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Birthing Cases: Narrative and Medical Knowledge in François Mauriceau's *Observations* (1694)¹

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I will recite you one amongst the rest, very remarkable, of the remembrance of which I am so sensible, that the Ink I write with at present to publish it to the World for their profit, seems to me to be Blood, because in this sad and fatal occasion, I saw part of myself expire.²

This poetic sentence begins François Mauriceau's (1637–1709) story of his sister's death from a placental abruption³ while pregnant with her fifth child at twenty years old. One could imagine the horror and paralyzing fear that met him as he entered his sister's birthing chamber. He had been away and so his family had been unable to reach him, despite his sister's repeated requests for his presence. The room was hot and stuffy with the only light coming from a fire and candles; the windows were closed and curtains drawn. Inside the room waited a midwife and a large group of women, probably female friends and neighbors, all exhausted and awaiting his sister's death, of which they had been assured. The house was hushed in anticipation and horror. Mauriceau describes the presence of blood soaked linens thrown around the room and the unceasing flow of blood from his sister. It is not surprising that even a skilled *accoucheur* (man-midwife) such as Mauriceau would doubt himself when confronted with such a situation.

From this experience Mauriceau developed the belief that pregnant women who experience a severe blood loss should be delivered rapidly by podalic version

(the turning of a baby to breech and pulling it out by its feet). This account illuminates some of Mauriceau's motivations, both as a man-midwife and as an author, while providing a glimpse of himself (or at least the identity that he projects in his texts). The complex web of social interactions that converged on this birthing room emerges as practitioners, including a female midwife and multiple man-midwives, enter and exit the child-bed turned death-bed of his sister. Gender as well as class, social status, professional status, and reputation inform the shifting divisions and allegiances of these interlocutors. Mauriceau ends the account of his sister's death thus, "I was willing to recite every circumstance of this Tragedy, that one may know in the like case the necessity of a speedy delivery."⁴

The story of his sister's death is just one, though the most moving, of many stories that Mauriceau presented in his treatise, but this act of storytelling is not unique to him. Doctors are notorious storytellers. Modern physicians still record, sometimes in minute details, the lives and deaths of their patients in their files. They tell each other stories about those events that still haunt or confound them. Walter Benjamin describes the actions of a storyteller. "The storyteller takes what he tells from experience—his own or that reported by others. And he in turn makes it the experience of those who are listening to his tale."⁵ This paper appreciates Mauriceau as a masterful storyteller, possessing a unique ability to not only captivate his audience but to convey his experiences to them. The experience of his sister's death taught him the importance of a specific skill (podalic version) and he wished to share this experience so that other practitioners could learn this lesson without having to experience the loss of life. Narrative allows one individual to live through another's experience. By exploring Mauriceau's story-world we can uncover how he modeled medical reasoning and the organization of medical data to instruct his readership. Moreover, Mauriceau chose a specific genre of medical writing, *observationes*, for this purpose. By doing so he demonstrated his commitment to the epistemological underpinnings, in this case experiential knowledge, of this genre and signaled his membership in a specific medical community. Finally, through the unearthing of an example of how these cases were used after his death, we recapture the role of readers in meaning-making through their engagement with and utilization of his cases.

Part 1: Background

After training as a surgeon at the Saint-Côme school, François Mauriceau joined the long history of obstetrical training at the Paris Hôtel-Dieu in 1660, where many men and women famously attended their first births.⁶ He published his treatise, *Traité des maladies des femmes grosses, et de celles qui sont nouvellement accouchées*, a mere eight years later, a common public relations practice of man-midwives at the time. While the reasons that Mauriceau became a man-midwife are shrouded in mystery, we do know that it was a decision that helped ensure the economic stability of his family, as it did for many surgeons of the period. Late seventeenth century Paris was a hard place for a surgeon to make a

living. Competing with apothecaries and physicians (not to mention innumerable charlatans and quacks) meant that the primary source of money for a surgeon came from bone settings and blood lettings, not highly profitable endeavors. Therefore, many surgeons chose to specialize in such areas as lithotomy and obstetrics in order to have a larger base of secure income.⁷

The title page to Mauriceau's *Traité* identified him as "*Maître-es-Arts et ancien Prevôt de la Compagnie des Maîtres Chirurgiens Jurez de la Ville de Paris*"⁸ [Master of Arts and Former Provost of the Company of Master surgeons and Jurors in the city of Paris]. The art he had mastered was surgery, and his past provostship indicated he was a member of the prestigious surgical corporation of Saint-Côme and able to take on apprentices.⁹ The surgeons of Saint-Côme considered themselves equal to the status of physicians and emphasized theoretical learning. Prospective candidates had to be fluent in Latin, participate in a number of dissertations in public, and be tested over a period of two years.¹⁰ Thus identifying himself, Mauriceau signaled his position among the elite surgeons of Paris while distancing himself from barber-surgeons and physicians. These titles become important signifiers of his location within the competitive and contentious world of early modern childbirth.¹¹ In addition to his knowledge of Latin, Mauriceau was highly educated and kept abreast of the newest medical theories. For instance, in one obstetrical case (Observation 5), Mauriceau cites the circular movement of the blood as the explanation of why there is swelling after a large loss of blood,¹² demonstrating knowledge of William Harvey's *De Motu Cordis* (1628).¹³

Lianne McTavish argues that man-midwives were under the scrutiny of others in the birthing room and needed to justify their presence. She points out that obstetrical treatises can be seen as another site of display, in addition to the birthing room, providing them with a further opportunity to justify their profession.¹⁴ So *Chirurgiens accoucheurs* (surgeon man-midwives) operated at the intersection of at least two controversial roles—man-midwife and surgeon. Therefore, their publications became important places for self-display, establishing legitimacy, and breaking down barriers between physicians and surgeons as publication had long been the exclusive purview of physicians.¹⁵

In addition to their published texts, medical persons generally, and man-midwives in particular, were also able to use public controversies to establish individual reputations and distinguish themselves from other practitioners. There is a large documented history of public and often heated disputes amongst medical practitioners, such as William Harvey and Jean Riolan the Younger.¹⁶ These disputes were so common amongst man-midwives in Paris that McTavish has labeled the intra-textual variety "blame narratives," which she describes their "ascribing responsibility usually went hand-in-hand with defensive claims of innocence, or boastful declarations of having saved a suffering woman from the bungling attempts of less skilled birth attendants."¹⁷ Taking these blame narratives further and aligning with the better-known disputes among other medical

practitioners, Mauriceau and Philip Peu (another *chirurgien accoucheur* from Saint-Côme) participated in a public dispute that lasted at least 15 years concerning which type of obstetrical instrument was preferable in an obstructed labor.

Mauriceau, having published a treatise early in his career, went on to publish a collection of seven hundred cases entitled *Observations sur la grossesse et l'accouchement des femmes et sur leurs maladies et celles des enfants nouveaux-nez* (1694), twenty-six years later as an experienced practitioner, having attended over three thousand births.¹⁸ In future publications, this text would be combined with his first book, the *Traité*, comprising the first volume and the *Observations* and *Dernieres Observations* (added sometime around 1704) for a total of 850 cases comprising the second. These cases are numbered, dated, and organized chronologically. By publishing both a treatise and a collection of cases Mauriceau demonstrated his high level of theoretical learning and his extensive experience; the ideal combination for a surgeon and man-midwife.

From the Hippocratic *Epidemics* to modern medical schools, cases are fundamental to the educational process of physicians. Physiological processes of the human body (not to mention the social and cultural forces that give meaning to bodies and the experiences of health and illness) are extremely complex and resist simplification as theories. Cases are small stories and through their narrative structure they give meaning to experiences.¹⁹ The meaning that Mauriceau's stories created was, of course, shaped by the socio-political world of seventeenth century French medicine and, therefore, they reveal many of the subtle complexities of this world.

Within the culture of "blame narratives"²⁰ of early modern obstetrics, Mauriceau's *Observations* appeal to the emotional as well as the intellectual appetites of his readers through the use of narrative to display himself as the ideal man-midwife. The case of his sister's death is exceptional in its emotional appeal (revealing a plainly grief-stricken Mauriceau) and in his openness about his motivations for recounting the tale. Within this retelling he utilizes the language of blame²¹ in indicting the man-midwife that classified his sister as lost and abandoned her, while at the same time Mauriceau vindicates himself by appealing to knowledge gained and future lives saved. Moreover, his wider collection of *Observations* accomplished more than just exhibiting an ideal, heroic *accoucheur*—it formed an epistemic genre that provided medical knowledge.²²

Part 2: *Traité* (1668)

Mauriceau's *Observations* was not the first of his texts in which birth stories played an important role. In his *Traité*, he also recounted tales of births, such as that of his sister, from his own experience and that of other practitioners. The difference, in comparison with his *Observations*, is that in the *Traité* these accounts were embedded within the text along with a running commentary of his reactions and references to medical theory throughout. In short, the stories provided the

evidence and the support for the treatise, unlike those found in the *Observations*, which stand-alone.

The main body of the text is divided into sections that deal with different complications of labor in which Mauriceau begins with a list of the common symptoms, discusses possible causes, and ends with remedies (which include instructions on how to preform certain procedures). There is flexibility in this formula determined by the subject matter and his choice of rhetorical method. He convinces through a combination of references to Hippocrates, accounts of the misdeeds of others, and the utter dismissal of alternative remedies or theories with phrases such as “as is against all reason” or argues against them using logic.²³ Within this text the focus is on general medical knowledge and not the specificity of the individual. Lists of symptoms give you an ideal account of the signs of a complication or illness, not how it may actually manifest in a particular patient.

Mauriceau ends his *Traité* with a selection of aphorisms, pithy statements that inform and instruct on ontological and didactic levels. Aphorisms speak to a rule. Consider Mauriceau’s aphorism 63: “Sterile women are ordinarily more sickly than others.”²⁴ In the above aphorism, the rule is the sickly constitution of sterile women. Thus the Physicians that had memorized this aphorism could believe sterile women to be sick in some way, possibly even seek a treatment based on this.

The *Traité* is an interesting amalgamation of cases, medical theory, and reasoning through medical problems. The frontispiece along with the author portrait, anatomical plates, images of fetal positions, and a folding plate of surgical instruments would have ensured a high price for this text. There were seven French editions of the *Traité* (four during Mauriceau’s lifetime) and it was translated into German, Dutch, Italian, Latin, Flemish, and English.²⁵ It became one of the most important European obstetrical treatises of the early modern period, highly cited throughout the eighteenth century.

Part 3: *Observationes*²⁶ as Medical Genre

Having accomplished the task of establishing himself as a leading figure in European midwifery, Mauriceau immediately began to work on his next text, daily recording his birth cases for his *Observations sur La Grossesse et L'accouchement des Femmes*.... For this second text he chose the medical (and legal) genre of *observationes*, placing himself within the 150 year history of the genre and signaled his commitment to the historical, social, and cultural meanings that it conveyed.

The tradition of writing down case studies to share with other doctors is as old as western medicine itself. Pliny the Elder recounts the legend of how many convalescents wrote down successful remedies on the walls of the temple of Asclepius, and how Hippocrates came to write these down for posterity, thus

founding “clinical” medicine.²⁷ The *Epidemics* in the Hippocratic Corpus are the first example of medical case histories in western medicine.

Early modern doctors made ample use of *observationes* as vehicles of gathering, describing, and organizing complex medical data. The term became associated with descriptive, non-demonstrative knowledge based in sense perception and the knowledge of particulars.²⁸ Gianna Pomata identifies the many different genres of medical writing as “epistemic genres [that] give a literary form to intellectual endeavor, and in so doing they shape and channel the cognitive practice of attention.”²⁹ These epistemic genres are “deliberately cognitive in purpose.”³⁰ In other words, there is a complimentary relationship between the literary form and the epistemological purpose of the work. For Pomata “Epistemic genres reflect habits of the mind, tracks that the mind is trained to follow, but they also indicate something like the intellectual inclination, taste or preference.”³¹ Among other factors, she links the increased emphasis on practice in early modern medicine to developing new types of medical literary genres that were empiricist, such as the *curationes*, *observationes*, *casus*, and *historiae*. While each of these genre emphasizes the role of practice in knowledge production, they are structured differently and serve different epistemic purposes.³² Cases are formed by a type of knowledge production that is based in observation and sensory input, what Brian Hurwitz calls “low level epistemic practices,” such as “processes of witnessing, noticing, describing, identifying, and classifying appearances.”³³ Yet observations are also shaped by what the observer expects to find. In this sense, both theory and prior experience inform these expectations.

Observationes are a later genre compared to *curationes* or *historiae*, not appearing until the second half of the sixteenth century (1560s for the meaning that is discussed here).³⁴ In *observationes*, the emphasis lies on the narrative of the disease and its symptoms with little overt attention to remedies. While there are remedies in Mauriceau’s cases, they are secondary to the epistemic purpose of the text, which is to gather, describe, and organize the materials of experience of the author. Furthermore, the Latin word *observatio* carries the meaning of surveillance or observance that indicates a ritualized practice of observation (this meaning is maintained in the French). Therefore, the goal of *observationes* was not generalized rules or theory, but the competent handling of cases. This competency arose through the repetition of particular cases.³⁵ Genres are also social, insofar as they must share structure and conventions. Thus, when an individual utilized a specific genre they were joining a community, creating a shared social and intellectual space.³⁶

Mauriceau’s cases, like other *observationes*, were distinguished from theoretical texts by a lack of medical theories, emphasis on remedy, and reference to authorities such as Galen or Hippocrates. Through the repetition of particular types of cases, the reader of Mauriceau’s cases was left with knowledge of competent medical handling of these types of complications, but also the proper behavior of an *accoucheur*. By the second half of the seventeenth century, when

Mauriceau was practicing, the genre of *observationes* was well established and very popular.

Observationes were rooted in experience and congruent with the emerging empiricist tendencies in medicine. This epistemology had its origins in antiquity. The Hippocratic texts *The Art* and *The Science of Medicine* first portray medicine as an art, a craft (Greek *technē*). A *technē* is made up of rules that govern behavior, which come from the organization of experiences. For the Hippocratics, the opposite of a *technē* was luck or chance; and experience was synonymous with knowledge. Plato was the first to distinguish between experience and knowledge and thereby associate experience with routine action.³⁷ After antiquity, the word *Physic* was used to describe the work of Physicians (primarily Galenic for much of the medieval period) based in their knowledge of ancient medical texts.³⁸ It is telling that Hippocrates (as opposed to Galen) was the authority that Mauriceau referenced the most in his first text, *Traité*. In the above quote and through his references to Hippocrates, Mauriceau signaled his belief that the most fundamental knowledge came from experience.³⁹ But it is narrative that gives meaning to Mauriceau's experiences and allowed him to share his knowledge and experiences with his readership.

Fundamental to the practice of medicine is the ability to identify the relevant symptoms and follow them through patient medical histories. This tracing allows for "the comprehension of a deeper, otherwise unattainable reality..." as described by Carlo Ginzberg.⁴⁰ Mauriceau's *Observations* offer us, the historian, a chance to attempt to follow the cognitive practices that he employs in his medical reasoning, but also the narrative that he creates for his reader, modeling a proper, idealized medical reasoning and practice. Not only do his case histories achieve Ginzburg's deeper understanding, but how he accomplishes this task can be best understood through an exploration of how narratives teach.

Nancy Siraisi has recognized the narrative nature of medicine despite its varied forms, as how the physician Girolamo Cardano (1501-1576) used narrative in part to explore issues of predictability and randomness, the normal and anomalous. Since there was no way to view a disease process inside the body, case histories were a way of attempting to organize and make sense of the symptoms within the context of prevailing medical theory.⁴¹ Mauriceau also concerned himself with questions of predictability and randomness (though probably not to the same extent as Cardano).

It will be seen here in these examples of all types; and if in the large number that I report one finds several of the same kind, they will make better known the precepts that one is able to draw out, they are all the more certain because the events were all similar.⁴²

It is through the repetition of cases or experiences that a practitioner learns how to group, to recognize, and to classify significant signs, to identify physiological

and pathological processes. *Observationes* are a solution to the problem of induction for medical practitioners. Doctors, by definition, work with individual patients, but cases enable them to move from the individual case to general knowledge about health. This recognition or memory (as Hurwitz, discussing modern case histories, calls it) guides the actions of the practitioner. There is an almost intuitive move, developed through the repetition of cases, that allows the care provider to apply knowledge gained in individual cases to other situations that may be similar but not exactly the same. Brian Hurwitz describes this aim of cases: “case reports aim to elicit some flicker of recognition, perhaps concerning similar cases readers have encountered, or by setting up a memory that will be retrieved during some future clinical encounter.”⁴³

The motivations behind writing *observationes*, as varied as they surely were, certainly included the desire of the author to paint himself in his own words as a medical authority, as well as the simple transmission of so many valuable experiences to the next generation of physicians. When Mauriceau chose to present his cases in the form of *observationes*, he was signaling his commitment to the emphasis on practice inherent in the genre as well as the specific cognitive practices and organizational principles found therein. In addition, his readership would have brought their prior knowledge of the genre and its epistemological implications with them to the reading of the text.

Part 4: François Mauriceau’s Narrative in *Observations sur La Grossesse et L’accouchement des Femmes...*

At the beginning of his *Observations*, Mauriceau stated the purpose of the text: to confirm by experience the precepts of obstetrics. From experience came the rules that guide the practice of obstetrics. Mauriceau began the preface thus,

As examples convince better than simple reasoning and that experience gives perfection to all the Arts, we will see in this Book of Observations, the real evidence and confirmation of all the precepts of the Art of Delivery...⁴⁴

Mauriceau’s observations performed at least four functions: self-promote through establishing his legitimacy as a practitioner and through the juxtaposition of him and other practitioners; teach by modeling proper reasoning; produce medical knowledge; and signal his commitment to empiricism.⁴⁵ These goals could only be accomplished through the use of narrative and, more specifically, the narrative form of the genre *observatio*.

While narrative and story are often used as synonyms, distinguishing between them is important to understand how narrative functions. Narrative is the overarching, grasped together meaning that develops from the combination of story and plot and their interaction with each other. Paul Ricoeur’s definition of plot is “the intelligible whole that governs a succession of events in any story.”⁴⁶

He describes two aspects of narrative: episodic and configuration. The episodic dimension is made up of the events and has a linear narrative time. This linear time is found in the “then” and “and then” structure of the narrative and in the open-ended series of events which follow each other in the common, irreversible, linear order. On the other hand the configurational dimension of narrative creates a larger meaning through the “grasping together” of events, how the events relate to each other. Here a pattern emerges in the story from which meaning can be gathered by the reader.⁴⁷

Churchill states that narration “becomes a way of taking up again our own past and also pondering, ordering, or interpreting the meaning of what may come.”⁴⁸ This backwards gaze reveals contingencies and possibilities that did not occur and the reader is able to trace the path of decisions and actions of the main actor, thereby generating a multifaceted understanding of how the end came to be.⁴⁹ In other words, narrative provides information that is not directly related to the sequence of events and thus gives a fuller account. Narratives enable the reader to “live through” an event rather than solely gain knowledge about it.⁵⁰ In medical cases, it is the narrative that enables the movement from the specific individual case to general medical knowledge through the retelling and backwards view of events.

The style of narration also affects the reader’s relationship to the narrative. A self-narrating narrator, such as Mauriceau, creates an overlap between the textual world of the words on the page and the story world that he is creating.⁵¹ The narrator builds the event through his choice of what to include or not in the narrative. Through these choices, Mauriceau modeled proper action and medical reasoning.⁵² He demonstrated his expertise through his ability to choose events to include and those to exclude. The result is a story that conveys a complex and situational knowledge that could not be reduced to a theory. By organizing data in specific ways through choice of content and genre, Mauriceau created not only medical knowledge, but also a new story world with himself at the center.⁵³

However, this gathering of data was not a distant, passive observation, but methodologically took in and analyzed sensory data to determine proper action as determined by good outcomes. To gather the necessary sensory data he performed pelvic exams, felt women’s bellies, and smelled amniotic fluid. The reader was expected to do the same—ritualistically observe the cases in order to learn proper practice. Mauriceau was explicit about this relationship between reader and text in the Preface: “Found in these Observations are examples that one must imitate, and others which must be avoided.”⁵⁴

The structure of each case created a framework of organization that shaped how the reader engaged with and interpreted the text. Each case, following the genre of *observations*, began with an individual number and a descriptive sentence concerning what is to follow. These sentences were such things as “The violent delivery of a woman, who died four days later through the fault of those who first attempted to deliver her.”⁵⁵ These pithy sentences organized the cases

in relation to each other. Each case was linked to other cases within the text that had been likewise labeled, no matter how different they may appear to the non-expert.⁵⁶ In the descriptive line above, the reader was informed that this was a case of actions to be avoided. In addition, the descriptive lines focused the reader on specific aspects of the case, signaling to the reader what Mauriceau hoped they would learn from it. Through comparison of cases, similarities and differences were noted that could be used to understand and classify other cases that the reader may have come across in their practice. From a practical perspective these introductory sentences also allowed the reader to scan the text to find the cases most relevant to them. After the descriptive line the story always began with a date, placing it within a specific temporal order. What followed was the series of events of the case in strict linear temporal order from the perspective of Mauriceau. This is the episodic dimension of each case. The configurational dimension is how these events related to create a larger meaning, to which we now turn.

To illustrate how these events were grasped together to create a deeper meaning we will begin with Observation 12.

Concerning the labor of a woman whose infant was dead through the fault of the midwife, who left the head hanging by the chin from the Pubic bone.

October 24th 1669. I delivered a woman whose infant was dead through the fault of the midwife. The midwife had wanted to pull the feet, which were presenting first, but had not had the caution nor the industry to turn the face underneath. This she needed to do by tilting little by little the body of the infant in moderation to the side where [the body] had more disposition, in order that she may accomplish the birth. [This must be done] in order to give to her the necessary good situation [of correcting the bad position of the infant]. This infant had died because its head remained in the birth passage hanging by the chin beneath the pubic bone of the mother without being able to be drawn out despite all the efforts that this midwife had made. Having found [the mother] in this poor condition when I was summoned in order to rescue this woman, I slipped my flattened right hand along the face of the infant, which was so badly situated on top. I inserted a finger of the same hand into the mouth of the infant in order to get hold of the chin and to free it out of the passage. I turned him face down, turning at the same time the body of the infant that I supported in my left hand, to give to him the same motion as that of the head. After this I easily pulled out the head of this infant, who was dead on account of not being helped in enough time by the midwife, as was necessary.⁵⁷

This case told the story of the misguided actions of a midwife that lead to the death of the child. According to this account, it was only through the proper

intervention of Mauriceau that any resolution could be reached, even if the child was already deceased. The juxtaposition of the actions of the midwife and those of Mauriceau, combined with the use of key phrases (such as “to rescue”), fashioned the narrative. In particular the midwife’s actions were described as being the result of a lack of industry or caution while Mauriceau’s actions were described as rescuing the woman. In fact *secourir* (to help out, to rescue) was one of the most commonly used verbs in these cases, almost always with Mauriceau as the subject.⁵⁸ Since the cases were all from the perspective of Mauriceau, with the voices of the midwives, families, and the laboring women completely absent, we have no other information with which to judge this account, but one could imagine that the midwife or the mother would each have a different account of this birth. This would be true even if the actors agreed upon the basic sequence of events. If Mauriceau had simply presented the chronology of the events of this case, it would not be the same story, though it would still be correct in facts.

In the *Traité*, his first book, Mauriceau gave explicit and detailed instructions on how to perform procedures, such as turning an infant in utero. Yet, in this case Mauriceau provided only a simple description of his actions, not enough detail for a reader to replicate a maneuver.⁵⁹ This would suggest that the transmission of detailed, specific information concerning procedures was not the primary purpose of the *Observations*. Furthermore, these cases were written for medical insiders, such as other surgeons and midwives. Mauriceau assumed basic (but not advanced) knowledge of childbirth for his readership. He does not explain the physiology of childbirth nor rudimentary information necessary to understand the implications of the case. For example, in the above Observation 12, he does not explain that it is only because the baby is breech that the chin can become stuck on the pubic bone. An experienced practitioner would know that a breech baby must be face down in order to be born. These cases were primarily concerned with the ordering and classifying of medical data, the figuring out what signs and symptoms are important and which can be ignored. In this instance Mauriceau demonstrates, without explaining, the importance of a face-down (sacrum anterior) position of a breech baby.

In Mauriceau’s *Observations* there were two layers of narrative, each of which is composed of episodic and configurational dimensions. First, there is the narrative—the individual case—which has been discussed above. The second layer is the text as a whole, where the cases, the events (the episodic dimension), are united through plot and a deeper meaning emerges (the configurational dimension). These two layers of narrative are mutually reinforcing and explain together better than they could apart. In the rest of this section, I will analyze the patterns that emerge from the second/configurational layer of narrative, created through the experience of reading the whole text. These are the details that form Mauriceau’s story-world.

Mauriceau arranged his cases in chronological order so the individual who read the text straight through would be following the path of his career. Here, as

in the individual cases, the sum of the parts is greater than the whole. While each case supported the vision of Mauriceau as a competent practitioner, the effect of the treatise as whole was to exhibit a grand career of a highly respected man-midwife. Mauriceau boasted of many consultations from midwives, as well as other man-midwives, and of an aristocratic clientele. He competently handled a wide range of complications, never seeming to worry or stress. Even his physical body was adapted to his profession as *un accoucheur*, as he emphasized the smallness of his hands.⁶⁰ Furthermore, Mauriceau became the beacon of integrity compared to the dishonesty and machinations of other practitioners. These points are only visible through a macro view of the text and the repetition of themes, such as competency, integrity, and honesty, within.

Observation 240 Concerning an infant born at 8 months who was well, though the mother was all of the sudden emptied from the womb 6 days before of nearly one pint of water and the infant was begot of an old and gouty father.

The 14th of January 1679. I delivered a woman of a male infant who was well enough, though his mother could not be more than 8 months pregnant, as he [appeared] quite clearly by the mediocre proportion of the body. The mother broke her waters all of the sudden six days before [losing] nearly a pint of clear water. The father of this infant was more than 60 years old and very subject to gout. [There] was a true resemblance [between father and son] because the joints of the arms and legs of this infant were knotted till 4 or 5 years old. After this time, all of a sudden, his limbs unknotted, he became fairly free and clear as well as strong, as if his mother carried him in her stomach for a full 9 months and he was begot from a younger and healthier father. This example confirmed to me that infants that are born in the 8th month live more easily than those who come in the 7th month. However this is strongly against the common opinion, based on a grand error that I have sufficiently refuted in the observation 225.⁶¹

Observation 402 Concerning the delivery of a woman after eight months, the child was well, although he came bottom first, and that the mother had lost her waters for almost 6 days continuously.

The 4th of August 1685. I delivered a woman at eight months of a large and strong girl. During the labor she was almost continuously loosing water for 6 days. This infant presented with her bottom first, covered in her membranes until the moment that I pulled her from the stomach of her mother. Like the rupture of the membranes in which the waters were thus lost little by little, [the baby] was not [in the] front, as it happens usually, but was [positioned] more internally. This prevents easily distinguishing through touch the shape of the part that the baby presented. The bottom of the infant was coated in her membranes thus making it almost as equally round as if it was her head with a swollen scalp from remaining too long

in the passage. Afterwards the mother was well and her infant likewise, although the infant was truly born at 8 months and was presenting in this bad position, after the flow of the woman's water for an entire 6 days, as I have remarked.⁶²

In both of these cases Mauriceau is referencing a theory held since antiquity that the healthiest babies are born either in the 7th or 9th months and that children born in the 8th month of pregnancy are sickly. This belief dates as early as the writings of Epicharmus and Empedocles in the sixth and fifth centuries BCE.⁶³ These texts are obscure on the precise reasons for this theory, but it was thought that in the 8th month the fetus began to descend into the uterus and became subject to many diseases. A 7th month fetus only had to contend with the trauma of childbirth and older babies were stronger and better equipped to handle birth as well as the exposure to disease.⁶⁴ In these two cases of Mauriceau's (above), experience challenged a long held theory. In this instance, theories concerning generation were not the primary source for his beliefs and actions, but his experiences were. This foundation of experience shaped his choice of cases, emphasizing the typical experiences of seventeenth century *chirurgiens accoucheurs*.

Unlike other writers of medical cases, Mauriceau did not recount tales of supernatural or strange cases.⁶⁵ His volume of *Observations* was an account of the most common complications of childbirth that a surgeon would encounter in a normal practice. They covered topics such as hemorrhages (prenatal and postpartum), failure to progress, malpresentations, and miscarriages; with hemorrhage and malpresentations being the most frequent. All the cases he presented dealt with complications; there were no cases of normal, uncomplicated childbirth.⁶⁶ This is expected, as his practice would have consisted mostly of emergency calls from female midwives and family members when complications arose. The reader was invited into his practice via these cases, mediated through him. The self-narrating narrator mentioned above and the resulting overlap of the textual and story-worlds created a strong sense of reality for the reader and the reader identified closely with the narrator. Seeing these births through Mauriceau's eyes, the reader risked thinking of these complications as normal, but they are not. They were emergencies of varying degrees of risk to the life of the mother and child. Death was an ever-present nemesis.

Contrary to diminishing his hero status, the presence of death in these cases actually increased Mauriceau's heroism, portraying him as someone who stood at the threshold of life and death. While having ceded that life and death are outside the realm of human control, he portrayed himself as having, however minimal, some influence over death. Death is never the result of his actions as his interventions always produced a better outcome than if he had not been there. He played the role of hero, waging war on ignorance and death, exhibiting his ability to handle even the most horrific tragedies and make crucial life and death decisions.

His ability to handle these cases and his presence at the threshold of life and death marked him as a specialist, uniquely equipped to this role. His presence or absence becomes the factor that determined whether a woman and her child were to live or die. Yet, these women, their children, and families were merely the canvas on which Mauriceau displayed his skill, while they are absent as full, decision-making actors.

By now the absence of the women—whose labors, traumas, and deaths make up these cases—is glaring. They are simply missing from Mauriceau's accounts, except in the gaps between the words and sentences. We never hear their voices or fears, only descriptions of their bodies and things done to them. Hauntingly, Mauriceau occasionally refers to the deplorable state of a mother, suggesting her physical and emotional pain. In these blinding gaps there is a specter of the absent mother, of her horrors and joys. Without these perspectives we are left to read the shape of these gaps to imagine the stories that may have been told by the mothers and female midwives. This type of reading of Observation 12 (above) may reveal that the mother refused to allow the midwife to call in a man-midwife due to fear of his instruments and the death they would bring to her child, at least until it was clear that the child was already dead.⁶⁷ We can imagine a nearly infinite number of alternative narratives concerning any given case. But there is only one narrative, that of Mauriceau, left to us. The presence of alternative narratives would have broken down the story-world created by Mauriceau, as a close look at another case will show.

The very first observation of his collection recounted the sad tale of a woman in labor for eight days with an infant who had died on the fourth day. The descriptive line reads: "The laborious childbirth of woman whose infant was stuck in the birth canal because of the extreme size of his head."⁶⁸ Mauriceau reported that three to four surgeons had attended this labor before him and that one had attempted to deliver the child through an incision made in the woman's vulva. Mauriceau accomplished the delivery through the reduction of the size of the infant's head and the use of his hook to remove the child from the birth passage. He explained why the woman had encountered this difficulty in labor and why the incision made by the previous surgeon had been unsuccessful.

...because the larger impediment to the successful birth did not follow from the external fleshy parts but solely from the interior parts and principally from the joint of the coccyx. [The coccyx] did not yield very easily [as it should] by bending backwards for the passage of the infant in the women advanced in age, as [it does] in the youths in their childbirths. Also the internal os of the womb, which was harder and tougher, did not dilate very readily at that age as it does in the younger [woman].⁶⁹

The woman died eleven days postpartum from fever and convulsions probably caused by infection.

Mauriceau recognized the woman's plight, but remained detached. He stated that she "was at the extremity...", using the French word *extrémité*, which the first edition of the *Dictionnaire de l'Académie française* (1694) offered as a definition "the saddest state to which we can be reduced."⁷⁰ He showed indignation towards the surgeons who had come before him.

...this is what made me believe that she would have undoubtedly escaped [death] if the Surgeons, who were called two or three days before me in order to help her, had delivered her in the manner I did, after which she was entirely forsaken [by them].⁷¹

He was critical of the other surgeons for two reasons; first they did not deliver her in the proper manner, and second, they abandoned her. It is possible that we see the ghost of Mauriceau's sister in his repeated criticism of surgeons who abandon their patients in distress.⁷² In this quote, the reader is left wondering whether the cause of his exasperation was the incorrect actions of the other surgeons or the suffering that resulted. Despite some sympathy, however, the emphasis is on the practices of the other surgeons, not the trauma experienced by the woman. The detachment that Mauriceau maintains, even in such horrible circumstances, contributed to his heroic character. Mauriceau, while recognizing suffering, never allowed his emotions to impede his work as an *accoucheur*. If he had chosen to include the thoughts and feelings of the women and their families, the resulting narrative would be highly emotional and, potentially, portray him in a less friendly light in those circumstances when he had to make difficult decisions concerning the life of the mother or child. His detached accounts of these women's trials and tribulations leaves his book devoid of the drama and frenzy, the tears and screams, the doubts and arguments realistically expected in the birth-chamber, especially when complications arise. The resulting narrative was a sterile account of emotional control, limited in scope only to relevant medical details.

Moving between the micro-level of the structure of the individual case and the macro-level of the whole text is highly fruitful in illuminating the mechanisms of knowledge production. At the level of the individual case the narrative structure provided an organizing framework modeling the reasoning processes that the reader is meant to replicate. The larger narrative of the whole text created the persona of Mauriceau as a hero performing a specialized skill set at the threshold of life and death. Additionally, just as Mauriceau was not a passive observer of the events he recounts, neither did the reader passively absorb the text.

Part 5: The Life and Travels of Mauriceau's *Observations*

Between 1746 and 1747, an unknown medical student jotted notes in the margins of his textbook, Sir Richard Manningham's *Artis Obstetricariae Compendium tam Theoria quam Praxin Spectans*.⁷³ The notation of interest reads:

Mauriceau observation 240 concerning the rupture of waters 7 [sic] before labor

Mauriceau observation 402 concerning the rupture of water: no issue weeks before labor⁷⁴

I came across these marginalia after the recent acquisition of this text by UCLA's Louise Darling Biomedical Library. Viewing the text without any research interests in mind, but merely from a place of curiosity, I was shocked to encounter these scribbled notes mentioning the Parisian man-midwife, Mauriceau, the focus of my current research. Their existence in a mid-eighteenth century London text encouraged me to reconsider how Mauriceau's cases may have traveled.

Artis Obstetricariae was an obstetrical text written in the style of a course syllabus with aphorisms. Manningham created the first lying-in infirmary in England in 1739 for teaching purposes and published the *Artis* in the same year. The expense of the class, 10 guineas for women and 20 for men,⁷⁵ and the fact that this student had recorded lecture notes in Latin, filling the interleaved pages, identifies him as well-off and highly educated. The marginalia were comprised mostly of Latin notes and prescriptions written in mixed alchemical and pharmacological shorthand. The two references to Mauriceau were atypical for the marginalia in the text, as no other references to case studies are present. The recipes were all of a utilitarian nature, for use later. The marginalia do not appear to correspond to the subject matter discussed on the pages of book in which the marginalia appear, which concerns the diagnosis of malpositioning of the uterus, cervix, or child. All these facts drive the impression that the marginalia are notes taken in lecture for reference later.

Textual meaning forms at the intersection of the author, the genre (or structure), and the reader.⁷⁶ Therefore, in order to explore the interactions of these forces around Mauriceau's *Observations*, it is necessary to understand how the text would have been read by its audience. There are complex and unstable meanings that shaped the social reality of both Mauriceau and the individuals that read his texts. The concept of nodal points developed by Laclau and Mouffe is useful in any attempt to recognize the mutable nature of texts while still attempting to understand its position(s) within webs of social meaning. Nodal points are the intersectional points of fixation of discourse.⁷⁷ In other words, nodal points are the points created where author, genre, and reader interconnect, creating a new discourse that belongs to none of these interlocutors individually but is formed from their interaction. The social world is fluid so these nodal points are always in flux, but analyzing a text allows us to glimpse the specific points of fixation that make up social meaning in that given moment, for those particular individuals.

To attempt to reconstruct Mauriceau's audience is nearly an impossible task, but by painting with broad strokes a shadowy picture emerges. To begin, most obstetrical treatises of the time were written in the vernacular.⁷⁸ This would allow for a wider audience than the medical treatises by physicians that were written almost

exclusively in Latin (though this was beginning to change in the late seventeenth century). In his cases Mauriceau used limited medical terminology and employed colloquial uses of anatomical terms (such as *le cul*). The large number of editions and translations of Mauriceau's *Traité* shows a very large readership for his work in general. In addition, he is often cited as an authority in his own right in many eighteenth century British obstetrical texts.⁷⁹ Pomata discusses a large readership for the genre of *observationes*. Apparently the publication of manuscripts were eagerly awaited and cases were shared amongst practitioners creating a network of *observationes* exchange.⁸⁰ On the frontispiece and in the preface to his *Traité*, Mauriceau addresses midwives and surgeons as his primary audience.

...having likewise endeavored, not to extend my self in superfluous discourse, to the end I might be more intelligible to young surgeons and Midwives, to whom this book (if I be not mistaken) will be as useful as any, to teach them the safe practice of the Art of Deliveries.⁸¹

Leaving aside the jab directed at physicians and their "superfluous discourse," Mauriceau names surgeons and midwives as the anticipated readers of his text, but there is evidence from the early modern period that both pregnant women and individuals looking for sex manuals may also have been drawn to obstetrical treatises.⁸²

The two cases referenced in the marginalia concern both the ancient theory that babies born in the 8th month have low survival rates and the rupture of membranes before the onset of labor. Yet, when the student makes note of them in the textbook, it is only the aspect concerning the rupture of membranes that is referenced. As discussed above, this is not the aspect of the cases that Mauriceau emphasizes, suggesting that readers re-labeled and thus re-categorized the cases to meet their own needs. It is possible that as these cases traveled, they were molded by the needs of each person who used them while still retaining their original meaning.

Studies of rhetoric have found that as examples travel through texts they take on a special value.⁸³ It is only through this making public that cases are able to fulfill their defining and orienting functions.⁸⁴ Through this process of sharing, cases come to represent and stand-in for other similar cases, as well as the bodies of knowledge they create. In short, they become exemplars. Mary Morgan has argued, "Once constructed, any subsequent use of that case suggests that it has the power to help understand other cases. As usage grows, the individual case may come to seem exemplary..."⁸⁵ Lyons lists seven characteristics of exemplum and the first is iterativity and multiplicity. He describes the process by which the intertextual repetition is abandoned to be replaced with a single instance to stand in for the diversity of cases.⁸⁶ It may be suggested that certain of Mauriceau's cases underwent this transformation into exemplum.

Mauriceau's cases were used as short-hand notations to invoke whole bodies of both theoretical and experiential knowledge. These marginalia indicate that narratives of *observationes* create complex, situational knowledges, multiple

threads of knowledge that can be brought to the forefront or pushed to the background by the reader to suit their needs. Cases are flexible, but inseparable, from their original purpose that created their narrative structure. While I do not wish to stretch these marginalia past their usefulness, I do believe that they gesture towards networks of exchange of obstetrical knowledge between England and France. This is congruent with the evidence of broader networks of *observations*, as discussed by Pomata.⁸⁷

Using these marginalia as our guide into the production and transfer of the *Observations* of Mauriceau, the cases become sources of medical knowledge as well as legitimacy for the author. Each individual case demonstrates the process of creating medical knowledge from the interpretation and organization of sensory data. The focus on the individual in these cases retains the specificity and complexity of the case, while the narrative structure allows for the backwards reflection of events permitting comparison with other cases. The marginalia in the Manningham textbook provide evidence that, through dissemination, these *Observations* came to be used as facts of knowledge themselves. Especially popular cases would become exemplary, representing whole collections of cases organized around a specific theme. The life of these cases reveals a network of exchange of medical knowledge, not based in theory or ancient authorities, but in the mapping of sensory signs.

Part 6: Conclusion

Early in his career Mauriceau faced the awful loss of his sister. He tells us how this experience shaped his medical treatments, but leaves us to imagine the emotional scars. Even as early as his *Traité*, in which he recounts the story of his sister's death, he is already explicit about the role of experience in shaping his medical practice. Yet, it is another twenty-seven years before he published his collection of cases. Mauriceau reported in the Preface to his *Observations* that he recorded these cases "daily with a great exactness"⁸⁸ for the previous twenty-five years, indicating that this recording of cases began shortly after the publication of his *Traité*. Benjamin argues that the storyteller has vanished from society as experience becomes less valued. But the last vestiges of the storyteller may lie in medicine.

Actually, it is half the art of storytelling to keep a story free from explanation as one reproduces it.... The most extraordinary things, marvelous things, are related with the greatest accuracy, but the psychological connection of the events is not forced on the reader. It is left up to him to interpret things the way he understands them, and this the narrative achieves an amplitude that information lacks.⁸⁹

Mauriceau's goal was not to explain childbirth and its possible complications to his readers, but to train their cognitive practices, to teach them how to think through storytelling.

Appendix 1- Cases in French

Observation XII

De l'accouchement d'une femme don't l'enfant étoit mort par la faute de la Sagefemme, qui lui avoit laissé la tête accrochée par la menton vers l'os Pubis. Le 24 Octobre 1669. J'ai accouché une femme, don't l'enfant étoit mort par la faute de la Sagefemme, qui l'ayant voulu tirer par les pieds qu'il presentoit d'abord, n'avoit pas eu la precaution ni l'industrie de lui tourner la face en dessous comme elle devoit faire en inclinant peu à peu le corps de l'enfant à mesure qu'elle en faisoit extraction, du côté où il pouvoit avoir plus de disposition à lui donner cette bonne situation necessaire, ce qui avoit été cause que la tête de l'enfant demeurant au passage accrochée par le menton, au dessous de l'os pubis de la mere sans pouvoir être tiree dehors, par tous les effort que cette Sagefemme avoit faits, cet enfant avoit péri. L'ayant trouvé en ce mauvais état, lorsque je fus mandé pour secourir cette femme, je glissai ma main droite applatie, jusques sur la face de l'enfant, qui étoit ainsi mal située en dessus; et ayant intoduit un des doigts de la meme main dans la bouche de l'enfant, pour en accrocher le menton, et le dégager hors du passage, je lui tournai la face en dessous, tournant en meme tems le corps de l'enfant que je sourenois de ma main gauche, pour lui donner le meme mouvement qu'à la tête; après quoi je tirai facilement dehors la tête de cet enfant, qui étoit mort pour n'avoir pas été secouru assez à temps par la Sagefemme, comme il fallout.

Observation CCXL

D'un enfant né à huit mois, qui se portoit assez bien, quoyque la mere eust vuide de la matrice tout d'un coup six jours auparavant, prés d'une pinte d'eau, et qu'il eût esté engendé d'un pere vieux et gouteux.

Le 14, Janvier 1679. J'ay accouché une femme d'un enfant masle, qui se portoit assez bien, quoyque sa mere crust n'estre grosse que de huit mois, comme il paroistoit assez manifestement par la mediocre proportion du corps de l'enfant, at qu'elle eust vuide de la matrice, tout d'un coup six jours auparavant, prés d'une pinte d'eau claire, et que la pere de cet enfant fut âgé de plus de soixante ans, et tres-sujet à la goute; ce qui a esté vray-semblablement cause, que les jointures des bras et des jambs de cet enfant ont esté nouïées jusques à l'âge de quarte ou cinq ans; après lequel tempstous ses membres s'estant d'eux-mesmes insensiblement dénoiiez, il est devenu aussi libre et degage, et aussi fort, que sis a mere l'eust porté en son ventre durant neuf mois entiers, et qu'il eust esté engender d'un pere plus jeune et plus sain. Cét exemple me confirme bien que les enfans qui naissent au huitième mois, vivent bien plus facilement que ceux qui viennent à sept mois; ce qui est néanmoins fort contraire à l'opinion commune, fondée sur une grande erreur que j'ay suffisamment refutée en l'observation ccxxv.

Observation CDII

De l'accouchement d'une femme au terme de huit mois, don't l'enfant se portoit bien, quoy-qu'il vint le cul devant, et que la mere eust vidé ses caux Presque continuellement depuis six jours.

Le 4 Aoust 1685. J'ay accouché une femme au terme de huit mois, d'une fille assez grosse et forte, don't elle avoit vidé les eaux Presque continuellement depuis six jours. Cét enfant présentoit le cul devant, révestu de ses membranes jusques au moment que je le tiray du ventre de sa mere; et comme la rupture des membranes par laquelle les eaux s'estoient ainsi écoulées peu à peu, ne s'estoit point faite au devant, comme il arrive pour l'ordinaire; et qu'elle s'estoit faite plus interieurement; cela empeschoit qu'on pût bien facilement distinguer par le toucher la figure de la partie qui se présentoit; ce cul de l'enfant ainsi revestu de ses membranes faisant pour lors une rondeur Presque égale, comme si c'eust esté sa teste, don't le cuir cheveleu auroit esté tumefié par un trop long sejour au passage. La mere se porta bien ensuite, et son efant pareillement, quoy-qu'il fust veritablement né à huit mois, et qu'il se fust ainsi présenté en cette mauvaie posture, après l'écoulement de ses eaux Durant six jours entiers, comme j'ay fait remarquer.

NOTES

¹ All French and Latin translations in this paper belong to the author except where stated otherwise, as do any deficiencies therein. The full French texts of the three Mauriceau cases appear in the Appendix.

² François Mauriceau, *Diseases of Women with Child and in Child-Bed*, trans. Hugh Chamberlen, The Classics of Obstetrics and Gynecology Library (New York: Gryphon Editions, 1683), 106.

³ Placental abruption is the separation of the placenta from the uterine wall before the baby is born. This is still a life threatening condition for mother and baby today.

⁴ François Mauriceau, *Traité Des Maladies Des Femmes Grosses Et De Celles Qui Sont Nouvellement Accouchées*, 2 vols. (Paris 1728), 112.

⁵ Walter Benjamin, "The Storyteller," in *Illuminations*, ed. Hannah Arendt (New York: Schocken Books Inc, 1968), 87.

⁶ Mauriceau, *Traité Des Maladies Des Femmes Grosses Et De Celles Qui Sont Nouvellement Accouchées*, 169.

⁷ Lawrence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), 553-617.

⁸ François Mauriceau, *La Grossesse Et L'accouchement Des Femmes*, 7th ed. (Paris: La Compagnie des Libraires Associez, 1740).

⁹ Saint-Côme also had close ties to female midwives. A statute of September 1664 states that the surgeons of Saint-Côme and the Faculty of Medicine would oversee, along with a midwife (or possibly multiple midwives) of high repute, the licensing of midwives. Saint-Côme went beyond just regulating midwives, also providing courses on anatomy and surgery for midwives since 1664. Furthermore, midwives probably did attend the public anatomies that they offered. Even though there is no documentation showing that Mauriceau participated in either the training or the regulation of female midwives, it is possible considering his position within the organization. The 1664 statute names Marie Garnier as the midwife but later statutes (see 1667) opened this position to any midwife of high repute. *Catalogue Des Sciences Médicales*, vol. 1 (Paris: Firmin Didot Frères, 1857), 93.

¹⁰ Brockliss and Jones, *The Medical World of Early Modern France*, 192.

¹¹ Competition amongst medical practitioners was highly regulated. At the beginning of the seventeenth century, there existed four incorporated medical bodies in Paris; the physicians (*La Faculté de Médecine*), the apothecaries, the barber-surgeons, and the surgeons of Saint-Côme. These organizations were granted exclusive rights to practice their skills within Paris but membership in the groups, as well the boundaries demarcating the medical domain of each group, were long contested. *Ibid.*

¹² Mauriceau, *Traité Des Maladies Des Femmes Grosses Et De Celles Qui Sont Nouvellement Accouchées*, 5.

¹³ It is also possible that Mauriceau learned of the circulation of the blood from reading Descartes but it seems more likely that he would have been exposed to the medical theory of the time rather than philosophy (even if physiological).

¹⁴ Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France* (Aldershot: Ashgate, 2005).

¹⁵ Alison Klairmont Lingo, "Empirics and Charlatans in Early Modern France: The Genesis of the Classification of the "Other" in Medical Practice," *Journal of Social History* 19, no. 4 (1986).

¹⁶ The disputes between Riolan and Harvey are many. The principal argument referenced here refers to Riolan's theory of the movement of blood. He argued that blood caused the movements of the heart, not the other way around, and that the blood only returned to heart a few times a day. For him, the movement of blood in the vessels was characterized by ebbing and flowing. In contrast, Harvey founded our modern conception of the circulation of the blood.

¹⁷ Lianne McTavish, "Blame and Vindication in the Early Modern Birthing Chamber," *Medical History* 50, no. 4 (2006): 447.

¹⁸ François Mauriceau, *Observations Sur La Grossesse Et L'accouchement Des Femmes* (Paris: Chez l'Auteur, 1695), Preface. He states that he has chosen these 700 cases from over 3,000 births in the last 25 years.

¹⁹ The ability of stories to give meaning to experience has been well established in literary fields. See Hayden White, "The Historical Text as Literary Artifact," in *The History and Narrative Reader*, ed. Geoffrey Roberts (London: Routledge, 2001), 225; Larry R Churchill and Sandra W Churchill, "Storytelling in Medical Arenas: The Art of Self-Determination," *Literature and Medicine* 1 (1982).

²⁰ McTavish, "Blame and Vindication in the Early Modern Birthing Chamber," 447. About blame narratives MacTavish states "Ascribing responsibility usually went hand-in-hand with defensive claims of innocence, or boastful declarations of having saved a suffering woman from the bungling attempts of less skilled birth attendants."

²¹ For more on the use of blame and vindication in early modern obstetrical treatises see Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France*. McTavish argues that Mauriceau tells this story of his sister in order to closely associate himself with the female laboring body and the legitimacy that it provides for his presence as a male in the birth room.

²² Brian Hurwitz, "Clinical Cases and Case Reports: Boundaries and Porosities," in *The Case and the Cannon*, ed. Alessandra Calanchi, et al. (Goettingen: V&R Unipress, 2011). Hurwitz identifies clinical case reports as both presentational and communicational. Gianna Pomata, "Sharing Cases: The Observations in Early Modern Medicine," *Early Science and Medicine* 15, no. 3 (2010): 193-236. See Pomata for more on *observations* as an epistemic genre.

²³ Mauriceau, *Traité Des Maladies Des Femmes Grosses Et De Celles Qui Sont Nouvellement Accouchées*, multiple references throughout.

²⁴ *Ibid.*, 536. "Les femmes steriles sont pour l'ordinaire bien plus valetudinaires que les autres."

²⁵ See McTavish, *Childbirth and the Display of Authority in Early Modern France*, 28; also author's own research.

²⁶ *Nota bene*: I have chosen to use the Latin word *observationes* to describe early modern medical case histories in general. Following Pomata, I maintain the distinction in terms between *observationes*, *casus*, *curationes*, and *historiae*. Apologies for any confusion with Mauriceau's text, commonly abbreviated to *Observations*... which will always be capitalized and should be clear from context.

²⁷ Pliny, *Natural History Books 28-32*, trans. W H S Jones, Loeb Classical Library (Cambridge: Harvard University Press, 2006), 182-85.

²⁸ Arno Seifert, *Cognitio Historica: Die Geschichte Als Namengeberin Der Frühneuzeitlichen Empire* (Berlin: Duncker & Humblot, 1976), cited in Gianna Pomata and Nancy Siraisi, "Introduction," in *Historia: Empiricism and Erudition in Early Modern Europe*, ed. Gianna Pomata and Nancy Siraisi (Cambridge: The MIT Press, 2005), 1-39.

²⁹ Pomata, "Sharing Cases: The Observations in Early Modern Medicine," 197.

³⁰ Gianna Pomata, "The Medical Case Narrative: Distant Reading of an Epistemic Genre," *Literature and Medicine* 32, no. 1 (2014): 2.

³¹ *Ibid.*, 2.

³² *Ibid.*, 2.

³³ Hurwitz, "Clinical Cases and Case Reports: Boundaries and Porosities," 49-50. Hurwitz is discussing modern medical case histories but his work is still applicable to earlier manifestations of clinical case histories.

³⁴ Pomata, "Sharing Cases: The Observations in Early Modern Medicine." 193-236.

³⁵ *Ibid.*

³⁶ *Ibid.*

³⁷ Jacques Jouanna, *Hippocrates*, trans. M B DeBevoise (Baltimore: John Hopkins University Press, 1999), 243-58.

³⁸ Through out medieval and renaissance Europe, *medicus* was a general term referring to a medical practitioner while *physicus* indicated someone with advanced medical education (at a University), including a familiarity with natural philosophy. *Empiric* indicated an individual who had little to no formal education and learned medicine mostly through experience (apprenticeship). The term had derogatory implications. These divisions of practioners begin to blur in the second half of the eighteenth century. See Nancy Siraisi, *Medieval and Early Renaissance Medicine* (Chicago: The University of Chicago Press, 1990).

³⁹ Cantor calls Hippocrates a "malleable cultural artifact, constantly moulded and remoulded according to need." What constituted Hippocratic medicine changed over time. Galen systematized the Hippocratic body of medical theories, valuing both theoretical and experiential medical knowledge. Until the sixteenth century most Europeans knowledge of Hippocrates came from Galen. The diversity of the Hippocratic corpus (there are over 60 texts ascribed to him written over an extended period of time and containing internal contradictions and inconsistencies) allowed readers to pick and choose parts to incorporate into their theory and practice. By the seventeenth century Hippocratic medicine came to denote empirical, observational medicine while Galenic medicine stood for theoretical medical knowledge (found in the Universities). In addition to Hippocratic medicine of the early modern period being based in experience, it also frequently looked to the environment and climate for the causes of disease. David Cantor, "Introduction: The Uses and Meanings of Hippocrates," in *Reinventing Hippocrates*, ed. David Cantor (Burlington: Ashgate, 2001), 3. For further information, see Siraisi, *Medieval and Early Renaissance Medicine*.

⁴⁰ Carlo Ginzburg, *Clues, Myths, and the Historical Method*, trans. John and Anne Tedeschi (Baltimore: John Hopkins University Press, 1986), 101.

⁴¹ Nancy Siraisi, *The Clock and the Mirror* (Princeton: Princeton University Press, 1997).

⁴² Mauriceau, *Traité Des Maladies Des Femmes Grosses Et De Celles Qui Sont Nouvellement Accouchées*, Unnumbered Preface. "On y verra donc des exemples de toutes sortes; et si dans le grand nombre que j'en rapporte on en trouve plusieurs d'une meme espece, ils feront mieux connoître que les precepts qu'on en peut tirer, sont d'autant plus certains, que les événemens en ont été semblables."

⁴³ Hurwitz, "Clinical Cases and Case Reports: Boundaries and Porosities," 50.

⁴⁴ François Mauriceau, *Traité Des Maladies Des Femmes Grosses Et De Celles Qui Sont Nouvellement Accouchées*, 2 vols. (Paris: Compagnie des Libraires, 1740), Unnumbered Preface to Volume 2. "Comme les exemples persuadent bien mieux que les simples raisonnemens, et que

l'expérience donne la perfection à tous les Arts, on verra dans ce Livre d'Observations les véritables preuves et la confirmation de tous les precepts de l'Art des Accouchemens..."

⁴⁵ Taken alone these cases demonstrate a strong commitment to empiricism, but when viewed within the context of his treatise, a more nuanced and balanced epistemological stance emerges. I would argue that Mauriceau saw theoretical and experiential knowledge as equally important.

⁴⁶ Paul Ricoeur, "Narrative Time," *On Narrative* 7, no. 1 (1980): 171.

⁴⁷ Ibid.

⁴⁸ Churchill and Churchill, "Storytelling in Medical Arenas: The Art of Self-Determination," 74.

⁴⁹ For further discussion see Trisha Greenhalgh and Brian Hurwitz, "Introduction," in *Narrative Based Medicine*, ed. Trisha Greenhalgh and Brian Hurwitz (London: BMJ Books, 1998).

⁵⁰ Ibid.

⁵¹ Suzanne Keen, *Narrative Form* (New York: Palgrave MacMillan, 2003). Keen discusses the overlap of the textual world and the story world with a self-narrating narrator.

⁵² Hurwitz, "Clinical Cases and Case Reports: Boundaries and Porosities," 48. Hurwitz states that "The fictional narrator sets out his predicament in the explicit hope that readers will benefit from its consideration, how he reasons and which aspects of the situation he decides to valorize and which not..."

⁵³ Keen, *Narrative Form*, 118. Keen states that "narrative fiction engages in world-making in order to function." While Mauriceau is not writing fiction his decision to use narrative to construct his medical knowledge necessitates this "world-making" process. The second layer of narrative reveals many aspects of this world created by Mauriceau.

⁵⁴ Mauriceau, *Traité Des Maladies Des Femmes Grosses Et De Celles Qui Sont Nouvellement Accouchées*, unnumbered Preface. "On trouvera dans ces Observations des exemples que l'on doit imiter, et d'autres qui doivent être évitez."

⁵⁵ Mauriceau, *Traité Des Maladies Des Femmes Grosses Et De Celles Qui Sont Nouvellement Accouchées*. Observation 16, "De violent accouchement d'une femme, qui mourut quatre jours ensuite, par la faute de ceux qui avoient tenté les premiers de l'accoucher."

⁵⁶ The Hippocratic cases in *Epidemics* 3 have similar opening sentences that preform this same organizing function.

⁵⁷ For the French, see Appendix. Mauriceau, *Observations Sur La Grossesse Et L'accouchement Des Femmes*, Observation 12.

⁵⁸ In those cases when Mauriceau is not the subject, the verb is in the negative form.

⁵⁹ Mauriceau, *Traité Des Maladies Des Femmes Grosses Et De Celles Qui Sont Nouvellement Accouchées*, 11-12. As a midwife, I know that his moving of the head to an anterior position (face down) with a finger in the mouth, while possible, would be very difficult. This maneuver would require a great amount of force and would likely fail in most instances, if a practitioner were even able to reach the mouth of the infant. Yet, in this account the actions are performed with ease.while possible, would be very difficult. This maneuver would require a great amount of force and would likely fail in most instances, if a practitioner were even able to reach the mouth of the infant. Yet, in this account the actions are performed with ease.</Note><DisplayText>As a midwife, I know that his moving of the head to an anterior position (face down

⁶⁰ McTavish mentions the repeated references to the size of his hands in the *Traité*. This emphasis on his small hands continues in the *Observations*. For example, see observation 26, "...I found it impossible to fully introduce my hand there for delivery, though mine are quite small..."

⁶¹ Mauriceau, *Observations Sur La Grossesse Et L'accouchement Des Femmes*, 139. See Appendix for the French.

⁶² Ibid., Observation 402. See Appendix for the French.

⁶³ Lesley Ann Dean-Jones, *Women's Bodies in Classical Greek Science* (Oxford: Clarendon Press, 1994), 210.

⁶⁴ Lesley Ann Dean-Jones, *Women's Bodies in Classical Greek Science* (Oxford: Clarendon Press, 1994), 210., 210.

⁶⁵ I use the word strange here to refer to strange facts as discussed by Lorraine Daston. Other books and pamphlets containing stories of childbirth that circulated in the early modern period typically dealt with cases of “monstrous” births or other portentous abnormal births. The most famous example is of Mary Toft (1701-1763) who claimed to have given birth to rabbits. Lorraine Daston, *Wonders and the Order of Nature* (New York: Zone Books, 2001).

⁶⁶ ⁶⁶ During the period of Mauriceau’s life, man-midwives were not common at uncomplicated childbirth, which was usually attended by female midwives. Of course man-midwives were still expected to have knowledge of normal childbirth and would learn about it primarily through midwifery treatises (such as Mauriceau’s *Traité*). These books usually devoted the first chapter to the relevant anatomy and would cover the basics of uncomplicated childbirth before delving into the more common types of complications and how to respond to them.

⁶⁷ This was a very common reason given by birthing mothers for not calling in a male practitioner. Until the mid-eighteenth century (date varies by country) man-midwives were so highly associated with instruments that removed deceased fetuses that amongst some birthing women there was fear that they would bring about the death of the child.

⁶⁸ Mauriceau, *Traité Des Maladies Des Femmes Grosses Et De Celles Qui Sont Nouvellement Accouchées*, 1. “Du laborieux accouchement d’une femme don’t l’enfant étoit resté au passage, à cause de l’extrême grosseur de sa tête.”

⁶⁹ *Ibid.* “car le plus grand empêchement dans ces fortes d’accouchemens ne procede pas des parties charnuës exterieures; mais seulement des parties interieures, et principalement de l’articulation du coccix, qui ne cede pas si facilement en se refléchissant en arriere pour le passage de l’enfant aux femmes avancées en âge, qu’aux jeunes dans leur accouchement; comme aussi de l’orifice interne de la matrice, qui étant plus dur et coriace, ne se dilate pas pour lors si aisément qu’il fait dans un âge moins avancé.”

⁷⁰ *Dictionnaire De L’académie Française*, 1st ed. (Paris 1694).

⁷¹ Mauriceau, *Traité Des Maladies Des Femmes Grosses Et De Celles Qui Sont Nouvellement Accouchées*, 2. “c’est ce qui me fait croire qu’elle seroit indubitablement échappée, si les Chirurgiens qui furent appelez deux ou trois jour avant moy pour la secourir, l’eussent accouchée de la maniere que je fis, après qu’elle en eust été entierement abandonnée.”

⁷² From antiquity many physicians and surgeons were trained to leave patients for dead if they felt there was little that could be done in order to prevent any impingement on their personal reputations or that of medicine generally. This theme appears repeatedly in Mauriceau’s cases, see for example case 1 and Siraisi, *Medieval and Early Renaissance Medicine*.

⁷³ These dates come from the publishing of this printing in 1746 and Adrian Wilson’s end date for Manningham’s Infirmary as 1747. Of course it is possible that Manningham continued to teach his course elsewhere after 1747 but there is no evidence of this. Furthermore, the fact that he created the infirmary as a teaching facility gives more weight to this dating. Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England 1660-1770* (Cambridge: Harvard University Press, 1995).

⁷⁴ Author’s translation. “Mauriceau obs. 240 *De aquis disruptis* 7. *Ante partum*” and below “Mauriceau obs. 402 *de aquis disrupt: no rem ante partus septimanas*” Richard Manningham, “*Artis Obstetricariae Compendium*,” ed. University of California at Los Angeles (London: Biomedical Library, 1746), 18.

⁷⁵ Wilson provides the date and purpose of the infirmary, as well as the cost of the course. Wilson, *The Making of Man-Midwifery: Childbirth in England 1660-1770*, 114-16.

⁷⁶ There is a large body of literature within the history of the book questioning the exclusive power of the author and the role of the reader in shaping the meaning of books. Adrian Johns, *The Nature of the Book* (Chicago: University of Chicago Press, 1998); “How to Acknowledge a Revolution,” *The American Historical Review* 107, no. 1 (2002). James Secord, *Victorian Sensation* (Chicago: University of Chicago Press, 2003).

⁷⁷ Ernesto Laclau and Chantal Mouffe, *Hegemony and Socialist Strategy* (London: Verso, 1985), xi, xxiii, 99.

⁷⁸ The Manningham being the only exception to this of which I am aware. There are cases of texts being translated into Latin at a later date, but were originally published in the vernacular. For example see Denis K Mumby, "Introduction," in *Narrative and Social Control* (Newbury Park: Sage Publications, 1993).

⁷⁹ References to his *Observations* can be found in the books of Smellie and the famous French midwife Madame du Coudray, Edmund Chapman, *An Essay on the Improvement of Midwifery* (London: A Blackwell, 1733). and William Smellie, *A Treatise on the Theory and Practice of Midwifery* (London: D Wilson, 1752). Angélique Marguerite Le Boursier du Coudray, *Abrégé De L'art Des Accouchements* (Paris: Debure, 1777).

⁸⁰ Pomata, "Sharing Cases: The Observations in Early Modern Medicine," 196-222.

⁸¹ Mauriceau, *Diseases of Women with Child and in Child-Bed*, Unnumbered Preface. In a similar spirit his frontispiece declares "...tres utile aux chirurgiens, et neccessaire à toutes les Sage-femmes..."

⁸² Though it would seem that those persons looking for sex manuals would be more interested in Mauriceau's treatise with images and descriptions of the reproductive organs. McTavish, *Childbirth and the Display of Authority in Early Modern France*, 27-30.

⁸³ John Lyons, *Exemplum: The Rhetoric of Example in Early Modern France and Italy* (Princeton: Princeton University Press, 1989), 138-43.

⁸⁴ Churchill and Churchill, "Storytelling in Medical Arenas: The Art of Self-Determination," 78.

⁸⁵ Mary S Morgan, "Afterword," in *Science without Laws*, ed. Angela Creager, Elizabeth Lunbeck, and Norton Wise (Durham: Duke University Press, 2007), 268.

⁸⁶ Lyons, *Exemplum: The Rhetoric of Example in Early Modern France and Italy*, 26-28.

⁸⁷ Pomata, "Sharing Cases: The Observations in Early Modern Medicine."

⁸⁸ Mauriceau, *Traité Des Maladies Des Femmes Grosses Et De Celles Qui Sont Nouvellement Accouchées*, unnumbered Preface to Volume 2.

⁸⁹ Benjamin, "The Storyteller," 89.

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