Patrons, Brokers, and Clients in Seventeenth-century France* (Oxford: Oxford University Press, 1986).

⁸⁴ Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11, Fol. 34.

⁸⁵ "Domestique," in *Le Dictionnaire de l'Académie Française* (Paris: la Veuve Brunet, 1762); Sarah Maza, *Servants and Masters in 18th-century France: the Uses of Loyalty* (Princeton: Princeton University Press, 1983).

concerning domestic servants, such as *Devoirs de Maîtres* by Claude Fleury, explicitly argued that the loyalty Pierrette owed Poteur as his servant cemented the God-ordained social order, within and without the household.⁸⁶

The economic practices of the household derived from marriage and inheritance laws created by jurists to foster specific family relations that bolstered patriarchal and state control (Hanley calls this the family-state compact). The resulting domestic practices maximized the procurement of both the financial and symbolic (reputation and status based) capital valued in the proto-capitalist patronage system and conflated personal and public power.⁸⁷ The SRM survey from Lyon permits a peek into the socio-economic practices of the households of midwives. At least six midwives from the Generality of Lyon came to their employment through family relations.⁸⁸ Of those, two trained with their mothers, two with their grandmothers, one with her aunt, and one with her surgeon husband. The midwifery survey even records that, in Neuville, a son followed his father into the practice of surgery.⁸⁹ This phenomenon of keeping trade knowledge within the family abounds throughout the national survey. In Soissons, 25 midwives had a known close family member who was a midwife or other medical practitioner. Of these relationships, eight included surgeons.⁹⁰ For instance, the midwife Marie Louise

⁸⁶ Hardwick, *The Practice of Patriarchy*; Julie Hardwick, "Seeking Separations: Gender, Marriages, and Household Economies in Early Modern France," *French Historical Studies* 21, no. 1 (1998). On paternalism, loyalty, and Claude Fleury see Maza, *Servants and Masters in 18th-century France: the Uses of Loyalty*.

⁸⁷ Hanley, "Engendering the State: Family Formation and State Building in Early Modern France." Hardwick, "Seeking Separations: Gender, Marriages, and Household Economies in Early Modern France."

⁸⁸ These are not included in the total count of educated midwives.

⁸⁹ Survey sages-femmes du royaume de Lyon: 1786, Bibliothèque de l'Académie Nationale de Médecine: Société Royale de Médecine, SRM 85 11, Fol. 31.

⁹⁰ These numbers include family relationships identified through documentation beyond just the survey and include likely family members as defined by those with the same last name in the same parish. Letter from Deberge to the intendant reporting on the second class in Ham: November 5, 1780, AD Aisne: C 631, Fol. 52-53. I suspect this number is significantly higher as respondents rarely noted such relationships on the surveys.

Boursier, in Noyon, practiced alongside her surgeon husband. The repetition of the same last name in the surveys and other sources, such as student lists for courses, indicate an even wider occurrence of training within the family in both Soissons and Lyon. Keeping economic practices within the household remained a traditional way of structuring the domestic sphere.⁹¹ Such practices promoted economic prosperity by keeping wages within the household, lowered costs by eliminating any apprenticeship fees and through cost sharing, reduced the number of households an economic endeavor needed to support, and increased social cohesion. The entanglement of economic and domestic practices ordered both the social roles individuals assumed *vis-à-vis* each other and the material practices of the household when, for example, tools of the trade would be passed down.

Midwives performed crucial functions in the French moral and financial economies. They testified in court cases concerning infanticide, paternity, rape, fertility, and late-term births. Laws required them to report any midwife practicing illegally and perform acts of charity by delivering poor women for free. Their expertise shaped questions of inheritance and social status.⁹² As argued by Sarah Hanley, midwives mediated between reproductive women and the family-state compact.⁹³ Additionally, the emphasis on agricultural production found in physiocratic economics morphed rural babies and mothers into a national resource and product to be protected for the economic wellbeing of the nation. The moral and medical training that the young students

⁹¹ This idea of economic practices structuring the domestic sphere comes from Lissa Roberts, "Practicing oeconomy during the second half of the long eighteenth century: an introduction," *History and Technology* 30, no. 3 (2014). See also Barbara Hanawalt, "Introduction," in *Women and Work in Preindustrial Europe*, ed. Barbara Hanawalt (Bloomington: Indiana University Press, 1986); Natalie Zemon Davis, "Women in the Crafts in Sixteenth-Century Lyon," in *Women and Work in Preindustrial Europe*, ed. Barbara Hanawalt (Bloomington: Indiana University Press, 1986).

⁹² For further discussion see Susan Broomhall, *Women's Medical Work in Early Modern France* (Manchester: Manchester University Press, 2011), 34-38; Cathy McClive, "Blood and Expertise," *Bulletin of the History of Medicine* 82, no. 1 (2008).

⁹³ Hanley, "Engendering the State: Family Formation and State Building in Early Modern France," 22.

underwent in Lyon, therefore, constituted a mechanism of control to ensure the proper monitoring of the reproductive lives of the citizenry. But, as we have seen, the vast majority of midwives in the generality did not attend Vitet's course; they pursued numerous other paths to practice. The SRM survey itself became an additional, supplementary regulating and disciplining force for these midwives as they were counted, identified, and classified.

Nouveau Plan de Constitution pour la Médecine en France

The Revolution interrupted any plans the SRM had to complete its medical topography of the nation, but the information gathered through the survey of midwives did not go to waste. The SRM labored for fifteen months after the fall of the Bastille to create a national plan for medical reform. On November 25, 1790, each member of the *Comité de Salubrité* (Health Committee) received a copy of SRM's 170-page *Nouveau plan de constitution pour la médecine en France*.⁹⁴ This expansive medical reform proposal did not fail to address the question of the education and regulation of midwives. While it would be preferable for all births to be attended by surgeons, it suggested, a longstanding prejudice for women remained. The plan explained in a footnote how it obtained a list of midwives in the different cantons and neighborhoods of the country:

The SRM desired to know the condition of midwives in France in 1786 so the Minister engaged the intendants of the provinces to send him all the information necessary for this important subject. For this work to be in a uniform manner, he had printed diverse tables in four columns, which contained: first, the place of domicile of the midwives; second their names and ages; third, the schools they attended; fourth, observations concerning the manner with which they practice their profession.

From the examination of these tables, which were sent to the Society with the responses of the intendants, it resulted: 1) that many very spread-out cantons

⁹⁴ The *Nouveau Plan* was likely written by Vicq d'Azyr. Dora Weiner, *The Citizen-Patient in Revolutionary and Imperial Paris*, The Henry E Sigerist Series in the History of Medicine (Baltimore: The Johns Hopkins University Press, 1993), 93-100.

lack midwives; 2) that most [midwives] have not studied their art in schools, that they have learned frequently from neighborhood midwives, and that they only exercise their art by routine.⁹⁵

In short, the surveys told the SRM what it had expected to find. But the project was not a mere exercise in data mining for confirmation bias; the SRM had initiated a survey project that erased or ignored complex social realities in an attempt to create a simple and single policy position. The society proposed that each department establish a midwifery course taught by a skilled surgeon knowledgeable in the art of *accouchement*. It stressed the need for hands-on training at a hospital, naming the program at the Hôtel-Dieu of Lyon as an ideal example. Indeed, the lack of experiential training formed the basis of the SRM's criticism of government-sponsored programs. The SRM, however, recognized the difficulties some departments would face in trying to implement these proposals. It suggested that those regions without surgeons sufficiently skilled in *accouchement* should send their students to a neighboring department. Finally, rather than an annual salary for the proposed one midwife per two cantons, the SRM suggested a fee per birth because the sporadic schedule of midwives would lead to periods of objectionable repose.⁹⁶ The *Comité de Salubrité* adopted most of the *Nouveau Plan*, but, with the dissolution of the Constituent Assembly, the *Comité de Salubrité* had no successor in the Legislative Assembly to enact the reforms.⁹⁷ While the Revolution stymied the SRM's dreams of creating a medical topography for the country, its labors in collecting information on midwives provided legitimacy for its medical reform plans.

⁹⁵ La Société Royale de Médecine, *Nouveau Plan de Constitution pour la Médecine en France* (Paris 1790), 188.

⁹⁶ La Société Royale de Médecine, *Nouveau Plan de Constitution pour la Médecine en France*, 74-75.

⁹⁷ Ramsey, *Professional and Popular Medicine in France*, 71-74; Weiner, *The Citizen-Patient in Revolutionary and Imperial Paris*, 93-99.

The SRM's survey of midwives expanded governmental and medical authority over childbirth. When the SRM seized the opportunity provided by the Revolution to promote its plan for medical reform, the survey provided important scientific legitimacy for its reforming agenda. The survey also supported state-building efforts more generally in three specific ways: First, the act of data gathering strengthened governmental networks as national and regional representatives forced participation in and compliance with the project. Second, the survey collected information crucial to the regulation of the population. The intendant Antoine Auget (baron de Montyon, 1733-1820) wrote: "There can be no well-ordered political machine, nor enlightened administration in a country where the state of the population is unknown."⁹⁸ In order to properly regulate midwives, particular administrative structures had to be created or strengthened. Third, the survey represented a mechanism for shifting the authority of midwives away from traditional, community-derived to education-based authority. The government had a vested interest in controlling the knowledge and practices of midwives as the primary mediators between the state and birthing women, and educational programs provided an ideal forum.⁹⁹

Conclusion

The paucity of scholarship on average French midwives risks the uncritical acceptance of the widespread rhetoric touting the ignorance and incompetence of midwives that circulated in early modern France. Nearly half of the midwives of the Generality of Soissons possessed some type of education. The snapshot of information taken by the SRM survey in 1786 demonstrates

⁹⁸ Quoted in Andrea Rusnock, "Biopolitics: Political Arithmetic in the Enlightenment," in *The Sciences in Enlightened Europe*, ed. Jan Golinski William Clark, Simon Schaffer (Chicago: University of Chicago Press, 1999), 50. Auget was intendant of Auvergne, Provence, and La Rochelle.

⁹⁹ For more on midwives as the mediators between the state and birthing people see Hanley, "Engendering the State: Family Formation and State Building in Early Modern France."

that midwives possessed multiple paths to practice and that course education represented only one, and possibly minor, consideration for a community's opinions about a midwife. Midwives enjoyed varied relationships with medical men: professional, educational, and familial; antagonistic or supportive. Even with its prejudices, the survey provides rare knowledge about the contested labors of average French midwives at the end of the eighteenth century.

The SRM survey project helped define the education of midwives as a social problem, created the categories of investigation, and invested local actors such as *subdélégués* and priests in its social vision. Overcoming substantial debate, the survey of midwives cleared the path for professionalization—eventually achieved in the early nineteenth century—by promoting a particular definition of midwifery expertise, consolidating practitioners, and identifying qualified practice.¹⁰⁰ Yet, the categories of the survey began to gain power only when their use was backed by political or institutional support such as in the SRM's *Nouveau Plan*.

At no time did the SRM or Calonne suggest that the practice of *accouchement* by women should be eliminated. Instead they sought ways to regulate and control the practice and position midwives under medical jurisdiction. While this is contrary to much of the scholarship on eighteenth century British midwifery, it is congruent with the findings of Hillary Marland's study of Dutch midwives. As in Marland's Holland, licensed, educated midwives practiced alongside licensed and unlicensed midwives without formal training.¹⁰¹ Of course, the educational or license status of any midwife says little about her level of competence or her social standing in her community, as we have seen from the survey responses. The SRM survey failed to distinguish between different groups of practitioners, eroded debates around the different paths

¹⁰⁰ See Chapter 6 and the Conclusion for more on the professionalization of midwifery.

¹⁰¹ Marland, "The 'Burgerlijke' Midwife: The *Sadsvroedvrouw* of Eighteenth-century Holland."

to practice, and equated lack of formal education with ignorance and practicing by routine. Yet, birthing women continued to choose their birth attendants for their own reasons. Midwives disrupted these categories when some chose to practice without permission, such as the midwife in Limonest who performed her duties despite being “forbidden” and, thus, was left off the survey. A paper-technology approach highlights the contradictions within and disruptions to the survey project. Retracing the surveys and tracking variations in responses highlights evolving conceptions of expertise and ultimately recovers the muted voices of midwives.

RELIGION AND ECCLESIASTICAL PRACTICES OF MIDWIFERY

EDUCATION IN LANGUEDOC

CHAPTER 5

Sentenced to pay a fine for practicing midwifery in 1748, Anne Galinier and Françoise Granger were Protestants living in Languedoc after the Revocation of the Edict of Nantes. Galinier, nearly 80 years old, endured life imprisonment for assisting a woman living alone during her “travaux” (labor) and failing to baptize the child.¹ Protestant midwives often practiced in secrecy in order to avoid Catholic baptisms, as required by the Revocation.² At stake in Galinier’s case, therefore, was nothing less than the eternal salvation of the infant and the stability of the nation, as Protestantism represented the threat of civil unrest to many Catholics. The religious debates concerning baptism took on heightened importance in Languedoc where the most significant population of Protestants in France lived and birthed. Midwives whirled at the center of this political vortex. The Catholic Church initiated training courses in the region in order to instill in them orthodox theology and baptismal, churching, and related practices.

The surgical regulation of midwives (see Chapters 3 and 4, in particular) arose after legislation in 1730. The church historically performed this role and continued to do so in some capacity up until the Revolution. The largely reciprocal relationship of the church and the French state grew from shared goals and, unlike in other Catholic countries, a long tradition of devotion

¹ Jugement condamnant à l'amende Françoise Granger et Anne Galinier: 1748, AD Hérault: C 226; Sentencing of Anne Galinier to life imprisonment: 1748, AD Hérault: G 432; The case of Anne Galinier was brought to my attention by Laget, "Childbirth in Seventeenth and Eighteenth Century France: Obstetrical Practices and Collective Attitudes."

² Laget, "Childbirth in Seventeenth and Eighteenth Century France: Obstetrical Practices and Collective Attitudes."

to the monarchy by the French clergy. The eighteenth century saw an intensification of the church's attempts to control midwives as it sought to eliminate doctrinal differences concerning the significance of baptism and when ensoulment occurred. These renewed canonical pressures resulted in an upsurge in the fight against abortion and greater attention to the practice of baptism.³ Moreover, much of the historiography on medicine in eighteenth century France emphasizes a process of secularization, but the example of midwifery education in Languedoc, explored here, reveals that secularization was uneven at best and highly contested.

The people of Languedoc recognized the mutual interest of the state and church in regulating midwives. "Religion and the laws of the State impose on midwives the duty of watching over the safety [*salut*] of the mother and the child in childbirth..."⁴ Tellingly, the French word "*salut*" refers to both the physical and spiritual wellbeing of an individual. The Sicilian Abbot Francesco Cangiamila, in his 1745 *Embriologia Sacra*, exhorted both priests and medical practitioners to baptize all fetuses that might be living, no matter how early in the pregnancy and even if baptism required a cesarean section. Failure to do so could result in murder charges in some countries (though not France). His book, while not without its critics, enjoyed wide acclaim; translations emerged in all Catholic countries, multiple editions circulated, and Pope Benedict XIV gave it his approbation.⁵ According to church directives, midwives were responsible for the physical well-being and spiritual salvation of all fetuses and

³ Filippini, "The Church, the State, and Childbirth: The Midwife in Italy During the Eighteenth Century," 4; On the general role of midwifery courses in establishing religious orthodoxy in students see: Gélis, *La sage-femme ou le médecin*, 166-69.

⁴ Icart, *Leçons pratiques sur l'art des accouchemens*, 11.

⁵ Filippini, "The Church, the State, and Childbirth: The Midwife in Italy During the Eighteenth Century."; José Pardo Tomás and Álar Martínez Vidal, "The Ignorance of Midwives: The Role of Clergymen in Spanish Enlightenment Debates on Birth Care," in *Medicine and Religion in Enlightenment Europe*, ed. Andrew Cunningham Ole Peter Grell (Burlington: Ashgate, 2007). Jolien Gijbels, "Medical Compromise and Its Limits: religious Concerns and the Postmortem Caesarean Section in Nineteenth-Century Belgium," *Bulletin of the History of Medicine* 93, no. 3 (2019).

newborn infants. There emerged in Languedoc a renewed and vigorous plan to ensure that midwives knew how to properly baptize fetuses and infants in all possible scenarios (i.e. abortion of any type, cases involving “monstrosity,” and *in utero* baptisms). Orthodox baptisms required significant theological and scientific knowledge to recognize the differences between fetuses and non-human products of conception, such as blighted ovas and hydatidiform moles, and, therefore, elicited significant debate with far-reaching consequences.⁶ The presence of Protestants heightened the importance of orthodox baptism in Languedoc. The midwifery courses established there set as their primary goal educating midwives when and how to conduct all types of baptism, while midwifery courses in the north of France sought to instill in midwives, first, the necessity of calling in surgeons when complications arose and, second, merely a single, simple formula of baptism to be used in extreme cases. Church efforts to implement and standardize baptism among midwives, however, resulted in a diversity of midwifery programs in the region as local administrators pursued different means to achieve this end.

The Province of Languedoc

The province of Languedoc spanned the central section of southern France—from the Rhône in the east to the Garonne in the west—and bordered both Auvergne (see Chapter 2) and Guyenne and Gascony (see Chapter 6) to the north. Languedoc was the second largest province in France and had the fourth largest population. The Albigensian crusades (1209 to 1226) sparked two centuries of repeated French military incursions into the region that culminated in a reincorporation into France, with concessions, under Charles VII in 1420. This history of

⁶ Filippini, "The Church, the State, and Childbirth: The Midwife in Italy During the Eighteenth Century."

conquest generally and the concessions of Charles VII particularly combined to instill a fierce regional pride and provided the region more financial and political independence than any other provincial assembly enjoyed.

Many of the particularities of the region resulted from power negotiations between the crown and regional administrators. After the Duke of Montmorency, governor of Languedoc, was beheaded for rebellion in 1632, Louis XIV effectively eliminated the position of governor



Figure 30 Map of Languedoc in the 18th Century

From Le Roy Ladurie's *The Peasants of Languedoc* (Chicago: University of Illinois Press, 1974).

by requiring the office holder to reside at Versailles and forbidding him from ever entering the territory. Instead, one intendant administered the two generalities of the province: *Haut-*

Languedoc (Upper Languedoc, capital Toulouse) defined by its fertile, green plains; and, separated by mountains, *Bas-Languedoc* (Lower Languedoc, capital Montpellier) characterized by its Mediterranean, dry, subtropical landscape. Languedoc also enjoyed an exceptional tax system. First, because the courts still utilized Roman rather than customary law, free-held estates (allodial lands) were exempt from many of the king's taxes, though this had little relevance by the eighteenth century. Second, Languedoc possessed the status of a *pays d'état* (as opposed to Soissons' or Lyonnais' status as *pays d'élection*) and therefore taxation occurred according to the system of the *taille réelle*, which determined tax liability based on the nobility status of the land, rather than the individual. This resulted in the possibility of nobles paying taxes for any non-noble lands in their possession. About one third of the lands of the province were considered noble. So, while the nobility was not completely exempt from paying taxes as in other regions, the fact that these noble lands were held predominately by the old nobility and the church guaranteed that the majority of the tax burden still fell on the remaining population.⁷

The particular confrontations, resistances, and autonomies that pepper the political histories of Languedoc, however, should not be taken to mean that Paris exerted limited influence in the area. A common tactic of the French crown to decentralize power within the region was to divide duties between Toulouse and Montpellier. The intendant and the *cour des comptes* resided in Montpellier, but the *parlement* ruled from Toulouse. William Beik describes a "fundamental ambivalence of loyalties" among the inhabitants as the region had been conquered, to some extent, since the thirteenth century. For example, after the 1620s, the Languedoc Catholics happily collaborated with the royal forces against the region's substantial Huguenot population. Thus the political history of the region is defined more by changing

⁷ Beik, *Absolutism and Society in Seventeenth-century France: State Power and Provincial Aristocracy in Languedoc*, Chapter 2.

interactions between the French crown and provincial institutions than simple narratives of repression or resistance.⁸

The trade routes from Geneva to Lyon and from Lyon to Languedoc ensured that the revolutionary Calvinist ideas made their way to southern France during the Reformation. What could not be anticipated was the fertile ground they found upon arrival, especially in the Bas-Languedoc. This new ideology took hold predominately among the artisan class by 1560, though its leadership came from the bourgeois intelligentsia and petty bourgeoisie. The historian Emmanuel Le Roy Ladurie found the only peasant support of Protestantism to be in the mountains of the Cévennes, particularly the triangle between Mende, Alès, and Ganges. In fact, in all of France, the roots of Protestantism among the peasantry were the deepest and most radical here. The peasants' zeal in attacking Catholic churches, destroying idols, and demolishing crosses grew to such a point in 1561 that Calvin himself had to censor them for their radicalism.⁹ The continual presence of Huguenots in Bas-Languedoc, even after the Revocation of the Edict of Nantes, resulted in periodic conflicts, such as the rebellion of the Huguenot Camisards in 1702.

Educating Midwives in Languedoc

The crown's tactic of pitting upper and lower Languedoc (Montpellier and Toulouse) against each other created and intensified cultural and political differences that still shape the archive today. In order to capture these variances, this chapter maintains the division between Haut-Languedoc (Archives Départementales du Tarn in Albi) and Bas-Languedoc (Archives

⁸ Beik, *A Social and Cultural History of Early Modern France*, 35-42.

⁹ Emmanuel Le Roy Ladurie, *The Peasants of Languedoc*, trans. John Day (Urbana: University of Illinois Press, 1974), Part 2, Chapter 1.

Départementales de l'Hérault in Montpellier).¹⁰ That being said, the two regions also shared much, including an intendant.

Haut-Languedoc

An anonymous pamphlet decrying the loss of innocent lives at the hands of ignorant matrons circulated in Languedoc in 1782. Entitled *La Requête en plainte présentée à nos Seigneurs des États du Languedoc par les enfants à naître contre les prétendues Sages-Femmes* (The Petition of Complaint Presented to Our Lords of the Estates of Languedoc on Behalf of Unborn Children Against the So-Called Midwives), this pamphlet followed the precedent set by the English pamphlet *The Petition of the Unborn Babies* (1751) by writing from the perspective of the unborn child, increasing its emotional appeal.¹¹

We have no certainty of coming into the world. We tremble as we risk showing ourselves in it, as we are continually mistreated by certain women who are known as midwives... They bruise us, even worse, they decapitate us, they give us black eyes, they break our limbs, they tear us to pieces.¹²

Jean-François Icart, member of the Royal Academy of Surgery and Lieutenant to the First Surgeon to the King, stands as the likely author. In September 1780, he had gained the title of Royal Professor of the Art of Midwifery for all of the dioceses of Haut-Languedoc.¹³ Early in the same year the pamphlet appeared, the Archbishop of Narbonne and President of the Estates of

¹⁰ There is another Archives Départementales in Montauban (de Tarn et Garonne) of the historical region Haut-Languedoc but their extensive online inventory reveals nothing related to midwifery training courses.

¹¹ Bernard This, *La requête des enfants à naître* (Paris: Seuil, 1982), Chapter 2. This provides the only full reproduction of the pamphlet.

¹² Ibid, 56; Translation by Marie-France Morel, "Childbirth," in *Encyclopedia of the Enlightenment*, ed. Michel Delon (New York: Routledge, 2001).

¹³ There is some debate about this as Bernard This named J. G. Sacombe as the likely author but a general consensus has emerged among historians that it was probably Icart. Gélis, *La sage-femme ou le médecin*, 105 and note 54; Sage-Pranchère, *L'école des sages-femmes*, 48. This, *La requête des enfants à naître*, Chapter 2.

Languedoc, Arthur Richard Dillon, advised the administrators of all the Dioceses to establish midwifery courses in their territories. A letter from the Minister of Finance (either Jacques Necker or Jean-François Joly de Fleury) prompted this solicitation, but surely the pamphlet also fueled Archbishop Dillon's interest in the subject of educating midwives.¹⁴

For years before the issue came before the Estates, Icart had been concerned with the loss of life at the hands of midwives. By his own account, Icart successfully established midwifery courses in Castres after many years of emotional torment spent studying the effects of the ignorance of midwives. Speaking of himself in the third person, Icart recounts:

[Icart was] struck and deeply afflicted for a long time by the frightful ravages occasioned, above all in the countryside, by the ignorance and clumsiness of midwives. [When] forced to calculate the number of mothers and infants who perish at their hands, which he was not able to see without shuddering, he could carry it [the number] to 25 or 30 thousand a year in the kingdom by the least hazardous approximation. He began to meditate on the most swift and efficacious method to deliver his country from a scourge as dangerous [as it is] harmful...He decided upon the plan of a free course of childbirth for midwives, throughout the countryside.¹⁵

Icart found a benefactor for his plan in the Bishop of Castres, Jean-Marc de Royère, who invested 1,800 *livres* annually for a three-year-long course beginning in 1781. On October 15th of each year, about fifty students attended lessons twice a day in the city of Castres for forty straight days. Icart and Royère required attendance in the course for three consecutive years in order to ensure competence.¹⁶ Two years after the course appeared in Castres, Toulouse followed suit; one year later Limoux and Albi established courses.

¹⁴ Procès-Verbal de L'Assemblée de Nos Seigneurs des États-Généraux de la Province de Languedoc: January 7, 1782, AD Tarn: C 150, Fol. 473.

¹⁵ Jean-François Icart, "Mémoire sur l'établissement des cours gratuits d'accouchement pour les sages-femmes de la campagne," (Castres: P.G. de Robert, 1789), 2-3. Bibliothèque Interuniversitaire de Santé 90958t.210 n. 10.

¹⁶ Ibid.; Procès-verbal de l'Assemblée de l'Assiette du Diocèse de Castres: April 29, 1783, AD Tarn: C 1045, Fol. 21-26.

Where du Coudray previously had failed to secure entrance into the region for her itinerant midwifery education course, Icart succeeded for his tri-local course, modeled after du Coudray's. Over the next few years, Icart traveled between Castres, Toulouse, and Carcassone throughout the seasons, holding his courses. The Toulouse class began September 1st while the Carcassone course commenced the first Friday of Lent per student request, as this was when they were free from work. All his classes lasted 40 days and consisted of two lessons per day (every day save Sunday and holidays). The 40-day duration identified midwifery courses as religious as well as medical projects. The number 40 signifies periods of testing, trial, or probation in the Bible—the flood lasted for 40 days and nights; the Israelites wandered in the desert for 40 years; Jesus fasted for 40 days during his temptation in the desert. It is not a stretch to imagine that Icart saw his course as a probationary period for his students—almost a spiritual advent—as they were tested to determine if they had the necessary traits to become the protectors of the physical and spiritual health of women and children as midwives.

As the final course of the first three-year cycle approached in 1783, Icart and Bishop Royère sought funding from the *Assiette* of the Diocese of Castres to continue the program. The *Assiette* stood as an obvious choice of administrative institution from which to seek funding as it oversaw taxes and carried at the will of the Estates on a local level. Its members made up the local administrative elite.¹⁷ Icart and Bishop Royère sought a total of 1,800 *livres* per year that could be divided up into 48 *livres* per community. They would have believed success of securing funding was likely, due to the expectation that local administrative bodies would implement the

¹⁷ Assiettes were subdivisions of the dioceses. The governing committee met for a few days each year. They were primarily devoted to taxes but they also possessed a small budget that they could use on local projects. While each diocese possessed an assiette, their commitment to administration varied from merely administering tax assessments to acting as local estates (*états particuliers*). The system of representation for the assiettes reflected local power. Beik, *Absolutism and Society in Seventeenth-century France: State Power and Provincial Aristocracy in Languedoc*, 73-75.

rulings of the Estates. The *Assiette* acquiesced citing the “all the advantages that must result.” It remained silent, however, on the inducements for midwives that Icart and Bishop Royère recommended. Icart claimed that women needed incentives to attend courses and to practice effectively. Such enticements could take many forms: prizes for the top students in the course, a bench in church, an exemption for their children from military service, or a pension.¹⁸

Ultimately, the *Assiettes* of local Dioceses, including those of Castres and Toulouse, went before the Estates of Languedoc and successfully lobbied for repayment or future payment for the cost of midwifery courses. These requests were universally approved up to 1,200 *livres* per year. Some smaller towns such as Saint Pons, Mirepoix, Saint Papoul, and Lavour received funding from the Estates to send students to courses in other cities.¹⁹

Not all cities established courses with such relative ease. The Diocese of Albi approved the program for educating midwives in 1784 and obtained funding from the Estates at the end of the same year. A delay in obtaining a mannequin for the course from Paris and other unknown obstacles, however, prevented the classes from commencing until November 15, 1786. This first class lasted until December 22nd.²⁰ To instruct the 43 students, the Archbishop of Damas chose a team of practitioners: the physician Farssac, the surgeon Liniers, and the midwife Lachapelle (wife of the surgeon Gaubert). The Syndic of Albi hints at the division of duties: “In truth they [Farssac and Liniers] were very well seconded by the Demoiselle Lachapelle, who instructed the

¹⁸ Procès-verbal de l'Assemblée de l'Assiette du Diocese de Castres: April 29, 1783, AD Tarn: C 1045, Fol. 21-26.

¹⁹ Etats Généraux de Languedoc, "Instruction des sages-femmes de la campagne," in *Loix municipales et économiques de Languedoc* (Montpellier: Rigaud et Compagnie, 1787).

²⁰ Procès-verbal de l'Assemblée des Gens des Trois-États du Pays d'Albigeois: May 29, 1787, AD Tarn: C 373; Procès-verbal de l'Assemblée des Gens des Trois-États du Pays d'Albigeois: May 1786, AD Tarn: C 373; Procès-verbal de l'Assemblée des Gens des Trois-États du Pays d'Albigeois: June 1, 1784, AD Tarn: C 373.

abovementioned students from morning to evening.”²¹ While the male practitioners received much of the credit for the success of the program, it seems Lachapelle may have done most of the training. The Albi course consistently went over the budget of 1,200 *livres* allocated by the Estates, requiring the Dioceses to scramble to cover the additional costs. Most of the expense, 982 *livres*, covered students’ travel and room and board, but 180 *livres* went to student prizes. In 1786 the course cost 1,514 *livres* 8 *sols* and, in 1787 it was 1,870 *livres* 12 *sols*.²² The delay in commencing the course paid off financially. The 1,200 *livres* given in the first year by the Estates supplemented the expense of the courses for the next three years. The Diocese decided to request an additional four years of funding from the Estates to continue the course in 1788.²³ Despite the administrative and financial setbacks, the Diocese continued to support the program of educating midwives.

On the river Aude in the very south of Haut-Languedoc, the Dioceses of Limoux took a different approach to establishing midwifery courses by sidestepping the Estates of Languedoc completely and going directly to the crown. The annual course held in the town hall (*Hôtel de Ville*) of Limoux formed on June 25, 1784, by order of the Minister. It lasted one and a half months. Neighboring Dioceses, such as Carcassone and Mirepoix, sent students to Limoux to train under Marcelin Bonnet, Master Surgeon. (Icart would later establish his own course in Carcassone.) As in other areas of France, a lack of trained midwives motivated the decision to initiate the program; of 170 parishes in the Diocese, only 16 had educated midwives. Five midwives appear on the 1786 survey as practicing in Limoux and each attended the course. Two

²¹ Procès-verbal de l'Assemblée des Gens des Trois-États du Pays d'Albigeois: May 29, 1787, AD Tarn: C 373.

²² Procès-verbal de l'Assemblée des Gens des Trois-États du Pays d'Albigeois: May 29, 1787, AD Tarn: C 373; Procès-verbal de l'Assemblée des Gens des Trois-États du Pays d'Albigeois: June 17, 1788, AD Tarn: C 373.

²³ Procès-verbal de l'Assemblée des Gens des Trois-États du Pays d'Albigeois: June 17, 1788, AD Tarn: C 373.

midwives named Mazarine were mother and daughter, while Jeanne Marie Bonnet, wife of Cuguliere, was likely a relative of the surgeon-instructor.²⁴ At the end of each course a panel of surgeons and physicians judged and ultimately voted on the students. Those who passed received a certificate of competence. The local administrators found the class to be a huge success. Priests and Consuls reported back to the municipal officers of Limoux that their trained midwives performed well in difficult and laborious childbirths and saved many lives—success, they believed, due to the attentions of Bonnet.²⁵ While Limoux employed a different method than the other Dioceses of Languedoc to launch midwifery courses, an approach more common in the north of France, it did not escape difficulties of its own.

Upon their initial application to the crown to establish the course and obtain a license (*brevet*) for Bonnet in 1784, the municipal officers of Limoux were rejected. The Baron Louis Auguste Le Tonnelier de Breteuil, Minister of the King's Household, denied their request due to a supposed lack of credentials; Bonnet, he believed, was a physician and lacked the status of Master of Surgery. The municipal officers immediately suspected a case of mistaken identity because Marcelin Bonnet's son was a physician. They recruited the intendant to help them clear up the misunderstanding with the crown. Baron Breteuil, however, remained disobliging even after the intendant rectified the confusion. Having consulted with the First Surgeon to the King, Breteuil learned of the great abuse of *brevets* made by professors of different aspects of surgery in small towns around the country. A surplus of unworthy *brevetées* (licensees), he claimed, resulted from municipal officers capitulating to the demands of these surgeons with little regard to their qualifications. Moreover, many sought this accolade only as a pretext to request money

²⁴ Preparatory Survey of Midwives: 1786, AD Hérault: C 525, Fol. 344.

²⁵ Letter from the municipal officers of Limoux to the intendant reporting on the midwifery course: December 1786, AD Hérault: C 525.

later. Breteuil happily supported the establishment of the course but required a few years of proof of the utility of Bonnet's work before he would bring the request for a license before the king.²⁶ Two years later, the municipal officers renewed their campaign to obtain a license for Bonnet. They submitted a report on the course to the Intendant and asked for his intercession with the crown:

We hope, Monsieur, that you would wish to support an establishment and profession so necessary for humanity and [so] obtain from his Majesty a license [*brevet*] for a man whose talents and personal merits musters all the approval [*reünissent tous les suffrages*].²⁷

Frustrating the municipal officers' request, the Intendant de Saint-Priest had passed away earlier in the year and Charles Bernard de Ballainvilliers assumed the role. Ballainvilliers, though supportive of the course, was unwilling to advocate for Bonnet and informed the municipal officers to address themselves directly to the First Surgeon to the King.²⁸ No further correspondence on the matter survives.

Bas-Languedoc

On June 10, 1782, five months after the Archbishop of Narbonne requested the establishment of midwifery courses throughout the province, the Estates Particular of Gévaudan voted to approve the establishment of a midwifery course in Mende. Their account of how they

²⁶ Letter from Breteuil rejecting Bonnet's application for a brevet but approving the course: June 10, 1784, AD Hérault: C, 525, Fol. 244; Letter from subdelegate of Limoux, Perraud, to intendant of Languedoc regarding Bonnet: April 20, 1784, AD Hérault: C 525, Fol. 241; Letter from the intendant of Languedoc to the Baron Breteuil regarding Bonnet: April 26, 1784, AD Hérault: C 525, Fol. 242; Letter from Breteuil to the intendant of Languedoc about the requests to establish courses in Limoux: March 18, 1784, AD Hérault: C 525, Fol. 240.

²⁷ Letter from the municipal officers of Limoux to the intendant reporting on the midwifery course: December 1786, AD Hérault: C 525.

²⁸ Letter from the intendant to the municipal officers of Limoux regarding Bonnet: December 23, 1786, AD Hérault: C 525, Fol. 293.

came to recognize the importance of this public service differed from Icart's. The meeting minutes trace their awareness of the need to educate midwives to the 1775 circulation by Minister Turgot of Augier du Fot's *Catechisme sur l'Art des Accouchements pour les Sages-femmes de la Campagne*, but found that the book "did not produce all the advantages which could have been obtained if medical men had been asked to explain it to the midwives..."²⁹

Known for sheep farming and wool, the city of Mende had been the site of an episcopal power struggle between the Bishop and the consuls that left bishopric authority slightly diminished until 1771. The Bishop, reaffirmed in his powers, signed-off on the proposal for a midwifery course in 1782. All three social orders contributed members to the Estates Particular of Gévaudan: five from the church, twenty from the nobility, and nineteen from the third estate.³⁰ For the instructor of the course, the Estates Particular chose François-Xavier Bonnel de la Brageresse (1754-1794), a second-generation physician from the *petite noblesse* of Mende (his family had bought its title in 1740).³¹ He had trained at the Faculty of Medicine in Montpellier and wrote his dissertation on the medical uses of hot springs.³² Joining Bonnel in his teaching duties was Antoine Blanc, Lieutenant to the First Surgeon to the King for Mende. Blanc would have conducted the demonstrations of obstetrical maneuvers on a mannequin while Bonnel focused on imparting the principles of the art through lecture. Bonnel's father, Claude, and Blanc had previously served together in the Estates Particular.³³ Furthermore, Bonnel was nephew to

²⁹ Meeting Minutes from the Estates Particular of Gévaudan: June 10, 1782, AD Hérault: C 7903.

³⁰ Gustave de Burdin, *Documents historiques sur la province de Gévaudan* (Toulouse: Laurent Chapelle, 1846).

³¹ Auguste Roche, "Abbon-Pierre-François Bonnel de la Brageresse," in *Armorial généalogique et biographique des évêques de Viviers*, ed. Auguste Roche (Lyon: L. Brun, 1894); Meeting Minutes from the Estates Particular of Gévaudan: June 10, 1782, AD Hérault: C 7903.

³² François Xavier Bonnel de la Brageresse, *Dissertation sur la nature, l'usage et l'abus des eaux thermales de Bagnols en Gévaudan* (Mende: Claude Bergeron, 1774).

³³ Burdin, *Documents historiques sur la province de Gévaudan*, 128, 30.

the *subdélégué*.³⁴ Surely these personal connections and Bonnel and Blanc's fluency with local administration facilitated the choice of instructors, positions with a shared 300 *livres* income.

The Estates Particular kept to the annual budget of 1200 *livres* imposed by the Estates of Languedoc for the course. In addition to the instructors' fees, they allocated 180 *livres* for a mannequin and rent for a room in which to hold the course, and 720 *livres* to pay for the travel and daily allowance of 12 sols for 20 students. The class in Mende imitated Icart's class in lasting 40 days and used his textbook, *Leçons Pratiques*.³⁵ A few years would pass before other towns in the Bas-Languedoc would join with Mende in establishing midwifery courses.

The *Assiette* of Narbonne nominated the Surgeon-Major Sernin in June 1785 to the position of Professor of *Accouchement* for the whole Diocese at the behest of his patron, the Archbishop of Narbonne. The Archbishop had also procured a royal license (*brevet*) for Sernin the year before, the same year Bonnet sought and was denied a license 80 km away in Limoux due, in part, to a preponderance of solicitations. Sernin immediately took steps to procure a mannequin for his course from Paris in order to "speak...as much to the eyes and hands of midwives as to their ears."³⁶ In particular, he wanted Jean Louis Baudelocque's mannequin—life sized, made from real female and infant skeletons, and complete with the afterbirth. It cost a little over 200 *livres* (see Chapter 2).³⁷

Despite Sernin's zeal for the course, his letter to the intendant suggests all might not be proceeding smoothly:

³⁴ Letter from Blanques to intendant submitting SRM survey: March 15, 1786, AD Hérault: C 525, Fol. 275.

³⁵ Languedoc, "Instruction des sages-femmes de la campagne."; Meeting Minutes from the Estates Particular of Gévaudan: June 10, 1782, AD Hérault: C 7903.

³⁶ Letter from Sernin to the intendant: September 18, 1785, AD Hérault: C 8272.

³⁷ Letter from Sernin to the intendant: September 18, 1785, AD Hérault: C 8272. For more on Baudelocque and his mannequins see Chapter 2.

say nothing of my request [for a mannequin] to anyone except the Archbishop of Narbonne...but I ask you, as a grace, to never say a word to the physician Barthez: I have strong reasons for taking such precautions.³⁸

It is unclear why Paul Joseph Barthez, the vitalist, was singled out in Sernin's request for secrecy. Sernin's appointment, however, caused a division between the municipal officers of Narbonne and the administrators of the Dioceses. The city of Narbonne selected the surgeon and Royal Professor of *Accouchements* Labrousse to conduct midwifery courses in the town hall. He had trained the local midwives for twelve years and the city officials expressed shock that the Archbishop undercut Labrousse's position. On the 1786 survey of midwives, the respondent described Sernin's "most astonishing incompetence" as he had attended fewer than 10 births in his life.³⁹ At stake, as usual, was money. Sernin obtained an annual sum of 1,200 *livres* from the Estates, while Labrousse fought for years to try to procure the 250 *livres* pension the city of Narbonne awarded him in June 1785, but that the intendant withheld.⁴⁰ The dispute between instructors still raged as late as 1789 when the city officials wrote to Ballainvilliers, the intendant, requesting his reason for denying Labrousse the pension. To Minister of Finance Necker, Ballainvilliers admitted that he did not know why his predecessor had rejected the original request and that he could find no paperwork on the matter in his office. Ballainvilliers considered two factors: First, other communities had similar outlays for instructors. Second, local Dioceses, not municipalities, typically organized these establishments. He turned to Necker to resolve the matter, but in February 1789 Necker had more pressing matters to consider and it

³⁸ Letter from Sernin to the intendant: September 25, 1785, AD Hérault: C 8272.

³⁹ Preparatory survey for Narbonne: 1786, AD Hérault: C 525, Fol. 350.

⁴⁰ On Sernin and the 1200 *livres* annual budget for the course see Etats Généraux de Languedoc, "Instruction des sages-femmes de la campagne," in *Loix municipales et économiques de Languedoc*.

is unclear if he ever responded.⁴¹ Sernin's personal connection with the Archbishop ensured him the position of instructor of midwifery and the allocation of the bulk of the resources for the project. Labrousse continued to teach but did so under less than ideal conditions.

In 1786 posters appeared outside the church, the town hall, and other prominent places around the bustling and diverse port city of Arles, situated on the bank of the Rhône river at the

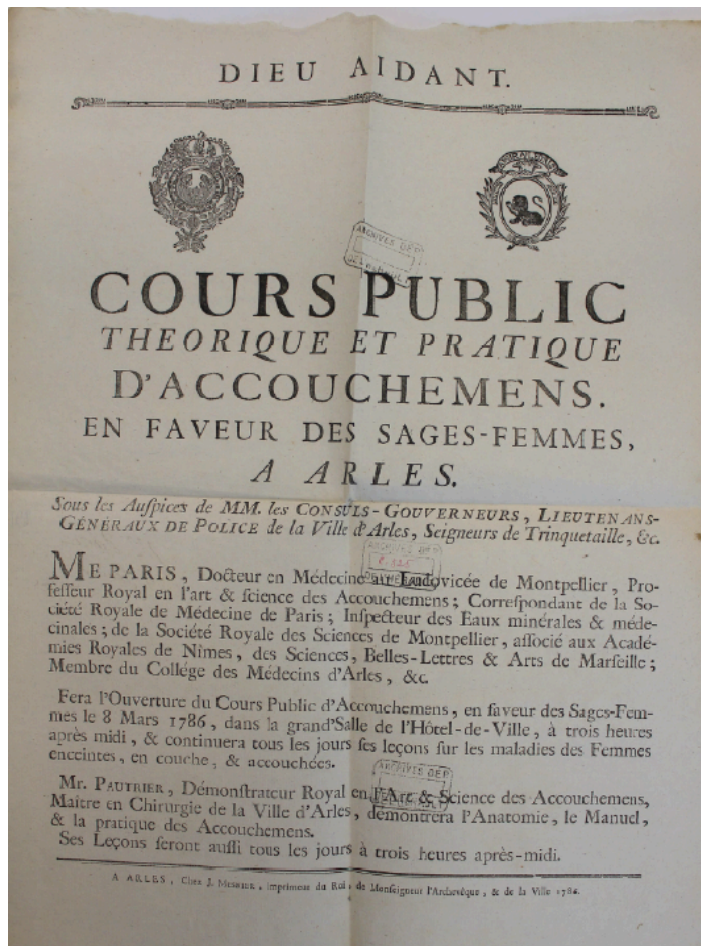


Figure 31 Poster “Cours public théorique et pratique d'accouchemens...à Arles” (1786)

Poster advertises a midwifery course in Arles that will open on March 8, 1786. AD Hérault C525, Fol. 291.

border of the provinces of Languedoc and Provence.⁴² These posters declared “A Public Course: The Theory and Practice of Childbirth in Favor of Midwives,” under the heading “God Willing.” Lists of the instructors’ titles—M. Paris (physician) and M. Pautrier (surgeon)—fill most of the poster (see Figure 31). It does manage to squeeze in essential information about the course, including the starting date (March 8, 1786 at 3 pm at the town hall). Assembling only in the afternoons, this class covered the illness

of pregnant, laboring, and postpartum

⁴¹ Letter from intendant of Languedoc to Necker about Labrousse: February 18, 1789, AD Hérault: C 525, Fol. 429; Letter from the Consul of Narbonne to Ballainvillers: February 9, 1789, AD Hérault: C 525, Fol. 428.

⁴² Arles stood in the *généralité de Provence*, not Languedoc, but its proximity to the region and the existence of documents pertaining to this class in the archives of Montpellier motivated my decision to include it, briefly, here.

women (M. Paris instructing) and demonstrated the anatomy, maneuvers [*le manuel*], and practices relating to childbirth (Pautrier leading).⁴³ As with other classes throughout France, the details about the course would have been announced from the pulpit and local priests and consuls would collaborate to select students. In fact, course attendance required approbation from the consuls and a statement of good life and morals from the priest. Paris and Pautrier desired students who could read in order to encourage the pursuit of additional knowledge beyond the course and students who were of an age and disposition to be capable of being instructed.⁴⁴

The Dioceses of Alais (modern day Alès), Uzès, and Nîmes took a radically different approach to establishing midwifery courses: they attempted to pool resources for efficiency. The idea originated with the *Assiette* of Nîmes when it decided to found a midwifery program on May 10, 1785; it allocated 600 *livres* for the salary of two instructors (one physician, one surgeon), 160 *livres* for student prizes, and 240 *livres* for mannequins and miscellaneous costs. Each Diocese would contribute 400 *livres*. An estimated 20 students would attend a course for two months once per year for three years (presumably one in each capital city). Each would receive a stipend of 20 *sols* per day for travel, room, and board. The *Assiette* of the Diocese of Alais dubbed this plan “the most economical and advantageous.”⁴⁵ Such collaborations were not unheard of between these three dioceses, as they also conjoined for the formation of an *Hôpital Général*.⁴⁶ The Estates granted Uzès and Nîmes 1200 *livres* for six years, though they each had asked for significantly more. Sharing the financial burden permitted them some budgetary

⁴³ Poster Cours Public Theorique et Pratique d'Accouchemens en Faveur des Sages-Femmes, À Arles: 1786, AD Hérault: C 525.

⁴⁴ Avis sur le cours public et gratuit d'accouchement en faveur des élèves et sages-femmes, établi par ordre de Sa Majesté: January 9, 1786, AD Hérault: C 525, Fol. 379.

⁴⁵ Procès-verbal de l'Assemblée de l'Assiette du Diocèse d'Alais: June 17, 1785, AD Tarn: C, Fol. 171.

⁴⁶ Procès-verbal de l'Assemblée de l'Assiette du Diocèse d'Alais: June 17, 1785, AD Tarn: C, Fol. 171.

extravagances, such as 1,250 *livres* for 200 copies of Icart's textbook.⁴⁷

To the south, the Syndic of the Diocese of Montpellier, Le Chevalier de Ratte, submitted a request to the Estates of Languedoc on January 24, 1786, asking for 1200 *livres* in support of the establishment of a midwifery course, a project "infinitely useful in many Dioceses." The *Assiette* of Montpellier voted to initiate this project on May 10th of the previous year.⁴⁸ Montpellier rivaled Paris for status as the most important medical center of France. Medical education emerged in both cities in roughly the same period—the late eleventh to early twelfth centuries. While the Paris Faculty of Medicine taught a more conservative, Galenic medicine, Montpellier pushed boundaries, often developing or adopting the newest medical theories of the day, such as iatrochemistry, vitalism, and Harvey's theory of the circulation of the blood. The corporate bodies of medicine exercised great authority over both cities, attempting to limit non-regular practice. As early as 1252, the barber-surgeons of Montpellier established a legally recognized "closed shop" and by 1418 had developed a system of formal examination.⁴⁹ Private medical courses in anatomy, surgery, midwifery, chemistry, botany, and pharmacy flourished from the turn of the eighteenth century, increasing the city's reputation as a center for medical learning.⁵⁰ The combined strength of these medical institutions and practitioners had prevented du Coudray from visiting anywhere in the province of Languedoc during her travels.⁵¹

The capital cities of Toulouse and Montpellier had high densities of medical practitioners—both greater than in Paris, and Montpellier's the greatest in the country. Toulouse

⁴⁷ Etats Généraux de Languedoc, "Instruction des sages-femmes de la campagne."

⁴⁸ Etats Généraux de Languedoc, "Instruction des sages-femmes de la campagne."

⁴⁹ Bologna, Paris, and Montpellier were the recognized centers of medical learning in Europe. Brockliss and Jones, *The Medical World of Early Modern France*, 174; Siraisi, *Medieval and Early Renaissance Medicine*, 55-65.

⁵⁰ Brockliss and Jones, *The Medical World of Early Modern France*, 509-12.

⁵¹ Gelbart, *The King's Midwife*, 153-54.

had 40 physicians, 32 surgeons, and 17 apothecaries for its 53,000 people. Montpellier's density was even higher—34 physicians, 36 surgeons, and 13 apothecaries for the smaller population of 32,000.⁵² But the density of midwives was only moderate, less than that of Soissons.⁵³ Detailed numbers of practitioners over extended periods of time exist for Languedoc, a medically oriented region, because multiple surveys of practitioners survive. For example, in 1737, surveys

COMMUNAUTÉ D			
NOTES relatives aux Sages-Femmes ou Accoucheuses de ladite Communauté.			
Nombre.	Nom, Age, Etat actuel de Femme ou de Veuve. Religion.	Mœurs, Conduite, Capacité, Aifance ou Détérior.	Observations Sur les Chirurgiens Accoucheurs, & Sages-Femmes étrangères.

collected the number of surgeons, barbers, wigmakers, bathers, steamers, occultists, lithotomists, dentists, and midwives.⁵⁴ A 1783 survey of medical practitioners simplified matters by counting only physicians, surgeons, and midwives.⁵⁵ These surveys merely tallied the number of practitioners per town and in total, overlooking other information; the surveys gathered no names, education, or observations. In Montpellier, midwives had long been part of the medical world, even if marginally. So, the 1785 vote of the *Assiette* of Montpellier to initiate a midwifery course

Figure 32 Survey of Midwives from Montpellier (1786)

Table used for the survey of midwives initiated by de Ratte. AD Hérault C12060.

⁵² Brockliss and Jones, *The Medical World of Early Modern France*, 522.

⁵³ Gélis, "L'Enquête de 1786 sur les sages-femmes du royaume."

⁵⁴ Survey of Medical Practitioners in Languedoc, État du nombre des... 1737, AD Hérault: C 2776.

⁵⁵ État du nombre des médecine, chirurgiens, et sages femmes...dans le département de Toulouse: 1783, AD Hérault: C 525.

represented only the newest effort to regulate midwives.

In his first act towards establishing a midwifery course, the Syndic de Ratte continued the long tradition of surveying medical practitioners. He requested that municipal Consuls fill out a table on the current state of midwives in their communities, ignoring the fact that a similar survey organized by the Société Royale de Médecine was currently underway. The table requested by de Ratte provided the midwife's name; age; marital status; religion; description of morals, conduct, and capacity for the profession (with ease or with distress); and an observation concerning the other practitioners who delivered women in their community—surgeons or visiting midwives (see Figure 32). As the Société Royale de Médecine's survey did not ask about religion or moral conduct, this may have been the primary focus of the local survey. De Ratte explained that this information would ensure that he selected the students most able to profit from instruction.⁵⁶ In other words, it would inform decisions about the allocation of resources and how to eliminate prospective students.

The first class in Montpellier began on August 17, 1786, and lasted 40 days to September 25th. While the course was free, the dioceses offered to supplement only the travel and stay of poor women at 15 *sols* per day (about the contemporary price of fresh butter). To obtain this stipend, furthermore, a student had to possess a certificate of poverty from her priest and consul.

De Ratte provided the suggested language for this certificate:

We the undersigned Priest and Consuls of the Community of _____ certify that the named _____ is not in a condition to survive the cost during 40 days in Montpellier, that the above only lives through her work and is poor. Of this we have perfect knowledge and we certify by our conscience.⁵⁷

⁵⁶ Letter from de Ratte, syndic of Montpellier, announcing the formation of a midwifery course: June 26, 1786, AD Hérault: C 12060; Printed Table Notes relatives aux sages-femmes ou accoucheuses de ladite communauté: AD Hérault: C 12060.

⁵⁷ Letter from the syndic of Montpellier to the consuls and priests of the dioceses with details about the midwifery course: [1786], AD Hérault: C 12060.

Students presented themselves to the Syndic de Ratte at his home at the top of the *Blanquerie* on the morning of August 17th. For entrance, they proffered a certificate signed by their local consul and priest that contained their name, age, marital status, “quality,” profession, religion, and a testament to their good conduct and morals. The ideal student could read and would be between 25 and 45 years old to ensure her propensity to learn, though others would be considered if the consuls thought they would be useful to their communities. Up to 40 students could attend each year. The Diocese encouraged attendance by offering three prizes upon examination at the end: 60 *livres* for first place, 36 *livres* for second place, and 24 *livres* for third place. Considering that a cow cost about 50 *livres*, these were significant sums.⁵⁸

De Ratte and the Assiette of Montpellier stressed that the priests and consuls were responsible for their choice of students and, thus, responsible for the success of the program.

It is you alone, Monsieurs, who are able to make the new establishment formed in the Diocese useful to your community. You make yourself responsible before God and man for all the fatal consequences that may result from a bad choice.⁵⁹

The emphasis on the selection of a proper student and the multiple certificates required for admittance suggest that the Diocese worried about fraud and the wrong type of woman gaining access to the information of the course. Though not addressed directly, this probably derived from a fear about midwife-assisted abortions and births out of wedlock. Midwives occupied a contradictory position in the eyes of the church and state: they were simultaneously the stewards

⁵⁸ Letter from de Ratte, syndic of Montpellier, announcing the formation of a midwifery course: June 26, 1786, AD Hérault: C 12060; Letter from the syndic of Montpellier to the consuls and priests of the dioceses with details about the midwifery course: [1786], AD Hérault: C 12060; Preparatory SRM survey for Montpellier: August 1786, AD Hérault: C 525, Fol. 323.

⁵⁹ Letter from the syndic of Montpellier to the consuls and priests of the dioceses with details about the midwifery course: [1786], AD Hérault: C 12060.

of moral orthodoxy and the greatest potential threat to it due to their knowledge about reproduction.

The Diocese of Montpellier had high hopes for the course. The prevalence of mechanisms to limit access to the course also suggests it anticipated large numbers of prospective students. Yet from the beginning the course seems to have been plagued by rumors of male students; the Syndic of Montpellier attests:

I have been informed that in many communities it has been said that the course will be public and that there will be many surgical students admitted. This is absolutely false. This course will be made in private and only persons of [the female] sex, chosen by the communities, and admitted by the Diocese will be received there. The door will be closed to all the young students and surgeons. This is, in a word, a course exclusively for the instruction of midwives...⁶⁰

Still, rumors persisted and the course “did not conform to expectations,” likely due to low student numbers. The Bishop of Montpellier intervened and wrote to all the priests under his jurisdiction in 1788, attempting to stir up enthusiasm for the project. In the postscript, he reminds his priests of three items: first, the financial support for poor women; second, the prizes offered at the end of the course; third, that only women would be admitted to the course.⁶¹ Regardless of the accuracy of the administrators’ belief that these rumors caused low course attendance, de Ratte and the Bishop recognized that co-ed mixing in a course dealing with anatomy and reproduction would cause social and moral unease. As a city with a rich medical history and a thriving market of medical courses, additional midwifery courses may simply have been unnecessary.

Between 1781 and 1786, Haut Languedoc established three unique classes in five cities;

⁶⁰ Letter from the syndic of Montpellier to the consuls and priests of the dioceses with details about the midwifery course: [1786], AD Hérault: C 12060.

⁶¹ Letter from the Bishop of Montpellier to the priests of the diocese: July 22, 1788, AD Hérault: C 12060.

Bas-Languedoc, five in seven. The classes encountered a wide variety of difficulties such as postponements due to delays in the shipment of a mannequin, failure to obtain government support due to mistaken identity, rumors of male attendance in courses, competition for instructor positions, and low student enrollment. Indeed, a lack of students forced the closure of Icart's courses in 1788. Still, some common themes emerge across all courses. The various Dioceses administered all of the courses except the one in Limoux. They frequently hired teams of physicians and surgeons to teach the classes. The physicians instructed students on the principles of midwifery, while the surgeons demonstrated the maneuvers used in laborious births. Classes lasted for varying lengths of time but 40 days was common. Finally, each course in the region used Icart's *Leçons pratiques sur l'art des accouchemens* as their textbook.

Leçons Pratiques sur l'Art des Accouchemens (1784)

Due to the efforts of Turgot and his secretary Ormesson Augier du Fot's textbook, *Catéchisme sur l'Art des Accouchements pour les Sages-femmes de la Campagne* (1775) arrived in Languedoc in 1775, to an apparent positive reception, as the local printer Joseph Fuzier produced additional volumes.⁶² Still, Icart knew that he needed his own textbook in order to establish himself as the regional expert on educating midwives.

One of his [Icart's] first tasks was to compose an elementary work, easy to grasp, and containing the principles of the Art, his difficulties eased by experience, and the great majority of knowledge necessary for an advantageous [and] useful.⁶³

Upon completion, Icart circulated his textbook, *Leçons pratiques sur l'art des accouchemens* (1784), to all the Dioceses of Languedoc.⁶⁴ Instructors often sent a copy home with those

⁶² For more on Turgot circulating du Fot's book see Chapter 3. État concernant les imprimeries de la province de Languedoc: August 1, 1775, AD Hérault: C 2810.

⁶³ Icart, "Mémoire sur l'établissement des cours gratuits d'accouchement pour les sages-femmes de la campagne," 4.

students who could read.⁶⁵ While it became the definitive textbook for the midwifery courses in the region, it did not circulate much elsewhere.

Icart's *Leçons pratiques* shares more than just geographic space with du Fot's *Catéchisme sur l'art*. They both utilize the question and response format of a catechism; Icart himself even refers to his book as "*ce catéchisme*" (this catechism).⁶⁶ Moreover, Icart pulls directly from du Fot. After 271 pages divided into twenty lessons, *Leçons pratiques* officially ends and a new section entitled "*Des diverses positions du fœtus dans les accouchemens*" (The Different Positions of the Fetus in Childbirth) commences. Icart informs the reader that this section comes directly from du Fot: "we believe we can do no better than report what du Fot says about it."⁶⁷ This arrangement of the textbook creates an awkward schism where instructions for specific maneuvers are divided between two sections. Icart distinguished these two sections by labeling the divisions of the first "Lessons" and the second "Chapters." The instructor and students must have continually flipped back and forth between these sections during lessons (otherwise all practical knowledge was presented after the 20 general lessons). As discussed in Chapter 3, du Fot's *Catéchisme* derives from Jean Louis Baudelocque's *Principes sur l'art d'accoucher, par demandes et réponses*, which itself proceeds from a manuscript written by Solayrès de Renhac. Therefore, *Leçons pratiques* should be seen as the fourth stage of the lifecycle of this collection of related texts. The authors of all three published texts—du Fot, Baudelocque, and Icart—intended their books to be not merely read, but also spoken and heard.

⁶⁴ Icart, "Mémoire sur l'établissement des cours gratuits d'accouchement pour les sages-femmes de la campagne."

⁶⁵ For example see Letter from de Ratte, syndic of Montpellier, announcing the formation of a midwifery course: June 26, 1786, AD Hérault: C 12060.

⁶⁶ Icart, "Mémoire sur l'établissement des cours gratuits d'accouchement pour les sages-femmes de la campagne," 4.

⁶⁷ Icart, *Leçons pratiques sur l'art des accouchemens*, 273.

Leçons pratiques covers many of the usual subjects necessary for a midwifery student using simple, everyday vocabulary. Icart presents anatomy and physiology, signs of labor, conduct of the midwife during labor and the postpartum period, the divisions between types of labors, position of the uterus, illness of pregnant and delivered women, instructions for tying the umbilical cord and swaddling the infant, and a description of how to prepare the bed for delivery. Significantly, he spends more time on these rudimentary tasks that defined the practice of a midwife than other similar books. One aspect of *Leçons pratiques* stands as starkly different from other French textbooks aimed at rural midwives: the preliminary lengthy discussion of baptism.

Baptism

Throughout the Middle Ages, theologians agreed, consistent with the Augustinian doctrine, that ensoulment occurred at the moment that the fetus achieved human form; abortion after this point, then, was a form of homicide.⁶⁸ Many debated when the appropriate physical traits arose, often placing them between 30 and 90 days (40 for males and 80 for females due to their wetter bodies). Baptism affirmed an infant's status as human and initiated the child into God's grace as well as the Christian community. In the thirteenth century, the Church intensified its surveillance of baptism and, as Katharine Park argues, eventually promoted midwifery as a specialized occupation requiring payment to ensure that proper baptisms took place.⁶⁹

⁶⁸ The distinction between an ensouled and unensouled fetus remained in Christian doctrine until Pope Pius IX's 1869 bull, *Apostolicae Sedis*, removed all reference to the "ensouled fetus," placing ensoulment at the moment of conception rather than the moment human physical form was achieved. G R Dunstan, "The Moral Status of the Human Embryo: A Tradition Recalled," *Journal of Medical Ethics* 10, no. 1 (1984); Angus McLaren, "Policing pregnancies: Changes in Nineteenth-Century Criminal and Canon Law," in *The Human Embryo: Aristotle and the Arabic and European Traditions*, ed. G R Dunstan (Exeter: University of Exeter Press, 1990).

⁶⁹ Park, "Birth and Death."; Katharine Park, "The Death of Isabella Della Volpe: Four Eyewitness Accounts of a Postmortem Caesarean Section in 1545," *The Bulletin of the History of Medicine* 82, no. 1 (2008); Renate Blumenfeld-Kosinski, *Not of Woman Born: Representations of Caesarean Birth in Medieval and Renaissance*

The decisions of midwives regarding when and how to baptize infants required significant theological and medical knowledge about embryology and childbirth. The Council of Canterbury in 1236 instructed midwives: if a mother dies during labor she should be immediately cut open so that the infant can be baptized and her mouth should remain open to maintain air flow to the infant (as recommended by Guy de Chauliac, if not for medical, at least for social reasons). The physical and spiritual well-being of mother and infant depended on the quick and decisive actions of the midwife.⁷⁰ The Council of Trèves in 1310 again emphasized the importance of baptism of newborns:

Should a woman die during childbirth, her body should be opened immediately and the child be baptized if it is still alive. If it is already dead it has to be buried outside of the cemetery. However, if one can assume that the child is already dead in its mother's body both of them should be buried in consecrated ground.⁷¹

Renate Blumenfeld-Kosinski argues that this passage reveals the dilemma that a midwife faced when the mother died. Should she perform a postmortem caesarean section in an attempt to save the infant from eternal damnation but risk the child being buried outside consecrated ground if it is found to be dead? Or, should she assume the baby has perished, ensuring the infant is buried in consecrated ground but possibly missing an opportunity to obtain the child's spiritual salvation? Illicit baptisms of stillborns and strict legal reprisals against midwives that improperly performed

Culture (Ithaca: Cornell University Press, 1990), Introduction; Gijbels, "Medical Compromise and Its Limits: religious Concerns and the Postmortem Caesarean Section in Nineteenth-Century Belgium."; Sprecher and Karras, "The Midwife and the Church: Ecclesiastical Regulation of Midwives in Brie, 1499-1504."

⁷⁰ Blumenfeld-Kosinski, *Not of Woman Born: Representations of Caesarean Birth in Medieval and Renaissance Culture*, 31-32; Park, "The Death of Isabella Della Volpe: Four Eyewitness Accounts of a Postmortem Caesarean Section in 1545."

⁷¹ Quoted in Blumenfeld-Kosinski, *Not of Woman Born: Representations of Caesarean Birth in Medieval and Renaissance Culture*, 26.

baptisms illustrate the extent of this predicament for midwives.⁷² The life sentence of Anne Galinier for helping an unwed mother give birth and failing to baptize the infant, mentioned at the beginning of this chapter, exemplifies the possible repercussions for midwives.⁷³ Baptism had significant practical, communal advantages, as well as theological meaning, for laypeople.

Laypeople also highly valued the ritual of baptism as evidenced by illegitimate burials of unbaptized infants on sacred grounds and the rise of miracle stories about Saints temporarily reviving infants for baptism in the Middle Ages. Priests began to baptize infants individually rather than in groups at specified times of the year to reduce the chances of them dying before they could undergo the sacrament.⁷⁴ In the 1740s in France, priests visited homes during difficult births so they could be on hand to conduct baptisms, and church authorities encouraged baptisms at home for weak or sickly infants.⁷⁵ More worldly concerns also guided parents' feelings and actions around baptism, as the ritual could determine social status, property lineage, and inheritance rights. A woman was not fully secure in her "matron" (married) status until she gave birth to a living child. Most dowry agreements ensured that, upon her death, a woman's dowry remained with her husband if she birthed a living child, rather than reverting back to her family.⁷⁶

⁷² Blumenfeld-Kosinski, *Not of Woman Born: Representations of Caesarean Birth in Medieval and Renaissance Culture*, 26-27; Laget, "Childbirth in Seventeenth and Eighteenth Century France: Obstetrical Practices and Collective Attitudes."

⁷³ AD Hérault G 432; Laget, "Childbirth in Seventeenth and Eighteenth Century France: Obstetrical Practices and Collective Attitudes."

⁷⁴ Park, "Birth and Death."

⁷⁵ Laget, "Childbirth in Seventeenth and Eighteenth Century France: Obstetrical Practices and Collective Attitudes."

⁷⁶ Park, "The Death of Isabella Della Volpe: Four Eyewitness Accounts of a Postmortem Caesarean Section in 1545."; For a wider conversation about the negotiation of marriages and doweries see Hardwick, *The Practice of Patriarchy*, Chapter 3.

When Isabella Della Volpe died before giving birth in 1545, those at her deathbed initiated a postmortem caesarian section to baptize her daughter. Afterwards her husband gathered testimony from those present to the fact that the child was born alive and developed enough physically. The ritual of baptism performed by a priest attests these facts as well.⁷⁷ In late seventeenth-century Paris, Scipion Abeille, a surgeon's apprentice, performed a postmortem caesarian section on the wife of his previous employer, Edmé Renard. Later when Renard refused to loan Abeille more money, Abeille reminded him that the operation he had performed preserved his wife's dowry for him.⁷⁸ In these cases, baptism ensured that husbands could retain the dowries of their wives.

As early as 1560, baptism as a central part of a midwives' duties becomes codified into law in the *Statuts et Règlemens* of Paris. Of 25 clauses, four deal with baptism. Clause 14 directs the midwife to baptize the child if death is imminent, though her ability to do so is limited by Clause 15, in which it is made clear that she is permitted to baptize an infant only when "a man of the church" is unavailable. Clause 18 stipulates that the midwife should immediately baptize any infant born to a prostitute.⁷⁹

In their role as mediators between reproductive agents and the state, midwives needed to be properly trained in baptism. The circulated memorandum advertising the opening of a midwifery course in Arles (in Provence bordering Languedoc) publicized the religious training the midwives would receive (see Figure 33):

According to the intentions of the Archbishop of Arles, it [the class] will explain to the students and midwives the different cases in which the Sacrament of

⁷⁷ Park, "The Death of Isabella Della Volpe: Four Eyewitness Accounts of a Postmortem Caesarean Section in 1545."

⁷⁸ Hanley, "Engendering the State: Family Formation and State Building in Early Modern France."

⁷⁹ Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois*, 5.

Baptism must be administered, points of the discipline always interesting and sometimes thorny, and it is through the zeal of this worthy Minister of Religion, to whom this part is entrusted, that midwives will be strengthened more and more in the exercise of Christian morals and virtues, which their profession turns into a rigorous duty.⁸⁰

The Archbishop himself would lead the lessons on religious duties.

Recall that Icart began his *Leçons pratiques sur l'art des accouchemens* with a

detailed discussion of baptism. In five sections,

Icart lays out a complicated system in which the midwife must first identify the state of the

products of conception, asking two questions: Is the fetus human or monstrous? Is the fetus living? Only then does the midwife determine the appropriate procedure for baptizing the living human according to the status of the membranes and the location of the fetus (internal or external to the uterus). Icart reassures the reader that all of the presented methods come from Popes, Bishops, the Sorbonne, and the majority of theologians. Yet the recommendations show a significant understanding of the realities of the situations midwives worked in. Regarding the water to be used in the sacrament, Icart admits that blessed water is preferable but “simple water

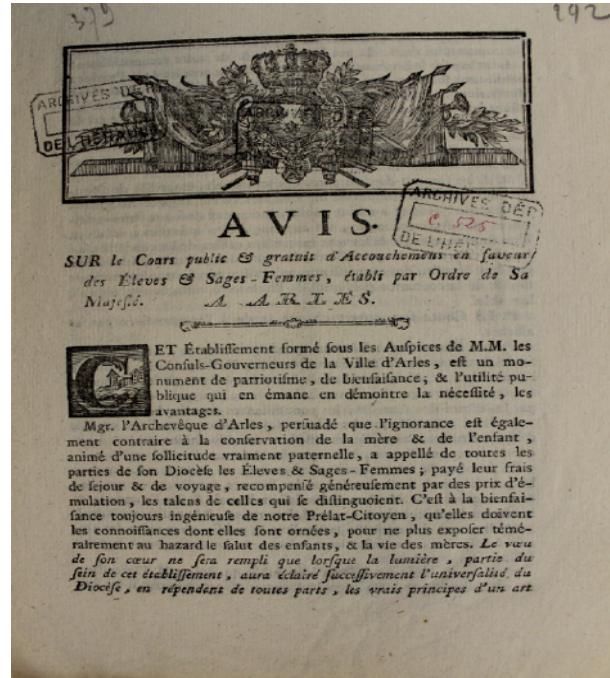


Figure 33 Avis sur le cours public et gratuit d'accouchemens...à Arles (1786)

Public notice advertising the details of the course in Arles sent by Paris and Pautrier in January 1786. AD Hérault C 525, Fol. 379.

⁸⁰ Avis sur le cours public et gratuit d'accouchement en faveur des élèves et sages-femmes, établi par ordre de Sa Majesté: January 9, 1786, AD Hérault: C 525, Fol. 379.

from the fountain, well, rain, river, or that of the ocean” suffices as long as it is not mixed or distilled.⁸¹

Midwives were permitted to conduct baptisms only when the infant’s life was in danger, such as all *contre nature* births or situations when it was too risky to take the child to church. Generally, the midwife should apply water directly to the presenting part (portion of the infant entering the birth canal first)—requiring the rupturing of the membranes—and speak the formula: “Infant, I baptize you in the name of the Father, the Son, and the Holy Spirit” in a

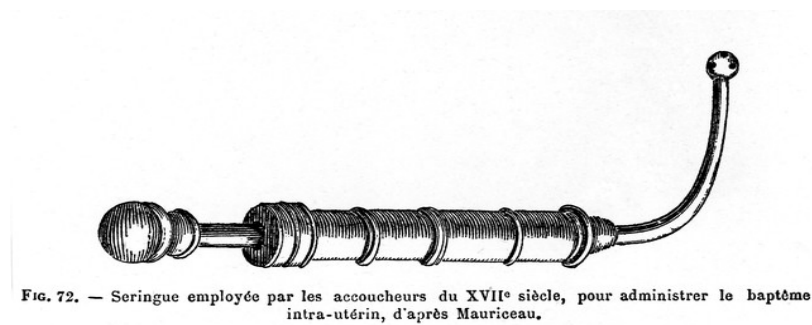


Figure 34 Baptismal Syringe (17th Century)

Baptismal syringe in the style of François Mauriceau’s. Image from Gustave Joseph’s *Histoire des accouchements chez tous les peuples* (1887), Wellcome Images.

distinct, modest, and respectful voice.⁸² Icart stressed that no words should be left out or substituted from this prayer. The shaping of a cross with the water stood as optional. Icart recognized that the validity of baptisms conducted while the infant was still *in utero* via

syringe had long been held in doubt, but he reassured midwives that esteemed theologians now recognized such a baptism as valid. To accomplish a baptism *in utero*, the midwife inserted her greased left hand into the uterus until she found a part of the infant. Then, she inserted the baptismal syringe along her hand and squirts the clean, warm water while reciting the formula (see Figure 34).⁸³

⁸¹ Icart, *Leçons pratiques sur l’art des accouchemens*, 12.

⁸² Ibid, 13.

⁸³ Ibid, 15.

Establishing the humanity of a “monster” was of primary concern. An ambiguous case required the addition of a conditional clause to the above formula: “If you are human, I baptize you in the name of the Father, the Son, and the Holy Spirit.”⁸⁴ In the case of conjoined twins, both infants had to be baptized individually, and the formula employed the second person plural “vous” form. Along with confirming humanity, the midwife also had to determine if the infant was alive before baptism could proceed. The primary sign of life, according to Icart, was movement, though decomposition, pulse, and respiration also factored into the judgment. Indeterminate movement and uncertainty about the status of life required conditional baptism: “If you are capable of receiving the Baptism...” Young fetuses (not fully formed but established as human) also prompted conditions: “If you are capable of being baptized...” The same phrase applied in cases where the membranes remained intact (and unable to be ruptured), whether the infant was still *in utero* or outside due to a miscarriage. If later the membranes did rupture, then the condition “If you are not baptized, I baptize you in the name of the Father, the Son, and the Holy Spirit.” Fetuses expelled by miscarriage in their membranes that ruptured at a later time required the double condition of “If you are not baptized and if you are capable of being so...” Icart carefully distinguished between the lividity and lack of movement that can result from a difficult labor and the decomposition of a deceased infant.⁸⁵ As demonstrated by this complicated system, church officials expected midwives to deploy a wide array of medical and theological knowledge in their decisions about baptism in high stakes situations.

Icart designated another moment of potential threat for the healthy, living infants beyond the birth itself: the trip to the church for baptism. Icart stressed the importance of the midwife

⁸⁴ Ibid, 13.

⁸⁵ Ibid, 12-18.

accompanying the infant to the church to ensure it was properly protected and dressed, taking extra precautions in cold weather to ensure the infant was not left uncovered. He warned of accidents and suffocation that could occur when the infant was entrusted to busy servants. Midwives should vehemently oppose night baptisms for the risks posed by dark and ill-kept roads. The infant's face must remain clear of blankets and clothing and the child should be carried facing away from the chest. When the child is laid down, he or she should face to the side. During the ceremony, the midwife should monitor the actions of the priest in the interest of the physical well-being of the child. She should make sure the head is never fully uncovered and that the holy water is properly warmed. The midwife could even intervene in the ceremony to warn the priest not to use too much water on the infant's head.⁸⁶ When it came to the physical well-being of the child, the midwife had some authority over the priest, at least in principle.

Madame du Coudray (see Chapter 2) shared Icart's concerns about the dangers infants faced on the way to church. She also recommended avoiding baptisms at night and instructed midwives on the proper coverings for an infant during the journey. Her instructions to student midwives regarding their role during the baptismal ceremony positioned midwives as assistants to the priests—scheduling the time for the ceremony, removing the infant's bonnet, and reminding the priest to warm the water in winter. Unlike Icart's more expansive instructions to baptize infants in all laborious labors or when the trip to the church could be too dangerous, du Coudray recommends midwives conduct baptisms only in *contre nature* births and if the infant had been stuck in the birth canal for a long period. In such instances, the midwife conducted the baptism *in utero* with a baptismal syringe using the conditional phrase "Infant, if you are living, I

⁸⁶ Ibid, 18-21.

baptize you in the name of the Father, the Son, and the Holy Spirit.”⁸⁷ This is the only baptismal phrase du Coudray provided. Once the baby was safe and healthy, the midwife still took the child to the church but informed the priest that it has already been baptized.⁸⁸

Du Fot’s *Catéchisme*, which circulated nationally but was used primarily in courses in the north of France, devoted even less space than du Coudray to baptism in his textbook. He stressed that a woman should conduct the ceremony only if a priest or other man is not available to do so. Water should be placed in the shape of a cross on the presenting part of the infant while saying “I baptize you in the name of the Father, the Son, and the Holy Spirit.” If there is doubt about the life of the child, then the conditional “If you are living, ...” was added.⁸⁹ In the case of maternal death during pregnancy, midwives should perform a postmortem cesarean section, ensuring to baptize the infant before extracting it from the mother’s uterus.⁹⁰ The comparison of baptismal instructions provided by Icart, du Coudray, and du Fot highlights the increased importance Icart placed on the subject and the greater theological knowledge midwives in Languedoc were expected to master.

All the midwifery classes in the province of Languedoc employed Icart’s *Leçons pratiques* as their textbook, meaning that all the midwives who attended courses in the region learned his system of baptism. Catholic baptism, and its associated medical and theological knowledge and practices, became part of the body of knowledge necessary to practice midwifery, part of *l’art d’accouchement*. Because baptism was a fundamental point of conflict

⁸⁷ Coudray, *Abrégé de l’art des accouchements*, 97.

⁸⁸ Ibid, 97.

⁸⁹ Augier du Fot, *Catéchisme sur l’art des accouchements pour les sages-femmes* (Paris: Didot le jeune, 1784), 39-40.

⁹⁰ Ibid, 82.

with Protestants, questions arose about the legitimacy of the Protestant midwives of Languedoc. These questions jeopardized midwifery courses in the region.

The Problem of Protestant Midwives in Languedoc

Father Cellet of Arpaillargues faced a crisis: a baby died in childbirth without having been baptized. His parishioners furiously confronted the midwife, rebuking her. The midwife in question, Marguerite Vincent, argued that she could not conduct baptisms and, moreover, it would be a sacrilege for her to do so. Marguerite and her relative Marie Vincent were Protestants. In the eyes of local administrators, the religious beliefs of Marguerite and Marie became further evidence of their ignorance of *accouchement*.

Many of the priests of my department complain that the women who get mixed up in midwifery, without having the least principles of this art, are almost all Protestants, ignorant of the word of God and the formula to confer the baptism...⁹¹

Unable to see a path through this predicament, Cellet sent on the problem of Protestant midwives to his *subdélégué*, ending: “This, Monsieur, is what the mothers and the infants of the countryside who are attended by similar midwives are exposed to.”⁹²

The *subdélégué* himself turned to the intendant, Charles Bernard de Ballainvilliers, for advice. There were no laws forbidding Protestants from practicing midwifery only because the Edict of Fontainebleau (the Revocation of the Edict of Nantes) had designated all French citizens Catholics, ceasing to recognize the existence of French Protestants. But local administrators such as the priest Cellet and the *subdélégué* of Arpaillargues had to find a way to deal with the reality of Protestants in their territories. The *subdélégué* of Arpaillargues suggested to the intendant the

⁹¹ Letter from subdelegate of Arpaillargues to the intendant of Languedoc: August 28, 1786, AD Hérault: C 525, Fol. 315.

⁹² Letter from the Curé Cellet to the subdelegate: June 17, 1786, AD Hérault: C 525, Fol. 317.

closure of the midwifery courses if the “case of conscience” concerning baptism by Protestant midwives became more frequent.⁹³ While canon law permitted baptism by non-Catholics *in extremis*, presumably local administrators worried that Protestants lacked the required intention to make such baptisms valid.⁹⁴ Having established a sanctioned path to the legitimate practice of midwifery in the form of educational programs, all government administrators could do when faced with Protestant midwives was threaten to deny them access to this legitimacy. The closure of courses would also ensure Protestants did not have access to detailed knowledge about Catholic baptism, though Marguerite made it clear she had no interest in conducting such baptisms.

The tide of public opinion had already turned in favor of religious freedom by 1786 as sympathy for Protestants grew. Even conservative judges realized that political campaigns against Protestants threatened the social fabric of the nation, and many French citizens decried the loss of knowledge and skills as Protestants immigrated.⁹⁵ Seeking a position as instructor of midwives, Comte Monthuley captured the sentiments of many French citizens: “The famous Edict against the Protestants was disastrous to France. Thousands of men left with their talents.”⁹⁶ Administrators in Languedoc struggled to reconcile the position of the crown—that no Protestants existed in France—with the reality of the populations they served. They recognized that ignoring the presence of Protestants not only had failed to promote Catholicism in the past

⁹³ Letter from subdelegate of Arpaillargues to the intendant of Languedoc: August 28, 1786, AD Hérault: C 525, Fol. 315.

⁹⁴ *Catechism of the Catholic Church*, 1st ed. (Vatican City: Vatican Press, 1992), 1256, https://www.vatican.va/archive/ccc_css/archive/catechism/p2s2c1a1.htm. The church follows Augustine; a sacrament is valid *ex opere operato*, not *ex opere operantis*.

⁹⁵ David Bien, “Catholic Magistrates and Protestant Marriage in the French Enlightenment,” *French Historical Studies* 2, no. 4 (1962).

⁹⁶ Letter from Le Comte de Monthuley to Louis: March 1, 1790, Bibliothèque de l'Académie Nationale de Médecine: ARC 13B d.30 a et b.

but also had led to the moral degradation of the country because individuals used the crown's position to get out of unhappy marriages or deny relatives their rightful inheritance.⁹⁷ A similar moral and legal conundrum emerged from the presence of Protestant midwives. Extra-legal standing provided Huguenot midwives some legal protections—such as preventing laws forbidding their practice. Still, administrators feared for the eternal salvation of their constituents as these midwives could not perform orthodox baptisms. The Parliament of Paris registered the Edict of Versailles, granting civil and legal recognition to Protestants and Jews, on January 29, 1788. Though full religious freedom would not come until the Revolution, this edict solved the contradictory position of Protestant midwives, as infants could now be openly baptized in the Protestant faith.

Conclusion

Distinctions between state and church weaken in Languedoc where the Archbishop of Narbonne controlled the government body of the Estates as President, and lay people occupied positions on the ecclesiastical bodies of the *Assiettes*. Midwifery as a distinct occupation developed from ecclesiastical regulation in medieval France, but such licensure practices greatly diminished in the eighteenth century in favor of examination by surgical corporations.⁹⁸ Yet we find an intensification of religious regulation of midwifery, rather than a process of medical secularization, in the 1780s in Languedoc through the implementation of midwifery courses. In the eyes of the Catholic Church, midwives occupied the contradictory position of the stewards of the moral and physical well-being of the community but, at the same time, were a significant

⁹⁷ For more on marriages and inheritance see Bien, "Catholic Magistrates and Protestant Marriage in the French Enlightenment."

⁹⁸ Sprecher and Karras, "The Midwife and the Church: Ecclesiastical Regulation of Midwives in Brie, 1499-1504."; Park, "Birth and Death."

potential threat to orthodoxy either through ignorance or nonconformist beliefs. Midwifery courses in Languedoc became a means to facilitate midwives' indoctrination with Catholic orthodoxy and a tool of the church to regulate their medical and baptismal practices, despite the fact that much of the medical and theological knowledge behind these practices was still highly contested. Individual dioceses, however, pursued this goal in different ways. Many hired physician-surgeon teams to instruct midwives; Albi found a midwife to be a necessary component of the teaching team. Icart taught the largest number of classes and students alone in Castres, Toulouse, and Carcassonne. While most dioceses pursued educational programs independently, Nîmes, Uzès, and Alais recognized the benefits of pooling resources. Limoux sidestepped ecclesiastical institutions all together and obtained support for its midwifery course directly from the crown. Classes lasted for varying lengths of time, with 40 days being the most common. Almost all courses used mannequins. Finally, dioceses encountered a wide range of barriers to achieving the goal of well-educated midwives: delays in obtaining mannequins from Paris, cases of mistaken identity, and rumors that men may be permitted to attend the courses. In short, a shared goal did not result in uniform results across the region.

Midwives living in Languedoc in the 1780s witnessed an expansion of the body of knowledge and skills they were expected to master. While midwives had been required to administer baptisms during emergencies since the thirteenth century, the process became much more complicated in the eighteenth century. Midwives needed training in laborious and *contre nature* births in order to recognize the situations in which they were permitted—and sometimes required—to conduct baptisms. Then, midwives determined if the products of conception were human or not after miscarriages or in cases of birth defects. Finally, they had to establish life. All these judgments informed determinations of a situation requiring emergency baptism.

Subsequently, midwives needed to decide the method of baptism dependent on such factors as status of the membranes, location of infant (*in utero?*), type of birth defect, and if a previous attempt at baptisms occurred. Baptismal practices required midwives to master significant medical and theological knowledge.

As *l'art d'accouchement* became more closely intertwined with Catholic theology, the more precarious the position of Protestant midwives became. Protestant midwives faced severe repercussions when they refused to baptize infants. Due to the crown's position that all French citizens were Catholics, government administrators did not distinguish between non-baptisms and Protestant baptisms lacking the required intention, making it difficult for the historian to explore links between religious beliefs and midwife choice. Presumably, Protestant midwives delivered primarily Protestant women. The presence of a large Protestant population in Languedoc and the historical realities of independence and revolt in the region meant that administrators largely ignored Protestant midwives except when events occurred that challenged the social and moral status quo, such as babies dying without baptism or unmarried women giving birth. Far from a story of fierce oppression, we find hesitant tolerance in Languedoc by the 1780s.

PRACTICES OF AUTHORITY AND BOUNDARIES OF KNOWLEDGE IN THE GENERALITY OF GUYENNE AND GASCONY

CHAPTER 6

As the eighteenth century advanced, fears about population size and the corrosion of morality became more institutionalized in government functions. The rupture of the French Revolution carried forward population concerns with such success that they became a shared value across the political spectrum. Deputies made patriotic and populationist appeals in their debates about marriage laws, inheritance rights, legitimacy laws, adoption, male conjugal rights, polygamy, and divorce.¹ Marguerite Coutanceau founded in 1782 a regional midwifery program based in Bordeaux. In support of establishing her authority, she expanded the boundaries of *accouchement* while still describing it as a feminine endeavor. Pursing her boundary-making practices from the Ancien Régime, through the Revolution, and into the Restoration highlights the myriad changes in medicine and exposes midwives' responses to them.

Nestled on the banks of the Gironde, the bustling port city of Bordeaux, capital of the generality, dominated French Atlantic trade in the eighteenth century. From the Port of the Moon, coffee, cocoa, sugar, cotton, and indigo flooded into France and from there to the majority of Europe. The economic value of Bordeaux's trade swelled during the eighteenth century; commerce increased by more than ten times between 1720-1789 and represented a quarter of all national trade. Merchants from New France (until 1763), the Caribbean, and Asia (by the Revolution) all docked in Bordeaux, establishing the city's crucial role in French colonial

¹ Blum, *Strength in Numbers*, Chapter 7.

expansion. It emerged as the second largest port in the world. Jews and Protestants profited from this commerce alongside the predominately Catholic citizenry of the city. One in every four or five merchants was Jewish. The cost of this “golden-age” of Bordeaux, however, was high; the crescent-shaped port facilitated 419 slave expeditions, making it the second most important slave harbor in France, behind Nantes.²

The economic prosperity built on the trade of goods and people translated into political power for the administrators of the generality of Bordeaux. Many of the “great intendants” of France governed the region: Claude Boucher (intendant from 1720-1743), Louis-Urabin Aubert de Tourny (intendant from 1743-1757), Charles Robert Boutin (intendant from 1760-1766), and Nicolas Dupré de Saint-Maur (intendant from 1776-1785).³ This series of intendants transformed Bordeaux from the medieval city of the late seventeenth century to the jewel of the Atlantic in the eighteenth. The metamorphosis was material and cultural—involving the construction of public monuments, the opening of artistic and scientific academies, and the funding of large-scale metropolitan renewal projects such as the renovation of the waterfront building façades. Founded in 1712, the Academy of Sciences, Literature, and the Arts of Bordeaux represented the most exclusive and elitist provincial academy. The municipal officers fostered a vibrant intellectual life outside the institution through the patronage of public classes on a wide range of subjects: a course of hydrogeography opened in 1682; a free school of design; a business course for young men entering commerce existed from 1752; mathematics and architecture classes from 1747 to 1763; a mathematics course covering calculus, algebra, and geometry given by Villette;

² Silvia Marzagalli, "Atlantic Trade and Sephardim Merchants in Eighteenth-Century France: The Case of Bordeaux," in *The Jews and the Expansion of Europe to the West, 1493-1800*, ed. Paola Bernardini and Norman Fiering (Providence: Berghahn Books, 2001); Bordeaux Port Atlantique, "Bordeaux, the city, its port, a history of trade: The Port then and now, History." <https://www.bordeaux-port.fr/en/port-bordeaux/history>

³ Julien Vasquez, *Nicolas Dupré de Saint-Maur ou le dernier grand intendant de Guyenne* (Bordeaux: Fédération Historique du Sud-Ouest, 2008), 113.

a course on experimental physics held from 1761-1778; and a chemistry course taught by Jean-André Cazalet established in 1779.⁴ Lapeyre led courses on anatomy, illnesses, and surgical operations.⁵ The citizenry engaged with scientific and medical subjects as evidenced by the content of newspapers and other popular, cheap print. The local newspaper, the *Journal de Guienne*, posted segments connecting the weather and disease during epidemics and advertised medical remedies.⁶ The regional almanac listed the names of medical practitioners, including midwives, and advertised medical and scientific courses.⁷

Among the swirl of scientific and artistic interests populating Bordeaux, city and regional administrators took up the question of midwifery regulation and education particularly early compared to the rest of provincial France. In 1715, the municipal *jurats* issued an order that any potential midwife must present herself to the town hall and take an oath under pain of a 500 *livres* fine and, if a repeat offender, corporal punishment. The city instigated prevenient intervention into midwifery due to a fear of illicit births among unwed mothers and vanishing foundlings.⁸ Decades later, in 1763, the *jurats* implemented an ordinance requiring the midwives of Bordeaux to choose a *bayelesse* from among themselves each year to serve as representative of their profession.⁹ In the same year, Boutin, the intendant, refused the advances of Madame du Coudray to come to Bordeaux, bemoaning the expense and claiming that local surgeons attended

⁴ Ibid, 113-15.

⁵ "Cours," *Journal de Guienne*, October 13 1784.

⁶ "Médecine," *Journal de Guienne*, December 9 1784; "Médecine," *Journal de Guienne*, December 23 1784; "Médecine," *Journal de Guienne*, October 14 1784.

⁷ The Coutanceaus also advertised their course in the almanac. See multiple years. *Almanach de commerce, d'arts, et métiers, pour la vielle de Bordeaux et de la province*, (Bordeaux: Bergeret, 1784).

⁸ De par messieurs les maire, sousmaire, et jurats, gouverneurs de Bordeaux, juges crimines, et de police: January 5, 1715, AM Bordeaux: GG 1204.

⁹ Recherches sur les corporations et confréries d'arts et métiers de la Ville de Bordeaux aux XVIIe et XVIIIe siècles par Augier: 1884, AM Bordeaux: MS 565, Fol. 22.

births “with success and intelligence.”¹⁰ He quickly recanted, however, following recommendations from Anne Robert Jacques Turgot, then intendant of Limoges, and the intendant of Angoulême.¹¹ Du Coudray snubbed his subsequent offers, ensuring that it was not until 1770 that she finally arrived in the port city. Midwifery courses dotted the region after her departure; while her students taught some, others sprang up independently.¹² Therefore, when Jean-Pierre and Marguerite Coutanceau arrived in Bordeaux in 1782 prepared to implement their system of midwifery courses based on the “du Coudray model,” they found a region with an established, if uncoordinated, tradition of midwifery education. They successfully navigated the occupied terrain to ultimately instate Marguerite Coutanceau as the authoritative midwifery instructor of the region despite significant antagonism from surgeons. They accomplished this feat by mobilizing her diverse identities—niece of du Coudray, woman, wife of a surgeon, speaker of the *Bordelais* language—and personal connections, while also prudently defining the body of knowledge necessary to be a midwife as requiring a female instructor.

Establishing the Course

Nicolas Dupré de Saint-Maur, intendant from 1776-1785, came from a long line of intellectually minded French administrators. His father, a member of the French Academy, was a statistician and economist. He served as an adviser to the king, master of accounts (in 1732), and, later, treasurer of France. Nicolas’s mother, Marie-Marthe Alléon, shared an interest in science

¹⁰ Letter from du Coudray to Boutin, intendant of Guienne: March 19, 1763, AD Gironde: C 3302, Fol. 2.

¹¹ Ibid; Letter from de Borsbedeul to the intendant of Guienne and Gascony: July 30, 1764, AD Gironde: C 3302, Fol. 11; Letter to Boutin, intendant of Guienne: December 6, 1763, AD Gironde: C 3302, Fol. 6.

¹² Gelbart, *The King's Midwife*, 106-08, 43. Also see the rest of this chapter.

with her husband and son, and remained a longtime friend of Montesquieu.¹³ Adding to the *salonnières* and *philosophes* populating Nicolas's youth, Anne Robert Jacques Turgot was a personal friend. As intendant, Dupré de Saint-Maur took a particular interest in fostering the intellectual environment of the city. He imagined a Bordeaux that would lead the Atlantic world not only through political power and economic strength but also through the creation of new knowledge: a "new Alexandria." He formed the Academy of Painting, Sculpture, and Architecture during his tenure in 1779. His pet project, however, was the establishment of the museum of Bordeaux.¹⁴ He envisioned

an institution whose principle object is to bring together and tighten the bonds which should unite the different orders of citizens...it will contribute enough to awaken in this great city the taste for science and literature, to excite the imitation of artists [*artistes*], to discover and hatch germs of talent too deeply buried, [and] finally, to restore morals to their ancient purity by gradually disposing an idle youth to devote [itself] to more useful occupations...¹⁵

Dupré de Saint-Maur believed that useful works instilled proper morals and produced productive, patriotic citizens. It was his duty as intendant to cultivate knowledge and morality among his



Figure 35 Map of Bordeaux (1782)

An idealized map of Bordeaux commissioned by Nicolas Dupré de Saint-Maur. The map depicts his proposed changes for the city.

¹³ Francis Garriçon, "Les élites parisiennes et la seconde réhabilitation de Jean Calas," *Bulletin de la Société de l'Histoire du Protestantisme Français* 152, no. Janvier-Février-Mars (2006): 27; De La Chenaye-Desbois et Badier, "VIII Nicolas-François du Pré de Saint-Maur," in *Dictionnaire de la Noblesse* (Paris: Schlesinger frères, 1870).

¹⁴ Vasquez, *Nicolas Dupré de Saint-Maur ou le dernier grand intendant de Guyenne*, Chapter 4.

¹⁵ *Ibid*, 113-14.

citizens. Midwifery education aligned with these goals by offering an opportunity to monitor and reform citizens' reproductive practices. Already aware of du Coudray from his time hosting her as intendant of Berry, Dupré de Saint-Maur warmly received a request from her in 1780 to establish Jean-Pierre and Marguerite Coutanceau, her adopted niece and nephew, as instructors in Bordeaux.¹⁶

Du Coudray wrote to Dupré de Saint-Maur on September 9, 1780, after unsuccessfully soliciting the intendant of Caen for a position for her niece and her husband.¹⁷ In her letter, she offered Dupré de Saint-Maur political, humanitarian, and personal pleas in support of establishing a midwifery-training program in the Generality of Guienne and Gascony. She recalled Dupré de Saint-Maur's commitment to the "good of humanity" and his desire to "produce good in all types of people" from her time in Berry. Having just acquired part of Gascony for his generality, he could extend his benevolent efforts even farther, she argued, especially as no midwifery class yet existed in Bordeaux (an incorrect assertion). Her nephew, having spent the last twelve years working with her, could make what had been a temporary benefit under her direction in 1770 more long lasting as a permanent instructor. She ended her letter on a personal, emotional plea: "securing the fate of a small family so dear to me is, for me, the greatest service that one could render me and would mollify the infirmities of my age."¹⁸ Dupré de Saint-Maur quickly approved the plan, adding: "You will always find me disposed to procure so precious an advantage for the cities and countryside over which my administration

¹⁶ For more on the relationship between du Coudray and Dupré de Saint-Maur see Gelbart, *The King's Midwife*, 125, 28, 239, 45; Angélique Marguerite Le Boursier du Coudray, "Letter from du Coudray to Nicolas Dupré de Saint-Maur, intendant of Guienne," in *Archives Historiques de Département de la Gironde* (Bordeaux: Gounouillou, September 9, 1780).

¹⁷ Unsuccessful solicitation can be found at Letter from du Coudray to Intendant Esmangart: August 13, 1780, AD Calvados: C 982; Gelbart, *The King's Midwife*, 238; Coudray, "Letter from du Coudray to Nicolas Dupré de Saint-Maur, intendant of Guienne."

¹⁸ Coudray, "Letter from du Coudray to Nicolas Dupré de Saint-Maur, intendant of Guienne."

extends.”¹⁹ Projects of “beneficence,” such as midwifery courses, helped spread the intendant’s political power across the region. Despite Dupré de Saint-Maur’s prompt agreement, many details remained to be decided and bureaucratic forces moved slowly. Namely, they required royal patronage.

Du Coudray mobilized her vast experience navigating the murky waters of French administration to procure a position for the Coutanceaus. In a letter to Jacques Necker (Controller-General of Finance 1777-1781), du Coudray, in the third person, reminds him of midwifery courses’ utility and benefit to the state and its citizens, and presents her case in favor of the Coutanceaus:

Sieur Coutanceau and his wife merit your confidence and that of the government all the more, Monseigneur, because for twelve years they have each applied themselves only to the study of the art of *accouchements*. Together with du Coudray, they have taught nearly 3,000 students whose successes are demonstrated by the testimony of a great number of *Seigneurs* and priests...Sieur Coutanceau and his wife understand and speak the local vernacular, Bordelois. If the management of the course was only committed to Sieur Coutanceau, some women of the countryside might be reluctant to take lessons from a man on a subject that demands to be treated in such a way as to not offend their natural modesty. It could happen that Sieur Coutanceau becomes sick [and] the lessons would be suspended and the students would lose time. You will easily overcome these difficulties if you give to Sieur Coutanceau the Dame, his spouse, as an assistant. Du Coudray would regard this favor as the most precious recompense of her services.²⁰

Up to this point, du Coudray had spoken exclusively of Jean-Pierre teaching the class and only mentioned Marguerite as “his spouse,” probably for the sake of expediency. As a master surgeon he provided crucial legitimacy and institutional support (from the community of surgeons) for the project. Here, for the first time, she makes an argument for officially including Marguerite in

¹⁹ Nicolas Dupré de Saint-Maur, "Lettre de l'intendant à Madame du Coudray," in *Archives Historiques de Département de la Gironde* (Bordeaux: Gounouilhou, September 1780).

²⁰ Letter from du Coudray to le Directeur Général des Finances: AD Gironde: C 3303, Fol. 2.

the program. The Coutanceaus' experience in pedagogy, under the tutelage of du Coudray, remained a principal justification for their authority as instructors. Du Coudray strengthened the connection between her and the Coutanceaus further through the familial labels of "niece and nephew," though no blood relation is known, and by the emotional plea at the end of the letter. Marguerite's familial and professional relationship with du Coudray would continue to bolster her authority as an instructor until her death in 1825. In the letter to Necker, du Coudray also employed Jean-Pierre's roots in Bordeaux to argue for the Coutanceaus' unique ability to connect with the students: they spoke Bordelais. Finally, their marriage secured the last point in their favor. As a team they could surmount concerns about propriety and ensure efficiency.

Necker agreed to the plan. He posed the question of a salary for the Coutanceaus to Dupré de Saint-Maur and sent along a copy of du Coudray's pamphlet outlining the procedures for her midwifery courses.²¹ Presumably, he intended this as a guide. Jean-Pierre Coutanceau proposed, and Necker supported, an annual salary of 1,200 *livres* for the couple from the provincial funds, while the city would pay for their lodging, wood, and candles. But the Coutanceaus overreached in their request for 50 *livres* per student for their living expenses during the class and price for licensure. The pamphlet from du Coudray, in comparison, allocated 36-40 *livres* per student for these expenses. Necker, on the other hand, felt 12 *livres* per student would be sufficient.²² Dupré de Saint-Maur smoothly arranged it so that only 1,000 *livres* would come from the provincial funds and foisted another 500-600 *livres* (plus cost of housing, wood, and candles) onto the city. He accomplished this by suggesting to the municipal *jurats* that the

²¹ Letter from Necker to Dupré de Saint-Maur, intendant of Guienne: October 26, 1780, AD Gironde: C 3303, Fol. 1; Mémoire sur les cours publics d'accouchements: faits à Moulins: 1761, AD Gironde: C 3303, Fol. 72; For more on the creation and contents of this pamphlet see Gelbart, *The King's Midwife*, 96-97.

²² Propositions pour l'establissement d'un cours d'accouchements à Bordeaux: AD Gironde: C 3303, Fol. 6; Letter from Necker to Dupré de Saint-Maur: March 1, 1781, AD Gironde: C 3303, Fol. 7; Mémoire sur les cours publics d'accouchements: faits à Moulins: 1761, AD Gironde: C 3303, Fol. 72.

salary of the current midwife teaching in Bordeaux could be reallocated: “Her talents seem infinitely below those of S. and D. Coutanceau and I don’t know why she would continue to enjoy pay when I do not know that she has trained a single pupil for me or that she is busy doing it.”²³ Complicating matters further, Necker, a mere two and a half months after bestowing his approval, resigned from his position in disgrace for releasing the national budget to the public.²⁴ The plan to establish midwifery courses taught by the Coutanceaus in the Generality of Bordeaux vanished into a bureaucratic black hole, at least for the moment.

Du Coudray refused to allow her efforts to secure a position for her niece and nephew to falter. She wrote to Dupré de Saint-Maur to expedite the process: “I would, therefore, ask you to be good enough to hasten the decision of their [the Coutanceaus’] fate and mine.”²⁵ In turn, Dupré de Saint-Maur applied pressure to the *jurats* of Bordeaux to make their decision regarding the salary of the Coutanceaus.²⁶ There remained, however, another administrative matter to be sorted before the Coutanceaus could take up their position: Jean-Pierre needed a *brevet* (license). Marguerite had possessed a nationwide *brevet* to teach midwifery since 1774 when du Coudray had officially named her heir.²⁷ Despite acquiring the title of master surgeon, Jean-Pierre had never received the honor. The Count de Vergennes, the Foreign Secretary, facilitated procuring the certificate for the surgeon. Dupré de Saint-Maur recognized its importance, noting “it is desired that they [the Coutanceaus] have a title which prevents them from being bothered by the

²³ Letter from Dupré de Saint-Maur to the Jurates de Bordeaux: March 29, 1781, AD Gironde: C 3303, Fol. 4.

²⁴ Jones, *The Great Nation: France from Louis XV to Napoleon 1715-1799*, 317-18.

²⁵ Letter from du Coudray to Dupré de Saint-Maur, intendant of Guienne: April 23, 1781, AD Gironde: C 3303, Fol. 10.

²⁶ Letter from du Coudray to Dupré de Saint-Maur, intendant of Guienne: April 23, 1781, AD Gironde: C 3303, Fol. 10.

²⁷ Letter from Coutanceau to Boutin et Beaugibon: AD Gironde: C 3303, Fol. 12; Gelbart, *The King's Midwife*, 174-75.

surgeons...”²⁸ He anticipated trouble from communities of surgeons and recognized that a royal license would provide a veneer of authority. In October 1781, Jean-Pierre received his *brevet* and the Coutanceaus began plans to settle in Bordeaux. They adopted Dupré de Saint-Maur’s advice and arrived in the city in the spring of 1782.²⁹

The Coutanceaus held two classes per year: one in Bordeaux and another elsewhere in the generality. Courses lasted for two months and met daily, except holidays, from nine in the morning to noon and again from two to five. They admitted students between 18 and 40 years of age who possessed certificates of a good life and morals. Marguerite arranged for an additional 600 *livres* to purchase du Coudray’s “phantoms” for the class.³⁰ The Coutanceaus taught two classes annually in 1782 and 1783 to “the best effects.” The physicians and surgeons who examined the students testified to the high quality of their education.³¹ To achieve these successes the Coutanceaus navigated the challenge of other courses and threats from surgeons.

Numerous rival courses existed in the generality. Genevieve Duvau—*brevetée* of the king, pensioner of Bordeaux, and possible student of du Coudray—taught courses in the city, but upon her ouster at the arrival of the Coutanceaus she complained that her labors were insufficient for rural women:

she sees with pain that despite her efforts to demonstrate the observations of the difficulties of her art to many midwives [*accoucheuses*] from the neighboring countryside, through demonstrations of theory on a mannequin [*phantome*] that represents—as much as one can hope for—the different variations of childbirth,

²⁸ Note on letter from de Vergennes: August 29, 1781, AD Gironde: C 3303, Fol. 9.

²⁹ Letter from J-P Coutanceau to Dupré de Saint-Maur, intendant of Bordeaux: October 12, 1781, AD Gironde: C 3303, Fol. 15; Letter from Dupré de Saint-Maur to J-P Coutanceau: October 18, 1781, AD Gironde: C 3303, Fol. 13.

³⁰ Note on cost of phantoms and salary for Coutanceau: AD Gironde: C 3303, Fol. 8; Propositions pour l'establissement d'un cours d'accouchements à Bordeaux: AD Gironde: C 3303, Fol. 6.

³¹ Certificat délivré au S. Coutanceau et a la D. son epouse: "Qualités": April 8, 1784, AD Gironde: C 3303, Fol. 51.

are not enough for people without principles and without reading, as midwives of the country usually are.³²

Instead, she offered a plan for educating rural midwives inspired by the Hôtel-Dieu de Paris: a large house of 60 beds where 240 people a year could give birth (with up to four women per bed). She asserted that only the combination of demonstrations on mannequins and practice on real bodies conveyed “certain knowledge.”³³ Duvau, likely the midwife whose salary was reallocated by Dupré de Saint-Maur, sent her proposal to the Duke of Mouchy, Philippe de Noailles, seeking his patronage. He deigned to send it on to the mayor and *jurats* of Bordeaux with a lukewarm recommendation:

there is great truth and good reasons [in Duvau’s mémoire] but I find a lot of disadvantages to the proposed methods. I know that the city is not in a condition to make this expenditure and I doubt that the government wishes to make it.³⁴

The municipal officers did not adopt her plan.

By 1783 Duvau, who now appears in the records as Devaux, gave up hope of another instructor position and, instead, sought an annual pension for her retirement in recognition of her previous service to the city. The *jurats* unsuccessfully tried to entice the crown to pay. The Controller-General of Finance counseled that the city did not owe her anything since, by teaching too few classes, she failed to fulfill her engagements and was “well replaced” by the

³² Letter from Genevieve Duvau to the Comte de Moaille, Duc de Mouchy: 1782, AM Bordeaux: GG 1204.

³³ Letter from Genevieve Duvau to the Comte de Moaille, Duc de Mouchy: 1782, AM Bordeaux: GG 1204.

³⁴ Letter from the Duke de Mouchy to les Maire and Jurats Gouverneurs of Bordeaux: April 11, 1782, AM Bordeaux: GG 1204.

Coutanceaus according to the municipal officers themselves. They must have disagreed because the city awarded her 300 *livres* annually for life.³⁵

The Coutanceaus also faced rival courses from surgeons. Sicard, a surgeon in Montech (Languedoc), sought to establish a midwifery training program and sell his midwifery “machine” across southwest France: including all of Languedoc and Guyenne and Gascogne.³⁶ Dupré de Saint-Maur quickly rejected the proposal, declaring he had already established a midwifery course. He boasted, as he catalogued the details of the classes, about the relationship of the Coutanceaus to du Coudray, the cities they had traveled to, and the favorable testimonies they had received. Dupré de Saint-Maur added as a final taunt: “It is certainly difficult to invent a machine more ingenious than that of Madame du Coudray...”³⁷ Duvau had shown more shrewdness than Sicard by circumventing Dupré de Saint-Maur and seeking patrons elsewhere.

In Périgueux, about 125 kilometers northeast of Bordeaux, a master surgeon named Louis Montozon-Brachet had taught midwifery courses to the local women since 1772 at the behest of a previous intendant (d’Esmangart). Such work, he claimed, greatly benefited “humanity and the state.”³⁸ His service had earned him a royal *brevet* in 1779, but not an annual pension. In his classroom, he employed images and “machines” to make himself “more intelligible” to his students and sent out printed letters to regional priests advertising the course; all of which was very expensive.³⁹ He lectured from May to October and offered to continue through winter if

³⁵ Letter from de Vergennes to the Jurats of Bordeaux: October 3, 1783, AM Bordeaux: GG 1204; Letter from the secretary of the Controller-General of Finance to the Mayor and Jurats of Bordeaux: November 8, 1783, AM Bordeaux: GG 1204; Bureau d’execution du 10 Avril 1790 au 19 Mars 1791: March 5, 1791, AM Bordeaux: D 119.

³⁶ Letter from La Milliere to the intendant of Bordeaux: March 22, 1784, AD Gironde: C 3303, Fol. 22.

³⁷ Letter from Dupré de Saint-Maur to La Milliere: March 30, 1784, AD Gironde: C 3303, Fol. 21.

³⁸ Letter from Montozon-Brachet to Le Comte de Vergennes: January 23, 1784, AD Gironde: C 3303, Fol. 41.

³⁹ Ibid.

students presented themselves.⁴⁰ Every year he renewed his request for an annual pension to the intendants and royal officials. Each year they denied him. The intendants claimed that no funds were allocated for such a purpose.⁴¹ Yet, Dupré de Saint-Maur had found the money to pay the Coutanceaus. Unable to voice his frustration to those directly responsible, Brachet wrote to the priests of his region:

I am very surprised to learn of the need in your parish for a similar instruction [to mine]. After my circular of 1772, no one hastened to send me one of your parishioners in order to receive these lessons...I hope, Monsieur, that you will request your parishioners not to neglect the advantage open to them, it is for the good of humanity.⁴²

From the government, he received 100 *écus* (a little over 33 *livres*) in 1779, 300 *livres* in 1780, and had his tax burden forgiven.⁴³ Dupré de Saint-Maur lauded Brachet's work, especially because he had been performing this service for free for so long, but ultimately shifted the burden to the municipal officers to provide any pension.⁴⁴

Brachet, like the Coutanceaus, pulled from multiple personal and professional identities to make his case for increased governmental patronage. His professional titles included Lieutenant to the First Surgeon to the King, *breveté* to the King, and surgeon at the Hospital Saint Marthe in Périgueux. His care of soldiers and the poor as surgeon of the hospital already exempted him from the customary obligation of housing soldiers, but he expected to be able to transform his titles into financial support. Moreover, Brachet also pleaded to the Count de

⁴⁰ Circulaire from Louis Montozon-Brachet: April 5, 1783, AD Gironde: C 3303, Fol. 42.

⁴¹ Letter from Montozon-Brachet to Le Comte de Vergennes: January 23, 1784, AD Gironde: C 3303, Fol. 41.

⁴² Circulaire from Louis Montozon-Brachet: April 5, 1783, AD Gironde: C 3303, Fol. 42.

⁴³ Letter from Dupré de Saint-Maur to Brachet: March 15, 1783, AD Gironde: C 3303, Fol. 48; Letter from Louis Montozon-Brachet to the Intendant: January 30, 1782, AD Gironde: C 3303, Fol. 44; Copie of the Letter from the Subdelegate Eydely to the Intendant: May 8, 1782, AD Gironde: C 3303, Fol. 43.

⁴⁴ Letter from Dupré de Saint-Maur to Brachet: March 15, 1783, AD Gironde: C 3303, Fol. 48.

Vergennes for a pension based on personal circumstance. As the younger son, he had sacrificed his “legitimate rights” of nobility in order to devote himself to surgical studies in Paris. Now, at 55 years old, he found himself with three children, the oldest being only 31 months, and a very young wife (presumably indicating the likelihood of many more children to come). In the reciprocal exchange of patronage relationships, Brachet anticipated his personal situation to invoke (financial) protection in exchange for his services for the royal-state. His principal argument, however, relied not on any professional or personal identities, patronage relationships, or royal accolades but on the nature of *accouchement* itself: midwifery was a type of surgical knowledge, and, thus by implication, it should be taught by a surgeon:

The intendant of the generality of Guienne appointed me to give lessons and public demonstrations in the art of *accouchement* in favor of women both from the city and from the countryside who wish to be instructed in this part of surgery, so concerning to humanity and the state.⁴⁵

By including midwifery as a subspecialty of surgery, Brachet aligned the state’s interest in regulating the reproductive lives of citizenry with support of surgery. But, as we have seen, he was not fully successful. Indeed, Dupré de Saint-Maur repeatedly proved willing to support the Coutanceaus against corporate surgical resistance.

Surgery in the eighteenth century depended upon the royal-state for political authority and reflected its organization—a first surgeon oversaw local communities of surgery and his Lieutenants.⁴⁶ Nevertheless, government sponsored midwifery courses often brought regional administrators into conflict with local surgical corporations. In the Generality of Soissons, Lepeletier successfully squashed surgical resistance during his tenure through neglect (see

⁴⁵ Letter from Montozon-Brachet to Le Comte de Vergennes: January 23, 1784, AD Gironde: C 3303, Fol. 41.

⁴⁶ Gelfand, "A "Monarchical Profession" in the Old Regime: Surgeons, Ordinary Practitioners, and Medical Professionalization in Eighteenth-century France".

Chapter 3). Dupré de Saint-Maur endured even more stringent opposition. Marguerite Coutanceau traveled to Dax, 145 kilometers south of Bordeaux, in October 1783, and remained until February 1784. For three months, she taught twenty students in a room of the town hall to wide acclaim from municipal officers and local medical men: “the physicians [of Dax] and the majority of surgeons were amazed by what Dame Coutanceau was able to accomplish, in the space of three months of teaching, in instructing women who could not even read...”⁴⁷ Per her standard method, Coutanceau arranged a public examination for her students at the end of the class. A panel of prominent inhabitants and medical men posed questions and asked for demonstrations of maneuvers on mannequins in order to judge the capabilities of her students. Those who passed received licensure and top students won cash prizes.

In Dax, the exam did not go as planned. The Lieutenant to the First Surgeon, Durozier, asked “inappropriate and obviously underhanded questions” on physiology and pathology.⁴⁸ Five local physicians testified that Durozier boasted that he sought to embarrass the students. They recalled how they reproached him, stating, “these midwives should only be questioned about the fact of childbirth and knowledge about this art...”⁴⁹ They found the students to be “perfectly well instructed and very capable of executing all the childbirths which can be assisted with the hand, however difficult they are...”⁵⁰ The physicians, Coutanceau, the Bishop, and the municipal officers defined *accouchement* as the knowledge necessary to perform all deliveries capable of occurring with the assistance of the hands only, while Durozier sought to include physiology and pathology in the required body of knowledge. One audacious student lashed out at Durozier,

⁴⁷ Copie de Certificats: 1784, AD Gironde: C 3303, Fol. 27.

⁴⁸ Ibid. His name is also spelled des Roziers elsewhere.

⁴⁹ Ibid.

⁵⁰ Ibid.

informing him that if he treated them poorly, “they hoped to find more just and benevolent judges.”⁵¹ Durozier refused to award any of the pupils a license. Coutanceau worried that her students would be rendered “useless” without the authorization to work.⁵² On the surface, Durozier and Coutanceau disagreed over the boundaries of knowledge of *accouchement*. In Paris, examiners expected midwives to have some familiarity with physiology and pathology, but expectations of knowledge varied for provincial midwives and most often did not include such advanced subjects.

Coutanceau and her supporters claimed that jealousy and bias motivated Durozier, but he asserted, and the municipal Prevôt agreed, that the students did not meet the standards set by the rules of surgery for licensing midwives. The regulations required all aspirants to train for a period of time under a master midwife, which Coutanceau was not, and submit themselves to examination by surgeons. The municipal officers of Dax considered the titles issued to Coutanceau by the government to be equivalent to that of a master midwife.⁵³ So the question arose, which was the higher power: the statutes governing surgery or Coutanceau’s royal *brevet* to teach? Government-sponsored midwifery courses challenged surgical authority over midwives. The surgical corporation of Bordeaux never raised concerns over Coutanceau’s courses but, in Dax, farther from the intendant’s influence, Durozier felt free to flex his authority to challenge the right of the government to license midwives. Dupré de Saint-Maur sent the matter on to the Minister to decide.⁵⁴ It became clear, however, that Durozier had planted doubts

⁵¹ Ibid.

⁵² Letter from Coutanceau to Dupré de Saint-Maur: March 27, 1784, AD Gironde: C 3303, Fol. 52.

⁵³ Letter from municipal officers of Dax to Dupré de Saint-Maur, intendant of Bordeaux: February 28, 1784, AD Gironde: C 3303, Fol. 37.

⁵⁴ Letter from Dupré de Saint-Maur to the municipal officers of Dax: March 20, 1784, AD Gironde: C 3303, Fol. 36.

about the utility and effectiveness of the Coutanceaus' teaching with the Count de Vergennes and Andouillé, the king's first surgeon, which would have far-reaching implications.⁵⁵

The Coutanceaus wished to establish a lying-in hospital for poor women at their home, the Collège de la Magdeleine, in order to provide their students with the opportunity to unite practice with theory in hands-on experience with real women. They recognized the limits of the mannequins that they currently employed in their pedagogy:

They [the Coutanceaus] both appear to be highly educated and capable of training good students, especially the first [Marguerite] who is the niece and student of Dame du Coudray. But the course that they have given has not had all the desirable success. This is unsurprising because they have hitherto proceeded only with the aid of a phantom, which, although very advantageous for demonstration, can only supply nature very imperfectly. The operations of the phantom are aided by the training of the artist, producing a very different effect.⁵⁶

The Coutanceaus intended to install 10 to 12 beds in their hospital. Just as he had welcomed Duvau's petition to establish a lying-in hospital, the Duke de Mouchy supported the Coutanceau's plans along with Dupré de Saint-Maur.⁵⁷ Durozier, however, had already poisoned de Vergennes and Andouillé against the Coutanceaus. The royal administrators agreed that a complete education required experience with real birthing women: "half-educated midwives, widespread in the countryside, must do more harm than would result if nature was left to herself."⁵⁸ Andouillé proposed an alternative: a surgeon-*accoucheur* from the Hôtel-Dieu of Bordeaux would oversee the practical training of the Coutanceaus' students at the hospital. Such a plan threatened the Coutanceaus' entire project. Newly established as *Conseiller d'Etat*,

⁵⁵ Letter from Dupré de Saint-Maur to Madame Coutanceau: March 16, 1785, AD Gironde: C 3303, Fol. 83.

⁵⁶ Letter from Dupré de Saint-Maur to the Count de Vergennes: September 27, 1784, AD Gironde: C 3303, Fol. 30.

⁵⁷ Letter from J-P Coutanceau to Dupré de Saint-Maur, intendant of Bordeaux: AD Gironde: C 3303, Fol. 3; Letter from Dupré de Saint-Maur to the Count de Vergennes: September 27, 1784, AD Gironde: C 3303, Fol. 30.

⁵⁸ Letter from the Count de Vergennes to Boutin, Conseiller d'Etat: October 20, 1784, AD Gironde: C 3303, Fol. 29.

Boutin, a previous intendant of Bordeaux and antagonist-turned ally of du Coudray, informed Marguerite that de Vergennes had tasked him with implementing Andouillé's plan and that it could lead to the loss of the family's position in Bordeaux. He advised her to immediately embark for Paris to advocate for herself.⁵⁹ She took his guidance, battling a fever throughout, and du Coudray joined her in Paris to muster support.⁶⁰

The Coutanceaus found themselves in such a precarious position because their greatest advocate, Dupré de Saint-Maur, was currently embroiled in a political battle with the provincial Parliament that would eventually cost him his position. By a stroke of luck, Boutin arrived in Bordeaux as one of the appointed commissioners to investigate the affair. For the time being, he made the administrative decisions for the region.⁶¹ He deftly summarized many of the key points of the debates about educating midwives when he rushed to the aid of the Coutanceaus with a comprehensive defense of their proposal:

I have the honor of observing to you, Monsieur, that I believe that the establishment of a course of *accouchement* as proposed by M. Loustonneau [Andouillé's successor] is impossible and useless. It is impossible because it is repugnant to the constitution of the hospital of Bordeaux, entrusted to the Sisters of Charity...It is more useless because to train 2 or 3 midwives for the 2,400 parishes, which compose the Generality of Bordeaux, would be an object too unprofitable for one to have to deal with it.

I know, Monsieur, all that is said about the dangers of the incompetence of midwives who, even after a course of 3 months, could not have acquired the experience that is desirable for the exercise of such an important art. But we must refer to the actual state of the provinces in order to appreciate that the principles of theory given during 3 months by someone educated would still be infinitely useful.

⁵⁹ Letter from Charles Robert Boutin to Marguerite Coutanceau: December 12, 1784, AD Gironde: C 3303, Fol. 31.

⁶⁰ Letter from Boutin to Marguerite Coutanceau: April 30, 1785, AD Gironde: 5M 552.

⁶¹ For more on the political battles of Dupré de Saint-Maur see Vasquez, *Nicolas Dupré de Saint-Maur ou le dernier grand intendant de Guyenne*, Chapter 8 and 9.

It is in the traditions of rural women to always prefer midwives to the surgeons of their villages. One supposes some of them educated and one should not hope to overcome this prejudice in this manner. The object of the ministry must be to instruct midwives.

I still think, Monsieur, that this can only be achieved by employing the same women to give this instruction. It is always repugnant to women and girls who wish to be instructed to receive from a man all the details and all the demonstrations that are necessary to them. Mothers will take their daughters away and young women who have principles of virtue and modesty will refuse to hand themselves over. This observation is all the more justified as the proposed teachers would be nominally *gagnant-maitrises* [those who were given rather than earned their master status] who themselves [are] poorly educated [and] are of an age to be able to abuse the ease that circumstances would give them... Dame Coutanceau is instructed by long experience. She is a *brevetté* and pensioner of the King. For a long time she has made courses, the utility of which has been recognized, thus the establishment of theory is complete. There would only be a question of joining practice to that.

Moreover, Monsieur, I still fear that the prejudice of the corps of surgeons is opposed to the execution of this project and you may judge it appropriate to consult a physician, especially one who knows the province.⁶²

Boutin attacked the rival proposal as impossible for institutional and personnel reasons at the same time he promoted the Coutanceaus' plan for its alignment with the cultural traditions of rural women and for Marguerite's experience and titles. Rather than basing his support for the Coutanceaus' plan on a high opinion of midwives generally, which would have fallen on deaf ears, it is grounded in a bleak view of the skills and moral makeup of provincial surgeons and the stubbornness of provincial traditions. De Vergennes remained unmoved. He argued that placing the practical course at the hospital under the direction of surgeons would permit the Coutanceaus the flexibility to travel the region to teach "just like the Dame du Coudray."⁶³ The Coutanceaus' position in Bordeaux seemed in jeopardy indeed. Marguerite had one last trick up her sleeve.

⁶² Letter from Boutin to the Count de Vergennes: February 1785, AD Gironde: C 3303, Fol. 55.

⁶³ Letter from the Count de Vergennes to Boutin, Conseiller d'Etat: April 3, 1785, AD Gironde: C 3303, Fol. 54.

Having witnessed first-hand the importance of authorship to securing her aunt's authority, she had begun work on her own book.⁶⁴

Éléments de l'Art d'Accoucher

Marguerite Coutanceau published *Éléments de l'art d'accoucher: en faveur des élèves-sages-femmes de la Généralité de Guienne* (Elements of the Art of Delivery: In Favor of Student Midwives in the Generality of Guienne) in 1784 amidst multiple challenges to her authority from rival courses and surgeons. Buttressing her authority, signs of her government patronage decorate the opening pages: the use of the intendant's printer, Michel Racle, and the dedication to Dupré de Saint-Maur himself. The 18 centimeters high octavo volume would have traveled easily. Gold embossing on the spine displayed the title, two flowers, an image of a snake drinking from a chalice, and the word "Sciences."⁶⁵ The iconography of the bowl of Hygieia on a book devoted to midwifery situated childbirth within the ancient traditions of medicine. Even though the official dedication honored Dupré de Saint-Maur, Coutanceau devotes the *avertissement* to glorifying du Coudray:

The principles that I give here are those of an aunt, whose celebrity I do not need to extol, but whose kindness I cannot publicize enough for my regard. Raised by her, repository of all knowledge, both theoretical and practical, which has earned her the confidence of the government. I owe entirely the same honor to this respectable aunt. I owe her my condition [*état*]⁶⁶—could I be blamed for paying here this just tribute of my gratitude?

⁶⁴ For more on authorship and legitimacy for du Coudray see Gelbart, *The King's Midwife*, 18, Chapter 13.

⁶⁵ This description comes from the copy available at the *Bibliothèque de Bordeaux* (S 13243). Other copies viewed at the Huntington Library (Longo 648856) and University of Pennsylvania (RG 950 C65 1784) had different bindings. The bowl of Hygieia and the word "Sciences" may have been added later as these squares are covered in black with the image and word superimposed on them.

⁶⁶ Coutanceau, *Eléments de l'art d'accoucher*, viii-ix.

Coutanceau continued to rely on her professional and personal relationship with du Coudray to establish her legitimacy. Just as du Coudray had utilized authorship to obtain a royal gratification and cement the patriotic significance of her educational program, Coutanceau also turned to authorship to bolster her authority. Such a goal required producing her own textbook rather than replicating du Coudray's *Abrégé*. Nevertheless the knowledgeable reader sees du Coudray's heavy hand throughout.

The book finished printing in February 1784, but it lacked an approbation. Coutanceau asked the advice of Dupré de Saint-Maur whether she should seek out a physician or approach the Academy of Bordeaux for this purpose. She felt a recommendation from the Academy would be more prestigious.⁶⁷ Dupré de Saint-Maur had held membership in the Academy since 1780 and even attained the directorship.⁶⁸ Revealing that patrons often facilitated such affairs, he betrayed some annoyance that she had not previously informed him of her aims:

It would have been desirable for you to warn me of your intention to solicit an approbation from the Academy of Bordeaux for the publicity of your book on the art of *accouchement*. I would have prepared things in this regard, but that is what you can do yourself and I have no doubt that a book so useful and so interesting to humanity will obtain their vote.⁶⁹

The book appeared without any approbation. Coutanceau may have overextended herself by reaching for the Academy, which likely saw a book on *accouchement* aimed at rural women as below its notice. Coutanceau sent Dupré de Saint-Maur a copy of the textbook after final printing

⁶⁷ Letter to Dupré de Saint-Maur, intendant of Bordeaux: February 24, 1784, AD Gironde: C 3303, Fol. 26.

⁶⁸ Vasquez, *Nicolas Dupré de Saint-Maur ou le dernier grand intendant de Guyenne*, 139.

⁶⁹ Letter from Dupré de Saint-Maur to Marguerite Coutanceau: February 29, 1784, AD Gironde: C 3303, Fol. 25.

completed. He was pleased with her work and ordered 300 copies. He indicated, however, that he was less satisfied with the efforts of the printer and complained of the book's small margins.⁷⁰

Dupré de Saint-Maur ordered enough copies of the book for all past and future students.⁷¹ Coutanceau identified her students as the audience in the subtitle of the book and connects audience to content: "The title of this book announces its design. So do not expect a complete treatise on the art of *accouchement*."⁷² Despite being explicitly aimed at students, we know, thanks to marginalia, that some surgeons also owned the book.⁷³ Coutanceau, like du Coudray, speaks disparagingly of her students: "most of whom never left the countryside, are without education, without culture..."⁷⁴ Later, she divides students into two types: "The one, lively and light, learns easily and forgets the same way. The other, slow and lazy, indifferent to reproaches, only attends lessons in the hope of obtaining a certificate of competence, which one is obliged to refuse her."⁷⁵ She details the appropriate pedagogical methods for these students: "the main thing was to be clear. I need not fear repetitions or explanations that may appear too minute."⁷⁶ She does, however, make the case for the necessity of educating women as midwives:

the art of *accouchement* will one day be exercised only by truly educated women. Men will no longer be forced to meddle in a function that was not attributed to them in antiquity. Quite unhappy with the pains they experience in childbirth,

⁷⁰ Letter from Dupré de Saint-Maur to Jean-Pierre Coutanceau: June 18, 1784, AD Gironde: C 3303, Fol. 28; Letter from Dupré de Saint-Maur to Marguerite Coutanceau: May 27, 1784, AD Gironde: C 3303, Fol. 28; Letter from Coutanceau to the Intendant: May 18, 1784, AD Gironde: C 3303, Fol. 24; Letter from Dupré de Saint-Maur to M. Racle: June 18, 1784, AD Gironde: C 3303, Fol. 28.

⁷¹ Letter from Dupré de Saint-Maur to Jean-Pierre Coutanceau: June 18, 1784, Gironde: C 3303, Fol. 28.

⁷² Coutanceau, *Eléments de l'art d'accoucher*, vii.

⁷³ The University of Pennsylvania Kislak Center's copy of the book (RG 950 C65 1784) contains the signature of a master surgeon.

⁷⁴ Coutanceau, *Eléments de l'art d'accoucher*, vii.

⁷⁵ *Ibid*, 352.

⁷⁶ *Ibid*, viii.

women will no longer be ashamed to surrender themselves to hands so repugnant to the natural modesty of our sex.⁷⁷

Coutanceau, unlike du Coudray, advocated explicitly for women to be the care providers in childbirth and the instructors of other women. Moreover, her lionization of du Coudray likewise supported this goal because du Coudray's career epitomized all the successes a woman could supply as both a midwife and an instructor.

Despite her apparent low opinion of her students' capabilities, Coutanceau provided a book that covers, in simple language, a wide array of medical knowledge and treats its readers as competent, critical thinkers by providing them with blueprints to navigate complicated decisions. The prose of the book reads like a lecture. She uses the French unspecified pronoun "on" throughout; phrases such as "one must," "one understands," "one sees," remove her from the knowledge creation process and, instead, position her as the instructor guiding readers through the text. The tone invokes a descriptive presentation of established knowledge (except for the few, specific places where she draws attention to controversies), making the information less challengeable.⁷⁸ Even when she recommends calling in a surgeon to the birth, she still provides detailed information on the subject and a blueprint of the decision-making process in which only some options include calling upon a surgeon. These detailed plans often take the format of "If x, then do y. But if a, then call a surgeon."⁷⁹ This is contrary to books by male practitioners, such as du Fot, which merely note that a surgeon should be called and abstain from providing any further information. The result is a book that provides more extensive medical knowledge on a wider

⁷⁷ Ibid, xiii-xv.

⁷⁸ Laura M. Hartwell and Marie-Paule Jacques, "Authorial Presence in French and English: "Pronoun + Verb" Patterns in Biology and Medicine Research Articles," *Discours* 15 (2014).

⁷⁹ See, for example, the section "du décollement de l'enfant" though this format is loosely used throughout the book.

range of topics, some of which were traditionally considered beyond the scope of rural midwives, in simple language without any expectation of prior knowledge. Such content likely supported the book's wide readership.

In its 356 pages, the book covers a range of topics common to those aimed at midwives: reproductive anatomy, pregnancy, signs of labor, natural labor, laborious labor, *contre nature* labors, cutting the cord, miscarriages, twin labors, false pregnancies and moles, and postpartum care. But Coutanceau also adds a few unexpected topics such as bladder stones and remedies for women in labor (including bloodletting, purgatives, "absorbents," and enemas). She does not hesitate or apologize for tackling subjects usually reserved for male practitioners. She devotes particular attention to bloodlettings and even provides commentary against how it is traditionally used:

Of all the methods that we employ to remedy the illnesses of pregnant women, bleeding is the most abused. We think we see everywhere signs of too much blood. We don't examine if the liquor lacks through being too thick or too thin. It is always assumed that there is too much in pregnant women. As a consequence of this principle, we bleed, even if for the sole reason that a woman has reached the middle of her term. We don't follow any rules. We pull an equal amount of blood without consideration to age, temperament, or to strength.⁸⁰

The sections on other remedies are much shorter and simply offer some suggestions, but here she boldly offers criticism of standard surgical practice.

Coutanceau's scheme of labors deviates from those of other authors, who defined the divisions to replicate boundaries of practices between midwives and surgeons (*i.e.*, those that can be completed by hand by a midwife versus those that require instruments wielded by surgeons). Coutanceau subdivides laborious births into those caused by the mother, the infant, and the afterbirth. The mother can turn a labor laborious if she has an oblique-lying uterus, seizures,

⁸⁰ Coutanceau, *Eléments de l'art d'accoucher*, 235-36.

stones of the urinary tract, hernias, a thick and rigid cervix, inertia of the uterus, closure of the cervix around the neck of the infant, or a vaginal or uterine prolapse. The infant, on the other hand, makes a birth laborious through excessive size of various parts, malpresentations, or deformity. Finally, the placenta could lie over the cervix or have a too-short umbilical cord or rigidity of membranes, all which complicate labor.⁸¹ *Contre nature* births deal solely with malpresentations of the infant and Coutanceau offers a “manual” of hand maneuvers used by midwives to deliver infants from these various positions. By including a wider array of subjects and more in-depth knowledge, Coutanceau ensured her students received a broader education and that surgeons could also benefit from her book.

Books for male practitioners typically omitted any discussion of breastfeeding. Even textbooks written by male authors for midwives often presented limited, if any, material on infant feeding. In her book, however, Coutanceau promoted breastfeeding by biological mothers and included a significant discussion on choosing an appropriate wet-nurse. Du Coudray too had devoted substantial space in her textbook to breastfeeding and wet-nurses. Coutanceau claims a biological mother’s milk, even if lacking in quality, always protects the health of the infant and promotes vigorous growth better than the milk of a wet-nurse. Through overuse, she claimed, the consistency of a wet-nurse’s milk declines and overfills an infant’s stomach.⁸² Soon the foreign milk causes disease in the infant as the congestion of the stomach prevents meconium production. Breastfeeding also benefits the mother; it maintains their “freshness” and beauty while preventing many postpartum complications. Not all mothers, however, are able to breastfeed due, most commonly, to deformity of the breasts. Those who lack milk, have a very

⁸¹ A useful summary is provided on Coutanceau, *Eléments de l’art d’accoucher*, 102-03.

⁸² “Le lait d’une nourrice étrangère pêche le plus souvent par trop d’ancienneté et de consistance. Il charge l’estomac de l’enfant...” Coutanceau, *Eléments de l’art d’accoucher*, 314.

delicate temperament, or a hereditary illness which they don't wish to foster in their children, may also find themselves unable to breastfeed. In such cases, she recommends cow or sheep's milk over a wet-nurse because it is so rare to find all the necessary qualities in one woman. Due to her own difficulties breastfeeding and the ultimate need to hire a wet-nurse herself, Coutanceau speaks personally for the only time: "It is this last course [of feeding cow or sheep's milk] that I would take, if I had a second child, and if I could not breastfeed her..."⁸³ A mother's tenderness compensates for any defects in nutrition.⁸⁴

If forced to employ a wet-nurse, the parents should hire one that possesses sweetness, tranquility, cheerfulness, health, propriety, and purity of morals. She should be between 20 and 35 years old. A physical exam should confirm her health. Mothers should check her gums for signs of scurvy, her neck and armpits for scrofula (among other illnesses), her breasts for appropriate shape and proportions, and her milk for consistency, color, and taste. Once she is hired, she must follow a strict regime, avoiding coffee and liquor while partaking in moderate exercise. She must not lay with her husband and if her menses return, the child should be given to another nurse. Coutanceau also describes the appropriate handling of the infant, the child should not be allowed to cry, and even the ideal location for the nurse's house: on elevated land far from manure, garbage, forests, or marshes.⁸⁵ Coutanceau's recommendations on wet-nurses expand upon those of du Coudray.⁸⁶

Coutanceau deviates from the traditional structure of textbooks on childbirth aimed at midwives. Rather than after normal births where it is frequently found, she placed her discussion

⁸³ Ibid, 317. On Coutanceau's own difficulties nursing see Gelbart, *The King's Midwife*, 194.

⁸⁴ Coutanceau, *Eléments de l'art d'accoucher*, 314-30.

⁸⁵ Ibid, 330-34.

⁸⁶ Coudray, *Abrégé de l'art des accouchemens*, Chapter 38.

of postpartum care towards the end, after covering laborious and *contre nature* births. She explains this deviation:

After speaking of natural labors and of the manner of delivering them, it seems that this would be the place to see to the care required of the newly delivered woman and her child, but in order to not divert [your] attention, we will return to this item at the end of the book...⁸⁷

She wished to continue discussing childbirth and labor instead of moving on to postpartum care for fear of distracting her reader. The most striking example of her departure from the standard format is her placement of the customary chapter on the ideal traits and characteristics of a midwife at the end of the book. Overwhelmingly, instructors covered this topic at the beginning of their textbooks. Coutanceau's twelve-page chapter on the subject reads more like a sermon than a lesson as she lectures her students, presumably on the final day of class, on the importance of the occupation they have chosen to undertake. She harangues them on the importance of maintaining the highest moral standards, avoiding public scandal, never eating the food intended for the family at a birth, and avoiding any embarrassment at what they will encounter as midwives. Finally, she ends by advocating for hospital-based learning for her students, an obvious plea in support of her plan for a lying-in hospital: "But when only the public good is in view, can these considerations balance the advantage that rural women would derive from a kind of knowledge that can only be acquired in hospitals?"⁸⁸

⁸⁷ Coutanceau, *Eléments de l'art d'accoucher*, 101.

⁸⁸ Ibid, 356.

By including subjects traditionally defined as masculine—such as bloodletting, internal remedies, and complicated deliveries—while arguing for female midwives and instructors, Coutanceau expanded the boundaries of *accouchement* for women. Dupré de Saint-Maur lent his significant political power to this vision of midwifery by endorsing the book. The textbook must have successfully bolstered Coutanceau's authority because, despite the ouster of Dupré de Saint-Maur, she continued to teach in Guienne through the 1780s. She taught classes in Dax, Sarlat, Nerac, Bayonne, Pauillac, and Castillones, in addition to her annual course in Bordeaux.⁸⁹



Figure 36 Marguerite Coutanceau (1821)

Portrait prepared for “*Cours Elementaire theorique et pratique d'accouchement*,” an unpublished textbook. Library of the *Val-de-Grâce* Fonds Laney L1526.

Jean-Pierre no longer wrote letters on her behalf. It is her name that appeared on course announcements, not his. He faded into the background and eventually moved into business.⁹⁰ But even as her authority and confidence grew, political turmoil loomed that would threaten the educational program she had worked so hard to establish and grow.

⁸⁹ Letter to the administrator of the department of Gironde: AD Gironde: C 3303, Fol. 78.

⁹⁰ Gelbart notes that he managed some property later in life and died in 1805. Gelbart, *The King's Midwife*, 277.

Midwifery Education During a Revolution

Revolution swept the country. Cries of *liberté, égalité, fraternité* echoed even in the provinces. In the fervor of early revolutionary sentiment, Bordeaux had enthusiastically sacrificed its municipal privileges in the name of equality in 1789. Revolutionaries had celebrated the pluralism and diversity of the French people in the early years of the Revolution; the *Fête de la Fédération* in Paris showcased regional dress and dialects. In 1793, however, France became increasingly polarized as it faced growing threats to its nascent republic. Great Britain and Spain joined the war alongside Prussia and Austria, and France faced possible invasion on multiple fronts. The national government exerted ever more pressure on the provinces in support of the war effort. Quotas for military recruitment appeared in March 1793 and, by August, transformed into a *levée en masse*, a draft of all unmarried men between eighteen and twenty-five. It seemed to many in the provinces that Paris' intervention into their lives only increased: they had constitutional priests forced on them, faced measures of dechristianization, suffered deprivation as needed food and supplies went to the capital, and paid higher taxes. Then the Vendée rebellion broke out, confirming the worst fears of the radical revolutionaries in Paris—enemies within the republic sought its overthrow.⁹¹

The Girondins, so named because many of their cohort came from the Gironde (of which Bordeaux was the capital), had led a failed campaign against Jean-Paul Marat that only increased tensions between them and the Montagnard faction of Jacobins. The Montagnards' paranoia grew, fed by a conspiracy theory that the Girondins had orchestrated the recent military defeat at Neerwinden and, generally, had treasonable liaisons with the enemy. When news reached Paris on May 29th that Lyon had risen up against its Jacobin leaders, their suspicions seemed

⁹¹ Alan Forrest, *Paris, the Provinces, and the French Revolution* (New York: Oxford University Press, 2004), Chapter 8.

confirmed. On May 31st, their hand forced by a public uprising in Paris against the Girondins, the National Convention issued arrest warrants for twenty-nine Girondin members and the ministers Clavière and Lebrun.⁹² In response, forty-three departments declared opposition to the power of the Convention in retaliation for placing its members “under the yoke of a handful of factions.”⁹³ Fourteen cities, including Bordeaux, escalated to military resistance.⁹⁴ Lucy de La Tour de Pin witnessed 1,000 Bordelais soldiers drilling and firing canons at the Château Trompette.⁹⁵ Despite the disparaging name, “federalists,” given them by their Jacobin adversaries, these rebel cities did not espouse anti-revolutionary ideas nor seek to separate from the Republic. Antagonism towards local Jacobin forces, as in Lyon and Marseille, and resentment towards the growing “tyranny” of Paris motivated these uprisings. Many city leaders claimed they, not the Jacobins, were the true republicans, and advocated for the rights given citizens under the constitution. Bordeaux even insisted that its troops remain in the Vendée to fight the true counter-revolutionaries. A lack of resolve ensured that these rebellions did not escalate to civil war as in the Vendée.⁹⁶ The army of 4,000 raised by Bordeaux traveled only fifty kilometers to Langon, where demoralized troops dispersed before battle commenced.⁹⁷ With other concerns occupying the municipal leaders of Bordeaux, payment for midwifery instruction was not easily

⁹² Simon Schama, *Citizens: A Chronicle of the French Revolution* (New York: Alfred A. Knopf, 1989), Chapter 16.

⁹³ Quoted in French in Bill Edmonds, "'Federalism' and Urban Revolt in France in 1793," *The Journal of Modern History* 55, no. 1 (1983).

⁹⁴ Edmonds, "'Federalism' and Urban Revolt in France in 1793."; Alan Forrest, *Society and Politics in Revolutionary Bordeaux* (London: Oxford University Press, 1975), Chapters 4-6.

⁹⁵ Schama, *Citizens: A Chronicle of the French Revolution*, 726.

⁹⁶ Forrest, *Paris, the Provinces, and the French Revolution*, Chapter 8.

⁹⁷ Edmonds, "'Federalism' and Urban Revolt in France in 1793."

forthcoming. Coutanceau, however, remained undaunted and continued to teach through the entire revolutionary decade.

As men from across France and from all estates crafted a constitution for the new republic and debated the fate of the king, they quickly realized that the implementation of the rights of man required a reorganization of medicine, one that included women and children as well. Medicine formed a central component of the revolutionary agenda, either as a tool of social reform or as a discipline necessary only in a degenerate society. The upheavals of the Revolution provided the opportunity to reimagine medicine generally and midwifery in particular. Two committees of the National Assembly considered the question of medicine: the Poverty Committee and the Health Committee.⁹⁸ The Health Committee (*Comité de Salubrité*), chaired by Joseph Ignace Guillotin, conducted three surveys on the state of healthcare providers across the nation during its brief existence. The final survey, commenced in November 1790, asked fourteen questions on the practice of surgery and midwifery.⁹⁹ The committee solicited information about the number of midwives, their training, examinations, and the number of *accoucheurs* in each department. Coutanceau recognized the opportunity and the possible dangers of the moment. She submitted a report to the Poverty Committee (*Comité de Mendicité*) on the “general methods for the relief of humanity,” *i.e.*, a project for the public good, in 1790.¹⁰⁰ It is unclear why Coutanceau submitted her report to the Poverty Committee, headed by the duc de la Rochefoucauld-Linacourt and assisted by the physician Michel Augustin Thouret, whose

⁹⁸ Weiner, *The Citizen-Patient in Revolutionary and Imperial Paris*, Introduction; Ramsey, *Professional and Popular Medicine in France*, Chapter 2.

⁹⁹ Toby Gelfand, "Medical Professionals and Charlatans: The Comité de Salubrité enquête of 1790-91," *Social History* 11 (1978).

¹⁰⁰ Mémoire to the Poverty Committee: [1790], Archives Nationales: F/16/ 936. The document itself is undated but Coutanceau discusses gaining the approval from the Constitutional Assembly in 1790. Coutanceau's *mémoire* was just one of many reports submitted proposing midwifery education programs or detailing the regional history of midwifery education.

focus was on the poor-sick and illness that caused poverty, rather than to the Health Committee whose attention to medical education made it the more obvious audience.¹⁰¹ Her choice may reveal her own conception of her work as a project to improve humanity more than an exclusively medical endeavor. Or she may have anticipated, for unknown reasons, a more positive reception with the Poverty Committee.

Coutanceau opened her *mémoire* to the National Assembly by establishing the necessity of midwives as incontrovertible fact: “The need for midwives is so widely recognized that it would be superfluous to give details on this subject.”¹⁰² With this rhetorical move, she established women, not men, as the proper caregivers in childbirth. The issue, as she laid it out, was finding a sufficient number of well-educated midwives to reduce the accidents occasioned during birth. Du Coudray had presented the best solution to this problem: courses given by a recognized, educated woman. Again, Coutanceau emphasized, subtly, that women should be the care providers and the instructors of midwifery. Subsequently, she provided a detailed exposition on the history and benefits of du Coudray’s program. She covered her brevets, her approbation from the College of Surgery, and her machine. With the mannequin, du Coudray safely presented the variety of childbirths that one would normally require six months in a hospital to encounter. At last, Coutanceau began to put herself forward as the heir to this patriotic enterprise:

She [du Coudray] took care of the means of perpetuating her instructions and, in her advanced age, she has the satisfaction of leaving to the state a subject capable of replacing her for a long time. This subject is the Dame Coutanceau, who devoted her childhood to the knowledge required by the art of *accouchments*, she did not miss any means which could render her useful to her country. [She has] reached the point of being able to perpetuate the lessons and the method of the Dame du Coudray...¹⁰³

¹⁰¹ Weiner, *The Citizen-Patient in Revolutionary and Imperial Paris*, Introduction.

¹⁰² *Mémoire to the Poverty Committee*: [1790], Nationales: F/16/ 936.

¹⁰³ *Ibid.*

She enumerated her own achievements: her brevet, her position in Guienne, and her students, significant in number, who have the approval of physicians and surgeons. At the end, she repeats, more explicitly this time, her insistence on female care providers during labor. She claimed that the “sensibility” of women, their rapport between each other, and their smaller, more delicate hands made them ideal midwives. She waited in Paris to hear the judgment of the committee.¹⁰⁴ Unbeknownst to her, a rival proposal by Alphonse Leroy (critic of du Coudray and André Levret) circulated.

The municipal body of Paris recommended Leroy’s plan for establishing a midwifery course in the capital city at the Abby of Saint Victor to the Poverty Committee.¹⁰⁵ Leroy, professor of *accouchement*, at the Faculty of Medicine in Paris, described *accouchement* as the area of medicine requiring the least intervention: rarely necessitating the use of hands and almost never the use of instruments. In general, childbirth should be left to nature. Despite his physiological view of childbirth, he complains that *accouchement* has been abandoned, in the countryside and the majority of towns, to surgeons without knowledge (*lumière*) and midwives without capability (*capacité*). Indeed, midwives underwent instruction that was dangerously lacking in theory. Consequently, “an infinity of victims” suffered at their hands.¹⁰⁶ Over a decade earlier, Leroy had made related attacks against du Coudray in print. He charged that she “completely ignored the mechanism of childbirth” and “only draws on incidentals and attaches to the marvelous.”¹⁰⁷ In sum, she lacked theory and spent too much time on superfluous matters.

¹⁰⁴ Ibid.

¹⁰⁵ Mémoire to the Conseil Municipal et Comité de Mendicité: Archives Nationales: F/15/ 1861.

¹⁰⁶ Ibid.

¹⁰⁷ Leroy, *La pratique des accouchements*, 173.

Leroy's proposal for educating practitioners in *accouchement* would, he claimed, solve these issues. He advocated for the establishment of a seminar to teach the theory and practice of *accouchement*, the illnesses of women, and the conservation of infants. Eighty-three students sent from the departments would spend up to 18 months applying the theory learned in the classroom at the bedside in a hospital. Then they would be sent back to their provinces to perfect their art through experience. The training of each student would cost 1,300 *livres*, an astronomical sum, which the departments and municipalities would shoulder. At first, he thought the Salpêtrière Hospital would suffice for his purposes, but he came to recognize the need for a women's hospital.¹⁰⁸ Leroy's proposal demonstrates how drastically he underestimated the national need for educated practitioners. One student per department, educated at an exorbitant rate, would be wholly insufficient. Rather than being a clear plan for the education of midwives, Leroy's proposition never explicitly names women as the students. Likely, he intended students to be of mixed gender or mostly physicians. He had long lamented the control surgeons maintained over *accouchement*. With the founding of the *École de Santé*'s program in childbirth in Year V of the republic, Leroy saw the fulfillment of his objectives. Midwives and physicians attended separate classes taught by Leroy, and, soon after, Baudelocque. The school sent letters advertising the courses to every department.¹⁰⁹ In 1790, however, the National Assembly encouraged Coutanceau to continue teaching in Bordeaux.¹¹⁰

Midwifery education, especially as understood within a discourse about the "preservation of infants," remained a political and social project of note during the revolutionary decade in the city of Bordeaux. Pierre de la Servolle (1747-1821), physician in Montignac, wrote an epistolary

¹⁰⁸ Mémoire to the Conseil Municipal et Comité de Mendicité: Nationales: F/15/ 1861.

¹⁰⁹ Sage-Pranchère, *L'école des sages-femmes*, 109-14.

¹¹⁰ Coutanceau, *Instructions théoriques et pratiques*, 1.

response to Joseph Raulin's *Conservation des Enfants* in which he proposed a plan to implement Raulin's precepts. Namely, he recommended the establishment of a "*mère conservatrice*" (Custodial Mother) under the jurisdiction of a "*médecin conservateur*" (Custodial Physician) in towns. This woman would oversee the pregnancies and postpartum periods of the mothers, and the childhoods of the children in her town. She would advise mothers on proper nutrition and upbringing. La Servolle identified childbirth as one of four moments in which intervention was necessary to preserve the life of the child, but offered little guidance in this area. He bemoaned the ignorance of rural surgeons and claimed there would be fewer deaths if illnesses, and their treatments, were left to nature. It is this ignorance, he claimed, that led the government to send women to educate the "matrons" of his province in *accouchement*.¹¹¹

In addition to personal interest in the question of the preservation of infants, there existed citywide efforts to reduce infant mortality. In the resulting debates about the best methods by which to pursue this goal, authors often wrangled with the revolutionary changes in medicine. The Philanthropic Society of Bordeaux formed a special committee—consisting of Duburg, Dupont, Lousteau, Ychery, and Caillau—to investigate the causes of infant mortality. It then printed and circulated the resulting report, *Rapport sur la mortalité des enfans* by Jean Marie Caillau (1765-1820), in 1797. The physician and pedagogue Caillau had experienced the loss of two children at a very young age himself and specialized in infant medicine. His prolific publications included *Avis aux mères de famille sur l'éducation physique, morale, et les maladies des enfans* (*Advice to Mothers on the Physical and Moral Education and the Illness of Infants*) (1796) and a commentary on Alphonse Leroy's treatise on maternal medicine. He

¹¹¹ Seconde lettre a M. Raulin sur la conservation des enfans par Pierre de la Servolle: AM Bordeaux: 66s 269; Joseph Raulin, *De la conservation des enfans*, 2 vols. (Paris: Merlin, 1768).

treated the moral and physical as linked and under the purview of medicine.¹¹² He frequently judged Coutanceau's students in their examinations as well.

The Committee's report examined the infant mortality rates in Bordeaux for the first five months of Years IV and V. The study found astoundingly high mortality rates, on par with London, they claimed. In Year IV, 35.5 percent of the 1,177 infants born, perished. The rate increased to 55.2 percent in Year V. The special committee identified four causes of infant mortality: 1) the political situation in Bordeaux; 2) the incompetence of midwives; 3) the incompetence of health officers (*officiers de santé*); and 4) immorality. Medical practitioners had identified an increase in incidences of *contre nature* births and miscarriages that, they asserted, resulted from the "excessive mobility of the viscera" in women occasioned by national political turmoil. "Ignorant matrons" plagued the poorer class of childbearing women, particularly in the suburbs, and "know only blind routine." Medical men frequently leveled charges of practicing by routine at midwives, but Caillau explains further:

What they practice yesterday, they practice again today. The circumstances never inspire in them useful modifications and experience itself, this second source of knowledge for intelligent observers, is, for them, only the torch of error.¹¹³

The problem, then, was not the use of experience to gain knowledge but the fact that midwives cloaked themselves in claims of experiential knowledge without modifying their practices. Their ignorance and recklessness (*témérité*) altered the occupation from one that should be devoted to saving lives to an "instrument of death." The committee denounced public opinion, which they

¹¹² E. B. Revolat, "Éloge historique de Jean-Marie Caillau," ed. la Société royale de médecine (Bordeaux: Lawalle jeune et neveu, 1820).

¹¹³ Caillau, "Rapport sur la mortalité des enfans," 14.

seemed to believe generally supported midwives, to inform the magistrates of the dangers associated with uneducated midwives.¹¹⁴

Caillau also placed blame for infant mortality on the recklessness of health officers who practiced as *accoucheurs*. The newly created title, established in 1791, emerged from the dissolution of all corporate medical structures and invoked sentiments of individualism and equality. It identified the lowest rank of medical practitioners.¹¹⁵ In contrast to defects in knowledge found in midwives, greed was the source of all deficiencies in health officers. Caillau displayed significant suspicion of these practitioners: “unknown men” who only began to attend births recently, “where do these pseudonymous health officers come from? Who are they? Who knows them? Who examined them?”¹¹⁶ Caillau lamented the upheavals of the Revolution, a period in which “we pretended to be able to revolutionize the art of healing.” He hoped that the political storms would cease and that peace would be reborn, putting all in its “true place.”¹¹⁷ Caillau, like many practitioners invested in Ancien Régime medical hierarchies, railed against the reorganization of medicine. Malcontents argued that the changes had ushered in a general professional decline as standards of medical education and practice fell. They fought, in particular, against the title of “health officer” because it seemed to denote an official government function that misled the uneducated citizenry.¹¹⁸

Critiques of the Revolution also emerged in Caillau’s discussion of the role of immorality in infant mortality. The violation of those consecrated principles established over centuries, the

¹¹⁴ Ibid.

¹¹⁵ Ramsey, *Professional and Popular Medicine in France*, 74-77.

¹¹⁶ Caillau, “Rapport sur la mortalité des enfans,” 15.

¹¹⁷ Ibid, 15.

¹¹⁸ Ramsey, *Professional and Popular Medicine in France*, 80-82.

abandoning of the duties that sustain great nations—such as simple families—and the forgetting of all religion each contributed to the loss of infant lives. To conclude his pamphlet, Caillau beseeched the government to enact reforms targeting ignorance and immorality through education. After all, the commission and the Philanthropic Society could only indicate reforms, not bring them about.¹¹⁹

Through the upheaval of revolution and the revolt of her city, Coutanceau continued to teach despite a scarcity of funds. In fact, she received no pay for her efforts from at least 1790 to 1793.¹²⁰ Documentary evidence is meager for the revolutionary decade, but the examinations of her graduating students required sufficient bureaucratic efforts to leave a trace in the archive. Numerous prominent residents served as judges for these examinations: the mayor, municipal officers, Commissioner of the city, representatives from the procurer of the Commune, physicians, and surgeons. Held in the room for citywide public meetings, the judges quizzed students on topics from Coutanceau's textbook.¹²¹ Patriotic student speeches opened and closed the examinations. Marie Lacroix, 22 years old, provided the opening speech, addressed to the *Préfet* of the department in attendance, in Year XII:

Useful establishments can only be supported and grow through the protection, encouragements, and the beneficence of enlightened administrators. So how much recognition do we owe to you, Monsieur *le Préfet*, to Monsieur *le Commissaire-général*, to the members of the Administrative Commission of Hospitals, for all that you have done in favor of the free courses of *accouchement*?

¹¹⁹ Caillau, "Rapport sur la mortalité des enfants."

¹²⁰ Gelbart, *The King's Midwife*, 267.

¹²¹ Letter from the mayor to various prominent inhabitants: April 5, 1792, AM Bordeaux: D 140, Fol. 142; Meeting minutes of the Chambre du Conseil of Bordeaux: April 8, 1792, AM Bordeaux: D 95, Fol. 131; Meeting minutes of the Chambre du Conseil of Bordeaux: August 19, 1791, AM Bordeaux: D 92, Fol. 81; Letter from mayor to Lamothe, syndic des médecins, and Bonnet, prevot des chirurgiens: August 20, 1791, AM Bordeaux: D 139, Fol. 108; Meeting minutes of the Chambre du Conseil of Bordeaux: October 24, 1791, AM Bordeaux: D 93, Fol. 29; Pamphlet "Exercice public soutenu par les élèves de Mme. Coutanceau": 4 Fructidor, An XII (1804), AD Gironde: 110T 2.

This institution should seem all the more interesting to you, Monsieur *le Préfet*, since, for a long time, the countryside of the department that you administer has suffered from a deprivation of educated midwives. An infinity of accidents, of misfortunes even, justify the need to continually provide the help that humanity and the interest of society demand.

By devoting ourselves to this profession, we have sought to embody the feeling that must always bind us to suffering people. We have promised each other the sweet pleasures of pure souls, those of doing good, of relieving misery, and of bringing consolation and joy to families constantly affected by pain and fear.

May our successes equal our zeal and merit the men distinguished in the art of healing, who are charged with examining us, the just reward that is due to their talents and their enlightenment.¹²²

Her speech elicited “the loudest applause.” The rituals of the examination paraded political power and sought its patronage. Alongside displays of medical knowledge, the examination also required students to exhibit the proper comportment of their occupation and recite associated rhetoric. The examinations performed social and political functions far beyond their medical and pedagogical utilities.

Coutanceau finally obtained her long-sought lying-in hospital. The city granted her the use of the pavilion of the Collège de la Magdeleine in 1792 in exchange for her leaving her current home, continuing to teach, and paying 1,100 *livres* a year in rent.¹²³ A year later, on July 13, 1793, the project greatly expanded. Charged by the office of the administration (*Bureau d’administration*) to fill the charitable duties previously performed by the Daughters of Charity (the most important community of nursing sisters in the Ancien Régime), the city of Bordeaux established a foundling and lying-in hospital.¹²⁴ It named Marguerite Coutanceau the director of

¹²² Pamphlet “Procès-verbal de l’exercice public soutenu par les élèves de Mme. Coutanceau”: 4 Fructidor AN 12, AD Gironde: 110T 2, 3.

¹²³ Meeting minutes of the Conseil Municipal of Bordeaux: February 14, 1792, AM Bordeaux: D 94, Fol. 184.

¹²⁴ For more on the Daughters of Charity see Colin Jones, *The Charitable Imperative: Hospitals and Nursing in Ancien Régime and Revolutionary France* (New York: Routledge, 1989).

the maternity hospital, with a salary of 3,000 *livres* annually, and Jean-Pierre the *accoucheur*, with an annual salary of 1,000 *livres*. The hospital aimed to receive 200 underprivileged and unwed women a year in twelve beds. In addition to overseeing the maternity ward and the newborns at the hospital, Coutanceau would also direct a research project into artificial foods for infants. The city hoped that this research would reduce the fatal accidents of wet-nurses and decrease infant deaths caused by a scarcity of nurses: goals shared and often addressed by Coutanceau. An educational program for potential midwives would increase the public utility of the hospital by combating the ignorance and incompetence of rural women. Students would advance their skills by working on live subjects and perfect their studies by applying the theory learned in the classroom.¹²⁵ The establishment of the hospital and the municipal oversight of the examination of midwifery students expose the importance of training midwives to municipal and regional politics.

Indeed, as the turmoil of the Revolution abated, the department of Gironde took a more direct interest in Coutanceau's educational program after years of distraction. On the 3rd of Thermidor, Year VIII (July 22, 1800), the *Conseil-général* of the department passed a decree for Coutanceau to teach two midwifery courses per year in Bordeaux. The first would begin the 1st of Brumaire and the second the 1st of Prairial. One examination, conducted by three physicians and three surgeons in the *Palais de Préfecture*, would be held at the end of each year for all the students. Top students would still receive prizes: 120 *francs* for first place and 80 *francs* for second (though amounts varied from year to year). The program and the minutes of the examination, which included a list of which questions were posed to each student, would be printed and distributed. Only students who graduated from this program were allowed to practice

¹²⁵ Extrait des registres des délibérations du Conseil Général de la Commune de Bordeaux: July 13, 1793, AM Bordeaux: Q 10.

midwifery in the department. The *Préfet* printed posters displaying the details of this decree and had them displayed throughout the region.¹²⁶ Similarly, posters of course announcements decorated prominent public spaces across the department. Poor students could receive a stipend for attending the course only if they provided a certificate from the mayor (no longer the priest) attesting to their poverty and morality. Coutanceau maintained a strict age limit for students, now reduced to between 18 and 36 years old.¹²⁷

Instructions Théoriques et Pratiques (Year VIII)

The decree of 3rd of Thermidor of Year VIII, re-establishing regional patronage of Coutanceau's program, transpired not merely because the economic and political environment in Gironde improved, but also through the labors of Coutanceau herself. As in 1784, she turned again to authorship to bolster her authority and promote her pedagogical program. She published her second textbook, *Instructions théoriques et pratiques à l'usage des élèves de Mme. Coutanceau* in Year VIII (1799-1800). At 136 pages, *Instructions* is significantly shorter than *Éléments*. It also came with an approbation from Lamothe and Lapeyre, health officers and *accoucheurs*, each of whom frequently participated in the examination of her students. Coutanceau's authorial voice had matured. She displays more confidence than in *Éléments* by taking risks, and she no longer reflexively refers to du Coudray to justify her authority.

The question and answer format of *Instructions*, however, represents the most significant difference between the two textbooks. With this modification, Coutanceau joined the long tradition of midwifery authors relying on the methodology of the catechism to teach rural

¹²⁶ Extrait du registre des arrêtés du Conseiller d'Etat, Préfet du département de la Gironde: 24 Thermidor, Year IV, AD Gironde: 110T 2, Fol. 2; Pamphlet "Exercice public soutenu par les élèves de Mme. Coutanceau": 4 Fructidor, An XII (1804), AD Gironde: 110T 2.

¹²⁷ Cours public d'accouchemens: AD Gironde: 110T 2, Fol. 1.

students (see, for example, Chapter 3). She devotes most of the *avertissement* to justifying this decision:

So I wrote my Instruction by question and response. The resulting utility for my students, the certainty of their progress by this method, made me brave the disadvantages that accompany it. By this method and by demonstrations on anatomical pieces, I accustom the spirit of my students to series of ideas and I engrave the principles into the most difficult memory. I yet derive advantage by being able to suppress, for some, the questions that are not of absolute necessity (having taken care to make them separate) and, thus, cater to the inadequacy of their intelligence.¹²⁸

In the footnote that follows, Coutanceau adds that *Instructions* offers her students more “ease” (*facilités*) than *Éléments*. Finally, the method of presentation also permits Coutanceau to improve the success of her students in their examinations. In sum, the oral repetition of the material in her book overcomes the (perceived) deficits in the intelligence of her students and prepares them for the examination. In exchange, Coutanceau had to sacrifice depth of material. The long and sometimes preachy, multifaceted discussions of topics found in *Éléments* vanish in favor of short paragraphs that could be memorized and repeated.

Coutanceau incorporated the most up-to-date obstetrical knowledge available to her. She pulled from the works of famous man-midwives like Smellie and Baudelocque, and other *accoucheurs* less known today, such as Puzos (Parisian midwifery instructor and author of *Traité des accouchements* (1759) and *Abrégé de l’art des accouchemens*) and Claude P. Leroux (a student of Levret’s and author of *Observations sur les pertes de sang des femmes en couches et sur le moyen de les guérir* (1776)).¹²⁹ We see their influence on Coutanceau in the ideal measurements she provides for the varying angles of the pelvis. Additionally, she describes the

¹²⁸ Coutanceau, *Instructions théoriques et pratiques*, 1-2.

¹²⁹ Coutanceau mentions these men in a footnote of her *avertissement*. For information on Puzos see Glaister, *Dr. William Smellie and his Contemporaries*, 167; For information on Leroux see James Pratt Marr, “Historical Background of the Treatment of Placenta Praevia,” *Bulletin of the History of Medicine* 9, no. 3 (1941).

mechanism for oxygenation and circulation of the blood in the unborn fetus, noting in particular the physiological changes that accompany the first breath at birth.¹³⁰ Further, she offers remedies for the infant born not breathing or not breathing well: immediate cord cutting, a lukewarm bath up to the armpits, removing mucus from the throat, giving drops of wine, blowing air into the lungs, irritating the throat and nostrils with a feather, rubbing the temples and nostrils with garlic, introducing smoke from burnt paper into the anus, and wrapping the kidneys and heart with cloth soaked in liquor.¹³¹ These topics mixed advanced physiological knowledge with traditional practices.

Every student received a copy of the textbook upon completion of the course. The *Préfet* had the books for prize-winners inscribed with the students' names. Jeanne Grangé attended Coutanceau's course in 1808 at 18 years old and the cover of her book reads: "Given by Monsieur Fauchét, *Préfet* of Gironde, Member of the Legion of Honor to Jeanne Grangé",¹³² whereas the cover of Marie Roy's book, given in 1816, simply reads: "Mme. Roy D[o]nné par Mme. Dubos."¹³³ Such embossing with gold would have been very expensive, possibly explaining the abbreviations in the later versions, and transformed the book from a simple pedagogical tool to an object of political significance. The chapters of Roy's copy are individually paginated, suggesting that Coutanceau dispersed each chapter separately to students, possibly to prevent them from jumping ahead in the material. (In *Éléments*, she worried about students being distracted by information about the postpartum period before they learned about

¹³⁰ Coutanceau, *Instructions théoriques et pratiques*, Chapter 11.

¹³¹ Ibid, 73-74.

¹³² Coutanceau, *Instructions théoriques et pratiques*. Copy at the Biomedical Library at UCLA, WZ 260 C871i 1800; Etat des élèves sages-femmes admises aux cours d'accouchemens de Mme. Coutanceau depuis l'année 1807 jusques au 31 Juin 1817, AD Gironde: 5M 551.

¹³³ Coutanceau, *Instructions théoriques et pratiques*. Copy at Yale's Medical Historical Library

abnormal labors.) Moreover, Roy's book is bound with a 32-page pamphlet, likely written by Coutanceau, titled "Instructions on Bloodletting and Vaccination." Evidently, Coutanceau felt that the subjects of bloodletting and vaccination required more expansive prose and could not be condensed into the question and answer format.

Marie Roy's book provides us with rare and especially detailed insight into the life of a student and the afterlife of a midwifery textbook. Roy took Coutanceau's class in 1815, but did not receive a license to practice due to her age, 17 years old. The next year, at 18, she determinedly took the class again and obtained her certificate. Coutanceau must have had confidence in her because she selected her to speak on the theory of *accouchement* before the *Préfet* when he made a visit to the classroom on June 7, 1816.¹³⁴ During her examination for licensure, Roy responded exceptionally well to the four questions posed to her by the judges: "What are the causes relating to the mother and to the infant of laborious labors? What are the methods to remedy them? Which causes relating to the mother require a consult [with a surgeon]? How do you recognize defects in the shape of the pelvis?"¹³⁵ The judges awarded her third prize but she had to split her 50 *franc* winnings with another student.¹³⁶

When Roy returned home to Lussac, having traveled about 46 kilometers northeast from Bordeaux, she brought her embossed copy of *Instructions* with her. She laid claim to the prized object with a boastful inscription on the reverse of the title page: "This book belongs to me,

¹³⁴ Etat des élèves sages-femmes admises aux cours d'accouchemens de Mme. Coutanceau depuis l'année 1807 jusques au 31 Juin 1817 1817, AD Gironde: 5M 551; Etat nominatif des élèves sages-femmes qui on suivi les cours de l'année 1815: June 30, 1815, AD Gironde: 5M 551; Noms de élèves qui on parlé en présence du Monsieur le Préfet dans le salle des cours: June 7, 1816, AD Gironde: 5M 551.

¹³⁵ Procès-verbal de l'exercice public par les élèves de Mme. Coutanceau: July 5, 1816, AD Gironde: 5M 551.

¹³⁶ Letter from Coutanceau to préfet: July 26, 1816, AD Gironde: 5M 551.

Marie Roy, courageous and steadfast daughter, Bordeaux, March 15, 1816.”¹³⁷ She inserted interleaved pages into the book, but was not a diligent note taker. She recorded notes on the beginning of labor on the first two pages: what questions to ask women upon arrival at a birth, how to perform the touch, and the use of enemas to remove obstructions. Towards the end of the book, she scribbled a synopsis of “the second phase of labor” and, following it, “the fourth phase of labor.” The missing middle third phase attests to her inattention to her notes. Throughout the book there are the doodles, strikethroughs, and edits expected of an engaged, if young, student. Most revealing of the social significance and afterlife of the book is not her notes (or lack thereof) on childbirth, but the number of people who engaged with the book and how they did so.

We can distinguish four hands in the marginalia of the book: Marie Roy, Jean Roy (an unidentified close male relative of Marie’s), Françoise Pisson (Jean’s wife), and Catherine Prai (possibly the daughter of Jean and Françoise). There are also numerous children’s scribbles but as these cannot be dated or identified, we set them aside. Each person engaged with the book in different ways. Françoise Pisson signed her name to the flyleaf, but it appears her activity ends here. Marie took her abbreviated notes in class and listed the births she attended as a midwife on interleaved pages at the back of the book. She divided the women by village and many, especially in the later pages, include numbers next to them. This may be an attempt at an accounting system or a way to keep track of the number of births attended for each woman.¹³⁸ Catherine Prai authored the latest inscription when she notated the birth of her daughter, Franssoise Terese La Cortes, on January 25, 1847.¹³⁹

¹³⁷ “Ce livre a[p]partien[s] a moi Marie Roy fille de courage et de fermeté à Bordeaux le 15 mars 1816”

¹³⁸ I am assuming that Marie Roy is responsible for this list of names as she is the only known practitioner, but there is no signature.

¹³⁹ Coutanceau, *Instructions théoriques et pratiques*. Copy at Yale’s Medical Historical Library.

Jean Roy also made extensive use of the book. He recorded the birth of both his children: François Roy, on August 20, 1825, and Catherine Roy, on July 8, 1827. He even documented the time at which Catherine first suckled. Below the announcements, Jean reported some financial records of unknown business. Furthermore, he filled five pages with observations about major weather events and the crops. In July 1828, a thunderstorm destroyed the wheat and grape harvest and tore up a large tree. The winter of 1829-30 was especially difficult. Rivers froze with extra thick layers of ice and the potato crop froze. And so he continued to make observations on thunderstorms, hail, and ice up until 1839, when his notes cease.¹⁴⁰ With Marie Roy's copy of *Instructions*, we can trace a book on childbirth through three generations of a family. It functioned as a repository for the meaningful moments of their lives: the birth of children, economic endeavors, and life-altering natural phenomena. Midwifery textbooks held political, medical, and personal significance. They were treasured items.

Law of Ventôse

Before Marie Roy arrived home in Lussac and while Coutanceau remained focused on her mission of educating midwives in Bordeaux, national leaders in Paris debated the future of the profession. The Revolution had significantly disrupted medical education: universities received only a seventh of the number of practitioners for medical degrees between 1793-1803 as in the previous decade.¹⁴¹ Medical practice stood open to any who purchased a patent, and untrained practitioners flourished across France for much of the period.¹⁴² The Health Committee had adopted the majority of the Société Royale de Médecine's *Nouveau plan de constitution*

¹⁴⁰ Ibid.

¹⁴¹ Ramsey, *Professional and Popular Medicine in France*, 75.

¹⁴² Gelfand, *Professionalizing Modern Medicine*, 168.

pour la médecine en France, but when the Constituent Assembly disbanded in 1791, there was no corollary in the new Legislative Assembly to carry on the reforms.¹⁴³ On March 10, 1803, the *Corps Législatif* (legislative body during the Consulate) established educational and licensure qualifications for all medical practitioners, including midwives.¹⁴⁴ As proposed in the *Nouveau plan*, the *Corps Législatif* implemented annual courses devoted to the theory and practice of midwifery in each department and required a jury to examine all midwives for licensure. In order to qualify for the licensure examination, the would-be midwife needed to meet one of three requirements: attend two courses and apprentice for nine months; hold a six-year apprenticeship with a doctor; or work as an apprentice for five years in a hospital. Only with this law did a fully formed profession of midwifery, with the necessary educational standards and standardized licensure practices, emerge in France.¹⁴⁵ The upheavals of the Revolution broke traditional boundaries of authority and created the opportunity for reimagining social relationships through medicine. No longer were there physicians and surgeons; now there existed officially only doctors and health officers.

Conclusion

Coutanceau's reputation and the prestige of her course only grew in the early nineteenth century. Her salary increased to 3,000 *francs* in 1812 and, in 1815, her school received the title of *Ecole royale d'accouchement* thanks to the patronage of the Duchess of Angoulême. As

¹⁴³ Ramsey, *Professional and Popular Medicine in France*, 71-83; Dora Weiner, *The Citizen-Patient in Revolutionary and Imperial Paris*, The Henry E Sigerist Series in the History of Medicine (Baltimore: Johns Hopkins University Press, 2001), 93-101; Gelfand, *Professionalizing Modern Medicine*, Chapter 9. For the specific plans for reforming midwifery education see Chapter 4.

¹⁴⁴ Ramsey, *Professional and Popular Medicine in France*, 77-79; Gelfand, *Professionalizing Modern Medicine*, Chapter 9.

¹⁴⁵ Sage-Pranchère, *L'école des sages-femmes*, 109-55.

Coutanceau's health faltered, she brought on an assistant to help with her teaching, her prized student Mademoiselle de Fougeray. The course extended to six months in length (from January to June each year). In 1817, the class moved to *rue des Incurables* next to the hospital *la Maternité* and classes stretched to two years in length. She now admitted only students who could read and write.¹⁴⁶

The prestige of her program stands in stark relief to the relatively low number of students she taught. In total, she instructed 149 students between 1808 and 1817 (see Table 6). In many of the other regional courses covered in this dissertation, such low enrollment caused concern, but not in Bordeaux. Administrators may have realized that the depth of instruction and the hands-on experience provided to students required lower student-to-teacher ratios.

Coutanceau's health continued to decline, forcing her to turn the class over to others more frequently. Efforts to find her replacement began in 1821. Three women were considered: Mlle. Dupeche, Mme. du Fougeray, and Mme. Boivin. Mlle. Dupeche, who had the support of the *Préfet*, taught alongside Coutanceau in 1822 and officially assumed the role of director of the school in 1823. Before her retirement, Coutanceau asked the *Préfet* to allocate the 2,000 *francs* intended for her retirement pension to the cost of publishing a third textbook, "*Cours Elémentaire théorique et pratique d'accouchement*."¹⁴⁷ Though the book never appeared, 96 plates produced by Bouthenot and intended for the textbook still survive at the library of the *Val-*

¹⁴⁶ Jocelyne Leymarie-Couturier, "Histoire de la fondation de l'école des sages-femmes à Bordeaux" (Université de Bordeaux II, 1987); Sage-Pranchère, *L'école des sages-femmes*, 286-88. Archival sources can be found in AD Gironde 5M550-2.

¹⁴⁷ Leymarie-Couturier, "Histoire de la fondation de l'école des sages-femmes à Bordeaux."; Sage-Pranchère, *L'école des sages-femmes*, 286-88.

de-Grâce hospital in Paris, including the panorama of an examination discussed in the introduction.¹⁴⁸ Coutanceau died in 1825 in Paris without ever finishing her third textbook.

Summary of Student Midwives from 1808 to 1817 (Table 6) ¹⁴⁹			
Year(s)	Départements that sent students	Number of Students	Total for the Year(s)
1808-1809	Gironde Dordogne Charente Morbihan	24 1 1 1	27
1810 to 1811	Gironde Seine Oise Seine Inférieure Dorgogne Landes Deux Sèvres	15 1 1 4 1 1	23
1812 to 1813	Gironde Charent Seine Dordogne Lot et Garonne Pyrénées	16 3 1 3 1 1	25
1814 to 1816	Gironde Seine Dordogne Lot et Garonne Charente Loir et Cher Pyrénées Saint Domingue	36 2 5 2 2 1 1 1	50
1817	Gironde	24	24

¹⁴⁸ 96 Plates on childbirth for the new edition of a work of Madame Coutanceau: 1821, Val-de-Grâce: L 1526.

¹⁴⁹ Récapitulation de élèves sages-femmes admises aux cours d'accouchemens de Mme. Coutanceau depuis l'année 1807 à jusques au 31 Juin 1817: 1817, AD Gironde: 5M 551.

Coutanceau trained midwives in Bordeaux for forty years, fostering and protecting one of the only woman-led programs in the nation along the way. She accomplished this task by pulling from the socio-cultural resources available to her, such as utilizing conceptions of women as more delicate and modest to argue for female practitioners and instructors. She mobilized rhetoric about the ignorance of rural women to justify her program even as she taught her students advanced medical knowledge. Repeatedly, she proved to be highly adaptable, weathering some of the most turbulent changes in French history: from the Ancien Régime, through the Revolution, the Napoleonic era, and the Restoration. By the end, her reputation rivaled that of her famous aunt.

CONCLUSION

When du Coudray set out on her mission to educate France's midwives in 1760, many administrators stood satisfied with the condition of midwifery in their communities. No consensus existed on how, or even if, midwives should be educated. Motivated by fears of a general population decline, government administrators at various levels increasingly viewed midwifery education as integral to practicing enlightened administration. They financed instructors, textbooks, salaried positions for course-trained midwives, surveys on midwives, and educational programs that rewarded specific career-making activities in the realm of midwifery pedagogy. In sum, eighteenth-century government administrators and medical men sought to regulate and control, not eliminate, the practice of midwifery by women.

Royal patronage—gained through traditional mechanisms of authorship, invention, and powerful allies—allowed du Coudray to create an educational program that many later instructors had to confront. She provides the earliest known example of rhetoric linking ignorance among midwives to depopulation, establishing a highly visible precedent. Nevertheless, her authority was not absolute. Large segments of the country, such as Soissons, Provence, and Languedoc, rebuffed her advances. These regions either rejected the need for a midwifery course (Provence) or turned to medical men to provide instruction: whether physicians (Soissons) or a mix of practitioners (Languedoc). The SRM's survey of provincial midwives in 1786 also helped set the terms of the debate on a national level by circulating the assumptions about ideal types of training embedded in the physical paper table and forcing compliance on local respondents. It provided crucial scientific legitimacy to the SRM's reforming plans as laid out in the *Nouveau Plan*. Though revolutionary legislators never fully

adopted the *Nouveau Plan*, the report molded the Law of Ventôse (1803) that ultimately codified national standards for midwifery training and licensure. Nevertheless, as discussed in Chapter 4, the SRM erased complex realities and glossed over debates in order to create a national policy that conceded the need for regional responses to the problem of “ignorant midwives.”

Contingent structures of authority created particular configurations of opportunities and challenges for midwives and *accoucheurs* in the various regions of France. Questions of authority and competing social visions for midwives framed the debates about midwifery education explored in this project. Instructors promoted their own instructional objects, from du Coudray’s “machine” to du Fot’s textbook, to further their careers and generate income. Pedagogical methods and objects embodied specific gendered and classist ideas about the abilities and the behaviors of rural women. Furthermore, arguments for experiential training in hospitals, rather than in traditional apprenticeships, placed student-midwives under the supervision of surgeon-administrators. Age restrictions for course attendance sought to provide young, malleable students whose personal behaviors and decorum, it was believed, could be easily shaped. The local contours of power and authority, however, could not operate separately from the wider political sphere of patronage and national laws. In the generality of Soissons, the transfer of the intendancy to a new administrator resulted in greater enforcement of the 1730 edict requiring surgical examination for midwives seeking licensure. In any event, the maintenance of power—state, patriarchal, and medical—relied on the daily practices of individuals.

Though many midwives enthusiastically sought out education, the fact that every course required incentives and penalties to entice students indicates that educational programs did not arise from within the midwifery community but largely reflected exogenous interests. Many

midwives, nevertheless, welcomed additional education and used the new opportunities to advance their personal careers. Some course-trained midwives, such as Marie-Félicienne Devemau in the generality of Soissons, used their training to push established midwives out of practice. Other midwives, including Marguerite Brunet in Auvergne, fiercely fought against the intrusion of courses into a field traditionally understood as under the purview of women. A critical mass of midwives, however, proved willing to exchange some autonomy for education and training, for state-sanctioned authority, and for the possibility of a handful of pensioned positions.

Widespread implementation of educational programs for midwives led to many political and social changes over the 70 years covered in this dissertation. Courses facilitated tighter governmental control over and furthered governmental reach into rural and fiercely independent regions (as in Languedoc and Gascony). In addition, the royal state gained greater access to the sexual and reproductive lives of its citizenry through the supervision and training of midwives. Pedagogical programs also increased the consistency and coherence of the knowledge in the field of *accouchement*, shifted the source of midwives' authority from local communities to the state, and reduced their career paths. On the other hand, in 1803, midwives still enjoyed multiple—if reduced—paths to practice, still continued to teach other midwives at least in some regions, and still held significant social authority. At the broadest level, midwifery appears to transform from a loosely organized occupation that women could enter and leave at will to a regimented profession with articulated standards of education and licensure that women typically undertook for life.

The 1730 edict officially marked *accouchement* as a subset of surgical practice and legally placed midwives under the supervision of surgeons. Law dictated reality for Parisian

midwives (though they had been examined by medical men since the 1560 *Statuts et Reiglements*) and those living in urban centers with strong surgical communities (such as Montpellier). But for midwives living in rural areas, scant surgical oversight existed for most of the century. Physicians, including Antoine Petit and the instructors of Soissons, sometimes challenged surgeons' official authority over midwives. Even intendants intervened at times to support the rights of midwives over those of surgeons (as we saw with Dupré de Saint-Maur's advocacy for Coutanceau and Lepeletier's implicit support of graduate midwives in the face of surgical opposition). Accordingly, the specific configurations of power and authority between physicians, surgeons, and midwives depended on local contingencies such as the density and political power of resident medical practitioners. The medical revolution of the 1790s brought about the merger of surgery and physic and enshrined governmental oversight of all medicine, including midwifery. Therefore, midwifery courses medicalized *accouchement* and increased government oversight rather than simply cementing the authority of one type of practitioner over midwives.

Some evidence suggests that midwifery education reduced maternal mortality rates. Using the birth and death records of two parishes in Normandy between 1777 and 1807 and the SRM survey, Scarlett Beauvalet-Boutouyrie and Jacques Renard found reduced maternal mortality rates at days 1, 42, and 60 postpartum among those delivered by a course-trained midwife: 8.68 deaths per thousand with untrained midwives and 5.31 with trained midwives at 42 days (among 18,139 deliveries inventoried). Maternal mortality on day one is especially telling because these deaths are directly related to events during childbirth rather than infection; these rates decreased by 50 percent with trained midwives, from 1.8 per thousand to 0.9 per thousand. The reduction persists even in comparisons between rural and urban settings. Maternal

mortality declined by 7.3 percent in the cities and 14 percent in the countryside after the implementation of midwifery courses. Beauvalet-Boutouyrie and Renard also found decreases in infant mortality with course-trained midwives, but the degree of difference is significantly less.¹ It appears that mothers in particular fared better with a course-trained midwife.

Messy negotiations, compromises, failures, and lapses mark the process of eventual professionalization of midwifery. Toby Gelfand characterizes the surgical transition to modern professional structures during the Revolution as “an abrupt and definitive break with the past rather than an evolutionary process.”² Midwifery, by comparison, existed in the eighteenth century without the occupational coherence or unity found among surgeons. The national regulatory structures established by the Law of 1803 traced their roots to the debates about education in the second half of the eighteenth century and resulted from a tenuous coordination between government administrators, medical men, and midwives themselves.

My findings challenge the uncritical acceptance of the widespread rhetoric that circulated in the eighteenth century lamenting the ignorance and incompetence of rural midwives. Disparaging rhetoric about rural women justified greater oversight of midwifery but, in the hands of du Coudray and Coutanceau, also guarded the role of women as midwives and instructors. This dissertation reveals the multivalence of the terms *sages-femmes* and *accoucheur* in this period. Educated, licensed midwives practiced alongside untrained, licensed and unlicensed midwives. Expectations of midwives’ licensure, training, and knowledge varied greatly between the city and the countryside and compounded regional differences before 1803. Complicated and manifold relationships existed between male and female practitioners, both contentious and

¹ Scarlett Beauvalet-Boutouyrie and Jacques Renard, “Des sages-femmes qui sauvent les mères?,” *Histoire, économie, et société* 13, no. 2 (1994).

² Gelfand, “A “Monarchical Profession” in the Old Regime: Surgeons, Ordinary Practitioners, and Medical Professionalization in Eighteenth-century France,” 149.

collaborative. Urban practitioners leveled charges of incompetence at rural surgeons almost as often as at rural midwives. Still, in urban centers, *accoucheurs* successfully monopolized births at the highest socio-economic level by the early nineteenth century but seemed content to leave lower-class births to midwives.

The previous chapters complicate two dominant threads of the historiography around midwifery: first, that the obstetrical forceps (or any other technological or therapeutic advancement) allowed male practitioners to push women out of midwifery; second, and often conversely, that social and cultural changes (including but not limited to changing gender conceptions) led to the rise of the man-midwife. Instead, this project rejects the material-versus-cultural distinction underlying these perspectives to present a variegated web of humans and objects drawing from a range of cultural tools to negotiate the regulation of midwives.

Two areas of inquiry present themselves as fruitful for future research. First, the geographic specificity of debates around French midwifery education highlighted in this dissertation invites a study of this subject outside the hexagon. In 1790, Le Comte de Monthuley requested the establishment of midwifery courses in Saint-Domingue because, he claimed, the island lacked midwives, and surgeons required training in childbirth. Ultimately he sought the position of instructor.³ Despite his self-serving assertions, a multiplicity of midwives practiced in Saint-Domingue: European, African, and Creole; free and enslaved. In fact, midwifery represented the only medical profession into which persons of color were legally permitted to enter. Enslaved midwives practiced on plantations and many European women sought the care of

³ Letter from Le Comte de Monthuley to Louis: March 1, 1790, Bibliothèque de l'Académie Nationale de Médecine: ARC 13b d30 a et b; Précis sur la nécessité d'établir à Saint Domingue des cours d'accouchemens: 1790, Bibliothèque de l'Académie Nationale de Médecine: ARC 13B d.30 a et b.

midwives of color, believing them to be more knowledgeable about local diseases.⁴ A 1764 project that sent midwives to Saint-Domingue failed when local physicians argued that continental training did not prepare these women for colonial diseases and bodies.⁵ The stakes for maintaining a growing and healthy population only increased in Saint-Domingue, the most profitable colony in the world.⁶ Additionally, the French state sent du Coudray's mannequins to Martinique for midwifery courses. Contemporary scholarship ignores the effects of these specific political and medical contexts on the practices of training enslaved and free midwives. Historians, notably James McClellan, have established the role of science and medicine in bolstering the French colonial project, and scholars of slavery, such as Jennifer Morgan, have articulated the case for the centrality of reproduction to sustaining slavery.⁷ Even so, the roles of diverse midwives in supporting or resisting these institutions remain unstudied.

The second area of inquiry would seek to uncover the specific domestic practices accompanying medical endeavors. In early modern France, the household formed the elementary unit from which patriarchal and political power emerged.⁸ This dissertation demonstrated the significance of the household and familial relations to the production of both *accoucheurs* and midwives, but could not excavate a full picture of specific domestic practices. So the questions endure: What patterns of marriage, inheritance, and sociability emerged around households in

⁴ Londa Schiebinger, *Secret Cures of Slaves: People, Plants, and Medicine in the Eighteenth-Century Atlantic World* (Stanford: Stanford University Press, 2017), Introduction, 129.

⁵ Karol Kovalovich Weaver, "The King's Midwives: The 1764 Midwifery Expedition to Saint Domingue and Why it Failed," *Nursing History Review* 12 (2005).

⁶ James E. McClellan III, "Science, Medicine, and French Colonialism in Old-Regime Haiti," in *Science, Medicine, and Cultural Imperialism*, ed. Teresa Meade and Mark Walker (New York: St. Martin's Press, 1991).

⁷ III, "Science, Medicine, and French Colonialism in Old-Regime Haiti."; Jennifer Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia: University of Pennsylvania Press, 2004).

⁸ Hardwick, *The Practice of Patriarchy*, Conclusion.

support of medical careers? How did these practices adapt as laws governing medical practice evolved?

Historians of midwifery have long bemoaned the dearth of sources written by continental midwives themselves. The silence of women's voices in administrative archives speaks volumes about the political power of early modern women. Nevertheless, in the fissures created by conflict and disputes, marginal voices murmur. This dissertation utilized a large quantity of archival sources to reconstruct the experiences of middling midwives through a methodological focus on patterns of routine actions to reveal mechanisms of authority and expertise. A more nuanced picture of an eighteenth-century French midwife emerges from these readings. The geographic diversity of the project not only illuminates distinctions in midwifery education between Paris and the provinces but also between urban centers and the surrounding countryside. Expectations for Parisian midwives included a significant knowledge of anatomy, physiology, and theory. In contrast, provincial midwives learned merely the most basic reproductive anatomy. Medical men and urban midwives questioned the ability of rural women to grasp any theory at all. The best instructors could hope for, urban practitioners argued, was rote memorization of maneuvers.

Not always widows, midwives tended to be middle-aged but, by the end of the century, their average age dropped due to the presence of courses. A young Marie Roy took Coutanceau's class twice, at 17 and 18 years old, and proclaimed herself "courageous and steadfast." Sisters in Soissons, Marie Helene and Marie Jeanne Henaut, left their home together to attend Deberge's class and followed their mother into midwifery. Marie Gendraud, already engaged in herbalism and surgery in Auvergne, sought medico-legal legitimacy through a midwifery course certificate. The elderly and established midwife Anne Magnol asked to attend du Coudray's course in

Clermont to put an end to threats from the community of surgeons. The midwives of Paris, esteemed all over Europe for their erudition, rubbed elbows with celebrated medical men at anatomy demonstrations and in private courses. These lives bring to light the myriad, complex, and sometimes contradictory reasons that midwives sought out or shunned education. While their lives varied considerably, the majority retained the support and respect of their communities, as seen in the SRM survey. These women belie overgeneralized narratives of ignorant and murderous midwives, but neither were they feminist heroines crusading against misogynistic doctors.

APPENDIX A

GLOSSARY¹

accoucheur: a man-midwife; a physician or surgeon that attended childbirths.

accoucheuse: term for a midwife derived from *accoucheur*.

cahiers de doléances: reports of grievances drafted by local assemblies that elected deputies to the Estates-General in 1789.

consul: municipal magistrate elected by a vote of all inhabitants.

lieutenant du premier chirurgien du roi: the representative of the *premier chirurgien du roi* in cities; head of the local surgical communities.

hôtel-dieu: hospitals for the poor.

intendant: administrator of a generality, appointee of the king.

maîtresse-sage-femme: a midwife who obtained mastership.

officier de santé: health officer; lower-level practitioner under the medical legislation of 1803; geographically bounded unlike doctors.

matrone: typically an unlicensed midwife; invokes images of elderly women and usually connotes ignorance.

médecin des épidémies: physician supervisor of epidemics; a governmental and pensioned position.

¹ This appendix owes a debt to the glossary found in Ramsey, *Professional and Popular Medicine in France*; Sage-Pranchère contains a detailed and thorough discussion of the terms *accoucheuses*, *sages-femmes*, and *matrones*. Sage-Pranchère, *L'école des sages-femmes*, 41-47.

premier chirurgien du roi: surgeon to the king; permanent president of the Academy of

Surgery; obtained royal patronage and legislation for the profession of surgery through

his close relationship with the king; head of the national bureaucracy of surgery.

prévôt: civil servant and state agent that oversaw finances, justice, and administration; could be

the official of the surgical guild charged with enforcing the guild rules.

sage-femme: general term for a midwife.

subdélégué: subordinates to the intendant; oversaw a *subdélégation*; responsible for enforcing

the will of the intendant.

taille: basic, direct tax on non-nobles.

APPENDIX B

NOTE ON FRENCH MONEY

Money of Account

1 *pistole* = 10 *livres*

1 *livre* = 20 *sous* (or *sols*)

1 *sous* = 12 *deniers*

Coinage

1 *louis* = 24 *livres*

1 *écu* = 3 *livres*

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Série MC/ET: Paris Notary Archives
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Série F/17: Comité d'Instruction publique (Médecine)
Série AF/II: Comité de salut public
Série F/16: Comité de Mendicité

Archives de l'Assistance publique-Hôpitaux de Paris

Compte general des recettes et dépenses de la Hôtel-Dieu
Essai historique sur l'Hôtel-Dieu de Paris

Bibliothèque nationale de France

Joly de Fleury Collection

Bibliothèque de l'Académie nationale de médecine

Archives de la Société royale de médecine
Cartons 85-87
Archives de l'Académie royale de chirurgie
Dossiers biographiques
Manuscripts
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MS 889 (1760) *Extract du cours d'accouchement de M. Antoine Petit copié par Pierre Fabre*
MS 80 (1027) *L'art des accouchemens par Levret et annoté par Coutouly*
MS F17 (13010) *Prospectus d'un nouveau plan de constitution pour la médecine en France*
Uncatalogued Collection of Images

Bibliothèque interuniversitaire de Santé

Manuscripts
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MS 5395 *Lectures inédites d'Abstrus et Petit*
MS 5247 *Traité des accouchements par Antoine Petit*
MS 7355(14) *Discours prononcé aux écoles de médecine pour l'ouverture solennelle du cours de chirurgie*

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Coutanceau

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Aisne (Laon)

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Série D: Instruction publique

Bas-Rhin (Strasbourg)

Série C: Administrations provinciales
Série 8E: Communes
Série 2G: Paroisse protestante Balbronn

Calvados (Caen)

Série C: Administrations provinciales

Cantal (Aurillac)

Série C: Administrations provinciales
Série L: Procès verbaux des séances de Conseil du district
Série 1E: Archives notariales

Cher (Bourges)

Série C: Administrations provinciales

Puy-de-Dôme (Clermont-Ferrand)

Série C: Administrations provinciales

Gironde (Bordeaux)

Série C: Administrations provinciales
Série 5M: Santé publique et hygiène (1800-1940)

Haut-Rhin (Colmar)

Série C: Administrations provinciales
Série L: Auberges Santé Publique

Hérault (Montpellier)

Série C: Administrations provinciales
Série 10B: Cours et juridictions, juridictions ordinaires

La Somme (Amiens)

Série C: Administrations provinciales

Meurthe et Moselle (Nancy)

Série C: Administrations provinciales

Série D: Archives du Collège de Chirurgie

Rhône (Lyon)

Série C: Administrations provinciales

Série 4B: Justices seigneuriales du Beaujolais

Série 8L 419: Thèses médicales

Saône et Loire (Mâcon)

Série C: Administrations provinciales

2F339: Extrait du Registre des Délibérations du Directoire du Département du Saône et Loire

Seine-Maritime (Rouen)

Série C: Administrations provinciales

Tarn (Albi)

Série C: Administrations provinciales

Série L: Administrations et tribunaux de la période révolutionnaire

Vosges (Épinal)

Série C: Administrations provinciales

Les Archives Municipales (AM) and Municipal Libraries:

AM Bordeaux

Série BB: Registre de la Jurade

Série D: Registre pour les deliberations du conseil municipal

Série GG: Fonds Ancient, Sages-Femmes

Série MS: Corporations de Bordeaux, Accoucheuses

Série Q: Hôpitaux et Hospices

66 S 269

AM Lyon

Série C: Impôts et comptabilité; statuts et règlement de la chirurgie

Série HH: Agriculture, Industrie, et Commerce; Règlements particuliers

Série 84ii: Lettres de Vitet

Portraits

AM Strasbourg

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