Portraits and Poses

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CHAPTER 6

Penning the Midwife’s Experience: Professional Skills, Publication, and Female Agency in Early Modern Europe

Valerie Worth-Stylianou

Over the last twenty-five years, histories of early modern women have increasingly recognised the importance of women’s remunerated professional activities.¹ The medical world offered particular opportunities because of women’s traditional roles as nurses, carers, and healers. One medical profession stands out, because for a long time, it was served only by women, namely midwifery. Like other forms of female medical activity, midwifery included women working without remuneration and unofficially or semi-officially, but for some midwives, this was a full-time, remunerated professional activity.² In this chapter, I examine three early modern professional midwives who were the first to publish manuals on their craft and learning. The outstandingly successful Observations by Louise Bourgeois first appeared, in French, in 1609;³ The Court Midwife by Justine Siegemund appeared, in German, in 1690;⁴ and Sarah Stone’s A Complete Practice of Midwifery, in English, was published in 1737. These works allow us to examine how publication enhanced female professional and intellectual authority and also how these works made a wider case for the agency of female authorship.

In early modern Europe, women could not study at universities and were thus debarred from becoming physicians, surgeons, or apothecaries. However, when a delivery was attended by a professional – rather than the local ‘wise woman’, an experienced neighbour, or female friend – the midwife was called. She alone of medical practitioners had the right to view the labouring woman’s private parts. While a physician would be summoned if complications such as
slow progress in labour necessitated a medical diagnosis or prescription, he
would make only an external examination of the body, taking the pulse and
checking the breathing or urine to assess the woman’s condition and humoral
balance. If a delivery was obstructed and beyond the midwife’s ability to resolve
– and much would depend on the individual midwife, since skilled midwives
would regularly deliver breeches, turn transverse lies, birth twins, or remove
a partially retained placenta – the local surgeon would be summoned. Unlike
the midwife (and indeed the physician), he had the right to use an armory
of instruments, but not to view the woman’s private parts. When conducting a
vaginal delivery on a living woman, he must work under a cover, relying on the
skill of touch, so that the woman’s modesty would be assured.5

In addition to delivery, the midwife’s role conventionally encompassed
care during pregnancy and possibly advice on conception, although infertility
was an area, as Monica Green has shown, which was increasingly colonised
by male physicians from the fifteenth century onwards.6 Midwives would be
expected to baptise a newborn if there were any risk of the child dying, an
aspect that explains the close ecclesiastical control over the licencing of mid-
wives.7 In many cases of legal disputes – determining virginity, rape, a father’s
identity in bastardy cases, whether a marriage had been consummated, or a
man’s ability to have intercourse with his wife – a midwife was an expert wit-
ness in court, albeit her testimony was often accorded a lesser status than that
of male witnesses because of the general presupposition that a woman was a
less valuable witness than a man.8 In parts of Germany where midwives were
salaried by the town, they were particularly expected to report any suspected
abortions or infanticides.9 Indeed, a trained or licenced midwife came under
the aegis of male medical or ecclesiastical professionals, even though her prac-
tical training – or apprenticeship – would have depended upon other female
midwives. The requirement that a midwife should call promptly upon a sur-
geon or physician in a critical situation was a source of significant and wide-
spread tension,10 yet otherwise, she was expected to be remarkably independ-
ent. Hence, it is unsurprising that among the first midwives who published
their works are strong voices seeking to legitimise and defend their authority
as professional women.

The role of female midwives became increasingly contested with the rise,
through the later seventeenth and eighteenth centuries, of male midwife-sur-
geons. While some female midwives were still relatively or completely un-
learned, the exceptional midwives who authored textbooks – always in their
vernacular languages rather than in Latin, unlike physicians – used their writ-
ings to demonstrate the importance of a midwife’s observations based on both
looking at and touching the patient. They also contrasted their extensive prac-
tical experience with the purely theoretical understanding of childbirth, which
characterised textbooks written by men. These midwives could not avoid, in
part, meeting their male counterparts (or rivals) on their own terrain, namely
arguing their intellectual understanding of the physical processes of childbirth. Furthermore, they sometimes borrowed the rhetorical strategies, even the precise images, employed by male writers in order to establish their own credentials in the public eye.\textsuperscript{11}

We should, of course, beware assuming that early modern midwives all fell under the same banner. Samuel Thomas has warned against grouping midwives together purely by virtue of their profession, without due regard for their social context.\textsuperscript{12} Equally, the work of Mary Fissell and Lisa Forman Cody has charted the intersection between the rise of male midwifery and the increasing masculinisation of science, including of gynaecological and obstetric knowledge.\textsuperscript{13} Hence, we must tread with caution, even in comparing here three elite midwives, given that their published works spanned three countries and well over a century, from 1609 to 1737. Nonetheless, I shall argue that there are strong and fundamental common elements in the published works of Bourgeois, Siegemund, and Stone.

In exploring how far these midwives claim ‘intellectual female authority’, I shall ask whether the act of publishing itself constitutes a claim to agency.\textsuperscript{14} This begs the second question: whether midwives who published sought professional associations and networks primarily with other female midwives or with medical men. How far did the form of print – rather than manuscript circulation – and its attendant commercial networks shape the public portrait they proposed? Bourgeois (or her publisher) opts for impressive portraits of both herself and her patroness, Marie de’ Medici, queen of France. In addition, the title page of the 1609 edition of her volume is finely wrought, indicative of a high-quality publication. However, I shall argue that Bourgeois was more interested in the portrait she painted with her pen, wresting this authority from her male predecessors. In the case of Siegemund, in contrast, the midwife goes to great personal expense to furnish anatomical copperplate engravings for the volume. In her book, the combination of anatomical plates and the written word establishes her medical and intellectual authority. Although Stone’s volume does not include illustrations and is the most simply produced of the three case studies, it shares with Bourgeois and Siegemund the desire to paint \textit{in words} a portrait of the authority of the ideally competent midwife (herself) in order to instruct other midwives, especially for difficult deliveries.

Finally, I shall highlight one interesting paradox present in the three volumes: despite affirming their independence and agency as expert professional women, all three midwives unquestioningly accept subservience to one masculine authority. While the portrait of a model midwife rests, above all, on the writer’s ability to record her case histories in a manner that showcases her analytic understanding and her practical skills, especially that of touch, in which she has an advantage not ceded to male practitioners, these midwives recognise the (assumedly) masculine dominion of God and portray themselves as privileged to serve him.
Louise Bourgeois, Midwife to the Queen of France

Male dominance of printed works on pregnancy and childbirth was first challenged when, in 1609, Louise Bourgeois, midwife to the French queen Marie de’ Medici, published a volume of Observations. As Alison Klairmont-Lingo and Lisa Forman Cody have discussed, the volume has a notably elaborate title page, on a par with medical works published by some of the most distinguished male medical writers, as well as a surprising number of encomiastic poems celebrating Bourgeois’s status (Fig. 1). This was followed in 1617 by her second volume, which also contained her account of her deliveries of the queen’s children and her advice to her daughter on embarking on the career of midwifery. Finally, in 1626, the third volume of her Observations constituted a more reflective appraisal of her professional work. The last work published under her name, in 1635, the Recueil des secrets (‘Collection of Secrets’), is a recipe book of her cures.
Although Bourgeois explains her reasons for publishing, it is noteworthy that, compared with Siegemund, she appears to have taken a limited part in deciding the material format of the volumes. As Klairmont-Lingo shows, Bourgeois is extremely proud of being ‘the first woman of my art to take pen in hand to describe the knowledge that God gave me’,19 but leaves the fashioning of the volume largely in the hands of her printers, Abraham Saugrain and then Melchior Mondière.20 In particular, the material in her final work, the Recueil des secrets, is reorganised by the publisher, who judged her manuscript ‘lacking in order’.21 Even the volumes of the Observations that appeared when her career was at its height were not revised by Bourgeois from one edition to another, suggesting that once her work was in the public domain, she believed she had delivered her statement. She possibly played a key role in obtaining the impressive number of prefatory poems for the first volume – following the fashion in medical books by (male) physicians – and must have agreed to sit for the fine portrait of herself by Thomas de Leu, a leading Parisian portraitist and engraver (1560–1612) (Fig. 2). The symbolism of the portrait and its relationship to the text have been closely analysed by Lianne McTavish,22 who identifies the quiet, professional confidence it exudes and its powerful statement about Bourgeois’s public position. It is no coincidence that the only other illustration in the Observations is a portrait of her august patroness, Marie de’ Medici.

Fig. 2. Thomas de Leu, Portrait of Louise Bourgeois, age 45, as royal midwife. From: Louise Bourgeois, Observations diverses (Paris: Abraham Saugrain, 1609). © Library of Royal College of Obstetricians and Gynaecologists.

Translation of poem by the poet Samuel Hacquin:

In this perfect picture, the limitations of painting
Are today clearly visible to our eyes
Because we can see only the representation of the body
Not the mind admired as heaven’s masterpiece.
Why did Bourgeois meet male medical practitioners on their own ground by publishing her work? She states her answer very simply in her dedication to Marie de’ Medici:

[...] to describe the knowledge that God gave me, in order to make known the mistakes that can occur, and the best way to practice the art [of midwifery] well. These mistakes are most often unknown to very learned Physicians and Surgeons because of the intimate nature of a midwife’s work, the care of which must be done according to what is possible. Ordinarily, the modesty of our sex cannot permit doctors and surgeons to acquire this intimate knowledge except via the midwife’s report, which is not always true, sometimes through ignorance and sometimes through the shame of confessing her mistake.\(^{23}\)

Bourgeois both defends midwives’ exclusive right to examine labouring women (at a time when some surgeons in Paris, notably Monsieur Honoré, were acquiring a reputation for expertise in deliveries),\(^{24}\) yet also allies herself with expert male practitioners against less competent midwives. Her own husband was a surgeon and a former pupil of the distinguished royal surgeon Ambroise Paré (1510–1590); some of her children pursued medical careers;\(^{25}\) and she owed her coveted position as royal midwife to the support of elite physicians.\(^{26}\) This is a midwife keen to distinguish herself from incompetent female practitioners, yet artfully suggesting that male physicians and surgeons must depend on the reports of midwives, notably for vaginal examinations. In her case histories, these two approaches are illustrated, with scathing reports of poor midwifery practice. For example, she argues for midwives to receive instruction in the anatomy of the female reproductive organs through attending dissections and recounts the terrible mistakes which result from ignorance:

The mistakes that some midwives often make lead me to say that it is extremely necessary for midwives to see the anatomy [i.e. a dissection] of the womb, so that they can distinguish it from the afterbirth and not pull out one instead of the other, which happens rather often in this city. I know that in four or five years, to the best of my knowledge, it has happened in three places. One was under the pillars of the Halles, to a sergeant’s wife; another was near Saint Eustache’s Church; and another on the rue saint-Avoie.\(^{27}\)

Equally, she is at pains to demonstrate that she was a respected member of the medical team, alongside physicians and surgeons, in difficult deliveries. This was one reason why she was recommended for the post of midwife to the queen:

Thus, there were five physicians present at Madame de Thou’s consultation: Monsieur du Laurens, Messieurs Marescot, Hautain, de la Violette, and Ponçon. Monsieur Hautain asked the assembled company if he might
propose a midwife [for the queen]. They said yes, and he named me and said that I had delivered his daughter several times in his presence, quite difficult deliveries. Monsieur Marescot said that he had forestalled him in naming me [...].

Despite Bourgeois’s self-confidence as a midwife, her first book of Observations initially follows a conventional structure. The first thirty-five of the fifty chapters are ordered chronologically, like male-authored medical textbooks, moving from conception to birth, and concluding with the postpartum period. However, from chapter 36, there is a structural break as she moves on to general topics and case histories. In chapter 36, she argues that midwives need to study the anatomy of the womb, thus placing the training of female practitioners alongside that of surgeons and physicians. The following thirteen chapters present a range of case histories drawn directly from Bourgeois’s own practice, and a final chapter is devoted to practical questions such as the mother’s milk supply. From this structural outline, I would suggest that Bourgeois was confident when writing short accounts based on case notes, but less adept – or interested – in arranging them in a coherent whole, unlike her German successor Siegemund. Book II (published in 1617) is autobiographically the richest. After twenty-three case histories comes a chapter on ‘Illnesses of the Womb’ (a standard subject in textbooks for male physicians), before reaching the autobiographical sections. These comprise her report of seeing the famous ‘stone child [i.e. foetus] of Sens’; her account, for her daughter who was deciding to become a midwife, of ‘How I Learned the Art of Midwifery’; and finally her ‘True Account of the Births of My Lords and Ladies the Children of France’. The shorter final volume (Book III, published in 1626) contains only case histories accompanied by her reflections and some remedies.

In a period that saw a marked rise in physicians and surgeons publishing or exchanging medical case notes or advice on cases, Bourgeois is significant for offering a topical insight from the unique viewpoint of a female practitioner. She seeks her authority not from profound intellectual statements or a learned style, but from the validity of her professional experience. Nonetheless, in Book II, she records that when she took up midwifery (to support her family during the civil wars), she was encouraged by a much less literate midwife who predicted that, because Bourgeois could read and write, she would achieve much. She also records that, before undertaking her first delivery, she had studied the writings of the famous French royal surgeon Ambroise Paré, an authority to whose works she refers several times. By so doing, she is implicitly promoting the importance of female scientific and medical literacy. Set against this is her practical experience: she reminds us, for instance, that in over two thousand deliveries, she only twice needed to extract a placenta manually. This projects an image of her unusual competence in difficult deliveries, but – unlike Siegemund and Stone – her stock-in-trade is not mainly complicated
cases but the careful, caring delivery of any woman to whom she is called, whether the labour be quick or prolonged. She uses her substantial experience to reflect and guide her readers, whether these be other literate midwives, medical men prepared to enter into dialogue with female practitioners, or, equally, the increasing number of lay people of this period interested in understanding the physiology and processes of conception, pregnancy, and birth. As the printer says in his preface to Book III, she furnishes her readers with ‘the most curious and diligently examined things that she daily encounters concerning women in labour, whom she has the honour to successfully help and comfort in her noble profession’.

The most outstanding case in which Bourgeois uses publication to convey her authority and agency as an expert practitioner is her report of the birth of the dauphin, Louis, which took place in 1600. Because he had become king in 1610, when the volume appeared in 1617 she was telling the story of how she had delivered the reigning monarch. I have shown elsewhere how her account provides a carefully staged reconstruction, in which she appropriates the leading role. The physicians become her supporting actors, the surgeon who could deliver the child in an emergency must wait in the wings (and never needs to walk on), and even the king defers to her. By recalling (or imagining) snatches of the dialogue between herself, the king, and the queen, she adds verisimilitude and vigour:

When the remedies had dissipated the colic and the queen was ready to give birth, I saw that she held back from screaming. I begged her not to hold back, for fear that her throat would swell. The king said to her, ‘My love, do what your midwife tells you. Scream, lest your throat swell.’

How accurate the recreation is we cannot know – except to note that it differs in some details and emphasis from the manuscript kept by Jean Héroard, physician to the dauphin. However, clearly, the first midwife to record her practical experience in print offered a compelling example of the expertise of a midwife attending elite as well as poor women, and at a time when midwives’ control of their specialist activity was subject to pressures from some male surgeons. It is no coincidence that publications by other midwives appeared in France over the second half of the seventeenth century and in the eighteenth century. In unashamedly promoting her own personal professional authority, Louise Bourgeois had given French midwives a voice. Furthermore, over the seventy years following her death, her work was translated into German and Dutch and formed a substantial part (albeit unacknowledged) of a bestselling English compendium, the Compleat Midwife’s Practice. However, as Forman Cody examines in detail, while some male publishers saw the marketing potential of Bourgeois’s gender and position as a royal midwife, they also imposed their own commercially-led choices on the material form of the volumes.
Their various strategies included excising some of the biographical sections of the French text, introducing works by male-authored medical authorities in the same volume, and reworking or omitting some paratextual elements, including illustrations and the layout of the title page. This appropriation of Bourgeois by foreign male publishers was at once a recognition of the French midwife’s authority as an author, and yet a reframing or taming of it by men working within different linguistic, social, and religious contexts.

Justine Siegemund, Court Midwife in Brandenburg

Justine Siegemund (or Siegemundin) was born in 1636, the year Bourgeois died; she began working as a trainee midwife around 1658. Her practice thus commenced in the generation after Bourgeois’s ended, but there are some clear similarities in their careers. After what was an unofficial apprenticeship as occasional midwife for difficult labours with a local midwife, in 1670 Siegemund became the town midwife in Liegnitz (now Legnic, in Poland), before, in 1683, taking on the post of official court midwife in Brandenburg. Her patronesses included Sophie Charlotte, electress of Brandenburg; Mary II of England; Anna Sophia, electress of Saxony; Princess Henriette Amalie of Nassau; and Duchess Charlotte of Schleswig-Holstein. However, unlike Bourgeois and most early modern midwives, Siegemund had no children of her own (due, it seems, to a prolapsed uterus). This is a fact she discusses openly in her ‘Preliminary Account’. She must therefore make the argument that a midwife’s competence, especially in difficult deliveries, need not depend on empathetic personal experience, but rather on her expertise. The German term she uses, Wissenschaft, indicates her respect for systematic knowledge, of the kind underlying scientific enquiries of the later seventeenth and eighteenth centuries. Equally, she uses a rationally based defence to ally herself with male practitioners:

Do we not have the example of clever and judicious physicians and surgeons themselves intervening in difficult births by dint of their well-found knowledge and experience and thus delivering the woman in labour?

Siegemund is clear throughout the treatise that the midwife should act authoritatively and should not approve of unnecessary intervention by surgeons; in her writing, she appropriates the male prerogatives of reasoned argument and study. Perhaps semi-humorously, she depicts herself as a bookish young women, studying anatomical treatises and illustrations, and relying on this book learning to give her initial competence in difficult deliveries. Only when her own experience had grown significantly did she take to recording case notes and, ultimately, having already undertaken some five thousand deliveries, publishing them to instruct other midwives.
Siegemund took even more deliberate steps than Bourgeois to obtain the approval of theological and medical authorities before the publication of her work in 1690, and the title page specifically details these ‘Privileges’ (Fig. 3).\footnote{Translation of the title page: The Court midwife of the Electorate of Brandenburg, that is, a highly necessary manual on difficult and unnatural births, presented in a conversation, namely, how with divine help a well-informed and practised midwife prevents such things with intelligence and a skilled hand or, when necessary, can turn the child based on many years of practical experience and found to be true. Now, however, published at her own expense, along with an introduction, copper engravings, and a requisite index, to honour God and to serve her neighbour and at the most gracious and fervent desire of many illustrious highborn persons. By Justine Siegemund, née Dittrich, of Rohnstock in Silesia in the principality of Jauer with special privileges from the Holy Roman Empire as well as the Electorates of Saxony and Brandenburg. (Translated by Lynne Tatlock, *Justine Siegemund*, 33)\footnote{Fig. 3. Title page for Justine Siegemund’s *Die Chur-Brandenburgische Hoff-Wehe-Mutter* (Cölln an der Spree: Ulrich Liebperten, 1690). © British Library.}}

She explains that she needed to take legal action to defend herself against accusations that she had intervened unnecessarily (e.g. breaking patients’ waters), and in self-defence, she cites a series of testimonies from elite women she had delivered\footnote{and supportive statements from male figures of authority. This did not prevent a physician and professor in Leipzig, Andreas Petermann, from haughtily criticising the volume, albeit his target was in part the rival medical faculty of Frankfurt, which had endorsed her publication.\footnote{This male practitioner still considered it audacious for a midwife to publish.}}\footnote{Although Siegemund recounts births in which she believes surgeons acted poorly – notably, one unnamed French male midwife-surgeon, whose mistakes she had to correct\footnote{– she also carefully respects the role of physicians, particularly in prescribing remedies:}} – notably, one unnamed French male midwife-surgeon, whose mistakes she had to correct\footnote{Remedies are also medicaments. They belong to medicine and not to our trade. [...] The venerable doctors themselves often have trouble and reason enough to reflect; all the less do I wish to have anything to do with remedies or offer instruction about them.\footnote{}} – she also carefully respects the role of physicians, particularly in prescribing remedies:
On the vexed question whether a practitioner should risk killing a foetus that has little or no chance of being born alive in order to save the mother, she defers to legal authorities to resolve this ‘lofty question’, thus avoiding embroiling herself in a contentious ethical debate. It is notable that, throughout her work, Siegemund reminds the reader that the midwife is a servant of God, subject to his will. She considers that a midwife’s motto must be: ‘Fear God, do right, and fear no one’. For a seventeenth-century Lutheran woman, God was unquestionably a masculine and supreme authority, yet all men and women were subject to his will. However skilled a practitioner may be, they could only work within the limits set by God:

I can nevertheless not guarantee any woman that I can save her if God has ordained death for her or her child. God can make the sighted blind and the blind see. [...] Thus human life is in the hands of the Lord before, during, and after the birth, and no woman can rely on me any more than the extent to which God gives His blessing and mercy.

However, this theological submission is balanced by her Lutheran sense of duty that, as a midwife, she should actively fulfil the role God allotted her. Thus, she regularly reminds the reader of the importance of a midwife combining both manual skill and logical reflection.

In adopting the format of a conversation between two midwives – her own experienced voice responding to the questions of the inexperienced and uncertain Christina – she leads the discussion and controls its pace. For example, she repeats the most important information so that Christina (and the reader) will be sure to follow. At the conclusion of the main dialogue, Justine poses eighty-six questions to test Christina’s understanding (and probably to help student midwives to review what they have learned). This procedure is similar to the closed-question or catechistic format of the treatise published in 1677 by the French midwife Marguerite du Tertre de La Marche to assist midwives preparing to answer the questions that the Hôtel-Dieu physicians would pose before admitting them as sworn midwives. Indeed, the husband of an Augsburg midwife also borrowed the catechistic format when publishing a midwifery handbook under his wife’s name in 1735!

However, because Siegemund’s approach is essentially intellectual, she also devotes an initial chapter of her treatise to the anatomical process of birth in general, rather than simply giving practical instructions for difficult deliveries. It is evident that the subject of midwifery is an organic whole in her mind, as her preface explains:

In writing, one question grew out of another (and I see no end to them) so I finally resolved to present everything in a conversation that was expanded and improved on from time to time.
She expects of Christina – and of other midwives – a commitment to reflection, associated with the key practical skill of ‘touching’ the mother, in other words, conducting a vaginal examination to assess the progress of labour and the lie of the foetus. Her association of sensory perceptions (touch and sight) with the intellect resonates with contemporary philosophical debates on how the mind generates mental models of objects that have been either touched or viewed.\(^{62}\) For midwives, she encourages ‘careful and confident touching’\(^{63}\) and advises Christina:

Fig. 4. Portrait of Justine Siegemund, midwife, age 63. From: Justine Siegemund, Die Chur-Brandenburgische Hoff-Wehe-Mutter (Cölln an der Spree: Ulrich Liebperten, 1690). © British Library.

Translation of the motto: ‘On gracious God relying, / My skilful hand applying, / Devoted deeds allying.’

Fig. 5. Visualization of breech delivery. From: Justine Siegemund, Die Chur-Brandenburgische Hoff-Wehe-Mutter (Cölln an der Spree, Ulrich Liebperten: 1690). © Library of Royal College of Obstetricians and Gynaecologists.

In the case of frank breech births, Siegemund recommended that the midwife’s hands be ready to catch and support the presenting buttocks, without overly hastening the birth. The hands in the image are quite small, the arms slender; implicitly, this portrays a potential advantage of the female practitioner, although contemporary male midwife-surgeons, like the French surgeon (1637–1709) François Mauriceau, also took care to commission portraits displaying their neat hands.
If you wish to get a proper understanding [...] You need to pay attention and reflect deliberately upon your hand and its feeling. [The fetal head] can no doubt be rightly felt, but it requires precise reflection.

Rouget has argued that, as Louise Bourgeois wrote the successive volumes of her *Observations*, she gave increasing emphasis to the intellectual processes of analysis and reflection. In the case of Siegemund, the intellectual authority of the midwife-author is always present and fundamental.

In addition, Siegemund took an unusual interest in the print production of her book, which was published by the Brandenburg court printer, but at her own expense, as she reminds us. Like Bourgeois, she includes a portrait of herself, albeit less idealised and courtly, since she was already sixty-three (Fig. 4). The number of copperplate engravings – forty-three – is extraordinarily high for this period. Although the text’s form of a catechistic dialogue is fairly traditional, the presence of these engravings sets it within the recent fashion for finely illustrated medical publications by male anatomists, such as Reinier de Graaf (1641–1673) or Govert Bidloo (1649–1713). Thirty-nine of Siegemund’s plates represent the foetus in utero, many specifically showing how the midwife’s hand expertly ensures a safe birth whatever the fetal position, as in the case of a breech presentation (Fig. 5). Although the quality of the engravings is considered by modern critics to be somewhat uneven, the best include several by leading artists, de Graaf himself among them. These illustrations enjoyed an independent afterlife, being silently borrowed in male-authored medical works over the following century.

**Derivative and Pseudonymous Poses: Male-Authored Publications Profiting from the Authority of the Female Midwife’s Voice**

It is clear that, in the cases of Bourgeois and Siegemund, publication afforded the female writer significant agency in her lifetime and inspired some other female midwives to follow their examples. However, agency could be undermined after an author’s death. We have seen that Louise Bourgeois’s *Observations* were subsumed posthumously alongside male-authored publications in the anonymous and popular English compendium *The Compleat Midwifes Practice*, which first appeared in 1656. Most critics now agree that this volume was the work of male compilers. It was largely derived, without acknowledgement, from Louise Bourgeois and continental male authors, with only four sets of initials as a clue to the identity of the compiler(s). Even during Siegemund’s life, a Dutch printer in 1691 published an anonymous (and unauthorised) translation of her work, together with a treatise by a male surgeon, Cornelis Solingen, whose views contradicted Siegemund’s in various respects. In the decades following her death, notwithstanding her treatise being republished in 1708, 1715,
and 1724, another German publisher, Johann Gohl, took over Siegemund’s text and decked it with the habits of masculinised learning: marginal summaries, references to contemporary surgeons, and an appendix (of his own) on medications.\textsuperscript{73} Perhaps, paradoxically, Siegemund’s text invited this appropriation precisely because the new edition’s authority was grounded upon the underlying voice of an expert (female) practitioner.

In another version of male authors or editors claiming authority over a female-voiced text, pseudonymity hovers over what has traditionally been hailed as the first manual by an English midwife: \textit{The Midwives Book, or, the Whole Art of Midwifry Discovered}. This was published in 1671 under the name of Jane Sharp, leading contemporary readers and subsequent historians to assume it was authored by a historical woman of this name. However, no reliable biographical evidence has ever come to light about her.\textsuperscript{74} ‘Sharp’ addresses the midwives of England as ‘Sisters’ in the preface,\textsuperscript{75} but ‘her’ voice is not directly comparable with Bourgeois’s or Siegemund’s. Their authority derived explicitly from their professional positions and from the number of deliveries with which they were personally credited. From examining internal contradictions in the text and similarities to existing male-authored treatises, Katherine Phelps Walsh has argued that Jane Sharp’s name may be a construct adopted by male authors to market their work as though authenticated by a midwife’s experience.\textsuperscript{76} Yet \textit{The Midwives Book} is clearly written in the masculine tradition, relying primarily on the authority of earlier male medical writers, from the continent and from England, such as Daniel Sennert (1572–1637) and Nicholas Culpepper (1616–1654). While the work exploits the female voice to propose some corrective, anti-Galenic readings,\textsuperscript{77} we should not forget that male authors could adopt the pose of the female voice of experience, and it was not uncommon for men also to criticise some of Galen’s statements. Despite the author’s protestations with regard to the balance between ‘speculative and practical’ knowledge,\textsuperscript{78} the treatise is heavily weighted in favour of theoretical learning, including a lengthy opening survey of both male and female reproductive organs.\textsuperscript{79} If this were the work of a single midwife, the absence of case histories or of specific personal experience to authenticate the general claims would be all the more surprising. Importantly, for our understanding of the authority a female voice could confer, the publisher responsible for the re-editions half a century later, in 1724, considered the attribution to a midwife still to be an essential asset: in these later editions, the length of the practice of ‘Jane Sharp’ is updated from the original ‘thirty’ to ‘forty’ years, and the new images on the frontispiece represent the midwife’s craft – the birthing room, churching, and a family celebration (Fig. 6). Even if of dubious historical veracity, it remained commercially attractive to invoke a ‘midwife’s’ experience in a book on reproduction, childbirth, and care of the infant.
These three scenes represent key moments in the life of a middling family in early seventeenth-century England. The interiors are notably less lavish and less fashionable than those in the famous set of six engravings of ‘A Town Marriage’ by Abraham Bosse (Paris 1630s), which also included a scene of the birthing room and the return from baptism. In the first panel of the English illustration, the birthing room is represented as an entirely female sphere (mother and three assistants), with the emphasis on domestic comforts (the warm fire, the broth offered to the newly-delivered mother, and the tightly swaddled child). The second and third panels situate birth within a family which celebrates this continuation of its prosperity by displaying its symbols of relative prosperity (fine clothing, fans) and unity (in the procession to church and the shared meal on the return).
In contrast, when we turn to Sarah Stone, who was a historically attested English midwife of the earlier eighteenth century, we see again the authority in print of an experienced female practitioner, similar to that claimed by Bourgeois and Siegemund. There are, however, several significant differences. Stone served only local, non-elite women, first in Somerset, then in London. In *A Complete Practice of Midwifery Consisting of Upwards of Forty Cases or Observations*, published in 1737, with a very plain title page, most of her cases start with details of the husband’s address and trade (farmer, weaver, or tanner, for example) (Fig. 7). Her declared purpose in writing is to share with her ‘sisters in the profession’ her ways of conducting difficult deliveries.

In the autobiographical information included in various case histories, she records that she left her practice near Taunton because the sole responsibility for difficult labours was ‘so fatiguing and pernicious to my health’. Yet her concerns for the fate of the pregnant women after her departure compelled her to publish these case histories to instruct other midwives, ‘as I cannot be serviceable in my person’. Furthermore, she insists that she is recording only
'my own performances', not 'the least practice of any other persons.' This approach chimes with her dismissal of midwifery manuals in which theoretical instructions fail to match the skills required in real situations. For example, she criticises manuals that recommend managing a shoulder presentation by easing the shoulder aside, yet fail to recognise that the shoulder may just return to its original position; instead, Stone recommends podalic version. In such discussions, she assumes authority, even when not present herself, by showcasing her 'performance.' In a manner reminiscent of Siegemund, she generally structures her narratives around cases in which she was summoned – often after an undue delay – to resolve the poor clinical management of a difficult delivery attended by less skilled or ignorant midwives. Here, her accounts mirror those of male midwives who arrive to 'save the day.' We may note that she is careful to record how long a woman had been in labour before her arrival (often several days) and how quickly she herself delivers the woman (usually within an hour or two). She assumes agency both through her skilful manual performance but also through her narration of the events. Other characters, especially the less competent midwives or the grateful mother, are given half-voiced roles, but like Bourgeois, Stone always maintains control of the momentum of the dialogue as well as of the narrative. This is well illustrated in a case with snatches of speech from the mother, an incompetent midwife, and 'handy women' (as reported by the mother to Stone), all testifying to Stone's superiority:

In Bridgewater I was sent for to a street below Huntspill, to a Farmer's wife, who had been in labour four days. I ask'd [her] Midwife, why she had not sent for help sooner? She reply'd, She waited for Pains. I then inform'd her, That in all Wrong Births Pains were of no Use, but, on the contrary, pernicious. [...] In her Delivery [the mother] never complain'd once of any pain. I ask'd her, How she could bear the turning of her Child, and Delivery without complaining? She told me, She had endur'd a thousand times more Pain by the hands of her Midwife; and some Handy Women (as they call them) which were about her, told her, That send for whom she wou'd, she could never be deliver'd but [...] she was deliver'd, and laid in her Bed in a comfortable manner, in less than half an hour, to their great surprize.

On the rare occasions when male physicians are present, it is noteworthy that Stone – like Bourgeois – depicts herself as their ally. They recognise her skills after they have despaired of less competent midwives, as, for example, in her delivery of a retained placenta. Indeed, she (or her publisher) chose to include at the start of the volume a testimonial in the form of a letter from a Dr John Allen to her husband, in which the physician regrets that she has ceased to practise in Bridgewater. Yet she does not seek to impress the reader with technical medical language: 'os pubis' or 'matrix' are among the most learned terms, and even these may be glossed with an English equivalent in parentheses.
Furthermore, she professes a marked distaste for midwifery manuals that engage in discussions of 'the parts of generation', the 'reasons of conception', or the causes of infertility, judging such matters to be the business of physicians, not midwives. 90 Is this an attack on The Midwives Book or on male-authored works on childbirth and women's health? 91 In either case, it is clear that Stone rests her case on her practical skills as an expert in difficult deliveries, the core activity – in her view, like Siegemund's – of a good midwife. This is the voice of a confident woman, whose authority derives from her long and generally successful professional experience, and although she berates 'our young [...] pretenders', 92 that is to say male midwife-surgeons, one senses that personally she had little to fear from them.

Finally, what of the public persona that Stone adopts through publication? Like Bourgeois and Siegemund, Stone dedicates her book to her queen, although in this case, there is no evidence that Stone ever delivered her. Caroline of Ansbach, wife of George II, had ten (known) pregnancies, with eight deliveries and seven surviving children; her later deliveries left her with serious health complications, of which she died in November 1737 – by chance, the year Stone's book was published. Stone addresses her, very respectfully, as 'the Nursing-mother of a most happy people' and a 'generous Encourager of all Arts and Sciences', 93 implying that her book is the kind the queen would approve (Fig. 8). Together with the recognition of some male physicians who esteem her above her ordinary 'sisters', the dedication to the queen indicates to the reader the respect Stone considers due to her published work, which bears testimony to her exceptional professional experience and expertise.

Fig. 8. Dedicatory epistle to the Queen. From: Sarah Stone, A Complete Practice of Midwifery (London: T. Cooper, 1737). © Wellcome Library, London.
Conclusion

Bourgeois, Siegemund, and Stone were among the most outstandingly successful midwives of their eras, known for their ability to handle even very difficult deliveries. Yet what set them apart from their many skilled contemporaries—as opposed to the ignorant female practitioners they berate or wish to instruct—was their choice to publish their experience and advice. The act of entering the world of print put them potentially on a par with male practitioner-authors. They use similar and well-tested means of asserting their authority, including the choice of elite patrons (among the women they had delivered) and carefully judged deferential references to men in positions of medical and (in the case of Siegemund) theological authority, which thereby enhance their own status. However, in all three cases, the portrait of a model midwife rests, above all, on the writer’s ability to narrate her case histories in a manner that showcases both her analytic understanding and her practical skills, especially the skill of touch in which she has an advantage not yet ceded to male surgeons.

The only (masculine) authority to whom all three midwives pronounce unquestioned subservience is God. Bourgeois wears a prominent cross in her portrait, indicating her standing as a dutiful Catholic; at various points in her Observations, she repeats the expectation that the midwife will do her best to ensure a child is born living and thus able to receive baptism, and she vehemently opposes any maternal behaviour that might cause an unnecessary miscarriage (or, even worse, provoke an abortion). Siegemund reminds us that she was the daughter of a Lutheran pastor and, like Bourgeois, thanks God regularly for calling her to this profession. Stone, who is Anglican, closes her preface with ‘the hearty and sincere Prayer’ that ‘the Omnipotent, Omniscient, and Omnispresent God, may grant [all my Sisters Professors in the Art of Midwifery] Success’. Across the denominational differences, all three emphasise that midwifery is a God-given vocation, and as Bourgeois solemnly reminds her daughter, who would follow in her mother’s footsteps, a midwife must be ‘completely God-fearing’. In regularly praising God for happy outcomes, while accepting that, on occasions, it was God’s will that mother or child could not be saved, these midwives followed the conventional beliefs common also to male authors of midwifery treatises; submission to God’s will is expected of medical practitioners of both sexes. More audaciously, they also follow masculine examples in thanking God for granting them theoretical knowledge. Bourgeois wrote her works ‘to describe the knowledge that God gave me’; Siegemund describes the early years of her professional development ‘seeking to serve God and my neighbour in this profession, and all the while I daily noted how one day taught me the next and how God showed me ever greater light in my profession’. Likewise, Stone, although generally less theoretically reflective than Bourgeois or Siegemund, associates her professional training (in apprenticeship to her mother and her deputy) and her reading of ‘Anatomy’ with ‘the blessing of
God, who has avoided ‘any Life [being] lost thro’ my ignorance’. It is God who confers knowledge and light on women, leading them away from ignorance. Significantly, the writings of these three midwives do not refer to God’s curse on women in childbirth (Genesis 3:16). Rather, Siegemund’s volume is headed by a motto (Fig. 9) associating God’s help and the midwife’s hand, and commences with a different, carefully chosen biblical quotation:

So God dealt with the midwives.
And because the midwives feared God he built them houses.
Ex. 1: 20–21

That is, he blessed them in their profession and rewarded their loyalty.

Thus, Siegemund confidently portrays herself as the God-fearing midwife, protected on earth by a benevolent (masculine) deity. In this she speaks with the same voice as Bourgeois and Stone.

Louise Bourgeois, Justine Siegemund, and Sarah Stone served in separate countries and in different social contexts, but they are united by their exceptional choice to publish accounts of their profession. Their writings offer a new portrait of the female midwife who must be respected for the learning that underpins her practical skills.

Fig. 9. Motto of Justine Siegemund’s Die Chur-Brandenburgische Hoff-Wehe-Mutter (Cölln an der Spree: Ulrich Liebperten, 1690). © British Library.

The motto uses the same three lines that appear beneath the portrait of Siegemund (see Fig. 4). However, by giving a whole page to the motto, set here like an elaborate inscription, the printer and Siegemund are showcasing the association between God (‘Gott’) in the first line and Siegemund’s own actions (‘mein Tuhn’) in the closing line.
Notes


3. The full title of Bourgeois’s *Observations* (‘Various Observations on the Sterility’) is as follows: *Observations diverses sur la stérilité, perte de fruits, fécondité, accouchements et maladies des femmes et enfants nouveau-nés*.


5. See the comments of the surgeon Jacques Guillemeau, *De l'heureux accouchement des femmes*, Paris, N. Buon, 1609, ‘Epistre liminaire, au lecteur’.


10. Although subsequently nuanced by later researchers, Jean Donnison’s argument that medical men historically sought to subjugate or silence midwives remains significant. See Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women’s Rights*, London, Heinemann Educational, 1977.


17. For example, the title page to Ambroise Paré’s *Œuvres* (Paris, Gabriel Buon, 1585).


19. See O’Hara (trans.) and Klairmont-Lingo (ed.), *Midwife to the Queen of France*, 3–13 and 90. All references to Bourgeois’s *Observations* are taken from this English translation.


21. Ibid., 44–47.


27. Ibid., 167.

28. Ibid., 239.


30. In the prefatory letter ‘To the Readers’, she claims that she speaks with ‘no ornament but truth, no reason but that of experience’. (See O’Hara and Klairmont-Lingo, *Midwife to the Queen of France*, 92).

31. Ibid., 234.

32. Ibid., 234–235.

33. Ibid., 143.

34. Ibid., 41.


42. Forman Cody, 'Re-Presenting a Midwife Across Borders', 296–322.

44. Surviving copies of the 1690 original edition are dedicated variously to one or several (but never all) of these. See Tatlock, Justine Siegemund, 36–40.

45. See Tatlock’s note on this term, ibid., 45.

46. Ibid., 46.

47. Ibid., 140–142.

48. Ibid., 90.

49. Ibid., 8.

50. Ibid., 167.

51. Ibid., 8–9.

52. Ibid., 124–125.

53. Ibid., 181.

54. Ibid., 122.

55. Ibid., 75.

56. Ibid., 76.

57. Ibid., 201–235.

58. Marguerite de La Marche, Instruction familière et très facile, faite par questions et réponses, touchant toutes les choses principales qu’une sage-femme doit savoir pour l’exercice de son art, Paris, 1677.

59. On the handbook published under Barbara Widenmann’s name, see Tatlock, Justine Siegemund, 14.

60. Tatlock, Justine Siegemund, 77–89.

61. Ibid., 52.

62. E.g. Leibniz’s discussion of Molyneux’s question (whether a person born blind who could distinguish by touch between a sphere and a cube would be able to do so visually if their sight was restored). While Siegemund does not refer to philosophers directly, she might have encountered such discussions at the court of the Electress Sophie Charlotte of Brandenburg, who corresponded with Leibniz.

63. Tatlock, Justine Siegemund, 162.

64. Ibid., 85.

65. See above, note 14.

66. Tatlock, Justine Siegemund, 11 and 15.

67. Ibid., 15–16.

68. Ibid., 25.

69. See above, note 36, and Tatlock, Justine Siegemund, 24, for details of a short handbook published in Wolfenbüttel in 1700 by the midwife Anna Elisabeth Horenburg.

70. See Stephanie O’Hara’s analysis in O’Hara and Klairmont-Lingo, Midwife to the Queen of France, 73–76.

71. See O’Hara’s summary of the case, ibid., 74, n. 25.


73. Ibid., 23–24.

74. The excellent edition of Sharp’s text by Elaine Hobby assumes the author is a female midwife, but acknowledges at the outset that ‘We do not know who Jane Sharp was’. See Jane Sharp and Elaine Hobby (ed.), The Midwives Book, or, The Whole Art of Midwifry Discovered, Oxford and New York, Oxford University Press, 1999, xi.
75. Ibid., 5.
77. Luca Barrata takes the text at face value in assuming that the emphasis on visual experience as certification of truth derives from Sharp’s experience as a midwife. See Luca Barrata, “‘I had once the chance to see when I was performing my office of Midwifry’: Paesaggi anatomici nel *Midwives Book* (1671) di Jane Sharp”, in *LEA - Lingue e Letterature d’Oriente e d’Occidente*, 2017, 6, 231–258. Similarly, Eve Keller associates Sharp’s anti-Galenic stance with female experience. See Eve Keller, ‘Mrs Jane Sharp: Midwifery and the Critique of Medical Knowledge in Seventeenth-Century England’, in *Women’s Writing*, 1995, 2(2), 101–111.
82. Ibid., 40.
83. Ibid., 40–41.
86. For quantitative comparisons between Stone’s and male midwife-authors’ styles – highlighting the oral features of Stone’s – see Woods and Galley, *Mrs Stone and Dr Smellie*, 98–99.
88. Ibid., 15–16.
89. For example, ‘and with [my two fingers] gently drew the Matrix (or Womb) towards the Os Pubis (or Share-bone)’; ibid., 9–10.
90. Ibid., xviii.
91. Woods and Galley contrast Stone’s work with that of male midwives to identify ‘advances’ in eighteenth-century obstetrical practice (see Woods and Galley, *Mrs Stone and Dr Smellie*, 234–262).
93. Ibid., vi–viii.
95. See, for example, O’Hara and Klairmont-Lingo, *Midwife to the Queen of France*, 121–122 and 128.
96. Ibid., 115–6.
98. Ibid., 50–51.
101. See, for example, a case in which Bourgeois ascribes to God the safe delivery of one living twin and of the dead twin (O’Hara and Klairmont-Lingo, *Midwife to the Queen of France*, 190). C.f. Siegemund reporting reliance on ‘God’s blessing’ and ‘God’s mercy and His blessing’ (Tatlock, *Justine Siegemund*, 97 and 157), and Stone on ‘God’s assistance’, or ‘God’s leave’ (Stone, *A Complete Practice*, 12 and 77).
106. Ibid., 35.