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## Epistolary Labours

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### Reading Childbirth and the Politics of Reproductive Medicine in Two Eighteenth-Century Women's Letters

*Birth stories, as numerous scholars have observed, are central aspects of maternal identity. Such stories build community, enabling women to navigate what Fiona Nelson (2009) has referred to as the “culture of motherhood.” In this essay, I offer a detailed analysis of two eighteenth-century birth stories. I argue that these two narratives, both written by elite women during the second half of the eighteenth century, allow the contemporary reader a window not only into eighteenth-century experiences of childbirth, but more importantly, into the tensions that sometimes arose between labouring women and the medical personnel who were meant to support them.*

Birth stories, as numerous scholars have observed, are central aspects of maternal identity (Lucas; Nelson; Pollock). Such stories build community, enabling women to navigate what Fiona Nelson (2009) has referred to as the “culture of motherhood.” In this essay, I offer an analysis of two eighteenth-century birth stories. The two letters—one written in 1766 by Suzanne Curchod Necker and the other sometime around 1790 by Madame de Launay—are unique in their level of detail. Reminiscent of the raw and painful intimacy that marks Fanny Burney's 1812 evocation of her mastectomy, they offer a sense of immediacy, drawing readers into an almost claustrophobic encounter with the bodily experience of childbirth. But they also do something more: in their tellings, they reveal much about the politics of childbirth during the eighteenth century. More specifically, they offer considerable insight into the tensions, rivalries and debates about medical authority during a period of significant transition in the area of reproductive health care. Furthermore, much like Burney's letter, these letters function as testaments both to gendered medical experience and to patient agency even in the face of profoundly traumatic bodily events. As

testaments, these letters offer documentary evidence—proof, if you will—of lived bodily experiences that transformed these women’s understandings of themselves, their bodies and their relationships with medical professionals.

Suzanne Curchod Necker (1737-1794) is perhaps best known today as the wife of the pre-revolutionary French finance minister, Jacques Necker, and the mother of Germaine de Staël, one of the most notorious writers and thinkers of the early Romantic period (Boon 2011; Dubeau 2014; Gutwirth). However, Madame Necker also led an active public life in her own right. A celebrated salon woman, she developed intellectual friendships and maintained extended epistolary relationships with some of the leading lights of the European Enlightenment (Dubeau 2006; Dubeau and Paradis). Later in her life, she directed an experimental charity hospital and published a treatise on premature burial (Boon 2008, 2009, 2011; Dubeau 2014). Much less is known about Madame de Launay. Indeed, all that we know for certain is that she sent two letters to the great eighteenth-century physician, Samuel-Auguste Tissot, sometime around 1790. However, we can infer a number of things from these letters. Given that she wrote her own letter and that she was able to call on the services of a community of medical professionals, among them a man-midwife, and at least four separate physicians, it is clear that Madame de Launay was a member of a privileged social class. Madame de Launay’s letter also offers considerable insight into her reproductive history, which includes two miscarriages, a stillbirth and two healthy—if, in the case of the situation in question, difficult—deliveries.

There are many similarities between the two letters: both were written by elite women during the second half of the eighteenth century; both are evocative documents; and both highlight the politics of reproductive medicine during this period. However, there are also differences between them, particularly in relation to questions of audience. Madame Necker recounted her first—and only—experience of childbirth in a letter addressed to one of her closest friends. Madame de Launay, meanwhile, detailed her fourth pregnancy and childbirth in a letter written to Samuel-Auguste Tissot, one of Europe’s most celebrated physicians. Nevertheless, I argue that these letters perform similar functions. They allow the contemporary reader windows both into the eighteenth-century debates around reproductive health care, and the tensions that sometimes arose between labouring women and the medical personnel who were meant to support them. They also offer insight into questions of patient agency, even in the vulnerable intimacy of childbirth.

## The Politics of Reproductive Health

Reproduction and motherhood were at the centre of moral, medical and

philosophical debates during the eighteenth century. Moralists, philosophers and physicians, disturbed both by threats of imminent depopulation (Blum) and by the dissipation and excess of the aristocratic elite, envisaged regeneration—through moral reform and a renewed commitment to the family—as a key element in social transformation (Blum; Salkin Sbiroli). Lynn Salkin Sbiroli argues that “[t]he central figure of this regeneration was the ‘good mother’, whose job it was to ‘give birth’ to an ideal republic” (266). It is this notion that underpins the work of Jean-Jacques Rousseau, for example, who situated maternal breastfeeding at the heart of his republican vision (13). But, motherhood, as Toni Bowers has observed, was a “hazardous business” in the early eighteenth century (27) and the situation was not measurably different by the second half of the eighteenth century when Madame Necker and Madame de Launay wrote their letters.

What was, different, however, was the environment in which elite women could expect to give birth. The eighteenth century saw significant changes in the realm of maternal and reproductive health care. Midwives, long the guardians of reproductive, maternal and infant health (A. Wilson), found their work and status challenged, both by the growing authority of faculties of medicine, who sought to integrate reproductive health into the realm of emerging field of obstetrics, and from man-midwives, who brought different professional interests and technological interventions into play.

Traditionally, reproduction was experienced and understood as a women’s issue and framed by the expertise of woman midwives (L. Wilson 55). Men were actively excluded from the delivery room unless there were medical complications (Barrett Litoff; Lieske). Woman-midwives often framed their professional authority in decidedly gendered terms. In the words of Tristanne Connolly: “the point was to argue that women were best suited to deal with feminine matter like childbirth. The appeal to personal experience was crucial. The assertion, ‘I am a mother myself’, recurs in the introductions of midwifery books by women, a standard claim for credibility, authority and competence, alongside the contention that when it comes to maternity, women have a special sympathy for each other which men cannot share” (210). Woman-midwives also pointed to the ways in which women’s bodies—and in particular, their hands—were ideally shaped for the practice of midwifery (Sommers 93).

However, this authority of lived experience came under increasing critique in the wake of the scientific revolution, which favoured objective observation over lived experience (Harol 75). The scientific method, initiated by Descartes in the seventeenth century, marked a profound shift in the way that scientific disciplines like medicine were not only understood, but also practiced. This is particularly relevant in the case of midwifery. For example, Corinne Harol observes that, for the most part, seventeenth and early eighteenth-century

midwifery texts were written by men, even as the art of midwifery was generally the domain of women. The epistemological shift occasioned by the scientific revolution meant that in order for these texts to lay claim to scientific authority, their authors had to have recourse to the authority of direct observation. While this situation might appear to have created the conditions for women midwives to pen their own works, the opposite transpired. While some women—notably Jane Sharp and Elizabeth Nihell in England and Madame du Coudray in France—started authoring their own texts, the influx of male midwifery authors into active professional practice was much more common.

So, too, were woman-midwives hampered by the emergence of anatomy as a field of medical study, a realm of formal knowledge from which they were officially barred (Wilson; Stock-Morton 61; 62). The study of anatomy and medical theory brought reproductive health care more firmly into the realm of university faculties of medicine, and, more specifically, fed into the development of the field of obstetrics.

Class, education and morality were tightly and intricately woven together in the politics of reproductive health throughout this period. Woman-midwives were, in the words of Phyllis Stock-Morton, “subjected ... to considerable abuse, [and accused] ... of irrationality and superstition” (63). Consider, in this regard, the comments of a Toulouse surgeon, who wrote in 1786 that midwives were “very ignorant, knowing neither how to read, nor write .... Because they are called on only by the women of the people, they earn very little. Almost all make up for this meager income by receiving every sort of creature and courtesan and continuing their trade in intrigue and prostitution, to the great scandal of their quarter” (qtd. in L. Wilson 119–20). In this incarnation, the woman-midwife appears to embody the moral threats that faced eighteenth-century society. With her lack of formal medical training (and concomitant illicit medical knowledge in matters of reproduction), her suspect clientele and her own sexually capricious behaviours, the woman-midwife was imagined as a site of social, moral, corporeal and medical contagion. Other publications, too, questioned the professional authority of woman-midwives. The entry on the “Accoucheuse” (“Woman-Obstetrician,” also cited as woman-midwife in the body of the text) in the great *Encyclopédie* of Diderot and D’Alembert is damning. The author, a French doctor named Pierre Tarin, drawing on the voices of noted physicians—among them Herman Boerhaave, and Julien Offray de la Mettrie—as well as his own medical experience, imagines the woman-midwife as a malevolent, inattentive, unnatural, reckless, self-interested and mercenary creature seemingly interested only in her own self-aggrandisement (“Accoucheuse”). Given all of this, man-midwives and obstetricians, fortified both with formal training in anatomy (Fife 186; Lloyd 660) and their access to new medical technologies like obstetrical machines (Lieske) and the

forceps—an instrument formally denied French woman-midwives in 1775 (Stock-Morton 62)—would appear to have been ideally placed to take up the mantle of reproductive health care.

But man-midwives and obstetricians, too, faced challenges to their authority. At the level of morality, the close intimacy between man-midwives and their female patients was seen by some doctors of the time as a moral threat to the established social order (L. Wilson 30); according to Lieske, “debate raged about the possibility, and for some, the certainty, that men-midwives were lecherous and raised impure thoughts (and reactions) in their female patients” (80). So, too, were man-midwives and obstetricians obliged to position themselves carefully in relation to women’s emotional needs during childbirth. Sheena Sommers posits that the success of the man-midwife rested in part on his ability to shape himself in idealized masculine form, while also appropriating some of the moral qualities of the woman-midwife. In the process, man-midwives constructed for themselves a narrative of “rational compassion” (90) that allowed them to separate themselves from suggestions of moral impropriety while simultaneously capitalizing on Enlightenment discourses of reason and professionalism: “Portraying themselves as rational and sympathetic professionals, the man-midwives transformed themselves from hack surgeons to cultivated specialists” (Sommers 101-102).

The nature of these debates around professional authority would appear to suggest a binary that clearly pitted woman-midwives against man-midwives and obstetricians. However, even as the arguments marshaled to support these two competing narratives reinforce this easily-demarcated binary, the reality was much more complicated. Lieske and others observe that midwives actively sought formal medical training in order to keep themselves abreast of the latest knowledge (Lieske; Stock-Morton). And, even as woman-midwives were barred from the faculty of medicine in Paris, Louis XV commissioned a midwife—Madame du Coudray—to travel around France to train rural midwives, a career she sustained for almost three decades (Gelbart 1993; 1998). So, too, did woman-midwives build and use obstetrical machines (Lieske 2011; Benozio et al. 2004). It is equally important to note that man-midwives and obstetricians were neither wholly focused on technologies (Lieske 2011) nor wholly dismissive of woman-midwives.

It would, therefore, be false to create a facile binary that situates the woman-midwife on the side of nature, maternal bodily beneficence and superstition, and her male counterpart on the side of technology, theory and objective observation. The debates were complex and sometimes even contradictory, and they touched on many aspects of women’s reproductive lives. Nevertheless, one thing is clear. By the end of the eighteenth century, the landscape of childbirth was very different from what it had looked like at the beginning of the century. In

the words of Sheena Sommers: “Birth and maternity increasingly came to be defined as matters that could only be fully managed and understood through detailed, objective, and professional learning, rather than through experiential knowledge” (89). As a result, woman-midwives lost their monopoly over reproductive health care.

### Attended by the Furies: Madame Necker’s Birth Story

The Parisian salon woman, Suzanne Curchod Necker, shared her birth story in an intimate letter to a close friend, Etienne Clavel de Brenles. The letter, written on 11 June 1766, about two months after the birth of her first and only child, Anne-Louise Germaine—a precocious child who would later become the venerable Madame de Staël—was published in a collection of eighteenth-century Swiss correspondence in 1821 (Golowkin). Madame Necker’s birth story reads as follows:

If I had not come back from the banks of the Cocytus, I would apologize, Madame, for having waited so long to reply to you; but despite the dangers that I have experienced, and above all the frightful pains that I have suffered, my heart has been no less focused on you, and is yet more sorry. I confess that my alarmed imagination fell well short of the reality. I was, for three days and two nights, in the torments of the damned; death was at my bedside, and was accompanied by a sort of beings far more terrible than the furies, [beings] expressly invented to revolt nature and to make modesty tremble. The word man-midwife still makes me tremble with horror! And I would have expired between their infernal claws if the disastrous injuries they caused me hadn’t forced them to be replaced by a midwife. I apologise, Madame, if, still overcome with fright and astonishment, I open my whole soul to you. The revolting details of childbirth had been so carefully hidden from me, that I was as much surprised as horrified, and I could not help but think that we make most women take a foolhardy oath; I doubt that they would go voluntarily to the altar to swear to be broken every nine months, no matter what the outcome. However, extreme tenderness can make it possible to bear the most extreme pains, and I have felt this more than anyone. (Golowkin 292-293)

Madame Necker’s account is vivid in its description. Drawing on myth and religion, she paints a picture of profound horror. For three days and two nights, she laboured in a sort of twilight zone, a purgatory at the gates of hell where she was helpless in the clutches of hostile beings who would like nothing

more than to destroy her completely, both physically and morally. Her reference to the Cocytus, in Greek mythology one of the rivers that surrounded Hades in the underworld, and her use of the verb “rouer”—to be broken—a term also used in relation to acts of torture, suggest that the experience was profoundly traumatic. Hers was not a beneficent experience of empowerment or agency; rather, it was a deeply disturbing journey into the darkest reaches of the underworld.

Particularly interesting in this birth story are the various actors involved. Madame Necker imputes her horrific journey and unspecified bodily injuries to her man-midwives; it was only the arrival of the woman-midwife that ensured the healthy arrival of her daughter and put an end to her sufferings. Indeed, from reading this whole birth narrative, it would appear that for Madame Necker, the notion of “sisterhood”—the relationship between the woman-midwife and her labouring patients, and that between women as mothers more generally speaking—was crucial; after all, pregnancy and childbirth were traumatic journeys that only they—as women—would travel together. This notion of a shared feminine humanity also shaped her epistolary relationship with Madame de Brenles. In this equation, the man-midwife was a nefarious and unwelcome interloper.

### “Delivered of these Cruel Torments”: The Case of Madame de Launay

Madame de Launay’s letter is part of a rich archival collection of some 1200 medical consultation letters written to the celebrated eighteenth-century physician, Samuel-Auguste Tissot. Written by patients, family members, doctors and community leaders, these letters provide the contemporary reader with the opportunity to examine doctor–patient relationships during this period (Louis-Courvoisier 2002, 2003; Pilloud 2004, 2009; Rankin). The work of Barbara Duden demonstrates that doctors relied heavily on patient testimony in making their diagnoses and recommendations. This was, in many ways, a very different world than the one we encounter today, as Micheline Louis-Courvoisier (2002) takes pains to point out. The intellectual distance between doctor and patient was much narrower, and the very fact that medical professionals could not “enter” the body (through technologies like x-rays, for example) meant that patients had, in essence, much more control over their narratives than they might today. As such, medical letters also offer insight into patient agency, in the process demonstrating how individuals navigated the medical marketplace in eighteenth-century Europe.

Reproductive concerns feature regularly in letters by and about women patients. Correspondents indicate both the time of first menstruation and the experience of menstruation. They also indicate the number of pregnancies,

detailing those that ended “happily” and those that ended in miscarriage or stillbirth, and include information about infant feeding practices. Finally, such letters often include details about emotional states and social location. Most importantly, however, they provide insight into the subjective experience of suffering in the face of the medical encounter.

Madame de Launay’s letter is four pages long (Fonds Tissot, IS3784/II/144.05.02.14). It is accompanied by a shorter, two page, letter from her physician (Fonds Tissot, IS3784/II/144.05.02.15). Madame de Launay’s narrative of her fourth pregnancy takes up about a quarter of her letter, and given its prominence (and her provision of other details related to her reproductive health), we might expect that her doctor’s note would be about her reproductive health. This is, intriguingly, not the case. Her doctor’s letter indicates that he was actually concerned by the sudden appearance of hive-like protrusions all over his patient’s body.

Madame de Launay’s doctor’s letter dates from 1790. The details about her fourth pregnancy, however, date from 1782, a full eight years previously:

In 1782, I became pregnant again. The multitude of accidents that had previously befallen me led me to fear that this pregnancy would be as disappointing as all the others. My man-midwife was also fearful and this fear was the cause of all the mistakes that almost ended up causing my death. During my pregnancy, I was bled 12 times over the course of 9 months. Having arrived at term, which he didn’t think would happen, I called him as soon as the first contractions began. Convinced that I would not be able to deliver naturally, he decided to use the forceps after 18 hours of labour that was not progressing. After an hour of trying fruitlessly (and injuring both the child and me in the process, to the extent that I was significantly weakened), Mr. Millot called up Mr. Baudeloque, who, ignoring both the procedure I had just undergone and my current state, decided to let nature take its course. But after 60 hours he judged that I no longer had the strength to sustain this ... and decided that it was time to deliver me. Mr. Millot wanted to be in charge of this procedure again. His attempts were in vain and he left me in a miserable state. The forceps had gone into the infant’s head. I was seriously injured, greatly weakened by the loss of all my blood, and condemned by Mr. Millot to a caesarean section. I managed to keep my head enough to oppose this and to assert that this option should not be attempted before M. Baudeloque had tried to deliver me. My prayers were answered and five minutes later I was delivered of these cruel torments. (Fonds Tissot, IS3784/II/144.05.02.14)

The very fact that the details surrounding her fourth pregnancy take up a full quarter of her self-narrated medical history should give the reader pause. It should also cause us to take a second look at what Madame de Launay was saying and how she chose to say it. So, too, should we consider the vivid detail with which she painted her tableau. It is clear that this experience was of particular importance to her: it seared itself on her memory to an extent that her other concerns—both reproductive and otherwise—did not. In this case, the “patient’s point of view,” to follow Roy Porter (1985), was of immense importance; after all, only Madame de Launay could truly articulate her own experience of her body.

Particularly interesting in this recitation are the details Madame de Launay shared. While Madame de Launay discussed her painful and extended labour, she spent more time discussing the apparent qualities of Millot, her man-midwife, and the obvious competitive tensions between Millot and Baudeloque, another medical professional called upon to help in this situation. From her telling, her situation arose as a result of Millot’s ineptitude: he was fearful, did not trust that she could carry a pregnancy to term, and did not believe that she could deliver of her own accord. Furthermore, he used forceps in order to speed things up and, in the process, damaged both her child’s and her own health. Finally, his ego caused him to push for a leading medical role even though it soon became abundantly clear that Baudeloque was much better placed to do the job at hand. But Baudeloque was not blameless, either. After all, he allowed “nature to take its course,” even in the face of the trauma she had already experienced. Indeed, it was only sixty hours later that she was delivered of her sufferings.

For Madame de Launay, as for Madame Necker, the experience of childbirth was fraught. Power struggles between competing medical visions shaped both of their experiences of labour. And in both instances, the women not only actively intervened in these struggles—asserting their authority as patients subject to negligent medical care—but chose to record their experiences in epistolary form, in the process preserving them for the historical record.

## Conclusions

Ernelle Fife has observed that the shift away from woman-midwifery towards a medical-obstetric model may have had profound effects for patient experience during this period: “If the male midwives’ language communicates their attitudes, then as the art of midwifery developed into the medical science of obstetrics, patients became physical objects to be manipulated, not women with stories to be heard” (198). However, if these two letters offer any insight, it is this: women had their own stories to tell and when they were able, some

chose to tell them, in the process asserting their claim to the telling of their reproductive journeys. Indeed, these letters offer unique windows into understanding the professional tensions at play during this period, and the ways that these tensions played themselves out on the bodies of labouring women.

*My thanks to the reviewers for their comments, and to the Social Sciences and Humanities Research Council of Canada for their support.*

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