

Blame and Vindication in the Early Modern Birthing Chamber

LIANNE McTAVISH*

Who was to blame when a labouring woman or her unborn child died during the early modern period? How was responsibility assessed, and who was charged with assessing it? To answer such questions, this article draws on French obstetrical treatises produced by male surgeons and female midwives between 1550 and 1730, focusing on descriptions of difficult deliveries. Sometimes the poor outcome of a labour was blamed on the pregnant woman herself, but more often a particular medical practitioner was implicated. Authors of obstetrical treatises were careful to assign fault when injuries or deaths occurred in cases concerning them. *Chirurgiens accoucheurs* (surgeon men-midwives) regularly accused female midwives of incompetence, yet also attacked fellow surgeons as well as those male physicians officially superior to them in the medical hierarchy. Female midwives similarly condemned the actions of male practitioners, without hesitating to censure other women when their mismanagement of deliveries had tragic consequences. Part of authors' eagerness to blame others stemmed from the fear of being held accountable for mistakes preceding practitioners had made. 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.

French obstetrical treatises are replete with "blame narratives". These tales take the form of case studies, with authors providing the date of the delivery in question, as well as an overview of the woman's condition and recent history. Authors argued that previous practitioners had failed to act appropriately, causing the appalling state of the woman and her child. They typically described how they had then intervened to rescue the woman, or else explained what could have been done if they had been summoned more quickly to the birthing room. The stories are conventional, and clearly meant to place individual authors in a flattering light. They also allude, however, to the precarious position of both male and female midwives in the birthing chamber. Practitioners risked losing their reputations when difficulties arose in relation to childbirth, but could acquire status if accredited with a successful outcome. Studying authors' denunciation of others reveals the ways in which power could shift during a single delivery, when new practitioners were called in for consultation, and earlier ones declared unqualified. Instead of depicting a "gender war," in which men attacked women, the stories offer a more complex vision of the interactions between different birth assistants, including surgeons, physicians, and female midwives.

This analysis of blame also suggests reasons why female midwives requested male assistance with challenging births. Though these women governed the birthing room

© Lianne McTavish 2006

* Lianne McTavish, PhD, Associate Professor,
Department of History, University of New Brunswick,
PO Box 4400, Fredericton, NB, Canada E3B 5A3.

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throughout the early modern period in France, *chirurgiens accoucheurs* gradually became more active, attending even the uncomplicated deliveries of wealthy, urban clients living in the north by the late eighteenth century.¹ Traditional accounts of this transformation feature men's superior knowledge or use of instruments.² Scholars are now considering, however, the ways in which labouring women actively participated in the selection of male midwives, and were not the passive victims of a dominant male medical establishment.³ The historian Adrian Wilson, for example, studies the expansion of male midwifery in England, where childbirth became part of medicine between 1720 and 1770, and many men served at the normal deliveries of affluent urban women by 1780.⁴ According to him, literate and wealthy women sought to distinguish themselves from the lower orders by hiring more costly men-midwives to assist at their deliveries.⁵ His claims significantly consider social status in addition to issues of gender, while contesting the belief that there was a unified women's culture in eighteenth-century England. Yet inviting a male practitioner into the birthing room was not always the decision of the pregnant woman, her friends, or family. Female midwives could summon men to the birthing room, and did so in especially difficult cases, an action apparently at odds with their own interests. Blame narratives offer a plausible explanation for the reliance of female midwives on male practitioners: women called men to avoid receiving blame for mishaps. Female midwives not only marshalled male witnesses as a means of self-protection, but they sometimes also attempted to shift the responsibility onto men. This strategy was nevertheless uncertain because male practitioners could accuse female midwives of having caused the problem, or take credit if a labouring woman ultimately survived.

It might seem that female midwives had little choice about whom to call when a delivery took a dangerous turn. One clause of the Parisian *Statuts et reiglemens* for midwives, first devised in 1560, asserted that when faced with a malpresenting child, or when a labouring woman was near death, female midwives had to request help "either from physicians, or master surgeons sworn in at the Châtelet in Paris, or from the senior sworn mistresses or mothers, and not from people who are ignorant in this area".⁶ This regulation is striking because though female midwives were encouraged to ask for male assistance, and to recognize male superiority, they could also turn to more established female midwives. Women were not legally obliged to rely on male medical practitioners, and I have found no

¹ Jacques Gélis, *La sage-femme ou le médecin: une nouvelle conception de la vie*, Paris, Fayard, 1988, pp. 305, 325, contends that despite expanding their practices, men-midwives exclusively devoted to childbirth remained an exception in France until the nineteenth century, especially in the southern parts of the country. Mireille Laget, *Naissances: l'accouchement avant l'âge de la clinique*, Paris, Seuil, 1982, p. 211, notes the practice of female midwives declined primarily in large, urban centres.

² See, for example, Edwin A Jameson, *Gynecology and obstetrics*, New York, Hoeber, 1936; James V Ricci, *The genealogy of gynaecology: history of the development of gynaecology throughout the ages, 2000 B.C.–1800 A.D.*, Philadelphia, Blakiston, 1943; Theodore Cianfrani, *A short history of obstetrics and gynecology*, Springfield, IL, Thomas, 1960; Irving S

Cutter and Henry R Viets, *A short history of midwifery*, Philadelphia, Saunders, 1964; and Walter Radcliffe, *Milestones in midwifery*, Bristol, Wright, 1967.

³ See, for example, the essays in Hilary Marland (ed.), *The art of midwifery: early modern midwives in Europe*, London, Routledge, 1993.

⁴ Adrian Wilson, *The making of man-midwifery: childbirth in England, 1660–1770*, London, UCL Press, 1995, p. 2.

⁵ *Ibid.*, pp. 185–95.

⁶ *Statuts et reiglemens ordonnez pour toutes les matrones, ou saiges femmes de la ville, faulxbourgs, prevosté, et vicomté de Paris*, Paris, n.d. See also Wendy Perkins, *Midwifery and medicine in early modern France: Louise Bourgeois*, University of Exeter Press, 1996, p. 102.

records of them being punished for failing to do so. Complaints about the reluctance of female midwives to allow men into the lying-in chamber are primarily located in the obstetrical treatises written by *chirurgiens accoucheurs*. According to these authors, female midwives summoned men only when it was too late, and little or nothing could be done to relieve the labouring woman.⁷

All the same, surgeon men-midwives boasted of having saved the lives of women on the brink of death, producing dramatic accounts in an effort to improve their status. Their tales suggest that if a male practitioner preserved the life of a client or her child, he had a greater chance of being invited to attend the woman's subsequent births, and thus of being associated with an increasing number of positive outcomes. In his study of English midwifery, Wilson argues that once forceps enabled men-midwives to remove live rather than dead children, they were called more quickly to the birthing room and their practices expanded.⁸ Something similar may have occurred in France, though in relation to the politics of blame rather than strictly in relation to instrument use. The forceps was invented in England by the Chamberlen family, and was not widely used in France until after 1730. The Parisian surgeon Grégoire the Younger helped to popularize the instrument in the 1730s, but the surgeon André Levret did not publish his design of the curved forceps until 1753.⁹ Some scholars have attempted to find earlier instances of forceps use in France, but attending to the ways in which the fear of blame may have opened the birthing room to men arguably offers a more fruitful approach.¹⁰ Of course, considerations of blame will augment rather than replace the wide range of medical, cultural, and historical reasons invoked by modern scholars to explain the changing nature of midwifery in early modern Europe.

Obstetrical treatises, which contain numerous blame narratives within them, provide the richest source for exploring the politics of blame. Examining this aspect of the treatises contributes to a more sophisticated understanding of the function of the publications, a subject of ongoing scholarly interest. Lengthy obstetrical treatises, primarily written by men, cover all aspects of childbirth, from theories of conception to signs of pregnancy, labour, and postpartum complaints. Though most recent scholarship analyses the English sources, French authors were equally prolific, composing at least twenty-three obstetrical treatises and one unpublished text between 1550 and 1730, in addition to translations of books first published in other languages.¹¹ The treatises enjoyed a diverse audience consisting of male medical practitioners, female midwives, pregnant women, lay people, and

⁷ See, for example, Jacques Duval, *Traité des hermaphrodites, parties génitales, accouchemens des femmes*, Rouen, 1612, p. 196; François Mauriceau, *Des maladies des femmes grosses et accouchées*, Paris, 1668, pp. 350–1; Philippe Peu, *La pratique des accouchemens*, Paris, 1694, p. 261; and Pierre Dionis, *Traité général des accouchemens*, Paris, 1718, p. 228.

⁸ Wilson, *op. cit.*, note 4 above, p. 97.

⁹ Peter M Dunn, 'The Chamberlen family (1560–1728) and obstetric forceps', *Archives of Disease in Childhood*, 1999, **81** (3): 232–5; Martial Dumont, 'Histoire et petite histoire du forceps', *Journal de Gynécologie, Obstétrique, et Biologie*, 1984, **13** (7): 743–57; and Laurence Brockliss and Colin Jones, *The medical world of early modern France*, Oxford, Clarendon, 1997, p. 615.

¹⁰ Eduard Kaspar Jakob von Siebold, *Essai d'une histoire de l'obstétricie*, Paris, Steinheil, 1891–1892, vol. 2, p. 84, argues that the sixteenth-century surgeon Pierre Franco used his speculum as a kind of forceps. See Pierre Franco, *Chirurgie*, Geneva, Slatkine Reprints, 1972 (orig. 1561), p. 238. G Panel, *Jacques Mesnard, chirurgien et accoucheur (1685–1746) et ses oeuvres*, Rouen, Lestringant, 1889, p. 25, argues that an instrument used by Mesnard, the *tenettes*, was in fact a true forceps.

¹¹ I both list and discuss these treatises in my book *Childbirth and the display of authority in early modern France*, Aldershot, Ashgate, 2005.

even readers in search of a sex manual.¹² No longer exclusively understood as venues designed to disseminate information about childbirth, various scholars argue that such texts were used to produce the reputation of their authors, or were sites of display making authors visible.¹³ By emphasizing articulations of blame, this article shows that treatises additionally acted as venues in which grievances could be aired, and made subject to debate. The authoritative written format of blame narratives provided birth attendants with a practical and effective way to attack rivals while defending themselves, without resorting to litigation.

The Complexities of Blame

The *chirurgien accoucheur* François Mauriceau declared that on 29 November 1675, he spoke with a woman whose sister had recently died during labour because an inept surgeon had killed her unborn child and lacerated her womb with his instruments. According to the grieving woman, the reprehensible surgeon had called another surgeon to assist him with the operation, and had then cast all blame on this second man for “having been the last to put his hand to work”. After investigating the circumstances, Mauriceau asserted:

... the truth of this sad story was immediately confirmed by one of my confreres, who told me he had been summoned by the second surgeon within the hour, to help reduce the intestines of the dying woman, which they found entirely outside of her belly, completely bruised, and the mesentery ripped into shreds, assuring me that he had never seen a more horrible spectacle, nor a more pitiable one; because at the time this poor woman had seven other young living children.¹⁴

Mauriceau judged the ignorance and temerity of the first surgeon responsible for the woman’s death, but declared that the second surgeon was not exempt from blame because he should have reduced the woman’s intestines immediately, instead of waiting for the third surgeon to arrive. Affirming he was not interested in insulting the first surgeon, Mauriceau claimed to have recounted the “lamentable story” only to warn the public about the danger of trusting those who lacked a true comprehension of the art of childbirth.

This suggestive blame narrative appeared among 700 case studies comprising Mauriceau’s obstetrical treatise of 1695, *Observations sur la grossesse et l’accouchement*

¹² Ibid., pp. 27–30; and Robert A Erickson, “‘The books of generation’: some observations on the style of the British midwife books, 1671–1764”, in Paul-Gabriel Boucé (ed.), *Sexuality in eighteenth-century Britain*, Manchester University Press, 1982, pp. 74–94.

¹³ Isobel Grundy, ‘Sarah Stone: Enlightenment midwife’, in Roy Porter (ed.), *Medicine in the Enlightenment*, Amsterdam, Rodopi, 1995, *Clio Medica* 29, pp. 128–44, and Nina Rattner Gelbart, *The king’s midwife: a history and mystery of Madame du Coudray*, Berkeley, University of California Press, 1998, discuss treatises in terms of reputation. McTavish, op. cit., note 11 above, argues that obstetrical treatises made authors visible (see esp. ch. 2, pp. 57–79).

¹⁴ François Mauriceau, *Observations sur la grossesse et l’accouchement des femmes*, Paris, 1695, pp. 82–3: “La verité de ce triste recit me fut aussi-tost confirmée par un de mes confreres, qui me dit avoir esté mandé à l’heure mesme par ce second Chirurgien, pour faire la reduction des intestins de cette femme qui estoit agonisante, lesquels il trouva tout-à-fait hors de son ventre, tout meurtris, & le mézenteré tout déchiré en lambeaux, m’assurant qu’il n’avoit jamais vû un spectacle plus horrible, & en mesme temps plus pitoyable; parce que cette pauvre femme avoit pour lors sept autres petits enfans vivans.” For Mauriceau’s biography, see D Ficheux, ‘François Mauriceau, accoucheur sous le Roi Soleil’, Thèse pour le doctorat en médecine, Université d’Amiens, 1985.

Blame and Vindication in the Early Modern Birthing Chamber

des femmes (Observations on Women's Pregnancy and Childbirth). Already famous for his treatise of 1668, *Des maladies des femmes grosses et accouchées* (Diseases of Women with Child and in Child-bed), Mauriceau adopted a judgmental tone while evaluating the ability of fellow surgeons in his second major publication.¹⁵ His tale reveals that when complications arose, birth attendants were not alone in the lying-in chamber. In addition to the family and friends of the labouring woman, a number of male medical practitioners could be called to offer help and advice, but also potentially to take the blame for a predecessor's mistake. Mauriceau's story indicates that the last person to practise was liable to be blamed, though the reports of key witnesses, especially medical men, could also be used to assess responsibility. Despite operating last, the third surgeon escaped all responsibility in Mauriceau's recounting of events. Identified as a fellow member of Saint-Côme, the surgeons' corporation in Paris, he may have been a personal friend of the author. In any case, the description explicitly states that the woman was already dying when the third man arrived, thereby exonerating him. Blame is moreover shifted away from the labouring woman, who is described as a pitiable victim. The seemingly innocuous detail of her seven children demonstrates her bodily ability to bear living infants, adding additional weight to Mauriceau's claim that the first surgeon had intervened in a reckless manner.

It may seem counterproductive for Mauriceau, who was himself a surgeon man-midwife, to attack other surgeons and link their instruments with death. In his warning to the public, however, Mauriceau distinguished between those with "true" knowledge of childbirth and those lacking it, implying his conformation to the former group—a point made more decisively in many of his other case studies, in which he heroically intervenes to save the lives of women.¹⁶ The famous *chirurgien accoucheur* participated in a commonplace strategy by urging readers to distinguish between good and bad surgeons, instead of painting them all with the same brush. In his cautionary tale, the first surgeon was unable to determine that intervention was not necessary, while the second was dangerously reluctant to operate. According to Mauriceau, a learned surgeon man-midwife would avoid these extremes, being neither careless nor irresolute.

Other blame narratives similarly separate adroit from harmful surgeons. In *La pratique des accouchemens* (The Practice of Childbirth), an obstetrical treatise published in 1694, the *chirurgien accoucheur* Philippe Peu outlined a story featuring his active participation in the birthing room:

In the presence of Monsieur l'Evêque my confrere, of Monsieur his son-in-law, and of Madame Ardon midwife, who were charitable enough to assist me, I attended and delivered of her first child the wife of an old clothes merchant named Bernard living on the rue de la grande Friperie. She had been convulsing for about 24 hours when I left to go there. Her child was dead and half rotten. I removed it with the instrument (i.e. the *crochet*). She soon recovered perfect health and took better care of herself for the future. Did I mention that she had been abandoned by a man who had made a name for himself and by several of his disciples, who had employed many specious pretexts to win over the mind of the mother, and to prevent me from saving the life of her daughter, crying out

¹⁵ Mauriceau, *Des maladies des femmes grosses et accouchées* appeared in four editions during the surgeon man-midwife's lifetime (1668, 1675, 1681, 1694), numerous reprints after his death in 1709, and

translations into German, Dutch, Italian, Latin, Flemish, and English.

¹⁶ See, for example, Mauriceau, *Observations sur la grossesse*, op. cit., note 14 above, pp. 15, 35, 153.

against my method, and striving by their vain discourses to save their reputation at the expense of mine.¹⁷

Carefully naming reliable witnesses who could support his claims, Peu portrayed himself as a beleaguered saviour at odds with a group of self-interested practitioners. Though these rivals are not identified, it is possible some readers would have recognized the men in question. After all, Mauriceau's description of the woman mutilated in 1675 portrays surgeons talking amongst themselves about tragic cases, attempting to assign fault. When Peu criticized the medical manipulations of an unnamed junior colleague in another section of his obstetrical treatise, the outraged younger surgeon (Monsieur Simon) not only recognized himself, but felt sure others in the small surgical community of Saint-Côme would as well.¹⁸ Peu was certainly known for his public quarrels with fellow surgeons, including the celebrated Mauriceau, possibly the "man who had made a name for himself" in the narrative above. In various pamphlets as well as his later treatise, Mauriceau attacked Peu's use of the *crochet*, a curved hook used to pull dead infants from the womb. He claimed Peu had committed "horrible murders" with the instrument by mistakenly using it on living unborn children.¹⁹ Peu strenuously defended his technique, while criticizing Mauriceau's own use of the *tire-tête*, an instrument designed to remedy cases of impacted head presentation by puncturing the dead child's skull and enabling traction.²⁰ Peu's story thus continues to defend "his method", while criticizing those who doubt its efficacy.

Peu's blame narrative furthermore suggests that disputes between *chirurgiens accoucheurs* took place in the birthing room as well as in print. The lying-in chamber emerges from his tale as a noisy battleground in which men vied for women's patronage, in this case by trying to influence the mother of the suffering woman. Despite implying that the daughter had not taken good care of herself, Peu initially described her condition in a neutral way. He shifted, however, to a more direct and persuasive style to discuss his opponents. The phrase "did I mention" interpellates readers, asking them to take sides in the debate.²¹ His strategy alludes to the competitive nature of the medical world in early modern France, when surgeon men-midwives had to defend their reputations continually,

¹⁷ Peu, op. cit., note 7 above, 347–8: "En presence de Monsieur l'Evêque mon confrère, de Monsieur son gendre, & de Madame Ardon sage-femme, que eurent la charité de me servir d'aide, j'acouchai & délivrai de son premier enfant la femme d'un Marchand fripier nommé Bernard demeurant rué de la grande Friperie. Elle étoit depuis vingt-quatre heures dans les convulsions quand j'y allai. Son enfant se trouva mort & à demi corrompu. Je le tirai avec l'instrument. Elle recouvra bien-tôt une santé parfaite & prit mieux ses mesures pour l'avenir. Dirai-je qu'elle avoit été abandonnée d'un homme dont le nom a fait grand bruit & de plusieurs de ses disciples, qui employèrent beaucoup de spécieux prétextes pour gagner l'esprit de la mère & m'empêcher de sauver la vie à sa fille, se récriant contre ma méthode, & s'efforçant par leurs vains discours de sauver leur réputation aux dépens de la mienne."

¹⁸ M. Simon, *Factum ou lettre écrite par Mr. Simon à Mr. Peu sur la falsification d'un fait qui se trouve à la fin du premier livre de sa pratique des accouchemens*, n.l., n.d. For the section of Peu's treatise attacking Simon see *La pratique des accouchemens*, op. cit., note 7 above, pp. 252–6.

¹⁹ See Mauriceau, op. cit., note 14 above, unpaginated Avertissement, for the most detailed attack on Peu's method.

²⁰ Philippe Peu, *Réponse de M. Peu aux observations particulières de M. Mauriceau sur la grossesse et l'accouchement des femmes*, n.l., n.d. For Peu's initial critique of Mauriceau's instrument, see 'Du tire-tête', *La pratique des accouchemens*, op. cit., note 7 above, pp. 357–76.

²¹ I thank Nathalie Comeau for assisting me with this translation and suggesting this interpretation to me.

even from attacks by fellow surgeons. The unsettled status of male midwives emerges from Peu's tale; the men are not portrayed as a unified group poised to eject female midwives from the birthing room. In fact, Peu aligned himself with a respected female midwife, Madame Ardon, to bolster his claims of superior surgical skill.

Nevertheless, like other surgeon men-midwives, Peu regularly blamed female midwives for injuries in the birthing room, arguing that incompetent and vain women waited too long to ask for male assistance.²² A standard reference to the "ignorance" of female midwives is found in the obstetrical treatise of Pierre Amand, another *chirurgien accoucheur* with membership in Saint-Côme. In his *Nouvelles observations sur la pratique des accouchemens* (New Observations on the Practice of Childbirth) of 1715, Amand claimed that on 3 April 1699, a midwife whom he called "Madame le C", managed to deliver a live child but then perversely pulled the bottom of the woman's womb into her vagina.²³ Another surgeon man-midwife, Guillaume Mauquest de La Motte, noted many instances of bungling female midwives in his *Traité complet des accouchemens* (Complete Treatise of Childbirth) of 1721. In one case an older woman lacking the strength to complete a delivery caused the death of the child. According to Mauquest de La Motte, he managed both to remove the dead child and to save the mother, replacing the female midwife's weakness with his manly fortitude.²⁴ Such criticism was designed to portray the necessity of male intervention at a time when female midwives continued to control the lying-in chamber, and women's bodies were naturally associated with a knowledge of childbirth. Surgeon men-midwives strove to discredit female midwives while promoting themselves, employing the same rhetorical techniques used to disparage fellow surgeons.²⁵

Female midwives produced blame narratives for their own purposes. French women wrote three obstetrical treatises between 1550 and 1730, although one remained unpublished. By far the most famous of these texts was by Louise Bourgeois, royal midwife to Queen Marie de Médicis from 1601 to 1609; the three volumes of her *Observations diverses sur la stérilité, perte de fruct, foecondité, accouchements et maladies des femmes et enfants nouveaux naiz* (Various Observations on Sterility, Miscarriage, Fertility, Childbirth and Diseases of Women and Newborns) were published in 1609, 1617, and 1626 respectively, with all the volumes appearing together in 1626, 1634, 1642, and 1652.²⁶ Though Bourgeois reproached female midwives—criticizing them for pulling out women's wombs along with the afterbirth, or ignorantly using the agricultural term *portière* to refer to the womb—she was more likely to blame male practitioners for mishaps

²² Peu, op. cit., note 7 above, pp. 261, 273.

²³ Pierre Amand, *Nouvelles observations sur la pratique des accouchements*, Paris, 1715, pp. 182–5.

²⁴ Guillaume Mauquest de La Motte, *A general treatise of midwifery*, trans. Thomas Tomkyns, London, 1746 (orig. French, 1721), pp. 336–7. For a similar story, see Paul Portal, *La pratique des accouchemens*, Paris, 1685, pp. 49–50.

²⁵ For a discussion of the continuing "diatribe" against traditional midwives in the French literature, see Madeleine Lazard, 'Médecins contre matrones au 16e siècle: la difficile naissance de l'obstétrique', in Marc Bertrand (ed.), *Popular traditions and*

learned culture in France, Saratoga, CA, Anma Libri, 1985, pp. 25–41, and Evelyne Berriot-Salvadore, *Les femmes dans la société française de la renaissance*, Geneva, Droz, 1990, pp. 267–75.

²⁶ For recent publications on Bourgeois, see Philip A Kalisch, Margaret Scobey, and Beatrice J Kalisch, 'Louyse Bourgeois and the emergence of modern midwifery', *Journal of Nurse-Midwifery*, 1981, 26 (4): 3–17; Berriot-Salvadore, op. cit., note 25 above, pp. 257–66; Perkins, op. cit., note 6 above; Colette H Winn, 'De sage (-) femme à sage (-) fille: Louise Boursier, *Instructions à ma fille* (1626)', *Papers on French Seventeenth-Century Literature*, 1997, 24

in the birthing room.²⁷ She argued that in 1603 a woman from the parish of Saint-André-des-Arts asked her to help her sister, who had been treated by her relative, a court physician, for some five and a half months. This man had diagnosed the woman, who experienced regular blood losses, as *hydropsical*, suffering from an excessive amount of water in her abdomen. Although he prescribed treatments producing evacuations designed to cure this malady, the woman grew bigger every day. After hearing the tale, Bourgeois judged the woman pregnant, a hypothesis confirmed during a subsequent examination. When the woman eventually went into labour, she gave birth to a feeble son who lived only three hours. As her midwife, Bourgeois then attempted to remove the afterbirth, but without success. Afraid she would be criticized, the royal midwife called a respected surgeon for help, but he was equally unable to dislodge the placenta.²⁸ After the woman died six days later, the original physician declared Bourgeois responsible because she had called a surgeon for assistance when she should have summoned a physician. The royal midwife affirmed, however, that the court physician was himself at fault, because his treatment had dried out the woman's afterbirth, making it impossible to remove.²⁹

Bourgeois' lengthy account contains layers of meaning. Like the situation described by Mauriceau above, it initially features the voice of the suffering woman's sister—drawing attention to the oral transmission as well as production of medical knowledge—and then shifts to apportioning blame for the woman's death. Yet unlike Mauriceau, Bourgeois had become involved in the woman's treatment, and thereby risked being targeted by others wishing to assign blame for her client's death. The case is especially interesting, however, because she was not attacked for failing to remove the afterbirth—a task traditionally assigned to female midwives. A labouring woman could produce a child (*être accouchée*), but was not fully delivered (*être délivrée*) until the entire placenta was removed from her body.³⁰ Bourgeois was instead charged with calling for the assistance of the wrong kind of male practitioner. The court physician's ire at her selection of a surgeon invokes the debates between Parisian surgeons and physicians recurring throughout the early modern period. Though the surgeons of Saint-Côme were officially inferior to physicians belonging to the Faculté de Médecine because of the “lowly” manual labour surgeons undertook, in practice the two groups wrestled for medical status and privileges in contests that would become more heated later in the seventeenth century.³¹ Bourgeois' story suggests that midwives played a role in this quarrel by deciding which practitioners to summon to the

(46): 61–83; François Rouget, 'De la sage-femme à la femme sage: réflexion et réflexivité dans les *Observations de Louise Boursier*', *Papers on French Seventeenth-Century Literature*, 1998, 25 (49): 483–96; and Bridgette Sheridan, 'At birth: the modern state, modern medicine, and the royal midwife Louise Bourgeois in seventeenth-century France', *Dynamis*, 1999, 19: 145–66.

²⁷ Louise Bourgeois, *Observations diverses sur la stérilité, perte de fruit, foecundité, accouchements et maladies des femmes et enfants nouveaux naiz*, ed. Françoise Olive, Paris, Côté-Femmes, 1992 (orig. 1652), pp. 104, 110.

²⁸ *Ibid.*, pp. 204–6.

²⁹ *Ibid.*, p. 206.

³⁰ Many treatises make this distinction. See, for example, Bourgeois, *Observations diverses*, op. cit., note 27 above, p. 78, and Peu, op. cit., note 7 above, p. 34.

³¹ Joseph Lévy-Valensi, *La médecine et les médecins français au XVII^e siècle*, Paris, Baillière, 1933; François Millepierres, *La vie quotidienne des médecins au temps de Molière*, Paris, Hachette, 1964, pp. 169–87; Jeanne Rigal, 'Démêlés avec la Faculté de Médecine, 1600–1655', in *idem*, *La communauté des maîtres-chirurgiens jurés de Paris au XVII^e et au XVIII^e siècle*, Paris, Vigot Frères, 1936, pp. 25–42; and Toby Gelfand, *Professionalizing*

birthing room. The blame narrative by Bourgeois furthermore portrays a female midwife refusing to recognize the superiority of medical men. She apparently acknowledged the authority of the unnamed surgeon by asking for his help, but made it clear she had relied on him only to protect herself from blame, while noting he was no more successful than her in removing the afterbirth. At the same time, she described this surgeon as both honest and able, allying herself with his good qualities and providing a sharp contrast to the meddling court physician. The ignorance of this physician is reiterated in the royal midwife's concluding sentence, where she claimed to have recounted her tale as an example for those who treated illnesses about which they knew nothing. Bourgeois thus inverted the licensing system requiring female midwives to be examined by two surgeons, one physician, and two senior midwives.³² Positioning herself as an expert in midwifery, she asserted her ability to evaluate as well as to teach the physician and others like him.

Surgeon men-midwives were no less eager to cast doubt on the abilities of physicians within the birthing room. Both Mauriceau and his cousin Pierre Dionis, also a *chirurgien accoucheur*, claimed physicians' theoretical knowledge of childbirth could not compare with surgeons' more practical, hands-on understanding of it.³³ Mauriceau was especially zealous in his criticism of rival physicians, arguing that, on 25 August 1669, a woman who was around five months pregnant had miscarried her child after a doctor mistook it for a mole—a fleshy mass or false conception—and prescribed purgatives to expel it.³⁴ In another case occurring in 1672, the surgeon man-midwife blamed doctors for immoderately bleeding a pregnant woman twelve times in only fifteen days, in addition to giving her purgatives, which caused her to expire after giving birth prematurely to a dead child.³⁵ In both situations, Mauriceau affirmed that his sage advice was ignored by the unidentified physicians, opinionated men who falsely believed themselves to be more knowledgeable about childbirth than an experienced *chirurgien accoucheur*.

Despite being accused of causing the deaths of unborn children and pregnant women, physicians rarely if ever included blame narratives in their own obstetrical treatises. French doctors wrote only five of the twenty-four treatises considered here, for the most part referring exclusively to theoretical knowledge and the ancient texts attributed to Hippocrates and Galen. Books by physicians, such as Jean Liébault in 1582 and Charles Saint-Germain in 1655, described conditions including menstrual suppression or miscarriage in general, and then offered advice about remedies to be taken internally.³⁶ The case studies informing blame narratives were traditionally associated with surgeons rather than physicians. According to the historian Nancy Siraisi, personal anecdotes were a long-time

modern medicine: Paris surgeons and medical science institutions in the 18th century, Westport, Greenwood, 1980, pp. 21–57.

³² See clause 11 of *Statuts et reiglemens ordonnez pour toutes les matrones, ou saiges femmes de la ville, faulxbourgs, prevosté, et vicomté de Paris*.

³³ Mauriceau, *Des maladies des femmes grosses*, op. cit., note 7 above, unpaginated preface, and Dionis, op. cit., note 7 above, p. 291.

³⁴ Mauriceau, *Observations sur la grossesse*, op. cit., note 14 above, pp. 6–7.

³⁵ *Ibid.*, p. 49.

³⁶ Jean Liébault, *Trois livres appartenant aux infirmités et maladies des femmes*, Paris, 1582, a French translation of Liébault's Latin version of Giovanni Marinelli, *Le medicine partementi alle infermità delle donne*, Venice, 1574, and Charles de Saint-Germain, *Traité des fausses couches*, Paris, 1655. Saint-Germain also wrote *L'eschole méthodique et parfaite des sages-femmes*, Paris, 1650.

feature of surgeons' books, serving to portray authors as successful practitioners who treated patients of some social distinction.³⁷ In contrast, when physicians found it necessary to attack other medical practitioners, they would write short pamphlets or engage in legal proceedings. A well known early example occurred in 1575, when members of the *Faculté de Médecine* launched legal actions against Ambroise Paré, whose treatise—which included obstetrical advice—portrayed the barber surgeon as an authoritative teacher not subject to the supervision of physicians.³⁸ Physicians were apparently committed to fending off challenges to their official privileges, rather than to debating medical authority in obstetrical treatises.

Complex blame narratives were written primarily by those surgeon men-midwives and female midwives interested in renegotiating the medical hierarchy in relation to childbirth. In spite of their conventions, the tales represent the birthing room as a potentially fraught realm, in which neither men nor women were immune from attack. *Chirurgiens accoucheurs* accused both female midwives and physicians of causing deaths in childbirth, but could also malign each other. However, the stories also portray alliances, including those between female midwives and male surgeons. Such links may have been made strategically, but provide some evidence of sympathy between supposed rivals. While Bourgeois praised the able surgeon she had called to assist her, other men were known to protect female midwives.³⁹ In his treatise of 1685, *La pratique des accouchemens*, the surgeon man-midwife Paul Portal, for example, regularly commended female midwives, and rarely blamed them for injuries in the birthing room.⁴⁰ What is perhaps most intriguing about such alliances, however, is their potentially contradictory nature. Bourgeois summoned one male practitioner to shield herself from the accusations of another. At the same time, she insisted on her superior knowledge of childbirth, implying that midwifery was a strictly female activity. Calling for male assistance and preserving childbirth as a female domain may not have been mutually exclusive actions, a point considered below.

Avoiding Blame

It is already clear that both surgeon men-midwives and female midwives associated themselves with some practitioners while denouncing others to escape being blamed for deaths in the birthing room. Authors of obstetrical treatises outlined, however, multiple techniques for eluding blame. Midwifery practitioners were advised, for example, to undertake as little intervention as possible, lest they be falsely accused if something went wrong. In a direct address to female midwives, Bourgeois urged them to refrain

³⁷ Nancy G Siraisi, *Medieval and early Renaissance medicine: an introduction to knowledge and practice*, University of Chicago Press, 1990, pp. 170–2. Though early obstetrical treatises included relatively few accounts of personal experience in the lying-in chamber, the books gradually included more and by 1695 Mauriceau's text was entirely composed of such stories.

³⁸ For an account of this case, see Ambroise Paré, *Des monstres et prodiges*, ed. Jean Céard, Geneva, Droz, 1971, pp. xiv–xvi.

³⁹ Louise Bourgeois, *Récit véritable de la naissance de Messeigneurs et Dames les enfans de France*, ed. François Rouget and Colette H Winn, Geneva, Droz, 2000, pp. 58–9, describes the royal physicians supporting her for the position of royal midwife. For an account of Bourgeois' shifting relationship with male practitioners, see Perkins, op. cit., note 6 above, pp. 99–120.

⁴⁰ Portal, op. cit., note 24 above, pp. 74, 117, 277.

from excessive manual examination of the cervix of a woman in premature labour, in case her waters broke and they were charged with having prompted the birth.⁴¹ According to the royal midwife, labouring women who produced dead children were often ready to implicate their midwives. Female clients strove to evade judgement for their own dangerous actions—dancing, riding in carriages, having sex with their husbands, or experiencing bouts of immoderate fear and anger—which had in fact killed the fruit in their wombs.⁴² Like the *chirurgiens accoucheurs* noted above, pregnant or newly-delivered women were liable to shift responsibility away from themselves by pointing the finger of blame at female midwives. Bourgeois regretted that false allegations had rendered even the best midwives extremely timid.⁴³

In later treatises, male authors claimed that fraudulent accusations could also be directed at men. Though surgeon men-midwives separated good from bad practitioners in their blame narratives, they feared that those gathered in the birthing room would be unable to distinguish between the two groups. Mauriceau claimed that his male colleagues should practise caution by refusing to operate on any woman who was cold or experiencing convulsions. If such a woman died under the surgeon's hands, he would inevitably be declared a butcher and executioner.⁴⁴ Portal went even further than Mauriceau by counselling *chirurgiens accoucheurs* to avoid “working after an other, if he is not certain of a successful outcome, because one always blames he who operated last”.⁴⁵ Reiterating the link between responsibility and proximity, Portal asserted that it was better for a surgeon man-midwife to do nothing at all than to risk being accused of a predecessor's error.

Sometimes the mere presence of a practitioner at a scene of death could impute blame. Mauquest de La Motte described a case occurring in June of 1700, when he was called to deliver a dead child, stuck in a woman's womb after having been decapitated by an unskilled and fearful midwife. The surgeon man-midwife successfully delivered the ailing woman but then left immediately “to avoid seeing her die in my presence”.⁴⁶ The technique of the quick departure was, however, most frequently reported by Peu. In one case, this surgeon man-midwife decided not to assist a very feeble woman who was unlikely to survive, and hastily left the premises. He later heard that a younger surgeon was subsequently called. This less vigilant man did not hesitate to intervene, and received blame when the woman died under his care.⁴⁷

Withdrawing from the birthing room was not always a successful strategy. Peu recounted another situation when he decided his interventions would only torture a female client before her inevitable death. Once he was in the street, however, a crowd forced him

⁴¹ Bourgeois, *Observations diverses*, op. cit., note 27 above, pp. 64–6. The surgeon Jacques Duval, op. cit., note 7 above, p. 110, claimed midwives frequently caused premature labours in this fashion, killing the child.

⁴² Bourgeois, *Observations diverses*, op. cit., note 27 above, p. 188.

⁴³ *Ibid.*, p. 143.

⁴⁴ Mauriceau, *Des maladies des femmes grosses*, op. cit., note 7 above, pp. 270, 350. In his preface to the English translation of Mauriceau's treatise, *The accomplished midwife, treating of the diseases of*

women with child, and in child-bed, London, 1673, Hugh Chamberlen reported that men's use of hooks led to the belief “that where a man comes, one or both must necessarily dye”.

⁴⁵ Portal, op. cit., note 24 above, p. 275: “Je ne conseilleray jamais à Chirurgien, de travailler après un autre, s'il n'est assuré d'un bon succès, parce que l'on blâme toujours celuy qui travaille le dernier, & qu'on l'accuse de la mort de la Malade.”

⁴⁶ Mauquest de La Motte, op. cit., note 24 above, p. 338.

⁴⁷ Peu, op. cit., note 7 above, pp. 426–7.

to return to the woman's bedside and remove the dead child from her womb. When the client died a few days later, Peu was careful to insist that the female midwife was at fault for having forced the birth unnaturally.⁴⁸ Similar circumstances could prompt male practitioners to prevent their own colleagues from departing. In his treatise of 1695, Mauriceau described consulting with many established surgeons and physicians before deciding to deliver a woman who had been in labour for three days with a large, malpresenting child. After noting the necessity of removing the dead child as quickly as possible, Mauriceau was dismayed when two of the oldest surgeons suddenly declared they had to leave in order to have their dinners. Condemning their eagerness to avoid being present when the woman died, Mauriceau compelled one of the men to stay and perform the operation with him.⁴⁹

The situation described by Mauriceau is notable because it involved the wife of a confrere. Her marriage to a surgeon of Saint-Côme made fellow practitioners even less willing to intervene and risk being linked with her death. Other blame narratives indicate that protection of one's reputation was especially important if a female client was wealthy or of high rank. When the woman associated with the court died in 1603 as noted above, Bourgeois wrote an unusually detailed blame narrative to defend herself. Yet the royal midwife's lengthy written declarations of innocence could not protect her career in 1627, when Marie de Bourbon-Montpensier, sister-in-law to King Louis XIII, died after being delivered by Bourgeois. In a case much discussed by modern scholars, Bourgeois and royal medical men engaged in a pamphlet war, casting blame on each other.⁵⁰ According to Portal, when serving powerful women, male medical practitioners were so fearful of being blamed, they would sometimes let a "grande Dame" expire instead of attempting to assist her.⁵¹ Providing quite a contrast to Peu's immediate delivery of the wife of the old clothes merchant, this claim implies that women of high status might receive diminished medical care, a dangerous situation when timely interventions were required to save their lives.

Nevertheless, the sheer avoidance of precarious situations could merely protect rather than augment a practitioner's reputation. Authors of obstetrical treatises therefore offered additional advice about how to escape blame while working in the birthing room. In cases involving the removal of a dead unborn child, *chirurgiens accoucheurs* urged other men to refrain from using instruments as much as possible, and to avoid cutting the tiny body into pieces. According to Mauriceau, a surgeon man-midwife should never use *crochets* to remove a dead child from the womb when his hands alone would be sufficient because those "who know nothing about it" would reward him for saving the life of the mother by accusing him of her death, if she later became ill and expired.⁵² This advice ran counter to

⁴⁸ *Ibid.*, p. 155.

⁴⁹ Mauriceau, *Observations sur la grossesse*, op. cit., note 14 above, p. 25.

⁵⁰ For the most detailed account of this pamphlet war, see Wendy Perkins, 'Midwives versus doctors: the case of Louise Bourgeois', *Seventeenth Century*, 1988, 3: 135–57. For the original documents, see François Rouget and Colette H Winn (eds), *Récit véritable de la naissance de Messeigneurs et Dames les enfans de France*, Geneva, Droz, 2000, in which are

reprinted: *Rapport de l'ouverture du corps de feu Madame*, pp. 108–9, as well as Louise Bourgeois, *Fidelle relation de l'accouchement, maladie et ouverture du corps de feu Madame*, pp. 99–109, and Charles Guillemeau (attr.), *Remonstrance à Madame Bourcier, touchant son apologie*, pp. 111–20.

⁵¹ Portal, op. cit., note 24 above, p. 349: "Si cette Femme avoit esté une grande Dame, on l'auroit laissée mourir, parce qu'on auroit eu peur d'en avoir du blasme, si elle fust morte."

the directions offered by Ambroise Paré, a barber surgeon who in a short treatise of 1550 recommended cutting off the protruding and gangrenous arm of a dead child, before attempting to remove the rest of its body from the womb.⁵³ Taking issue with Paré in his *Traité général des accouchemens* (General Treatise of Childbirth) of 1718, Dionis argued that a surgeon man-midwife should never cut off a limb in this fashion, as the action would horrify the female assistants gathered in the birthing room, a situation best avoided.⁵⁴ Peu concurred, insisting it was better to push the arm back inside, and attempt to remove the child in one piece even when it was already dead.⁵⁵ Mauriceau nevertheless claimed that a surgeon man-midwife should extract a child in pieces if this action was required to save the life of the mother, always having more regard for his duties than for his reputation, in the hope that God would reward him.⁵⁶

Many authors furthermore recommended maintaining the integrity of the placenta, and displaying it to spectators. Dionis, for example, claimed it was prudent for surgeon men-midwives to exhibit the afterbirth to the female company in the birthing room, proving it was both healthy and intact to shield his reputation from gossip.⁵⁷ While Peu similarly urged male practitioners to exhibit the placenta as a protective measure, Bourgeois admonished surgeon men-midwives to extract the afterbirth gently, following the example of female midwives, or else to defer to women altogether. She claimed to have seen men produce placentas in such a frightening state that it was impossible to determine whether or not they were complete.⁵⁸ Mauquest de La Motte offered, however, different advice. Drawing attention to a case in which thirty people had witnessed his delivery of an adherent afterbirth, the *chirurgien accoucheur* noted that it was quite easy to arrange a placenta so it would appear to be whole even when it was not.⁵⁹

The need to please the female friends and family of labouring women, providing them with visible results, underpinned much of this advice. Dionis described other situations in which surgeon men-midwives were obliged to defer to the audience gathered in the birthing room. According to him, after *chirurgiens accoucheurs* removed long dead children from the womb, relatives often placed the corpses in front of the fire, using the least movement as an excuse for baptism. Recognizing the delusion involved in this practice, Dionis warned fellow practitioners that refusing to baptize an infant in this situation would not only attract the public's hatred, but "all the women would never forgive (them)".⁶⁰ Another situation in which male practitioners could avoid censure by pleasing the female company involved those rare cases in which a caesarean section was performed after the woman had died, in the hopes of baptizing a living child.⁶¹ Dionis recommended placing a gag across the mother's mouth to open it, in keeping with the traditional notion that a

⁵² Mauriceau, *Des maladies des femmes grosses*, op. cit., note 7 above, p. 350.

⁵³ Ambroise Paré, 'La manière de extraire les enfans tant mors que vivans hors le ventre de la mère', *Briefve collection de l'administration anatomique*, Paris, 1550, pp. 93–4.

⁵⁴ Dionis, op. cit., note 7 above, pp. 294, 305.

⁵⁵ Peu, op. cit., note 7, pp. 404–5.

⁵⁶ Mauriceau, *Des maladies des femmes grosses*, op. cit., note 7 above, p. 351.

⁵⁷ Dionis, op. cit., note 7 above, p. 228.

⁵⁸ Peu, op. cit., note 7 above, p. 496, and Bourgeois, *Observations diverses*, op. cit., note 27 above, p. 80.

⁵⁹ Mauquest de La Motte, op. cit., note 24 above, p. 467.

⁶⁰ Dionis, op. cit., note 7 above, p. 317: "toutes ces femmes ne lui pardonneraient jamais."

⁶¹ Though Renate Blumenfeld-Kosinski, *Not of woman born: representations of caesarean birth in medieval and renaissance culture*, Ithaca, Cornell

living child would thus be able to continue breathing in the womb. Even as he admitted this action was worthless, Dionis directed *chirurgiens accoucheurs* to perform it because otherwise “silly women” would hurl malicious reflections upon him.⁶² Most other surgeon men-midwives, including Peu, similarly counselled men to placate the women gathered in the birthing room by adhering to female birthing rituals without encouraging superstitious beliefs.⁶³ These women apparently acted as powerful witnesses prepared to judge the actions of practitioners, and to condemn them.

Witnesses might, however, protect rather than attack those intervening in difficult deliveries. As indicated above, *chirurgiens accoucheurs* regularly insisted that other medical practitioners be present when they operated, and sometimes named them in defensive blame narratives. Relying on the assistance of additional practitioners was a longstanding practice, employed by men working at the same time as Bourgeois as well as those operating much later. In his treatise of 1609, *De l'heureux accouchement des femmes* (On the Happy Delivery of Women), the royal surgeon Jacques Guillemeau named ten eminent medical men who agreed with his use of instruments to perforate the vaginal scars impeding a client's ability to give birth.⁶⁴ Such consultation would not only increase the available medical expertise, but perhaps more importantly also shield the one who had actually operated from later attacks. In a case occurring in 1717, Mauquest de La Motte explicitly claimed to have called for the help of a prominent physician, Monsieur Dudoigt, before removing a dead child with his *crochet*, in order to avoid having the blame “thrown upon me”.⁶⁵ Portal advocated consulting with physicians before performing craniotomies, procedures that entailed opening an impacted child's skull and removing its brains. It was important for these men to agree that the unborn child was in fact already dead, in case forcibly removing it from the womb revealed otherwise.⁶⁶ At the same time, Portal emphasized the necessity of obtaining the consent of the woman's family, while informing them about the gravity of the situation. In one particularly difficult case in 1671, the surgeon man-midwife agreed to deliver a convulsing woman only after begging her physician, surgeon, and husband “to do me justice, and not blame me” if she did not survive.⁶⁷

Invoking similar advice, female midwives urged other women to summon male practitioners to the birthing room to escape blame. Marguerite de La Marche was the head midwife at the Hôtel-Dieu, a public hospital in Paris, from 1670 to 1686, supervising female apprentices seeking hands-on training in midwifery.⁶⁸ Encouraged by the male physicians administering the hospital, in 1677 La Marche produced a short treatise, in

University Press, 1990, argues that the post-mortem caesarean operation enabled men to enter the lying-in chamber, historians claim men were usually called too late to perform it (see esp. pp. 74–90). See Mireille Laget, ‘La césarienne ou la tentation de l'impossible: XVIIe et XVIIIe siècle’, *Annales de Bretagne et des Pays de l'Ouest*, 1979, 86: 177–89.

⁶² Dionis, op. cit., note 7 above, p. 315.

⁶³ Peu, op. cit., note 7 above, pp. 136–44.

⁶⁴ Jacques Guillemeau, *De l'heureux accouchement des femmes*, Paris, 1609, pp. 196–7.

⁶⁵ Mauquest de La Motte, op. cit., note 24 above, pp. 533–4. Dionis, op. cit., note 7 above, p. 244, advised using surgical instruments only in the presence of another practitioner.

⁶⁶ Portal, op. cit., note 7 above, pp. 23, 39–40, 98–9.

⁶⁷ *Ibid.*, p. 163: “de me faire justice, & de ne point me blâmer”.

⁶⁸ Marguerite de La Marche (du Tertre), *Instruction familière et utile aux sages-femmes pour bien pratiquer les accouchemens*, Paris, 1710; (orig. 1677). For her biography, see A Delacoux, *Biographie*

which among other things she counselled female midwives to deliver women suffering from blood loss once they had received the recommendation of a physician, thereby guarding against being held responsible for subsequent deaths.⁶⁹ She furthermore urged female midwives to perform *podalic* version—a method of turning the child in the womb for delivery by its feet—only after calling for a physician’s help and warning the woman’s relatives of the danger in case the child died during the procedure.⁷⁰ This advice is striking because La Marche was unwilling to recognize the superiority of physicians in other parts of her treatise, claiming they asked “useless theoretical questions” when examining female midwives.⁷¹ In keeping with the actions of Bourgeois, La Marche exhorted female midwives to depend on male assistance in order to save their own careers, and did not promote women’s obedience to male authority figures.

Other authors of obstetrical treatises accused female midwives of summoning male practitioners to the birthing room for explicitly devious reasons: to shield themselves from mistakes already committed, and, if possible, to shift all blame onto men. The royal surgeon to the French Queen María Teresa, Cosme Viardel, claimed that in 1671 a female midwife had secretly begged him to remove a detached head from the womb, without informing the labouring woman’s husband of her error.⁷² Though Viardel performed this task successfully, incurring appreciation rather than blame, Mauriceau argued that female midwives were the first to cast aspersions on innocent male practitioners for deaths and injuries the women had themselves caused.⁷³ Apparently, this technique was both well known and longstanding, for even the royal midwife Bourgeois noted that after realizing “all was lost” some female midwives would call for the surgeon, and proceed to ruin his career.⁷⁴ Despite condemning female midwives for their unjust treatment of surgeons, several of the case studies reported by Bourgeois in her obstetrical treatise indicate that she may have employed this technique herself. After discovering that the wife of an old clothes merchant on the place Maubert had the feeble pulse of a dying woman, the royal midwife sought to “avoid blame”, and sent for a surgeon to perform the delivery.⁷⁵

Efforts to displace blame onto male practitioners would nevertheless backfire if female clients ultimately survived, as in the situation described by Viardel. The stories recounted by *chirurgiens accoucheurs* indicate that they were often called in the direst circumstances, to assist women who were suffering massive blood loss, extended convulsions, or were near death after days of unproductive labour. If the men managed to relieve these women,

des sages-femmes célèbres, anciennes, modernes, contemporaines, Paris, Trinquart, 1833, p. 107. For the training of female midwives in France, see Henriette Carrier, *Origines de la Maternité de Paris. Les maîtresses sages-femmes et l’office des accouchées de l’ancien Hôtel-Dieu (1378–1796)*, Paris, Steinheil, 1888; Marcel Fosseyeux, ‘Sages-femmes et nourrices à Paris au XVIIIe siècle,’ *Revue de Paris*, October 1921, 19: 535–54; and Berriot-Salvadore, *op. cit.*, note 25 above, pp. 251–3.

⁶⁹ De La Marche, *op. cit.*, note 68 above, p. 75.

⁷⁰ *Ibid.*, pp. 79–80.

⁷¹ *Ibid.*, unpaginated preface.

⁷² Cosme Viardel, *Observations sur la pratique des accouchemens naturels, contre nature & monstrueux*, Paris, 1671, p. 221.

⁷³ Mauriceau, *Des maladies des femmes grosses*, *op. cit.*, note 7 above, p. 350.

⁷⁴ Bourgeois, *Observations diverses*, *op. cit.*, note 27 above, p. 55.

⁷⁵ *Ibid.*, p. 63. In a different situation, the midwife Catharina Schrader wanted to have a surgeon with her “to avoid all scandal” because she was still a relatively inexperienced practitioner. See Hilary Marland (trans. and ed.), “*Mother and child were saved*”: *the memoirs (1693–1740) of the Frisian midwife Catharina Schrader*, Amsterdam, Rodopi, 1987, p. 50.

usually by extracting a dead child, they would receive the family's gratitude and could be invited to attend the women at subsequent deliveries, replacing female midwives instead of merely being called to emergencies. Mauquest de La Motte regularly reported his successful interventions, even when summoned in situations that seemed hopeless. In 1683, he was called to help a very weak woman suffering from a swollen belly and a diminished pulse, after labouring for two solid days and nights. Indicating he had removed the dead child with a *crochet*, Mauquest de La Motte went on to affirm that the mother had not only regained her health, but that he had delivered her on subsequent occasions.⁷⁶

When interventions did not produce such positive results, and labouring women died, *chirurgiens accoucheurs* hoped an autopsy would exonerate them from blame. Autopsies were regularly performed after deaths in childbirth, especially at the Hôtel-Dieu in Paris. Though designed to determine the cause of death, and assign responsibility, autopsies might also absolve practitioners from guilt. Portal, a *compagnon chirurgical ordinaire* at the Hôtel-Dieu from 1650 to 1663, reported that when a woman died at the hospital after he had delivered her, he was relieved that the autopsy revealed her womb to be "beautiful and clean". According to him, even a trace of clotted blood would have implicated him in her demise.⁷⁷ These procedures could also vindicate female practitioners. At an autopsy undertaken in 1653, Portal was surprised to hear the physician proclaim that the female midwife who had attended the woman was not to blame even though parts of the afterbirth remained in the womb. The physician asserted that the parturient woman's melancholy temperament, and not any mismanagement on the part of the midwife, had caused the placenta to adhere to the womb.⁷⁸ Portal's astonishment at this statement indicates that female midwives were more frequently condemned by such evidence, a situation confirmed by Mademoiselle Baudoin, a reputed midwife trained at the Hôtel-Dieu before she moved to Clermont in Auvergne. In an unpublished discussion of childbirth written in 1671, she argued that physicians should not judge midwives too harshly after finding pieces of the afterbirth in a dead woman's womb because it was "sometimes impossible to detach it all".⁷⁹ Though autopsies did not constitute a technique practitioners could deploy in their attempts to avoid blame, the procedures were clearly part of efforts meant both to assign and to disavow responsibility for deaths in the birthing room.⁸⁰

⁷⁶ Mauquest de La Motte, op. cit., note 24 above, pp. 317–18. Bourgeois, *Observations diverses*, op. cit., note 27 above, pp. 150–1, described a case in which a surgeon took credit for a delivery managed by two established female midwives. When acting as the exclusive birth assistant at the female client's next delivery, however, the surgeon bungled the job, killing the woman, and providing an apt punishment for her husband, who had failed to recognize the original midwives. Yet Bourgeois (ibid., pp. 70–1) also urged female midwives to summon surgeons rather than to let women die, noting that relying on men was not a sign of dishonour.

⁷⁷ Portal, op. cit., note 7 above, p. 191.

⁷⁸ Ibid., p. 88.

⁷⁹ Baudoin's 'Lettre sur les accouchements' is reproduced in Paul-Émile Le Maguet, *Le monde médical parisien sous le grand roi, suivi du "portefeuille" de Vallant*, Paris, Maloine, 1899, pp. 314–40. Baudoin addressed her letter to Monsieur Vallant, the doctor of Mademoiselle de Guise and Madame de Sablé, indicating she did so at his request, in the hope that he would publish what she wrote to him. The quotation is on page 328: "il est quelquefois impossible de tout detacher et je souhaiterois que messieurs les medecins eussent la charité de ne pas blasmer une sage femme".

⁸⁰ When royal physicians performed an autopsy on the body of Madame de Bourbon-Montpensier in 1627, they claimed portions of the placenta remained

Conclusions

Throughout the early modern period, authors of French obstetrical treatises were pre-occupied with blame. Examining their argumentative texts indicates that entering the birthing room was fraught with anxiety for male as well as female midwives. A range of people could be blamed when a client suffered or died in childbirth, including the parturient woman herself. Her temperament, bad behaviour during pregnancy, or failure to take good care of herself were sometimes named as causes contributing to a negative outcome. The most likely suspect was, however, the medical practitioner who had touched the labouring woman last. Even so, assigning responsibility was not necessarily clear cut, and could be determined in verbal discussions or by performing autopsies. Culpability was additionally debated in written blame narratives. These stories did not simply report medical events, but were meant to produce as well as preserve the careers of individual authors jockeying for position in the birthing room.

This analysis of blame narratives reveals that efforts to avoid censure could influence medical treatments. In especially dangerous situations, or when the suffering woman was wealthy and well connected, medical practitioners may have preferred to do nothing rather than risk their careers by intervening. At the same time, *chirurgiens accoucheurs* might avoid using instruments, or attempt to pull a dead child out whole, for strictly social rather than therapeutic reasons. Several techniques were designed to shield practitioners from later attacks by pleasing the women gathered in the birthing chamber. Clearly, the mothers, sisters, and friends of labouring women were important witnesses who influenced the kinds of treatment their relatives received, and these women had to be satisfied that medical practitioners were competent.

The most suggestive idea to emerge from this analysis of obstetrical treatises is, however, the role blame may have played in the expansion of male midwifery. According to a number of authors, female midwives called male practitioners to the birthing room primarily to avoid blame, or to direct it towards men. This strategy was nevertheless a dangerous way for female midwives to protect themselves because if surgeon men-midwives succeeded in saving labouring women, the men's reputations would improve. Male practitioners would then be summoned to attend even the normal births of clients, increasing their chances of being associated with positive rather than negative outcomes. Furthermore, by assisting at straightforward births *chirurgiens accoucheurs* could improve their skills through hands-on practise, another factor liable to advance their position within the lying-in room.

Though meant to be persuasive rather than accurate accounts, the blame narratives in obstetrical treatises shed light on the relationships between medical practitioners. They indicate that alliances between birth assistants could vary according to context, depending on such considerations as the status and condition of particular female clients. Potentially temporary and entirely strategic, these alliances could furthermore change according to who else was present and what kinds of demands they made of medical practitioners.

in the womb, and Bourgeois considered herself blamed for the death of her client. Though modern authors have argued that Bourgeois was not directly accused, it is indeed likely that mentioning the retained afterbirth

was meant to accuse her, in keeping with the conventional method of implicating rather than directly naming the guilty party.

Lianne McTavish

Struggles between physicians, surgeons, and female midwives often took place within crowded birthing chambers, where witnesses judged those who operated. An exclusive emphasis on the rivalry between male and female midwives tells only part of this story, ignoring the ways in which men could assist women and women could defend men. Attending to a bigger picture that includes the omnipresent fear of blame ultimately leads to more sophisticated understandings of the changeable realm of the early modern birthing room.