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Of Forceps and Folios:
Eighteenth-Century British Midwifery Publications and the Construction of Professional Identity

by

Jeanette Herrle-Fanning

A dissertation submitted to the Graduate Faculty in History in partial fulfillment of the requirements for the degree of Doctor of Philosophy, the City University of New York

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Abstract

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AND THE CONSTRUCTION OF PROFESSIONAL IDENTITY

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This dissertation inquires into the exponential growth of British obstetrical literature over the course of the eighteenth century, against the backdrop of the emergence of the modern knowledge-based professions and the growth of the literary public sphere in Georgian Britain. "Scientific midwifery" (later obstetrics), was a profession which in many ways *wrote* itself into existence by evolving a system of publication and lecturing that disseminated a new kind of knowledge about reproduction. In its emphasis on midwifery's status as a discourse in and of the public interest rather than mere manual skill gained through accumulated experience, "scientific midwifery" was quite distinct from the traditional practice of midwifery by women in local and domestic settings.

Midwifery, long perceived as informal "women's work," was hardly a promising candidate for professionalization. In Britain there was neither a corporate institution nor system of legal regulation in place to grant professional status to midwives let alone legitimacy to the men who practiced midwifery in increasing numbers during the eighteenth century. My dissertation examines how male midwifery practitioners self-consciously used publication to create for themselves a collective professional identity of a distinctly modern and *gendered* sort, grounded in a specialized expertise they claimed could be both theoretical and practical. Yet

rather than view publication as merely a convenient tool in the hands of shrewd self-promoters, much of my study is dedicated to showing how developments in the use of print–such as emerging conventions of scientific publication, changing notions of authorship, and shifting cultural attitudes toward the status of printed texts as sources of reliable knowledge–had a significant, if under-recognized, impact on the transformation of midwifery into obstetrics. In sum I argue that "scientific midwifery" is very much the child of a print culture. In bringing together methods and models drawn from gender studies, the sociology of the professions, the history of the book and rhetorical studies of science in my consideration of this topic, I attempt to demonstrate that the "battle of the midwives and the doctors" was as much a matter of shifting epistemological allegiances as it was a conflict between competing groups of practitioners.

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It is an unparalleled pleasure to finally be in a position to acknowledge my many debts to those who inspired and supported this work. To enumerate all who helped bring this project to fruition would require more pages than are permitted here, but of the many wonderful scholars from whom I learned at the CUNY Graduate Center, I wish to especially mention Dorothy Helly, Margaret King, Blandford Parker, and Randy Trumbach. I would like to extend particular thanks to my supervisor, Bonnie Anderson, and also to Evelyn Ackerman and David Richter for their insight and continuous support. Each in their own completely individual way embody what is best about CUNY, and New Yorkers more generally. In addition, I want to note the many small favours and important insights which arose from more fleeting interactions with generous and thoughtful folk I have met in other contexts–the good advice and really very helpful feedback offered by Lisa Cody, Lisa Rosner and Matthew Ramsey come to mind, as does the solid, practical support from the wonderful staff at the Malloch Rare Book Room of the New York Academy of Medicine, the History of Medicine Division of the National Library of Medicine, and the Thomas Fisher Rare Book Library at the University of Toronto.

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and Una D'Elia, Liz Denlinger, Jeffrey Herrle, Sonia Kane, Marika Krech, Doug Pfeiffer, and Steve Soud. My wonderful colleagues at Queen's University, especially Leslie Ritchie and the rest of the English Department Rowing Team, have been tireless cheerleaders and I thank them for their unreserved friendship. Finally, there is Chris Fanning, without whom *nothing* could have happened.

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CHAPTER ONE

PROFESSIONAL IDENTITY AND THE "REVOLUTION IN OBSTETRICS"

—*Accoucheur*,–if you please, quoth Dr. *Slop*. With all my heart, replied my father, I don't care what they call you. . . .

Laurence Sterne, *Tristram Shandy*[1]

During the eighteenth century, "man-midwife," and the more genteel title "accoucheur," became increasingly common designations for a new category of medical practitioner emerging in British society: men who practiced the traditional female craft of midwifery. Whether they specialized in midwifery, or merely included it in the more general run of their practice, these medical men did not easily fit into the idealized, but longstanding, vision of the medical occupations as a tripartite hierarchy consisting of physicians, surgeons, and apothecaries.[2] In fact they often faced open hostility from the

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[1]Laurence Sterne, *The Life and Opinions of Tristram Shandy, Gentleman*. [1759-67] Ed. Melvyn New and Joan New (Gainesville, 1978-84), vol. II, chap. xii, p. 130.

[2] In theory, physicians, surgeons and apothecaries were differentiated by their respective modes of training and their approach to illness, the latter two subordinate to the first. Traditionally, university-trained "learned" physicians had claimed a monopoly on internal medicine, whereas surgeons (trained primarily via apprenticeship) were supposed to confine themselves to mechanical repairs (bonesetting), cutting into the body (amputation, excision) and external bodily ailments such as burns or skin diseases. Similarly, apothecaries (also trained via apprenticeship) were to keep to making and selling of medicines. In reality, these occupational distinctions were often ignored, although each group had their own corporate body in London from the sixteenth century onward. For an overview of the situation in early modern England see Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge, 2000) and Margaret Pelling and Charles Webster, "Medical Practitioners," in *Health, Medicine, and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge, 1979), 165-235. The boundaries between these types of practice were frequently blurred, increasingly so in

medical corporations. Two of the London corporations–the College of Physicians and the Company of Surgeons–had by-laws at one time or another that excluded men who practiced midwifery from their governing bodies (women, of course, were excluded entirely), and in separate incidents the Edinburgh and Dublin colleges had resisted admitting men-midwives among their ranks.[3] As a result, over the course of the century various prominent men-midwives were moved to defend publicly the "dignity of the profession," even entering into quarrels with each other over the best manner in which to do so.

Thus in 1794 London man-midwife Robert Bland dedicated the greater part of his *Observations on Human and Comparative Parturition* to vigorously condemning another high profile London man-midwife and lecturer for his attempts to make childbirth appear

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the eighteenth century as studies such as Susan Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (Cambridge, 1996) and Lisa Rosner, *Medical Education in the Age of Improvement* (Edinburgh, 1991) have demonstrated.

[3]The exclusion of men-midwives, in principle, from many of these corporations was intermittent, and inconsistent in practice. A survey of the changing regulations regarding the eligibility of midwifery practitioners for membership in the London corporations from the eighteenth to early twentieth century can be found in Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England, 1800-1929* (Cambridge, 1990). Conflicts between various male midwifery practitioners and the London and Edinburgh corporations are described in Alexandra M. Lord, " 'To Relieve Distressed Women:' Teaching and Establishing the Scientific Art of Man-Midwifery or Gynecology in Edinburgh and London, 1720-1805" (unpublished Ph.D dissertation, 1995). Steven A. Brody, "The life and times of Sir Fielding Ould: Man-Midwife and Master Physician," *Bulletin for the History of Medicine* 52 (1978): 228-50, describes a prolonged battle between Ould and the Dublin college; both Rosner and Guenter B. Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh* (Cambridge, 1986) describe friction between men-midwives and their medical colleagues in the infirmary and the university in Edinburgh.

"an intricate and difficult process" necessarily requiring expert assistance, by way of a response to what Bland acknowledged were the provoking attempts "of some late writers to degrade the dignity of the profession of midwifery by charging it with insignificancy and inutility."[4] The target of Bland's critique, William Osborn, does in fact begin his 1792 *Essays on the Practice of Midwifery* announcing that "to rescue the art of midwifery from the charge of inutility, and restore it to the importance which it merits, as a branch of the general practice of physic, are the particular objects of this Essay."[5] Bland's own tactic was to admit that difficult cases occurred infrequently in what was a naturally easy process, "yet, as there are no signs antecedent to labour, generally speaking by which they may be predicted, it seems prudent to employ, in the first instance, persons so educated, who being on the spot in time, may rectify what is amiss, and frequently avert a considerable share of the danger."[6] He does, however, freely acknowledge that Osborn had cause to fear the profession was not being taken sufficiently seriously by their medical brethren, observing that the Royal College of Physicians' introduction of a licence in midwifery in 1783 had been more damning than helpful to the cause of arguing that "persons must be educated with a particular view to the science":

> For although it is known, that the members of the college are precluded, by their statutes and byelaws from practising midwifery, yet they have instituted a board, for the purpose of examining and admitting into the

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[4]Robert Bland, *Observations on Human and on Comparative Parturition* (London, 1794), p. 68-9.

[5]Osborn, *Essays on the practice of midwifery, in natural and difficult labours* (London, 1792), p. 3-4.

[6]Bland, *Observations*, 71-2.

> rank of licentiates in that art, such persons as they, who are totally unacquainted with the practice, think qualified. Whence it would seem, *quod dii tamen prohibeant*, that that learned body is infected with the heresy I have mentioned, and that they imagine, that no particular course of study or mode of education is necessary to qualify anyone to undertake the practice of midwifery.[7]

Although Bland and Osborn choose very different strategies for demonstrating the merits of expert assistance in childbirth, they do share a common goal, the assertion of midwifery's status as a profession. Importantly, both men suggest in their respective publications that midwifery is not only properly viewed as branch of medicine, but one requiring a highly specialized combination of theoretical and practical expertise. Bland in particular was nettled by the College's apparent indifference to this latter claim in their grudging admission of male midwifery practitioners among their ranks. A more optimistic view was taken by Thomas Denman, Osborn's former lecturing partner and one of the first midwifery licentiates admitted to the College. In his two volume *Introduction to the Practice of Midwifery* (1788-89), Denman suggests that "this measure adopted by the College will promote the public benefit, by confining the industry and abilities of one class of men to this branch of the profession."[8] Yet whatever their differences in opinion on the matter of the midwifery license, the emphasis on midwifery as a profession because it encompasses a *specialized* expertise is unmistakable in the writing of all three of these prominent London practitioners.

The solicitude with which these authors take to represent midwifery as a necessary

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[7]Bland, *Observations*, 69-71.

[8]Denman, *An introduction to the practice of midwifery* (London, 1788-89), vol. 1, p. lx.

and demanding area of professional medicine is striking, considering that by the last quarter of the eighteenth century a substantial portion of the literate public agreed with them. Despite the ambivalence of the corporations, public opinion was largely with the men-midwives in the matter of midwifery's status as a medical matter. Thus in a 1779 letter to his daughter, Thomas Jefferson earnestly recommended "scientific aid" in the very same terms that Bland would later use to defend "the dignity of the profession":

> Not knowing the time destined for your expected indisposition, I am anxious on your account. You are prepared to meet it with courage I hope. Some female friend of your mamma's (I forgot whom) used to say it was no more than a jog of the elbow. The material thing is to have scientific aid in readiness, that if any thing uncommon takes place it may be redressed on the spot, and not be made serious by delay. It is a case which least of all will wait for doctors to be sent for; therefore with this single precaution nothing is every to be feared.[9]

Notably, in Jefferson's imagined scenario, as in Bland's, the natural ease of childbirth is such that if assistance should actually become necessary, it will need to be of the highest, "scientific" caliber. In both cases it is the man-midwife's superior understanding of *nature* that makes him indispensable. This is the quality that identifies midwifery as a professional pursuit and sets male midwifery practitioners apart their female counterparts, who are conspicuously absent from these accounts.

Nothing could be farther from the view taken in the previous century. Through most of the early modern period, childbirth was viewed as a time of trial best got through by means of God's grace, the moral support of one's female "friends" and the manual skill of one's midwife (or if necessary, a surgeon), in that order. Indeed, the anxiety that

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[9]Jefferson cited in Linda Pollock, *A Lasting Relationship* (1987), 29.

even successful, prominent men-midwives such as Bland or Osborn continued to feel at the end of the eighteenth century was the result of the ambiguous status of midwifery had possessed historically, particularly in Britain. Despite numerous early initiatives on the Continent to integrate midwives into a hierarchy of medical practitioners, professional medicine had little to do with midwifery in early modern England, Scotland, or Ireland before the end of the seventeenth century. Midwives did not figure in the concerns of the London corporations or even the local guilds to which provincial practitioners might belong, except as one part of the mass of unlicensed and uneducated "irregulars" who were an affront to the claims to authority and monopoly made by such organizations. Three proposals to incorporate midwives were entertained by the king in 1616, 1634, and 1687, but in each case they reflected the efforts of a few enterprising individuals to secure a lucrative position for themselves rather than a widely shared public concern with the medical competence of midwives.[10] Undoubtedly the presence of a cadre of highly

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[10]George Clark, *A History of the Royal College of Physicians* (2 vols., Oxford, 1964-6), observes that the first two proposals for a College of Midwives, though ostensibly initiated by a group of London midwives were quickly revealed as attempts by various members of the Chamberlen family to gain a monopoly on licensing and consultations. This was the substance of the complaint two midwives registered with the College against the 1634 proposal. The Chamberlens' unpopularity within the College of Physicians seems to have doomed these projects, particularly in the second case, in which the College sternly rebuked Peter Chamberlen. Thus the 1616 proposal for the organization of midwives into a "society" was opposed by the College of Physicians on the grounds that an autonomous corporation of female practitioners was unthinkable, but the College's counter-offer to assist in the examination and instruction of midwives, although quite specific in its provisions, was an empty gesture and received no further attention once the initial threat had been decisively quashed. The 1687 proposal for the incorporation of the midwives was put forward by the London midwife Elizabeth Cellier, already infamous for her role in the Meal Tub Plot, and placed herself in an administrative position would have proved similarly profitable for her (237-8).

skilled, full-time and relatively wealthy midwives in seventeenth-century London was in part the occasion of these initiatives, but elsewhere midwifery was not necessarily even identified as a *medical* pursuit. Instead, it was most commonly viewed as a form of "women's work." Medical men might treat ailments associated with childbearing or surgically excise a fetus that could not be otherwise removed, but, with a few exceptions, they did not deliver living babies. In effect the practice of midwifery demanded no special qualifications other than being female and approved of by one's community, and even those women who enjoyed the public identity of "midwife" did not depend upon an exclusive expertise in these matters or a monopoly on practice, nor were they necessarily exclusively committed to midwifery as a full-time occupation. Therefore it was not until a number of cultural and technological developments made the practice of midwifery viable and attractive to medical men in the early eighteenth century did the question of where midwifery stood in relation to medicine at large, and more specially, vis-a-vis professional medicine, come under serious discussion.

The attempts of men like Bland and Osborn, or indeed, of the men-midwives of the earlier eighteenth century, to certify the "dignity of the profession" were further complicated by more the general transformation of British medicine underway during this period. At the same time that growing numbers of British medical men began practicing some form of midwifery, consensus as to the grounds upon which various medical occupations might claim status as professions was shifting and a redefinition of the relation between physic and surgery, between medicine and science, and between theory and practice, was underway. The question of the relation between the theoretical and

practical aspects of medicine goes back to antiquity, for medicine had long been understood to combine purely intellectual elements with the ordered principles of an art and the technical and improvisatory skills of practical activity.[11] But the eighteenth century represents a watershed in the movement toward a modern conception of medicine as a self-regulating, knowledge-based unified, profession grounded in a scientific expertise. Specialism was also undergoing re-evaluation in this period. Long perceived as the mark of quackery because it was most commonly associated with forms of manual skill devoid of theory such as bonesetting or dentistry, and thus the province of the uneducated and the ignorant "empirics," specialization began to appear in a more positive light as a form of intensive commitment productive of a refined expertise.[12]

Male midwifery practitioners, who were often drawn from the ranks of those medical men lacking the traditional marks of professional authority, such as a degree from Oxford or Cambridge or membership in the Royal College of Physicians, had much to gain from such changes. But midwifery carried with it the stigma of specialization and its traditional association with "women's work"–not only did it appear to many to be too manual a craft and thus beneath the dignity of a gentleman, but the degree to which it actually required the formal education of its practitioners remained in question. Worse

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[11]See Nancy Siraisi, "Girolamo Cardano," *Journal of the History of Ideas* 52.4 (1991): 586-7.

[12]See Margaret Pelling, "Trade or Profession: Medical Practice in Early Modern England," in *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London, 1998), Chapter 10, and Matthew Ramsey, "From *Expert* to *Spécialiste*: The Conception of Specialization in Eighteenth- and Nineteenth-Century French Surgery," in *History of Ideas in Surgery*, eds. Yoshio Kawakita, Shizu Sakai, and Yasuo Otsuka (Tokyo, 1997), 69-117.

still, at the beginning of the eighteenth century there were no academic or institutional structures in place to differentiate men who practiced midwifery from their female counterparts, with whom they now began to compete directly for business and authority in these matters. Assimilating midwifery into a professional identity therefore required a significant amount of effort; in effect, it required redefining midwifery itself.

One of the earliest signs of this struggle to define the place of midwifery and its practitioners in the medical pantheon is the peculiar attention that British men-midwives of this era and their detractors paid to the issue of names. Men who both practiced midwifery and wrote about it (much like Sterne's fictional Dr. Slop) were especially sensitive to the issue of the proper title for men of their calling. It was a particular concern of the most successful and publicly visible men-midwives, those practitioners who cultivated midwifery as a particular specialty. "Man-midwife" was thought to be an unsatisfactory label by many, an ungainly conjunction of apparent contraries that carried with it an evocation of monstrosity and impropriety quickly exploited by opponents of male midwifery practice as well as satirists of all stripes. Alternatives such as "Andro-Boethogynist," and "midman" were quite seriously proposed by various midwifery authors, while "pudendist," and "Book Midwives" were among the titles suggested by their more irreverent critics.[13] The more elegant and dignified French appellation

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[13]See John Maubray, *The Female Physician, containing all the diseases incident to that sex, in virgins, wives, and widows* (London, 1724); John Douglas, *A short account of the state of midwifery in London* (London, 1736); Elizabeth Nihell, *A treatise on the art of midwifery* (London, 1760), Philip Thicknesse, *Man-Midwifery Analysed* (London, 1764). Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (Cambridge, 1995) notes that William Hunter preferred the term "midwife" (175).

"accoucheur" gained some currency after mid-century, but for the most part, "man-midwife" was the label that stuck. The terms used today to describe the medical professionals who manage childbirth and their area of expertise–"obstetrician" and "obstetrics"–did not come into use until the early nineteenth century.[14]

However absurd it appears to our eyes–as it did indeed to many of their contemporaries–this preoccupation with names and titles reflects a concerted effort to define a professional identity. It also hints at the role that words, and more particularly, publications, played in the transformation of the art of midwifery into the new science of obstetrics. Quite in addition to the question of what male midwifery practitioners should be called, a remarkable amount of ink was expended over the course of the eighteenth century in public, printed reflections upon the status and nature of midwifery and the problem of determining who could legitimately practice it. In their numerous publications men-midwives (and a handful of midwives) proclaimed their opinions, as did various polemical pamphleteers. Even the various literary periodicals weighed in upon these questions as they surveyed the latter. The *Monthly Review* concluded in the early 1770s, after the latest round of pamphlets, "it is high time to wash our hands and proceed to another subject," for to have "adopted and revived many of the vulgar prejudices against the men-midwives, at a time when even very old women have given them up" could only have occurred "through ignorance, or design, credulity, perversity, or whim, or all together":

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[14] The first citations for "obstetrics" and "obstetrican" (as opposed to the adjective "obstetric," which is in use much earlier) in the *Oxford English Dictonary* are dated 1819 and 1828 respectively.

> Had the present Writer followed the poet's advice, and, before he took up the pen to enlighten and alarm the world on this subject, had he condescended, for instance, just to cast his eye over Dr. Smellie's treatise and cases, or any other creditable performance on the subject of midwifery, he might have seen in what manner, and under what circumstances, the male professors exercise this art.[15]

For this reviewer, the publications of men-midwives in themselves might provide self-evident justification of the superiority of scientific midwifery, although in the next issue he was equally quick to take to task a Harwich surgeon and man-midwife for imposing a "frivolous" and plagiaristic work upon the world.[16] The suggestion that a practitioner's legitimacy was tied to the quality of their publications, implicit in both of these reactions, says much about the terms of this debate. For all of these printed interventions in the debate upon the validity of man-midwifery–whether apologetic, polemical, or satirical–shared a focus on the claim that medical men who specialized in midwifery were best positioned to improve the quality of midwifery practice among practitioners of both sexes, because they could *communicate* a unique expertise that was both theoretical and practical. This claim was particularly subject to contention for two reasons: it appealed to a notion of professionalism that had by no means been universally accepted in the medical community, and it applied this new standard of professionalism to an area of practice that had not traditionally been conceptualized in those terms.

Yet by the 1760s midwifery had been largely redefined in the public eye, and authority in these matters had shifted decisively into the hands of men-midwives.

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[15]*Monthly Review* 47(October 1772): 322; 321.

[16]*Monthly Review* 48(November 1772): 303.

Moreover, by that time men-midwives had begun to practice *in lieu of* midwives at normal births. Maternity hospitals and charities, staffed by consultant men-midwives and a new class of educated but firmly subordinate midwives, were in evidence all over Britain. A highly specialized, technical midwifery literature consisting of dozens of books and articles was in circulation and growing, and lectures in midwifery were available in all three capitals. "Scientific" midwifery as represented in the person of a male practitioner would in fact prove attractive to enough of the population to become, by the end of the century, an important part of regular practice for all but the most elite and specialized medical men.

This transformation of the womanly art of midwifery into an area of masculine professional expertise occurred, however, without much assistance from the established corporations or the government in the form of official sanction. Nor did midwifery practitioners of either sex develop their own professional organizations until the late nineteenth and early twentieth centuries.[17] How, then, did "scientific midwifery" come to be seen as a more authoritative kind of knowledge about reproduction than the traditional variety? And how did men who practiced midwifery manage to forge a professional identity for their speciality, in the face of considerable oppositions and without the assistance of favourable regulatory reforms or incorporation into professional bodies? Why were midwives unable to do the same? The handful of female midwifery authors who went into print during the eighteenth century did attempt to do just that, either

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[17]See Irvine Loudon, *Medical Care and the General Practitioner, 1750-1850* (Oxford, 1986); see also Moscucci on the origin of the "family doctor" (59).

embracing the scientific model of the men-midwives or explicitly rejecting it and proposing instead an empathetic, experiential, and exclusively female form of midwifery expertise. But neither strategy was successful in winning them the kind of authority and autonomy gained by their male counterparts.

These are some of the questions with which this study is most particularly concerned. The genesis of a professionalized midwifery, I shall argue here, is to be found in the transformation of midwifery into a publicly visible discipline through the evolution of a "professional discourse" by male midwifery practitioners. How and why this discourse evolved is in fact the subject of this dissertation, in which I shall pay closest attention to the first half of the eighteenth century, as *the* formative period for the standardization of a "professional"midwifery literature in English. For from the 1730s onward there was a significant increase in the number of midwifery texts published in Britain, and formal instruction in midwifery also first appeared at this time. From the vantage of 1788, Thomas Denman was pleased to conclude his historical survey of midwifery's progress in 1740, observing that,

> at that time the English might be said not only to have pursued, but to have been in full possession of the subject; all the books written in the neighbouring countries being translated, public lectures being given, and a hospital established for the further improvement of the art: and as all the books printed since that time may be readily procured, every gentleman has an opportunity of forming his own opinions of their respective merits.[18]

Significantly, Denman's survey ends with the era that he sees as continuous with his own, the age of a native British, public, and most importantly, *textualized* midwifery, with

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[18]Denman, *An Introduction*, vol. I, lx.

which "every gentleman" who so desires, may engage. Although still very much under development by Denman's terminal date of 1740, a professional discourse common to all male midwifery practitioners was indeed firmly in place by the 1760s; this despite the fact that men who *exclusively* specialized in midwifery or published upon it would always remain a comparatively small minority among all men who included some form of midwifery in their general practice.

What I hope to demonstrate in the course of this study is that the production of texts, and in particular *printed* texts is the hallmark of this new science, the quintessence of a *professionalized* midwifery. Through a consideration of midwifery literature (the publication of which grew exponentially in this period), I hope to trace the emergence of the most unique feature associated with the new "scientific midwifery," its professional discourse. Moreover, men-midwives–as the quotation from Denman suggests–were more than aware of the significance of this discourse to their professional identity. This is a profession which, I shall argue, in many ways *wrote* itself into existence. My dissertation therefore examines *how* male midwifery practitioners sought to use publication to create for themselves a collective professional identity of a distinctly modern and *gendered* sort, grounded in a specialized expertise they claimed could be both theoretical and practical. Yet rather than view publication as merely a convenient tool in the hands of shrewd self-promoters, much of my study shall be dedicated to showing how developments in the use of print–such as emerging conventions of scientific publication, changing notions of authorship, and shifting cultural attitudes toward the status of printed texts as sources of reliable knowledge–had a significant, if under-recognized, impact on the transformation

of midwifery into obstetrics. In particular I hope to demonstrate how very much "scientific midwifery" was a child of print culture.

Midwives, medical men, and the practice of midwifery in early modern Britain: historical background

In order to gain a clearer sense of the novelty of this development it may be worthwhile briefly to review the nature and status of midwifery in early modern Britain. In Britain, unlike on the Continent, efforts to formalize the place of midwives in the medical hierarchy occurred relatively late.[19] In Ireland the King's and Queen's College

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[19]Midwifery was regulated as form of medical practice somewhat earlier on the Continent. France provided the example to which English proposals for the regulation of midwifery always referred; on French midwives see Richard L. Petrelli, "The Regulation of French Midwifery during the *Ancien Régime*," *Journal of the History of Medicine and Allied Sciences* 26.3 (1971): 276-292. The earliest and most comprehensive regulation of midwives as a class of medical practitioner appears in Paris in 1560, in statutes that stipulate compulsory registration and formalize licensing procedures so as to subordinate midwives to the medical corporations. The statutes stipulate that apprenticeship under a senior midwife and instruction in anatomy by surgeons was to be followed by examination by board consisting of a physician, two of the King's master surgeons, and two senior midwives. During the seventeenth century Paris midwives served a three to four year apprenticeship under an experienced midwife or trained at the Hotel Dieu, where organized instruction for midwives took place in the maternity ward, but this regimented model does not reflect the more varied circumstances outside of the capital (Petrelli, 277-9). In fact, standardized arrangements for training did not apply in the countryside anywhere in Europe before the mid eighteenth-century. The municipal regulation of German midwives described by Merry Wiesner predates these regulations, but does not reflect the same interest in integrated midwives into a *medical* hierarchy. See Merry E. Wiesner, "Early Modern Midwifery: A Case Study," *International Journal of Women's Studies* 6.1 (1983): 26-43; "The midwives of south Germany and the public/private dichotomy," in Marland, *Art of Midwifery*, 77-94; *Working Women in Renaissance Germany* (New Brunswick, NJ, 1986). For an alternative to the French model, see Hilary Marland, "The *'burgerlijke'* midwife: the *stadsvroedvrouw* of eighteenth-century Holland," in Marland, *Art of Midwifery*, 192-213, on the status Dutch midwives vis-a-vis medical men in the same era.

of Physicians was granted a nationwide power of licensing midwives in their 1692 charter, and the Edinburgh Town Council instituted a system of municipal licensing in 1694 on the Continental model. The situation in England was somewhat more complicated. Midwives had long been licensed under the system of episcopal licensing for medical practitioners instated in 1512. But unlike other types of practitioners they were subject *only* to ecclesiastical supervision because they possessed no corporation of their own and were not included in any of the established ones.[20] Ecclesiastical licensing was only erratically enforced, especially after the disruptions of the Civil War, during which the regulation of midwives shifted briefly to the Company of Barber Surgeons–but only after a heated dispute between the College of Physicians and the Company over whether midwifery should be classified as surgery or physic.[21] Three proposals to incorporate midwives had been made over the course of the seventeenth century, but resistance on the part of the established corporations meant that none of these came to

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[20]On the licensing of English midwives, see J. R. Guy, "The Episcopal Licensing of Physicians, Surgeons, and Midwives," *BHM* 56 (1982): 528-548, and Doreen Evenden, *The Midwives of Seventeenth-Century London* (Cambridge, 2000). In effect this meant that they were largely exempt from prosecution for unlicensed practice by the medical corporations. It is clear that what little involvement the corporations did have in these regulatory initiatives arose from a desire further to protect their monopoly rather than any concern with the standards of midwifery practice. Midwives did not register as a serious threat to the group with the greatest regulatory power in this period, the elite London physicians of the College. Only occasionally did the College's interest in policing all forms of medical practice extend to midwives, always in connection with unlicensed practice of physic. Pelling and Webster note that both nurses and midwives were "apt to trespass into medical practice" (187); instances of prosecutions are documented in Clark, 236-7.

[21]Guy, 541.

fruition.[22]

The paucity of attempts to educate, organize and regulate midwives as medical practitioners before the late seventeenth century is an indication of the degree to which the practice of midwifery was an extension of the everyday domestic existence of women, but it is also a reflection of the overall character of medical practice in this era. For the most part the *practice* of medicine was carried out on an unregulated and informal basis in early modern Britain; quite in addition to "regular" practitioners, family, friends, charitable gentlewomen, clergymen might offer free advice or care, while village wise women or "cunning men," uroscopists, astrologers, herbalists and "empirics" could be consulted for a fee.[23] Even among the "regulars," unlicensed practitioners comprised the

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[22]Each of these proposals appears to have evoked royal interest, but as I noted earlier, they all suffered from their association with notorious individuals. According to Clark, the minutes for the Feb 1616/17 meeting of the College of Physicians upon this matter record that their offer to have the president and two members examine all midwives presented to the bishop, to depute some members to perform annual or semi-annual dissections for the midwives and be available to answer any questions, as well as bring cases of midwifery malpractice under the jurisdiction of the College's censors (237).

[23]For a detailed overview of early modern medical practice, see Pelling and Webster and Wear, *Knowledge and Practice*. Both men and women might advise or tend to family and friends during illness, while noblemen and women, clergymen and their wives might practice "charitable" medicine, prescribing treatments to ailing dependents and among the sick poor. Locally renowned "wise women" administered magical and herbal cures to those who consulted them and often specialized in medical problems of women and children. Women were also employed by hospitals or municipal authorities to care for the sick, laundering, cleaning and cooking but also as nurses; they staffed lazar houses and hired themselves out as private nursekeepers. But there were also women who identified themselves in terms of their medical practice and were so identified by their communities–for example, women could be found among the number of the itinerant or urban-based "empirics" who specialized in setting broken bones or couching cataracts. There were even female surgeons and physicians, most often the widows or daughters of medical men; Pelling and Webster note an instance of a woman appointed surgeon-apothecary at Christ's Hospital in the sixteenth century (186).

majority of medical practitioners in the provinces, and did not necessarily practice full-time but often pursued related activities (such as wigmaking, among barber-surgeons).[24] Female activity in the "healing arts" therefore represented a significant portion of medical practice in general in this period, and ran the full spectrum from informal caregiving in a domestic or local context to occupational specialization.

The practice of midwifery took place along this continuum, and the office of midwife might be executed by a diverse range of individual women: in a pinch, an experienced friend or neighbor might preside since the practice of midwifery was within the province of any mature woman who had attended the lyings-in of other women or given birth herself.[25] Most of the expertise relevant to lyings-in was not therefore the

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[24]Pelling, "Trade or Profession?"

[25]Wilson asserts that deliveries without a midwife were rare in seventeenth-century England (*The Making of Man-Midwifery*, 26), but it seems that this may not have been quite so uncommon in earlier times, especially in rural areas when a midwife might not have been available or could be delayed in coming to the birth. In both 1648 and 1649 Ralph Josselin recorded in his diary instances in which his wife gave birth attended by her friends, "the midwife not with her" (quoted in David Cressy, *Birth, Marriage and Death* [Oxford, 1997], p. 58). He notes in the 1658 entry that the onset of labour was so sudden that for most of it only two or three women were with her, "in particular young Mrs. Harlakenden, who put forth herself to the utmost to help her, and her presence was much to my wife" (Pollock, 31-2). It seems that it is possible to make a distinction between the practice of midwifery (attending at a birth) and "midwives"; for although women for whom midwifery constituted a social or occupational identity could be found both in the cities and the countryside, assisting at a birth was also a form of casual community service. In fact, in her study of seventeenth-century London midwives, Doreen Evenden uncovers evidence that several women regularly assisted particular midwives without ever becoming midwives themselves (62). The primary attendant at a lying-in then could be a highly skilled midwife who charged a fee for her services and had served an apprenticeship under a senior midwife, but she might also be a local woman who practiced "charitably"or less often, a friend, neighbor or family member with some degree of experience in these matters. Cressy cites the 1579 parish reports from the diocese of Chichester in which the respondents repeatedly identify women who practice in the absence of a license, in one case pleading: "There is one honest widow who in

particular domain of midwives, but circulated among women by means of demonstration and word of mouth, in particular through attendance at these events. Even the manual expertise possessed by the midwives was determined by the social conditions in which it was generated: it had a subjective basis in an experiential knowledge of one's own and others' lyings-in, and an intuitive sympathy for another of the same sex. Accordingly, the training of midwives was of an informal nature. Although apprenticeship appears to have been the customary mode of learning the business there is little evidence of the kind of formal arrangements seen among male surgeons and apothecaries; the seventeenth-century London midwives, for whom documentation of lengthy, contractual apprenticeships exists, are the notable exception.

Midwifery did then differ from other types of medical practice in which women might engage because it was conceived of primarily in terms of "women's matters." It took place in a domestic context, and in much the same way as sick-nursing or cookery it was perceived as contiguous with women's domestic skills. Moreover, it concerned childbearing, the activity which in many ways defined the domestic existence of early modern women. Indeed, the activities and lore surrounding childbirth were central to women's social activity with their communities in this period, what has been identified as

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extremity and necessity is ready being called with the best help she can and is thought to be a very necessary woman and such a one as might ill be spared" (67-8). Indeed in England well into the eighteenth century women brought before the bishop's courts for unlicensed practice often defended themselves by arguing that they did not practice regularly or charge a fee. David Harley's study of late-seventeenth- and early-eighteenth-century Lancashire and Cheshire turns up the 1738 case of Elizabeth Turner of Bromborough, defended by the women of the parish and its minister who wrote that she did not 'profess herself a midwife'("Provincial midwives in England: Lancashire and Cheshire, 1660-1760," in Marland, *Art of Midwifery*, 30).

"women's public culture."[26] In contrast to developments in some of the Continental countries, in Britain the management of childbirth would remain almost entirely social and ritual in nature until the early eighteenth century. To act as a midwife was to assume an office which was largely defined by its place in the community of local women, and even at a delivery the midwife acted in concert with the female family, friends and neighbors who physically converged in the traditional, collective "lying-in" ceremony in order to support the labouring woman her in her time of trial. The quality that set the midwife apart from the other women was her authority (not the possession of an exclusive technical expertise) and it was rooted in a combination of personal charisma and the approbation of the women of her community. Ecclesiastical licensing also addressed the important questions of character and reputation, as attested to by the supporting testimonials submitted by former clients.[27]

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[26]On the importance of the midwife and the lying-in ceremony to the collective culture of early modern women, see Cressy, Wilson ("The ceremony of childbirth and its interpretation," *Women as Mothers in Pre-Industrial England*, ed. Valerie Fildes. [London, 1990] 68-107), Angus McLaren, *Reproductive Rituals: The Perception of Fertility in England from the Sixteenth to the Nineteenth Century* (New York, 1984). Laura Gowing, in her study of the language of sexual insult among early modern London women (*Domestic Dangers: Women, Words, and Sex in Early Modern London* [Oxford, 1996]) observes how these matters shaped everyday interaction between women, remarking "the knowledge of female bodies with which women were credited and their authority in the area of childbirth established one source of power which was immensely productive in the shaping of abuse" (109). Traces of this older attitude toward the practice of midwifery remained into the early twentieth century among urban English working-class women, in the form of the "handywomen" who attended births, cared for the sick and lay out the dead described in Nicky Leap and Billie Hunter, *The Midwife's Tale. An oral history from handywoman to professional midwife* (London,1993).

[27]A 1685 testimonial certifies that the London midwife Frances Mannering, "is a person of good Life and conversation and that frequenteth her Parish Church and is every wayes conformable to the Government of the Church of England as now by law is Established and that hath practised as a Midwife for the space of about twenty five years

Midwives therefore enjoyed a social and ritual role that extended beyond narrowly medical activities such as dispensing prenatal advice or using manual techniques for effecting delivery. At the actual "lying-in" the midwife not only tended to the laboring woman, but interacted with all the women present. She might lead the "friends" or "gossips" in prayer or in the working sympathetic "opening" magic such the opening and closing of chests and doors.[28] In a time of spiritual and physical trial the midwife took charge, not only directing the care of mother and child but assuming leadership in other matters–for example, exhorting the friends to remain calm in moments

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last past and is a person well Qualified to be a Lysensed Midwife." In comparison to the English reliance on testimonials, Continental approaches to licensing were more varied. In the towns, examinations were generally administered by a committee of physicians or women of high social standing as part of the licensing process (Wiesner). In Catholic countries, the church appears to have played a significant role, particularly in the countryside where it might act as the sole agent in the selection and regulation of midwives (Petrelli). However, it is worth noting that in both of these instances the involvement of ecclesiastical authorities and high status, socially prominent members in the community also indicates the degree to which licenses certified the moral probity and social acceptability of the midwife, rather than their technical qualifications.

[28]Charlotte F. Otten, "Women's Prayers in Childbirth in Sixteenth-Century England," *Women and Language* 16 (1993): 18-21, identifies the prayer of a midwife for a woman in danger of death in *The Monument of Matrones* (1582), a collection of women's prayers edited by Thomas Bentley, noting that she leads the women present at the birth in a collective prayer as a priest would. Similarly, Cressy quotes a Leicestershire midwife in 1569 pronouncing "In the name of the Father and of the Son and of the Holy Ghost, come safe and go safe, what have we here" in the course of a difficult birth (21). Religious measures taken on behalf of laboring women are fairly well documented. During the birth, special prayers might be recited and religious or magical objects were often placed on the laboring woman, such as girdles blessed in the name of the Virgin or St. Margaret, or the "eagle stone," all of which were thought to ease the delivery. Before the Reformation special masses were said on behalf of laboring women and English monastic houses lent out holy girdles and relics to women in childbed (Cressy, 22). Popular devotional manuals of the seventeenth century included prayers and admonitions to childbearing women, although these tended to be, in Cressy's words, "stern comfort." Nonconformists might conduct group prayer and fasting on behalf of laboring women (25-7).

of crisis.[29] Until the seventeenth century she was also obliged by ecclesiastical law to perform an emergency baptism when the infant's survival seemed questionable.[30] This combination of social and ritual activity associated with childbirth continued into the postpartum period and the midwife was also a presence in the public celebrations that followed a birth, often in charge of the infant in the stead of its mother at its baptism (and tipped accordingly, especially by the godparents).[31]

A birth was therefore a communal event rather than a personal medical crisis, and it was a mixture of social, religious, magical and medical purposes that informed the events of an early modern lying-in. Because the lying-in drew together the women of a

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[29]A good seventeenth-century example of a midwife attempting to preserve calm among the "friends" can be found in Donald Woodward, "Some Difficult Confinements in Seventeenth-Century Yorkshire," *Medical History* 18 (1974): 349-53. Woodward quotes a notation made in a seventeenth-century Yorkshire parish register describing the birth of Siamese twins: "after the Children were borne, she told me, she tooke them in her handes and sayd to the wives, wee muste take heed we mingle not truth and falsehood together" (351).

[30]The midwife's duty in this regard had been mandated by ecclesiastical law since the late middle ages but proscriptions against indulgence in any unorthodox flourishes became frequent in the sixteenth century, as in the English midwife's oath from 1567 which binds its adherent to use "apt and accustomed words" in emergency baptisms, "that is to say, these words following, or the like in effect: 'I christen thee in the name of the Father, the Son, and the Holy Ghost,' and none other profane words" and use "pure and clean water, and not any rose or damask water, or water made of any confection or mixture"(quoted in Cressy 135). Attempts to regulate the form of emergency baptisms by means of instruction gave way to doctrinal doubts about the validity of midwife-performed baptisms and in 1604 the service for emergency private baptism in the Book of Common Prayer was revised to specify that only a "lawful minister" (rather than any one "that be present") could perform the ceremony.

[31]See Cressy and Wilson (*The Making of Man-Midwifery*) for the prominent role of the midwife at the baptism: Cressy describes an aristocratic baptism of 1589 in which the midwife, though of humbler birth, took precedence over the gentlewomen attending the infant (165). Baptism was supposed to take place before churching, but in the eighteenth century starts to be delayed–against Church doctrine–to coincide with churching (Wilson, 28).

community in a collective ritual, lying-in practices tended to reflect a cultural consensus about what were appropriate measures rather than the expert opinion of a medical practitioner. But until the later seventeenth century there was in fact a remarkable degree of overlap between learned and lay opinion on the medical aspects childbirth; whether learned dicta or the customary practices of women, thinking about "generation" was founded on certain commonly held beliefs about the intrinsic qualities of the female body and its relationship to its physical and spiritual environments.[32] Thus ritual practices such as darkening and warming the room, sealing all apertures and keeping the mother well covered were intended to protect her and her infant from malign influences, but also consistent with orthodox medicine's view of the pernicious effects of drafts. Similarly, the use of magical remedies at lying-ins–substances believed to have powers of attraction such as the eagle stone or magnets–or even the use of girdles blessed in the name of St. Margaret or the Virgin, rested on a kind of analogical thinking that the learned discarded only after the scientific method gained a solid following among their ranks.

This traditional wisdom associated with the lying-in appears to have cut across class lines, and may have provided the major alternative to books as a source of

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[32]The principles of sympathy and equilibrium underlay both learned and popular understandings of illness, and physicians as well as their patients seriously considered the spiritual dimensions of physical ailments. Mary Fissell, in describing seventeenth England makes a similar point (*Patients, Power and the Poor in Eighteenth-Century Bristol* [Cambridge, 1991], 17). There are several documented cases of women who consulted physicians for gynecological ailments actively participating in the interpretation of their illness, conveying the personal and spiritual history thought necessary to proper diagnosis and relating an account of their physical sensations. Despite the presumed gap in learning, both parties understood these maladies in similar terms

reproductive knowledge.[33] It was also gender-specific in that it was supposed to be restricted to women. The oaths associated with the licenses issued by the bishops' courts bore the injunction that the midwife be "secrete and not open anye matter appertayninge to your office in the pnce of anye man or other unlesse necessarye or grete urgent causes shall constryne you soe to doe."[34] Reticence in these matters erected a protective privacy that shielded women from mockery, reflecting a sense of pudor.[35] The bawdy talk that characterized the post-baptism celebrations or the pervasive acknowledgments of a broken taboo which pepper all early English midwifery manuals attest to a strong sense of the boundaries crossed when these secrets were openly discussed.

Lying-in practices therefore also had important social dimensions. The lying-in was a display of solidarity among the women who attended, and it may have functioned as an "alternative public sphere,"in which men were excluded, the husband's rights temporarily abrogated, class differences temporarily effaced, and women spoke freely

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[33]This point is most vigorously argued by Patricia Crawford, "Sexual Knowledge in England, 1500-1750," in *Sexual Knowledge, Sexual Science: The History of Attitudes to Sexuality,* eds. Roy Porter and Mikulas Teich (Cambridge, 1994), 47-73. Crawford makes a distinction between the orally-transmitted, shared knowledge of women, popular attitudes among men and the "official" discourses of theology and medicine in her study of the dispersal of sexual knowledge in early modern England. Similarly, Cressy suggests that "women of every social background understood the protocols of pregnancy, midwifery, and female fellowship around the childbed" (15).

[34]From a 1588 midwife's licence issued on behalf of John Aylmer, bishop of London, to Margarett Parrey of the parish of St. Magnus in London, recorded in the diocesan vicar-general's book for 1583-90 and reproduced in James Hitchcock, "A Sixteenth Century Midwife's License," *Bulletin of the History of Medicine* 41.1 (1967): 75-6.

[35]In this spirit one early seventeenth-century preacher went so far as to decline discussing the details of Christ's actual birth in his Christmas sermon, "for that sin hath made our bringing forth so full of shame, that we can hardly speak thereof, though never so warily, but we may be thought by women kind to pass our bounds" (Cressy, 20).

with one another.[36] The various rituals undertaken by the gossips and the midwife, most of which were dedicated to guarding against powerful natural forces at a time of physical and social vulnerability, were also an expression of an ethic of mutual aid. Women assisted their family, friends and neighbors practically and morally by attending each other's lyings-in. When the protective counter-magic practiced by the "friends" was perceived to have failed–for example, because the baby or mother sickened and died mysteriously–the behavior of local women came under scrutiny and accusations of witchcraft might even arise. At the village level such accusations were almost always the consequence of a conflict between women, and often followed upon unneighborly behavior on the part of the accused.[37] Cases in which charges of witchcraft were raised following a lying-in invariably involved the breakdown of female solidarity at the event:

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[36]This idea receives its fullest expression in Lisa Cody, "The Politics of reproduction: from Midwives' Alternative Public Sphere to the Public Spectacle of Man-midwifery," *Eighteenth-Century Studies* 32.4 (1999): 477-95, but was first argued by Adrian Wilson. Wilson has long insisted that the inversion of the normal pattern of conjugal relation during the period of the "lying-in"–the withdrawal of the wife's physical labour and sexual services–was "in the interests of women" (*Making of man-midwifery*, 29-30). Both Cody and Wilson quote as evidence *The women's advocate* (1683): "for gossips to meet . . . . at a lying-in, and not to talk, you may as well dam up the arches of London Bridge, as stop their mouths at such a time. 'Tis a time of freedom, when women . . . Have a privilege to talk petty treason." See Cressy, 55-7, for further male complaints regarding lyings-in.

[37] Deborah Willis, *Malevolent Nurture. Witch-Hunting and Maternal Power in Early Modern England* (Ithaca, 1995), summarizes popular beliefs about the witch, suggesting that a loss of housewifely control–food gone bad, children struck down by illness–could be perceived as the result of misdirected maternal power applied by the accused witch against her victim, what has dubbed "malevolent nurture" (33-4). She observes that in such instances the witch is the antithesis of the midwife or the nurturing, supportive "gossips" who work together to shield the childbed woman from malign forces; "the witch was in a sense the gossip 'gone bad,' a woman who brought envy, anger, and hatred into a community's informal networks of female neighbours" (35).

strife among the "friends," or the laying of a curse by a woman who had not been invited.[38]

The very same conditions explain in part why the oaths associated with midwives' licenses typically contain few directives addressing clinical practices. It is the religious and legal aspects of midwives' activities that drew by far the most specific attention, midwife's obligation to police orthodoxy and to uphold secular law (for example, by verifying paternity and preventing infanticide).[39] These latter responsibilities were consistent with the legal functions that midwives customarily fulfilled: they might act on

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[38]For cases of alleged bewitchments at lying-ins, see Richard Napier's patients in M. McDonald, *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England* (Cambridge, 1981), 108-9. The midwife's prominent role in orchestrating the customary protective rituals of the lying-in may be one of the reasons why midwives were so rarely prosecuted for witchcraft in early modern England, despite their use of protective, "white" magic and the identification of midwives and witches in some Continental demonological texts such as the *Malleus Maleficarum*. Indeed the very office of midwife enshrined the collective wisdom that constituted a communal culture for early modern women. Moreover, individuals accused of witchcraft were invariably socially marginal–misfits or outcasts–whereas as any number of scholars have pointed out, midwives relied heavily on the endorsement of local women, whether in procuring the testimonials necessary for a license or "repeat business."

[39]A comparison of the texts of oaths from licenses dated 1567 and 1588 with the oath that appears in the 1649 book of oaths reveals certain common concerns: all of them enjoin the midwife to serve both rich and poor, to obtain the name of the child's true father, and to refrain from counterfeiting births or exchanging babies, as well as forbidding her from practicing any witchcraft or sorcery. An increasing concern with maintaining orthodoxy is evident in the 1649 oath, which also enjoins the midwife to police baptisms (at the very moment that ecclesiastical authorities had withdrawn the prerogative of performing baptisms from midwives):

> you shall not be Privie, or consent, that any Priest, or other partie, shall in your absence, or in your companie, or of your knowledge or sufferance, Baptise any child, by any Mass, Latine Service, or Prayers, then such as are appointed by the Lawes of the Church of Englande; neither shall you consent, that any child [. . .] be carried away without being Baptised in the Parish by the Ordinarie Minister (quoted in Evenden 205-7).

behalf of local authorities by extracting testimony in bastardy cases from the mother *in extremis*, testifying as expert witnesses in matters of antenuptial fornication, rape, abortion, infanticide, and illegitimacy, or assessing the pregnancy claims of female prisoners standing trial.[40] But the proscriptions against abortion, infanticide, and baby-swapping which were common in these oaths perhaps also reveal an awareness that the very conditions which made the midwife an ideal agent of institutional authority might have the opposite effect. The text of a 1588 license reflects this anxiety that midwives might take the notion of "women's secrets" too far: "ye shall never consente agree give or keepe counsaile that anye woman be delyverd secretly of that she goeth with but that in the pnce of two or three honest women and that therebe two or three lightes alwayes redy."[41]

This growing interest in policing the activity of midwives never did extend to any formal provisions for the examination or certification on the basis of technical skill, and medical men did not begin appearing as signatories on midwife's licenses until the later seventeenth century. In fact medical men remained largely aloof from the practice of

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[40]On the midwife's public functions, see the essays by Harley and Hess in Marland, ed. With the exception of midwives directly employed by the parish under Poor Law provisions, the activities were carried out without the benefit of any official status. In contrast, midwives were employed by the German municipalities as early as 1302, and regulated by other European municipalities from an early date. See Wiesner; Myriam Greilsammer, "The Midwife, the Priest and the Physician: the Subjugation of Midwives in the Low Countries at the end of the Middle Ages," *Journal of Medieval and Renaissance Studies* 21.2 (Fall 1991): 285-329; Petrelli; Marland in Marland.

[41]Hitchcock, (76). The same phrase appears in the 1649 license. See Cressy, 77-8, on private nursing homes. Tales of midwives assisting women in secret deliveries and disposal of unwanted infants appear in a variety of early eighteenth-century fictional narratives such as Defoe's *Moll Flanders*.

midwifery until that time. This is not to say that they had no involvement in women's healthcare or even in reproductive matters. Historically physicians enjoyed a significant degree of involvement in the management of fertility and gynecological disorders, and surgeons were called when an infant had been hopelessly stuck–perhaps for days–and the midwife could do no more.[42] Although the popular midwifery literature which sprung up in this period ever more insistently characterized midwifery as a form of medical practice, childbirth was not perceived as an event that *routinely* required the services of medical men, and these types of activities were of a different order than the management of a live birth. Generally speaking, medical men appeared in the bedchamber only as a last possible resort, treating postpartum ailments such as fever or performing what was merely an unremarkable subset of surgical practice. Moreover, engagement in these activities did not in itself identify these medical men as a special kind of practitioner. Though some might develop a specialty and reputation in this area of practice, the surgeons and

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[42]For the limited role of early modern physicians and surgeons in childbirth, see Wilson (*The Making of Man-Midwifery*), chapter 2. There is evidence that male physicians did in fact treat gynecological disorders in the course of their practice from an early date. Physicians were also called upon to help with fertility problems or to negotiate the course of a pregnancy and the weeks after they had given birth. Fertility was an aspect of generation, the study of which was a major topic in natural philosophy since Aristotle. Similarly, the constant flux of body fluid posited by humoral theory and the dangers attendant upon its stagnation made any disturbance of the menses a serious disorder, and this is the premise upon which most of the gynecological practice of male physicians was founded. But most often physicians did not appear at the lying-in unless an illness or severe complications developed. Postpartum ailments, especially those involving fever, were also well within the physician's province. Surgeons were in fact more likely to appear in the birthchamber, but for most of the early modern period the role of the surgeon was to remove the child piecemeal by means of hooks, scissors and other instruments when all hope for its survival had been abandoned, in order to save the life of the mother.

physicians who performed these procedures did not comprise a distinct group; as Adrian Wilson notes, men who performed obstetric surgery "were not *called* men-midwives," but were described by "the routine practitioner-labels of the time."[43] Not until the horizon of surgical delivery was decisively expanded to include live births did significant numbers of self-identified "men-midwives" begin to appear in Britain.

The impetus for this change came largely from the development of new surgical midwifery techniques in Continental Europe. Instrumental extraction of the infant–usually piecemeal, by means of various cutting instruments, but also by Caesarean section performed on a dead mother–had long been a well established aspect of general surgery, enumerated in all the major medieval and early modern surgical texts as among the routine tasks of the surgeon. However, from the sixteenth century onward several prominent surgeons, particularly in France, dedicated their attention to the refinement of surgical techniques intended to deliver children alive such as the use of podalic version (turning the infant around in the womb and extracting it by the feet) or the use of nonlethal instruments such as the fillet (a kind of net, that once looped around the back of the child's head, was supposed to provide some traction). The same men began to author treatises on surgical midwifery, works that integrated the new anatomical discoveries and gynecological material alongside their extractive techniques.[44] Many of these works, in

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[43]Adrian Wilson, "William Hunter and the varieties of man-midwifery," in *William Hunter and the Eighteenth-Century Medical World* , eds. Roy Porter and W.F. Bynum (Cambridge, 1985), p. 346.

[44]For a survey of the French surgical midwifery literature, see Rolande Graves, *Born to procreate: women and childbirth in France from the Middle Ages to the eighteenth century* (New York, 2001).

particular François Mauriceau's *Traité des maladies des femmes grosses* (1668) and Hendrik van Deventer's *Manuale Operatirm, Nieuw Light voor Vroed-meesters en Vroedvrouwen* (1701) would greatly influence early eighteenth-century male midwifery practitioners.[45] There are, however, at least two well-documented instances of medical men taking this new kind of approach to obstetric surgery in seventeenth-century England. Now notorious in the annals of midwifery, various male members of the Chamberlen family (who were high profile London physicians in the second half of the century) possessed instrumental means of extracting children alive, which they kept secret amongst themselves for four generations.[46] In the 1660s, the Derbyshire physician Perceival Willughby took a particular interest in obstetric surgery, perfecting a variety of podalic version in the course of his practice and leaving behind two unpublished

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[45]Mauriceau's *Traité des maladies des femmes grosses* (Paris, 1668) was translated into English by Hugh Chamberlen, appearing as *The diseases of women with child, and in child-bed* (London, 1672). Deventer's *Manuale operatirm* (Leyden, 1701) was anonymously translated from its Latin edition (*Operationes chirurgicae, novum lumen exhibentes obstetricantibus* [Leyden, 1701]) into English as *The art of midwifery improv'd* (London, 1716). Both translations went through multiple editions well into the mid-eighteenth century. The books were part of the new genre of vernacular, practitioner-authored surgical manuals that first arose in the sixteenth century. Ambrose Paré's writing on surgical midwifery (1549) is probably the first example of this approach to midwifery, but it appears in English only as part of his complete works, translated in 1634. The anonymous translation of Jacques Guillemeau's *De la grossesse et accouchment des femmes* (1609) –*Child-Birth Or, The Happy Deliverie of Women* (London, 1612)–had a significant, if largely uncredited influence on English midwifery literature of the seventeenth century.

[46]Although this secret has long been reputed to be the midwifery forceps, Wilson argues on the basis of the box of surgical instruments found in Peter Chamberlen's attic in 1813 that their secret included three instruments, the forceps, the vectis (or lever) and the fillet (*The Making of Man-Midwifery*, 56). He also asserts that there is no evidence that anyone outside the Chamberlen family possessed the forceps or the vectis before the 1690s, but after that time various forms of both of these instruments begin to appear in France, in Holland, and in England (*The Making of Man-Midwifery*, 66).

manuscripts.[47] By the end of the century there were several London practitioners (in addition to the Chamberlens) who were reputed as specialists in surgical midwifery, including Robert Barret, who in his *Companion for Midwives, Childbearing Women, and Nurses, directing them how to perform their respective Offices* (1699), declares " I have back'd every thing with examples from my own Practice; which I chose rather to follow than the common road of Books upon that Subject."[48]

Translations of Continental surgical midwifery texts *addressed to male practitioners* rather than to midwives, as all previous midwifery literature in English had been, appeared with much greater frequency in the early eighteenth century.[49] But even specialists like Barret were practicing fairly conventional obstetric surgery, if at a more

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[47]On Willughby, see Wilson, *Making of Man-Midwifery,* 49-53. Although by training a physician, practicing in a rural setting Willughby would have necessarily engaged in a "general practice,"including obstetric surgery. His practice, like that of the Chamberlens, is an isolated example, but it represents an important step in the reformation of obstetric intervention by male practitioners. Willughby's reputation in this area seems to have been sufficient enough for him to be called in advance of the appearance of any difficulties in at least three instances. Interestingly, Willughby scorned male practitioners who insinuated themselves into deliveries where no real emergency was present, and actively pursued the education of midwives in techniques for delivering live children in obstructed births. In addition to his *Observations*, Willughby left another unpublished manuscript, *The Opusculm* that instructed midwives in various manual techniques such as podalic version, and Wilson notes that in a letter to the Countess of Huntingdon, Willughby asked her to translate the works of the renowned French midwife Louise Bourgeois into English.

[48]Robert Barrett, *A Companion for Midwives, Childbearing Women, and Nurses* (London, 1699), "Preface to the reader," unpaginated.

[49]In addition to the translations of Mauriceau and Deventer, translations several other Continental surgical midwifery works appeared at this time, among which Paul Portal, *The compleat practice of men and women midwives* (London, 1705) [*La practique des accouchemens soutenue d'un grand nombre d'observations* (1685)], Pierre Dionis, *A general treatise of midwifery* (London, 1719) [*Traité général des accouchmens* (1718)], and G.M. LaMotte, *A general treatise of midwifery* [1722] (London, 1746), were probably the most influential.

sophisticated level. Particularly influential in the first quarter of the eighteenth century was the integrated series of manual techniques for non-instrumental, surgical delivery of live births in difficult cases developed by the Dutch surgeon and man-midwife, Hendrik van Deventer. Even more than Mauriceau's work, which was largely concerned with rationalizing traditional extractive techniques such as craniotomy, Deventer's approach to surgical midwifery invoked a theoretical conception of the relationship between pelvic anatomy, the position of the uterus, and that of the fetus, in order to prescribe various maneuvers designed to re-align all three elements and establish the conditions for a natural delivery.[50] Both the dissemination of Deventer's innovations and the publication of forceps design in 1733 decisively transformed obstetric surgery into a form of midwifery; for once the surgeon began to deliver living children with some regularity, his task was no longer clearly distinguishable from that of the midwife.

The expansion of the possibilities for male practice in obstetric surgery heightened the attractions of this specialty for general practitioners, who used it as an entree to further practice among these patients. Growing numbers of "regular" practitioners, eager to tap into the growing market for paid services, included some form of midwifery work in their more general practice, but it also started to provide what Roy Porter dubs an "entrepreneurial niche," particularly in the competitive but patient-rich environment of the major urban centers where specialists could build up the caseload necessary to support themselves by their midwifery work alone. By 1754, the surgeon man-midwife Benjamin

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[50]Wilson, *Making of Man-Midwifery*, chapter 6, features an extensive discussion of Deventer's techniques.

Pugh, enjoying an extensive practice in Chelmsford, Essex, justified his own venture into print by claiming, "as every young Surgeon now intends practicing Midwifery, and it is become almost as universal amongst Men in this Kingdom, as ever it was in *France*; I think every Help must be acceptable to the young Practitioner, and Improvements agreeable to the old ones."[51]

This situation led to inevitable friction with midwives over jurisdictional boundaries, introducing unprecedented pressure to define midwifery as a form of medical practice. In the absence of any coherent system of requirements for formal education or licensing, the question of where the midwife's province ended and the man-midwife's began would be negotiated individually--at the level of patient choice--but also publicly, in staff hierarchies of lying-in hospitals and in the publications of midwifery practitioners, their supporters and their critics. Distinctions between "professed" or "regular" practitioners and casual or "irregular" practitioners had always been fuzzy; with the growth of general practice now more than ever the "regulars" relied on self-generated standards to demarcate themselves from the "irregulars." In the case of midwifery, midwives had better claims to authority than most "irregulars." Although individual male practitioners may have outranked midwives, man-midwifery as a discipline did not automatically benefit from this difference in status of its practitioners. Asserting the superiority of man-midwifery meant asserting a professional expertise that both encompassed the practical skills of midwives and included an intellectual element which

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[51]Benjamin Pugh, *A Treatise of Midwifery, chiefly with regard to the operation* (London, 1754), p. iii.

set their competence on a higher level. For all of these reasons, reading, writing, and publishing texts became the central to the epistemology of man-midwifery.

The relatively small number of midwifery publications available in English before the 1730s attests to the indefinite character of midwifery as an area of occupational specialization. Scattered discussions of reproductive anatomy, gynecological or obstetric matters could be found in the academic, Latin medical literature, in standard surgical textbooks, and in the popular genre of vernacular self-help medical works. From the mid-sixteenth century onward a small number of midwifery manuals in English and addressed specifically to midwives were regularly reprinted, including one by a female midwife, Jane Sharp's *Midwives Book* (1671).[52] But Sharp's book was the exception rather than the rule; the vast majority of these works did not arise from English practitioners who claimed any particular expertise or specialization in midwifery. This small group of early modern midwifery manuals, although significant in itself as the first step toward a midwifery literature, is a far cry from the distinctive and voluminous body of professional

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[52]Jane Sharp, *The Midwives Book, or the Whole Art of Midwifery Discovered* (London, 1671). Early English midwifery literature does indeed display a striking lack of originality: it consists largely of translations or reworkings of French and German midwifery texts rather than the publication of new discoveries or technical innovations, and was dominated by reprints (not always acknowledge as such). Most works appeared under their original title at least twice; a number of the later seventeenth-century titles, such as the two volumes of Nicholas Culpepper's *Directory for Midwives*, 2 vols. (London, 1651-71), the near-anonymous *Compleat Midwife's Practice* (London, 1656), and Chamberlen's 1672 translation of Mauriceau underwent multiple editions right into the early eighteenth century. Elaine Hobby's introduction to her recent edition of Sharp provides an insightful survey of this literature, taking a more critical approach than some of the more descriptive, earlier work on this topic, such as Audrey Eccles, "The Early Use of English for Midwiferies, 1500-1700." *Neuphilologische Mitteilungen* 78 (1977): 377-85, and *Obstetrics and Gynaecology in Tudor and Stuart England* (Kent, 1982).

literature that would emanate from the pens of self-proclaimed midwifery specialists in the eighteenth century.

In sum, those who practiced midwifery procedures in early modern England, whether male or female, were not easily defined as a group and midwifery itself occupied an ambiguous position with relation to medicine. In fact uncertainty about which of the established corporations should be responsible for the oversight of midwifery practitioners would complicate all attempts to regulate midwifery well into the nineteenth century. The emergence of a literature dedicated to midwifery in the sixteenth and seventeenth centuries was a development of considerable significance, and it made midwifery and its practitioners more visible than they had formerly been. But it did not represent the literary output of a self-identified group of experts; midwives or medical men who developed an engagement with midwifery as a particular speciality were the most part unrepresented in print before the 1730s.

Over the course of the eighteenth century all of this would change. Midwifery became a new category of medical practice, and new kinds of medical practitioners appeared: medical men who practised *midwifery*, attending normal births in addition to more complicated cases, and "educated" midwives. The older style of midwifery manual had been supplanted by lectures, syllabi, systematic textbooks, collected case histories, tables of anatomical plates, and research monographs: medical, scientific and academic genres characterized by specialized terminology and concepts, reflecting the new model of midwifery expertise rooted in a medical knowledge of the female body and its reproductive functions. These works grew out of a newly formed institutional milieu, a network of

private lecturing and hospital-based education which the men-midwives established in the larger urban centers to remedy the absence of midwifery from the curricula of academic medicine. By the end of the eighteenth century the more casual forms of midwifery practice could still be found, particularly in the countryside, but expectations had changed: midwifery practitioners, whether male or female, were now evaluated in terms of their medical expertise. Why and how this transformation was accomplished has been the subject of considerable debate, and in the next section I will survey the various historical accounts given of the "revolution of obstetrics."

HISTORIOGRAPHY AND METHODOLOGY

I. Understanding the "revolution in obstetrics"

A variety of explanations for the ascendence of "scientific" midwifery over traditional midwifery have been on offer since the eighteenth century itself. Countless histories have credited the rise of man-midwifery to the dissemination of better technique which saved more lives and to the general appeal the notion of scientific improvement to the affluent classes. Contemporary opponents of man-midwifery attributed its appearance to the spread of decadent French fashion and the cynical maneuvering of unscrupulous and possibly lascivious medical men seeking to enrich themselves.[53] More recently it has been

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[53]See, for example, Philip Thicknesse's assessment of man-midwifery as a particularly French perversity: "that excellent, and never-failing female midwife, Goody Nature [was] about fifty years ago, stifled in France between two feather-beds by Messrs. Doctors *la Motte* and *Mauriceau*; and no sooner was the good old lady interred, than

interpreted as an epiphenomenon of the advancement of a broader political agenda, one which favored the representation of women as creatures incapable of participating in public life because of their biological makeup. Conversely, a number of scholars have looked to larger changes in eighteenth-century British society, suggesting that the breakdown of the shared public culture of early modern women eroded the traditional midwives' basis of support. Others have pointed to the attraction midwifery held for rank and file provincial general practitioners as a means cultivating long-term relationships with entire families of potential patients.

Interestingly, all of these accounts do agree on one point–they assert that a radical break took place, what Irvine Loudon has dubbed "the revolution in obstetrics." They also concur that in Britain this "revolution in obstetrics" took place in the eighteenth century. So although the earliest histories argue that an epistemological rupture occurred with the displacement of ignorant crones by the educated medical men who intellectualized and professionalized midwifery, most subsequent accounts simply question the assumption that medicalization was desirable, inevitable, or disinterested rather than dispute the notion that a such rupture occurred. The wide range of interpretations on offer is therefore more reflective of different *evaluations* of this change than anything else. In the more recent study of this topic it is also a symptom of the polarized nature of the scholarship in this area. As Helen Rodnite Lemay observes, "the early history of obstetrics and gynecology is traditionally regarded as two different tales: the story of doctors and the story of

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these, and many others male imposters in that fanatical country, endeavoured to intrude themselves on the public as her legitimate sons" (3).

midwives."[54] A methodological polarization may thus have arisen from the significant ideological divide which has long separated the historiography which interprets developments in medicine as a progressive manifestation of modernity from those who view the same developments as a history of the extension of patriarchal control over women's bodies and the progressive denigration of women's skills. These conflicting interpretations–aptly characterized as "medical glory versus gory misogyny" by Lisa Cody–have uneasily co-existed ever since male and female practitioners first began arguing in print over the right to practice midwifery.[55]

The polarization of the scholarship in this field still remains strong. Traditional midwifery is most often approached from the perspective of feminist scholarship or social history–for example, treating midwifery as a form of women's work–whereas until quite recently man-midwifery (often identified simply as "obstetrics") was customarily viewed as a topic proper to intellectual history and medical history. In part this difference in approach reflects the paucity of written sources associated with midwifery as practiced by women.[56] But it also reflects a difference in emphasis, an interest in social acts and actors versus a focus on the spread of ideas and their impact. Thus the texts and images associated with

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[54]Helen Rodnite Lemay, "Women and the Literature of Obstetrics and Gynecology," *Medieval Women and the Sources of Medieval History*, ed. Joel T. Rosenthal, (Athens, GA, 1990), p. 189.

[55]Lisa Cody, "The Politics of Reproduction,"478.

[56]This division is evident in the very different methodologies employed: histories of obstetrics and gynecology survey the extant publications of these practitioners for details of significant advances in medical theory, technical innovations, and relevant biographical information, whereas studies of midwives often enlist a wider range of sources, such as licensing records, parish registers, baptismal rolls, records of birth registration, wills, censuses, court records, municipal ordinances.

man-midwifery are still often treated as freestanding objects, artifacts of a progressive–or repressive–discourse. Even the current scholarship on this topic tends to cluster into one of two modes: social histories of childbirth and midwifery practitioners versus analyses of representations of the female body. The contrast between these two kinds of studies reveals the persistence of this methodological divide, despite a shared assumption that medical knowledge is a social construction. Hence the former tend to interpret the "revolution in obstetrics" as the product of social and cultural forces which inflected the precepts and practices of medical practitioners jockeying for position in the highly competitive "medical marketplace, " whereas the latter often pay scant attention to the historically specific local, institutional and professional contexts in which such knowledge is shaped, focusing instead on reading medical doctrine as an expression of broader cultural, political and intellectual movements. However, some of the most recent scholarship on this topic has bridged the gap between studies which treat midwifery as a quasi-autonomous body of knowledge–that is, a *science*–and those which approach it as the collective practices of a group of social actors. In order to situate my own arguments, I wish to take a closer look at the four major strands in scholarship regarding "the revolution in obstetrics."

Early histories: traditional medical history and early feminist critiques

Until the final quarter of the twentieth century the history of midwifery was most often written as the history of obstetrics; that is to say, as a retrospective account of the evolution of a science. Histories in this triumphalist mode thus charted (as the title of one such work proclaims) "milestones in midwifery," the progressive refinement of obstetric

knowledge and expertise.[57] These surveys of obstetrical progress are a genre perfected by eighteenth-century men-midwives in their lectures and published works. Continued into the latter day by physicians and the occasional historian they are almost entirely dedicated to the celebration of early male practitioners and in particular influential authors such as Ambrose Paré or William Hunter as pioneers in the discovery of the medical truths from which we benefit today.[58] The authors of these histories are largely unconcerned with recreating the conditions of traditional midwifery, other than for purposes of rhetorical contrast; the narratives of progress that they construct really begin only when medical men break the midwives' monopoly on childbirth. Their discussion of midwives invariably occurs in the context of a catalogue the "errors" and superstitions of past eras, curiosities which throw into relief the real advances made once observation and experiment transformed midwifery into a science.

One of the most lasting consequences of this approach to the history of midwifery has been the stereotype of dirty, dangerous, ignorant midwife. As David Harley drily observes, "One of the few things about late medieval and early modern midwives that almost everyone knows is that they were ignorant old crones."[59] In these accounts the advent of scientific midwifery freed women from the dangers of childbirth through

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[57]Walter Radcliffe, *Milestones in Midwifery* (Bristol, 1967).

[58]See, for example, Herbert Ritchie Spencer, *The History of British Midwifery 1650 to 1800* (London, 1927); K. Das, *Obstetric Forceps: Its History and Evolution* (St. Louis, 1929); Theodore Cianfrani, *A Short History of Obstetrics and Gynecology* (Springfield, 1960), Irving S. Cutter and Henry R. Viets, *A Short History of Midwifery* (Philadelphia, 1964); Michael O'Dowd and Elliot E. Philipp, *The History of Obstetrics and Gynaecology* (New York, 1994).

[59]David Harley, "Historians as Demonologists: the Myth of the Midwife-Witch," *Social History of Medicine* 3 (1990):1-26, p. 99.

technological breakthroughs such as the forceps, but also by forcing a change in personnel: intrepid medical men displace the forces of superstition and ignorance embodied by the midwives. The ascendance of male midwifery practitioners is attributed to the genius of remarkable individuals such as Hunter and Smellie, who not only introduced superior techniques but represented a new spirit of enlightened scientific investigation. This characterization of midwives and medical men as the warring forces of ignorance and enlightenment has resulted in histories that concentrate more often on why the rational reform of midwifery happened so late, rather than on why it happened at all. For these authors, the transformation of midwifery into obstetrics requires little further examination because it occurs for self-evident reasons.

This optimistic narrative remains popular to this day, particularly in obstetrical textbooks, but can also be found in a modified form in the work of some social historians, such Edward Shorter.[60] However, in the 1970s feminist critiques of the over-medicalization of contemporary childbirth originating in the women's health movement inspired a number of revisionist histories which refuted this traditional narrative of scientific advancement. Barbara Ehrenreich and Deirdre English' *Witches, Midwives and Nurses*, Mary Daly's *Gyn/Ecology* and Ann Oakley's *The Captured Womb* were perhaps the most

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[60]See, for example: Audrey Eccles, *Obstetrics and Gynaecology in Tudor and Stuart England* (Kent, OH, 1982), Shorter, *Women's Bodies* (New Brunswick, NJ, 1990), Schofield, "Did the Mothers Really Die?" in Bonfield, ed., *The World We have Gained* (London, 1986): 230-60. Shorter argues that feminism is made possible only by the liberation of women from their bodies and the burdens of incessant childbearing by modern medicine; Lord ("'To Relieve Distressed Women'") points out that this conclusion is contradicted by work on McLaren on fertility control in *Reproductive Rituals* (New York, 1984).

radical and widely cited of these new histories which depicted the loss of a golden age of woman-centered midwifery to a male-dominated medical profession intent on enforcing its patriarchal agenda and depriving women of one of the last occupations remaining open to them.[61] The notion that midwives were often persecuted as witches, first suggested by Margaret Mead, was taken up with even greater ardor in these histories, adding a touch of violence to the decline of the midwife and suggesting the tragic loss of the midwives' secret knowledge in the witchhunts. Thus women were robbed of their dignity and autonomy twice according to this counternarrative: as patients they became subject to unnecessary, often brutal interventions and demeaning constructions of their physical experience; as practitioners, their expertise was denigrated and they were forced into a subordinate position if not altogether eliminated.[62] A tradition of compassionate, caring female self-help vanished along with the accumulated wisdom of generations of experienced practitioners.

These revisionist histories challenged many of the fundamental assumptions of traditional historical accounts of obstetrics, in particular the notion that once the monopoly of incompetent women was broken "progress" had free rein. They questioned the validity of judging midwives by the standards of the now dominant discourse, and in proposing that traditional midwifery might have functioned within another cultural universe that was

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[61]Barbara Ehrenreich and Deirdre English, *Witches, Midwives and Nurses* (Old Westbury, NY: Feminist Press, 1973), Mary Daly, *Gyn/Ecology: the Metaethics of Radical Feminism* (Boston: Beacon Press, 1978), and Ann Oakley, *The Captured Womb: A History of the Medical Care of Pregnant Women* (Oxford: Blackwell, 1984).

[62]Two versions of this argument applied specifically to eighteenth-century British midwifery are M.C. Versluyen, "Midwives, Medical Men, and 'Poor Women Labouring of Child'," in *Women, Health, and Reproduction*, ed. Helen Hunt (London, 1981), 43-9, and Pam Lieske, "William Smellie's Use of Obstetrical Machines and the Poor," *Studies in Eighteenth-Century Culture* 29 (1999): 65-86.

coherent and meaningful in its own right, they countered the prevailing assessment of traditional practices as no more than a manifestation of primitive ignorance. They also exposed the economy of *power* which underlay what had been until then represented as purely an intellectual development, thus opening the door to consideration of political, social and cultural factors at work in the transformation of midwifery. But like the triumphalist narrative which it explicitly rejected, these accounts also put a great deal of explanatory weight on the change in personnel.[63] They simply reversed the evaluation of this change and focused on reconstructing what it represented as the superior, but now lost, traditions of premodern midwifery.

Midwives and medical men: The social history of midwifery

As academic historians gradually supplanted physicians, feminist activists and sociologists as the investigators of this topic, the polemical tone which characterized these earliest histories has waned somewhat and earlier methods are found to be unsatisfactory by most scholars today.[64] The triumphalist narratives of medical progress came to seem rather too hagiographical, sexist, and "Whiggish." Because they set out to confirm current practices as the most true and effective, they read the past selectively for the precursors of modern standards of care and do not admit any criteria for the assessment of practitioners

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[63]Hobby, xii, makes essentially the same point

[64]It persists among some sociologists, such as Jo Murphy-Lawless (1998), who reads eighteenth and nineteenth century Irish midwifery texts for retrospective confirmation of her analysis of contemporary practice, arguing that obstetricians then and now represent women's bodies as inherently faulty, dangerous, and pathological in the interest of increasing professional power.

other than those of the present day.[65] Paying little attention to the small-scale social and cultural factors which influenced the development of obstetrics, they appear to grant the medicalization of childbirth an unwarranted air of inevitability, framing it as the inevitable outcome of "enlightenment" and modernity. Moreover, more recent research has shown that the demographic evidence does not support claims that the technical advances of scientific midwifery lowered maternal and fetal mortality rates anytime before the 1930s.[66]

The counter-emphasis that the early feminist critiques of medicalized childbirth placed on the role of gender ideologies therefore represented a major revision in the approach to this topic, and had the notable merit of forcing a serious consideration of the social positioning of the actors involved in the emergence of obstetrics.[67] However, the depiction of women as the unwilling victims of a patriarchal medical establishment

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[65]The observations of Thomas Forbes, long one of the most widely cited historians, are typical of this approach; in describing the "grossly inadequate" training and licensing of early modern English midwives he complains that "the professional standards of the midwives were often deplorable and, indeed, could scarcely be said to exist" ("Regulation of English Midwives in the Sixteenth and Seventeenth Centuries," 235).

[66]It does appear that the overall rate of maternal mortality fell over the eighteenth century. Wilson (*The Making of Man-Midwifery*, 202) uses Schofield's study to calculate 13.5 to 7 deaths per 1000 births in rural areas and from 17 to 10 in London. However, contemporary observers would not be aware of this drop in a statistical manner (in fact, statistics were first compiled in an attempt account for the terrible mortality rates of hospitals). Moreover, the relative contributions of man-midwifery and factors such as diet and hygiene in the determination of perinatal mortality rates in a population are the subject of considerable debate. It is also important to remember that most births would be normal, uncomplicated deliveries for which male and female practitioners would use similar techniques. Irving Loudon has demonstrated that until the early twentieth-century it was trained midwives doing home births, not medical men in working in maternity hospitals, who produced the best mortality statistics.

[67]Evelyn Fox Keller suggests that "it may have taken the lens of feminist theory to reveal the popular association of science, objectivity, and masculinity as a statement about the social rather than the natural (or biological) world" (*Secrets of Life, Secrets of Death* [1992], 25).

conducting a well-ordered and systematic campaign against female autonomy also became a problematic claim when concrete historical evidence to support such a sweeping assertion failed to materialize. In particular the oft-repeated identification of midwives as victims of early modern witch-hunts has been thoroughly debunked.[68] Attention shifted instead to the social and cultural contexts in which man-midwifery arose. Jean Donnison's 1977 study, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights*, with its focus on the struggle between male and female practitioners to secure a monopoly on the practice of midwifery marks this turn in the scholarship even though Donnison's book unhesitatingly repeats many aspects of the "patriarchal conspiracy" argument and does not satisfactorily account for why some male practitioners worked closely with female midwives, or why others were so interested in improving the education of female midwives.[69] Nonetheless, Donnison's decision to approach her topic in terms of inter-professional conflict brought into play a much larger range of political and economic factors than had been considered previously. The impact of this new approach is evident in more recent work on midwifery such as the collection of essays edited by Hilary Marland, *The Art of Midwifery: Early Modern Midwives in Europe* (1993). Representative of a more nuanced, historically-grounded approach, these works challenge both the long standing stereotype of the "ignorant midwife" and the sentimental notion of a pre-medical "golden" age of female midwifery.[70]

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[68]See, in particular, Harley, "Historians as Demonologists."

[69]Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights* (New York: Schocken, 1977).

[70]Hilary Marland, ed, *The Art of Midwifery: Early Modern Midwives in Europe* (London, 1993).

Most importantly, Marland and her contributors attribute the absorption of midwifery into medical practice to the declining status of midwives in the community as well as the increasing involvement of the man-midwife. One of them, David Harley, suggests that ecclesiastical licensing, although reinstated after the Restoration, declined in regularity over the eighteenth century, at the very same time that fewer "respectable"women pursued midwifery.[71] A similar approach is evident in David Cressy's extensive study of the customs and beliefs surrounding birth and baptism in early modern England, which reveals how the communal lying-in ceremony slowly gave way to more private lyings-in as confessional and class differences increasingly fractured the shared public culture of women, leading to the diminution of many of the midwife's public functions.[72] By examining the social, political and economic contexts of midwifery practice studies like these have brought to the fore the role played by factors such as post-Reformation efforts of both churches to impose doctrinal conformity, the decline of women's public culture, and the rise of the sentimental family.[73] In doing so they greatly modified the essentialist notion

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[71]See Harley in Marland.

[72]Cressy, *Birth*.

[73]Across Europe the Reformation cast new light upon many traditional lying-in practices, in particular the use of magical measures and the performance of emergency baptism. Cressy's *Birth* is exemplary in its exposition of the increasingly detailed ecclesiastical prescriptions to which English midwives were subject in this period, particularly those concerning their practice of sacramental or magical rituals. As Cressy notes, midwives were commonly admonished by the bishops not to use "any prayers or invocations unto any saint, saving God in Christ" or "any salt, herbs, water, wax, cloths, girdles or relics" and he cites a 1538 admonition of the Bishop of Salisbury, warning midwives not to encourage the laboring woman "to make any foolish vow to go in pilgrimage to this image or that image after her travail" and prohibiting the use of "any girdles, purses, measures of our Lady, or other superstitious things," but to "only to call on God for help." By 1577 the Bishop of Durham was instructing clergy to discipline all midwives who use "superstitious ceremonies, orisons, charms or devilish rites or

of a timeless, universal "women's culture" typical of the early feminist histories, while at the same time countering the tendency of traditional medical histories to treat midwifery purely as an area of medical inquiry.

Most work of this type on English midwifery has focused on one of three areas: the social context of childbirth, midwives in the context of early modern medical practice, or the rise of man-midwifery in the medical marketplace of eighteenth-century Britain. The study of early modern midwives has probably grown the most with the application of methods and approaches drawn from social history; conversely, the view of man-midwifery's ascendence in eighteenth-century Britain has been the most radically modified by it. Instead of simply assuming the superiority (or inferiority) of man-midwifery, more recent scholarship has looked to the men-midwives' clientele for explanations of how these practitioners managed to supplant midwives as the attendant of choice, particularly among the upper and middle classes. Work by Harold Cook, Roy Porter, Irvine Loudon, and Guenter Risse which describes the intense intra-professional competition of the "medical

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sorceries" (22-3). As Cressy observes, the virtue of forbearance in expectant mothers was increasingly stressed, in particular by Puritan churchmen who emphasized a moralized view of the lying-in as a test of the character for the birthing woman and her attendants in the face of pain, illness and possibly death. Attempts to control the nature and scope of postpartum celebrations that originated with municipal authorities and reforming ministers were also a part of this larger rethinking of traditional lying-in rituals. Debates over the status and conduct of the childbed woman before, after and during her lying-in also occurred in the context of post-Reformation religious and cultural deliberations on the nature of a wife's duties and the significance of baptism and churching. In fact the use of sacred relics and talismans or any other "popish" rituals came to be conflated with sorcery more generally, and hence the oath contained in a 1588 license commands its bearer, "ye shall not in any wise use or exercise any manner of witchcraft, charm or Sorcery invocations or other prayers than may be seemly with god's Laws and the Queens" (Hitchcock, 75-6).

marketplace," the influence wielded by patients as consumers of medical services, the appearance of the general practitioner, and the growth of hospital-based clinical medicine has also had a significant impact on the current scholarship.[74] Numerous articles and book length studies have since focused on the man-midwives' campaign to define midwifery as a legitimate area of male medical practice in this competitive milieu.

For some time historians of the family have argued that aristocratic men, seeking to reconcile a desire for progeny with a new-found affectionate concern for the health of their wives, were attracted to the notion of expert medical supervision. In the most extensive study of this topic to date, *The Making of Man-Midwifery* (1995) Adrian Wilson elaborates on this theme, arguing that the rise of English man-midwifery in the seventeenth and eighteenth centuries is better understood as a change in the *social arrangements* for the routine management of childbirth among the well to do than the onset of medical enlightenment. The new credibility of surgical midwifery, coupled with the midwife's loss of many of the traditional sources of her respectable status, precipitated a shift from emergency calls to onset to advance calls for male practitioners. In Wilson's formulation, "literacy and leisure began to break the bonds that had united women in a common culture," and as an artifact of that culture the traditional lying-in ritual enshrined a notion of universal female suffering and subordination that effaced class differences in a way that made upper class women increasingly uncomfortable.[75] Men-midwives offered "a different vision of

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[74]Roy Porter and Dorothy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Stanford: Stanford University Press, 1989), Loudon, *Medical Care and the General Practitioner,* and Risse.

[75]Wilson, *Making of Man-Midwifery*,187.

practice," one more in tune with the refined social and intellectual sensibilities of their affluent clientele. He emphasizes that man-midwifery was very much a social role, noting that lecturers like William Hunter spent as much time inculcating in their students the proper modes of dress and address as they did teaching technical skill. In a similar vein, both Judith Schneid Lewis and Roy Porter suggest that the most successful men-midwives made their fortune by ingratiating themselves with their female clientele, taking tea and in general participating in the polite, female sphere of upper class women, but also serving as confidants and allies.[76]

The politics of gender: Representing the body

The current dominance of the "medical marketplace" model in studies of eighteenth-century British medicine has however occasionally resulted in an overwhelming emphasis on the social reception of ideas and practices in tightly circumscribed settings, and rather less attention to the ideas themselves, the form in which they are presented, or their larger implications. An alternative stream of investigation into the origins of obstetrics, focusing not on patients and practitioners but on representations of the female body, balances this tendency. The explicit linkage of political and medical or scientific discourses proposed in these studies echoes the connection of power, women's oppression, and medicine made in the earliest feminist histories of childbirth but possesses a methodological

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[76]Judith Schneid Lewis, *In the Family Way: Childbearing in the British Aristocracy, 1760-1860* (New Brunswick, NJ, 1986); Roy Porter, "A touch of danger: the man-midwife as sexual predator," in *Sexual Underworlds of the Enlightenment*, Eds. G.S. Rousseau and Roy Porter (Chapel Hill, NC, 1988): 206-232.

sophistication which many of these previous studies were lacking. Virtually all of these studies have been influenced by the work of Mikhail Bakhtin, Norbert Elias, and Michel Foucault on the transformation of European perceptions of body during the early modern era, and therefore view the body as a symbolic resource.[77] For the practitioners of "body history" or "political anatomy," representations of the body figure not only the body itself but also the social and cultural worlds in which these representations exist. As a result the systems of metaphor and analogy which govern early modern representations of sexuality and childbirth have attracted considerable interest from cultural historians and literary critics, in particular the manner in which changes in the metaphors employed in these representations appear to reflect the cultural transformation of childbirth.[78] In this manner

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[77]Barbara Duden, *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany* (Cambridge, 1991), for example, links the transition from the paradigm of the one-sex, permeable, microcosmic body (the "traditional" or "grotesque" body) to the "modern" two-sex, self-contained or closed, economic model (the "classical" body) with the cultural transformation of birth from a social passage to a productive process. Under the traditional model, she argues, women's bodies hosted forces of life and death and generation took place in the mysterious inner space of the body. When this space was demystified and mapped, birth moved from the social to the medical sphere, from "threshold" experience to mechanical, productive process: "the act of delivering a woman became the birth of a child"(17).

[78]Two examples of this approach applied to eighteenth-century midwifery are Ludmilla J. Jordanova, "Gender, Generation and Science: William Hunter's Obstetrical Atlas," in *William Hunter and the Eighteenth-Century Medical World*, eds. Roy Porter and W.F. Bynum (Cambridge, 1985): 385-411 and Andrea Henderson's "Doll-Machines and Butcher-Shop Meat: Models of Childbirth in the Early Stages of Industrial Capitalism,"*Genders* 12 (1991): 100-119. Henderson suggests that the focus on bone, mechanics, and intervention in William Smellie's mid-eighteenth century midwifery treatise reflects a vision of childbirth in terms of a scientifically-supervised, economic mode of production. This paradigm, Henderson argues, would give way by the end of the century to the more romantic view expressed in William Hunter's obstetrical atlas. Like Jordanova, Henderson argues that the images in Hunter's atlas place childbirth on the level of the transcendent and emphasized the individualized fetus, flesh, the miraculous workings of Nature, and importance of non-intervention.

both Robert Erickson and Mary Fissell have described the movement from the agricultural and craft metaphors of the earliest English midwifery manuals to more mechanical imagery of early eighteenth-century publications.[79]

Studies such as these have the advantage of shifting attention to the *forms* in which midwifery knowledge appeared. A parallel interest in treating science and medicine as a cultural artifacts holds in the field of gender and science studies, which has also informed much recent work on representations of women's bodies in eighteenth-century medical texts. For these scholars, science is not a mirror held up to nature but a cultural mediator, implicated in the furthering of gender ideologies because it naturalizes what are in fact social distinctions.[80] Scientific representations not only image cultural assumptions about sex roles (as is evident in the themes, metaphors and images they employ) but also have the effect of marginalizing female activity by representing science as a masculine pursuit. Foucault's dictum that sexuality's situation "at the juncture of the 'body' and 'population'" makes it a particular focus of social control is evident in a growing number of these studies,

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[79]Robert A Erickson, " The books of generation': some observations on the style of the British midwife books, 1671-1764," in *Sexuality in Eighteenth-Century Britain*, ed. Paul-Gabriel Boucé (Manchester, 1982): 74-94; Mary Fissell, "Gender and Generation: Representing Reproduction in Early Modern England," *Gender and History* 7.3 (1995): 433-56. Heather Dubrow, "Navel Battles: Interpreting Renaissance Gynecological Manuals," *ANQ* 5:2/3 (1992): 67-71, is a good example of a similar approach brought to bear on a close reading of a seventeenth-century English midwifery manual.

[80]Among the most well-known proponents of this approach are Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (Madison, 1989), Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA, 1990), Londa Schiebinger, *The Mind has No Sex?Women in the Origins of Modern Science.* Cambridge, MA, 1989) and *Nature's Body: Gender in the Making Modern Science* (Boston, 1993).

most notably in the work of Thomas Laqueur and Londa Schiebinger.[81] Both describe the medicalization of the female body and reproductive processes as an effect of modern gender ideologies rather than the result of scientific and medical advances, suggesting that the eighteenth century's new understanding of the female body as radically different rather than simply inferior to its male counterpart arises from, in Laqueur's words, "endless microconfrontations over power in the public and private spheres" rather than the advancement of medical knowledge.[82]

Ranging across regional, national and period boundaries, these kinds of studies often deliver imaginative and insightful analysis of these way social ideologies shape representations. Like the social histories, they introduce a salutary skepticism about the extent to which the ascendence of man-midwifery was founded in simple technical superiority. Most importantly, they treat science and medicine as symbolic fields, and with their focus on the analysis of texts and images, demonstrate that thinking about

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[81]Michel Foucault, *The History of Sexuality. Volume I: An Introduction.* Trans. Robert Hurley, (New York: Vintage, 1978), p. 147.

[82]*Making Sex*, 19. These arguments closely align historians like Laqueur and Schiebinger with earlier, influential works by sociologists and anthropologists that apply the same set of concerns to the study of twentieth-century American obstetrics, most notably William Arney's *Power and the Profession of Obstetrics* (1982), Barbara Katz Rothman's *In Labour* (1982) and Emily Martin's *The Woman in the Body* (1987). Arney, for example, applying a Foucauldian methodology to twentieth-century American obstetrics, observed that the ascendence of obstetricians required a major cultural change in the symbolic meaning of childbirth as well as on the level of social practices:

> In the case of birth, men had to reconceptualize the phenomenon of birth and bring it to a meaning different from the one it had in the hands of the midwives. Then they had to be able to act on that new meaning. Action required organization, social support in various forms, and the acquisition of a capacity to fend off or ignore critics, all in ways that were culturally acceptable (21).

reproduction can be read as a *discourse.* Yet too often these kinds of works make sweeping generalizations that do not take into account the particularities of any single historical moment, or–particularly among those of a Foucauldian cast–ascribe a coercive and far-reaching authority to the impersonal, autonomous discourse which generates the representations they analyze. This overwhelming emphasis on the regularizing tendencies of discourse is sometimes difficult to reconcile with the findings of social historians who have assiduously documented how often conflict rather than consensus dominated intra-professional relations or how often patients contested the medical construction of their bodies and ailments.[83]

Alexandra Lord's work on the model of female reproductive function formulated by Georgian man-midwives is persuasive evidence that this kind of analysis benefits from being grounded in the details of its specific social and historical context. Lord's"The Great *Arcana* of the Deity": Menstruation and Menstrual Disorders in Eighteenth-Century British Medical Thought,"(and more extensively, her unpublished PhD dissertation) expose the profound conservatism of the gynecology propounded by men-midwives, demonstrating by means of an exhaustive survey of unpublished lecture notes and casebooks that under the pressures of fierce intra-professional competition these practitioners clung to a traditional, Boerhaavian physiology in their search for professional respectability even as other medical

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[83]Harley makes this very point regarding medical history in general, asserting that Foucauldian and some social constructivist approaches to medicine "tend to ascribe hegemonic authority to experts," when in fact, "most patients can answer back or walk away, so persuasion is crucial" ("Rhetoric and the Social Construction of Healing," 422).

practitioners moved on to newer ideas.[84] This allegiance to a Boerhaavian description of the female body in terms of fluids and solids, when combined with the conditions under which they conducted clinical training and research (that is, a heavy reliance on the malnourished lower class women who became hospital patients for data), encouraged British men-midwives to conclude that all women suffered from a fragile and unstable female bodies and were by nature inclined to ill health which manifested as chronic difficulty with amenorrhea, menorrhagia, and miscarriage.

Lisa Cody's investigation of man-midwifery as an expression of a bourgeois public sphere is similarly sensitive to the historical circumstances of midwifery practice. She argues that the eighteenth-century man-midwife modeled the "idealized masculine subjectivity" of the public sphere, deliberately cultivating a status as public spectacle while presenting himself as a man of reason and a man of feeling who moved comfortably between home and the world.[85] Traditional midwifery, Cody suggests, had provided an

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[84]Alexandra M. Lord, The argument is reiterated, in a more focused and abbreviated form in her article "'The Great *Arcana* of the Deity': Menstruation and Menstrual Disorders in Eighteenth-Century British Medical Thought," *BHM* 73.1 (1999): 38-63 and "'To Relieve Distressed Women:' Teaching and Establishing the Scientific Art of Man-Midwifery or Gynecology in Edinburgh and London, 1720-1805" (unpublished Ph.D dissertation, University of Wisconsin, 1995). Mary Poovey's article on the anesthesia controversy in mid-Victorian obstetrics ("Scenes of an Indelicate Nature" in *Uneven Developments* [Chicago, 1988]) and Lindsay Wilson's *Women and Medicine in the French Enlightenment* (Baltimore, 1993) are two other good examples of scholarship that contextualize their analysis of representations of female bodies by attending to the social and professional milieu in which the representations were generated.

[85]Cody, "The Politics of Reproduction"; Cody's article is rooted in her unpublished Ph.D dissertation, "The Politics of Body Contact: Disciplines of Reproduction in Britain, 1688-1834" (University of California at Berkeley, 1993), which does not focus on man-midwifery *per se* but rather addresses a more general transformation of the concept of reproduction as employed by medical practitioners, government officials, population theorists and the general public alike. So successful

alternative public sphere, but when men-midwives recast midwifery as matter of universal and public interest, the special authority of midwives–based on notion that midwifery expertise arose from bodily and therefore gendered experience–was completely undermined. The mysteries of generation were no longer known only to women through intuition and experience, but now as an ordered, rationally understandable set of processes transparent to all via the modern sciences. As Cody argues, this knowledge was so impressively developed it became itself a powerful metaphor for the power of the human sciences to unlock the secrets of nature. Men-midwives, unlike the midwives they displaced, had the advantage of being able to join an appeal to private, empathetic qualities as caregivers with a masculine, public, scientific persona.

In an interesting way Cody's work marks a return to many of the categories, such as male/female or enlightened/ignorant, that characterized the earliest historiography on this topic. Although it represents an effort to account for the complex and occasionally contradictory use of these terms, rather than simply embracing them as explanatory, her study does in fact describe a epistemological shift structured around the dichotomies typical of these earlier histories. That her account of thepriorities and rhetorical self-fashioning of eighteenth-century men-midwives hearkens back to these early histories, with their origins in the self-descriptions of precisely that group, should hardly be surprising. The early historiography of the "profession," however crude and unsatisfactory as history, does reveal

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were they in framing their knowledge of female reproductive processes as objective truth that reproduction came to be seen as a universal, natural category *par excellence*, employed by social theorists to ground their theories of population, languages, cultures and race.

much about what was central to the self-image of man-midwifery as a "profession": an engagement with texts. Their insistence on the *epistemological* nature of the "revolution in obstetrics" is significant, and something that has become obscured in the turn to social history in many more recent studies.

The latter kind of scholarship has been invaluable in establishing a fuller and more accurate picture of the historical context in which these changes took place. As a result we now know that the eighteenth-century "revolution in obstetrics" was not the result of a massive sea-change in personnel: at the end of the century most British women were still attended by female midwives and, against the population as a whole, the clients of men-midwives were in the minority.[86] Nor was it simply a matter of the dissemination of life-saving technical advances among medical men which made the superiority of the man-midwife as a practitioner self-evident. Patient choice and intra-professional pressures that encouraged medical men to practice midwifery played an enormous role in these changes. However, describing the rise of man-midwifery largely in terms of competition between midwives and doctors for the favor of a self-consciously genteel clientele does not explain why the new breed of genteel, educated midwives that rose up in the later eighteenth century were not sufficient to satisfy the new taste for more refined childbirth attendants, or why men-midwives succeeded in winning legitimacy for their practice despite consistent opposition and an overall lack of institutional support.[87]

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[86]According to Loudon, "It is most unlikely that there was ever a time when men-midwives outnumbered the female"(*Medical Care and the General Practitioner*, 87).

[87]Lord, " 'To Relieve Distressed Women'," 15-6 and Cody point the proliferation of educational opportunities for midwives. See Adrian Wilson, *The Making of Man-Midwifery*, chapter 9.

My own study therefore builds on this history but is largely concerned with the question of how a professional identity for midwifery practitioners was forged in the eighteenth century. Most investigations to date have focused on the question of why female midwives were ultimately supplanted by their male counterparts, but there has been much less investigation into *how* this change was effected. More recently scholars like Wilson and Cody have pointed out that by the end of the century British men-midwives had managed substantially to redefine midwifery and become the accepted experts in "women's matters," yet it is clear that at the beginning of the century they certainly did not possess the kind of cultural legitimacy that midwives had already long enjoyed.[88] Men who practiced midwifery appear to have legitimized their entry into this most womanly of arts by establishing "scientific midwifery" in the public eye as the most attractive mode of practice and the most authoritative means of generating knowledge about the female reproductive body. But how exactly did they accomplish this goal? Moreover, why were female practitioners less than successful in attaining credibility and autonomy as "professionals" when they adopted this scientific approach?

As I noted earlier, it is my contention that the successful development of a professional discourse in the first half of the eighteenth century is the critical factor in these developments. It is undeniable that the dissolution of the shared public culture of early modern women was a significant blow to traditional midwifery, or that the efforts of British

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[88]Lisa Cody has made a similar observation: "even if we are right to grasp the story as both interesting in itself and standing for much larger shifts in gender relationships, the mechanics of the tale–*how* men conquered midwives–seem much more elusive" ("The Politics of Reproduction," 478).

men-midwives to ingratiate themselves with their female clientele and to publicly represent themselves as the ideal of British humanitarian manhood had an impact on their success in making scientific midwifery palatable, even fashionable. But ultimately the success of these strategies relies upon a public acceptance that the oral, experiential tradition of midwifery could and should be reformulated as a discursive, theoretical "science of Woman." The establishment of a strong, well-developed professional discourse was vital here. My focus on the artifacts that characterize the development of a professional discourse in medicine–in particular a new kind of professional literature–should not however imply that I locate the first appearance of the modern medical profession *as a concrete entity* in the eighteenth century. Instead I propose that what emerged was a new kind of professional ideal, one which had its most significant manifestation in the development of new educational and discursive outlets, and which was explicitly yoked to the notion of "public knowledge" by the self-conscious professionalizers who were its most ardent advocates. However, the viability of this epistemological makeover depended upon several key features of eighteenth-century British society and culture, not the least of which were the enormous changes occurring in the medical landscape more generally. In the next chapter I will investigate the relationship between "profession," "professional discourse," and "public knowledge" in British medicine of the eighteenth century, and more specifically as critical factors in the development of a scientific midwifery.

CHAPTER TWO

DEFINING A PROFESSIONAL EXPERTISE

> As to the Art of *Midwifery*, the most learned Men of all Ages, Countries, and Communities, have not only studied, but recommended it, as the most useful, the most ingenious, the most excellent of all Arts. The best and most renown'd of all the *Arabian, Grecian,* and *Latin* Writers agree in this; and to this, both *Jews* and *Gentiles* do consent.
>
> John Maubray, *Midwifery Brought to Perfection* (1725)[1]

The first English midwifery book of the eighteenth century–John Maubray's adaptation of Deventer's treatise, *The Female Physician* (1724)–continued the previous century's tradition of addressing midwives, or women more generally. But in 1725 Maubray brought out a second publication, *Midwifery Brought to Perfection, By Manual Operation; Illustrated in a Lecture*, the text of the public, introductory lecture to the "compleat Course of MIDWIFERY" he had offered to a paying, *male* audience in the previous year.[2] These twenty lectures, read at his house twice a week–"to wit, *Tuesday* and *Friday* Evenings, betwixt the Hours of *Five* and *Six*"–were very likely the first instance of formal midwifery teaching in London and perhaps in all of Britain.[3] In his published lecture Maubray asserted that two courses, over four or five months, would be

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[1]John Maubray, *Midwifery Brought To Perfection by Manual Operation* (London, 1725), p. 8.

[2]Maubray, *Midwifery*, ii.

[3]Maubray, 25. Maubray himself makes this claim, and Thomas Denman, in *An introduction to the practice of midwifery* (London, 1788-95), remarks that "it would be unjust to deny Maubray the credit of having been the first Public teacher of Midwifery in Britain" (xli). To date, I have found no counterclaims.

sufficient for his gentlemen pupils to perfect themselves "in this our *Noble Art of Midwifery*":

> For, in all these *Lectures,* we shall treat of this *Science*, in the most plain, easy, familiar, brief, and instructive Manner; and that, with all the Candour, and Integrity, that becomes an honest Man. Our *Rules* are all founded, some upon the clear Judgments of the best *Anatomists*; some upon the solid Demonstrations of sound *Reason*; and others, upon the certain Dictates of infallible *Experience*.[4]

Almost all of the major themes that later generations of midwifery authors would publicly articulate as the pillars of their professional status are here: the formulation of midwifery as a branch of natural philosophy as well as a skilled art, with a theoretical basis derived from the learned pursuits of physic and anatomy joined to plain reasoning and the testimony of experience. Implicit also in Maubray's statement is the assumption that a thorough acquaintance with midwifery might be got via lecture course, if a plain style and appropriate candor are observed by the lecturer. To this end he purports to offer a systematic study of "the Fundamental Principles and most certain Rules of this *Profession*,"

> and that not only according to the best *Notions* of my own Application and Study, or the real *Dictates* of my proper Practice and Experience; but also according to the most ingenious Precepts and infallible *Maxims* of the ablest and most polite *Professors* of this excellent *Art*, and that also according to its newest and latest *Improvements*.[5]

Midwifery, therefore, is not simply a matter of skill acquired by the individual in the course of practice. In claiming these rules and principles to be derived not only from his

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[4]Maubray, *Midwifery*, 26.

[5]Maubray, *Midwifery*, xii.

own reflections as a practitioner and thinker, but also from insights and advances made by the others who have professed this specialty, Maubray evokes a larger, and evolving discourse associated with the profession of midwifery.

These claims are interesting for a number of reasons, not the least of which is Maubray's use of the terms "profession" and "professors" with regard to midwifery. At the time of Maubray's lectures there was no single group of medical practitioners corresponding to the modern definition of a profession. As I shall discuss at greater length below, to "profess" physic was to make a public avowal implying an ability to teach, but the link to practical skills was much weaker. Hence Maubray's emphasis on the learned, and in particular, *literary* precedents for the study of midwifery–"this most Curious Branch of *Natural Philosophy*"–align it with physic as a learned profession.[6] But at the same time he is careful to identify midwifery as a pursuit quite distinct from physic, remarking: "I am about to qualify Gentlemen for the Practice of *Midwifery*, not Physick. Wherefore I shall strictly confine my self to what only concerns, and relates to the One, without intermeddling in this Place either with the noble *Theory*, or *Practice* of the Other."[7] Maubray's description of himself as qualified to teach by having applied himself "in an extraordinary manner to the Business of my Profession" extends the definition of profession to include practical skill.[8] Thus although his pledge to convey the "Fundamental Principles and most certain Rules of this *Profession*" does not refer to any

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[6]Maubray, *Midwifery*, ii.

[7]Maubray, *Midwifery*, 9.

[8]Maubray, *Midwifery*, 3.

concrete collective entity it does invoke a rather distinctive notion of profession, centered on a specialized expertise embodied in the collective knowledge of past and present "*Professors* of this excellent *Art.*"[9]

This confident identification of man-midwifery as a learned and specialized profession–for which he coined the term "Andro-Boethogynist"–is in fact extraordinary. In 1724 very few British medical men identified themselves as midwifery specialists; indeed even by the end of the eighteenth century "man-midwife" just as often indicated a man who included midwifery in his medical practice as one who solely practiced midwifery. Even more contentious was the question of whether midwifery merited the "professed" commitment of a medical man, or if men could actually produce authoritative knowledge about midwifery. Although midwifery had made its first entrance into the intellectual sphere with the refinement of the surgical end of practice by Continental authors like Mauriceau and Deventer, in the 1720s there still was little in the way of a professional literature on this area of practice.

These kinds of grandiose claims for midwifery would seem less unusual by the end of the century, when it had come to be widely understood as an area of professional expertise, with its own *corpus* and grounded in a scientific and theoretical foundation that guided its practice. Maubray himself was inclined to see his ventures in presenting his "Boethogynistick Philosophy" as momentous: in the letter he sent inviting Hans Sloane, the president of Royal College of Physicians, to attend his lecture he pronounced it

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[9]Maubray, *Midwifery*, 3.

"something New as well as Ingenuous."[10] Yet the gap between his idealization of a professional midwifery and the diverse, often conflicting opinions concerning medical men's involvement in reproductive matters was soon apparent. Furthermore, as Maubray himself recognized, the male midwifery practitioner's claims to practical expertise were as tendentious–if not more so–as his claims to professing a learned art.[11] Within a year of the publication of Maubray's lecture a poor, illiterate woman from Surrey, Mary Toft, convinced Maubray and several other medical men, including Sir Richard Manningham and James Douglas (two of the most prominent and fashionable midwifery practitioners in London) that she had given birth to seventeen rabbits.[12] The widespread public interest in the case, reaching right up to the Court, is evident from the stream of publications that accompanied this incident–most of the London papers covered the case, several of the medical men involved in the case defended their actions in print, and numerous satirical works appeared after the exposure of the imposture. The hoax and its subsequent debunking occasioned an unprecedented public display (and challenge) of the notion that

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[10]Maubray, *Midwifery*, ix; letter to Sloan quoted in Alexandra Lord, "'To Relieve Distressed Women:' Teaching and Establishing the Scientific Art of Man-Midwifery or Gynecology in Edinburgh and London, 1720-1805" (Unpublished Ph.D dissertation, University of Wisconsin, 1995), p. 56. Maubray coined the term "Andro-Boethogynist" in his earlier work, *The Female Physician* (1723).

[11]See chapter 4 for a discussion of Maubray's reflections on this theme.

[12]For extended examination of this incident see Lisa Cody, "The Doctor's in Labour, or a New Whim Wham from Guildford,"*Gender and History* 4 (Summer 1992): 175-96, Susan Bruce, "The Flying Island and Female Anatomy: Gynecology and Power in *Gulliver's Travels*," *Genders* 2 (July 1988): 60-76, A. Shephard, "The Literature of a Medical Hoax: The Case of Mary Toft, the Pretended Rabbet-Breeder," *Eighteenth-Century Life* 19.2 (May 1995): 59-78, and Dennis Todd, *Imagining Monsters: Miscreations of the Self in Eighteenth-Century England* (Chicago, 1995).

medical men might possess any special expertise in matters of reproduction, and this had long-lasting repercussions for men-midwives.[13] The inability of such prominent and impeccably credentialed practitioners as Manningham and Douglas to detect the hoax earlier cast doubt on the claims to superior understanding made by male practitioners; much of the satirical writing that appeared in the wake of the scandal turns on the failure of these men to perceive the obvious: "Who scorning Reason Common Sence and Nature,/ Plac'd all their faith in such a Stupid Creature."[14] For the rest of the century the gullibility of the medical men who had verified Toft's claims was held up by their critics as proof that all their pretended expertise was mere speculation and flight of fancy; the inconclusive nature of the examinations conducted by all of these men was also a point of mockery.

Maubray, though only tangentially involved, was singled out for ridicule in at least two satires, in addition to Hogarth's print depicting the incident.[15] In one, a dialogue between the midwife "Dame Toft" (Mary Toft's mother-in-law) and her female interlocutors, Maubray's earlier assertions regarding monstrous births he had witnessed

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[13]Cody and Bruce in particular argue that the case turned on the question of whether medical men could produce satisfactory knowledge about female bodies. Of the medical men involved, St. Andre (*A Short Narrative*), Ahlers (*Some Observations*), Manningham (*An Exact Diary*), Douglas (*An Adverisement*) published accounts. For a full account of the satirical commentaries on the hoax–among which are pieces by Hogarth and Pope–see Todd.

[14] "The Doctors in Labour" (London, 1726), quoted in Todd, 70.

[15]*A Letter a Male Physician in the Country, to the Author of the Female Physician in London* (London, 1726) and Philalethes (pseud.), *The sooterkin dissected. In a letter to John Maubray, MD...* (London, 1726).

(the Dutch moodiwarp or sooterkin) are identified as the inspiration for the hoax.[16] The alienation of Maubray's high-flying speculative and ornate prose from the midwife's unaffected skill is also repeatedly invoked here: of his "Crambo words," Dame Toft complains that she understands "not one Word in a Hundred; and I question whether your Top Midwives at *London* understand it."[17] As we shall see, even men-midwives themselves occasionally used this incident as a cautionary tale or pointed to those who had been more skeptical observers as proof of the superiority of a rational, scientific approach. Some forty years later William Hunter would allege in his lectures that Douglas had failed to perform a sufficiently thorough physical examination, as a cautionary tale to his students; the latter's oversight in this regard highlighted the dangers of too intellectual an approach.[18]

In light of these kinds of attacks, men-midwives would strive to reconcile the intellectual and the practical aspects of their profession, perhaps in a more sustained and self-conscious fashion than any other group of medical men. These efforts are most clearly evident in their attitudes toward texts, and more generally, toward the activity of publication. The commentaries that authors make on the nature of their printed endeavors, and in particular the histories with which most midwifery lecturers and

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[16]*A Letter*, 38-9: "[I] innocently contrived from the broad Hints I had from the Author of *The Female Physician*, how to palm an *English* Rabbet on the *English* Nation, as he had done several Sooterkins upon the *Dutch*."

[17]*A Letter*, 36.

[18]Adrian Wilson makes this observation about Hunter's use of this anecdote; *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (Cambridge, MA, 1995),108.

authors of systematic treatises prefaced their instructions, provide a window into these attitudes. By the second half of the century these historical surveys assumed a standard form: the advances propelling midwifery's progress to the present were described by reference to renowned writers and landmark publications.[19] This focus on texts may have begun as a stratagem for demonstrating midwifery's status as a learned art, but from an early date authors of such surveys are compelled to address the implications of aligning their expertise with texts. Furthermore, the principles of selection underlying these histories provide some insight into how their authors chose to define the nature of their profession.

Seven years after the Toft hoax came another defining moment, one that almost every subsequent author and lecturer narrating the history of the profession made a point of recalling. In 1733, Edmund Chapman, a provincial surgeon who had moved to London in the previous year published the design for the long-guarded secret of the forceps in his *Essay on the Improvement of Midwifery*, the first completely original book on midwifery by an English author (and described by its author as such).[20] In historical surveys of

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[19]See, for example, William Smellie, *A Treatise on the Theory and Practice of Midwifery* (London, 1752); Thomas Denman, *An introduction to the practice of midwifery. By Thomas Denman, M.D. Licentiate in midwifery of the College of Physicians* (2 vols; London, 1788-89); William Dease, *Observations in midwifery, particularly on the different methods of assisting women in tedious and difficult labours* (Dublin, 1783); Robert Wallace Johnson, *A New System of Midwifery in four part: founded on practical observations* (London, 1769); John Leake, *Syllabus or general heads of a course of lectures on the theory and practice of midwifery* (London, 1787); Thomas Young, *A course of lectures upon midwifery* (Edinburgh, 1750).

[20]Edmund Chapman, *An essay on the improvement of midwifery; chiefly with regard to the operation* (London, 1733).

midwifery's progress Chapman's *Essay* customarily represented a turning point, the inauguration of a *British* man-midwifery.[21] That authors later in the century identified it as a major milestone is significant; why did they so is worth taking a moment to consider. Adrian Wilson has expended considerable scholarly effort to demonstrate that the forceps were not in fact "the key to the lying-in room": for one, other practitioners, with other techniques (such as Deventarian methods of manual rectification or those using the vectis) were also making inroads, and secondly, it proved virtually impossible to learn how to use them properly from a written description.[22] Nevertheless, for authors and lecturers from mid-century onward, committed to describing a teleological narrative of successive advances, the publication of the forceps design loomed large; generally speaking, they remarked on the *Essay* for two reasons: its disclosure of a *secret*, and its significance as the publication of an instrument which helped change the tenor of obstetric surgery by expanding its domain to the delivery of living children. In these histories the idea that the publication of a text could change practice is critical. Both of these considerations were in fact at the heart of the new kind of professional ideal that

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[21]It was consistently the first English publication mentioned in the roll call of primarily ancient and Continental authors who contributed advances to midwifery. See for example, Smellie's Introduction to his *Treatise* in which it is one of only three works in English that he mentions (lxvi).

[22]Wilson, *The Making of Man-Midwifery*, argues that despite their capacity for delivering live children, the forceps changed obstetric surgery little; "it certainly did not confer on male practitioners the role of acting in lieu of the midwife" (100). He also compiles a number of early accounts of failed attempts to employ the forceps in order to demonstrate that the technique for using the instrument had to be learned directly from someone already adept in their use (71-2). But he does agree that "at the level of print, the 'revolution in obstetrics' was very sudden: 1733 marks a permanent watershed" (6).

men-midwives from Maubray forward articulated in their lectures and publications.

Why professional discourse matters

Importantly, the terms in which eighteenth-century men-midwives like Maubray formulated their identity as professionals differed significantly from the ideals espoused by their early modern physicians or surgeons. The term "profession" requires some consideration, since in its present incarnation it most commonly indicates a high-status, self-regulating, organized, knowledge-based occupation claiming a specialized expertise and a service ideal. Curiously, studies of "the professions" have typically been somewhat ahistorical. Early sociological studies tended to view the emergence of the modern professions simply as a consequence of modernization and concentrated on mapping the structural characteristics or "traits" of what they viewed as a fixed, general category. More recent work in the sociology of the professions, often influenced by a neo-Weberian model of "occupational closure" and/or a neo-Marxist emphasis on the historical relations between professions, class structure, and capitalist institutions, has placed a greater emphasis on historicizing the emergence of individual professional groups, attending to the political character of the professions, and in particular, analyzing the role of inter- and intra-professional conflict in the definition of the jurisdictional boundaries separating each profession from competing groups in adjacent areas.[23] Studies which take one of

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[23]For a survey of sociological approaches to the profession, see Keith MacDonald, *The Sociology of the Professions* (London: Sage Publications, 1995). The more process-oriented concept of a "professional project," originated by M.S. Larson, *The Rise of Professionalism: A Sociological Analysis* (Berkeley, 1977) but refined by McDonald to incorporate neo-Weberian model of social closure, proposes that two, linked objectives

these approaches tend to view individual professions as historically situated fluid entities, each a social organism "whose members have to work at bringing it into existence, and who then have to keep up a continual effort to maintain and if possible enhance the position of the group."[24] Strategies employed by individual professions in order to establish and maintain the identity and social status of the group such as the generation of claims about the nature of their exclusive expertise have therefore become the focus of inquiry, and the substitution of "professionalization" or the more process-oriented concept of a "professional project" for the static category of "profession" have encouraged a more historically sensitive approach.

But what remains to be explored is the degree to which the historical process of "professionalization" evident in occupations such as medicine, dentistry or engineering encompasses not only the historical struggle by which a new professional group is formed but also the embrace of a modern conception of the term "profession." For the modern professions therefore represent not simply concrete, organized groups of practitioners, but in fact exist primarily as imaginary constructs, the ideals and the identity around which the profession is defined. Thus the attempt to describe the emergence of a new kind of

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are shared by all knowledge-based occupations that seek professional status: the attainment of a monopoly for the services based on their expertise and the achievement of enhanced social standing for the group and its members.

[24]McDonald, 188. McDonald suggests that members of a profession are continually engaged in the "project" of securing or furthering their monopoly of the provision of specialized services, observing, "although a profession may be granted or may secure for itself a *monopoly*, it still must strive in the arena or compete in the market place against others who can provide similar or substitute or complementary services. It must, therefore, at least defend and probably enlarge the scope of its activities"(34).

professional ideal in eighteenth-century British medicine requires an appreciation of the rather different meanings of the word in medieval and early modern England. Historically, "profession," with its roots in the religious act of "professing" a vocation, was primarily a matter of public commitment marked by distinctive manners of dress and address (as in the case of other trades and occupations), one which might or might not be based on learning or the possession of certain skills. It also came to imply an individual's ability to act as a "public teacher" on the basis of a depth of learning, as in the academic version of "professor."[25] It is this latter connotation that, in my assessment, forms the kernel from which the modern conception of profession grows, particularly in the case of medicine. For an engagement with discourse as a reader or writer is critical to the formulation of "professional expertise" as it would become the defining principle of a self-consciously "modern" medicine.

The medical profession, often treated as the model *par excellence* for the modern professions in sociological studies, was in fact a relatively late claimant to that status.[26] The elite physicians who comprised the College of Physicians in London had been

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[25]Both John Burnham, "How the Concept of Profession Evolved in the Work of Historians of Medicine." *Bulletin of the History of Medicine* 70.1 (1996): 1-24, and Margaret Pelling, "Trade or Profession: Medical Practice in Early Modern England," *in The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London, 1998), 230-58 make this point in their considerations of the historical use of the term. Originally a religious concept, profession acquired a variety of secular associations after the Reformation.

[26]Susan Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (Cambridge, 1996), p. 16. See Pelling, "Trade or Profession," on the problem of looking for "profession" in early modern English medicine.

aggressive in pressing claims for authority on the basis of their erudition since the College's foundation in 1518. But the College represented only a fraction of early modern medical practitioners and the practice of medicine in this period was mostly informal, because expertise in physic was not distinct from lay practice. Even among "regular" practitioners, as an occupation medicine was closer to the trades in early modern Britain than it was to other recognized professions such as the law, and was often carried out on a part-time basis.[27] Moreover, well into the eighteenth century, authority in medical matters was not therefore localized in any specific group of practitioners but was, as Susan Lawrence observes, "*everywhere.*"[28] Royal charters did grant monopolies (in law, at least) to the various corporations, but these privileges were limited practically by the extreme difficulty of enforcing them. Moreover, actions taken against the infringement of monopoly should be understood as efforts by the corporations to preserve these legal privileges rather than attempts to impose unified educational standards.[29]

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[27]Pelling, "Trade or Profession?" 242-5. Pelling's larger argument in this piece is that many features of early modern medical practice make it is necessary to rethink the conventional emphasis on the origins of a medical profession, in particular if "profession" is defined as a full-time, autonomous activity. She suggests considering medicine instead in terms of trade, claiming that the gap between trade and profession as occupational categories has long been greatly exaggerated. Pelling notes for example the importance of civic control and the guilds to the practice of medicine in the provinces, observing not only the presence of physicians in urban craft companies but also that "the guilds showed many of the features later thought to be definitive of the professions: for example, they were specialised, they were self-regulating, they were recognised both by the public and by authority, and they were the source of the criteria of qualification" (238).

[28]Lawrence, *Charitable Knowledge*, 336.

[29]The contrast with modern professional organizations, which tend to police their practitioners rather than the practice itself, is obvious. Granted rather more limited power to bar the unqualified from practice, the modern British medical profession would move

Thus the authority of the several occupations recognized as professions in early modern Britain such as law, the clergy, and the military was largely a function of the social status of individual members and of the legal privileges held by the institutions in which they participated, rather than a monopoly on a particular expertise. As Margaret Pelling suggests, in early modern England the term "profession" is better understood as referring "to what had been achieved and could be publicly declared, rather than to what had to be learnt."[30]

In general then, the medieval and early modern occupational groups which came to be identified as "professions," with the secularization of that term after the Reformation, did not emphasize their possession of specific expertise to the same degree as the modern professions do; nor did it represent the primary grounds upon which they drew authority or achieved a monopoly. These differences merit attention, for the assumption that the definition and defense of the scope of a profession's activities–that is, of its "jurisdiction"–occurs through the definition of professional expertise, is central to the modern conception of profession. Rather than simply invoke a legal monopoly on the practice of certain activities (as many premodern professions did), modern professions ground their authority to act within a self-defined jurisdiction to their exclusive possession of a theorized and specialized know-how, ostensibly superior to that within the reach of the layperson.

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instead toward controlling the quality of their specialized expertise and access to it through the regulation of professional credentials, namely education and licensure.

[30]Pelling, "Trade or Profession?", 252

This is not to say that *no* connection existed between professional status and the possession of a particular body of knowledge, or that no notion of professional expertises existed. Erudition was in fact an important aspect of the ideology of the earliest and most aggressive aspirants to professional status among medical practitioners, the tiny elite of humanist physicians.[31] The most elite strata of surgeons had articulated a similar professional ideal from an early date, relying upon their learning to enhance their authority. Learned surgeons, however, conceived the nature of their professional expertise somewhat differently from physicians: where the authority of the learned physician was defined by his immersion in the literature of natural philosophy, learned surgeons claimed that their competence was grounded in an expertise that was both practical and theoretical.[32] Thus John Hall would counsel his surgical brethren in his 1565 "Historicall Expostulation against Beastlye Absuers, bothe of Chyrurgeries and Physke" that the book learning necessary to perfect surgical practice must nonetheless be verified by experience, for "when thou haste sene proved by cunning masters the whych thou haste red, thou are truely learned in thine arte, and therefore apte to worke and use experience thy selfe."[33]

Professional ideals were therefore embraced primarily by minority groups of elite practitioners in the early modern period, and until the early eighteenth century they varied

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[31]Harold Cook's *The Decline of the Old Medical Regime in Stuart London* (Ithaca, 1986) is most extensive study of this group to date.

[32]For the development of learned surgery from the middle ages onward see Nancy Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago, 1990)162-86 and Vivian Nutton, "Humanist Surgery," in Wear, French and Lonie, eds., 75-99.

[33]Quoted in Wear, *Knowledge*, 233

significantly according to which group was articulating them.[34] But from the sixteenth century onward, as learned physicians pressed their case for physic's status as a liberal art and learned surgeons emphasized the unity of surgery and physic, professional status for medical practitioners came to be more specifically identified with full-time commitment and the possession of a body of learned–that is, *textual*–knowledge. Thus the learned physician's authoritative prescriptions in matters of health and illness were therefore grounded in a theoretical understanding of nature as a whole that derived from extensive familiarity with the classics, certified by the possession of a doctoral degree (M.D.). Learned surgeons also brought theory to bear on their practice, by carefully delineating the *complementary* relation between manual skill cultivated through experience and text-based erudition in matters of anatomy and physiology. They also engaged in the production of texts, particularly vernacular surgical manuals designed to raise standards among their colleagues.[35]

The importance of textual knowledge to this formulation of professional, medical expertise indicates how much it owes to the principle of abstraction. In part this reflects how much the practice of medicine in general involves acts of interpretation; as David Harley observes, "all practitioners, from university graduates to village wise women, had to provide explanations that satisfied those who consulted them."[36] However, the

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[34] Lawrence, 17.

[35]Wear, *Knowledge,* ch 5

[36]David Harley, "Rhetoric and the Social Construction of Healing," *Social History of medicine* 12 (1999), 414-5.

differences in the *nature* of the explanations proffered are especially significant for distinguishing various competing types of practitioners. In a work which has had considerable influence on recent studies of the professionalization in medicine, the sociologist Anthony Abbott observes the particular virtues of abstraction for professions continuously engaged in defending and expanding their jurisdiction. "Abstraction," he argues, "is the quality that sets interprofessional competition apart from competition among occupations in general."[37] The work performed by professionals is, as Abbott observes, comprised of both objective and subjective elements: the physical realities of the work and the interpretive structure each profession builds around these. The activity of the professional is therefore to transform human problems amenable to intervention not only into matters of specialist interest but also into the topics of an intellectual discipline:

> Any occupation can obtain licensure (e.g., beauticians) or develop a code of ethics (e.g., real estate). But only a knowledge system governed by abstractions can redefine its problems and tasks, defend them from interlopers, and seize new problems–as medicine has recently seized alcoholism, mental illness, hyperactivity in children, obesity and numerous other things. Abstraction enables survival in the competitive system of the professions.[38]

If, as Abbott suggests here, the modern professions must continuously refine their definition of their specialized expertise through competition and accommodation with rivals who offer similar or complementary services, it is the generative capacity of abstraction, as a kind of knowledge that includes the means to create further such knowledge, that makes it so integral to the creation and expansion of jurisdiction.

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[37]Abbott, *The System of the Professions* (Chicago, 1988), 9.

[38]Abbott, 9.

The centrality of abstraction to the conception of expertise articulated by the small, self-consciously professional groups of medical practitioners is nowhere more evident than in the weight they placed on an engagement with texts, and in particular on the production and use of this new kind of *theory*. For although the manner in which physicians and surgeons connected their book learning and their grasp of theory to their practical interventions differed significantly, they did both insist than a scientific understanding of nature was necessary for the proper practice of medicine and tied their legitimacy as practitioners to an engagement with that kind of knowledge. In the "competition to control meaning" that characterized the pluralist, increasingly competitive medical marketplace of the eighteenth century, the discursive elaboration of a theoretical base derived from a combination of systematic reasoning and clinical experience would in fact become the standard means of self-legitimation among many of the "regulars."

This abstract, discursive aspect of the hermeneutic activity of jurisdiction formation is what I choose to call "professional discourse." The line dividing day-to-day professional activity from professional discourse cannot always be clearly drawn; note for example the physician's activities of diagnosis, inference, and therapy, which are also rhetorical acts that structure experience by building up the object of professional attention in discourse and by representing it in the terms of a specialist expertise. Defined most broadly then, professional discourse would therefore include all acts, utterances, and representations associated with professional work; not only the theory and methodology of a profession, or the communication of these ideas among practitioners, but also the

framework within which that exchange happens, "the entire organizational and ideological technology associated with the implementation of ideas."[39] However, in this study I wish to concentrate particularly on the linguistic or discursive aspect of this larger hermeneutic project in which professions engage and on the importance of the production of texts to the creation of jurisdiction. A powerful, well-developed professional discourse grants practitioners control of what Paula Treichler calls "linguistic capital": the power to establish and define through the use of words "norms" which are accepted by the larger society as well.[40] This linguistic aspect of professional discourse is often the most conspicuous manifestation of a profession's reliance on abstraction to create or expand jurisdiction, precisely because it has concrete expression in publications or public teaching. Publications are a visible, durable manifestation of professional discourse, and increasingly they come to play an principal role in defining that discourse: as Charles Bazerman suggests "in communities organized around the production, reception, and use of texts . . . much of the spoken interaction and even nonverbal behavior can be seen as in fact secondary to the written interaction."[41]

The development of a professional discourse was not, as I noted above, a phenomenon unique to modern professional medicine. However, the *role* played by

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[39]Joan Scott, "The Problem of Invisibility," in Kleinberg, 15.

[40]Paula Treichler, "Feminism, Medicine, and the meaning of Childbirth," in Jacobus, Keller, and Shuttleworth, eds., 116. Larson observes that this conflict with rivals takes place largely on the level of discourse, through jurisdictional boundary disputes over who speaks most authoritatively on various contested topics (35).

[41]Charles Bazerman, *Shaping Written Knowledge: The Genre and Activity of the Experimental Article in Science* (Madison, 1988), 22.

professional discourses was substantially different in early modern Britain. Learning contributed to the authority of the early modern physician, but it was not the only significant determinant of professional status. In fact an education in the liberal arts, an Oxbridge MD, and membership in the London College of Physicians *signified* the gentlemanly status of the physician rather than making him one; they were marks of social status rather than functioning as a means of social mobility. This relationship is of course inverted in the case of the modern professions, whose not insignificant social and cultural authority has its basis in claims of an exclusive, specialized expertise, that is (in theory) accessible to all who pursue approved professional training, regardless of their original social status.[42] This much greater emphasis on professional expertise as a *source* of authority among the modern professions also meant that an engagement with the professional discourse would ultimately become the universal standard for determining the legitimacy of *all* practitioners, not just an ideal espoused by minority groups. Once "profession" came to indicate a rhetorical community united in that discourse, rather than simply the category of individuals who publicly profess a vocation and perhaps possess a legal monopoly on practice, the case for applying these standards universally became that much more credible.

This creation of a uniform professional ideal was facilitated by qualities not evident in the professional discourses of early modern physicians or surgeons, in

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[42]Neo-Marxist sociological analyses of professionalization–for example, Larson (1977)–have done the most to illuminate this aspect of the modern professions. These kinds of studies, with their focus on historical context, interpret professionalization as a phase of capitalist rationalization that in essence attempts to secure a structural link between education (knowledge) and occupation (power in the form of monopoly).

particular a scientific epistemology and an emphasis upon the *union* of theory and practice. The closeness of the relationship between clinical practice and a formal, rational body of knowledge in this new kind of professional discourse was largely unprecedented. For although the traditional learned physician was marked by his mastery of theory, its relation to practice was not bi-directional, nor was its value conceived purely in terms of therapeutic applications.[43] The drift toward viewing theory as something to be *directly* applied to practice and which itself is derived at least in part from the experience of practice also went some way toward addressing some of the problems arising from the embrace of abstraction at the heart of any professional identity, not the least of which was the nagging problem of making a convincing claim for the *relevance* of an abstract body of knowledge to the achievement of practical results. This problem would prove to be especially pronounced in the case of surgery; for however much elite surgeons may have advertised their learning, even they conceded that theory could not determine skill in what was essentially a manual craft.[44] But learned physicians were also the target of

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[43]The rather approximate connection between theory and practice among learned physicians is a product of the close alliance between natural philosophy and physic; as Cook observes, "'care' rather than 'cure' was the learned physician's first duty. Like his learned counterparts in law and church, the primary end of his education was to enable him to provide pastoral advice and care that would prevent difficulties, although a secondary end was to enable him to correct problems" ("The new and medicine in seventeenth-century England," in *Reappraisals of the Scientific Revolution*, eds. David C. Lindberg and Robert S. Westman [Cambridge, 1990], 397-436),

[44]An example of this sentiment can be found in the writing of one of the early learned surgeons and self-conscious reformers of English surgery, William Clowes, who in his 1585 treatise conceded that he had witnessed unlearned surgeons operate skillfully: "in truth it cannot be denied, but that they have performed their workes which they tooke upon them to do, both honestly , carefully, painfully, and skillfully, to their great prasise, and to the comfort and health of their patients" (quoted in Wear, *Knowledge and*

accusations of empty learning, often tied to the charge that it provided a smokescreen for the protection of their financial interest in maintaining a monopoly on the practice of physic.[45] As we saw in the Toft case, too great an association with theory could be a vulnerability by the early eighteenth century.

The importance of natural philosophy to learned conceptions of medicine meant that the various new approaches to the study of nature which made up the "new philosophy" made their influence deeply felt. In particular, they softened some of the most important distinctions between empirics and learned practitioners, a development which was not welcomed by all of the old elite. However, the growing influence of the "new philosophy" upon medicine in this period was but one catalyst for such changes.[46] The overall decline of the old medical order at the end of the seventeenth century created conditions favorable to the ascendence of a new professional ideal.[47] Perceptions of the

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Practice, 234).

[45]See, for example, the charges made by Nicholas Culpepper in his *Directory for Midwives*, in which he claims he was motivated to publish by "A serious Consideration of the notable injuries offered to the Men & Women, and indeed to the Common-wealth in general, by absconding the Rules of Physick from them, either not by writing them at all, or to no purpose, which is so apparent that a man needs not the Eyes of a *Lynx* to see it . . .What an insufferable injury it is, that in a free Common-wealth Men and Women should be trained up in such ignorance, that when they are sick, and ave Herbs in their Garden conducing to their cure, they are so hoodwinked that they know not their Vertues; Is not this to uphold a company of lazy Doctors, most of whose *Covetousness* outweighs their *Wits* as much as a Millstone out-weighs a Feather ("The Epistle dedicatorie, unpaginated).

[46]Cook, "The new philosophy," 411-3; Wear, *Knowledge and Practice*, chapter 10.

[47] On the decline of learned physicians' power see Cook, *Decline*. The exclusive and somewhat rigid definition of professional medicine proposed by the elite humanist

role of texts in relation to practice changed accordingly, and the display of erudition for its own sake became a less compelling ideal. As Harold Cook points out, by 1724 the scientifically-inclined, elite physician John Freind makes assertions in his influential *History of Physick* that would have horrified his early seventeenth century predecessors; texts, he affirms, help maintain the "dignity of the faculty," but it is in their application that one physician excels another.[48] Thus by the early eighteenth century a more curative, empirically-based medical practice had gained in dignity, and expectations about the kind of knowledge medical practitioners should possess grew to include a wider range of expertise than the thorough grounding in natural philosophy that enabled learned physicians to prescribe regimens for the preservation of one's health. As a result both the surgeons and the apothecaries made significant gains toward professional status over the course of the eighteenth century.[49]

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physicians who comprised the College of Physicians slowly lost ground throughout the latter half of the seventeenth century, for, as Harold Cook has demonstrated, a combination of massive political, economic and intellectual changes sapped the power of that institution to judge the activities of other medical practitioners according to their learned standards. The College's heavy dependence on the Crown for its legal authority proved to be a liability in the last quarter of the seventeenth century, as did its association with Galenic humoralism.

[48]Cook 257. LeClerc's 1696 *Histoire de la médicine ou l'on voit l'origine et le progrès de cet art, de siècle en siècle, depuis le commencement du monde* (translated into English in 1699) set the model for this kind of retrospective appraisal. LeClerc, as Burham points out, announced his departure from a mere chronicle of worthies in favor of teleological narrative of medicine's progress (Burnham, 3).

[49]Cook suggests that the other corporations, not as dependent on the monarchy, actually saw their fortunes improve over the course of the eighteenth century, noting that the Society of Apothecaries successfully agitated to be released from serving in several parish offices (e.g., inquestman) on the basis of their professional status the 1690s (*Decline* 228-32).

At the same time, the conjunction of traditionally distinct areas of expertise in "general practice" became increasingly commonplace. For unlike the elite physicians or pure surgeons who controlled the corporations in London, Edinburgh, Glasgow and Dublin, growing numbers of formally educated medical men transgressed the traditional division of physic and surgery by engaging in "general practice." The unity of physic and surgery was a reality for the "hospital men," the rural surgeon-apothecaries and the men-midwives, and notably, they would increasingly rely upon their mastery of an abstract, utilitarian knowledge for their claim to legitimacy.[50] For although the articulation of a "scientific" professional discourse is only one way in which the modern medical profession engages in the cultural work of establishing their legitimacy, it assumed a central importance for practitioners who were not easily defined by the traditional means of demarcating status, such as membership in a corporation, or an Oxbridge M.D.[51] The

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[50]Guenter Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh* (Cambridge, 1986), describes the blurring of these traditional boundaries and the importance of "scientific" knowledge among medical men at Edinburgh's Royal Infirmary; for London's "hospital men"see Susan Lawrence.

[51]By "scientific" I mean the application of reason to the investigation of nature, the latter conceived of as self-regulating, ordered system. Abbott suggests that legitimacy can be generated from the connection of professional work to the dominant values of the culture at large either through the social status of the individual practitioners, the production of universally valued results (such as good health) or the adoption of a culturally approved method (185). However, he suggests that there has been a major shift in legitimation of the professionals "from a reliance on social origins and character values to a reliance on scientization or rationalization of technique and efficiency of service," particularly among insurgent and new professional groups (195). McDonald observes that social standing or "respectability" of practitioners continues to play significant role in securing legitimacy for the knowledge-based occupations, since the "goods" they offer are not available for inspection up front; in fact, success rates appear to have less of a bearing than one might expect on the acceptance of a jurisdictional claim as legitimate (188).

idea that a systematic, codified, and generalized body of knowledge could be derived from observation and the application of plain reasoning came to play a central role in the establishment of jurisdiction, particularly for the more socially marginal men. As Susan Lawrence has demonstrated in her study of London hospital-based practitioners, consensus about the means of producing "good" knowledge could act a means of promoting a new professional ideal among medical men who cut across the traditional boundaries of physic and surgery.[52] The consolidation of this new hermeneutic, she shows, substantially took place in public venues for the creation and dissemination of medical knowledge such as lectures, societies, and publication as these practitioners validated their professional status by functioning as arbiters and producers of this new kind of knowledge. Significantly, a dramatic increase in this latter kind of self-consciously public-minded, discursive activity is accompanies the more widespread diffusion of professional ideals among the ranks of eighteenth century "regular" medical practitioners.

Men who practiced midwifery were in the vanguard of this movement. Scientific midwifery joined together areas of practice traditionally in the domain of physic ("the diseases of women") and surgery (surgical delivery). Men-midwives often also faced

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[52]Lawrence's *Charitable Knowledge* demonstrates how, over the course of the eighteenth century, a substantial number of upwardly mobile medical men developed a more broadly conceived professional identity based on the mastery and production of scientific, clinically-derived knowledge. She observes in her survey of medical men holding hospital posts between 1700-50 that the most marginal group of physicians publishes most frequently; conversely, only the elite among surgeons (that is, those with professional aspirations) publish any considerable volume (218). Among more established groups such as the physicians, publication functioned as a demonstration of one's status as a learned gentleman rather than a forum for innovation (225-6).

particularly intense social pressures, skating on the edge of decency (and masculinity) in their practice of a traditionally female craft. Economic pressure was also an important factor, for despite the predominance of high profile metropolitan practitioners among the ranks of midwifery authors and lecturers, the bulk of male midwifery practice occurred in the course of "general practice," particularly among undistinguished rural practitioners who engaged in midwifery as an extension of surgery. These practitioners were particularly hard-pressed to differentiate themselves from their competitors–namely, midwives–and their adoption of the mantle of science was a means to that end.

Nonetheless, it is important to note that the social connotations and consequences of the public display of professional knowledge are a function of not only the kind of knowledge displayed but of the nature of the forum in which it is on display. The particular features of the literary public sphere in which the professional literature of scientific midwifery arose guaranteed that this professional discourse would adopt the claim of public utility and assume the appearance of universality, while in fact being very much defined in gendered and classed terms. Hence the concept of "public knowledge" so important to the professional discourse of man-midwifery is the topic of my next section.

Knowledge in the public interest: science, print and man-midwifery in the public sphere

Interprofessional competition, as Abbott notes, "takes place before public

audiences."[53] The jurisdiction staked out by professional discourse is not much more than an intellectual claim; it requires the assent of competitors, clients, the state and the public at large to translate into a practical monopoly. In the case of most professions, the status and authority accorded to a profession–in Foucauldian terms, its "disciplinary power"–are very much a function of a "regulative bargain" between the profession and the state. Eighteenth-century Britain presents an unusual case since the low level of government involvement in the regulation of medical practice left control of professional education and credentialing in the hands of practitioners (in contrast to the state's embrace of rationalist reform in France and Germany).[54] As a result, in Britain more than anywhere else, the pursuit of cultural legitimacy took place in the public sphere, and for aspirants to professional status such as the men-midwives the thriving print culture of the eighteenth-century provided an ideal forum for making jurisdictional claims.

The wider public sphere, that "ideally open forum of rational discussion" which Jurgen Habermas identified as the distinctive feature of eighteenth-century European (and particularly English) society's structural transformation toward modernity, is, of course, a

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[53]Abbott, 58.

[54]The Royal Charter in the early sixteenth century, the Apothecaries Act in 1815, and the Medical Act, 1858 were all at the instigation of individuals and professional groups (MacDonald, 77); see, in particular Matthew Ramsey, *Professional and Popular Medicine in France* (Cambridge, 1987) for the French experience of professionalization. L. Wilson, *Women and Medicine in the French Enlightenment: the Debate over "Maladies des Femmes"* (Baltimore, 1993) explores doctors' use of the public sphere in France.

predominantly imaginary space.[55] As Craig Calhoun observes, implicit in the notion of an abstract collective interest is the ideal of neutrality: "The very idea of the public was based on a notion of a general interest sufficiently basic that discourse about it need not be distorted by particular interests (at least in principle) and could be a matter of rational approach to an objective order, that is to say, of truth."[56] Yet in effect, the conceptual universality of the public sphere was not neutral, for it had a negative impact on women's ability to articulate authoritative public statements. Although many of the specific physical locales–the coffeehouses, clubs, salons, scientific academies, and literary societies of urban Europe–that Habermas identifies as having encouraged the formation of networks of sociability are strikingly heterosocial, the obstensibly "general" quality of the public sphere meant that it was much more difficult for women to invoke gendered sources of authority from which to speak.[57] Furthermore, as a number of feminist critiques of the public sphere have pointed out, the symbolic definition of the public sphere depended on dichotomies– natural/artifical, universal/particular,

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[55]The public sphere "served as an arena of social identification for individuals; it provided standards for interaction and public discussion; it established rationales for ever more secularized and commercialized modes of cultural production; it stood as a place outside official state power whence criticism against the state could be launched; and although emerging from and dependent on the marketplace, it served as an arena of alternative social, ethical, and aesthetic-cultural norms." Erin Mackie, *Market a la Mode: fashion, commodity, and gender in the Tatler and the Spectator* (Baltimore, 1997) p., 17. See Jurgen Habermas, *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society*, (Cambridge, 1989).

[56]Craig Calhoun, "Introduction," in Craig Calhoun, ed. *Habermas and the Public Sphere* (Cambridge, 1992), p. 9.

[57]See Cody, "The Politics of Reproduction," *Eighteenth-Century Studies* 32.4 (1999): 477-95, for the application of this paradigm to female midwives.

transparent/masked–that are aligned with distinctions between male and female.[58]

If gender bias is hidden deep within the heart of the public sphere, its affiliation with scientific and discursive forms of expression are worn on its sleeve. Notably, the imaginary general public of the public sphere was a *discursive* fiction. As David Zaret asserts, it is the discursive space of an expanded republic of letters, created by the advent of mass media and an ever more literate population that may have played the most significant role in the epistemological shift toward publicity.[59] The birth of the public sphere may therefore rank among one of the practical consequences of a "print culture," as print reified public opinion "as a nominal entity" and put it at the center of religious,

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[58]Joan Landes, *Women and the Public Sphere in the Age of the French Revolution* (Ithaca, 1988), is perhaps the strongest advocate of this position, arguing that the public sphere is "essentially, not just contingently masculinist"(7). Lawrence E. Klein, "Gender and the Public/Private Distinction in the Eighteenth Century: Some Questions about Evidence and Analytic Procedure," *Eighteenth-Century Studies* 29.1 (Fall 1995): 97-110, attempts to address the question of gender and the public sphere without endorsing the binary oppositions that underlie the traditional separate sphere argument, suggesting that gender factored differently into various modes of the public sphere (for example, the political, economic, associative public spheres).

[59]Habermas, as David Zaret observes, underplayed the relevance of religion, science and print to the formation of the public sphere in England. Habermas' work tends to emphasize the political function of the public sphere and posit more theoretical origins, viewing "the public" as an entity with its origins as the addressees of depersonalized state authority and the public sphere as a space outside the official state which enabled critique of the latter. Zaret in turn locates the origins of the public sphere a half century earlier than Habermas, finding its *conceptual* origins in the English Revolution. Not only did the universality of revelation license popular participation in an open debate, but the explosion of printed, public dialogue on religious and political matters marks a turn away from the norms of secrecy and privilege in political communication. For Zaret, the public sphere thus has its origins in the invention of public opinion (*Origins of Democratic Culture: Printing, Petitions, and the Public Sphere in Early-Modern England*, [Princeton, 2000]).

political, and philosophical argument from the mid-seventeenth century onward.[60] The accessibility of "public knowledge" in eighteenth-century Britain was also, in part, a function of the wide circulation afforded by the flourishing print culture of this period. A variety of factors–not the least of which was the Stationer's Company's long-lasting monopoly on printing–had mandated small scale production for much of the early modern period, and vested literary property in the printers who registered their claim to individual titles with the Company.[61] These conditions favored small groups of readers and listeners, and meant that both scribal publication and more traditional modes of authorship–such as amateur, courtly or scholarly authorship supported by patronage–continued to flourish alongside print publication.[62] With the first breakdown of these controls during the war years, there was a surge in unauthorized printing; traditional controls were renewed in the 1650s and in particular with the 1662 Licensing Act, but when it lapsed in 1695, the print industry exploded, producing a flood of pamphlets, periodicals, newspapers, novels, and do-it-yourself manuals to feed the appetite of a growing reading public, as well as all kinds of printed ephemera (handbills, tickets, printed forms) and increasing the volume of publication in traditional genres such

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[60]See Zaret, "Religion, Science, and Printing in the Public Spheres in Seventeenth-Century England," in Calhoun, 212-235 for this formulation.

[61]For an overview of early modern English printers, the rules and conventions governing the Stationer's Company, and the customs of the printing house, see Adrian Johns, *The Nature of the Book* (Chicago, 1998), especially chapter 2.

[62]See Harold Love, *Scribal Publication in Seventeenth-Century England* (Oxford, 1993) and Arthur F. Marotti, *Manuscript, Print, and the English Renaissance Lyric* (Ithaca, 1995).

as religious and scholarly works.[63]

During the eighteenth century printing also spread out from the London, where it had been centralized (the threat of competition and piracy represented by the Scottish and Irish book trades was in fact a major instigator of the development and clarification of copyright in this period). Numerous scholars have also documented the role of eighteenth-century "print capitalism" in the formation of the public sphere, particularly as a means of connecting far-flung readers in a community of shared ideas and assumptions.[64] An ever increasing, indefinite and abstract audience (the "reading public") emerged, the product of increasing rates of literacy and the greater accessibility afforded by less expensive reading material and improved means of distribution (for example, the extension of bookselling into the provinces or lending libraries).[65] Print genres of mass communication such as newspapers, founded on the notion of publically significant knowledge ("news"), in turn united their readership in imaginary communities of shared interest and identity.

But the capacity of print's magnified powers of dissemination to sustain imaginary communities was only one of the most visible consequence of the print technology, for the world of writing, reading and publication changed in other notable

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[63]On the profusion of printed matter in eighteenth-century Britain see Isobel Rivers, ed., *Books and their Readers in Eighteenth-Century England* (New York, 1982) and Alvin Kernan, *Printing, Technology, Letters and Samuel Johnson* (Princeton, 1987).

[64]See, for example, Kathleen Wilson, "Citizenship, Empire, and Modernity in the English Provinces, c. 1720-1790," *Eighteenth-century Studies* 29.1 (1995): 69-96.

[65]John Feather, *The Provincial Book Trade in Eighteenth-Century England* (Cambridge, 1985).

ways between the advent of print and the eighteenth century. In fact the emergence of a market-driven production system also transformed authorship. As new kinds of publications appeared–the novel, technical literature, encyclopedias, periodicals–new kinds authors emerged: female authors, practitioner-authors, editor-authors, and "hack" authors. As authorship also became paid work, and certain types of authors in particular–playwrights or those who produced "popular" literature of any kind–became more responsive to market pressures; but at the same time authorship took on a proprietorial aspect. Although the notion of literary property was initially associated with printers' legal rights to text they had registered, in the early eighteenth century the idea of the author as the owner of literary property in an *original* publication becomes more commonplace.[66] The notion of "public knowledge" also plays a part here; in fact, the perceived tension between the interests of the author (or publisher) as owner of a printed work, and the public's right to knowledge was central to the development of copyright as a *limited* protection in this period.[67]

The "new philosophy," also played a significant role in the development of a

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[66]On the development of a proprietorial conception of authorship, copyright, and the new valuation of originality, see Joseph Lowenstein, *The Author's Due: Printing and the Prehistory of Copyright* (Chicago, 2002) and Mark Rose, *Authors and Owners: The Invention of Copyright* (Cambridge, MA, 1993). Ironically, the application of a Lockean notion of property to the author's labor in producing an original text that was at the basis of copyright as it developed in eighteenth-century Britain, resulted from the desire of the London publishing houses to secure monopolies on valuable literary properties in face of the now unrestricted competition.

[67]Richard Yeo, *Encyclopaedic Visions: Scientific Dictionaries and Enlightenment Culture* (Cambridge, 2001) describes the relationship between the mutually constitutive concepts of "public knowledge" and copyright most fully, especially with regard to the development of eighteenth-century encyclopedias and dictionaries as a genre.

concept of "public knowledge," by underwriting the notion of critical and open debate in a public forum. Indeed, scientific knowledge is explicitly formulated as a form of public knowledge in late seventeenth-century England, in particular by proponents of experimental science such as the Royal Society. The aggressive promotion of open disclosure is in fact a significant departure form earlier cultural norms, since the circulation of knowledge was not widely considered a virtue in itself: prudence had long counseled that political secrets and "nature's secrets" (whether trade secrets or the esoteric wisdom of natural philosophy) be kept from the uninitiated.[68] The "new philosophy"–which in fact encompassed fairly diverse approaches to the study of the natural world–was also associated with the principles of "objectivity" and methodological uniformity, particularly in the communication of data; as a result, it was increasingly perceived as a unified form of knowledge.[69]

Scientific knowledge was therefore viewed as open and universal, in contrast to specialized forms of knowledge which inhered in culturally defined statuses, such as the various kinds of "secrets" compartmentalized and incorporated into social institutions

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[68]See William Eamon, "From the Secrets of Nature to Public Knowledge," in *Reappraisals of the Scientific Revolution*, eds. David C. Lindberg and Robert S. Westman (Cambridge, 1990), 333-65, on the shift from esotericism to public knowledge.

[69]Although I fully recognize the anachronism inherent in referring to "science" or "scientific knowledge" even into the eighteenth century, I use this term to indicate this more general conception, the production of truths about the natural world through the application of scientific *methods*. Although natural history and natural philosophy apply significantly different methods to the study of nature, it worth noting that both types of inquiry are caught up in the "new philosophy," and in particular, what Lorraine Daston identifies as the "moral economy of science," an ethos of objectivity ("The Moral Economy of Science," *Osiris* 10 (1995): 3-24).

such as the church, the universities, the guilds. Whereas the synthetic, textual erudition of the schoolmen differed radically in method and outlook from the craft knowledge of tradesmen, the advocates of the scientific method in late seventeenth-century England enthusiastically hailed its ecumenical qualities as a universally applicable method for the production of "objective," "disinterested" and "public" knowledge. Yet the disinterested quality of scientific knowledge was underwritten by its association with gentlemanly amateurs, free from the claims of commerce. In fact the validity of experimental results in particular was explicitly tied to the participation of "men of honour" in the production of such knowledge and its verification through the act of witnessing.[70]

Many of the fundamental assumptions that characterize the fully developed professional discourse of later eighteenth-century British men-midwives–such as the conviction that theoretical knowledge derived from observation and practical experience is "objective"–have their roots in the rhetorical techniques pioneered by late seventeenth-century experimental scientists. The demarcation of description from interpretation as a separate, and therefore neutral or disinterested activity, was one of the major elements of Baconian epistemology espoused by the Royal Society. Joined to an ethos founded upon candor, modesty, consensus, and gentlemanly manners (such as reluctance to engage in disputes), this focus on "matters of fact" separate from theory or speculation was characteristic of the experimental report as developed by experimentalists like Robert

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[70]The conception of scientific knowledge runs through all of Steven Shapin's work on seventeenth-century English experimentalism, but is argued at length in *A Social History of Truth: Civility and Science in Seventeenth-century England* (Chicago, 1994).

Boyle.[71] As a number of fine studies in "historical epistemology" and "the rhetoric of science" have demonstrated, the freestanding, objective nature of scientific "matters of fact" championed by experimental science was in fact significantly indebted to what Steven Shapin calls "literary technology."[72] Innumerable studies of the Royal Society and in particular Boyle's writing has shown how these men rejected the heavily metaphorical styles associated with radical politics, religious enthusiasm, and esoteric sciences such as alchemy in favour of a plainer, "transparent" style that signaled the neutrality and objectivity by effacing the author, making natural facts seem independent of the observer and facilitating "virtual witnessing" (the authentication of facts by readerly witnesses).[73] In opposition to the synthetic, syllogistic (that is, purely theoretical) facts of scholasticism, the autonomous "facts" of Nature are represented as true in all social contexts, available to all who follow scientific method. Since credibility rests on verification by multiple witness rather than reference to authoritative texts or theoretical proofs, findings are presented and validated in a public forum, often via print

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[71]The classic statements of this thesis are Peter Dear, "*Totius in verba:* Rhetoric and Authority in the Early Royal Society," *Isis* 76.2 (1985): 144-61 and Shapin, "The House of Experiment in Seventeenth-Century England," *Isis* 79 (1988): 373-404. For a broader consideration of the "fact" as an epistemological category, see Barbara Shapiro, *A Culture of Fact: England, 1550-1720* (Ithaca, 2000) and Mary Poovey, *A History of the Modern Fact: Problems of Knowledge in the Sciences of Wealth and Society* (Chicago, 1998).

[72]Shapin, "Pump and Circumstance: Robert Boyle's Literary Technology," *Social Studies of Science* 14 (1984): 481-520.

[73]*Ibid.*

publication.[74] However, the attention that the Royal Society paid to the rhetorical presentation of "matters of fact" in order create "objective" knowledge may have important precedents in the genre of technical or how-to literature that flourished with the advent of print. Both William Eamon and Elizabet Tebeaux suggest that the commercial orientation of early modern technical writing fostered the development of the textual strategies we now associate with scientific discourse, such an ideological commitment to the open disclosure of secrets and "plain style."[75]

The convergence of a public, discursive space and an ideology of disinterested, rational, public discourse provided the conditions for the articulation of jurisdictional claims through the elaboration of a professional discourse. Successful strategies for expanding jurisdiction, and, more generally, for gaining the legitimation of professional work must appeal to the dominant values of a culture, and as I noted above, nowhere was this more true than eighteenth-century Britain. For if the "new philosophy" underwrote some of the major underlying assumptions of the public sphere, in turn science came to

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[74]The degree to which the unique qualities of print as a medium made the development of these rhetorical techniques *necessary* rather than simply providing the medium in which they were realized is a point argued by Johns (*Nature of the Book*). In his study of science and print in early modern England, Johns asserts that print, rather than being inherently stable, is made stable as a reliable medium for the transmission of scientific knowledge by the deliberate efforts of particular printers and writers right up through the early eighteenth century. For Johns, the relationship between science and print is inherently agonistic because the priorities and civility practiced by printers is in no way congenial to the goals of early modern scientific authors.

[75]See Eamon, *Science and the Secrets of Nature: Books of Secrets in Medieval and Early Modern Culture* (Princeton, 1994) and Elizabeth Tebeaux, *The Emergence of a Tradition: Technical Writing in the English Renaissance, 1475-1640* (Amityville, NY, 1997).

function as a form of intellectual currency in the rational-critical public sphere. Furthermore, in Britain scientific learning became fashionable in polite society as a mode of cosmopolitanism, but also could be found in the more rough-and-tumble milieu frequented by itinerant lecturers, coffeehouse philosophers and projectors of entrepreneurial schemes.[76] Scientific publication boomed in this era, notably in works of a popular nature: manuals sold by private lecturers, technical dictionaries and encyclopedias, works directed specifically at women readers, and natural histories.[77] Journal publication played an especially prominent role in the dissemination of scientific knowledge among lay and learned audiences alike. What was once the isolated conviction of Baconian natural philosophers became a widespread agreement that science was the most certain path to truth. Science became associated with a particularly English notion of the public good, combining the values of industry and intellect in the ideals of "utility" and "improvement."[78]

Medicine also figured in the public sphere as a form of "public knowledge." The publication of medical works in the vernacular and in particular the appearance of new

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[76]On the public profile of science and its practitioners, see Larry R. Stewart, *The Rise of Public Science: Rhetoric, Technology and Natural Philosophy in Newtonian Britain, 1660-1750* (Cambridge, 1992).

[77]On scientific publication in eighteenth-century England, particularly of a popular nature, see G.S. Rousseau, "Science books and the readers in the eighteenth century," in *Books and their Readers in Eighteenth-Century England*, ed. Isobel Rivers (New York, 1982), 197-255.

[78]Larry Stewart, *The Rise of Public Science* (Cambridge, 1992), argues that social authority shifts away from its basis in custom and traditional status to utility; accessibility and utility become the new keys to legitimation.

genres of self-consciously "popular" texts had been among the earliest manifestations of the view that medical knowledge, as a matter of public interest, should on principle be more widely accessible. The anti-monopolist sentiment that ran high during the English Revolution also extended to attacks on physicians as self-interested secret-mongers and the elaboration of schemes to make medical learning and medical services in general available to a greater portion of the population. By the mid-eighteenth century, medical men held court in the coffeehouses and medical matters were fully a part of polite discussion in periodicals with a general readership such as the *Monthly Review* or *Gentleman's Magazine*.[79] Private lectures on the whole range of medical subjects were available to paying audiences from the 1720s onward in London, and medical practitioners of all stripes availed themselves of the opportunities presented by newspapers and periodicals, announcing in these pages their arrival in town, their appointment to a hospital posts, lecture courses, forthcoming publications, proprietary remedies, and extraordinary cases which they had brought to a successful conclusion.[80] The medical charity movement also took shape as a public initiative in the early part of

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[79]See Roy Porter, "Laymen, Doctors, and Medical Knowledge in the Eighteenth Century: The Evidence of the *Gentleman's Magazine*," in *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, ed. Roy Porte (Cambridge, 1985), 283-314. Helen Dingwall reports that the notable cases from home and abroad were recounted in detail in the pages of Edinburgh newspapers such as the *Caledonian Mercury* ('To be Insert in the *Mercury*': Medical Practitioners and the Press in Eighteenth-Century Edinburgh." *Social History of Medicine* 13.1 (2000): 23-44).

[80]Helen Dingwall ('To be Insert in the *Mercury*') quotes an advertisement placed in the August 7 1783 *Edinburgh Advertiser* by the well known Edinburgh University midwifery professor Alexander Hamilton announcing his successful delivery of premature quadruplets (39).

the century; in Britain unlike France or Germany, hospitals and dispensary services providing outpatient, domiciliary care were not state-sponsored but arose almost entirely as philanthropic initiatives on the part of the well to do. Presided over by their donors, these institutions were conceived of as both humanitarian and patriotic endeavors furthering the national interest. They also came to serve important teaching functions in the eighteenth century; and medical staff and students increasingly viewed hospital patients (unlike private patients) as a public resource, a source of "useful" knowledge.[81]

The most prominent British men-midwives would also embrace the concept of "public knowledge," seeking in their lectures and publications to present midwifery knowledge as public in both senses of the word–as an accessible canon of autonomous knowledge and as knowledge in and of the public's interest.[82] Significantly, lying-in hospitals and services for providing midwifery assistance to women in their own homes were among the new kinds of specialized medical charities which sprung up in this period. The men-midwives who staffed the supervisory posts at these institutions took extraordinary pains to represent their efforts as "useful" and essentially humanitarian, and by the 1770s, John Leake–who had just helped found the New Westminster Lying-in Hospital–did not scruple to recommend midwifery in the highest terms:

The great importance of the *Science of Midwifery*, whether considered in a

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[81]See Lawrence, *Charitable Knowledge*.

[82]As Lisa Cody points out, midwifery topics appeared with great frequency in public discourse and the man-midwife became a public icon, particularly as a stock satirical figure. She observes ironically that "in the words–not of Jurgen Habermas–of man-midwife John Leake, midwifery served 'the general interest of mankind'" ("The Politics of Reproduction," 479).

> moral or political view, is sufficiently evident; and was its utility only confined to the preservation of women and their offspring; that alone would effectually recommend it to all who are tenderly solicitous for their safety; but, by a review of its several advantages, it appears a necessary *Branch of Philosophy* as well as *Physic*; the *public Administration of Justice*, under certain circumstances, calls for its assistance; and even the *Cause of Religion* itself has been promoted by its extensive influence. It may, therefore, be truly said, that it contributes to the good of scoeity and the general interest of mankind, in a manner superior to all other sciences.[83]

The notion of that midwifery constituted a form of "public knowledge" was central to the professional aspirations of eighteenth-century British man-midwives in other ways, most notably in establishing a dichotomy between male and female midwifery practitioners. Men-midwives who published articles and books portrayed themselves as participating in the Baconian project furthering the advancement of practical knowledge for the greater good. William Smellie, the Scottish surgeon-apothecary who would become the foremost London midwifery lecturer and author at midcentury, made this notion the centerpiece of his vision of the profession. Declaring at the conclusion of his historical overview of midwifery the conditions upon which the progress of midwifery must subsist, Smellie encouraged his fellow practitioners to embrace more fully the ideal of public service:

> True it is, we have established a better method of delivering in laborious and preternatural cases; by which many children are saved, that must have been destroyed by their manner of practice: but are not many of our modern practitioners justly branded for their sordid and unsocial principles, in professing nostrums, both with regard to medicines and methods of delivery? Insomuch, that I heard a gentleman of eminence in one of the branches of medicine affirm, that he never knew one person of our profession, who did not pretend to be in possession of some secret or

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[83]Leake, *A Lecture Introductory*, (London, 1776), p. 59-60.

> another: From whence he concluded, that we were altogether a body of empirics. Such reflections ought to make a suitable impression upon the minds of the honest and ingenuous, prompt them to lay aside all such pitiful, selfish considerations, and, for the future, act with openness and candour; which cannot fail of redounding to the honour of the profession, and the good of society, as well as their own advantage.[84]

The most notorious instance of man-midwifery's reputation for the "unsocial" and "selfish" practice of keeping nostrums was of course the Chamberlen family's secrecy regarding their methods for the instrumental delivery of living children. The forceps, the very instrument with which Smellie's own reputation as a teacher and practitioner was grounded, had been kept as a nostrum for well over a century. In Smellie's formulation, expertise alone did not define professional status; without the virtues of a public-minded "openness and candour" men-midwives were little better than "empirics." The self-interest of individual practitioners is here inextricably linked to the "honour of the profession" and the "good of society."

Midwives, in contrast, were depicted as given to self-interested habits of secrecy, resistant to co-operating with men-midwives or even summoning them in the first place, out of ignorance or self-interest. By the end of the eighteenth century these sentiments had solidified into a standard narrative. Thus in his 1794 *Observations on Human and Comparative Parturition*, Bland–also the author, incidentally, of the midwifery entries in Rees' edition of the *Cyclopedia*–would suggest that midwives had deliberately impeded the progress of midwifery since antiquity: "there can be no doubt that the midwives, who obtained great influence over the women they assisted, endeavoured to keep physicians in

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[84]Smellie, *A Treatise on the Theory and Practice of Midwifery* (London, 1752), p. lxxi-lxxii.

ignorance of every circumstance they were able to conceal."[85] The advent of scientific midwifery is celebrated as the onset of enlightenment, a triumph over "the interference of the priests" and a "divesting of the minds of women from innumerable fears and prejudices."[86]

The secretive and ignorant midwife was but one of the foils against which the masculine, public-spirited, rationality of the man-midwife's professional identity was constructed. The apathetic, snobbish, and out of touch elite physician–also the target of Bland's genteel disparagement, in the remarks I quoted at the beginning of the previous chapter–was the other caricature that men-midwives would consistently enlist in order to bolster the combination of intellectuality, humanitarian feeling, and brisk commonsense with which they endowed their own self-portraits as thoroughly modern men. Ironically, the earliest and most ardent exponents of a professional discourse for medicine, the learned physicians, represented the forces of regression against which men who practiced midwifery fashioned themselves as the avatars of new kind of professional medicine. Thus Leake would remind his lecture students:

> Some of the medical profession there are, who, with more vanity than solid sense, think it below their dignity to exercise a manual art, or endeavour to save the life of their fellow creature by any other means than that of directing medicines or feeling the pulse [. . .]. It is not, indeed, necessary that a physician should practise Midwifery; but if he is utterly unacquainted with that science, he is less entitled to the name, which implies a general and extensive knowledge of the healing art.[87]

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[85]Bland, *Observations on Human and Comparative Parturition* (1794), 73.

[86]Bland, *Observations*, 77; 80.

[87]Leake, *Lecture Intructory,* 3.

Midwifery, in contrast, he depicts not only as a humanitarian endeavour and a legitimate branch of medicine but also as a complete practice, combining elements of physic and surgery:

> Midwifery, respecting its operative part, may be called and art; but as it comprehends the nature and treatment of diseases, it ought also to be considered as a science. It is divided into Theory and Practice: Theory consists in a competent knowledge of anatomy and physiology of the human body, particularly in what relates to generation and the menstrual flux; the œconomy of the gravid uterus; the nature of parturition; and the doctrine of the several diseases incident to women and children. The method of assisting with dexterity and skill in laborious and preternatural labours; and of acting with judgment in all cases of danger or difficulty, constitutes the practical part. Without a previous and distinct knowledge of all of these, no one deserves the name of *Accoucheur*; for if he ventures to give advice or assistance, which is not founded on rational theory and the established rules of his profession, he will act like a bugling mechanic, who attempts to repair a complex machine, without being acquainted with the several wheels and springs which compose it, or the principles upon which its motion depends.[88]

If the foundation of the man-midwife's professional identity is in this asserted union of theory and practice that not only rationalizes a manual art but also makes its practitioners scientists, the form in which this union was publicly articulated merits serious attention. Lecturing and print publication did not, of course, represent the sum total of this professional discourse. But the professional identity that men-midwives began to claim in this period extended beyond their mastery of a body of knowledge; it included an ethos which characterized professionals as creators of new knowledge and tied this role to the production and consumption of publications. Moreover, in keeping with this identity they engaged in these activities not simply as private readers and writers, but as professionals: as practitioners seeking improvement, as students, as public

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[88]Leake, *lecture Introductory,* 49-50.

teachers, and as publishing authors. Lecturing and publication were described as public-spiritedness acts, contributions to the overall advancement of knowledge. I am therefore interested in assessing the degree to these two forms of publication are constitutive of the characteristic aspects of this professional discourse.

For these reasons alone, the manner in which lecturing and printed texts contributed to the social acceptability of man-midwifery needs to be more precisely delineated than it has been in the scholarship on this topic to date. However, it is also worth noting that despite the larger movement in British medicine of the early eighteenth century toward integrating theory and practice, midwifery, with its strong association with women's culture, orality, and manual skill, was not an easy fit with the dominant forms and assumptions of the kind of professional discourse typical of the early eighteenth century. The critique of man-midwifery launched by Jane Sharp in her 1671 *Midwives Book* crystallizes the major obstacle facing men who wished to professionalize midwifery: in general, publication did not jibe well with traditional conception of midwifery as a practical, womanly art. Sharp argues in her book that natural aptitude, experiential knowledge and sisterly cooperation guarantee the midwife's rightful precedence in these matters:

> It is not hard words that perform the work, as if none understood the Art that cannot understand Greek. Words are but the shell, that we ofttimes break our Teeth with them to come at the kernel, I mean our brains to know what is the meaning of them; but to have the same in our mother tongue would save us a great deal of needless labour. It is commendable for men to imploy their spare time in some things of deeper Speculation than is required of the female sex; but the Art of *Midwifry* chiefly concerns us, which, even the best Learned men will grant, yielding something of their own to us, when they are forced to borrow from us the very name

they practise by, and to call themselves *Men-midwives.*[89]

If the rarified heights of learned scholarship are no more than a masculine extravagance likely to end in a cracked brain, the artifice and superfluity of such learning is epitomized by the cryptic words of pagan language, which contrast poorly with the immediacy of the innate and experiential expertise of the midwife who speaks in "our mother tongue." The alienation inherent in masculine learning is contrasted with the immediacy of the midwife's bodily, empathetic, and *natural* performance of her office. Sharp's linguistic essentialism culminates in her identification of the artificiality of male midwifery practice, "forced to borrow" its very name, but approximately a century later another London midwife, Elizabeth Nihell, would also condemn male pretense to a learned midwifery in similar terms. In fact Nihell would disallow the validity of midwifery literature altogether, unless it originated with midwives, on the grounds that the scientism of male-authored midwifery texts represented their total alienation from the actual practice of midwifery; this profusion of printed pages, she avers, does not serve the advancement of knowledge but rather to create the illusion of expertise::

> IN the mean time, the superficial examiner of things, who sees such a number of volumes, furnished by these pretenders to the art of midwifery, cannot conceive they contain matter so little essential as they do. The scientific air is diffused over them, not a little embellished with pretty prints of machines, as of a windowed forceps, a stool, or of a gravid uterus, all these contribute to throw the dust of erudition into the eyes of those, who do not penetrate beyond the surface of things. And thus the aids and appendages of the art, or what is yet worse, even the abuses of it, pass for the art itself, the main of which, as it undoubtedly consists in the expertness or dexterity of the manual practice, can be so little and so

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[89]Sharp, 12-13.

imperfectly conveyed by description.[90]

The objections raised by Sharp and Nihell bring to fore problems associated with printed texts more generally. Although print as a medium bears certain distinctive features–such as it magnified powers of dissemination, or its capacity for visual and schematic presentation of information on the page–which dovetailed with pronounced elements in self-consciously "modern" identity men-midwives pursued, it also possessed qualities widely acknowledged as negative.[91] Print commericalized the production of texts, and in doing so increased the distances between writers and readers, and between authors and their own texts. A number of recent studies of early modern English print culture have demonstrated the degree to which the entire conception of authorship

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[90]Nihell, *treatise*, 253-4

[91]An emphasis on the characteristic features of print as a medium is typical of the investigation of the epistemological consequences of print, and in particular what has been variously dubbed "typographical epistemology," "print consciousness," associated with the work of Elizabeth Eisenstein and Walter J. Ong. See Eisenstein, *The Printing Press as an Agent of Change: Communication and Cultural Transformations in Early-Modern Europe*, 2 vols. (Cambridge, 1979), especially chapter 6, and Ong, *Orality and Literacy. The Technologizing of the Word* (New York, 1982). More recently, scholars of print culture have been wary of any form of "technological determinism," and perhaps the most vigorous opposition to the views taken by Eisenstein and Ong comes from Adrian Johns (*Nature of the Book*), who contends that Eisenstein erroneously attributes the features of a mature print culture to the early days of print publication as if they were inherent in the medium itself. These criticisms are not insignificant quibbles and they have certainly taken the lustre off these earlier studies that granted so much explanatory power to print. Yet they do not diminish the overall notion that there is more to print as a medium than simply an increased volume of reading material. I am also wary of asserting a causal relationship between print and certain habits of mind, but I do believe there is a *complementary* one.

underwent significant revision with the advent of print.[92] As I noted in my earlier sections, ideas about what constituted "good" medical knowledge or how to write science were also under development in this period. As a result, men-midwives were faced with the task of weaving together ideas about how best to produce texts drawn from the "new philosophy," from traditions of humanist medical writing, while also confronting the unique status of midwifery as a practical art, and thus a topic somewhat resistant to textual representation. The confident assumptions that men-midwives like Leake or Bland make about the validity and significance of their professional discourse in the last quarter of the eighteenth century disguise the massive effort required in the first part of the century to make that discourse viable and convincing.

There were in fact two distinct stages in the development of a professional discourse among midwifery practitioners, for the critical period for the definition of that discourse which took place between the 1730s and 50s could not have occurred without the initial developments in the creation of a midwifery literature that occurred between the sixteenth and seventeenth centuries. Early modern English midwifery manuals constitute a discrete genre, quite distinct in formal presentation and intended audience from the established tradition of medical and surgical writing dealing with gynecology and obstetric complications. Drawing heavily on the substantial body of Latin medical and philosophical literature on the diseases of women, popular English midwifery manuals that emerge after the mid-sixteenth century stand in a complex relationship with

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[92]See, for example,Wendy Wall, *The Imprint of Gender: Authorship and Publication in the English Renaissance* (Ithaca, 1993) or Loewenstein.

the empirically-based, idiosyncratic and personal expertise of early modern midwives. These books negotiate the relation of theory and practice in an art that was largely practiced as a private, domestic skill among women, representing midwifery expertise as a form of objective knowledge, a commodity of national "utilitie and profete," and ultimately a variety of natural knowledge.[93]

However, in my remaining chapters I shall pursue an intensive focus on a small number of early eighteenth-century publications. Despite the significant increase in the number of books (and articles) published on midwifery after the 1730s, for most of the eighteenth century only a small minority of all the men and women who practiced midwifery went into print. This was particularly true in the first half of the century, and each of the publications that I examine in this study shows clear marks of a deliberate and self-conscious act of self-representation. Charles Bazerman observes that when "the communal wisdom of a discipline has stabilized the rhetorical situation," individuals are no longer required to make "so many fundamental choices"; early eighteenth-century midwifery lecturers and authors, in contrast, were still originating the conventions for the

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[93]In a forthcoming article, "The Print Revolution in Obstetrics," I attempt to sketch out the implications of the early textualization of midwifery. These works are little studied and what scholarship exists either treats these texts uncritically as a source of information on early modern midwifery practices or is largely descriptive, reviewing the characteristic features of these books. Yet the very appearance of books, which explicitly identify themselves as treatises on *midwifery*, not the "diseases of women" or generation, or other traditional topics of the preexisting Latin medical literature, has multiple implications for the redefinition of expertise in midwifery that occurs in this period which have not been fully explored. Early modern midwifery manuals not only formulated a vision of midwifery qualitatively different from midwifery as it was actually practiced among women, but also set important precedents for the question of how best to bring together theory and practice in a text.

representation of their discipline, creating new genres or adapting existing ones to their needs.[94] Hence in chapters three through five, I discuss four specific rhetorical aspects of several early eighteenth-century midwifery publications: how the objects under study are described and framed, how the text positions itself in relation to the literature of the field (via explicit citation or expectations of implicit knowledge), the implied audience (for example, implied in type of persuasion attempted, or the anticipations of the reader's attitude and knowledge base), and the author's persona and "ethos."[95] Thus chapter three focuses on the implications of the adoption of a scientific model of publication inspired by Baconian natural history among surgically-oriented midwifery authors; conversely, chapter four looks at the influence of physicians who taught or wrote upon midwifery in the formulation of that specialty as a branch of natural philosophy. Chapter five examines the fusion of these two models in the authorial ethos that shapes what was undoubtedly the most influential publication of the period, William Smellie's 1752 *Treatise on the Theory and Practice of Midwifery*.

Rhetorical analysis goes a long way toward illuminating the specific ways in which publication functions as a means of constructing individual or collective professional identities, or the manner in which individual publications participate in the elaboration of a professional discourse.[96] But in each of these chapters I also hope to

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[94]Bazerman, 23.

[95]I draw these analytic categories from Bazerman, 24-6.

[96] The particulars of my method in this study are indebted to work in what is called "the rhetoric of science," the use of rhetorical analysis to uncover the assumptions which structure scientific discourse. See for example, Bazerman, Alan Gross, *The*

demonstrate to what degree the new scientific midwifery espoused by men-midwives was fundamentally shaped by the *form* in which it was most often articulated, whether privately-run lecture courses or printed texts. For the exigencies of private lecturing had a profound effect upon the methods and material midwifery lecturers took up, in much the same way that the new conceptions of books and authors which circulated in the literary public sphere of the early eighteenth century had an impact on the publications men-midwives brought to press.

Rhetoric of Science (Cambridge, 1990), Peter Dear, ed., *The Literary Structure of Scientific Argument* (Philadelphia, 1991), Myers, *Writing Biology* (Madison, 1990). For an application of a similar analytical technique to English medical writing, see Thomas Laqueur's "Bodies, Details, and the Humanitarian Narrative" in *The New Cultural History*, ed. Lynn Hunt (Berkeley, 1989), 176-204. Although concerned with a significantly different cultural milieu, Thomas H. Broman's study of medical publishing, the emergence of a literary public sphere, and the professionalization of medicine in eighteenth-century Germany also provides an excellent analysis of medical discourse and professional identity (*The Transformation of German Academic Medicine, 1750-1820* [Cambridge, 1996]).

CHAPTER THREE: THE BIRTH OF A PROFESSIONAL DISCOURSE

> IF I mistake not I am the first *Englishman* that has written originally and professedly on this Subject, only one excepted, who wrote above a *Hundred* Years ago, and that very indifferently. What we have from *Mauriceau, Daventer, Dionis, Le Vagnuion, Guillemeau*, and others, is only translated from the *French*, to whom, indeed we are in this Branch very much beholden.
>
> Edmund Chapman, *An Essay on the Improvement of Midwifery* (1733)[1]

Chapman's *Essay on the Improvement of Midwifery* (1733) represented an entirely new form of midwifery publication in English: the scientific surgical manual. If the men-midwives of the latter half of the eighteenth century, writing and lecturing from the vantage point of a more fully developed professional discourse, chose to identify Chapman rather than Maubray as a forerunner, it seems reasonable to say that Chapman's *Essay* was more consistent with the self-validating mythologizing in which they were engaged. The unveiling of the forceps design was not in itself sufficient information to have much of an impact on any individual reader's practice, and indeed, Chapman dedicated more of his treatise defending the merits of his instrument than explaining how it worked. But the deliberate publication of a proprietary technique did change the complexion of midwifery as a specialist expertise.

It is in this context that Chapman's *Essay* merits closer attention than it has hitherto received, in particular to its unique characteristics as a *publication*. Chapman himself did not hesitate to proclaim the innovative nature of his book, and his own

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[1]Chapman, *An essay on the improvement of midwifery; chiefly with regard to the operation* (London, 1733), "Preface," unpaginated.

perception of his accomplishment in the *Essay* is especially worthy of examination. In his introductory chapter, he makes clear his departure from the existing literature on midwifery:

> As to the *Anatomy* or Description of the *Parts* destin'd to *Generation*, the *Signs* of *Conception* or *Pregnancy*, and those of *Labour*, how a Woman is to manage herself when with Child; how she is to be ordered after her Delivery, the necessary Qualifications required in *Midwifes*; how *Nurses* are to order the New-born Infants, and many other things of like nature, mentioned by Dr. *Chamberlen*, *Daventer*, *Dionis*, and others, I shall purposely omit; referring the Readers, who want Information therein to the Authors here spoken of.[2]

"MY Design in this *Essay*," he announces, is no more and no less than "to make some Advance or Improvements in the great and useful Art of DELIVERING WOMEN, purely with respect to the *Operation* it self;" hence chapters on the use of instruments, version, and the delivery of placenta precede a series of case histories which take up a little over half of its total pages.[3] Innovation in the manual part of midwifery is Chapman's exclusive focus, to the degree that he excludes from consideration not only the traditional range of gynecological ailments but also all those diseases "that Women are subject to, both before and after Delivery," which he claims fall outside his jurisdiction.[4]

Chapman's rationale for excluding so many of the customary topics of the seventeenth-century midwifery literature is twofold. His conception of the surgeon's

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[2]Chapman, *Essay*, 2.

[3]Chapman, *Essay*, 1

[4]Chapman, *Essay*, 3: "These, I say, with many other that might be named, I shall decline to mention; and leave them to the *Physicians*, whose Province it is to treat of them."

expertise is very narrow, moreso than his Continental predecessors such as Mauriceau and Deventer. He consistently declines to dabble in learned medicine, confining himself to clinically-derived knowledge; the *Essay*, he proudly declares, is "founded upon upwards of *Twenty Years* Practice and Experience."[5] But the comprehensive approach of the earlier midwifery treatises is also discarded because Chapman forsakes a more general readership; rather than proffering another midwifery manual he proposes a work deserving of the attention the most accomplished practitioners:

> My Aim in this Piece being not so much to inform those who are altogether ignorant, by giving them Instructions for their first setting out in Practice, as to add something to what is already wrote, in regard to the *Operation* only; which I hope, may conduce to the Benefit of the less knowing, and not prove altogether unworthy of Notice of those who are already arrived to the highest Pitch of Knowledge and Art, who do honour to their Profession and Service to the World [. . .].[6]

In fact he declines to discuss normal deliveries at all, "my Design being chiefly to treat of such Labours only as require ART."[7] A related feature of Chapman's many declarations to this effect is his justification of the narrow scope of his own treatise by reference to "what is already wrote;" hence he refers "those who want further Information on this Subject" to other texts.[8]

Without exception these other texts are Continental surgical midwifery titles.

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[5]Essay, 4. In the second edition, *A treatise on the improvement of midwifery; chiefly with regard to the operation* (London, 1735), this updated to "*Twenty five Years* Practice and Experience"(5).

[6]Chapman, *Essay*, 3.

[7]Chapman, *Essay*, 37.

[8]Chapman, *Essay,* 79.

When he declares, "THE chief Books on this Subject extant in our Language are Dr. *Chamberlen*'s Translation of *Mauriceau*, and the Translation of *Dionis*, *Daventer*, &c," the omission of the larger part of the seventeenth-century midwifery literature in English from this list is conspicuous.[9] Despite the absence of any references to specific titles, Chapman marks his distance from the conventions and style of the earlier English literature, suggesting that the sloppiness and pandering to a more general audience typical of these books detracts from their usefulness:

> I HAVE in this *Essay* purposely omitted the Description of the *Parts* concerned in *Generation*, because it has already been so well given by others, that I could do but little more than *copy* them. Besides, I think that such as never saw the *Dissection* of a Human Body, will not be much improved by a bare Description of those Parts; much less would they receive any Advantage from the *Cuts* and *Figures* usually prefixed to Books of this Kind, which are generally but indifferently done, and serve to raise and encourage *impure* Thoughts in the Reader's Mind, rather than to convey any real *Instruction*.
>
> THE Authors on this Subject already extant in our Language have, in my Opinion, written in a very improper *Style*, and their Works seem calculated at least, as much to please the Reader's *Fancy*, as to improve the *Operation*.[10]

Such disparagement of one's literary predecessors is not in itself entirely novel; prefaces deploring the poor quality of rival midwifery publications had been commonplace in the previous century. But Chapman's critical remarks here are of a different nature. The assertion that he has refrained from copying anatomical descriptions or titillating a popular audience with irrelevant, second-rate illustrations have a different import here. Instead of simply casting aspersions on competing publications he posits epistemological criteria for

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[9]Chapman, *Essay*, 4.

[10]Chapman, *Essay*, "Preface."

a good midwifery publication. If the goal of such works is "to improve the *Operation*," to reproduce what has already been published is fruitless. Similarly, he suggests that the notion that book learning can entirely replace firsthand experience is unproductive; if books alone cannot "convey any real *Instruction*" then these works should not be aimed at those wholly ignorant of the art. Chapman understands his book as offering instructions "*rational* and *safe* in *Practice*," but he refuses to deal in abstractions. He is adamant about the practical basis of his art; reflecting on the difficulty manouevres which he now performs with ease once gave him upon his first setting out, he observes, "in this, as in all other Arts and *Manual* Operations whatever, much Practice and Care are required in every Practitioner, who would arrive at the perfect Mastery of it."[11] His intended audience is therefore his fellow specialists, "such as have already made some Progress in the Science."[12] The *Essay*, unlike almost all of its seventeenth-century predecessors, is conceived as a contribution to a growing body of *surgical* literature, written by and for practitioners. Notwithstanding his fastidious observation of differences of opinion occurring between himself and Chamberlen, Deventer, Dionis *et al*, he consistently places his book within the same category as theirs.

The transition from a popular to a professional audience for midwifery literature that Chapman attempts is not seamless. He follows convention in naming midwives as his readers, claiming that many "fatal Mistakes" committed by them might have been prevented "had they ever read a Treatise so well adapted to their Capacities and at the

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[11]Chapman, *Essay*, 45.

[12]Chapman, *Essay*, "Preface."

same time so full and plain."[13] But the bulk of the work is in fact addressed to "the Young Artist" or more generally "the Gentlemen of my Profession."[14] And the opening lines of the Preface are downright baffling, unless one overlooks the entire body of English midwifery books addressed to midwives:

> I WAS induced to write the following ESSAY on the Improvement of *MIDWIFERY*, because I found that all the Books hitherto written on this Subject were calculated more for the Instruction of my own Sex, than the other, to whose Hands the Majority of the Practice in this Profession ever has been, and I believe, ever will be confined.[15]

This dual address persists into his concluding chapter, in which he offers some parting advice, "if my *junior* Brethren, and the Gentlewomen in the Practice of *Midwifery*, will excuse me in the Freedom."[16] The second edition, revised, enlarged and re-titled *A Treatise on the Improvement of Midwifery* (1735), is less equivocal; in it he openly declares, "I now once for all declare, I have no Design of putting them [the forceps] into the Hands of Female Practitioners," and happily observes that the first edition had inspired some midwives with "a due Sense of the Difficulty of their Work and put them upon calling early for Assistance of the Author and others."[17] Similarly, in the opening paragraph of the revised preface, after noting the fitness of his work for midwives he adds, "I flatter my self, however, that those worthy gentlemen, who are engaged in it, but have

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[13]Chapman, *Essay*, "Preface."

[14]Chapman, *Essay*, 35, 23.

[15]Chapman, *Essay*, "Preface."

[16]Chapman, *Essay*, 118.

[17]Chapman, *Treatise,* xx; 184.

not yet had sufficient Experience of that great variety of cases which daily occur, will not find the following Pages entirely useless."[18] This dual mandate is the result of Chapman's efforts to expand the role of surgeons into the traditional domain of midwives by showing "how the *Art* I profess, may be exercis'd with more Security to the Lives both of the *Children* and their suffering *Mothers*," thus redefining what constitutes "the proper Business of a Man Midwife."[19] Indeed his seemingly contradictory declarations are remarkably similar to those made in Chamberlen's translation of Mauriceau; as Chamberlen did before him, Chapman attempts to use the customary invocation of a female readership in order to advance a hierarchy of practitioners in which midwives are subordinate to male midwifery specialists.[20] He is quick to note "I am far from attempting or desiring, with some of my Brethren, that the Practice of *Midwifery* should lie only in the Hands of my own Sex."[21] The great number of uncomplicated labors, particularly among those unable to compensate him properly would not in fact make this a viable goal; he thus he simply wishes that midwives call men such as himself earlier in difficult cases.

In this way midwives are shifted into the same category of readers as lay people– this book is for their information, not instruction. It is his surgical brethren whom he

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[18]Chapman, *Treatise*, ii.

[19]Chapman, *Treatise*, 183; 78

[20]For Chamberlen, see chapter 2; one of Chapman's earliest critics makes the same identification: John Douglas, *A short account of the state of midwifery in London, Westminster, &c.* (London, 1736), p. 44.

[21]Chapman, *Essay*, "Preface." Wilson argues that this claim about his surgical brethren was merely rhetorical, "the depiction of an extreme that would lend a milder case to Chapman's own demand" (*The Making of Man-Midwifery*, 100).

wishes to educate in the means of surgically extracting children alive. But the importance of persuading midwives to defer to the authority of surgeons becomes plain once we examine the way that Chapman attempts to reshape the public image of surgeons practicing emergency extractions. Like Deventer, Chapman also makes distinctions between traditional surgical midwifery and the new form of practice he advances. But here good practitioners are differentiated from the bad not simply by their abstention from instruments, but by their choice of instrument–the forceps and fillet versus the hook. Acknowledging that "there have been some who, being ignorant of the Method of *turning* a Child, made frequent use of the *Hook* and *Knife*, and several other shocking and barbarous Instruments, even while the Child was *living*," he suggests that a combination of better skills and behaviour on the part of surgeons and earlier calls by midwives can amend this poor reputation:

> FROM such Operators as these (*cruel* in the Behaviour, *indecent* in their Expressions, and breaking in upon the *Modesty* and Tenderness peculiar to the *Sex*) the Odium cast upon this Art had its first Rise. [. . .]
>
> BUT the Case is now far otherwise: The best Midwives commonly send for Advice upon the Appearance of Danger; the Suffering Fair readily consent to it, by this Means both the Child's and the Mother's Lives are saved, the *Midwife's* Character secured, and *ours* advanced, by the Success that usually attends our being called in time.[22]

In the manner of Deventer, Chapman asserts that the efficacy of his techniques in extracting alive children who otherwise would have been destroyed is the key to the rehabilitation of surgical midwifery; "How necessary is it then," he asks, "that Men, who

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[22]Chapman, *Essay*, "Preface."

profess *Midwifery* should make themselves Masters of either the *Forceps* or the *Fillet*?"[23]

It is worth noting that in this assertion of a collective interest Chapman posits a distinct category of practitioner, "men who profess midwifery." Although, as Wilson notes, the expansion of jurisdiction that Chapman proposes is modest by comparison to the drive by men-midwives in the second half of the century to assume primary responsibility for all deliveries, he is among the first to speak of man-midwifery as a distinct and professional category of medical practice.[24] He repeatedly positions himself in a lineage of "many great and famous Men, who have made the Improvement of this Science the principal business of their Lives;" in almost every instance that he speaks of "the profession" he is referring to specifically man-midwifery rather than surgery at large. In his efforts to establish midwifery as a "professed" art he fashions a new ethos for the midwifery practitioner–literate, rational, seasoned by long experience, and humane.[25]

Chapman's efforts to create a new ethos for male midwifery practitioners lead him to author a new kind of midwifery book. Like the Continental surgeon men-midwives, he uses his book to educate his junior brethren and advocate the superior authority of surgeons in midwifery. But he also goes a step further, and begins shifting the mandate of the midwifery treatise away from direct instruction and toward the dissemination of significant observations. In part this reflects the sea-change in the intellectual climate of

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[23]Chapman, *Essay*, "Preface."

[24]Wilson remarks, "although forceps man-midwifery was radically distinct from craniotomy, it was equally distinct from the subsequent man-midwifery that involved primary responsibility for deliveries" (*The Making of Man-Midwifery*, 101).

[25]Chapman, *Essay*, "Preface."

English medicine that had been underway since the mid-seventeenth century. The Hippocratic revival of this period, and in particular the hardheaded, even anti-intellectual, empiricism propounded by Thomas Sydenham, the "English Hippocrates," placed an emphasis on clinical knowledge derived from observation and experience. Sydenham's focus on therapy and the classification of disease based on direct observation was an explicit refutation of the textual and theoretical basis of academic physic. But the proponents of the new science–among whom were a significant proportion of medical men–also embraced "matters of fact," making distinctions between untheorized data and systematic knowledge. Chapman's rejection of theoretical medicine and his emphasis on clinical findings is not idiosyncratic.[26]

The *Essay* also demonstrates the growing influence of another aspect of the new science. By applying scientific ideals to surgical writing, and in particular the Baconian concept of knowledge production as a collective endeavor, he participates in a larger transformation of the import of medical writing and publication. Medical writing, especially as practiced by physicians, had traditionally functioned as a demonstration of erudition and was profoundly conservative in nature. Learned surgeons had initiated a tradition of publishing vernacular works intended to educate their brethren in necessary points of theory, and most English midwifery publications to this date had followed in this

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[26]On Sydenham, the Hippocratic revival, and the new science as influential forces in the larger changes in medical epistemology in this period see: Harold Cook, *The Decline of the Old Medical Regime in Stuart London* (Ithaca, NY, 1986), esp. 185-6; Andrew Cunningham, "Medicine to calm the mind: Boerhaave's medical system, and why it was adopted in Edinburgh," in Cunningham and French, 40-66, and Susan Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (Cambridge, 1996).

tradition, gleaning maxims from various textual authorities for the benefit of midwives. However, from the 1670s onward practitioners with fewer pretenses to learning had been appearing regularly in print, as the authors of curious case histories or narrative reports of unusual natural phenomena published in the pages of *Philosophical Transactions* or the growing numbers of medical and scientific periodicals. The task of description at the heart of Baconian natural history was a form of literary production accessible to medical men, and in particular surgeons, who were not at home in the traditions of academic medicine. This collaborative model of knowledge production proved especially congenial to such men, for it did not simply place much less emphasis on the erudition of the individual author as a source of authority; it *valorized* unlearned simplicity, as a freedom from preconceptions that might cloud the straightforward documentation of natural knowledge. Refraining from speculation upon causes or the citation of textual authorities was now a sign of virtue and integrity rather than illiteracy.

It is in this spirit that Chapman publishes the *Essay*. He not only rejects the ideal of erudition for its own sake in favour of a more utilitarian conception of publication, but wishes to "to add something to what is already wrote," to contribute to what he delineates as an *evolving* professional discourse. The instructional value of the *Essay* is not that of a compendium, a summary of what is known; instead, its goal is to enlighten through the publication of innovation. This change in emphasis is evident in all of Chapman's statements on aspects of publication, in particular those with regard to the originality and style of his own work. Originality figures most prominently among the reasons he gives for publishing and Chapman does not hesitate to claim precedence for his work: "IF I

mistake not I am the first *Englishman* that has written originally and professedly on this Subject." He later reiterates this proclamation in more conventional terms, emphasizing the gap in the literature that his book fills–"I should not have taken this Task upon myself, had those gentlemen, who are better qualified for it, been pleased to favour the World with a Treatise of this kind; the want of which was the only Motive that induced me to undertake the Publication of this."[27] In the second edition these assertions are sharpened by more explicit comparisons to other texts, and in particular to other English works. In the *Treatise* Chapman acknowledges his rival claimants to precedence: "WHEN I published the first Edition of this work, I thought my self, at least, the second *Englishman*, who had written professedly on the Subject. I have since found I was mistaken; for Dr. *John Mowbray* has given the World a large Treatise, entitled *The Female Physician, &c.* with what he calls *the whole Art of new improved Midwifery, &c.*"[28]

The publication of Maubray's *Female Physician* (1724), predates Chapman's *Essay* by almost a decade. With its combination of philosophical speculation, sensational tales, and aphoristic advice to midwives, it is in many ways closer to the popular handbooks of the preceding centuries than to the Continental surgical authors that Chapman extols, despite Maubray's heavy debt to Deventer. The comparison allows Chapman to underscore the difference between his own work, originating in his own experience as a surgeon, and Maubray's rather broader conception of "what he calls *the whole Art of new improved Midwifery.*" Chapman inserts ironic references to Maubray

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[27]Chapman, *Essay*, 4.

[28]Chapman, *Treatise*, xxii-xxiii.

throughout the second edition, taking every opportunity to note points of agreement between himself and "this ingenious and laborious Author," whose anti-instrumentarian stance Chapman implies is the fruit of ignorance: "His Pathetical Exclamations, which make so pretty a Figure on this Occasion, might have been spared, had he been acquainted with the true Manner of using the *Forceps*."[29] It is worth noting however that in both of his publications Maubray anticipates many of Chapman's themes. He treats midwifery as a distinctive and progressive science, and enjoins the publication of any advances on these grounds: "it becomes all Men of Ingenuity and Integrity, to be also *Communicative* of such Things, as may tend to the Welfare of their Neighbours."[30] But in his exhortations Maubray employs the language of craft mystery in a manner that would be anathema to Chapman ("I have ingeniously laid open the whole Mystery of *Midwifery*"). His systematic and synthetic approach, as well as his anxious preoccupation with arguing the relative merits of the ancients and moderns are quite absent from Chapman's *Essay*.[31]

The other English publication to which Chapman implicitly compares his

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[29]Chapman, *Treatise,* 26. Maubray had mentioned the forceps in connection with the instruments used for craniotomy–he may in fact have had the craniotomy forceps in mind–and insisted that the hand alone was sufficient except in several exceptional cases such as monsters. In my assessment of Chapman's references to Maubray as ironic, I differ from Wilson, who interprets Chapman's "praise" of Maubray as an unwise and insincere attempt to win favour in London circles (*The Making of Man-Midwifery*, 120-1, nn. 20 and 41). Chapman's mocking use of "ingenious" and "laborious" clearly parodies Maubray's favorite adjectives and self-designation.

[30]John Maubray, *The Female Physician, containing all the diseases incident to that sex, ... To which is added, the whole art of new improv'd midwifery* (London, 1724), p. viii.

[31]Maubray, *Female Physician*, xii. See chapter four for further discussion of Maubray.

work–William Giffard's *Cases in Midwifery* (1734)–represents a more direct challenge to his claim of precedence. Giffard was a fellow forceps practitioner who had practiced twenty-odd miles from Chapman in Essex but moved to London eight years before Chapman.[32] If Chapman thought himself "at least the second Englishman" to write "professedly" on the subject it is because Giffard was the first; his *Cases in Midwifery*, a collection of histories "after the manner of Monsieur *Mauriceau*," was already headed toward the press when Chapman was preparing the *Essay*. Published posthumously, these 224 cases taken from Giffard's own practice between 1725 and 1731 were edited by his friend Edward Hody, who completed the final case and added plates depicting Giffard's original "Extractor" and a version improved by another surgeon.[33] Giffard's histories are so plainly rendered that Hody makes it a point of virtue in the Dedication:

> I could wish indeed to have found his language more correct; but it is with Books as it is with Men, we ought principally to regard the *Use* they are of to Mankind: and I dare venture to affirm, that whoever shall peruse these Cases with an intent to *learn* the Practice of Midwifery, will not think his time ill spent.[34]

This proclamation of utility is more than a conventional apology for an unpolished style; it is an unmistakable expression of the ideology of scientific "plain style" championed by the Royal Society. Hody's "apology" reflects both the increasing weight given to direct observation and clinical knowledge by medical men, and their assimilation

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[32]Wilson surmises that Chapman came to London to fill the gap left by Giffard's death in 1731 (96).

[33]William Giffard, *Cases of midwifery*, Rev. Edward Hody, (London, 1734), "Dedication," p. v.

[34]Giffard, *Cases of midwifery*, "Dedication," p. v-vi.

of scientific ideals into their rhetoric in this period. Private casenotes or the use of anecdote as supplementary examples in larger treatises had long been commonplace, but the emergence of the case history as a freestanding and *public* genre of medical writing was relatively recent. Hippocrates provided an ancient precedent for the genre and unsurprisingly Sydenham was the major contributor to the development of such clinically-oriented literature in English, but the case history was also increasingly affiliated with Baconian natural history, as I noted earlier, and cases describing singular phenomena frequently appeared in *Philosophical Transactions*. Akin to the experimental report as a form of virtual witnessing, the case history's factual style dovetailed nicely with a Baconian epistemology based on the accumulation of "matters of fact."[35] Giffard's histories are typical of the genre; relentlessly concrete, they enumerate all the details of direct experience: date, location, the occasion of the call, consultation with the midwife, examination of the patient and his diagnosis, the obtaining of consent, the action taken, its medical justification and its results. They include occasional direct instruction ("You are not always obliged to return the arm") and sometimes finish with the statement of a more general precept that might be drawn from the case but he does not explicitly refer to any overarching system.[36]

The austerity of Giffard's *Cases* is striking against the background of the previous

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[35]On the emergence of the case history in the eighteenth century, see Lawrence, 234-41 and Roy Porter, "The early Royal Society and the spread of medical knowledge," in French and Andrew Wear, 272-93.

[36]See, for example, case IV in which he counsels patience (10-11). Wilson dubs all of these features of the *Cases* "a specific rhetorical strategy" (*The Making of Man-Midwifery*, 92).

century's midwifery literature. But they are an excellent indication of how powerful the rhetoric of "plainness," "facts," and "experience" could be. Giffard's *Cases*, as a collection of case histories, go a step further; they integrate the new and rhetorically powerful notion of truth derived from experience in the form of isolated "facts" with an older, Aristotelian conception of knowledge derived from experience as the summation of commonplace events.[37] In this regard they spoke to both the scientific and practical pretensions of later generations of men-midwives; significantly, Giffard attracted favorable notice from subsequent authors for his "many useful remarks and histories," even when they deemed the design of his forceps and his instructions for its use no longer helpful.[38] His unwavering allegiance to "matters of fact" proclaimed an objectivity that men-midwives increasingly valued as a mark of professionalism, a connection even his editor Hody makes clear with his suggestion that this very quality ensured that Giffard remained unbesmirched by the Toft hoax: "that his Judgment was strong and unprejudic'd, evidently appear'd in the Case of a notorious Imposter in the Year 1726. He then gave the World, in all his Discourses upon that Subject, convincing proofs of his skill and experience in his Profession."[39]

In his *Essay* Chapman evinces the same epistemological allegiances as Giffard's

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[37]On the distinction between modern and traditional facts, see Peter Dear, ed., *The Literary Structure of Scientific Argument* (Philadelphia, 1991) and Mary Poovey, *A History of the Modern Fact: Problems of Knowledge in the Sciences of Wealth and Society* (Chicago, 1998).

[38]See, for example, Smellie, *Treatise*, lxvi.

[39]Giffard, *Cases of Midwifery*, iv.

Cases. He regularly punctuates his exposition of various techniques with insight gained in the course of experience, for example confessing of his modification of the forceps design: "I came by this Hint and Improvement by mere *Accident*, as I believe, is frequently the Case in Discoveries of the greatest Importance."[40] In a similar vein, he observes how experience corrected what he had absorbed from his reading: "I at one time, out of too great Regard for Daventer, took this Method, till I found out what I mention."[41] Case histories, which he hopes will serve "as Directions for others to proceed by on the like Circumstances," take up over half of his pages. In his own estimation they comprise the heart of his work: "Indeed I have been shorter in the Body of the *Essay* it self, that I might have more Room to enlarge in the *Cases*; for it is my Opinion, that a *Case*, where all the Incidents are minutely related, will affect the reader's memory more than the most exact Description of the same thing in the Body of the Work."[42] Here even the mildest form of abstraction is eschewed in the interests of communicating a more applied knowledge. He rejects the customary apparatus of the seventeenth-century midwifery book for the same reason:

> NOT to enumerate the many different Postures displayed in *Chamberlen, Daventer*, and others, (for I cannot but think, with *Dionis*, that those Cuts which represent the different Situations of Infants in the Womb, in the Books of *Guillemau, Mauriceau*, and others, are of very little use, especially since 'tis not by the *Eye*, as he observes, but the *Touch* only, that an Artist must judge of the Posture;) a Child either presents with its *Head*,

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[40]Chapman, *Essay*, 21.

[41]Chapman, *Essay*, 52.

[42]Chapman, *Essay*, "Preface."

or it does not [. . .]."[43]

Illustrations and taxonomies that have no import for practice are foregone on the principle of privileging knowledge relevant to a clinical context. Chapman extols the "*naked* Simplicity" of his writing as a corollary to his strictly empirical approach: "Nor will the *plain* Dress in which these Lines appear, I hope, prove in any way prejudicial to them; since *Fact* and *Experience* will always be thought preferable to *Hypothesis* and *Conjecture*."[44] These kinds of remarks are a striking departure from the apologies made by the authors of the midwifery manuals of the previous century, who excused their plainness on rhetorical grounds–as a concession to their intended audience of unlearned midwives– rather than asserting its epistemological validity.[45] For Chapman, plainness guarantees his immunity from flights of fancy.

For all its proclaimed simplicity, Chapman's book differs from Giffard's most notably in its self-consciousness of its status as a text. Thus in the *Essay*, one such assertion of rhetorical austerity–"*Truth* and Matter of *Fact* need no gawdy

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[43]Chapman, *Essay*, 7-8.

[44]Chapman, *Essay*, 118.

[45]Compare, for example, James Wolveridge's apology in his *Speculum matricis hybernicum, or, The Irish midwives handmaid catechistically composed* (London, 1670):

> declining that *Idiom* best becoming the Pen of Doctors, [I] shall shape my Quill to an English Dialect, and (avoiding intricate and Bombastick words, and Acromatical sentences, where they may be otherwise expressed) afford such material directory assistance in the business of Midwifery, as shall be suitable to the meanest capacity; not presuming to instruct the Learned, lest I seem to bring Owls to Athens; but to inform the less knowing ("Preface," unpaginated).

Decorations"–occurs in the context of an apologetic Postscript:

> THIS ESSAY, I confess, is much more imperfect than it would otherwise have been, because I was informed that there was a Piece of *Midwifery* already in the *Press*, which was expected to be published in a little time. It is highly probable there may be something mentioned in this work which is advanced in mine; and I should, after this, have incurred the censure of the town in publishing what was wholly my own. I chose therefore rather to let this make its Appearance in a sort of Undress, than to run the Hazard of being thought a Plagiary by deferring it any longer [. . .].[46]

It is instructive to compare Chapman's *Essay* with the rival publication he anticipates here, almost certainly Giffard's *Cases in Midwifery.* Perhaps as a result of its posthumous publication, Giffard's book has no prefatory material other than the editor's Dedication, and is devoid of references to other texts (or even to any practitioners outside of his personal circle of acquaintance).[47] Chapman in contrast discusses his own publication at length in introductory and concluding chapters. He frequently refers to other publications, even in his table of contents. All of these gestures are amplified in the second edition, the *Treatise.* A typical example is a footnote to his discussion of difficulties caused by a deformed pelvis in which he not only disputes the terminology of Maubray and Giffard but carefully affiliates himself with the renowned James Douglas ("this Improvement I acknowledge I owe to that excellent Anatomist").[48] He inserts letters from other practitioners testifying to the efficacy of the forceps, and at the very end of the *Treatise* he

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[46]Chapman, *Essay*, "Postscript," unpaginated.

[47]Wilson notes that Hody's revisions appear to be confined to ... (91); observes that there is one reference to mauriceau (93)*

[48]Chapman, *A treatise on the improvement of midwifery; chiefly with regard to the operation* (London, 1735), footnote, p. 36-7.

also provides a list of men he has taught since the appearance of the first edition. And in its Preface he discusses the reception of the first edition of his work and the amendments made to the revised edition, most remarkably in his discussion of how he has improved the second edition by the inclusion of plates depicting his instruments:

> I must acknowledge myself short in not giving the Figure of my *Forceps* in the former Edition. I was not indeed so thoroughly sensible of this Defect till I found my *Essay* honourably mentioned by a learned Society established at *Edinburgh* for the Improvement of *Physic* and *Surgery* in the *Medical Essays* and *Observations*, *&c.* Vol. III. Art. XXXI. As these Gentlemen, by saying I have not given a Description as I used it, seem to insinuate that something is wanting to render this Work more complete and satisfactory; I have now subjoin'd an exact Draught of my *Forceps*, which is very little different from that used by the late Mr. *William Giffard*; and what I apprehend to be of a Make preferable to those represented Table V. of the *Medical Essays &c.* [. . .].[49]

As we have seen, Chapman's self-consciousness about the placement of his work in a universe of texts even extends into an anxiety about potential charges of plagiarism. This attitude stands in contrast to Maubray's unabashed plagiarism in the *Female Physician*, and points to Chapman's perception that publication is important primarily as a forum for intertextual dialogue and the documentation of original findings. Having attempted to circumvent any such charge in the postscript to the first edition, he revisits this matter in the Preface to the second edition. "Some Persons," Chapman observes with some annoyance, "have taken the Liberty to insinuate it [the *Essay*] was not my own":

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[49]Chapman, *Treatise*, 27-8. Chapman's reference here is to Alexander Butter, "The Description of a *Forceps* for extracting Children by the Head when lodged low in the *Pelvis* of the Mother; by *Alexander Butter*, Surgeon in Edinburgh," *Medical Essays and Observations* 3 (1733): 254. Butter remarks that the forceps, "scarce known in this country, though Mr. *Chapman* tells us, it was long made use of by Dr. *Chamberlane* who kept the form of it a secret, as Mr. *Chapman* also does."

> Now it might not be amiss to ask those candid Gentlemen whence they can reasonably suppose I borrowed the *Matter* here deliver'd. Is it in the least probable, that the ablest Professors of the Art would compliment me with the Fruits of their Labours, and submit to see their Sentiments and Instructions usher'd into the World under the Name of a Person, incapable of producing any Thing of his own? And that I have not this Obligation to any inferior Practitioner, is in a manner acknowledged by the Commendations bestowed on this Piece by my very Enemies; so that on the whole, I am in no real Apprehension of being dispossessed of my Title to the Performance. I own I had some Assistance in regard to the Diction; and did not send my Papers to the Press till that was revised and corrected. This I know is no unusual Thing [. . .].[50]

The distinction between the "*Matter*" and the diction of his book is more than a counter to accusations of plagiarism; it is the line that divides Chapman from most of his seventeenth-century predecessors. Assistance from others in stylistic matters is irrelevant to the question of authorship if the authors of midwifery treatises are no longer simply compilers or translators but the producers of original material, the "Fruits of their Labours." Chapman's conception of authorship is not only wholeheartedly proprietorial ("my Title to the Performance") and in the testimonial mode, but also locates his property in the "*Matter*" rather than the style of the piece. For in his view it is publication, by "ushering" one's sentiments into the world and providing a means of claiming acknowledgment for one's expertise, that makes an author, much more than writing *per se*.

Yet for all the striking modernity of Chapman's notions of midwifery publication compared to his predecessors in English, the *Essay* is still some way from endorsing the ideal of freely circulating knowledge that becomes an article of faith among many midwifery authors after mid-century. Chapman's faith in the effectiveness of publication

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[50]Chapman, *Treatise*, xxiv-xxvi.

for preserving one's claims has its limits–notably he refrains from actually disclosing the details of his technique for using the fillet:

> THE former of these I must beg leave to be silent in, as being entirely an Invention of my own; nor shall I, I hope, be censured for my doing, any more than the great Dr. *Chamberlen* was for his chusing to conceal the Method, or Secret whereby he could extract Children in this Case without *Hooks*, where other Artists were forced to use them.[51]

Such coyness does make it easy to dismiss Chapman's book as mere self-advertising.[52] But as demonstrated by the example of Chamberlen's own foray into print–his 1672 translation Mauriceau's *Traité des Maladies des Femmes Grosses et accouchées*–this purpose could be equally well served without the publication of original material.[53] Furthermore, in the second edition, he drops the reference to Chamberlen's keeping of his secret; after begging leave for his silence, he instead clarifies the nature of his "Invention":

> I have been told since the first Publication of this Treatise, that this is so far from being an Invention of mine, that the *Fillet* is generally, or at least, very frequently employed. I own indeed, that may commonly be used in turning a Child, by securing one Foot with it, as I have directed; but do not believe the Manner of passing it over the Head to be so universally known and practiced.[54]

This modification of his earlier statement is worth some attention. Chapman asserts here that it is the technique he has developed rather than the instrument itself that he claims as

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[51]Chapman, *Essay*, 12.

[52]This is precisely the assessment Wilson makes (*The Making of Man-Midwifery*, 69, 109).

[53]Francois Mauriceau, *The diseases of women with child, and in child-bed . . . Translated, and enlarged with some marginal-notes, by Hugh Chamberlen, M.D. and physician in ordinary to his Majesty* (London, 1672).

[54]Chapman, *Treatise*, 17.

his "invention." What had been an assertion of the right to a proprietary claim now sounds more like a priority claim. This may be the critical difference between Chapman and his seventeenth-century predecessors–what is being advertised here is not a *nostrum* of the same kind as Chamberlen's instruments or Sermon's pills, but the *idea* of a special expertise possessed by Chapman and other men "who have made the Improvement of this Science the principal business of their Lives."[55] Hence his decision to make public the design of the forceps, the "noble Instrument" which he believed to be the long-kept secret of the Chamberlen family and "which, I think, no Person has yet any more than barely mentioned."[56] The accumulated benefits of his experience, not the instruments in themselves, are Chapman's "secret" and he has gambled that publishing an account of his results will draw midwives, prospective students and his clientele into a discourse that he has defined. The conditions of his authorship–personal experience, original findings, honesty and self-effacing candour–are the very qualities which mark him as a professional medical man rather than an empiric.

The birth of man-midwifery

In the end the *Essay*'s direct impact on the birthroom practices of surgeons may have been negligible, for written directions consistently proved insufficient for instruction in the proper use of the forceps. Furthermore, Chapman's strictly surgical conception of midwifery and his emphasis on original insights derived from practice are not adopted by

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[55]Chapman, *Essay*, "Preface."

[56]Chapman, *Essay*, 13.

most authors after him. Nonetheless, Chapman's book, as Wilson puts it, "led to an unprecedented wave of printed interventions."[57] A spate of new publications followed in the two decades (1733-52) after the appearance of the *Treatise*; twenty-two midwifery-related publications appeared: two new translations of Continental titles, eight satires or polemical pieces, two descriptions of newly established lying-in hospitals and ten original titles on midwifery of varying genres.[58] This count does not include journal publications, of which Alexander Butter's article in the Edinburgh-based *Medical Essays and*

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[57]Wilson, *The Making of Man-Midwifery*, 110.

[58]John Douglas, *A short account of the state of midwifery in London, Westminster, &c.* (London, 1736); Chapman, *A reply to Mr. Douglass's Short account of the state of midwifery in London and Westminister. Wherein his trifling and malicious cavils are answer'd ... By Edmund Chapman, ...* London, 1737); Thomas Dawkes, *The Midwife Rightly Instructed* (1736); Henry Bracken, *The Midwife's Companion, or a treatise of midwifery* (London, 1737); Sarah Stone, *A Complete Practice of Midwifery* (London, 1737); François Mauriceau, *Aphorisms relating to the pregnancy, delivery, and diseases of women,* trans. Thomas Jones (London, 1739); Richard Manningham, *Artis obstetricariae compendium tam theoriam quam praxiam spectans* (London, 1739) and *An abstract of midwifry for the Use of the Lying-In infirmary* (London, 1744); Fielding Ould, *A Treatise of midwifery* (Dublin, 1742); Thomas Southwell, *Remarks on some of the errors in anatomy and practice, contained in a late treatise of midwifry, published by Fielding Ould, man-midwife* (Dublin, 1742), and *A Continuation of remarks on Mr. Ould's Midwifry* (Dublin, 1744); Jean Astruc, *A Treatise on All the Diseases Incident to Women Containing an Account of their Causes, Differences, Symptoms, Diagnostics, Prognostics and Cure Translated from a Manuscript Copy of the Author's Lectures read at Paris, 1740* (London,1743); James Parsons, *Praelecturi Jacobi Parsons, M.D., elenchus gynaicopathologicus et obstetricarius.* (London, 1741); William Douglas, *A letter to Dr. Smelle* (London, 1748); *An account of the Middlesex Hospital* (1749; 1751;1752); Brudenell Exton, *A new and general system of midwifery* (London, 1751); William Clarke, *The province of midwives in the practice of their art* (London,1751); William Smellie, *A Treatise on the theory and practice of midwifery* (London, 1752); John Burton, *An essay towards a complete new system of midwifery* (London, 1751); George Counsell, *Art of midwifery or the midwife's sure guide* (1752); *An account of the City of London Lying-in Hospital* (1752).

Observations is an early example.[59] Review periodicals like the *Monthly Review* and *Critical Review* that emerged at midcentury also began to review midwifery books, ensuring they were being discussed in a more general public forum. During the 1740s and 50s lying-in wards or hospitals were established in all three capitals.[60] Thus, twenty years after the appearance of the *Essay*, man-midwifery was in the public sphere. The idea that men practiced a distinct brand of midwifery was in circulation, although any broadly-based consensus on whether it constituted a legitimate branch of professional medicine or defined the practice of midwifery *per se* was still elusive.

Indeed, one of the first pieces to appear in the *Essay*'s wake was a ferocious reaction to much of what Chapman proposed: in 1736 John Douglas, surgeon and brother of the famous anatomist and society man-midwife James, published an acerbic commentary the publications of Chamberlen, Maubray, Chapman, and Giffard in his *Short account of the state of midwifery in London and Westminster.* (Chapman issued his *Reply* in the following year.)[61] Douglas' response to the *Essay* (and the *Treatise*) throws into relief Chapman's tenets and rhetorical strategies. His views coincide with Chapman's on several points: he see midwifery as essentially surgical in nature, calls for the subordination

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[59]Butter, "The Description of a Forceps."

[60]Sir Richard Manningham established a small lying-in infirmary in 1739. A lying-in ward was established at one of the newer voluntary hospitals, the Middlesex, in 1747. The British Lying-in Hospital appeared in 1749, the City of London Lying-In Hospital in 1750, and the General Lying-In Hospital in Westminster in 1752 (Wilson, *The Making of Man-Midwifery*, 145-54).

[61]Douglas, *A short account of the state of midwifery in London, Westminster, &c.* (1736); Edmund Chapman, *A reply to Mr. Douglass's Short account of the state of midwifery in London and Westminister* (London, 1737).

of midwives to the oversight of surgeons, and celebrates the more recent Continental surgical authors on midwifery. He does not deign to mention any English publications on midwifery predating those of Maubray, Chapman, and Giffard, with the exception of Chamberlen's translation of Mauriceau, and makes explicit Chapman's implicit criticism of Maubray's *Female Physician*, even working in an indirect reference to the latter's role in the Toft hoax:

> he [Maubray] begins a large book, which he calls the whole Art of Midwifery, &c. Thus, Sect. 1. Cap. 1. Of God, cap. 2. Of nature, cap. 3. Of Man [. . .] Now! Pray what relation, what connection, is there between these out-of-the-way subjects and Midwifery? Might he not as properly have introduced what he had to say about Midwifery, with an account of Rat-catching, Rabbit-breeding, or Sow-gelding?[62]

But Douglas also links Chapman to Chamberlen, whom he spends a significant proportion of his pages attacking as a "nostrum-monger." He argues that nothing more than naked self-interest or the absence of any real expertise could motivate Chapman and his spiritual forefather to withhold from midwives the instruction that would enable them to handle almost all births, difficult or otherwise.[63] On the same grounds he refutes Chapman's vision of a collective advancement of midwifery knowledge:

> PRAY have not ninety-nine in a hundred of these GREAT Men he talks of, kept their improvements (*if they ever made any*) to themselves? Don't

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[62]Douglas, *A short account of the state of midwifery in London, Westminster, &c.*, 53. He holds up the Parisian system of licensing examinations for midwives by surgeons as a model worthy of imitation (2).

[63] See Douglas, *A short account of the state of midwifery in London, Westminster, &c.*, 9-24 on Chamberlen. His appraisal of the latter is later extended to Chapman: "his greatest Aim will appear to be much the same with Dr. Chamberlen's, viz. To tell the Midwomen when, and in what particular cases, to send for his superior advice; and not to instruct them how to give better advice themselves" (42).

> most of them now, as well as He, pretend to have Secrets? Don't they endeavour to puzzle, at the same time they make a shew of instructing others? Don't they very seldom, if ever, consult together, as they always ought to do in difficult or dangerous cases? What can hinder them, except the fear of discovering the insignificancy of their pretended secrets, or their real ignorance?[64]

Chapman himself is ridiculed for his pretense to innovation–"What a splutter Mr Chapman makes [. . .] as if he had discovered something new"–when according to Douglas he merely repeats what is common knowledge, "as if no body had known any thing of the matter before he taught them."[65] In opposition to Chapman's promotion of man-midwifery as a distinctive and superior variety of expertise, Douglas champions the traditional symbiotic working relationship of midwives, craniotomy-performing surgeons, and consulting physicians. The distinctly unprofessional character of these pretenders to professional status, he asserts, clearly demonstrates that the practice of midwifery requires no great sophistication. The midwives themselves are in fact more than capable of genuinely improving current standards of practice, if given the proper instruction:

> How can it be made to appear, that Doctors, Apothecaries, and the lowest class of Surgeons, who are as little acquainted with the other principal operations of Surgery, as the very women themselves, are more capable of performing these operations than They, who have much more practice, and many as good capacities? Pray wherein consists the secret? It requires no Mathematicks, no skill in Philosophy, no University learning at all, otherwise most of the Midmen would be distanced as well as all the

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[64]Douglas, *A short account of the state of midwifery in London, Westminster, &c.*, 52.

[65]Douglas, *A short account of the state of midwifery in London, Westminster, &c.*, 56; 57.

Midwomen.[66]

Douglas takes his premise that midwifery requires no esoteric subtleties to its furthest extent in his proposal for a national scheme for hospital-based, systematic instruction of midwives based on the French model. He also announces (but never did actually publish) a translation of Mme. Du Tetre's *Instruction familiere et tres facile*, chiding Chapman for his assertion that no suitable books for the instruction of midwives existed.[67]

Although Douglas' translation never made it to press, other publications directed at midwives did appear in these decades. But changes are already evident even in these works. Thus Thomas Dawkes' *The Midwife Rightly Instructed* (1736) is in the traditional catechistic mode, but lays a new stress on earlier calls to male surgeons and explicitly praises Chapman. In the following year two new works advertising manual technique materialized: *The Midwife's Companion* by Henry Bracken and Sarah Stone's *A Complete Practice of Midwifery*, a collection of case histories strikingly similar in style to Giffard's, although radically different in their aim.

Bracken's book is of interest for the distinctions it makes between the erudite expertise of men-midwives and the relative ignorance of lay people and midwives. Other than its claim to a novel technique, Bracken's handbook is consistent with the traditional

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[66]Douglas, *A short account of the state of midwifery in London, Westminster, &c.*, 72-3. Douglas rejects the use of the terms "man-midwife" ("How can a Man be a Wife, except he be a *Hermaphrodite*?") and "woman-midwife" ("would not saying Midwife and Midwives distinguish their sex sufficiently?") as nonsensical, substituting his own "midman" and "midwomen."

[67]Douglas, *A short account of the state of midwifery in London, Westminster, &c.*, 41.

style, intended audience and matter of the previous century's midwifery books. But he explicitly defines it as a popular work, against the background of a more professional literature that is the province of learned men and practitioners. Thus Bracken names Mauriceau as the best midwifery author, but deems his book "too long and tedious, as well as hard to be understood by Women," and of his own work's "easy and intelligible style" observes, "I should have had more Pleasure in Writing on this Subject in a Style proper for my Fellow-Labourers the Men-Midwives (as they are commonly called)."[68] He also raises the issue of a lack of formal requirements for midwifery practice, deeming the reliance on ecclesiastical licensing and testimonials inadequate: "neither those who recommended, nor the Bishop himself know any thing of the Matter."[69] The very same sentiments are expressed in two later works, Clarke's *Province of Midwives* (1751) and Counsell's *Art of Midwifery* (1752); in both cases the author's apology for the nature and limits of his book would be cited approvingly by the *Monthly Review* "as properly calculated for the readers he proposed."[70]

Sarah Stone, like Chapman, was a recent arrival in the capital and perhaps the move to the more competitive London milieu prompted the publication of her *Complete Practice of Midwifery*. But in her Preface she clearly stated a single purpose: the education of midwives in a more rational practice in order to enable them to handle difficult births "with more ease and safety, than has hitherto been practis'd by many of

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[68]Bracken, *The Midwife's Companion*, "Preface to the Reader," unpaginated.

[69]Bracken, "Preface."

[70]*Monthly Review* 7 (Oct 1752): 285-6. See also *Monthly Review* 5 (1751): 398-9.

them, and without exposing the Lives of their Women and Children to every boyish Pretender."[71] Stone's own range of experience was in fact remarkably similar to that of the men-midwives she sought to drive out of business: a specialist in difficult labors called in when the primary midwife could do no more, the bulk of her cases recounted in her collection are emergency calls. Addressing her "Sisters of the Profession," Stone employs a humanitarian rhetoric in her work similar to that of the men-midwives, and each narrative turns on her capacity to diagnose the precise nature of the obstruction and apply the appropriate manual technique. Her criticisms of other midwives (whom she accuses of technical incompetence, attempts to cover up mistakes, and failure to take action) align her with the views expressed by Bracken, Counsell and Clarke. Technical expertise, not age nor local reputation, forms the basis of her claim to authority, and like Chapman she declares the manual part of practice the real business of midwifery:

> I shall not fill any part of this book, with needless discourses on the Parts of Generation, nor the Reasons of Conception; neither shall I concern myself, or give my opinion, why some Women do not conceive; many Authors being copious on such Subjects. For my part, I think all the Disorders of Teeming Women do not belong to midwives; but they ought to commit themselves to the Care of a Physician; a Midwife's business being only to be well instructed in her Profession.[72]

But Stone's vision of emergency midwifery is quite distinct from surgically-

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[71]Stone, *A Complete Practice of Midwifery*, xiv. Her efforts to claim the traditional male domain of emergency calls for midwives while criticizing most of her female peers as superstitious and ignorant inspired Wilson to characterize her as a practitioner who transcended the "female/male division" (*The Making of Man-Midwifery*, 57). Another scholar has attempted to capture the paradoxical aspect of Stone's self-fashioning by dubbing her an "Enlightenment midwife" (Grundy, 1995).

[72]Stone, xix.

oriented midwifery advocated by Chapman, and she drew upon her own extensive experience to provide it; hers is in fact one of the few entirely original works of this early period. In their details, the case histories also articulate a vision of midwifery as women's work: set in the all-female world of the traditional lying-in ritual, she scorns the men-midwives' reliance on tools in obstructed labors, using instead the traditional midwife's technique of cervical manipulation in combination with a singularly effective manual maneuver.[73] Stone is adamant that her expertise lies outside the realm of medicine, and she summarily dismisses the male practitioners' claims to superior practice on the basis of their greater knowledge of anatomy:

> For dissecting the Dead, and being just and tender to the Living, are vastly different; for it must be supposed that there is a tender regard one Woman bears to another, and a natural Sympathy in those that have gone thro' the Pangs of Childbearing; which doubtless, occasion a compassion for those that labour under those circumstances, which no man can be a judge of.
>
> I have seen several Women open'd; and 'tis not improper for all of the Profession to see Dissections, and read Anatomy, as I have done. But had I inspected into them all my life, and not been instructed in Midwifery by my Mother, and Deputy to her full six years, it would have signified but little; nor should I have dared to have undertaken such a Profession, lest any Life should have been lost thro' my ignorance.[74]

Although she deems purely theoretical knowledge superfluous to practice in terms reminiscent of Chapman's rejection of abstract learning, her emphasis on a personal experience of childbirth puts midwifery decisively out of the reach of men.[75] Stone's

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[73]This maneuver, as Wilson has observed, duplicates the action of the *vectis*, an instrument commonly used by male practitioners (*The Making of Man-Midwifery*, 59).

[74] Stone, xiv-xv.

[75]She emphasizes the importance of compassion in midwifery practice and is uniquely sensitive to bodily boundaries: as Wilson has observed, she is the only writer to

primary objection to the medicalization of midwifery is that it introduces an artificial, and ultimately irrelevant, standard for evaluating the practitioner's expertise:

> these young Gentlemen-Professors put on a finish'd assurance, with pretence that their Knowledge exceeds any Woman's, because they have seen, or gone thro', a Course of Anatomy: and so, if the Mother, or the Child, or both die, as it often happens, then they die *Secundem Artem*, for a Man was there and the Woman-Midwife bears all the blame.[76]

Unsurprisingly, the only men who gain Stone's approbation are those "grave and sedate" practitioners who respect the boundary between medical and non-medical practice by confining themselves to a consulting role in matters of physic. Because competence in midwifery cannot be defined in terms of an abstract body of knowledge–it is organically tied to the practitioner's personal experience, both as a woman and as a midwife–Stone refuses to frame her case histories with a theoretical apparatus or to abstract general principles from her individual narratives. Her book represents a series of paradoxes: she presents it as a bulwark against the changes wrought by the entrance of men into regular midwifery practice, but insists that midwives must be "well instructed;" employing the new genre for midwifery instruction pioneered by Chapman and Giffard, she attempts to make her book serve its readers in the same way that the traditional apprenticeship under a senior midwife would.

Ironically Stone's *Complete Practice of Midwifery* comes closest to the standard of rigorous empiricism set by Chapman and Giffard. Chapman's emphatically surgical,

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note the pain caused to the mother by the internal use of the hand *(The Making of Man-Midwifery*, 59).

[76]Stone, xi.

non-systematic, clinically-oriented style of midwifery treatise had other, less hostile, successors, but few authors remained so exclusively focused on operative midwifery, especially after midcentury. Fielding Ould's *Treatise of Midwifry* (1742) and Benjamin Pugh's *Treatise of Midwifery, chiefly with regard to the operation* (1754) do however bear some striking similarities to the *Essay* and Ould's *Treatise*, like Chapman's book, was frequently noted by later authors. Published almost exactly a decade after the *Essay*, the *Treatise of Midwifry* was somewhat more extensive in its range of topics, although it too did not touch on gynecological or pediatric matters. Its author, a Dublin man-midwife who would go on to become the master of Ireland's first maternity hospital, described it as "a Scheme of the whole Art of Midwifry, divided into three Parts, which take in the most approved Practices contained in those Books which have been hitherto published on the Subject," as amended by his own reason and experience.[77] This claim to integrate textual as well as empirically-derived knowledge on an equal footing does differ from the approaches taken by Chapman and Giffard. But in an observation reminiscent of Chapman's wariness of theory he laments "how little has hitherto been done towards the Perfection of the Art of Midwifery," a situation,

> too obvious to every one of the Profession who has had Opportunities of putting to the Test, the Rules laid down by most practical Authors in that Way, and the Instruments contrived for the Performance of their Operations: For many of their Schemes are like those of some Navigators and Geographers, who never made use of a Compass, but in their Closet.[78]

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[77]Fielding Ould, *Treatise of Midwifry* (Dublin, 1742), p. x.

[78]Ould, x; ix. These doubts about the usefulness of the extant literature are modified elsewhere; he later attributes the backward condition of midwifery compared to other branches of surgery to the late entrance of men into the field.

This ambivalent attitude toward the utility of texts also characterizes his reflections on the "most remarkable" of the authors who have written on midwifery. "Though we be greatly indebted to our Predecessors, " he observes upon naming the major Continental surgical authors on midwifery from Paré to Deventer, "yet there is scarce one of their Works, that may not admit of Improvement."[79]

However skeptical Ould is of the enduring or practical value of the current literature, he is nonetheless effusive in his praise of the impulse to publish one's observations, "every new Discovery how small soever."[80] He attributes the backwardness of midwifery as compared to the other parts of surgery to its being "the least taken Notice of," noting that this situation has occurred, "altho' it be universally acknowledged to be the Duty of every one who is conversant in any Branch of the Art of Healing, to communicate whatever occurs to him, that he thinks may be of Service to the Public."[81] Ould strongly advocates print publication as a means of advancing the art, vigorously encouraging each of his fellow practitioners "to contribute his Mite to the common Good" without fear of censure for a lack of sophisticated erudition, "for Truth will appear beautiful, without the gorgeous Apparel of Rhetorick and Eloquence."[82] Even more

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[79] Ould, 4.

[80]Ould, viii.

[81]Ould, 2

[82]Ould, ix. These encouragements are ironic since it was precisely on these grounds that Ould was scorned in print. As in the case of Chapman, Ould's treatise soon attracted vociferous criticism in print from Thomas Southwell in his *Remarks on some of the errors in anatomy and practice, contained in a late treatise of midwifry, published by Fielding Ould, man-midwife* (Dublin, 1742), later expanded and re-issued as *A*

explicitly than Chapman he locates the future progress of midwifery in the circulation of knowledge via the collective enterprise of publication: "the particular Acquisition of every Person added together, would amount to a great Sum whereby our Art would soon flourish."[83] These, he insists, are the grounds on which he himself ventures into print.

And in fact Ould's *Treatise* enjoyed a lasting reputation, in particular for his observation that in a natural labour the fetal head passes through the pelvis turned to one side, contrary to the established opinion that it faced the mother's back.[84] But Ould's original contributions are not so entirely rooted in the sheer accumulated experience of a long practice as Chapman's, and nowhere is this more evident than in his description of the head's progress during labour. Significant as the most exact account published at that date, it is also interesting for its combination of meticulous observation and proofs derived from "plain Reasoning." Elsewhere in his *Treatise*, quite contrary to Chapman's emphasis on distinctions judged by the touch rather than the eye, Ould recalls how his training in Paris provided him with unparalleled opportunities for *seeing* the rudiments of practice, "namely, those of occular Demonstration of Women being delivered, both in natural and preternatural Labours; where, as well the external Parts of the Patient, as every Action of the Operator, are the whole Time in View."[85] Thus to his observation of the lateral positioning of the emerging head is joined a contemplation of the geometrical relationships

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Continuation of remarks on Mr. Ould's Midwifry (Dublin 1744).

[83]Ould, x.

[84]Ould, 28-31.

[85]Ould, 71.

of the maternal pelvis ("an elliptical form") to the infant's head ("of an oblong Figure very flat on each side") and shoulders ("a more oblong Figure, crossing that of the Head"). Ould himself identifies the hybrid nature of his conclusions, "founded on Theory, and confirmed by Experience."[86] As a result he suggests that the attempts of midwives to hasten the labor by moving the head to what they think is its natural position is the cause many obstructed labours: "When this happens, the Women tell you, the Head is fixed on the Share Bone, which in Reality, is the intersection of two Ellipsis, for the repeated Throws of the Mother, forcing the Head against the Pubis."[87] The contrast drawn between the midwives' determination of the problem and Ould's abstract representation of the "reality" is striking, and points to the gulf opening between the more purely experiential perceptions of midwives and the increasingly theorized appreciation of childbirth held by men-midwives.

Publication and the profession of midwifery

Why does this remarkable increase in the volume of publication on midwifery topics take place after the appearance of Chapman's *Essay*? Wilson suggests that it reflects an intensified competition among midwifery practitioners: when the Chamberlen family became extinct in 1732, no further obligation to preserve their secret remained. The publication of the forceps design turned midwifery into "a sphere of contest as never before," as midwives, men who still performed traditional obstetric surgery, forceps

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[86]Ould, 28-31.

[87]Ould, 31.

practitioners, those who adopted the approach and methods of Deventer, and others with their own unrevealed techniques or instruments (such as those men-midwives secretly using the vectis) all competed for precedence in difficult births.[88] In the printed exchange between Douglas and Chapman we see that the question of the man-midwife's jurisdiction, his claims to a distinctive, professional status, and his very name, are already being openly debated. The major fault line lay between midwives and male midwifery practitioners, but there were also deep divisions between forceps practitioners and Deventarian men-midwives, as well as between the forceps men and traditional craniotomy-performing surgeons. These differences are in fact one of the most significant stimuli to the development of professional discourse of this period; it is not simply a question of who gets to define midwifery, but who defines male practice in midwifery.

The stimulus provided by a competitive atmosphere, particularly among medical men in London, accounts well for the timing of this rush into print–providing a plausible explanation for why Maubray did not inspire a similar outbreak of publication–but it does not adequately explain why this competitiveness would manifest itself in an increase in *publication*. Even if we interpret this new interest in midwifery publication simply as an increase in self-advertisement, we must first ask why ever-growing numbers of midwifery practitioners turned to publication as a means to this end. Almost none of the authors of English midwifery books appearing before the eighteenth century identified themselves as

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[88]Wilson, *The Making of Man-Midwifery*, 109-10.

midwifery specialists.[89] Furthermore, the kinds of works these early eighteenth-century practitioner-authors were producing were qualitatively different from their predecessors. Surgical treatises and introductory lectures were not genres characteristic of midwifery publication in English before the eighteenth century.

There seem to be two distinct, but related, reasons for the shift from the commercially-produced midwifery manual to the practitioner-authored publications of this nature. In part, the growth of a literary public sphere in this period ensured that the men-midwives' efforts to win public acceptance would take place at least in part in print, and the more general increase in practitioner-authored medical publication reflects changing attitudes toward texts and publication among almost all of the "regular" practitioners in this period. But in the case of British men-midwives, the growth of a "professional" as opposed to "popular" literature would prove critical to the construction of an objective standard of legitimation for their field of expertise, particularly in the early part of the century when other marks of professional status such hospital posts and university lectureships were only just appearing or still in the future. This kind of publication also had the advantage of filling a noticeable gap, by furnishing midwifery with a body of literature, a necessity for making claims to erudite superiority over midwives. Moreover, a number of useful rhetorical strategies particular to a practitioner-authored literature had already been pioneered by the Continental surgical midwifery authors; in their efforts to

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[89]The midwife Jane Sharp, Hugh Chamberlen, Robert Barret (and Percival Willughby had he gone to press) would be the sole exceptions. I think it is worth noting that the latter bring forth their works in the last quarter of the seventeenth century. Wilson also notes that pre-eighteenth-century male practitioners of midwifery tended not to publish (*The Making of Man-Midwifery*, 47).

shed the negative connotations of manual art, and especially, of specialism, the latter had made their weakness a strength by proposing a mode of authorship grounded in the practitioner's own experience. Hence Francios Mauriceau, one of the French surgical authors who would most heavily influence the English midwifery literature of the late seventeenth and early eighteenth centuries, declares in his own work in what became an oft-repeated formula, "I would not divert you from reading other learned Authors who treat of it, but only advise you that the most part of them, having never practised the Art they undertake to teach, resemble (in my Opinion) those *Geographers*, who give us the description of many Countries which they never saw, and (as they imagine) make a perfect account of them"; he assures his readers he will instead "faithfully recite what I have with very happy success observed these many Years in the *Practice of Deliveries*."[90]

But the kind of midwifery publication initiated by Mauriceau and Deventer, after whom men like Chapman modelled themselves, did not fully take root among British practitioners until joined to a Baconian conception of scientific endeavour as a collective enterprise. It seems no accident that most of the major midwifery authors of the early part of the eighteenth century are men lacking the traditional markers of professional status, to whom the scientific model of publication was not only attractive but achievable. Notably, the most socially elite practitioners of midwifery in that period, such as physician men-midwives Sir David Hamilton, James Douglas, Francis Sandys, and Sir Richard Manningham published little or not at all. It was the more socially and professionally

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[90]Mauriceau, "The Author to the reader," unpaginated.

marginal practitioners who most aggressively pursued getting into print, in particular surgeons of provincial or Scottish origins who had migrated to London, such as Chapman, Giffard, or later in the century, William Smellie.[91]

Publication therefore not only provided British men-midwives a means for promoting their modes of knowledge production as meriting an authority superior to that of midwives, but it also joined in the rhetorical community created by a professional discourse of geographically and temporally dispersed individuals, men-midwives of varying rank and ability, from its leading professors to its most humble practitioners.[92] By publicly "professing" a commitment to the ideals of this imagined community–as Chapman does in imitation of his "great men"–such marginal men might claim membership in a club entirely of their own making. The *Essay*'s advocacy of forceps practice may have upped

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[91]Among these men, Douglas published his account of the Toft affair and was said to have planned a midwifery treatise, although he did not even leave a manuscript (Wilson, *The Making of Man-Midwifery*, 86). After mid-century, a few prominent metropolitan practitioners, such as Colin Mackenzie, published relatively little or not at all, but this was increasingly rare--notably both of these men had highly successful lecturing careers. Wilson suggests that different conditions of practice may also have been a factor. Forceps practitioners, who relied on midwives or parents for their entree, may have found publication particularly useful means of making the idea of the men able to deliver these previously insoluable births *public currency*, whereas physicians (particularly in London, where Deventer's approach of noninstrumental intervention found its advocates among more genteel practitioners) were privy to earlier calls (116).

[92]As Alexandra Lord's study shows, publications by private practitioners often helps gauge the diffusion of ideas from the metropolis into the provinces (21). She also documents how students were encouraged to keep up with current research through reading, and were provided with detailed lists of suggested titles (20-1). Finally, she shows how publication did in fact create professional ties between London and Edinburgh men (67). The growth of reviewing and medical in the latter half of the eighteenth-century brings to men-midwives a heightened awareness of the epistemological and ethical implications of the imagined community created by print publication.

the ante competitively, but it was Chapman's rhetorical recourse to the ideals of scientific publication that outlined a strategy for creating a professional discourse larger than the sum of all its practitioners. When he represents his work within a narrative of cumulative gains, for example declaring himself content, "IF, by submitting my self to the *Censure* of others, I should have the Good Fortune to excite some more masterly Pen to improve this *Art*," the implications of such familiar gestures may not be immediately apparent to us.[93] But in doing so he is setting down a claim to professional status for men-midwives on the basis of this discourse.

An emphasis on publication dovetailed with scientific ideology that was becoming culturally mainstream. Chapman was also among the first to tie the dignity of midwifery to the pursuit of *improvement*. The redefinition of the timeless, womanly art of midwifery as an evolving science relies on a vision of succeeding generations of male professionals devoted to this task:

> But the Dignity and eminent Usefulness of this *Art* will appear to every Person in a much more advantageous Light, if we reflect on the *Learning* of the Professors of it. *England* and *France* have produced many great and famous Men, who have made the Improvement of this Science the principal business of their Lives; and we have some at this time living, who are perhaps superior to the Deceased, without any Detraction from their *Characters*, or the least Indignity offered to their *Ashes*.
>
> THE Improvements these great Men have made in *Midwifery*, the Tenderness, the Compassion and Success with which they performed their Duty, have effectually removed that Load of Slander and of *Ignominy*, with which this Profession was formerly branded.[94]

The inevitable obsolescence of an individual's achievements, "without any Detraction from

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[93]Chapman, *Essay*, "Preface."

[94]Chapman, *Essay*, "Preface."

their *Characters*, or the least Indignity offered to their *Ashes*," subsumes even the greatest "Professors" of the art into a continuous tradition. The more ephemeral kind of publication implied by this evolutionary model perfectly suited the needs of ambitious but marginal medical men. Under this system of publication a more conditional, less ornate and learned form of writing becomes the norm. Over the course of the eighteenth century this emphasis on the progressive nature of midwifery came to be especially useful in skirmishes over jurisdictional boundaries with midwives, since the latter were poorly positioned to assert their mastery of the most recent advances in the field. It also allowed men-midwives to shed their association with predecessors like Chamberlen, a tactic that became increasingly important over the course of the century as scientific midwifery drew away from its roots in "secrets" and proprietary knowledge.

As Chapman and his successors never fail to point out, this collective project of knowledge creation has not only redeemed midwifery from the taint of specialism but also contributed to the public well-being. Thus he observes that in prompting others to take up the pen, "I shall thereby be in some Measure instrumental in conveying a greater Good to my Fellow-Creatures."[95] This idea is stated most forcefully by one of Chapman's former students, Brudenell Exton, in his own treatise almost two decades later: "I think where a Person has taken more than ordinary Pains in any particular Science, that the Public has a Right to demand his Account of it."[96] Chapman's representation of midwifery as a legitimate scientific discipline therefore relies on the rather revolutionary claim that

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[95]Chapman, *Essay*, "Preface."

[96]Exton, 14.

specialization promotes a depth of knowledge rather than ignorant quackery. He claims with some boldness: "I think it sufficient for one Man to act well in one Capacity; and I have confined my self to the *Operation* of midwifery only, because I would not willingly at any time take the whole Weight upon my self, when it is in my Power to divide it."[97] His espousal of midwifery as a topic upon which one might "professedly" write casts specialization as a virtue by linking it to a scientific ideal of publication; it is his specialist's expertise that allows him to contribute to the greater good.

The prestige associated with the possession of a body of professional literature as well as the link between publication and progressive science thus provided compelling reasons for men-midwives to place a premium on print publication as the marker of their professional status and the symbol of their superior qualifications as practitioners.[98] But it is important to observe that the legitimacy of midwifery publication, let alone man-midwifery, was not achieved with the first generation of "scientific" midwifery publications. Chapman's laborious efforts to define his *Essay* as a new kind of midwifery book were in many ways also a recognition of the fundamental difficulties involved in attempting to represent the manual part of the art in print. The scientific ideal of publication he promoted, with its emphasis on the dissemination of empirically-derived

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[97]Chapman, *Essay*, "Preface."

[98]There are any number of reasons why eighteenth-century men-midwives tended to present the history of midwifery in the form of a literary genealogy, not the least of which was the popularity of this form of historiography among physicians. The distortions that result from this equation of the history of midwifery with the history of midwifery publication are significant: for example, midwives are easily excluded from such narratives.

facts, enabled him to shift the focus to the details of manual intervention but it also weakened midwifery literature's major claim to prestige–its association with theory and authoritative learning. If midwifery literature simply recorded empirical fact, not only the less erudite surgeons but any experienced practitioner could write a book–as the midwife Sarah Stone did when she published her collected case histories in 1737.

Unsurprisingly more traditional conceptions of medical literature held sway among "professed" men-midwives for the first half of the eighteenth century, especially among those who were physicians. Furthermore print publication was not considered the only legitimate forum for the circulation of new discoveries. In 1751 the York man-midwife John Burton would declare that having laid his findings before "several of the most Eminent in their Profession" and "those *SOCIETIES* the most remarkable in *Europe* for their superior Skill and Knowledge in all the Branches of *Medical* Learning and Practice" he had held no further plans for publication until he learned that "another Person was about to publish my *Improvements* with some other Works of his Own."[99] As late as the 1760s and 70s William Hunter considered his lectures the equivalent of print publication.[100] Even the very first British midwifery lecturer, John Maubray, claimed that a series of lectures allowed him to provide a truly systematic account of midwifery whereas a book would be too lengthy, too expensive, and too accessible to the wrong kind

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[99]John Burton, *An essay towards a complete new system of midwifery* (1751), p. xii.

[100]See Porter, "William Hunter: surgeon and a gentleman." In Porter and Bynum, eds. 7-34. Hunter consequently became involved in a number of priority disputes regarding anatomical discoveries he had communicated in his classes. rather than in print

of reader. As a result the ideal of scientific midwifery publication remained just one idea among many until the evolution at midcentury of genres which cogently balanced theory and practice and granted midwifery literature an authority it had not previously enjoyed.

My next chapter will therefore investigate the lecture-related genres in which, as I shall argue, the reconciliation of theory and practice that secured the credibility of midwifery literature was first forged. These works represent a set of assumptions significantly different from those underwriting Chapman's *Essay*, and reveal the heterogeneity of these early forays into print as well as serving as a reminder that even during the first half of the century publications arose from lecturing and not only from the pens of intrepid, public-spirited practitioners. John Maubray's *Midwifery Brought to Perfection*, the published text of his introductory lecture, was the first instance of this kind of literature, but in 1739 one of the other key players in the Toft hoax, Sir Richard Manningham, published a table of midwifery topics and aphorisms (*Artis obstetricariae compendium tam theoriam quam praxin spectans*) for the male students he taught at his newly established lying-in infirmary.[101] Another lecturer (and a student of James Douglas), James Parsons, issued a similar work in 1741.[102] The first of the eighteenth-century systematic treatises (*A New and General System of Midwifery*) was brought forth by the aforementioned Exton, a former student of Chapman and Manningham, in 1751. In the same year the York man-midwife John Burton produced his *Essay toward a Complete*

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[101] An English translation of Manningham's compendium appeared in 1744 as *An abstract of midwifery for use in the lying-in infirmary.* Manningham's lying-in ward was the first British maternity hospital.

[102]Parsons, *Praelecturi.*

New System of Midwifery, and William Smellie, lecturing in London since 1740, published his *Treatise on the theory and practice of midwifery.* Unlike the treatises of Chapman, Giffard and Ould, some of these works and in particular the introductory lectures and syllabi, did not register in the historical surveys of later authors. Conversely, Smellie's *Treatise* was celebrated by most other midwifery authors and lecturers–and by several other parties, reviled–almost from the moment of its first appearance. Yet taken together, these texts provide valuable insight into how the question of the relationship between theory and practice was being negotiated in the first half of the century. Contrary to the linear, incremental evolution that later generations of midwifery authors read back into this period, no underlying consensus governed teaching or publication on midwifery during the first half of the eighteenth century.

CHAPTER FOUR

THE THEORY AND PRACTICE OF MIDWIFERY: LECTURING AND THE EVOLUTION OF THE SYSTEMATIC TREATISE

For 'tis one Thing to practise *Midwifery,* and quite another to reduce this Practice to the certain Precepts of ART; which, at last, must be fully explain'd and commented upon; and finally, many a Case stated, and resolved, that never did nor never may occur to Me, other wise than in my Speculations.

John Maubray, *Midwifery Brought to Perfection* (1725)[1]

In 1754 Benjamin Pugh could open his own treatise by remarking that "A New Treatise of Midwifery must certainly surprise the World very much at this Time, since so many have wrote upon the Subject."[2] Pugh's prefatory remarks to his *Treatise of Midwifery, chiefly with regard to the operation* invoke the traditional pedagogical authority of the seasoned operator, but they also employ the now conventional language of "improvement" and public service to justify his own addition to this growing number of titles:

> IN this polite Age I must own myself very unfit for such an Undertaking; but as every new Discovery, how small soever, ought to be made publick, without Fear of Censure or Criticism, if tending to the general Good of Mankind. I don't doubt but the more valuable Part will esteem him that does it, though it be set forth in the meanest Dress.[3]

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[1]John Maubray, *Midwifery Brought To Perfection by Manual Operation* (London, 1725), 3.

[2]Benjamin Pugh, *A Treatise of Midwifery, chiefly with regard to the operation* (London, 1754), iii.

[3]Pugh, iv

Under the paradigm of scientific surgical midwifery publication established by Edmund Chapman, William Giffard and Fielding Ould, the observations of even a humble provincial practitioner had their place on the bookshelf. Pugh's presentation of his instructions for handling the operative part of midwifery, supplemented by a selection of case histories and a description of the curved forceps he had invented, followed the form of Chapman's *Essay* rather closely. In fact the line of influence connecting Pugh's *Treatise* back to Chapman's *Essay* is quite direct: Pugh's preface is an amalgam of paraphrases and uncredited borrowings from Chapman and Ould. But with the exception of Ould, Pugh, and a small number of other authors later in the century, few adopted Chapman's minimalist vision of the midwifery treatise.

The Baconian rationales for the publication articulated by these early, surgically-oriented authors remained popular, becoming the hallmark of eighteenth-century British midwifery literature. But the notion that a purely empirical midwifery could only be realized in the form of deliberately plain practical manuals and collections of case histories was in fact relatively short lived. This turn of events is in part a reflection of the substantial growth of medical and scientific periodical literature in the second half of the century: medical practitioners of all stripes increasingly turned to journals for the publication of their clinical findings, particularly their case histories.[4] It is also an

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[4]This was not always the case; essays which used an "extraordinary case" as the basis for their reflections were not uncommon in the latter half of the century. See, for example, Andrew Douglas, *Observations on an extraordinary case of ruptured uterus* (London, 1785), William Goldson, *An extraordinary case of lacerated vagina, at the full period of gestation* (London, 1787), or William Turnbull, *A case of extra uterine gestation, of the ventral kind* (London, 1791). Similarly, both William Perfect (*Cases of Midwifery; with references, quotations and remarks*, 2 vols. [Rochester & London, 1781-

indication of how much the nature and purpose of midwifery literature in English had changed after mid century. For men-midwives continued to publish their innovations and discoveries in books, but in books quite different from the kind of avowedly practical, purely surgical manuals that Chapman, Ould or Pugh produced.

Despite their customary acknowledgment of the break that the treatises Chapman, Giffard and Ould had made from the earlier tradition of popular midwifery manuals, most subsequent midwifery authors produced more heavily theoretical and comprehensive works, often systematic treatises. In this regard the most influential publication of the century was in fact William Smellie's three-volume *Treatise on the Theory and Practice of Midwifery* (1752-64), a systematic treatise that Smellie compiled after almost a decade of lecturing. Canonical almost from the moment of its publication, Smellie's work is more extensive in scope than any preceding publications in English, combining topics and approaches drawn from physic with manual and surgical techniques for the management of difficult births. Smellie's clinical findings, including his revolutionary innovations in the use of the forceps and his collected case histories appear in these volumes, as do all of the topics that Chapman had excised from his own treatise: conception, fetal development, disorders of pregnancy, and the management of lying-in women and

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3]) and James Hamilton (*Select cases in midwifery; extracted from the records of the Edinburgh General Lying-in Hospital* [Edinburgh, 1795]) are among those who chose to publish collections of case histories. Notably, these two very different practitioners use this genre to different ends. Perfect, a relatively obscure provincial practitioner, uses his collection to capitalize on his connection to a prominent London lecturer, Colin Mackenzie (whose letters regarding these cases he includes in this work), whereas Hamilton, the heir to the Edinburgh professorship in midwifery held by his father Alexander Hamilton, employs his collection to make a point about the value of hospital-based clinical teaching.

children after birth. Yet here they are presented in tightly organized hierarchy of topics that is ordered into volumes, chapters, sections and numbers, a far cry from the accumulative, even miscellaneous, style of the early modern midwifery manuals. Moreover, the *Treatise*–unlike even the earlier comprehensive manuals of François Mauriceau or Henrik van Deventer–was directed toward a much more narrowly conceived audience: the young male students of midwifery lecturers.

By the last quarter of the century systematic treatises represented a significant portion of midwifery publication, and were the titles that most often went through multiple editions.[5] Many of these works arose from the pens of the most prominent and successful lecturers such as Thomas Denman or Alexander Hamilton. They followed in Smellie's footsteps, converting their lectures into highly schematized, comprehensive books that approximated the systematic instruction provided in their courses. Taking in everything from pelvic anatomy to the diseases of infants and children, these texts rely on the anatomical and physiological theories of the moment and a well-developed taxonomy of labours (various gradations of natural, difficult, preternatural) in order to organize the wide array of manual interventions they teach; they theorize the operative part of midwifery in an unprecedented fashion.

The seamless mixture of theoretical and practical instruction evident in the

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[5]See for example, Robert Wallace Johnson, *A New System of Midwifery in four parts* (London, 1769); Edmund Foster, *The principles and practice of midwifery* (London, 1781); William Dease, *Observations in midwifery, particularly on the different methods of assisting women in tedious and difficult labours* (Dublin, 1783); Alexander Hamilton, *Outlines of a theory and practice of midwifery* (Edinburgh, 1784); David Spence, *A system of midwifery, theoretical and practical* (Edinburgh, 1784); Thomas Denman, *An introduction to the practice of midwifery,* 2 vols. (London, 1788-89).

systematic treatises of the late eighteenth century demonstrates that reservations about the ability of texts to convey midwifery skills had receded. Although early surgical authors such as Chapman and Ould sought to dignify midwifery manuals by placing them in the context of scientific publication, they expressed serious doubts about the utility of books to a practical art. Yet from the 1760s onward, authors who published on midwifery topics rarely raised this concern. In part this was because the focus of midwifery literature had changed. With the successful establishment of formal midwifery instruction in London by midcentury, and later in Edinburgh and other Scottish university towns, the didactic mandate of the early literature was significantly modified. Midwifery publication came to be seen as primarily *supplementary* to the kind of formal instruction available via lecturing. Not only did new genres of instructional literature emerge, but new kinds of publications freed from the burden of practical instruction appeared. By the 1760s publication on midwifery in English was no longer tied directly to the necessity of providing instruction in basic technique, and practitioners seeking to establish a profile as an author might publish a very specialized study on a contested topic within the profession such as the proper protocols for removal of the placenta or the adviseability of the Caesarean operation.[6] An even greater number of practitioners, in particular young practitioners or those in rural situations who lacked the resources to compose a book,

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[6]See, for example, John Harvie, *Practical directions, shewing a method of preserving the perinaeum in birth, and delivering the placenta without violence. Illustrated by cases,* (London, 1767) or John Hull, *A defence of the cesarean operation, with observations on embryulcia, and the section of the symphysis pubis, addressed to Mr. W. Simmons, of Manchester, author of Reflections on the propriety of performing the cæsarean operation* (Manchester, 1798).

might strive to publish individual case histories in the growing number of medical journals. No longer simply compilations of reproductive lore for midwives or practical manuals for surgeons, midwifery literature had expanded to include research monographs on specialized topics such as puerperal fever, intrauterine maternal-fetal circulation, statistical studies of the incidence of preternatural births and other kinds of works dedicated to the elaboration of midwifery as a medical science.[7]

My object in this chapter and the next is to delineate the role played by the first two generations of midwifery lecturers in re-fashioning midwifery as a branch of medical science. More particularly, I wish to examine the relationship between midwifery lecturing and publication. Although lecturing has long been considered significant from the standpoint of dissemination, it is important to recognize that as the systematic education of new practitioners it was perhaps more directly concerned with the development and articulation of a professional discourse as such than any print publications. Lecturers were among the first to tackle the problem of midwifery's mixed heritage as a learned discipline and manual art; from the beginning they represented midwifery to their audiences as a regular and comprehensive branch of medical knowledge rather than simply the idiosyncratic experience, skill and dexterity possessed

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[7]Robert Bland's "Some Calculations of the Number of Accidents or Deaths which happen in consequence of Parturition; and of the Proportion of Male to Female Children, as well as of Twins, monstrous Productions, and Children that are dead-born; taken from the Midwifery Reports of the *Westminster General Dispensary*: with an Attempt to ascertain the Chance of Life at different Periods, from Infancy to Twenty-six Years of Age; and likewise the Proportion of Natives to the rest of the Inhabitants of London," *Philosophical Transactions* 71 (1781): 355-71, is a good example of this kind of publication.

by accomplished, individual practitioners. In doing so, they satisfied the first condition for an authoritative literature–they articulated a vision of midwifery as a *science* as well as an art. Lecturing, I shall argue, was critical to the development of the rhetorical and representational conventions that governed the professional discourse of men-midwives. It significantly modified the model of professionalism that surgeon men-midwives like Chapman and Ould proposed, and also decisively shaped almost all forms of print publication by men-midwives.

Lecturing had a direct impact on the volume and character of midwifery publication by creating a new audience for this literature, one with different needs and interests than the mixed audience of midwives and seasoned medical men that Chapman envisioned. As midwifery publication became an adjunct to lecture instruction rather than a form of continuing education for practitioners trained via apprenticeship or self-help for the self-taught, practical or surgical manuals focused on technique were increasingly outnumbered by lecture-related publications, as well as works elaborating the finer points of the "science" of midwifery.[8] Lecturing's influence on publication could

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[8]The freestanding obstetrical atlas is a good example of one of the new, lecture-related genres which flourishes after midcentury, among which are the following titles: William Smellie, *A set of anatomical tables, with explanations, and an abridgment of the practice of midwifery; with a view to illustrate a treatise on that subject, and collection of cases* (London, 1754); Charles Nicholas Jenty, *The demonstrations of a pregnant uterus of a woman at her full time* (London,1758); William Hunter, *Anatomia uteri humani gravidi tabulis illustrata, auctore Gulielmo Hunter* (Birmingham, 1774); John Aitkin, *A system of obstetrical tables, with explanations; representing the foundations of the theory and practice of midwifery* (London, 1786); Thomas Denman, *A collection of engravings tending to illustrate the generation and parturition of animals and the human species* (London, 1787); James Hamilton, *A Collection of engravings, designed to facilitate the study of midwifery explained and illustrated* (London, 1796).

also be felt in the social world it created. The physical gathering of large numbers of students and lecturers in London, and later Edinburgh, encouraged a more concrete sense of a professional community than the purely abstract community of readers and writers. In fact the publication of case histories and journal articles often reflected the influence of professional networks extending from the metropolis into the countryside that originated as student-teacher relationships. Case histories recorded by obscure rural practitioners often appeared in print under the auspices of their more renowned teacher: in the 1770s a major figure like William Hunter attracted a huge volume of correspondence from former students which he often presented before the Society of Physicians.[9] In contrast to traditional midwives who continued to derive their authority as practitioners largely from their reputation in their local communities, men-midwives increasingly relied on links to their professional community to validate their competence as practitioners. Just as the professional discourse that grew out of lecturing and publication joined men-midwives in a rhetorical community, connections to the most eminent lecturers–whether certificates of attendance at a series of lectures or the dedication of a book to a former teacher–became a

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[9]A series of cases discussing the "newly discovered" disorder of retroverted uterus appearing in the Society's journal, *Medical Observations and Inquires*, in the early 1770s is a good example of this phenomenon; the cases not only centered on Hunter's lectures on the topic, but are also the subject of his own commentary. See John Lynn, "The History of a fatal Inversion of the *Uterus*, and Rupture of the Bladder, in Pregnancy, by Mr. *John Lynn*, Surgeon at *Woodbridge* in *Suffolk*. Communicated by *William Hunter*, M.D. F.R.S." *Medical Observations and Inquiries*. 2nd ed. 4 (1771): 378-400; William Hunter, "An Appendix to the preceding Article, by *William Hunter*, M.D. F.R.S. addressed to the *MEDICAL SOCIETY*" *Medical Observations and Inquiries*. 2nd ed. 4 (1771): 400-6; Joseph Hooper, "The Case of a retroverted *Uterus*, by James Hooper, Practitioner in Midwifery, communicated by Dr. *Fothergill*." *Medical Observations and Inquiries*. 2nd ed. 4 (1776): 104-9.

means of signaling one's status as a professional.

Midwifery publications in the second half of the eighteenth century were therefore not only addressed primarily to a professional community made up of male midwifery practitioners, but to an audience increasingly presumed to have some degree of formal education in medicine. As such these works differed substantially in appearance and tone from the early surgical manuals. With the shift to an audience who prided themselves on their status as men of science and gentlemen of formal learning came a more elegant mode of presentation. Thus when the prominent Manchester surgeon and man-midwife Charles White dedicated his investigations into puerperal fever to his teacher Hunter he signaled not only his adoption of Hunter's natural historical approach to midwifery but also his polished, genteel style.[10] Like Chapman, White prided himself on his empirical rigor, but his blend of learned quotation, medical theory, and practical midwifery demonstrate an intellectual sophistication that is a far cry from Chapman's minimalist treatise. Moreover, midwifery works were now subject to critique on precisely such grounds. When the *Monthly Review* began to review midwifery books at greater length in the 1750s, a good part of each review evaluated the writer's style.[11] Midwifery

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[10]Charles White, *A treatise on the management of pregnant and lying-in women, and the means of curing, but more especially of preventing the principal disorders to which they are liable* (London,1772).

[11]See, for example, the review of Pugh's *Treatise of Midwifery* in the *Monthly Review* 10 (April 1754): 241-3, which concludes: "As he apologises for his language, and other attainments, very modestly, it were ungenerous to observe further any ungrammatical inaccuracy or defect, than just to hint the expedience of avoiding them with care in any subsequent publication. For though undoubtedly style and language are not essential sense and science, but only their vehicle; yet we find some difficulty in crediting writers, who are not considerable masters of their mother-idiom, with much knowledge, which is

publications were no longer mere craft manuals but *literature*. Moreover, in the forty years between the publication of Chapman's and White's treatises, the reconciliation of theory and practice fashioned by midwifery lecturers meant that Chapman's deliberate roughness of style and his principled rejection of any element of abstraction was no longer necessary to signal the work's objectivity.

In the first part of this chapter I briefly survey the world of eighteenth-century midwifery lecturing and examine the two earliest instances of lecture-related publication, John Maubray's introductory lecture *Midwifery Brought to Perfection by the Manual Operation* (1725) and Sir Richard Manningham's *Abstract of Midwifery for the Use of the Lying-in Infirmary* (1739). These texts provide significant insight into how the systematic instruction offered by midwifery lecturers cleared the ground for the dominance of print publication. Both works are little more than course descriptions and annotated syllabi and neither man communicated any significant original innovations in practice, each teaching an amalgam of mainstream physic and the Deventarian manual techniques that were popular among British practitioners in the early eighteenth century. Perhaps as a result both texts have been largely neglected; the eventual dominance of scientific notions of publication has meant that these kind of promotional or supplementary publications have received little attention. But they reveal much about how some of the most ardent advocates of man-midwifery's professional status envisioned their expertise and they complicate the historical picture of man-midwifery's ascendance in interesting ways. Notably they demonstrate the manner in which

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not apt to acquiesce in an inadequate expression of itself" (243).

physicians differed from surgeons in their approaches to midwifery. Both Maubray and Manningham styled themselves learned physicians, and their publications are marked by a physician's emphasis on systematic theory. Not only did they claim the status of learned science for midwifery, they presented it as a complete, freestanding *system* of knowledge. These texts also give evidence of how the demands of lecturing itself shaped lecturers' conception of midwifery. The circumstances of lecturing–large audiences, limited opportunities for practical teaching–favored not only theoretical approaches to midwifery, but the development of pedagogical methods which tied the general precepts of theory to the particulars of practice. Maubray and Manningham may not have innovated in practice but they were among the first to formulate midwifery as a academic discipline, giving it the systematic vision and gentlemanly polish of theoretical medicine. They also argued that by these means they could convey a lifetime's worth of expertise in a matter of months.

The attempt to systematize midwifery after the manner of learned physic was not confined to the lectures given by physician men-midwives like Maubray and Manningham. At midcentury a new kind of midwifery book arose, one directed at the same audience of young practitioners as the lectures. The first three systematic treatises written in English appeared almost simultaneously: Exton's *New and General System of Midwifery* and Burton's *Essay toward a Complete New System of Midwifery* went to press in 1751, closely followed by the first volume of Smellie's hugely influential *Treatise on the Theory and Practice of Midwifery* (1752). But these works originated with very different practitioners. Exton, who had studied under Chapman in 1737 and attended

Manningham's lectures in 1747, practiced in and about London for almost two decades; however, he did not begin his career as a lecturer until 1753.[12] Burton, who had studied at Cambridge, Leyden and Paris, was an antiquarian and practiced as a physician and man-midwife in York, founding the York Hospital in 1740. He was quite active locally (especially politically, on the Tory side) but completely detached from London and its lecturing scene.[13] Smellie, a former naval surgeon and surgeon apothecary in rural Scotland, was at midcentury the premier London midwifery lecturer.[14]

These differences in background and training–particularly their degree of personal involvement with midwifery lecturing– marked the texts produced by each man. In the second part of this chapter I will examine the two of these works which have been least studied, the systematic treatises of Exton and Burton. (Smellie's *Treatise* is the subject of my next chapter). Neither Exton's *New and General System* nor Burton's *Essay toward a Complete New System* were derived from a lecture course designed and taught by the author. As a result these books not only provide additional insight into the manner in which men-midwives who identified themselves as physicians sought to dignify the

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[12]Lawrence suggests that Exton lectured between 1753-5, and during at least part of that time was appointed physician and man-midwife to the Middlesex Hospital (Appendix III); Wilson (*Making of man-midwifery*) states that he remained there until 1760 (149).

[13]On Burton see Arthur Cash, "The birth of Tristram Shandy: Sterne and Dr. Burton," in *Studies in the eighteenth century*, ed. R.F. Brissenden (Canberra, 1968), 133-54, and Wilson, *Making of man-midwifery*, 168.

[14]The details of Smellie's career are described in Joan Butterton, "The Education, Naval Service and Early Career of William Smellie," *Bulletin of the History of Medicine* 60.1 (1986): 1-18, and R.W. Johnstone, *William Smellie: The Master of British Midwifery* (Edinburgh and London, 1952).

practice of midwifery, but also indirectly reveal the degree to which lecturing affected the systematization of midwifery in the treatises produced by active lecturers like Smellie. Although later in the century one or two systematic treatises would be produced by non-lecturing practitioners, the treatises of Exton and Burton are the only English works of this kind formulated quite independent of the influential model that Smellie's *Treatise* established. Alongside the publications of surgeons such as Chapman, Giffard and Ould, they thus provide a useful indication of the range of alternatives that midwifery authors explored before the watershed marked by Smellie's *Treatise.*

"A compleat Course *of MIDWIFERY"*

Twelve years after John Maubray had lectured students at his house and within a year of the publication of the second edition of his *Essay,* Edmund Chapman was promoting his own lecture course in the newspaper advertisements for his book. He would continue to do so until his death in 1738.[15] Half a century later Thomas Denman, one of the most prominent London lecturers, would memorialize him as "the second public Teacher of Midwifery in *London*," preceded only by Maubray.[16] That even so empirically-oriented a practitioner as Chapman tried his hand at public teaching, *after* he had published his secrets in the *Essay*, testifies to the attractions of lecturing for

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[15]Susan Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (Cambridge, 1996), 186.

[16]Thomas Denman, *An Introduction to the Practice of Midwifery* (London, 1788), vol. I, xxxviii.

ambitious self-styled professionals such as himself. A relative newcomer to the metropolis with a special expertise in an undistinguished and relatively obscure branch of medical practice, Chapman's publication of the *Essay* may have succeeded in raising enough interest among prospective pupils to make lecturing more profitable than the more traditional form of surgical instruction (that is, taking on apprentices).

Unfortunately we know almost nothing about Chapman's course of lectures: he did not publish a syllabus, none of his students' notes have survived, and he had no immediate successors to perpetuate his teaching as later lecturers would. When William Smellie arrived in London in 1739, drawn from rural Scotland to the metropolis in pursuit of further instruction in the use of the forceps–having read Chapman's and Giffard's treatises–he found there "nothing to be learned."[17] With Chapman dead, the only other midwifery lecturer offering instruction at that time (Sir Richard Manningham) was a committed Deventarian and opposed to the use of forceps. A year later Smellie would begin offering his own lectures. By the time he retired in 1759 the number of midwifery lectures offered in the capital had increased exponentially and lectures had also begun appearing in other urban centers, in particular the Scottish university towns.

Four decades after Chapman's foray into lecturing the Edinburgh professor of midwifery Thomas Young would dismiss Chapman's lectures as inferior, "all bare

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[17]William Smellie, *Smellie's Treatise on the Theory and Practice of Midwifery*, ed. Alfred H. McClintock (London, 1877), vol. II, 251. This is the standard edition which reprints Smellie's three volumes of 1752-64, each of which originally had a different title. I will cite the first edition of volume I, and the McClintock edition of volumes II and III, which originally appeared as: Vol. II, *A collection of cases and observations in midwifery* (London, 1754) and Vol. III, *A collection of preternatural cases and observations in midwifery* (London, 1764).

relation, as he had no machine."[18] Lacking the visual demonstrations afforded by the mechanical dolls that lecturers customarily used to simulate labour and delivery, Chapman's characteristic approach–a faithful adherence to the conditions of actual practice, and a minimally organized, untheorized account of manual practice–seemed but "bare relation" from Young's perspective in 1773. Young extolled Smellie's use of such mechanical dolls a major advance in the teaching of midwifery, asserting that "it is impossible to make one understand the practical part without showing it upon the machines."[19]

Young's remarks speak volumes about the direction that professional midwifery had taken after midcentury. The use of machines assumed critical importance only after attendance at lectures rather than apprenticeship or trial and error in the course of practice had become the accepted means of gaining qualifications in midwifery. That lectures and mechanical demonstration–*supplemented* by clinical instruction for those willing to pay extra fees–had become the dominant mode of midwifery teaching indicates the lecturers had found a way to balance theoretical and practical instruction that satisfied their pupils sufficiently. A variety of factors contributed to the success of lecture instruction, but one of the most powerful was the very pressure exerted by the economics and format of private lecturing. Courses in midwifery were part of the explosion of new educational opportunities which began first in London in the 1720s and spread to the other major centers throughout the century: popular scientific lecturing and private schools for

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[18]Thomas Young, *A course of lectures upon midwifery* (Edinburgh, 1773), 6.

[19]Young, *ibid.*

everything from dancing to navigation took place alongside the lectures in anatomy, surgery, materia medica, and eventually physic.[20] Like all medical lecturers vying for student customers, midwifery lecturers needed to make what they had to offer seem preferable to the other available routes of education. All medical lecturers, as Susan Lawrence observes, advertised a mixture of "books and bedside": they provided a digest of the learned literature, combined with insights drawn from the lecturer's personal experience and some sort of access to hands-on experience for pupils, a boiled down version of the otherwise expensive and time-consuming options for medical education such as a university degree, apprenticeship, or study abroad.[21]

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[20] In total 17 lecturers–not including those who included midwifery in a larger course such as clinical medicine–offered midwifery courses in London alone between 1724 and 1805, a number of which ran successfully for many years. On medical lecturing in the context of other forms of private lecturing see Roy Porter, "Medical Lecturing in Georgian London," *British Journal for the History of Science* 28.96.1 (March 1995): 91-100, and Lawrence, *Charitable Knowledge*, ch. 5. Although the midwifery courses that began to spring up in the early part of the century were largely confined to London, after midcentury lectures in midwifery were available in Edinburgh. These two capitals remained the major centers for this kind of formal instruction, although courses became available in many of the major cities (especially those with universities such as Glasgow) in the second half of the century. As Lisa Rosner (*Medical Education in the Age of Improvement*, [Edinburgh, 1991]) points out institutional lectures also involved an element of private enterprise, since professors were paid for their lectures directly via sale of tickets. There was some extra-academical lecturing in Edinburgh after establishment of University (Rosner, 58-9), but the scale of private lecturing in London was unique. The corporations not involved in lecturing except in the most limited way and the absence of any university created a unparalleled opportunity for medical lecturers of all stripes. Since distinctions between required and elective courses did not apply in London, and it also created a context in which a marginal specialty like midwifery could flourish. Lecturers typically worked solo (the oldest and most prevalent type of lecturing) or in a partnership. By the end of the century midwifery had been integrated into the complete medical curriculums offered at major London hospitals such as Guy's, although midwifery was taught by non-staff men (Lawrence 190; 208).

[21] Lawrence 179.

But the perennial question of how to balance theory and practice had held a special salience for midwifery lecturers from the very beginnings of this form of midwifery instruction. Since midwifery could be construed so as to combine elements of both physic and surgery, lecturers had to determine the scope of their enterprise–should midwifery be defined purely as a manual, operative art or as encompassing the diseases of women? The anti-theoretical stance adopted by Chapman, Giffard, Ould, and Pugh in their treatises, with their focus on the documentation of cases and techniques, not only set their works apart from the earlier midwifery manuals but was also in keeping with the nature of their practice and the character of much surgical publication. Midwifery lecturing, which arose in a distinctly different context, reflected another set of priorities. Not insignificantly, a number of the earliest known British midwifery lecturers were physicians, perhaps the most marked difference from the instruction available in Paris which was entirely the province of surgeons.[22] A mastery of theory was the major professional skill distinguishing physicians from other kinds of practitioners, and physician man-midwives brought a marked emphasis on theory to their lectures and publications.[23] In terms of the scope of their coverage, midwifery lecture courses were

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[22]See Alphonse Le Roy's claim to this effect in John Leake, *A lecture Introductory to the theory and practice of midwifery* (London, 1776), iv.

[23]For example, of the midwifery lecturers operating in London before 1750, Maubray (1724), Manningham (1739-?), Parsons (1741-?) were all physicians. Their activities may be viewed as somewhat unusual. According to Susan Lawrence there were no lectures on physic offered by physicians before the 1750s except by the physician-accoucheurs of lying-in hospitals (*Charitable Knowledge,* 189). The other midwifery lecturers of this early period appear to have had surgical backgrounds: Chapman (1736-?) was a surgeon, and Thomas Griffiths (1739-41), who lectured on midwifery as part of his anatomy course lectured on surgery as well. Although Smellie (1741-57) acquired an

quite similar to the systematic treatises with which they would become closely associated. The earliest lecture courses in particular were calculated to provide students with a foundation in generally accepted methods rather than disseminate new discoveries or innovations. But even by the end of the century when the stature of the lecturer as a researcher was part of the draw, midwifery courses furnished a comprehensive overview. These courses were designed not only to introduce students to the finer points of the art but also to initiate them into medical discourse more generally. Hence the author of *A Guide for Gentlemen Studying Medicine at the University of Edinburgh* (1792) recommends Alexander Hamilton's midwifery course not only for his "important observations" but also on the basis that he "proceeds on the supposition, that gentlemen are almost unacquainted with other branches of medicine; and, therefore, all the students understand him easily."[24]

In their quest for paying students midwifery lecturers faced two additional problems particular to teaching midwifery. In the absence of any straightforward, vocational rationale for their courses (such as in as the case of anatomy or materia medica), they had to work much harder to present their courses as both useful and necessary to the most plentiful and lucrative sector of potential students, young men

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MD from Glasgow in 1745, he had practiced as a surgeon-apothecary.

[24]J. Johnson, *A guide for gentlemen studying medicine at the University of Edinburgh* (London, 1792), p. 59. The Hamiltons themselves were suspected to be authors of the *Guide* by James Gregory, a disgruntled colleague, who engaged them in a pamphlet war, mentioned in Rosner (47) and Alexandra M. Lord, "'To Relieve Distressed Women:' Teaching and Establishing the Scientific Art of Man-Midwifery or Gynecology in Edinburgh and London, 1720-1805" (Unpublished Ph.D dissertation, University of Wisconsin, 1995), 61.

looking for some educational polish before setting themselves up in practice. Although in 1792 the *Guide* might claim that "without a knowledge of these subjects, no practitioner of medicine can expect to succeed in the business," in the first half of the century it would have been anything but obvious that a course of midwifery lectures would be of benefit to a young practitioner.[25] The sharp jump in the number of courses available in London during the 1750s is evidence of midwifery's increasing importance to general practitioners, but even then it did not draw the same numbers of students as did courses in surgery and anatomy.[26] Lisa Rosner's figures for the rates of attendance at midwifery courses among various kinds of students (auditors, graduates, one-year matriculants, non-matriculants) at Edinburgh between 1791 and 1808 suggests that even by the end of the century students viewed it as a good elective or as a form of continuing education, but not a core course.[27]

Midwifery lecturers also needed to find ways to convey the aspects of the art which could only be taught through actual, hands-on practice.[28] The incorporation of

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[25]Johnson, *Guide,* 30.

[26]Lawrence's survey of advertisements for London medical lectures reveals the appearance of eight new midwifery lecturers in London between 1750-59: Brudenell Exton (1753-5), Christopher Kelly (1753-60), Felix MacDonough (1753-7), Hugh Crawford (1754-5), David Orme (1754-80), Colin Mackenzie (1755-72), John Martin (1755), and a Mr. Bengough (1759).

[27]Lord argues that the presence of several dissertations on "midwifery topics" indicates a higher level of interest than Rosner credits, but the four she cites are all on gynecological topics that had long been within the scope of respectable physic ("To Relieve," 59)

[28]Lawrence notes that anatomy lecturers faced a similar challenge in teaching practical anatomy (180-5).

demonstration or opportunities for clinical experience was another way in which medical lecturers attempted to bridge the gap between practical and theoretical instruction in this period. Most private lecturing of any kind involved some element of spectacle, but providing demonstrations and opportunities for practice were especially salient for lecturers in anatomy and midwifery, and in the latter case, prominently featured in newspaper advertisements.[29] Midwifery lecturers employed personal collections of anatomical preparations to illustrate their discussions of reproductive anatomy and the diseases of women, and from Manningham onward they constructed "machines" to allow students to practice technique, following the practice of Gregoire and others in Paris. As Young's comments on Chapman's lectures indicate, after midcentury the use of such "machinery" was so standard that lecturers advertised their particular innovations in this area in their syllabi and newspaper advertisements. John Leake's lectures in the 1780s included his remarks "on the Insufficiency, and Impropriety of a *Glass Uterus*, in demonstrating the Manner of turning the Child" and in his *Syllabus* these demonstrations are specially noted, and commented upon: "A natural Labor artificially represented on the *Apparatus, (in a Manner not hitherto effected)* distinctly shewing the gradual Dilation of the Os Uteri and Protrusion of the *Membranes.*"[30]

The perception that clinical experience formed an important component of medical education became increasingly widespread over the course of the century. By

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[29]Lawrence, 187

[30]Leake, *Syllabus or general heads of a course of lectures on the theory and practice of midwifery* (London, 1787), p. 14.

midcentury opportunities for dissection, ward-walking or performing deliveries were what drew students to London from all over the kingdom. Midwifery lecturers, despite the existence of a limited number of courses aimed at female students, were addressing audiences largely made up of young men with little or no practical experience of midwifery. As a result midwifery lecturers were in the vanguard in their integration of a clinical component into education. Experience with live patients could be procured through private arrangements or in one of the several maternity hospitals and lying-in dispensaries that appeared between 1740 and 1770.

As early as the 1720s and 30s both Maubray and Chapman's critic the surgeon John Douglas had called for the establishment in London of a maternity hospital for teaching purposes, modeled on the maternity wards of Parisian Hôtel Dieu. But it was Manningham who opened the first lying-in charity in 1739, and half a dozen more appeared in the next two decades. In both his Latin *Compendium* (1739) and the *Abstract of Midwifry, for the use of the Lying-in Infirmary* (1744) the hospital is repeatedly described as a charitable endeavor dedicated to the relief of "*poor distressed Mothers*, and their *tender Offspring*," an object both pious and patriotic in its aim of preventing "*innumerable Murders*" and daily adding to "the *Strength* and *Riches* of our Nation."[31] Yet Manningham also openly advertised his ability to provide subjects for his pupils, as did a number of other lecturers affiliated with London hospitals, observing that he hoped the hospital also functioned as "a proper and *constant Nursery*" for the teaching of

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[31]Richard Manningham, *An abstract of midwifry for the Use of the Lying-In infirmary* (London, 1744), p. 31.

midwifery.[32] Interestingly Young opened a lying-in ward in the Edinburgh Royal Infirmary in 1755, predating his appointment to the midwifery professorship by a year: his arrangements with the hospital managers reveal to what degree such initiatives were an extension of the lecturer's private enterprise.[33]

Hospital-based instruction would remain more limited among men-midwives than other medical men however, since with a few exceptions the hospitals would turn to training female pupils exclusively after midcentury. Furthermore, private arrangements made by the lecturer could be very successful as the popularity of Smellie's courses made clear. By offering free care and some limited financial support to the indigent Smellie secured access to a staggering number of deliveries for his students, and even a lecturer like Hamilton (who had access to the Infirmary) supplied students "very anxious to see much practice" with opportunities to conduct private deliveries among the "*low life*" in Edinburgh.[34]

The imperative of providing both a comprehensive overview and practical training

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[32]Manningham, *Abstract*, 31. Manningham's successor, Felix Macdonough, also advertised his bedside teaching in 1754 (Lawrence, 187).

[33]See Christopher Hoolihan, "Thomas Young and Obstetrical Education at Edinburgh," *Journal of the History of Medicine and Allied Sciences* 40.3 (1985): 327-45. Hoolihan notes that the Managers were to provide the space, pay the midwives and nurses, but Young paid for the renovations to the ward, for the maintenance of any patients exceeding the house limit of four. In return he could sell special tickets for admittance to the ward only, although the managers stipulated that students with tickets for attendance at the Infirmary were to be admitted as well. The arrangement was independent of the University medical school. Proposals were made before Young's appointment to the City Professorship, while he was a surgeon at the Infirmary and a private lecturer (334-5).

[34]Johnson, *Guide* 29; 32.

to a mass audience meeting in a limited number of classes (and in a manner that would successfully attract students) had a profound impact not only on how lecturers composed their courses but how they represented them to the public. A closer look at how two of the very first generation of British midwifery lecturers, Maubray and Manningham, conceived their endeavours in their lecture-related publications provides some insight into how these lecturers formulated the relationship of theory and practice in order to meet the particular challenges involved in teaching midwifery. From the start the development of a pedagogical methodology that could accommodate these competing requirements–"the Means most conducive to a perfect Knowledge of the Theory and Practice of Midwifery," in Leake's words–assumed great importance among lecturers. Even in the last decade of the century the author of the *Guide* singled out for praise Hamilton's skill in organizing his material and his schedule, noting that "without disgusting his pupils with tedious minuteness, he describes, most accurately, the treatment of every general case which can possibly happen" and that clinical demonstrations were given at "extra hours" so as not to be "hurried over at the ordinary time allotted for the lecture, as is done by most teachers."[35]

Maubray's Midwifery Brought to Perfection, by Manual Operation *(1725)*

As I noted in the previous chapter, Maubray's enthusiasm for marvels, his entanglement in the "rabbit-breeding" hoax, and his plagiaristic appropriation of Deventer's treatise prompted most later men-midwives (as early as Chapman in the

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[35]Johnson, *Guide*, 28

1730s) to dismiss him as an insignificant figure. The content and style of Maubray's *Female Physician* with its "sooterkins" and "moodiwarps" appeared ludicrous to even some of his near-contemporaries. Yet Maubray anticipated Chapman's *Essay* by a decade in his insistence that midwifery be viewed as a science *and* a practical art. Although Maubray's attempt to present midwifery as both natural philosophy ("our *Boethogynistick Philosophy*") and a set of Deventarian manual techniques was diametrically opposed to Chapman's embrace of the forceps and of natural historical models of science, both sought to reframe midwifery practice as a distinctive branch of learned, *professional* medicine by persuading his fellow practitioners to abandon what they viewed as barbarous, outdated methods .[36]

Maubray's 1724 lecture course followed hard upon the heels of the publication of his treatise, *The Female Physician*, and within a year his introductory lecture appeared in print under the title *Midwifery Brought to Perfection by Manual Operation*. Dedicated to "all who apply themselves to the useful Study of *Midwifery*," the lecture drops the rhetoric of female self-help that framed *The Female Physician* and addresses an exclusively male audience, including "some Persons of Letters and Distinction."[37] *Midwifery Brought to Perfection* retains a fair share of the earlier work's language of secrets, but here it is blended with assertions of professional solidarity, as Maubray continuously emphasizes the serious intent and gentlemanly status that qualify his select

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[36]Maubray, *Midwifery*, 29.

[37]Maubray, *Midwifery*, 19. Lord reports that Maubray did in fact formally invite Hans Sloane, the acting president of the Royal College of Physicians to his course ("To Relieve,"56).

group of auditors ("such virtuous *Persons*, as have a Mind to enter, by the Door, into the *Profession* of *Midwifery*") for entry into these mysteries: "'Tis to you, therefore, *Gentlemen*, that I am more particularly to open my Mind, and speak most freely: To you I am to expound the Truth of Things; and reveal the *Mysteries* of our great *Art*."[38]

Most interestingly, Maubray construes this initiation to include insight into the design of his course. This is in fact the sole topic of the introductory lecture, which is little more than a course prospectus. The design of this project is however the entire basis of Maubray's claim to making a distinctive contribution:

> I shall take this Opportunity to let you a little farther into the Origin of this *Design*: In order to which, you must know, That the Illustrious R. *Boyle*, recommended to the learned World, that a new System should from time to time be publish'd, so often as any *Advances* were made in the *Sciences*; because, says he, such a *Work* may then be of the greatest *Advantage*; not only, for the Instruction of Youth, but also, that the *Curious* may always have before them an *Index* of those *Discoveries*; to the end, that no more *Time*, nor *Labour*, be spent in the research of what is already known. To this, that great *Philosopher* adds an Admonition, that no such *Performance* be undertaken, 'till the *Sciences* have actually gain'd some considerable Improvements.[39]

The publication of a new system which incorporates the most recent improvements is thus Maubray's aim in his lectures. Significantly, throughout the lecture his sense that there might be a transgressive element to his undertaking is tied not to his violation of female modesty or of craft secrecy by the revelation of the mysteries of the art as was true of the midwifery manuals of the preceding century, but rather to his inclusion of the

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[38]Maubray, *Midwifery*, vi, vii.

[39]Maubray, *Midwifery*, ii-iii.

works of "the latest *Authors*, and the ablest *Professors*" in his overview of the art.[40] Yet Maubray also departs from the more radical implications of Boyle's dictum–that is, the inevitable obsolescence of any such system given the continuous progress of scientific knowledge–in his very next sentence, adding: "Now, give me leave to tell you, *First*, That the *Science* of *Midwifery*, has been lately so much improv'd, that I scruple not to say, 'tis perfected."[41] This pretense of closure, proclaimed in the title of the lecture–*Midwifery Brought to Perfection*–makes clear that Maubray intends to produce no temporary index of discoveries but a lasting synthesis. By suggesting that midwifery has been perfected, Maubray licenses his turn away from the collection of data to its systematization.

In fact the goal of creating the most *complete* system possible is the guiding principle behind Maubray's course of lectures. His lectures treat midwifery as a comprehensive body of knowledge, and he is quick to point out the unique nature of his endeavor in this regard: "What Books of *Midwifery* have we ever had in *England*, but bare *Translations*; which, at this time of Day, will never bear the reading of any good Judge? Nay, more than this, What Book has ever yet been written upon *Midwifery*, in any Country, or in any Language, that may be call'd compleat?"[42] Earlier Continental surgical treatises like those of Deventer and Mauriceau had already rationalized the presentation of midwifery and all of Maubray's publications, as I noted in the last chapter, were

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[40]Maubray, *Midwifery*, viii.

[41]Maubray, *Midwifery*, iii.

[42]Maubray, *Midwifery*, xiii.

plagiaristically Deventerian. There is no doubt that Maubray's emphasis on system is at least in part the product of his debt to Deventer, whose treatise is the most highly systematized of the early Continental surgical texts. Maubray's insistence that good practice cannot occur in the absence of a solid theoretical understanding of the business–"without such previous *Lights*, [it] would lye in gross Confusion, and depend upon the Risk of *Experiment*, and *Guess-Work*"–is directly derived from Deventer, little more than a paraphrase of the latter.[43] But Maubray takes the elaboration of theory much farther than Deventer did, and his presentation of midwifery as *scientia*, a systematic body of knowledge in the manner of physic, is something altogether distinct from Deventer's organization of his interventions around a theory of pelvic anatomy. As in the case of *The Female Physician,* the more purely utilitarian focus of the earlier Continental works upon which Maubray drew so heavily has been replaced by a philosophical conception of midwifery, which he represents as a "most Curious Branch of *Natural Philosophy*"and a form of gentlemanly knowledge.[44]

This emphasis on viewing midwifery as a *theoretical* system rather than a rationalized technical skill reflects the methodology of learned physic. Traditionally it was the physician's systematic approach to health and illness that allowed him to diagnose the complex combination of factors causing the individual's physical symptoms

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[43]Maubray, *Midwifery*, 3. As Adrian Wilson observes that Deventer's systematic approach, with its divisions and classifications was particularly congenial to lecturing. The earliest lecturers in London are Deventarians (*The Making of Man-Midwifery*, 85).

[44]Maubray, *Midwifery*, ii and also 2. As Lawrence observes, by invoking the "twin ideologies of practical and gentlemanly knowledge" lecturers suggested that they served the aims of leisure as well as vocational ends (176).

and prescribe the appropriate therapy. A grasp of theory, garnered from intensive textual scholarship, granted a familiarity with all of the general causes underlying disorders, and reasoned speculation enabled the physician to extrapolate from the level of the particular to the general and back again.[45] In the early eighteenth century Boerhaave's integration of Hippocrates, new chemical and anatomical discoveries as well as Newtonian physics and Baconian empiricism into the mechanical conception of health and disease states that he taught at Leyden supplanted the humoral, Galenic physic of the preceding centuries, placing a much greater emphasis on the anatomical basis of physiology and the centrality of clinical observation. But the theoretical, systematic emphasis of rationalist medicine remained. Boerhaavean systematic medicine became extraordinarily popular in Britain, in particular among the numbers of Scotsmen like Maubray who flocked to Leyden for their medical education in this period. Two years after Maubray instituted his lecture course, another group of Scottish former pupils of Boerhaave would help found the Edinburgh medical school after the model of Leyden, making his particular synthesis of philosophical anatomy, theoretical physiology and clinical symptomology the basis of a brand of formal medical instruction that proved equally appealing to aspiring surgeons and physicians.[46]

It is in a similar spirit that Maubray applies a Boerhaavian approach to midwifery,

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[45] Hence Maubray observes, "the *Theory* is Good and Noble; and when a Man knows himself to be Master of it, he's wonderfully encourag'd, upon all Occasions; because he knows the Variety of Resources" (*Midwifery*, 38).

[46]See Andrew Cunningham, "Medicine to calm the mind: Boerhaave's medical system, and why it was adopted in Edinburgh." In Cunningham and French, 40-66.

formulating a system that encompasses both speculative and clinical medicine. Although careful to treat physic as a distinct area of study, Maubray remakes midwifery in the image of systematic physic. By presenting midwifery in these terms he elevated it from the level of mere manual practice, limited in its scope by the experience and technical skill of individual practitioners, depicting it as an intellectual pursuit in its own right. Much more than simply the rationalization of a collection of practical techniques, Maubray's midwifery is a coherent, orderly body of knowledge, a science. Theory allows Maubray to posit hypothetical scenarios–"many a Case stated, and resolved, that never did nor never may occur to Me, other wise than in my Speculations"–alongside more the commonplace occurrences of practice, furnishing a more complete system than experience alone could provide.[47] Mere practical experience, unless supplemented with a grounding in the theory, "will never make a compleat Midwife; no more than any other *Science* can be obtained without a perfect Acquaintance with the *Rules*, on which it is founded."[48] Midwifery becomes in Maubray's hands a set of orderly, logically demonstrable precepts *anterior* to the world of *ad hoc* practice: "if there be anything of *Science* in Midwifery, 'tis illustrated, and conducted by *Demonstration*; without which 'tis nothing but a *Work* of *Chance*, and mere *Confusion*."[49]

Yet what really distinguishes *Midwifery Brought to Perfection* most from the earlier Continental works is the attention given to the problems of method and design on

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[47]Maubray, *Midwifery*, 3

[48]Maubray, *Midwifery*, x-xi.

[49]Maubray, *Midwifery*, xi.

the level of formal composition. Maubray himself contrasts his undertaking as a lecturer with *The Female Physician* in interesting ways, claiming that the lecture course evolved from the need to find a method better suited to truly comprehensive coverage of "the Whole of this *Art*." His first publication, he claims, originated in a resolution "to abstract my *Manuscripts*, and put the many *Excerpts*, which I had collected in my Studies, and Practice Abroad, in some Methodical Dress."[50] *Midwifery Brought to Perfection* began with the intention of making "some small Addition, or short Supplement" to the next edition of the *Female Physician*, but took its present shape because he found his thoughts too extensive for this "narrow Design." He recounts that upon consulting with "some learned Men," they advised him to "to make no partial *Steps*, but, in a regular *Method* to comprehend the Whole of this *Art*, digested under proper *Heads*: And, at last, to divide these *Heads* into a *Course* of *Lectures*."[51]

These references to "excerpts" and "heads" suggest that Maubray drew his compositional technique for both publications from the commonplace book tradition of collating reading notes.[52] However, the necessity of devising a regular course of lectures appears to have stimulated Maubray to represent his system in a more orderly fashion than he had in *The Female Physician*. Such attention to the organization and

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[50]Maubray, *Midwifery*, iv

[51]Maubray, *Midwifery*, iv-vii

[52]On the commonplace tradition in natural philosophy see Ann Blair, "Annotating and indexing natural philosophy," in *Books and the Sciences in History*, eds., Marinia Frasca Spada and Nick Jardine (Cambridge, 2000), 69-89. Blair suggests that "one can recognise the outline of a method of commonplacing, applied to direct observation more than bookish sources, in Francis Bacon's ideal of scientific investigation" (73).

classification of his material is singular among the midwifery publications of this era. Maubray also articulates a keen awareness of the comprehensive mandate of the lecture, which may have supplied an additional pressure to methodize the presentation of his systematic overview. He lays much emphasis on his labour in having "compendiously drawn all the Produce of the Study, Industry, and indefatigable Labour of the *Curious*, for many Ages, into a succinct *Epitome*" that will ease his students of "that immense Fatigue" which normally attends the study of this art: "I have studied to relieve both your *Minds* and *Memories*, from all great Inconveniences in your Pursuit of this *Science*. I have effectually endeavor'd to render that *Art*, which in the Words of *Hippocrates*, is *long* and *difficult*, both *short* and *easy* to be acquir'd."[53]

The particular demands of lecturing also govern Maubray's approach to the question of how to represent the relation of theory to practice. The primacy of theory is enshrined in the course syllabus, in which theory not only provides content but functions as the central organizing principle behind the disposition of course material:

> it may be ask'd, Wherein the *Theory* of this ART consists? And, What the *Heads* of this *Theory* are, in which I am previously to instruct, and accomplish my *Disciples*? To which I answer, that, these *Theoretical Heads*, consist, as near as I can compute them, in *Twelve Topical Arguments*; or, at least, I shall endeavour to comprehend *them* within this Number.[54]

In arranging the length of the course to correspond to the divisions of the theoretical heads as he "computes" them, Maubray makes the allotment of his lectures a concrete

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[53]Maubray, *Midwifery*, vii-viii.

[54]Maubray, *Midwifery*, 32.

expression of his system. Each individual lecture, with its hierarchy of topics and subtopics renders the relationship of general principles and particular instances:

> We shall succinctly explain every *Head*; regularly discuss every *Branch*; and methodically lay open every *Case*, belonging to this particular ART. Which done, we shall, without Affectation, or Reserve, candidly lay down, and ingenuously set forth, the most certain, undeniable, and impartial *Instructions*, that, ever yet, have been excogitated, or propagated in Publick; And those also suitable, and adapted to every individual *Case* of *Birth*, that may, or can happen to any *Big-belly'd Woman*, in Life: That so, whether the *Labour* be *Natural*, or *Preternatural*, the Performance of the *Delivery* may be both Safe, and Expeditious.[55]

The lectures, he suggests, achieve the most comprehensive coverage possible precisely because their *methodical* exposition anticipates all the endless variations of practice. The dominant theme of Maubray's self-recommendation is in fact this linkage of his general precepts to the *minutiae* of practice: "The Pupil, will readily perceive, how every the most minute Thing, that I shall advance, will naturally lead him to the Knowledge of some important *Point* in *Practice*."[56]

This last qualification, regarding the practical relevance of his instruction, points to the second of Maubray's innovations in his lecture course. As proof of the real practical efficacy of his rules he promises his pupils "ocular Demonstration *of the Certainty* and *Facility of my Hands accomplishing, under* GOD's *Direction, whatever they undertake*" and introduces a clinical component into his course. Having procured a number of pregnant women upon whom "we shall occasionally, perhaps once a Week, exercise one of the main *Articles*, and most advantageous *Heads*, belonging to this

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[55]Maubray, *Midwifery*, 27.

[56]Maubray, *Midwifery*, x.

Science; that is, the TOUCH," he advertises the opportunity for students to deliver under his inspection.[57] In keeping with Deventer, Maubray vigorously argues the indispensability of practical instruction in the manual part of the art for training the hands:

> I, by no Means, think of accomplishing any Man thoroughly, in this our *great Art*, by the Help of *Theory* only; *No!* This is not to be done. 'Tis not enough to read *Books*, and attend *Lectures*; but, the Judgment must be clear'd up, and perfected, by *Experience*; and *Experience* can only be attain'd by *Practice*; as *Dexterity* comes by *Exercise.* [58]

Other seemingly incongruous professions of a strict empirical creed pepper this introductory lecture, sentiments more in keeping with the with austere brand of empiricism that surgeon men-midwives such as Chapman and Giffard would espouse than the heavily theoretical, comprehensive approach Maubray adopts:

> Whatever *Inferences* I shall draw, shall be grounded upon Premises, sufficiently prov'd, by the Testimony of our *Faculties*: 'Tis only this Kind of *Knowledge*, that I shall recommend to you, as useful and conducive to your comprehending our *Boethogynistick Philosophy*; in treating of which, I shall always carefully observe this *Rule*, namely, never to intermix any *speculative* or *chimerical Flights*, with *certain* and *evident Truths*; by which I only understand such Things, as have the full Approbation of our *Senses* [. . .].[59]

The untroubled inclusion of the empiricist's credo in his theoretical system-building is a

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[57]Maubray, *Midwifery*, 30; 42. "Here it may be asked again, *How*, and after what Manner, then, I propose, thus duly to qualify, and accomplish my *Disciples* in the *Practice* of this ART? Upon this, I must tell beg leave to tell you candidly, without Scruple, or Ceremony, that I have already, at great Expence and Trouble, provided a sufficient Number of proper *Subjects*; that is, of *Pregnant Women*, in divers *Months* of *Gestation*." (40-1).

[58]Maubray, *Midwifery*, 38

[59]Maubray, *Midwifery*, ix

mark of his allegiance to Boerhaave's system, which strove to reconcile theory and practice in a rationalist medicine built on clinical observation. But I believe it also testifies to Maubray's conviction that a methodical approach to instruction could bridge the gap between theory and practice. His hierarchical distinctions and categories, "Heads," "Branches," and "Cases," not only encompass the full range of knowledge proper to midwifery–even allowing the theorist to hypothesize all possible cases from a consideration of general principles–but also at the same time accommodate the critical role of observation and experience.[60] Hence he can observe that in the absence of theory, "the *Empirick* and *Experimenter*, continue altogether in Uncertainty; because, they have no *Rules*, not so much as enough, to make Observation it self of any real Use or Service," but concede elsewhere that practical experience does impart a distinctive kind of wisdom for which there is no substitute: "'tis altogether impossible for any Person, that never apply'd himself this Way, to conceive, How much it differs from all the *Theory*, that the most ingenious Man can make himself Master of."[61]

It is the methodical organization of the lectures which allows Maubray to conceive, organize and teach a system so complete that he must employ hypothesis to describes cases that *could have* occurred but which he had not personally experienced, yet at the same time remain quite adamant that his engagement with theory is not an end in itself: "Upon this *Topick* let me not be thought to vend *fictitious Hypotheses*, for *Mechanical Rules*, nor *vain Figments*, for *the Laws of Art*; since I shall take special Care,

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[60]Maubray, *Midwifery*, 30.

[61]Maubray, *Midwifery,* xi; 40.

through the whole *Course* of my *Lectures*, to advance no Point of *Theory*, but what I am able to reduce into *Practice*."[62] In his scheme theoretical knowledge is not fundamentally antithetical to practical expertise because theory does not *replace* practical knowledge, it *systematizes* it. Even his arrangements for practical instruction reflect his faith in the benefits of proceeding methodically, in accordance with a systematic paradigm. Maubray continually emphasizes the focused and *scheduled* nature of the clinical part of the course–"every one in his Turn"–contrasting them to the random, ongoing, and often less than useful nature of the practical experience gained via apprenticeship.[63] Observing that many prospective pupils who go to Paris to study do not gain entrance to a hospital for study, let alone the Hôtel Dieu, but are compelled to derive what they can from "some one, or other *Mechanical Operator*, or *illiterate Practitioner*," he confidently declares the superiority of his method to such haphazard arrangements.[64] "This Method of mine," he assures his pupils, "consists both of *Theory* and *Practice*"; it is one capable of representing midwifery in such as way as to instill the *total* expertise that successful practice demands, "because to run Headlong into the *Practice*, without being previously well grounded, and thoroughly instructed in the *theoretical Part*, would be *Emperically* to tempt GOD, and his *Providence*."[65]

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[62]Maubray, *Midwifery*, 31.

[63]Maubray, *Midwifery*, 42.

[64]Maubray, *Midwifery*, 23. He continues, "Our *Englishmen* may reap no less Advantage from *my private Undertaking*, than from *that* of any particular *Barber-Surgeon* in *Paris*, be he who he will."

[65]Maubray, *Midwifery*, 31.

Manningham's Abstract of Midwifry, for the use of the Lying-in Infirmary *(1744)*

Although Sir Richard Manningham maintained a more dignified profile among his successors than Maubray did, the rather unremarkable brand of Deventarian midwifery practiced by this fashionable London physician and man-midwife has also attracted little subsequent comment. However, several aspects of Manningham's pedagogy, in particular his use of visual modes of apprehension, are of significant interest. Manningham, who began lecturing in 1739–fifteen years after Maubray had offered his course–also presents midwifery as *scientia* in his teaching-related publications, a tabular syllabus in Latin issued that same year, *Artis obstetricariae compendium tam theoriam quam praxin spectans [. . .] in usum medicinae tyronum* (titled *An Abstract of Midwifry, for the use of the Lying-in Infirmary* when it appeared in English in 1744). But Manningham's career as a lecturer began in somewhat different circumstances from Maubray's. In the intervening years a number of practitioner- rather than lay-oriented midwifery publications in English had appeared; thus Manningham's strict adherence to Deventer and his silence regarding any works in English is significant in a way that Maubray's is not. Although Maubray had openly declared his opposition to the forceps, Manningham's conspicuous failure to refer to the works of Chapman or Giffard signals a rejection of the brand of strictly surgical midwifery they represented.

Moreover, in 1726 both Manningham and Maubray had been caught up in the scandal stirred up by Mary Toft's claim to have given birth to more than a dozen rabbits. Manningham was one of the central actors in this drama, and although he would portray himself as skeptical from the start in his account of the events (*An Exact Diary of what*

was observ'd during a Close Attendance Upon Mary Toft)–which was published shortly after the hoax was exposed–his failure to publicly declare his medical opinion until a confession had been forced from Toft made him appear credulous to many commentators. However, Manningham's reputation was not irreparably damaged by his involvement in this affair and his influence was sufficient enough to allow him to raise the necessary funds to open and later expand his lying-in charity. It was his involvement in this "charitable Undertaking" which initiated his career as a lecturer. His lectures, supplemented with clinical instruction, were offered–separately–to both male and female students for at least a decade after he opened his ward. The Latin syllabus, presumably intended for the former group, appeared first; its translation, the *Abstract,* was issued by his publisher (quite possibly without Manningham's direct involvement) in 1744. Both publications summarized the content of his lectures as well as describing "a Machine for the Performance of Deliveries of all kinds" which Manningham had prepared for his students, "a Contrivance made on the Bones or *Skeleton* of a Woman, with an *Artificial Matrix.*"[66]

Although Manningham's course proposed to initiate students into an exclusive and highly effective secret manual technique for dealing with obstructed births, most of his claims to innovation are (as in Maubray's case) related to his achievement in systematizing midwifery to better pedagogical ends, and in particular toward the end of conveying a total expertise in as a brief a period as possible. Both the *Compendium* and the *Abstract* place much emphasis on the integration of the lectures with practical

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[66]Mannigham, *Abstract*, 33

instruction of students on a glass machine and in the wards:

> Now, by this Method of Instruction, join'd to your own Industry and diligent Application, and Practice in the *Lying-In Infirmary*, we apprehend, you will most readily attain the due Knowledge of the Art and Practice of Midwifry *and* become Proficients, in a much shorter Time than by any other Method.[67]

Yet the identification here of "due Knowledge of the Art and Practice of Midwifery" as something apart from mere "proficiency" hints at the degree to which Manningham conceives midwifery as a body of theoretical knowledge to be mastered.

Like Maubray, Manningham was a physician and his attempts to remove midwifery from the realm of unlearned speciality by aligning it with physic also colored his approach to the problem of theory's relation to practice. But his vision of midwifery is more unapologetically theoretical than Maubray's. Manningham's view of physic, acquired via a Cambridge M.D. rather than any experience abroad, was much more traditional and conservative than Maubray's. Although a fellow of the Royal Society, Manningham also lacked his predecessor's interest in relating midwifery to the new science, and his publications rely even more heavily than Maubray's on the 1716 English translation of Deventer's treatise.[68] However, Manningham's paraphrases of Deventer's injunctions in the *Abstract* often feature telling alterations. Where Deventer, after declaring the necessity of theory to midwives, acknowledges the gap between knowing

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[67] Manningham, *Abstract*, vi.

[68] Manningham freely appropriates phrases and entire paragraphs from Deventer, but often exaggerates the latter's regard for theory or even elides his statements on the irreplaceable value of practical experience, but the alterations are quite revealing of Manningham's own priorities.

and doing ("those who know what is to be done, must needs, nevertheless, be exercised in doing, before they know how to do what they thought they knew very well, nay, what they truly understood"), Manningham reverses the priority of theoretical understanding and practical facility:

> for as *Midwifry* is the *Work* of the *Hands*, it requires *repeated Practice* to make a Person *ready* in that Business [. . .] Nevertheless, those who imagine, it is sufficient to grow wise by *Practice only*, without the *previous knowledge of things*, will be much deceived, for he who is ignorant of *what* is to be done, will be at a great Loss how to produce the *Effect*; much less will he know the *Method of doing it well*; all of which plainly shews how necessary it is that Theory should *precede Practice*.[69]

Here experience, although credited first, is quickly discounted as the lesser component; mere manual dexterity must be subordinate to reason. While admitting the centrality of manual skills such as "touching" to the practice of midwifery–"we really cannot be able certainly to give the least *proper* Directions, that may be of Help to the *Delivery*, till we are fully *inform'd* by the *Touch*, how *Matters* are"–Manningham emphasizes the theoretical underpinnings of even this most tactile aspect of the art: "All Midwives, indeed, pretend to *Touch*; but to very little good Purpose, unless they have been well-instructed in the *previous* knowledge of the Anatomy of the *Pelvis* and *Parts contained* therein."[70]

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[69]Hendrik van Deventer, *The art of midwifery improv'd. Fully and plainly laying down whatever instructions are requisite to make a compleat midwife.* (London, 1716), p. 16; Manningham, *Abstract*, iii-iv.

[70]Manningham, *Abstract*, iv-v. In the section of the *Abstract* which reproduces his public, introductory lecture he counsels parents to require that the attending midwife provide an immediate diagnosis and prognosis, so that they may determine by the midwife's "Words, Actions, and Behaviour" whether she is properly educated for the work

Manningham only admits a unidirectional relationship between theory and practice, obliterating Deventer's acknowledgment of the ineffable quality of practical knowledge. In Manningham's system, the gap between those who are simply "ready" and those who are "wise" in the business thus becomes truly significant, opening up the possibility of a hierarchy of manual and intellectual labour. The centrality of theory to Manningham's conception of even the most manual parts of midwifery is most strikingly realized in the strongly visual presentation of his syllabus in the *Artis Obstetricariae Compedium* and the *Abstract.* In contrast to Maubray's list of heads, Manningham's tables of topics and aphorisms renders the subordination of practical knowledge to theory graphically, presenting the various heads in the form of a branch diagram (Fig. 1). The spatial representation of the relationship between general axioms and individual disorders expresses the totalizing principle underlying Manningham's systematic approach more succinctly than anything in Maubray's lecture, and with greater immediacy. Although these kinds of diagrams were a mainstay of Ramist pedagogy and thus commonplace in academic physic since the seventeenth century, they had not previously been applied to the *manual* aspects of midwifery or to communicate the plan of a midwifery course. Later midwifery lecturers would further refine this approach to the printed syllabus, relying even more heavily on page layout to communicate the hierarchical relationships underlying their systematic teaching, but Manningham's syllabus represents an important first step in this direction.

For Manningham the importance of an acquaintance with the theoretical underpinnings of practice suggests that all practitioners, including midwives, require

formal instruction in these matters. This necessity not only provides the rationale for his own efforts as a lecturer, but also means that the lectures themselves transform the criteria for evaluating practitioners:

> As hitherto the *due Knowledge* of the *Practice* of Midwifry could not be easily obtained without going into *Foreign* Countries, and as that suited the Affairs and Circumstances of Few; it could not be expected that our Women Midwives especially, should be so properly and fully qualify'd as they ought, for the skilful Performance of their Business [. . .]. But having now proper Opportunities of Instruction, they will, I think, have no Excuse for their *future* Ignorance.[71]

But the emphasis on theory has significant implications for the status of midwives in relation to male midwifery practitioners. Despite heightened expectations for the midwives' familiarity with professional methods and discourse, Manningham makes clear that the "firm Foundation" underlying practice is in fact a decidedly masculine province: "the Men being more skillful in *Anatomy*, and better disposed to find out Help in unforeseen Cases, are therefore more capable of bringing it [midwifery] to a greater Perfection.[72] He suggests, as Maubray did, that a firm grounding in theory better prepares male practitioners for the "unforeseen" because the scope of their expertise is not limited by the narrow compass of their personal experience. In theorizing a manual art in this

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[71]Manningham, *Abstract*, 32

[72]Manningham, *Abstract*, 31. Compare to "Some Account of this Work by an Eminent Physician" (in Deventer, A4 recto): "Midwifery has, in all Ages, been the Study of the most learned Physicians...and brought it to a greater Perfection, than it could possibly attain to by other Means in other Countries." Deleting the references to the French and unreasonable modesty, he takes up this entire passage: "A science of no small Account, and which has indeed, in all Ages, been the Study even of the most learned Physicians, though the Practice of it has best succeeded in this last Age; since the Women, who to provide the better for their own and Children's Safety, have admitted the Assistance of both Sexes [. . .]."

way, Manningham opens up the possibility of stratifying midwifery into two distinct spheres of competence on the grounds of the practitioner's depth of theoretical knowledge rather than the range of their technical skill.

It is in this spirit that Manningham expands the Deventarian concept of "previous" or "general" knowledge requisite to practice in order to associate midwifery with a more learned brand of medicine than that typically practiced by midwives, or even surgeons. Both male and female students learn the Deventarian manual techniques for dealing with difficult births. But for midwives "the Particular of a Child's Passage into the World, is the proper Business of Midwifry; and the real Boundary of that practice and Knowledge."[73] Male practitioners are expected to take in a more comprehensive range of theoretical knowledge, and exercise their greater powers of ratiocination in addressing a wider range of complications. Moreover, Manningham indicates that many of the complications of labour and delivery have their origins in prenatal disorders: "were these Disorders properly treated *before the Labour comes on*, the *labour* would then be *less painful* and *difficult* and many Lives would be *saved*, which now are *lost*."[74] Thus in soliciting young physicians to take up "the *Practice* of Midwifry as well as the Study," Manningham suggests they engage in a broader scope of practice for "they, as Physicians, are properly qualify'd for relieving the many *complicated* Illnesses which do often accompany the Diseases of Women going with Child, and in Childbed."[75] Even

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[73]Manningham, *Abstract*, i.

[74]Manningham, *Abstract*, 32

[75]Manningham, *Abstract*, 32.

anatomists and surgeons, he observes, may be ill-versed in the subtleties of reproductive anatomy such as how the parts of generation alter during gestation.[76] In Manningham's writing the distinction between learned medical men and their more rude male *and* female counterparts is the basis for annexing final authority in all gynecological and obstetrical matters for physicians.

This vision of midwifery as contiguous with learned physic reduces even Manningham's own pupil-midwives to the status of semi-skilled laborers, providing a ready explanation for his subordination of midwives to their male counterparts. By placing an overwhelming emphasis on the theoretical component of midwifery, Manningham can offer instruction in the same set of manual skills to practitioners drawn from opposite ends of the traditional professional hierarchy, but in differing grades of intellectual sophistication. It is telling that he charged his female students a lesser fee (ten as opposed to twenty guineas), most likely in proportion to the more rudimentary instruction he offered them. Yet the necessity of instructing two such disparate groups also appears to have pushed him to consider non-discursive ways of demonstrating his theoretical principles, most notably in the form of a mechanical doll with a glass uterus.

The glass machine seems to have originated as a means of reconciling the conflicting needs of the Infirmary's patients and students; aware of the potential for scandal, the machine was to be used for first instructions, "so that the Women are no ways exposed to raw and unskillful Persons" and "all the *Inconveniences* which might *otherwise* happen to Women from Pupils practising *too early* on *real* Objects, will be

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[76]Manningham, *Abstract*, iv-v.

entirely prevented."[77] But Manningham also extols the advantages of the machine for his students, celebrating the usefulness of glass for making the sightless, tactile elements of practice–such as determining fetal position–clear to the eye:

> By the same *Contrivance* also is shewn, the *natural* Situation of the *Foetus* and the *Matrix*, and all the *various preternatural* Situations of each (from some of which proceed the most *painful* and *perilous* Labours) and the safest and most effectual Methods of rectifying all these Difficulties, and perfecting the Delivery.[78]

Although Chapman, in his *Essay*, had rejected any form of abstraction on the basis that midwifery was the work of the hand and not the eye and varied too much from case to case, Manningham's embrace of the glass machine as a valid means of practical instruction is consistent with the overall theme of his syllabi: the real, autonomous existence of the theory which underlies manual practice. For Manningham the only relevant distinction between "*real* Objects" and the machine is the invulnerability of the latter to the bungling of inexperienced pupils. Thus his pupils may learn as well from practising on a machine as on a real patient becoming "in a great Measure, *Proficients in the Business, before they attempt a real Delivery.*"[79]

Manningham's emphasis on the importance of the machine's potential for "ocular demonstration" is also strikingly reminiscent of Maubray's description of the clinical

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[77]Manningham, *Abstract*, 29; 33. In Manningham's own assessment,"*Complaints* having been made, and not without some Reason of some *Inconveniences* happening in the Women's Hospitals *abroad*, with regard to the *Instruction* of Pupils in Midwifry" (33).

[78]Manningham, *Abstract*, 33.

[79]Manningham, *Abstract*, 33

component of his course or Ould's praise for his Parisian midwifery instructors who kept everything "in view" while demonstrating deliveries. In all of these cases a preference for unobstructed visual access and is tied to lecture-style instruction of a group of short term students. Yet it is important to recall that Manningham identifies a pedagogic potential in the glass machine beyond simple ocular demonstration of his manual technique. When he declares that "our *Glass Machine* will most clearly convey and confirm our *Directions* and *Rules*, by giving you *ocular* Demonstration of the *Reason* and *Justness* of the *Rules* there laid down," he suggests that the real virtue of the machine lies in its ability to render the *abstract* visible.[80] In contrast to Ould's attempts to visualize the relationship of the fetal head and the maternal pelvis in abstract, geometrical terms in order to describe the process of delivery, Manningham looks to the glass machine as a means to render his abstract rules concrete and convey them instantly and irrefutably. The uncertainty and imprecision that invariably accompanies manual techniques of diagnosis is eliminated by transposing this task into the realm of visual mastery.

The enthusiasm Manningham demonstrates for this aspect of the machine is unsurprising in a man whose credibility was called into question by his difficulty in determining whether Mary Toft might actually give birth to a rabbit. In 1726 Manningham's publication of his exculpatory *Exact Diary* had backfired, prompting fairly intense criticism. For although his description of events emphasizes his skepticism throughout his involvement in the case, it includes the admission that after a week of conflicting interpretations, he and the various medical men present joined in the

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[80]Manningham, *Abstract*, vi

conclusion that "something would soon issue from the *Uterus*," because they all observed a swelling above Toft's pubic bone and noted that her cervix was "soft and spread"–this despite the discovery the previous day of a porter attempting to smuggle a rabbit into her room. This moment was seized upon by many of the satirists who mocked the high-profile medical men involved in the case for their blindness in the face of the obvious.[81] In his satiric print published as the controversy over the hoax was raging, *Cunicularii, or The Wise Men of Godliman in Consultation*, William Hogarth dramatized precisely this scene, representing Manningham in the figure who proclaims "It Pouts it Swells, it Spreads it Comes."[82] As Dennis Todd observes, "what is depicted in *Cunicularii* is that psychological moment which fascinated so many of those who responded to the Mary Toft affair, that moment when something is experienced by the senses as true even though it is known to be false."[83]

The glass machine which Manningham would make central to his teaching addresses the potential discrepancy between the dictates of reason and the evidence of the senses by displacing the ambiguous data gathered by touch with the clarity of "ocular demonstration." Because the glass makes the interior of the maternal body accessible to visual inspection, the rational fitness of Manningham's practical instructions apparent to

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[81]See Dennis Todd, *Imagining Monsters: Miscreations of the Self in Eighteenth-Century England* (Chicago, 1995) and Lisa Cody, "The Doctor's in Labour, or a New Whim Wham from Guildford," *Gender and History* 4 (Summer 1992): 175-96.

[82]Manningham, *An exact diary of what was observed during a close attendance upon Mary Toft* (London, 1726), p. 24.

[83]Todd, 92.

all observers, his theory is beyond reproach. It is interesting to note that in 1726 the capacity of such models to validate a particular diagnosis was already being extolled: within a week of the hoax's exposure, an exhibition of coloured wax anatomical figures was advertised in London. The newspaper notice for the exhibit emphasized the explanatory value of such models, "in which, by Ocular Demonstration, the Formation of Rabbits in those Parts is entirely confuted; and whereby those worthy Gentlemen who have detected the Falsity, may in their Accounts be throughly understood."[84] Just over a decade later Manningham's glass machine serves the same purpose; its capacity for this kind of "ocular demonstration" reverses the confusion that prevailed during the Toft affair and made Manningham and his fellow medical men appear fools in the eye of the public.

"Composing an orderly System"

By midcentury at least six different men had lectured on midwifery in London. Two of them–Manningham and Smellie–had been offering their courses for a decade or so. Systematic treatises, addressed to the same audience of young male practitioners as the lectures, also began to appear at this time. This new kind of midwifery literature reproduced many of the lecturer's preoccupations with the relationship between theoretical and practical knowledge in midwifery. After midcentury, the explanation for these similarities is fairly straightforward: almost all works in this genre were composed by lecturers. However, the very first examples of this genre in English, the books

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[84]Cited in Todd, 35.

published by Brudenell Exton and John Burton, stand out as two of the only eighteenth-century systematic treatises not directly derived from the author's lecture course. Neither the expectation nor the experience of lecturing influenced the composition of these texts.

Both Exton's *New and General System of Midwifery* and Burton's *Essay toward Complete New System of Midwifery* are informed by some kind of pedagogical methodology; Exton had attended Manningham's lectures four years earlier and addressed his work to young practitioners, whereas Burton declares that he had "drawn up the *Heads*" of the *Essay* for the instruction of a friend's son "who was very desirous of being Master of every Branch of *Midwifery.*"[85] The major concerns of the lecturers–the integration of medical theory into midwifery, and the attempt to theorize the operative part of midwifery–also preoccupy these authors. Like Maubray and Manningham, Exton and Burton were physicians interested in portraying midwifery as open to systematization in the same manner as physic. Both of these systematic treatises devote considerable attention to the relationship between theory and practice in midwifery, and the relevance of knowledge derived from textual study to a practical art. But they do not demonstrate the degree of attention to the methods employed for representing their systems that is evident in the publications of the lecturers.

Conversely, these treatises demonstrate a strong engagement with the question of what qualities should define professional midwifery publication *as a literature* that is absent from the lecturers' publications. Unlike Maubray's introductory lecture or

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[85]John Burton, *An essay towards a complete new system of midwifery, theoretical and practical* (London, 1751), p. xiii.

Manningham's course prospectus, as books these treatises have to be situated in a literary tradition by their authors. Both authors are demonstrably attentive to their literary predecessors, which by 1751 also included the growing body of surgically-oriented midwifery treatises by British authors. Intriguingly, they both espouse the same ideal of scientific publication articulated by Chapman and Ould; yet where the latter view publication simply as a means of documenting and disseminating clinical findings and technical innovations, Exton and Burton remain more deeply invested in more traditional scholarly modes of medical writing. They are inclined to view publication as the declaration of a personally crafted theoretical synthesis, and treat theory as the collation of authoritative texts, a view which had reached its height among the humanist physicians of the preceding century. Even the widely read surgical treatises of Mauriceau and Deventer, which might have offered two distinct models for these first two systematic works in English, had only a minimal influence on the form and style of either of these texts. Exton's *New and General System* and Burton's *Essay* therefore strain to reconcile conflicting epistemological positions, and achieve mixed results: Burton offers a book that does not realize the formal dictates propounded in its own preface (a quality which was not overlooked by its reviewers), Exton formulates a conservative compromise that was quickly forgotten.

Exton's New and General System of Midwifery *(1751)*

Exton's *New and General System of Midwifery* is the first midwifery publication written by a former lecture student and is of particular interest for its negotiation of the

two approaches to professional midwifery represented by Exton's two teachers, Chapman and Manningham. The greater part of the treatise does not compel much commentary: its precepts are unabashedly unoriginal, for the most part reflecting Manningham's teaching, augmented with twenty illustrative case histories interspersed throughout the text. Divided into four parts, the order and choice of topics most closely resembles Mauriceau's treatise but the aphoristic style Exton adopts is not consistent with that model. The size of the book and the presence of an alphabetical index and marginal glosses throughout the text also suggest that at the very least the printer chose to view this work as a commonplace book rather than a practical, surgical manual.[86]

In contrast to many of its successors in the genre, none of these formal choices is announced as such. However, Exton's prefatory remarks are intriguing. The preface practices in a rudimentary form the convention that would be followed by many subsequent works in this genre: it provides an autobiographical vignette, recounting the intellectual journey which led the author to his current doctrines. Unsurprisingly there is some wavering between empirical and theoretical approaches represented by his two former teachers. Exton's remarks on why he omits figures representing the parts of generation or fetal positions in the womb echo Manningham's logic in their emphasis the necessity of formal training in Anatomy; his readers must have "a due Knowledge of the Parts from Anatomy itself" he declares, "otherwise they will go about their Business with

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[86]Blair describes indexing and marginal summaries as typical features of *printed* commplace books (72).

the greatest Uncertainty, and will never clearly know what they are doing."[87] Yet on the next page he paraphrases Chapman's reasoning in the *Essay*–"I cannot see the great Use they [figures] are of, as it is not by the Sight, but by the Feel, that the Parts are to be distinguished from each other"–and goes even further in emphasizing the importance of manual skill: "Persons may imagine what they please, but this is no easy Task, and can only be performed by a Hand well experienced in these Matters."[88]

Exton often employs a rhetoric of experiential knowledge to justify his doctrines, for example describing his switch of allegiance from forceps practice to Deventarian methods of manual rectification as the outcome of personal experimentation:

> For many Years I made use of the Forceps, but for some time past I have delivered with my Hands alone, by forcing back with one of them the Os Coccygis, and bringing down the Head; and when that is brought very low, to apply the other Hand upon the Head, and press that gently down, in the Manner which I have in the Body of the Book more fully directed.[89]

Although careful to note his concurrence with major Continental authors on this point ("this Method is also recommended by *Daventer*, and *Dr. Heister*"), it is significant that Exton discounts the forceps not on principle but as proven largely unnecessary by experience, claiming that since he adopted this method "I have not once had Occasion to make Use of this Instrument."[90] Earlier in the Preface he notes that, "if there be an

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[87]Brudenell Exton, *A new and general system of midwifery* (1751), 7.

[88]Exton, 8

[89]Exton, 6

[90] Exton, 6: "The only Case where the Forceps can be used, is when the Head of the infant lies very low in the Vagina, and sticks there."

absolute Necessity," the forceps as currently improved "is equal to any other Invention."[91] Compared to the rather more doctrinaire rejection of the forceps by Maubray and Manningham, this is a striking admission by a Deventarian practitioner.

If this were all that Exton had said, his repudiation of Chapman's teachings in favor of Manningham's might then be seen as resulting from his own experience of the forceps' several deficiencies. But in fact he takes pains to distance himself from too great a reliance on personal experience, a position he explicitly identifies with Chapman. The latter approach he holds responsible for what he deems to be Chapman's failings as a practitioner and instructor: "as his Knowledge was entirely gained by Practice, So I think in several material Points he was rather too partial to his own Opinion, dissenting from the judicious *Daventer* in some things, without giving sufficient Reasons."[92] Furthermore, although he allows that the forceps itself "as now improved" is useful when nothing else will do, he judges Chapman's advocacy of the instrument partial and premature:

> Mr. *Chapman* was also, I think, rather too fond of the Use of his Forceps, on account of his having made some Improvements in that Instrument; and notwithstanding those Improvements, though with great Care and Caution, it might be used with Safety, yet, on account of the Largeness of it, could not be introduced without giving the Patient considerable Pain. Indeed the lessening of that Instrument has rendered it much more commodious, and it may be used with greater Ease to the Patient.[93]

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[91]Exton, 4

[92]Exton, 3.

[93]Exton, 4.

Even more curiously, Exton attributes Chapman's over-reliance on personal experience to his inattentive reading of books. Thus while he declares the *Essay* "sufficient Evidence" that he was a "Person of great Knowledge in his Profession," he claims that Chapman has misread both the writings of both Chamberlen and Maubray, leading him to mistake the forceps for Chamberlen's "secret" and to overlook that Maubray was essentially a translator of Deventer.[94] This emphasis on reading and writing as professional activities, with its implicit suggestion that a more careful attention to the literature counters the tendency to give too much authority to one's own opinion, is also evident in his critique of Maubray's *Female Physician* on literary rather than practical grounds.[95] It is clear that Exton assumes an immersion in the literature is fundamental to a professed man-midwife's standing as a medical man, especially for its salutary effects on one's capacity for judgment.

It is in the description of the method he used in composing his treatise that he makes explicit the relationship between theoretical knowledge derived from books and experiential knowledge:

> That I might render this Treatise as useful as possible I have with great Pains and Study consulted all the Authors that have professedly wrote upon this Subject and have endeavoured to separate the Gold from the Dross. Where I find eminent Authors differ in their Sentiments, I have shown which Opinion I prefer, with my Reasons for it, and at the same

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[94] Exton, 5; 3: "If he had read both those Authors with Attention, he would soon have found, that *Mowbray*, in that Part of his Book, where he treats of the Operations of Midwifery, was only a Translator of *Daventer.*"

[95]Exton, 3-4: "I think that Gentleman, if he had published a Translation of this Author, with Notes, as Dr. *Chamberlain* has of *Mauriceau*, and omitted his Philosophy, with some other things, that his Treatise would have been much better received."

> time have given the Arguments on both Sides of the Question. I have taken notice of several Things which no Author has mentioned and others, that Writers treat very obscurely, I have more fully explained. Several Years Practice has enabled me to make these Observations; so that I have asserted nothing but what is agreeable to Reason, and has been confirmed to me by Experience.[96]

Here the role of practical experience is to provide the basis for a critical evaluation of the literature and for the contribution of new observations ("Things which no Author has mentioned"). For Exton theory and practice meet in his activities as a reader and interpreter, of both texts and practical experience. For despite all his acknowledged dependence on experience to build up technical facility, requires intellectual skills in as great if not greater proportion. Hence the process of sifting the opinions of "eminent Authors" is depicted as an act of meticulous, reasoned judgment, implicitly contrasted with Chapman's unreflective rejection of Deventer's precepts. Throughout the preface it is this capacity for reflection and judgment that defines the practitioners Exton aligns himself with: "the judicious *Daventer*" and "that sagacious and good Man Sir Richard Manningham."[97] As in the case of Manningham's *Abstract*, even the manual aspects of practice are described in terms of the professed man-midwife's powers of discernment :

> When a Woman first complains, to know by the Touch whether it will be her Labour or not, to be able to form a Judgment of the Make of the Pelvis, to distinguish the Parts truly from each other, and the Situation of the Womb, and the Infant in it; to be able, I say, nicely to judge of these Matters is a chief Part of the Art of Midwifery.[98]

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[96]Exton, 9-10

[97]Exton, 9.

[98]Exton, 8-9.

All of the qualities that Exton celebrates as the defining features of the man-midwife's professional status–erudition, reflective reason, keen judgment–mark a familiarity with theory and the ability to synthesize one's own system, hearkening back to Manningham's conflation of the physician and the man-midwife.

At the heart of the *New and General System*, then, is the assumption that impartial, critical judgment depends upon a thorough grounding in "previous knowledge," and that personal experience is insufficient qualification for practice. Despite his nods to Chapman's brand of strict empiricism, Exton essentially adopts the vision of midwifery presented by Manningham's lectures. This emphasis on a mastery of theoretical principles comes across most strongly when he addresses his prospective readers. Like Chapman before him, Exton expresses a hope that any midwives reading his treatise will become more aware of the limitations imposed by their ignorance.[99] But the precise nature of their ignorance becomes clear when Exton presents his treatise as the sequel to a lecture course:

> Treatises of Midwifery are of great Service in improving young practitioners, but they cannot make them perfect, without some previous Knowledge from Anatomy, by which the Structure of the Parts must be discovered, and clearly known. As there are ingenious Gentlemen who instruct Pupils in this Art, and prepare them for the Practice by all the Knowledge necessary to enter upon it, so they who undertake it without a proper Theory must be without Excuse.[100]

Lectures, the means of acquiring the "proper Theory," stand equally with practical

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[99]"I have always observed, that the more knowledge they have, the readier they are to send for timely Assistance, in Cases of Danger" (Exton, 11).

[100]Exton, 9

experience as the prerequisites for perfecting oneself in the art. Even "previous knowledge from Anatomy," we must recall, is at this time not so much experiential knowledge derived from hands-on dissection as *philosophical* anatomy, a theoretical grasp of the body's anatomical systems. With its foundation in a critique and synthesis of learned opinion, its aphoristic directions for practice derived from close reasoning and qualified by personal experience, and its paucity of original insights, Exton's treatise owes more to traditional academic medical literature than to the model of scientific midwifery publication proposed by Chapman or Ould. The *New and General System* revives the genre developed by the Continental surgical midwifery authors in order to realize in print the version of midwifery propounded by Manningham in his lectures. When Exton concludes his preface by proclaiming that he has reached his conclusions independently–"I have not adhered to any particular Person's Sentiments, but always have made it a Rule, to embrace Truth wherever I could find it"–it is clear that the individuality of his treatise lies in its theoretical synthesis rather than its presentation of original discoveries or innovations.[101] Here the evidence of the senses merely confirms the exercise of reason.

Burton's Essay toward a Complete New System of Midwifery, theoretical and practical *(1751)*

The same emphasis on the importance of medical learning in developing the man-midwife's capacity for exercising judgment characterizes Burton's *Essay.* However, in

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[101]Exton, 13.

contrast to Exton the formative influence on the development of Burton's vision of midwifery was not the London practitioners and lecturers but the classical education he received at Cambridge and the Continental theorists under whom he had studied abroad, particularly at Leyden. In consequence the *Essay* is a mess of contradictory ideals: a man of the new science but also a traditionalist in his view of medicine, Burton publishes his newly-invented instruments and techniques in a treatise that bludgeons his readers into submission with the weight of its erudition. Although his innovations in operative technique are what are advertised most vigorously in his prefatory remarks, two-thirds of his treatise is taken up with the citation of various authoritative texts and learned speculation on highly theoretical topics such as generation. In Burton's *Essay* the imperative of adding to the stock of knowledge is perpetually overtaken by a desire to build a lasting and complete system.

Burton opens the *Essay* by commenting on the inevitable obsolescence of earlier midwifery texts, observing for example that although of all the seventeenth-century midwifery books Mauriceau is "the first Author worth Reading," subsequent discoveries and improvements have rendered his works almost useless.[102] Yet in direct contrast to the sentiments articulated by Chapman or Ould when they identified the shortcomings of the literature that proceeded them, he suggests that it is precisely the theoretical part of midwifery and in particular the literary quality of the publications associated with it, which provides the best measure of its progress. Improvements in the quality of the literature rather than in the practical part of the art are identified as the most important

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[102]Burton, *Essay*, viii.

index of midwifery's emergence as a noble science. Thus a standard observation on the relatively late entry of men into the field of midwifery in comparison to other branches of medicine becomes a vehicle for commenting on the literary deficits of the earliest midwifery publications:

> when they did begin, like most Writers upon new Subjects, they not only left a great deal of Room for their Successors to make considerable Additions, but they also increased the Bulk of their Books, by inserting many Things no way necessary for instructing others, in either the *Theory* or *Practice* of *Midwifery*.[103]

In fact Burton's brief survey of publications from Mauriceau to the present day is most attentive to the quality of these texts *as texts*, so that he his remarks equally take in the "plan" of the works discussed and the doctrines they espouse.

The *Essay* itself is described in the very same terms. Burton comments minutely not only upon the plan of his work (which he summarizes at length in the preface) but also upon textual apparatus such as the index or the illustrations:

> Some inconsiderate People look upon *Copper-Plates* in this Case, to be useless; but judicious Persons must be sensible, that in describing Objects not to be seen, the Reader will have a better Idea of them from a true Representation upon a *Plate*, than only from a bare Description, as is evident in all Branches of *Philosophy*. To all which is added a most complete *Index*, for a more ready finding out what is necessary to be done in, or how to account for, any particular Case or Symptom; whence it is also a *Table* of *Contents*.[104]

He thus suggests, as Manningham does, that the possession of a clear and distinct theoretical conception is superior to mere manual capability, refuting quite explicitly

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[103]Burton, *Essay*, vii-viii.

[104]Burton, *Essay*, xvii-xviii.

Chapman's conclusion that a truly useful midwifery book must confine itself to describing only the real circumstances of practice. In Burton's eyes midwifery is a learned pursuit comparable to "all Branches of *Philosophy*." Features such as plates or indexes, as well as the overall stylistic merits of a midwifery book enhance its utility precisely because the readers Burton envisions are engaged primarily in the intellectual task of mastering a body of theoretical knowledge. Throughout the *Essay* he draws attention to the *formal* attributes which most recommend his book as an aid in this philosophical endeavor:

> several Treatises have been published on these Subjects, yet the Manner in which the Authors have treated them, is either too short to be instructive, or too prolix, requiring more Study than some People will give themselves the Trouble of, to pick out the necessary Facts for composing an orderly *System*, and any Proposal whatsoever, that promises greater Advantages in the Execution and Practice of it (which is what I aim at here) though it has been wrote upon ever so often, is still proper to be made public; especially as the Manner in which I have drawn up this *Essay*, is not only somewhat new, but I likewise mention my new Improvements [. . .]. [105]

Most strikingly, Burton here places an equal emphasis on the novelty of his "improvements" and the systematic frame within which they are offered, the "somewhat new" manner in which the *Essay* has been drawn up. Producing a work complementary to the goal of every man of learning–"composing an orderly system"–was apparently beyond the capacities of earlier midwifery authors, particularly his immediate predecessors. It is for the latter, as the producers of what he considers to be frivolous, under-theorized and ephemeral publications, that he reserves his greatest contempt:

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[105]Burton, *Essay*, xi. For example, of Deventer he remarks, "He has gone nearly upon the same Plan, as *MAURICEAU*, as to *Theory* and *Practice*, but does not give us his *Observations* or *Cases* at large" (Burton, vii).

> After this Time, Numbers of Books upon this Subject were published, both in these and sovereign Dominions; some of them bring only *Cases* in *Midwifery*, as *GIFFARD*, while other People only published Books or Pamphlets, from no other Motive than to let the World know there were such Persons in Being, against whom other Writers threw out their Squibs for the same Reason, the Public, in the mean Time, not reaping the least Benefit by the Contest.[106]

To judge from Burton's account, the major obstacle holding midwifery back has not been the intransigence of women but the inability of men-midwives to produce first-rate scholarly literature. In his view the proliferation of such poor quality publications is linked to irresponsible and unreflective practitioners. Thus even when he invokes the "Ignorance and Mismanagement of the Female Midwives" as a historical cause of male interest in midwifery, he goes on to condemn insufficiently learned male practitioners:

> without considering the Education and Capacity required to qualify a Person to practise, they imagine nothing more is required but to hear a few Lectures, and know the Use (or perhaps Abuse) of a few Instruments, with a Copy of some Old Wives Receipts; with which they think themselves qualified to practise as well as others of the Profession [. . .].[107]

Although he reiterates customary arguments against mercenary quackery in condemning these practitioners as rapacious and ignorant, the focus here is on the mistake of thinking practice a matter of formulae and tools. By grouping lectures with "Old Wives Receipts" and instruments, he suggests that lectures represent an inauthentic, shallow mode of medical knowledge. Private lecturing, much like publication of technical manuals in the previous century, had transformed medical knowledge into a commodity for sale and it is precisely this reduction of learned medicine to the level of objects that Burton finds

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[106]Burton, *Essay*, ix

[107]Burton, *Essay*, x.

objectionable. The invocation of "Old Wives Receipts" alludes to the quack's trade in nostrums, while the over-reliance on instruments is classed as a similar recourse of the ignorant to the outward signs of professional expertise. Medicine–and by extension, midwifery for Burton–is a matter of deep erudition and learned reflection, not mere mechanical intervention. It is a combination of reason and experience that provides the foundation of "all Branches of Physic," joining observation of the "sensible qualities of bodies" with an understanding of the "structures and functions of the Parts."[108]

This antipathy for instrument-wielding men-midwives, which on the surface resembles nothing more than the anti-instrumentarian stance of strict Deventarians like Manningham, is an indication of how central systematic thinking is to Burton's conception of midwifery. Burton, like Exton, is not dogmatically anti-instrumentarian in the manner that Maubray and Manningham are in their strict adherence to Deventer. He in fact prides himself on his improved design for various instruments, and his forceps were advertised prominently in the title of the *Essay* as a technical innovation of the first order. His hostility toward those who equate the practice of midwifery with the use of instruments is actually rooted in an objection to this reduction of midwifery to its operative aspect. "These Sort of Men consider Midwifery rather as an Art only, than a Science, whereas it may properly be said to be composed of both."[109] In the manner of Manningham, Burton argues that although midwifery may be understood as an art insofar as the manual operation is concerned, the necessity for "*Medical Skill*" in treating

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[108]Burton, *Essay*, xiii.

[109]Burton, *Essay*, xi.

antenatal and postpartum disorders requires practitioners who unite "Learning and Dexterity" in one and the same person.[110] Thus three of the *Essay*'s four parts deal with topics quite removed from the manual part of midwifery, and Burton repeatedly digresses into speculation and disputation upon theoretical points.

The pretenders Burton condemns fail to take into account these medical aspects of midwifery, "as if the chief Business of a Man-Practitioner in *Midwifery* was only to make Use of Instruments;" they lack a proper appreciation of the erudition required to practice the art.[111] Just as Maubray and Manningham did before him, Burton asserts that observation, for all its merits, is subordinate to reason; in the absence of learning it can produce no true understanding. But the kind of understanding that Burton has in mind is a more subtle and indirect process than the mere application of reason to practice. Erudition nourishes the learned man's powers of discernment, so vital to the entire project of natural philosophy: "For, as Nature discloses herself in an obscure Manner, we must strictly observe her Operations, by which we shall see the Facts; and then, a thorough Knowledge of *Philosophy* and *Anatomy* will enable us, by such Guides, to penetrate into her Secret Principles."[112]

Accordingly Burton depicts his *Essay* as the presentation of several original innovations in practice, couched in a "complete new system." Yet for all his sensitivity to the literary qualities of earlier midwifery publications, Burton produces a rambling,

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[110]Burton, xi.

[111]Burton, *Essay*, xi.

[112] Burton, *Essay*, xiii.

loosely organized miscellany. The full title of his treatise, with its assertions of a systematic intent and the publication of new discoveries, reflects the competing impulses at the heart of this disorder.[113] He announces without reservation that his work is not wholly original–"I do not pretend, that what I here offer to the Public is all my own; for, it is impossible that any Set of Reasons and Arguments entirely one Man's, should, at this Time of Day, be offered on a Subject which has been so long obvious to the Reflection of all thinking Persons"–yet in the same breath he praises its inclusion of "a great many *Remarks* and *Methods* of *Practice* entirely new, that are founded on Reason and Experience."[114] The dominant role of reason in his arrival at his "improvements" is immediately evident in the grounds upon which he rejects Ould's claims regarding the rotation of the fetal head: "Dr. OULD has taken upon himself to contradict whatever has been wrote or said before his Time, and gives what he calls *Reasons*; which I own I think not sufficient in Theory, and I am certain he is wrong in Practice, as the best Authors unanimously agree."[115]

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[113]*An Essay towards a complete new System of Midwifry, theoretical and practical. Together with the descriptions, causes, and methods of removing, or relieving the disorders preculiar ot pregnant and lying-in women, and newborn infants. Interspersed with several new improvements, whereby women may be delivered, in the most dangerous cases, with more ease, safety, and expedition, than by any method heretofore practised: part of which has been laid before the Royal Society at* London, *and the medical Society at* Edinburgh*; after having being perused by many of the most eminent of their profession, both in* Great Britain *and* Ireland*; by whom they were greatly approved of. All drawn up and illustrated with several curious observations, and eighteen copper plates. In four parts.*

[114]Burton, *Essay*, xiii.

[115]Burton, *Essay*, 120

In the preface Burton claims that after procuring the approbation of the Royal Society and the Medical Society of Edinburgh he had no intention of further publishing his improvements until the necessity of asserting priority arose. But this aim seems to have been quickly overwhelmed by a desire to assert his erudition and his mastery of all aspects of the art. Thus in his final paragraph Burton asserts that the *Essay* is both too long and not long enough, manifesting the contradictory qualities of the entire text:

> I now think it high time to come to a conclusion of this essay, which has grown to a larger size than I, at first, intended: but I flatter myself, that the improvements which I have made in the method of practice, for the preservation of both mother and child, and the several vulgar errors which I have refuted, will sufficiently atone for the size of the book. Although I have been as brief as I well could, yet I cannot charge myself with any material or wilful omissions; neither have I been fond of obtruding any opinions upon the world which I have not grounds to believe are founded upon truth and matters of fact, which I have here laid before the public; and which I am certain will prove of advantage to many, when more generally known, and brought into practice. I have rather studied the weight of matter than elegance of style; and usefulness rather than ornaments: I have endeavoured to make my reasons plain and obvious, and the inferences easy and natural; yet such is the almost incredible prepossession of any old deep-rooted opinion, that there is such a strong vulgar prejudice against any positions that are new, that the ignorant many never fail to raise clamours, when they find any method different from what they knew before. I own, I have not completed the treatise so full as it should be; but yet, I hope, it may be a means of spurring up some abler hand to finish what I have begun [. . .]. [116]

Despite these invocations of "matters of fact," publication for the common good, and simplicity of style, it is clear that Burton's conception of medical publication has more in common with the humanist physicians of the previous century than the organizations that produced the journals *Philosophical Transactions* and *Medical Essays and*

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[116]Burton, *Essay*, 390-1.

Commentaries. For all his protestations to the contrary, the *Essay* takes the tone of a scholarly dissertation more often than it does that of a manual intended for practical use by novice practitioners. Burton's obsessive anticipation of criticism from those "always finding Fault with any Thing new," as in Maubray's case, evidences an uneasy sense that novelty and true learning may be thought to be mutually exclusive conditions.

The *Essay* bears all the marks of its vacillation between more traditional scholarly methods and scientific ideals, and its multiple internal contradictions drew fire from the *Monthly Review*, which had just begun to review midwifery publications. Burton's fondness for portentous and self-aggrandizing pronouncements and his windy style were severely critiqued. The reviewer also pointed out faults in Burton's Latin and called into question the value of the advertised improvements, concluding with a stinging dismissal that targeted Burton's scholarly pretensions:

> This [improperly rendered Latin quotation] escapes with a worse grace from a gentleman who has often hinted their want of education to his brethren; in our notion of which, we generally include some scholastic or classical literature. However, we shall not chuse to infer from this heedless citation that our author may not have the requisite use of his hands, and be a passable operator; as he appears to have been an assiduous practitioner, and has taken great pains in compiling and composing a performance, which we cannot think will greatly illuminate or entertain any adepts in midwifry; some cautionary parts of which, however, and some of the cases, may be worth the perusal of beginners [. . .]. We hope this observation may do no injury to any future production of the Doctor's, who will do well to reflect, that to practise usefully, tho' very highly commendable, is one thing; but to write, digest, and publish very reputably, is certainly another.[117]

The contrast between this negative review and the exceedingly positive review of

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[117]*Monthly Review* 5 (Sept. 1751): 291-2.

Smellie's *Treatise* that would appear in the *Monthly Review* only two months later sent Burton into such a rage he published in 1753 *A Letter to William Smellie, M.D. Containing Critical and Practical remarks upon his Treatise on the Theory and Practice of Midwifery.* Here he not only sustained a critique of Smellie over two hundred and fifty pages but also attacked the *Monthly Review*, and challenged his own reviewer "to point out to me any obstetrical Writer down to this Time, whose Treatise is more regularly drawn up for instructing others, that has fewer Faults, or wherein more proper Rules of Practice are laid down, than what is to be found in my *Essay.*"[118] The reviewer's insistence on opposing practical ability and literary gifts would have particularly infuriated Burton who felt confident that he possessed both. But it also points to the perspective represented by surgeons like Chapman, who opined that the practice of midwifery had little to do with the kind of learning Burton praised.

Toward a theory and practice of midwifery

The printed debate over the relative merits of the treatises penned by Smellie and Burton would expand to include further comment from the *Monthly Review* as well as various allies of Smellie (who himself consistently refused to respond publicly to such criticism). These exchanges demonstrate that at midcentury the form and purpose of midwifery literature had not been definitively settled; they also hint at the central role Smellie's *Treatise* would play in the establishment of a new standard. However,

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[118]John Burton, *A letter to William Smellie. M.D. containing critical and practical remarks upon his treatise on the Theory and Practice of midwifery* (London, 1753), p. 250.

Smellie's deployment of a strict empiricist credo in his own systematic treatise built on all three of the kinds of midwifery literature I have surveyed in the last two chapters: the surgical manual as developed by Chapman and his successors, the lecturer's syllabus, and the systematic treatise.

The highly self-conscious nature of the prefatory remarks to each of the four texts discussed in this chapter testifies to the inherent difficulties facing those who would produce a credible professional midwifery literature in the first half of the eighteenth century. All of these men attempt to endow midwifery with all the dignity of learned physic, while at the same time claiming the authority associated with empirically-verified practice. This is a strategy however which entails negotiating a passage through several competing epistemologies; these authors not only need to define professional midwifery as distinct from the practices of traditional midwives, but also to work out the precise nature of the relationship between theory and practice, if, unlike the surgeon men-midwives, they are going to assert the importance of theoretical midwifery. In the case of Exton and Burton, the additional question of what qualities define a professional *literature*, must also be addressed.

In these publications the co-existence of traditional views of the learned physician's task of reasoned system-building with newer ideas about scientific publication often manifests itself in the grafting together of conflicting ideas, perhaps most strikingly realized in Maubray's invocation a descriptive and cumulative form of scientific publication, while at the same time declaring midwifery "perfected," and neglecting to publish any new discoveries of his own. In this context it is worth noting

the parallels between the version of authorship adopted by Maubray and Manningham as lecturers and the model being developed by the editors of eighteenth-century encyclopedias and dictionaries, who in the face of uncertainty about what exactly constituted literary property argued that their works were in fact more than simply a compilation of other published sources.[119] In such publications the systematic plan and style of the work are described in detail and vigorously represented marks of authorship, which not only provided a defense against charges of plagiarism but also helped differentiate one encyclopedia from another. The similar pressures associated with the lecture course format–in particular the need to fit a wide-ranging survey within a limited compass–appear to have encouraged both Maubray and Manningham to gravitate toward a methodical plan in the formal presentation of their systems. But they also located their authority in the work of abridging, compiling, selecting and ordering their material, and both of these lecturers represented their ability to perform this task not only as a mark of their standing as professionals but also of the dignity of midwifery itself: as Maubray put it, "'tis one Thing to practise *Midwifery*, and quite another to reduce this Practice to the certain Precepts of ART."[120]

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[119]See Richard Yeo, *Encyclopaedic Visions: Scientific Dictionaries and Enlightenment Culture* (Cambridge, 2001), especially chapter 8. Yeo notes that between 1710 and 1774, when copyright was not clearly defined and considerable pressure was being exerted by the London booksellers to extend the 14-year period of protection provided by the 1710 'Act for the Encouragement of Learning, by vesting the copies of printed Books in the Authors or Purchasers of such Copies, during the Times therein mentioned,' the editors of encyclopedias, which borrowed from each other as well as other source texts, were under pressure "to demonstrate that they were authors of a book that could be recognized by the Statute" (206).

[120]Maubray, *Midwifery*, 3.

"System" is also at the center of the treatises published by Exton and Burton, as is a rather heroic model of authorship, in which the personal labour invested in selection and systematizing of their data is emphasized. However, they differ in an important regard. Although these systematic treatises also imply a conception of the author as compiler and publisher of a judicious selection of textual authorities and pieces of practical insight that similar to the one evident among the lecturers, these works do not demonstrate the same degree of attention to the method of organizing their material. Rather than focusing on the mode of presentation, they are instead preoccupied with the question of what *purpose* their publication should serve, mired in the conflict between the largely descriptive forms of publication proper to natural history and the mechanical arts and the ideal of formulating a lasting, complete system that was the standard in natural philosophy.

This greater attention to the question of purpose and comparative indifference to the methodical organization of the material also reflects a significant difference in how Exton and Burton conceive the relationship between theory and practice. For all their emphasis on the learned quality of midwifery, Maubray and Manningham treat theory primarily as abstractions directly applicable to practice, if not partly derived from practice. They are especially interested in depicting theory almost entirely in terms of the rational understanding which underlies effective practical action. Conversely, Exton and Burton depict the relation between theory and practice as rather less direct. Here an immersion in theory is described much more in terms of the intellectual *activity* which strengthens the medical man's powers of discernment, a reflective, philosophical, and

critical engagement with texts, rather than simply the acquisition of anatomical and physiological information and corresponding reasoned precepts which govern practice.

The contradictions that characterize all of these publications are a useful reminder that the project of creating a body of professional literature for midwifery was not as straightforward as later commentators chose to represent it. Burton's *Essay* in particular indicates the direction the genre of the systematic treatise might have taken in the absence of midwifery lecturing. Whereas surgical authors like Chapman and Ould saw a definite break between their own publications and the works they viewed as their historical predecessors in the genre–that is, the early modern midwifery manuals–physicians like Exton and Burton viewed their own literary endeavors as more continuous with methods and purposes of the established tradition of scholarly medical literature. Notably, Maubray and Manningham, as lecturers, were free from dealing with questions of literary genre. The influence of the lecturer's approach to balancing the competing claims of theoretical and practical knowledge through the disposition of material and the exploitation of visual modes of apprehension is most apparent in Smellie's *Treatise*, the subject of my next chapter. The *Treatise* realizes a methodically organized system of such rigor and simplicity that it would become the standard against which subsequent publications were judged.

CHAPTER FIVE

A COMPLETE SYSTEM OF MIDWIFERY: SMELLIE'S THEORY AND PRACTICE

It was no wonder that he spoke well on his oun profession, considering that he had repeated the same things several hundred times in his Lectures.
William Smellie, "Letter to Dr. Pitcairn" (1759)[1]

Shortly after retiring from teaching and practice and returning to his native Lanark in 1759, William Smellie sent a brief autobiographical sketch (written in the third person) to his friend William Pitcairn. Smellie listed–and then jokingly discounted–all of his personal accomplishments. Noting on one page that "the works he published shew him a man of learning and experience in practice," and that "his modesty was so great, that he would frequently hear others and sit as a larner in disputes on his oun profession, and not interrup, even although he was more master of the subject," he declares on the other, "as to his works, one intention was good, but the principal was to acquair the name of a learned author. He must have been dull indeed, if a long course of practice, accompanied by blunders as well as success did not give him experience." Everywhere Smellie observes his deficiencies in formal learning, remarking "his memory oftne cramp his judgment; and although he had a good memory for visable objects, yet it was deficient in other affairs."[2] Smellie's subsequent biographers have embraced this letter as evidence of

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[1]Quoted in R. W. Johnstone, *William Smellie: The Master of British Midwifery* (Edinburgh and London, 1952), p. 122.

[2]*ibid.*

the "simple-minded honest" character of their subject, a man "whose ambition did not blind him to the fact that his chief merit was his industry" and whose lack of erudition meant that his publications had to be heavily edited, if not ghost-written by his friend Tobias Smollett.[3] But I find this letter principally of interest as a reminder of how consistently Smellie stuck to his foremost rhetorical strategy, depicting himself as the untutored student of experience whose primary resource was the evidence of his senses. This *ethos* suffused all of his writing, even, as in this case, statements produced quite independently of Smollett's editorial input.

It is this ethos that sets Smellie's own systematic treatise apart from its near-contemporaries. Smellie's continual gestures toward self-effacement are more reminiscent of the deliberate plainness of Chapman and Giffard than the magisterial pose struck by Exton or Burton, who continually foreground the role played by their learned judgment in the composition of their treatises. In further contrast to the latter, Smellie does not place "system" at all in the title of his *Treatise on the Theory and Practice of Midwifery*, the first installment of a multi-volume work comprised of a systematic treatise (1752) and two volumes of case histories (1754, 1764). Nor does he ever describe his work as systematic in any of his public statements, although the advertisement soliciting subscriptions for the accompanying collection of plates that appears at the end of volume I does observe that taken together all of his publications "compose a compleat system of the art."[4] Others would not scruple to dub Smellie's teaching a complete system, most

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[3]JohnYoung quoted in Johnstone, 124

[4]Smellie, *A Treatise on the Theory and Practice of Midwifery* (London, 1752), n.p.

notably his friend and collaborator Smollett, who in 1764 would enlarge upon this theme in the "Advertisement" he appended by way of a preface to the final volume of case histories:

> This, with the two former volumes, we may venture to call a 'Complete System of Midwifery.' It is the fruit of forty years' experience, enriched with an incredible variety of practice, and contains directions and rules of conduct to be observed in every case that can possibly occur in the exercise of the obstetric art; rules that have not been deduced from the theory of heated imagination, but founded on solid observation, confirmed by mature reflection and reiterated experience.[5]

Smollett had struck a similar note more than a decade earlier as the first reviewer of volume I of the *Treatise*.[6] But the most striking feature of both his earlier assessment and the passage quoted above is Smollett's insistence that this complete system, encompassing "directions and rule of conduct" applicable to "every case that can possibly occur," has *not* been deduced from "the theory of heated imagination" but is *purely* the product of "solid observation," "mature reflection" and "reiterated experience."

It is in this regard that the system set out Smellie's *Treatise*–and especially in

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[5]William Smellie, *Smellie's Treatise on the Theory and Practice of Midwifery*, ed. Alfred H. McClintock (London, 1877), vol. III. p. 2. This is the standard edition which reprints Smellie's three volumes of 1752-64, each of which originally had a different title. I will cite the first edition of volume I, and the McClintock edition of volumes II and III, which originally appeared as: Vol. II, *A collection of cases and observations in midwifery* (London, 1754) and Vol. III, *A collection of preternatural cases and observations in midwifery* (London, 1764). The final volume appeared in 1764, within a year of Smellie's death in 1763.

[6]*Monthly Review* 5 (Dec 1751): 465-6. See, for example, the penultimate paragraph: "In a word, Dr. *Smellie*'s improvements are, in our opinion, solid and effectual, his instructions clear and perspicuous, his remarks judicious and happily deduced, his general method of practice unexceptionable; and there is an air of candour, humanity and moderation through the whole bok, which cannot fail to engage the reader's favour and esteem" (466).

volume I–differs most significantly from those of Exton and Burton. Smellie redefined what it meant to theorize the practice of midwifery: rather than publishing a highly personal synthesis of erudition and personal experience, he built a system that presented itself as no more than the objective presentation of empirical data. His authorial persona is decidedly neutral and passive, suggesting a transparency that is underscored in Smollett's appraisal by its contrast to the "heated imagination" of the theorist. Most interestingly, the obtrusion of an authorial personality (with all its too human limitations) into the systematic presentation of the art, the very quality the *Monthly Review* so deplored in Burton's *Essay*, is in *Treatise* mediated through Smellie's self-presentation as an assiduous practitioner and teacher. Hence the *Treatise*'s systematization of midwifery is presented as a methodization of practice *solely* for pedagogical purposes, a distinct departure from the kind of intellectual monument that Burton or even Maubray strove to create.

Smellie's adoption of this kind of self-effacing authorial persona permitted a synthesis of theoretical and empirical approaches that has long been considered groundbreaking. In comparison to the more narrowly conceived or conservative publications which proceeded it, the *Treatise* does in fact represent a epochal moment. Yet in contrast to the already substantial body of scholarship dealing with Smellie, I am more concerned here with the significance of the *Treatise*'s attempt to resolve the difficulties associated with the textualization of midwifery expertise rather than its symbolic status for later generations of practitioners as a document of the onset of a truly scientific midwifery. Typically celebrated for his break from traditional modes of

medical theorizing, Smellie is often credited with "great courage" (in the words of his mid-twentieth-century biographer) for relying "solely upon his own unaided observation and his own independent reasoning" in order to arrive at a more accurate description of delivery than had been previously recorded.[7] But I hope to demonstrate in this chapter how much this reputation for strict empiricism is a deliberate rhetorical construction, and one designed to obscure the more complex origins of Smellie's teachings. Moreover, this received image of Smellie as an uncompromising empiricist sits somewhat uneasily with his status as the most influential theorist of the period: for Smellie not only provided a methodical overview of the entire discipline in his *Treatise*, but he systematized manual intervention to an unprecedented degree by interpreting the expulsion of the child in mechanical terms, that is, by rendering a *theoretical* account of midwifery practice.

Smellie's own writings betray an awareness of these contradictions, and in the course of this chapter I shall demonstrate how this awareness informs the both his self-presentation in the *Treatise* and the actual structure of this text. In particular, I wish to focus on the role Smellie's activities as one of the most successful lecturers of his era played in forging the *Treatise*'s unique synthesis of systematic and empiricist approaches to midwifery. Indeed, in every volume of the *Treatise* Smellie repeatedly insists that his endeavors as a lecturer critically shaped his thinking and writing, especially with regard to his mechanical theory of parturition. Although he never declares his own teachings a system, he does continually refer to his pursuit of *method*. However, the full implications of these statements have not yet been adequately explored and at the conclusion of this

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[7]Johnstone, 45-6.

chapter I will demonstrate how Smellie's efforts to translate his lectures into text led him to utilize print publication's distinctive features *as a medium*. It is Smellie's extension of the methodology he developed as a lecturer to every aspect of the *Treatise*, including the formal organization of the text, which supplies the work's most revolutionary qualities.

"To promote useful enquiries": developing an ethos of objective authorship

At first glance the introductory chapter to volume I of Smellie's *Treatise on the Theory and Practice of Midwifery* suggests the same emphasis on the collation of learned authorities that characterized the project of scholarly synthesis endorsed by Exton and Burton. Described as "a summary account of the practice of Midwifery" from antiquity to the present day, the "Introduction" in fact proceeds by means of a critical review of midwifery publication.[8] As Ould and Burton did before him, Smellie assesses midwifery's progress in terms of its literature and in this regard the first chapter seems most closely akin to the digest of literary sources that lecturers provided for their students in introductory lectures. Smellie in fact declares in his "Preface" that this synopsis is,

> exhibited for the information of those who have not had time or opportunity to peruse the books from which it is collected; that by seeing at once the whole extent of the art, they may be the more able to judge for themselves, and regulate their practice by those authors who have written most judiciously upon the subject. The knowledge of these things will also help to raise a laudable spirit of emulation, that never fails to promote useful enquiries, which often redound to the honor of the art, as well as to the advantage of society.[9]

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[8]Smellie, *Treatise*, i.

[9]Smellie, *Treatise*, Preface, ii.

Yet the first claim made here, the traditional rationale for such surveys, is as Burton would insist in his *Letter to William Smellie, M.D.*, more rhetorical than real, for "there seems to be an Affectation of deviating from every Author, altho' even in Trifles; but more particularly where they have been universally applauded for any methods or Observations they had made."[10] Burton's vociferous criticism of the *Treatise* has long been dismissed as the ranting of an inferior rival, but he here accurately identifies the discrepancy between Smellie's ostensible regard for textual authority and the less than reverential nature of his survey. Despite this chapter's flirtation with traditional forms of erudition, Smellie is not engaged in the same kind of synthetic project pursued by Exton and Burton.

The "Introduction" does however function as a literary genealogy, designed to validate the professional identity of men-midwives by grounding it in a learned, written tradition in much the same way his predecessors had. Unlike the overview of "the several Authors that have written upon MIDWIFERY" that constituted the first part of Smellie's first lecture, the Introduction stretched back to antiquity in its pursuit of literary antecedents.[11] Its review of the age-old tradition of midwifery publication allows Smellie to discount midwives as fellow professionals, for they are altogether eliminated from the history of midwifery in a passage remarkable for its rhetorical sleight of hand:

> Several other female practitioners are mentioned by different historians; but, as none of their writings are extant, and the accounts given of them

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[10]Burton, *A letter to William Smellie. M.D. containing critical and practical remarks upon his treatise on the Theory and Practice of midwifery* (London, 1753), p. v.

[11]*Course of Lectures upon Midwifery. . .By Mr. Smellie* (London, 1742), p. 3.

> are mostly fabulous and foreign to our purpose, I shall forbear to mention them in this place, and referring the curious to *Le Clerc*'s history of physick, begin with *Hippocrates* the most antient writer now extant, upon our subject, who may be stiled the father of Midwifery as well as medicine; because all the succeeding authors, as far down as the latter end of the sixteenth century, have copied from his works the most material things relating to the diseases of women and children, as well as to the obstetric art [. . .].[12]

Casting Hippocrates rather than Paulus Aegineta as the father of midwifery— the latter being, he remarks, "the first instance on record, of a profess' d man-midwife"—Smellie's history places midwifery squarely in academic medicine, foregrounding its textual lineage by making special reference to Hippocrates' status as the father of a continuous literary tradition.[13] An exclusive focus on the evolution and transmission of obstetrical knowledge in medical publications renders the age-old predominance of women in the practice of midwifery an irrelevant datum, a relic of more backward societies.[14]

But Smellie also employs this introductory chapter in order to suggest his break

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[12]Smellie, *Treatise*, iii-iv. The association of midwifery and medicine is also evident later in the chapter when he begins his review of the modern literature with Linacre, the driving force behind the foundation of the College of Physicians and commonly represented as the father of English medicine, although not a figure particularly associated with midwifery (xliv).

[13]Smellie, *Treatise*, xxxviii. He later qualifies this: "although he was the first who had the name of man-midwife from the *Arabians*, the writings of *Aetius* plainly shew, that there had been many male-practitioners before him" (xxxix). Smellie's identification of the history of midwifery with the history of midwifery publication by medical men is evident in the handling of Renaissance developments, which is represented by a catalogue of the contents of Spachius' 1597 edition of the *Gynaeciorum* (xlvi-li). In adopting this approach (identifying the profession with its body of knowledge) he follows the precedent set by two of his named sources, Le Clerc and Freind, in their histories of medicine.

[14] See, for example, Smellie, *Treatise*, ii: "while the simplicity of the early ages remained, women would have recourse to none but persons of their own sex."

from the reigning authorities, and thus by definition, from the scholarly modes of knowledge production associated with physic. Thus the choice of Hippocrates to head this genealogy is also significant, for Hippocrates was renowned by eighteenth-century medical men as an exceptional clinical observer. Despite his willingness to appropriate of the prestige of an ancient written tradition, Smellie, like Ould before him, betrays a decided ambivalence about the textual basis of learned medicine. Although he observes that with the onset of print "all the knowledge of the ancients was soon dispersed over Europe," he also ponders the liabilities of publication, in particular its power to circulate and preserve misinformation. The degree to which later works copied from earlier ones is also a recurring theme throughout the Introduction.[15] For all his efforts to represent midwifery as a learned discipline, Smellie maintains a rather Baconian insistence that the progress of midwifery has been held back by too much learning, in the form of antiquated and erroneous theory. Thus throughout his historical survey he asserts that medical knowledge has long been the worse for a lack of opportunities to directly observe nature (the want of which is credited to the "false modesty" of women), and that this situation has been further aggravated by an over-reliance on theory. Indeed, the chapter concludes with a strongly anti-theoretical statement:

> On the whole, that the young practitioner may not be misled by the useless theories, and uncertain conjectures of both antient and modern writers, it may be necessary to observe in general, that all hypotheses hitherto espoused, are liable to many material objections; and that almost every system hath been overthrown by that which followed it.

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[15]Smellie, *Treatise*, xliv. See for example his comments on see Celsus (xvi) Aetius (xxi). Of Raynalde's version of Rösslin's *Rosengarten*, he remarks that the former "has taken great liberties with his author" (xlv).

> This will, probably, be always the case; and, indeed, as theory is but of little service towards ascertaining the diagnostics and cure of diseases, or improving the practice of Midwifery, such enquiries are the less material. What *Hippocrates* has written about the form of the *Uterus*, and its various motions, conception, the formation of the child, the seventh and eight month's birth, was, till the last century, believed as infallible assertions; when his doctrine of conception, and the nutrition of the *Foetus* was overthrown; and many new and uncertain theories, on the same subject introduced.[16]

Like Burton, Smellie stresses the inherent obsolescence of any theory. But this is the aspect of theory that justified Burton's search for a more perfect system, whereas Smellie here appears to be more altogether skeptical about theoretical pursuits *per se* ("theory is but of little service"). Despite his initial suggestion that students regulate their practice according to these authors, it becomes clear that he does not consider the compilation of precepts derived from authoritative texts a fruitful means of arriving at competence in midwifery. The first volume of the *Treatise*, despite its full range of topics, is notably scanty in the areas that traditionally were heavily theoretical, such as conception or fetal development. (Burton in contrast spends almost two-thirds of his three hundred and ninety-one pages on such matters.)

Smellie's ambivalence regarding theory and texts extends beyond the classical authors that were the learned physician's touchstone to more contemporary authorities; if an exceptional clinical observer like Hippocrates is subject to obsolescence, it is no surprise that Smellie finds the most noted modern authors also ripe for deposition. Smellie's discomfort with the alienation of medical texts from the conditions of actual practice pervades his assessment of his Continental predecessors. Even Mauriceau, the

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[16]Smellie, *Treatise*, lxviii-lxix.

author who most influenced Smellie, elicits an equivocal reaction. Smellie identifies the systematic quality of Mauriceau's treatise, "which exceeded every thing before made public on that subject," and remarks on the lasting quality of his publications: "he had gained such reputation by his writings, as encouraged others of the same nation to write on the same subject: Accordingly we have the works of *Portal*, *Peu*, and *Dionis*; but all of them fall short of *Mauriceau*."[17] But Smellie also notes that the instruments Mauriceau invented or improved–the fillet, the tire-tête–are practically useless in contrast to the truly effective instrument the Chamberlens had long kept secret.[18] Similarly, while observing that Mauriceau's treatise "is so full on the diseases, that *Boerhaave* recommended him," he also notes that "in his theory of conception, he hath not deviated from the opinions of *Hippocrates*."[19]

La Motte and Deventer come in for harsher treatment, particularly the latter whom he decries as a speculator: "He pretends to have made several useful discoveries, which seem feasible enough to those who have not had the opportunity of an extensive practice."[20] Deventer's flights of fancy, Smellie suggests, have their origins in a restricted practice ("he was seldom called, except in difficult cases, often proceeding from a distorted Pelvis") and in a sentimental attachment to his own theory: "he has run into

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[17]Smellie, *Treatise*, lv-lvi; lx. "Indeed his writings were so universally approved, that they have been translated into several different languages" (lvii).

[18]See Smellie, *Treatise*, lvi-lx.

[19]Smellie, *Treatise*, lvii.

[20]Smellie, *Treatise*, lxi.

extremes about the wrong positions of the *Uterus*, in which he is the more excusable, as he had the fondness of a parent for a theory that he alledges was his own."[21] LaMotte's book, though "the best of the kind since *Mauriceau,*" is compromised by a similar lack of impartiality: "I am afraid that, like other writers, he has concealed those [cases] that would have been more useful to the young practitioner."[22] The actual utility of the methods advocated by Deventer and LaMotte, he suggests, is questionable because the proprietorial attitude they assume with regard to their theories prompts them to screen out any evidence to the contrary; their books are compromised by a lack of objectivity. Thus even the most highly regarded modern midwifery books have questionable value for the practitioner. Like Chapman, Smellie is highly conscious of the potential gap between textual knowledge and practical utility.

At this point in the "Introduction," when the reigning textual authorities have been discredited, Smellie actually depicts this crisis in authority by slipping into a brief autobiographical digression:

> For my own part, when I first began to practice, I determined to follow the method of those gentlemen; but having by these means lost several children, and sometimes the mother, I began to alter my opinion and consult my own reason: In consequence of which, in cases of such emergency, I opened the head, with a view of saving the woman, if I could not preserve the life of the child. In the course of my deliberations on this subject, I likewise tried to improve upon the forceps, which seemed to me an instrument more mechanically adapted, and easier applied than any other contrivance hitherto used: And surely experience justifies the use of this expedient, by which we are enabled to save many children, which

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[21]Smellie, *Treatise*, lxii.

[22]Smellie, *Treatise*, lxiv.

otherwise must have been destroyed.[23]

This turn to autobiographical statement in the midst of his review of the professional literature is rhetorically significant. As with the case history, the invocation of personal experience is an appeal to the authority of "matters of fact," used here to fill the vacuum created by his rejection of the established authorities. The implication here–that experience taught Smellie to regard the precepts of the most celebrated modern professors of midwifery as suspect, and that he attained success only by abandoning established theories for disinterested experimentation with the forceps–brings to the fore the dichotomy that underlies this introductory chapter and the *Treatise* at large. The embrace of theory as an end unto itself is the ground against which he poses his own impartial consideration of *all* the facts. It is in this context that the second rationale for the historical review–"to promote useful enquiries"– takes on a new valence.

At seventy-two pages, the "Introduction" to the first volume of the *Treatise* was the most lengthy set of introductory remarks to appear in any of the midwifery treatise published to that date. Mounting an argument in favor of an empiricist approach while at the same time proclaiming midwifery's textual heritage as a branch of medicine, the mixed function of this extended preamble made it an easy target for Smellie's critics. Unsurprisingly it was the "Introduction" that drew the most fire from Burton in his *Letter to William Smellie, M.D.* Burton took great pains to enumerate "all the Contradictions and Inconsistencies" that marked Smellie's pronouncements on theory, and in particular every defect in textual scholarship he detected in his rival's efforts as a "historical

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[23]Smellie, *Treatise*, lxv.

Writer":

> To confound all nature— all Distinction of Sex— To make Animals Vegetables, and one and the same Author two different Persons; and neither Character agree with the true one— To palm upon us an Author that never existed— To pass over in Silence several material Things that contradict your own Practice in those Authors that are genuine, and make them say Things they never dreamed of, in order to countenance it, *&c. &c.* is such a Piece of History as the present Age cannot boast of.[24]

Most of Burton's criticisms of this sort–his charge that Smellie relied on anthologies rather than consulting the original texts, that his faulty translations misrepresented the sense of the Greek and Latin authors, that he did not adequately represent the range of more recent scholarship, and most grievously, that he mistook of the caption to an illustration (*Lithopedis Senonensis Icon*) for the title of a book–are in fact justified.[25] Even Smellie's supporters in this debate were quick to concede that "Dr. *Smellie* has made several, and some of them pretty considerable, mistakes, especially in the historical part of his treatise."[26] But both Smellie's critics and defenders appear to have recognized that the function of the historical review in the larger context of the *Treatise* was largely rhetorical. Even Burton recognized that the theoretical part of Smellie's midwifery was built upon his study of pelvic anatomy. While grudgingly conceding that in the latter Smellie was "pretty accurate," he attempted to make Smellie's

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[24]Burton, *Letter*, vi; 1.

[25]See Burton, *Letter*, 1-59, for those charges.

[26]Watts, *Reflections on slow and painful Labours* (London, 1755), 41. See also the review of Burton's *Letter* in the *Monthly Review* 9 (Dec 1753): 476-7, which is for the most part dismissive of Burton's criticisms, but concedes: "We are, however, persuaded, that dr. *Burton* has fallen upon some few real escapes in dr. *Smellie*'s performance" (477).

slips in scholarship and his failure to demonstrate proper deference to authoritative texts the basis of a challenge to the authority of the entire *Treatise*.[27]

To some extent Smellie's detailed account in the Preface of the circumstances in which he composed his own treatise anticipates this line of attack. It introduces the notion that extensive practical experience might provide the proper grounds for authorship. There he observes that this treatise was composed over the course of six years, in which he has "from time to time altered, amended, and digested what I had written, according to the new lights I received from study and experience."[28] This apparently steadfast allegiance to matters of fact is the quality that Smellie's defenders also single out, citing his self-effacement in the face of truth as the most powerful basis of his authority. Smollett's review of volume I in the *Monthly Review* therefore emphasized Smellie's candour, carefully observing that "far from endeavouring to amuse his readers with vain hypotheses, or as vain exaggerations of his own success, he asserts nothing that is not justified by his own experience; and fairly owns the circumstances of his miscarriage, in those instances wherein his attempts have failed."[29] In a similar vein,

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[27]Burton, *Letter*, vi. See, for example, his comments on the title of Smellie's book: "The first Thing of a Book that offers itself, is the Title, which you say, is 'a Treatise on the Theory and Practice of Midwifry,' which (we are told at the End of this Volume) 'together with your Prints, and a Volume of Cases, hereafter to be printed, will compose a complete System of the Art.' How far you have accomplished your Design, I leave the Reader to judge, after having perused the Sequel; and if he finds my Remarks justly made, then the first Part or Foundation of your System will be very defective; and want many Repairs before you build the remainder of your Superstructure" (59).

[28]Smellie, *Treatise*, Preface, iv-v.

[29]*Monthly Review* (Dec 1751): 465.

Smellie's nineteenth-century biographer John Glaister would declare: "We may also be perfectly certain that whatever he had to say was the result of direct observation. He was no mere theorizer. He collected his facts, and reasoned afterwards; therefore his method was throughly scientific."[30] Yet in celebrating Smellie's faithful observation of nature, these encomia pass over the aspect of his career that Smellie explicitly invokes as mediating his passage from practitioner to author:

> Neither did I pretend to teach Midwifery, till after I had practised it successfully for a long time in the country; and the observations I now publish, are the fruits not only of that opportunity, but more immediately of my practice in *London*, during ten years, in which I have given upwards of two hundred and eighty courses of Midwifery, for the instruction of more than nine hundred pupils, exclusive of female students: and in that series of courses, one thousand one hundred and fifty poor women have been delivered in presence of those who attended me [. . .]
>
> These considerations, together with that of my own private practice, which hath been pretty extensive, will, I hope, screen me from the imputation of arrogance, with regard to the task I have undertaken [. . .].[31]

Smellie's endeavors as a lecturer are therefore the grounds for his theoretical engagement with midwifery. By tying the composition of the *Treatise* to his lectures he can both compose a complete theoretical system and at the same time repeatedly assert the perpetually unfinished and continuous nature of the project of "perfecting" midwifery.

That the lackadaisical scholarship of the "Introduction" did not prove sufficient to discredit the *Treatise* points to the success with which it redefined the terms in which a theoretical account of midwifery could be rendered. For despite Smellie's continual

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[30]John Glaister, *Dr William Smellie and his contemporaries: a contribution to the history of midwifery in the eighteenth century* (Glasgow, 1894), 62.

[31]Smellie, *Treatise*, Preface, v-vi.

professions of complete candor and allegiance to "matters of fact," the *Treatise on the Theory and Practice of Midwifery* was quite a distance from the total rejection of abstraction that characterized Chapman's *Essay*. Under the guise of strict empiricism Smellie would in fact theorize midwifery more thoroughly and successfully than anyone before him, Deventer excepted. Smellie's autobiographical digression in the "Introduction" with its emphasis on his decision to "consult my own reason"–a gesture which he repeats at other key points in the *Treatise*–points to how he resolves the problem of alienation of theory from practice. Theory ceases to have an independent existence in the *Treatise*; it is reduced to a *method* for processing data, "the *course* of my deliberations on the subject." The "theory" promised in the *Treatise*'s title is therefore of a different order than any that had preceded it; rather than a personal synthesis of learned, text-based knowledge to be mastered and digested by the reader, it was an analytical methodology that generated abstractions from empirical data. The task of the lecturer and author was no longer literary criticism but the scientific analysis of clinical phenomena.

This scientific, as opposed to scholarly, approach to midwifery allowed Smellie to rationalize surgical interventions to an unprecedented degree, and in particular the use of the forceps. As Adrian Wilson observes, Smellie's great innovation was to bring to bear on the use of the forceps (an instrument strongly associated with an anti-theoretical stance) a Deventarian theoretical focus on the interaction of the fetus and the maternal pelvis.[32] In the *Treatise*, a surgeon's focus on the operative part of midwifery was matched with the impulse to classify and to exercise judgment more typical of physicians.

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[32]Wilson, *Making of man-midwifery*, 131.

Yet importantly, Smellie would consistently refuse the mantle of theorist. At the center of the *Treatise* and informing the whole of Smellie's approach to midwifery was what would later be referred to as the "mechanical theory." Significantly, Smellie himself studiously avoided naming it. A spatial and dynamic conception of the fetus' passage through the birth canal during delivery, Smellie repeatedly describes this analysis of parturition in mechanical terms as arising directly from observation, and subordinate to "matters of fact." He will not allow any more than that his theory serves as a *means of representation*. Its presence in his publications therefore almost entirely structural; he did not treat it as a separate body of knowledge to be mastered in addition to practical skills in the way that Manningham or Burton did.

"To consider the whole in a mechanical view": The origins of the mechanical theory

The origins of this new kind of theory are to be found in Smellie's career as a lecturer, quite contrary to the impression Smellie himself deliberately fostered in the *Treatise*. It was in lecturing that Smellie first worked out his "mechanical theory" of childbirth, while struggling with the problem of how best to represent the particulars of labour and delivery. In 1749 the Dutch anatomist Petrus Camper attended Smellie's lectures, commenting in his notebook on what he found to be the more interesting aspects of Smellie's teaching:

> He gives an entirely new theory of the foetus descending head first into the pelvis as the most usual condition, the head of the foetus undoubtedly descending obliquely so that one ear faces the pubes, the other the os sacrum; he concludes this to be the more natural because of the greater width of the pelvis, noting everywhere the diameter crossways of the head

> of the foetus is an inch shorter than the diameter lengthways. Then (when the head is in position in the pelvis) it gradually turns with the occiput towards the pubes until its diameter lengthways corresponds to the longer diameter in the lower part of the pelvis.[33]

In his lectures and later in the *Treatise* Smellie taught that all manual interventions must be guided by the knowledge that the fetal head rotates thus in the course of its descent in order to pass through the widest available diameter of the pelvic outlet. How the knowledge of what later came to be called "the mechanism of labour" conveys a "distinct idea" of how to proceed in difficult cases defines Smellie's treatment of delivery in all three volumes of the *Treatise*, and this is the achievement for which he has been celebrated ever since.[34] This topographical description of the fetal head's changing position in relation to the maternal pelvis was what permitted the consistently effective use of the nonlethal forceps in a much wider range of cases than ever before, greatly reducing the occasion for performing craniotomy.

Although the process by which the fetus descends in delivery would eventually be represented in print in the plates of his *Sett of Anatomical Tables,* Smellie employed various mechanical dolls to demonstrate his theory while lecturing. As we have seen, Manningham had also used of dolls for these purposes. But unlike Manningham's "glass machine," Smellie's dolls were reputed for their verisimilitude and Camper also described them in these terms:

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[33]Quoted in Johnstone, 45. According to Johnstone, Camper took two courses, in January and then April of 1749; and again once more in 1752. Eleven of his drawing appear in Smellie's *Anatomical Tables* (38).

[34]As early as the 1788 edition of the *Treatise*, the section of the chapter on the anatomy of the pelvis that details this process is entitled "Mechanism of labor."

> He demonstrates parturition in models of women of which the pelvis and spine of a well-modelled woman are the starting point. Both the abdominal and extra-abdominal parts have been made out of leather with such remarkable skill that not only is the structure as natural as possible but the necessary functions of parturition are performed by working models. For example, the contraction of both the internal and external os, the generation of water in parturition and dilation of the os uteri are so natural that hardly any difference is to be noticed between these, and those in natural women.[35]

The significance of the dolls to the success of Smellie's mechanical theory cannot be underestimated. Paired with various wooden infants, whose "bones of the head work just as in actual living fetuses" their lifelike, three-dimensional *mechanical* recreation of labour and delivery reifies what previously existed only on the level of abstraction: the perfect functioning of all reproductive systems in a normal birth. Although Smellie would continue in the traditional of defining a "natural birth" as one that did not require any manual intervention, the machines enacted a more detailed version of "normal" than had ever previously existed.[36] All of the various activities it performed–the breaking of the waters, the dilation of cervix–are no longer *signs* to be interpreted by the practitioner for hints as to how to proceed, but elements of a larger mechanical system.

Smellie's dolls in fact enact the principle of *verum-factum* (maker's knowledge) that is at the heart of the scientific method articulated by Bacon more than a century earlier. In his *Novum Organon* Bacon drew an analogy between nature's workmanship

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[35]Camper in Johnstone, 26.

[36]They of course also enacted the abnormal: this was their main pedagogical function. Camper notes elsewhere that Smellie experimented with some of his more innovative techniques–for example the chin-first delivery when the back of the infant's head is tucked up under the mother's sacrum–on the machine before applying it in actual cases (in Johnstone, 57).

and human craftsmanship, arguing that both were reducible to a set of techniques which produced effects. The ability artificially to reproduce a natural effect was to attain a "maker's knowledge," and therefore such experiments might act as guarantee of the integrity of newly discovered natural knowledge. As Bacon observes, the pursuit of natural knowledge through mechanical means was especially useful since "the method of creating and constructing such miracles of art is in most cases plain, whereas in the miracles of nature it is generally obscure."[37] Indeed, under Smellie's mechanical theory, the maternal body lost much of its mysterious and obscure quality, becoming instead a system comprised of functional, measurable parts that operate in logical manner. Camper's comment on the singular verisimilitude of the machines–"so natural that hardly any difference is to be noticed between these [mechanical processes], and those in natural women" points to the principle of *verum-factum* underlying Smellie's mechanical theory, and draws attention one of its most remarkable features: its ability to appear as something less than theory.

Interestingly the strange invisibility of mechanical theory–its apparent status as self-evident truth, as no more than a faithful rendering of natural phenomena–is strongest when communicated via visual modes of representation such as the mechanical doll. But the pedagogical import of the mechanical theory is continually stressed in Smellie's publications, and it is in these moments that the essentially theoretical nature of this mechanical model of parturition becomes apparent. Smellie's discussion of the

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[37]Bacon quoted in William Eamon, *Science and the secrets of nature* (Princeton, 1994), 353.

representational strategies he adopts in the *Anatomical Tables* and the *Treatise* in order to accommodate the needs of his student readers brings to the fore the artificiality of his abstractions. The Preface to the *Tables* observes that the plates deliberately avoid "the extreme Minutiae, and what else seemed foreign to the present design," in consideration of the needs of the young practitioner, "the situation of the parts, and their respective dimensions being more particularly attended to, than a minute anatomical investigation of their structure."[38] The deliberately simplified, schematic nature of these engravings is obvious when compared to the obstetrical atlas published his former student William Hunter in 1774. The *Anatomical Tables*, as Smellie himself remarks, eschew "delicacy and elegance" in favor of a "strong and distinct manner."[39] Clarity in the interests of instruction is Smellie's only goal. In contrast, Hunter's plates display an absolute fidelity to the particulars to the bodies represented, in the service his stated desire to document nature.[40] Smellie's division of labors into three classes (natural, laborious, preternatural) in the *Treatise* also reflects the priorities of an operator rather than naturalist, classifying

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[38]William Smellie, *A set of anatomical tables, with explanations, and an abridgment of the practice of midwifery* (London, 1754), Preface, unpaginated.

[39]Smellie, *Anatomical Tables*, Preface.

[40]For a full discussion of the aesthetic and epistemological principles underlying Hunter's atlas, see Ludmilla J. Jordanova, "Gender, Generation and Science: William Hunter's Obstetrical Atlas," in *William Hunter and the Eighteenth-Century Medical World*, eds. Roy Porter and W.F. Bynum (Cambridge, 1985), 385-411, and *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (Madison, 1989), 47-9. For a discussion of the contrast between Smellie's atlas and that of Hunter, see Andrea Henderson, "Doll-Machines and Butcher-Shop Meat: Models of Childbirth in the Early Stages of Industrial Capitalism," *Genders* 12 (1991): 100-119.

them according to whether delivery requires surgical assistance: "Neither do I mind how the child presents, so much as the way in which it is delivered."[41]

The practical emphasis here, as well as Smellie's discussion elsewhere of the social necessity of often working "blind" and by touch alone, is reminiscent of Chapman's dismissal of traditional depictions of fetal presentations in his *Essay*. But Smellie's emphasis on the visualization of the physical process of delivery as a prerequisite to practical success could not be more different. The tension between his mechanical conception of delivery and the theoretically uninformed interventions employed by midwives and older male practitioners runs as a constant theme throughout the *Treatise*'s two volumes of case histories. The lack of a clear mental image of how things should stand is shown to render such practitioners unable to decipher clinical data indicating the proper mode manual correction, and more often than not he depicted midwives engaging in random and useless interventions–shaking women, turning them upside down, applying cold water to a protruding fetal arm in order to encourage it to withdraw. Smellie did offer lectures to midwives and commented favorably upon some of his former female students or midwives who demonstrated an acquaintance with pelvic anatomy, such as the midwife whose assessment of a 1751 case of a tedious labor met with his approval: "She also told me, that she imagined the head did not present right, for she found the opening at the share-bone, and imagined this was the occasion of the difficulty. On examining, I found it as she had related, and was much pleased with the

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[41]Smellie, *Treatise*, 194.

midwife's honest behaviour and sagacious remark."[42] Other male practitioners also came in for criticism for similar reasons, in particular for their rather more vague conception of how the forceps might be applied. The lack of precision that characterized extraction by forceps as performed by earlier practitioners was in marked contrast to the highly detailed directions Smellie offers in the *Treatise*. It is worth noting that Chapman's instructions on their use in his *Essay* were focused almost exclusively on maximizing the extractive force of the instrument while avoiding lacerations to the vagina:

> You are first to pass one Part thereof above, gently introducing it, and guarding and directing the *bow* as far as you can, with all the Fingers of the left Hand (the Instrument lying in the Hollow of the Hand) being careful that no Fold or Part of the *Vagina* get between the Instrument and the Head of the Child, which would at once hinder any Hold of the Head (and consequently foil you in the Attempt) and bruise the Part that intervenes. But a little Care will easily prevent this.
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> ONE Part thus passed over the Head, and under the *Os Pubis*, the other is to be passed over the *Os Sacrum*; and thus a Laceration will be avoided. When those are passed, they are to be brought close together, and, if you please, the Screw may be put through and fastened with the *Button*, tho' there is no occasion for the Loss of so much Time; for without doing this, the *Hand* will prove sufficient to keep them together; and thus you may extract the Head, by drawing gently down.[43]

Chapman's major concern here is to prevent the instrument from slipping and the most detailed parts of his instructions revolve around the question of whether to fasten the blades of the forceps together. His focus is on what actually is *visible* to the practitioner: the relationship between his hand and the instrument. In his case histories Chapman was similarly laconic in his directions; he rarely states more than that he had applied the

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[42]Smellie, *Treatise*, ed. McClintock, vol II, p. 342.

[43]Edmund Chapman, *A treatise on the improvement of midwifery; chiefly with regard to the operation*, 2nd ed. (London, 1735), pp. 18-19.

forceps and successfully extracted the infant. In contrast Smellie uses a highly specific anatomical terminology in his cases in order to also describe with precision what is *not* visible, each twist and turn of the fetal head as he extracted it:

> I introduced the forceps along the ears, having fixed them, and pressed the handles as far back as the perineum would allow; and tried to bring the forehead and face below the pubes, by little and little every pain, but did not succeed. Thus disappointed, I pushed up the head with the forceps to the brim of the pelvis, turned the forehead to the left side thereof, and brought the vertex down to the lower part of the right ischium; then turned the forehead backwards to the concave part of the sacrum, the occiput below the pubes, and delivered the head and body as in the former case.[44]

With its detailed anatomical description of the relative position of the maternal pelvis and the fetal head, the mechanical theory placed an almost Deventarian emphasis on the forceps' role in correcting and artificially recreating the natural progress of the head. But Smellie's development of a theoretical model of normal functioning not only shifted the focus away from the extractive power of the forceps, it provided a logic for the further extension of their use into cases were previously they had been not been widely used. The visualization of simplified abstractions allowed the multiplication of specialized techniques for a much wider variety of situations: an infant presenting with its head high in the pelvis, or with its forehead at the pubic bone, with its face foremost, and so forth. The mechanical doll, in its capacity to simulate normal functioning, further facilitated the transfer of newly theorized techniques into practice by permitting this kind of experimentation.

As such the mechanical theory therefore conferred an important advantage in

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[44]Smellie, *Treatise*, ed. McClintock, vol II: 343.

Smellie's endeavors as a lecturer and author: it provided a means of conveying a sufficiently detailed account of how to use the instruments, one that greatly reduced the need for individual instruction by an adept in these techniques. In this regard it represented the solution to the problem that he had dramatized in the "Introduction": the limitation of surgical delivery to the delivery of dead infants (that is, craniotomy), for the vast majority of practitioners. The forceps, as Smellie intimated at the end of his autobiographical digression, suggested to him the best hope for rectifying this situation, as "an instrument more mechanically adapted, and easier applied than any other contrivance hitherto used." But in the 1730s only a few individual practitioners were using forceps successfully, men such as Chapman and Giffard who were in a line of direct instruction leading back to the Chamberlens and had spent years perfecting their technique through trial and error.[45] Smellie himself alludes to the difficulties arising in consequence of the Chamberlens' keeping the forceps secret, noting that the instrument was initially of little use, for even after it was more widely known it was "seldom applied with success."[46] Smellie's rationalization of forceps technique and its communication in the terms of the mechanical theory therefore also made possible the widespread dissemination of that effective technique. The mechanical theory was therefore represented as entirely subordinate to the articulation of his directions for the use of the

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[45]Wilson, *Making of man-midwifery*, chapters 5 and 7, traces the lines connecting all known early eighteenth-century forceps practitioners back to the Chamberlens, and also notes instances in which practitioners who did not receive personal instruction in the use of the instrument found them impossible to employ correctly.

[46]Smellie, *Treatise*, 249.

forceps, to the extent that its genesis was described entirely in these terms, and always in the context of an autobiographical narrative describing the difficulties he had encountered as a practitioner early in his career.

These accounts reveal much about how Smellie chose to represent his own efforts as a theoretician. As a preface to his instructions for the use of the instrument, he recounts a pivotal moment in which he turned away from textual authorities–this time Chapman and Giffard–and consulted his own reason:

> For my own part, finding in practice, that by the directions of *Chapman, Giffard,* and *Gregoire* at *Paris*, I frequently could not move the head along without contusing it, and tearing the parts of the woman; for they direct us to introduce the blades of the forceps where they will easiest pass, and taking hold of the head in any part of it, to extract with more or less force, according to resistance: I therefore, (having before converted my principle attention to the study of Midwifery) began to consider the whole in a mechanical view, and reduce the extraction of the child to the rules of moving bodies in different directions: in consequence of this plan, I more accurately surveyed the dimensions and form of the *Pelvis*, together with the figure of the child's head, and the manner in which it passed along in natural labours; and from the knowledge of these things, I not only delivered with greater ease and safety than before, but also had the satisfaction to find, in teaching, that I could convey a more distinct idea of the art in this mechanical light than in any other; and particularly, gave more sure and solid directions for applying the forceps, even to the conviction of many old practitioners, when they reflected on the uncertainty attending the old method of application.[47]

A cursory glance at this narrative reveals a trajectory fairly similar, if described in greater detail, to the previous one of the "Introduction." The lectures and books of the time do not adequately address the difficulties of extracting with the forceps. Doggedly pursuing the solution to this problem, he consults his own reason. By observing more

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[47]Smellie, *Treatise*, 251-2.

minutely pelvic anatomy and the movement and positioning of the fetal head and body as they progress downward in delivery, Smellie is able to develop a reliable and easily communicated method for performing deliveries and in particular for the application of the forceps. Again it is only by leaving aside what has already been taught and written and acquiring through observation a more accurate "knowledge of these things" that he finds the solution to his difficulties. The deceptively modest phrase which opens both of these autobiographical narratives–"for my own part"–underscores the contrast between the arid theorizing of textual authorities and the daring efforts of the lone practitioner to improve his methods through observation and experiment.

But upon closer examination there are hints of a more complex picture: although Smellie implies that his observations were directly prompted by a desire to improve his technique with the forceps, he does note that his more accurate survey is made in consequence of a plan "to consider the whole in a mechanical view." That is, in consequence of a *theoretical* conception of parturition, albeit, a theory apparently of his own making rather than that of any particular authority. The terms used –"mechanical light" or "mechanical view"–suggest a method for the observation or description of nature rather than an amalgam of learned authorities, but his reference to reducing "the extraction of the child to the rules of moving bodies in different directions" does however point to a significant level of abstraction. "From the knowledge of these things" then indicates the mediation of a theoretical construct rather than experimentation immediately in consequence to the apprehension of raw data. What all of this tells us is that although Smellie rejected the prevailing teaching, he did not approach the problem of the forceps

with a completely blank slate.

Perhaps the most noteworthy aspect of this account is its acute compression of events, which conveys the impression that the mechanical theory Smellie took up was the working hypothesis he employed in the course of his empirical investigations and led directly to the formulation of his improved methods. Yet if we examine Smellie's other accounts of the critical years (1739-1745) between his departure from his rural practice in Scotland and his first attempts to render his lectures into a treatise we uncover a much less straightforward series of developments. Most importantly, it becomes clear that Smellie pursued the perfection of his mechanical theory quite independently of his experiments with the forceps, *as a theory for the purposes of lecturing*. The first steps toward reconstructing events have been taken by other scholars: Adrian Wilson has done much to show that the mechanical theory with which Smellie began when he "converted [his] principle attention to the Study of Midwifery" was not in fact the groundbreaking one promulgated in the *Treatise*, but something rather more in tune with prevailing understandings of the mechanics of parturition and one which did not take into account the rotation of the fetal head. Clues to Smellie's earlier thinking, as Wilson points out, are present in the second volume of the *Treatise*. There Smellie again recounts his intellectual journey, appending a longer, more strictly autobiographical narrative to a case from 1742 describing a tedious labour. Notably there is a significant gap between his adoption of a mechanical theory and the perfection of his method for the use of the forceps in this account:

> I endeavoured to reduce the art of midwifery to the principles of

> mechanism, ascertained the make, shape, and situation of the pelvis, together with the form and dimensions of the child's head, and explained the method of extracting, from the rules of moving bodies in different directions. Nevertheless, I had still some occasion to perceive that children were lost, and the mothers endangered, by turning, when the head was large and presented, or even by leaving the head to stick long at the lower part of the pelvis when the pains were weak and the patient exhausted [. . .]. To obviate these misfortunes, I was sometimes obliged to have recourse to the fillet or forceps; with which last I frequently succeeded so as to save the child; though the use of them was sometimes attended with a laceration of the external parts of the woman, until I contrived an alteration in their form, and gave new directions for using them; by which this inconvenience was prevented.
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> In a word, I diligently attended to the course and operations of nature which occurred in my practice, regulating and improving myself by that infallible standard; nor did I reject the hints of other writers and practitioners, from whose suggestions, I own, I have derived much useful information.[48]

Here we have the same emphasis as in the previous account on precepts arising from clinical observation, although significantly modified in this instance by the reference to "other writers and practitioners." More importantly, Smellie's adoption of the "principles of mechanism" is much more distant from the development of his "new directions" for forceps use in this account: it is only after being "sometimes obliged to have recourse" to the forceps that he is set upon developing improved methods for their use. Wilson in fact argues that the reference to children lost by turning or leaving the head stuck at the lower end of the pelvis in hopes of natural expulsion suggests that Smellie's mode of practice between 1740-41 was not only anti-instrumentarian, but Deventarian. Smellie's initial version of the mechanical theory was not, therefore, connected to the question of forceps

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[48]Smellie, *Treatise*, ed. McClintock, vol II, 251.

technique *at all.*[49]

Wilson's reconstruction of the development of the mechanical theory is a major challenge to received notion of Smellie's research methods. Yet in approaching Smellie simply as a practitioner–as the two autobiographical accounts in volume I indeed encourage the reader–he overlooks the possibility that Smellie's initial adoption of the mechanical theory may reflect the influence of Smellie's activities as a lecturer rather more than a desire to achieve better results in cases of obstruction by the head. By identifying Smellie's early mechanical theory as the wholesale adoption of Deventarian thinking, he fails to consider other factors which suggested to Smellie that he "consider the whole in a mechanical view."[50] Yet I would suggest that there are good reasons to believe that Smellie embraced a mechanical theory–however Deventarian in its

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[49]See Wilson, *Making of man-midwifery,* 125-31. In surveying the cases ascribed to the years 1740-49 that are recounted in the *Treatise*'s two volumes of collected case histories, he finds that the case record reveals Smellie's reluctance to use the forceps during the early 1740s. In his opinion it was Smellie's initial lack of success with the forceps that pushed him to adopt a Deventarian approach and abandon the use of instruments altogether. Thus delivery without the forceps would have been the aim which Smellie's earliest mechanical theory served, until a lack of repeated lack success forced him to experiment with the instrument yet again. Beginning in 1742, the cases register a gradual increase in the use of the forceps, but always as the last resort. According to Wilson it was not until 1745, the year in which several critical experiences completely revolutionized his use of that instrument, that Smellie began to develop the version of his mechanical theory that he would publish in the *Treatise.*

[50] It seems undeniable that Deventer's approach to midwifery influenced Smellie. Smellie himself acknowledges Deventer's early influence on him in the "Introduction." Yet it seems unlikely that Smellie adopted Deventarianism as an ideology in the manner that Maubray or Manningham did, however psychologically apt such a switch of allegiances may have been in the face of his repeated failures with the forceps. I believe it is in fact inaccurate to identify Smellie's earlier mechanical theory as simply "Deventarian" even if it was significantly more indebted to Deventer than the theory that Smellie would later promulgate.

features–primarily for the purposes of teaching, as a lecturer attempting to systematize his precepts for his pupils. The most compelling piece of evidence to this effect is in the paragraphs immediately preceeding the quotation above from Volume II of the *Treatise*. There Smellie recounts his experiences of Gregoire's teaching in Paris, critiquing Gregoire's highly popular lectures on *pedagogical* grounds:

> his machine was no other than a piece of basketwork, containing a real pelvis covered with black leather, upon which he could not clearly explain the difficulties that occur in turning children, proceeding from the contractions of the uterus, os internum and os externum. Little satisfied with his manner of instructing, I considered that there might be the possibility of forming machines, which should so exactly imitate real women and children as to exhibit to the learner all the difficulties that happen in midwifery; and such I actually contrived, and made by dint of uncommon labour and application.[51]

Incapable of demonstrating the particulars of labour and delivery, Gregoire's doll was more symbolic than functional. His teaching in the use of the forceps was similarly vague; Smellie recounts that he simply instructed his students "to introduce them at random, and pull with great force."[52] Smellie's dissatisfaction with Gregoire's directions–as with those of Chapman and Giffard–is rooted in their lack of precision and specificity. But he also observed the unexploited pedagogical potential of the mechanical doll, and it determined the nature of his own teaching. Unlike Manningham or Gregoire, Smellie was not to be not satisfied with simply demonstrating general precepts on the doll in an approximate manner–he wanted to reproduce all the details of practice in the lecture classroom in order to train students how to recreate by artificial means the processes

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[51]Smellie, *Treatise*, ed. McClintock, vol II, 250-251.

[52]Smellie, *Treatise*, ed. McClintock, vol II, 250.

nature normally effects. His machines, later renowned for their verisimilitude, enabled this kind of instruction precisely because their mechanisms replicated the workings and motions of the maternal and fetal bodies.

Thus the desire "to reduce the art of midwifery to the principles of mechanism," to ascertain the "make, shape, and situation of the pelvis, together with the form and dimensions of the child's head" and to formulate a method of extracting from the "rules of moving bodies" had at least part of their origins in his efforts fabricate a more lifelike machine that would serve him in teaching.[53] Even if it also reflects a turn to Deventarian theory and methods, it is important to recall all of this theorizing occurred in the context of Smellie's efforts as a lecturer to explain the theory and practice of midwifery "in the Clearest Manner."[54] For although a desire to improve his skills may have prompted Smellie to leave behind his Lanark practice of ten years standing, it was as a midwifery lecturer that he settled in London upon his return from Paris. And indeed as early as 1742 a copy of Smellie's first publication, the seven page syllabus for his course of twelve lectures, advertises his use of machines to demonstrate "all the Variety of natural, difficult, and preternatural Labours."[55] In need of a means adequately "to exhibit to the learner all the difficulties that happen in midwifery," he approached delivery in a "mechanical light"; for as Smellie repeatedly observes throughout the *Treatise* it is the

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[53]The lifelike nature of Smellie's machines excited praise from numerous commentators, a number of which Johnstone cites (25-7).

[54]*Course of Lectures*, title page.

[55]*Ibid.*.

mechanical theory that allows him to convey "a more distinct idea of this art" and systematize intervention to a greater level than in any other approach to midwifery--both pressing needs for the lecturer.

Contrary to what the autobiographical narratives of volume I imply, the demands of lecturing rather than clinical experience therefore appear to be what pushed Smellie most strongly toward the mechanical paradigm. In fact the evidence of the case record indicates that however well the "mechanical view" served Smellie's purposes as a teacher, it did not guide his inquiries as a researcher into improved techniques for the forceps in the early 1740s. One of the more striking instances of this disjunction between theory and practice is a case from 1744 in which Smellie makes, quite by accident, the same discovery that Ould had published in his treatise two years previously: that the fetal head enters the brim of the pelvis transversely, with its long axis corresponding to the longest axis of the brim, the transverse diameter.[56] This accidental discovery demonstrates not only, as Wilson surmises, that Smellie had not read Ould very closely before 1744, but that despite his attention to pelvic dimensions and the "rules of moving bodies in different directions" Smellie's mechanical theory at this time, unlike the theory presented in the *Treatise*, did not include any appreciation of how much the descent of the fetus was governed by the anatomy of a *normal* maternal pelvis. There is nothing exceptional in his initial ignorance of this phenomenon: the discussion of interaction of

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[56] In his retrospective comment on this case Smellie observes, "I at that time imagined with others, that in labours the forehead was mostly to the sacrum," and he notes that only upon finding the mark of the forceps upon the forehead rather than the ears did he discover that the latter were not to the sides of the pelvis, "as I imagined"(Smellie, *Treatise*, ed. McClintock, vol II, 300).

the fetus and pelvis was limited to cases of malformed pelvi in all other authors at this time, and Deventer's focus on the effects wrought by the positioning of the uterus or a protruding coccyx meant there was little consideration of how the changing dimension of the pelvic outlet guided the rotation of the fetal head.[57] But the case record shows that the practical application of this observation did not occur until more than a year later, suggesting not only that there was little integration of clinical data and the mechanical theory at this time but also that the primary objective of the mechanical theory was not to solve the problem of rationalizing forceps technique. Indeed, Smellie may not have realized the implications of the phenomenon he observed for both his theory and practice until he recalled Ould's discussion of it; according to Camper's student notes Smellie would later credit Ould in his lectures as the first to describe the oblique position of the head at the brim, "which, Dr. Smellie asserts, threw great light on the problem for him."[58]

It is not until 1745, as several commentators have noted, that Smellie makes the discovery that revolutionizes his method for employing the instrument and would force him to reformulate his mechanical theory: he finds that he can use the forceps to artificially rotate the head. This discovery is made during an attempt to extract a child by pulling from side to side. The forceps slip off the head three times, and Smellie finds himself at an impasse:

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[57]Fixed characteristics such as the dimensions of the pelvis or fetal head or Deventarian variables such as the activity and positioning of the uterus appear to have made up the whole of his mechanical theory. That Smellie's construction of his machines did not lend him insight here may reflect the limitations of his earlier models.

[58] Camper quoted in Johnstone, 46.

> While I paused a little, considering what method I should take, *I luckily thought of trying* to raise the head with the forceps, and turn the forehead to the left side of the brim of the pelvis where it was widest, an expedient which I immediately executed *with greater ease than I expected.* I then brought down the vertex to the right ischium, turned it below the pubes, and the forehead into the hollow of the sacrum; and safely delivered the head, by pulling it up from the perineum and over the pubes. This method succeeding so well, gave me great joy, and was *the first hint*, in consequence of which I deviated from the common method of pulling forcibly along and fixing the forceps at random on the head; *my eyes were now opened to a new field of improvement on the method of using the forceps* in this position, as well as in all others that happen when the head presents. [*My italics*][59]

Perhaps the most striking aspect of the case history is its candid admission that this discovery is entirely *accidental*; Smellie's actions are not logically deduced from the mechanical theory but rather a fortunate guess. Even the repeated slipping of the forceps which brings about this crisis turns out to be unrelated to the position of the head; Smellie mentions that he observed afterwards that it was caused by a problem with the instrument itself.[60] The outcome of this case thus appears to owe very little to the theory he had been teaching at that time; at best we might surmise Smellie's detailed knowledge of pelvic anatomy inspired his lucky intuition.

Yet it appears that this accident did reveal to Smellie how his mechanical theory might be refined in order to make it useful for explaining his new method of using the forceps. For although Smellie's first version of his mechanical theory did not in itself lead to his formulation of better rules for applying the forceps, his immersion in matters of "moving bodies" did give him the ability to recognize the significance of this

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[59]Smellie, *Treatise*, ed. McClintock, vol II, 338-9.

[60] Smellie, *Treatise*, ed. McClintock, vol II, 339.

accidental discovery, and it also gave him the means for communicating this insight. In finding a more reliable and precise means of representing his instructions Smellie could finally supply what had been lacking in the publications of Chapman and Giffard. Significantly, he began to put together the *Treatise* shortly thereafter. In the context of these events, the anti-theoretical currents in the *Treatise* take on a new light. These experiences of accidental discovery may very well account for Smellie's ideological commitment to empirical investigation and inductive reasoning. Indeed, he appears to make a point to this effect at the end of his autobiographical narrative in volume II: "I have given this short detail of my own conduct, for the benefit of young practitioners, who will see, that far from adhering to one original method, I took all opportunities of acquiring improvement, and cheerfully renounced those errors which I had imbibed in the beginning of life."[61]

An inclination to minimize the importance of the theoretical aspect of his work may then account for the peculiarities which characterize the narratives in which the origin of the mechanical theory is described. For if the mechanical theory began life as a theoretical paradigm quite divorced from Smellie's experiences as a practitioner, why would he suggest so strongly that his desire to improve his use of the forceps is what first prompted him to reduce delivery to mechanical principles? Given the prominence of Smellie's activities as a lecturer everywhere else in the first volume of the *Treatise*, it is

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[61]Smellie, *Treatise*, ed. McClintock, vol II, 252. The case to which Smellie appends this longest of the autobiographical digressions is one in which the gap between his past and present practices was particularly evident: he is prevented from intervening by the patient's fear of instruments, but retrospectively concludes that the forceps would have been successful in extracting the child before it died.

striking that his status as a lecturer is obscured in the autobiographical narratives describing the origins of his mechanical theory. The use of ambiguous circumlocutions ("having converted my principle attention to the study of Midwifery") and the suggestion that its application to his lecturing was secondary ("I not only delivered with greater ease and safety than before, but also had the satisfaction to find, in teaching, that I could convey a more distinct idea of the art") shift the focus to his activities as a practitioner, and indeed both accounts derive their narrative momentum from his search for a solution to the practical problem that had plagued him since his days as a lone practitioner in Lanark–how to deliver in cases of obstruction by the head.[62] While not actually falsifying events, the narrative appearing in volume I does elide the gap between his original mechanical theory and the revised one presented in the *Treatise*.

The status of the mechanical theory as *theory* would have been undisguised had Smellie revealed that it had been much less practically useful in a previous incarnation. By locating its origins in the invention of new practical methods, he can suggest its further application as means of devising new manual techniques. Thus Smellie notes that the mechanical theory not only led him to make modifications in the design of the forceps, but also observes that "the consideration of mechanicks applied to Midwifery, is likewise in no case more useful than when the child must be turned by the feet."[63] Yet in a

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[62]Ironically it was the high volume of cases that Smellie attended as a consequence of the private arrangements for his pupils' instruction (some 1150 women delivered) that made possible the observations and experiments he describes in volumes II and III of the *Treatise*. These arrangements are also advertised in the 1742 syllabus: "The Expence of being present at a real Labour, is One Guinea.. . ." (*Course of Lectures*, 2).

[63]Smellie, *Treatise*, ed. McClintock, vol II, 252.

characteristic gesture, he quickly qualifies this claim in the next sentence, adding: "I have advanced nothing in mechanics, but what I find useful in practice, and in conveying a distinct notion of the several difficulties that occur, to those who are or have been under my instruction, for whom this treatise is principally designed."[64]

In this regard Smellie departs significantly from predecessors like Maubray or Burton, who stressed the enormous labor they put into the formulation of their theoretical systems. Smellie's self-effacement–in what are after all, autobiographical narratives–conveys the impression that his theory arose spontaneously out of the empirical data he collected in his quest for improved practical methods. By muting the details of the mechanical theory's origins Smellie plays down his own substantial role in its development and elaboration. Smellie's reluctance to elaborate upon any topics in which no clear line between theory and observation can be drawn–as in the case of embryology–also stands in stark contrast to the delight taken by Burton in the opportunities for theoretical high-flying presented by such difficult topics. The uniqueness of the "complete system" realized in the *Treatise* is not therefore simply a product of its consistent emphasis on an inductive, empiricist methodology for the creation of knowledge; it is in its substitution of an autonomous, methodically-organized collection of abstractions and matters of fact for the kind of discursive, personal synthesis Exton and Burton formulate in their own systematic treatises.

Yet it was traditionalists like Burton who were most sensitive to the theory lurking in Smellie's radical empiricism. Four years before the first volume of the *Treatise*

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[64]Smellie, *Treatise*, ed. McClintock, vol II, 252.

appeared, another professional rival, William Douglas, had castigated Smellie in print on a similar point. Douglas claimed that Smellie's pupils were led into a false sense of security through their practice upon the mechanical doll because it made instruction in theory seem identical to the acquisition of real experience, relating an anecdote concerning a former student of Smellie's who, "*contrary to all Decency*," lay a patient "*quite bare*," and then repeatedly brought down the wrong limbs because he was unable to perform without the advantage "of peeping over the *Os pubis* and thro' Mr. *Lambe's* Glass Matrix."[65] Smellie's pupils, with their overly theoretical training, are ill-prepared for the exigencies of actual practice such as the demands of modesty or the necessity of working blind, Douglas implies. In 1760 the London midwife Elizabeth Nihell would make a similar point in her *Treatise on the Art of Midwifery*, archly questioning the pedagogical value of attendance upon this "admirable ingenious piece of machinery":

> Now as to these worthy pupils, must not they be finely enabled to judge of the situation of women with child, and of that of their fœtus? Must not they be deeply skilled in that branch of anatomy? Must not they acquire a habit of the touch exquisitely nice, exquisitely just, for discerning the proportion and analogy between a mere wooden machine, and a body, sensible, delicate, animated, and well organized?[66]

For Nihell, as for Douglas, the gap between an abstract knowledge of the body and the exigencies of actual practice is as wide as that between living, feeling women and machines. Nihell in fact goes farther than Douglas, rejecting entirely the distinctions that Smellie sought to make between his own rationalization of manual technique and the

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[65]William Douglas, *A letter to Dr. Smellie* (London, 1748), 20-21.

[66]Elizabeth Nihell, *A treatise on the art of midwifery* (London, 1760), 51.

superfluous, fanciful theorizing of earlier authors. Here she slyly conflates with the *Treatise* with the books of the previous century which he had openly disdained, equally plagued by "insignificant digression, or things entirely foreign from the point":

> IN some you see all distempers of women collateral to their pregnancy, which is certainly very necessary and an infinitely extensive subject, while on the practical article of the deliverance they give you nothing but what is barren, jejune, or even false. Others, by way of filling up, run digressively into a discussion of all the methods of treating infants. Others again have written only to recommend some pretended secrets, as powders, preparations, &c. Some have swelled their volumes with the more or less commodious structure of a couch, or the mechanism of a close-stool, or the make of different sorts of syringes for anodine injections. In others you meet with remedies for deformities of the human body, for the contractions or stiffnesses of the muscles of the shoulders, arms, hands, legs, feet, thighs, haunches, &c. To straiten the crooked, and even, in a treatise on midwifery, to extirpate a polypus from the nose. Others, with all the parade of justly exclaiming against nostrum-mongers, the plausible writing against which serves at once to fill up, and give them an air of superiority to such trumpery, substitute however nothing better of their own than the recommendation of some instrument, which they give you for a master-piece of invention [. . .].[67]

Nihell's *Treatise*, five hundred plus pages of blistering invective against man-midwifery, thus joins Burton's *Letter* and Philip Thicknesse's *Man-Midwifery Analysed, and the Tendency of that Practice Detected and Exposed* (1764) as among the number of publications that take Smellie as a particular target. All three react with suspicion to Smellie's analytical and mechanical approach to midwifery. But in contrast to Burton, both Nihell and Thicknesse indict male midwifery practice in general as a fraudulent and scandalous enterprise, deeming it both foolishly theoretical and overly reliant on instruments. Both of these critics repeatedly challenged the presumption that women's

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[67]Nihell, *Treatise*, 252-3.

bodies could be understood purely in terms of objective data, re-personalizing–and therefore sensationalizing–interactions between female patients and male midwifery practitioners, Nihell asking: "what must a husband, what must a wife think at her being *spread out* in this manner under the hands and eyes of a man-practitioner, with his helpers, perhaps his trusty apprentices, only for the experiment of a *forceps* of a new invention, the merit of which too is so contested an one?"[68]

The latter part of this characterization was, however, already dated by 1760, for by then the focus of man-midwifery had already shifted away from instrumental interventions. As men-midwives played an increasing role in the management of normal births, they adopted an increasingly anti-interventionist stance, epitomized in William Hunter's oft-quoted assessment of the forceps: "I admit that they may be sometimes be of service [. . . .] Yet, I am clearly of opinion, from all the information which I have been able to procure, that the *Forceps* (midwifery instruments in general, I fear) upon the whole, has done more harm than good."[69] The direct impact of Smellie's teaching upon clinical practice was therefore fairly short-lived. In fact Smellie's continuing stature as a major author among the generation of practitioners immediately following him, despite these changes in the nature of practice, points to the *Treatise*'s significance as an epistemological and literary milestone rather than a practical manual. Almost all midwifery authors after him would continue to publicly eschew "idle theory" and pose, as

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[68]Nihell, *Treatise*, 237. Thicknesse, 7 argues for example that men-midwives used "touching" to ascertain a lady's willingness to receive their attentions.

[69]William Hunter in James Vaughan, *Two cases of the hydrophobia* (London 1778), 81.

the Manchester surgeon and man-midwife Charles White does in his 1772 *Treatise*, as self-effacing students of nature: "I have no curious singularities in theory to propose, nor any specific remedy to extol; the only merit I claim, is merely that of having attended to, and followed nature in her operations more closely, and with a more religious observance than hitherto perhaps has been done."[70] White cites Smellie extensively in his book, but always in the context of praising his achievements as the first practitioner to describe accurately the progress of a natural labour rather than his skills as a superlative operator. In the two decades after the initial publication of Smellie's works many of the most prominent lecturers and authors sought to distance themselves from a purely mechanical approach, moving toward physiological rather than anatomical accounts of delivery. The constitutional and psychological attributes of the laboring woman–such as a "weak, feeble, and irritable state of the body" brought on by "too sedentary a life; too rich and delicate a diet, frequenting assemblies and crowded rooms; late hours; lying too long in bed; taking too little exercise in the open air; sitting many hours in a coach"–were increasingly called to account for difficult labors, and when the role played by such factors in governing normal labors became the center of interest, the limits of a mechanical paradigm became clear.[71] Thus in 1788, Thomas Denman would declare in his own systematic treatise that in the absence of any reliable means of measuring the propulsive power of a particular labor, the precise dimensions of the mother's pelvis, or

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[70]White, *Treatise on the Management of Pregnant and Lying-in Women* (London, 1772), xlvii.

[71]Bland, *Observations on Human and on Comparative Parturition,* 48.

the alterations in size undergone by the fetal head as it progressed through the birth canal, it was impossible to assess individual labors at the bedside purely upon mechanical principles. Although Denman concedes that mechanical theory provides the best illustration of operative procedure in obstructed cases, he concludes that "on the whole, a fondness for an imperfect knowledge, and some affectation of mechanical principles, seem to have been very detrimental; as to them the frequent and unnecessary use of instruments in the practice of midwifery may in a great measure be attributed."[72] As men-midwives like Denman explored the psychological and physiological factors that influenced normal labors, they were no longer interested in understanding delivery simply in terms of "a body passing through space."[73]

It is notable, however, that one of Denman's first acts when he was setting himself up as a midwifery lecturer in the 1760s was to purchase the mechanical doll of a recently deceased midwifery lecturer.[74] As he admits in his *Introduction to Midwifery*, his own systematic treatise published after more than two decades of successful lecturing, the mechanical theory remained invaluable as a piece of pedagogy. Moreover, in composing this latter work, Denman dutifully followed the paradigm established by Smellie's *Treatise*, remarking, "in the investigation of every subject there must however be some

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[72]Thomas Denman, *An introduction to the practice of midwifery* (London, 1788-89), vol. I, 47.

[73]Denman, *Introduction*, vol. I, 45.

[74]Alexandra Lord makes this observation (" 'To Relieve Distressed Women:' Teaching and Establishing the Scientific Art of Man-Midwifery or Gynecology in Edinburgh and London, 1720-1805," unpublished Ph.D. dissertation, 1995, 71-3.

point of commencement; and, as there is much use and propriety in the method hitherto pursued by systematic writers, I shall follow their example"[75] The primary legacy of the *Treatise* was thus in its impact on the professional discourse of man-midwifery; it demonstrated to other men-midwives how well suited the texts produced in a mature print culture were to creating the appearance of objectivity.

The mechanical spirit of print

Arguably, then, Smellie's greatest influence on his successors was as a lecturer and an author, particularly in the formal innovations he pioneered in the *Treatise*, which not only successfully harmonized theory and practice *in a text* but allowed it the appearance of objective knowledge. This *appearance* of objectivity arises largely from the use of an analytic methodology to organize the text, but it also points to very different pedagogical goals than the ones which animate the works of Exton and Burton. The latter envisioned a significantly different relation between their books and their student readers, modeling in their system building the proper methods for the discovery of new knowledge through the activity of textual criticism. Conversely, Smellie's *Treatise*, which fixed the focus of it theoretical apparatus entirely on the *practical* education of its readers, arose from his endeavours to find ways of directly teaching practical skills to lecture students. Education in the scholarly skills of compiling and synthesizing data did not figure into this project. In fact Smellie was, as we have seen, profoundly interested in making the

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[75]Denman, *Introduction*, vol. I, 1.

theoretical aspect of his teaching as unobtrusive as possible, and in his lectures he accomplished this goal through the use of the mechanical dolls. The dolls not only permitted a visual and tactile demonstration in lieu of simple verbal explanation, but in their verisimilitude also made his theoretical conception of parturition appear self-evident, subsuming theory into its very mode of presentation. Writing a book presented a distinct challenge however, and in the Preface to Volume I Smellie notes that the inability to render visual or practical demonstrations in a text forced him to consider carefully the form of his book would take:

> I at first intended to have published this treatise in different lectures, as they were delivered in one course of Midwifery; but I found that method would not answer so well, in a work of this kind, as in teaching: because in the course of my lectures, almost every observation has a reference to the working of those machines which I have contrived to resemble and represent real women and children on which all kind of different labours are demonstrated, and even performed by every individual student.
>
> I have, therefore, divided the whole into an Introduction, and four Books, distinguished by Chapters, Sections, and Numbers; and have industriously avoided all theory, except so much as may serve to whet the genius of young practitioners, and be as hints to introduce more valuable discoveries in the art.[76]

Not insignificantly, Smellie's rejection of theory as a purely textual knowledge occurs in the context of his discussion of the methodical organization of his own text. His major innovation as an author was to transfer the representational strategies he used as a lecturer to the systematic treatise. In the place of the doll then is a text whose interlocking, precisely articulated books, chapters, sections and numbers function together to recreate for a mass audience the experienced practitioner's familiarity with practical

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[76] Smellie, *Treatise*, Preface, i.

midwifery. As in the case of the doll, the mechanical theory is subsumed into the very structure of the representational medium, here his publications. Indeed he goes on to announce that as a consequence of his deliberations on the form of his book he has adopted an ambitious plan to publish the *Treatise* as a series of interdependent volumes:

> At first, my design was to have inserted cases, by way of illustration, according to the method of *La Motte*; but, upon further deliberation, I thought such a plan would too much embarrass the student in the progress of his reading: and therefore I have resolved, in imitation of *Mauriceau*, to publish a second volume of histories, digested into a certain number of classes or collections, with proper references to the particular parts of this treatise; so that the reader, when he wants to see the illustration, may turn over to it at his leisure, according to the directions that shall be laid down.[77]

Smellie's invocation of the relative merits of La Motte and Mauriceau once again grounds his own endeavor in a literary genealogy, but the invocation of the needs of the student reader brings to the fore the practical utility of the text and the pedagogical import of his stylistic choices. In the scenario he imagines here, the cross-referencing of the *Treatise*'s three volumes permits the reader a *simultaneous* access to standardized instruction and detailed accounts of practice. The final piece of the puzzle was to be a volume of engravings:

> It was my intention to insert in this Compendium, plates of the most useful instruments appertaining to the art of Midwifery; but as large drawings could not be properly bound in a book of so small a size, I have resolved to publish them in folio, with that set of prints which I am now preparing, according to the proposals specified in the advertisement at the end of this volume.[78]

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[77]Smellie, *Treatise*, Preface, iii-iv.

[78] Smellie, *Treatise*, Preface, vi. The *Sett of Anatomical Tables*, also reflects these principles of organization. The segregation of the plates into a separate folio volume was,

Although this design was to reach completion only posthumously in 1764 with Smollett's publication of volume III, it was so integral to the composition of the individual volumes that references to the cases contained volume III were inserted into the last work Smellie personally saw into print, the *Sett of Anatomical Tables* (1754). Similarly, references to the plates contained in the *Anatomical Tables* appeared in Volume II, in anticipation of its publication. This division of the *Treatise* into three interdependent volumes reflects more than a superfluity of case material. The spatial segregation of general precepts and concrete particulars effected by this disposition of the material leaves volume I the most streamlined and uncluttered midwifery manual by the standards of the day, while the joint operation of all three volumes of the *Treatise* grounds the abstractions of volume I's theoretical teaching in the realities of practice. Thus Smellie opens the preface to Volume II observing that its collection of cases are "intended to confirm and illustrate the method of practice recommended in my former *Treatise*, or first volume upon Midwifery," and describes them as a necessary corrective to the overly hasty use of the forceps by inexperienced practitioners who grasp the theory but lack the experience to judge when it is appropriate to apply them:

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as Smellie admits, an accidental consequence of the necessities of the press. But by the time of its publication the *Anatomical Tables* had evolved from simply another volume of the multivolume *Treatise* into an independent work, itself a microcosm of the systematic organization that characterizes the *Treatise*. Functional as a freestanding volume or in tandem with the *Treatise*, each of its plates is cross-referenced with all three volumes of the *Treatise* and annotated with the relevant passages from volume I, "which though far from being complete, may serve to illustrate several things which otherwise by a bare representation would be hardly intelligible" (*Tables*, Preface, n.p.). As such the *Anatomical Tables* manifest within the compass of a single volume the web of references that unites the *Treatise* and makes it a complete system, each concrete detail embedded in a larger theoretical context.

> Finding my Collection large enough to compose two volumes, I determined to publish one immediately, that comprehends the variety of methods practised in lingering and laborious cases, which occur much oftener than the preternatural, and are more apt to puzzle and perplex the young practitioner. This step I have been induced to take sooner than I at first intended, by observing that such a synopsis was very much wanted, to refresh the memory and direct the conduct of those who have attended my lectures.[79]

The cases and the forthcoming tables, Smellie confidently asserts, "supply the want of proper references in the former impressions of the first volume."[80] Moreover, the promise of external verification suggested by the internal cross-referencing of the theoretical treatise and volumes of case histories is further supplemented by Smellie's inclusion of previously printed cases and letters sent to him by other practitioners in the latter, "in order to render the performance still more complete."[81]

The principles of hierarchical organization that permit the system of cross-references linking the three parts of the *Treatise* also govern the physical layout of each individual volume. Even the tables of contents that preface each volume are concise, graphic renderings of the *Treatise*'s systematic approach, in contrast to the arbitrary arrangement of content in the indexes or more descriptive tables of contents that appear in earlier publications. The doll's function of naturalizing the mechanical theory is taken over by the initial chapters of Volume I which initiate readers into the highly specific language of maternal and fetal anatomy by methodically progressing from the description

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[79]Smellie, *Treatise*, ed. McClintock, vol. II, 3.

[80]Smellie, *Treatise*, ed. McClintock, vol. II,1.

[81]*ibid.*

of normal states to exceptional or diseased ones. The chapters and sections thus form individual units which can be consulted in isolation *and* in relation to each other. In Book III of Volume I it is the ordering of the text into significant sequences of nested chapters, sections and numbers that functions as a pedagogical tool. Smellie classifies labours according to the appropriate mode of surgical intervention, stating that his rejection of traditional classificatory schema arises from a desire to streamline his presentation: "For my own part, having in teaching found all these divisions liable to objection, I have followed a method which is more simple than the others, and will save an abundance of repetition."[82] His own division strives to "render this treatise as distinct as possible, for the sake of the reader's memory" by imposing an organizational template of "a certain number of classes or collections."[83] Smellie's classification of labours not only facilitates the cross-referencing of the *Treatise*'s three volumes but represents *spatially* in the division of its pages into defined units under headings and subheadings "the dependance and connection of the different labours": for the first time the division of labour into the categories of natural, laborious, and preternatural labours is reflected in the distribution of these categories in a sequence of distinct, interrelated chapters.

It is in this manner that the physical presentation of the text itself assumes a rhetorical force in Smellie's *Treatise*, underwriting man-midwifery's claims to an authoritative expertise in a manner hitherto unexploited. Form and content are matched to an unprecedented degree the *Treatise*; Smellie found in print a means of extending the

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[82]Smellie, *Treatise*, 193.

[83]Smellie, *Treatise*, 197.

mechanical paradigm that was central to his pedagogy to all aspects of the *Treatise*, in particular its analysis of constituent parts and their interrelationships which was rendered spatially on the page and in the division of pages and volumes. In its stylistic, and more importantly, its *generic* affiliations, Smellie's *Treatise* departed from the purely discursive modes of system-building prevalent among the systematic midwifery authors and lecturers before mid-century. The peculiarities of Smellie's professional career, divided almost evenly between his surgical practice in rural Scotland and his work as a lecturer in London, do much to account for the particular form the union of theory and practice take in his approach to midwifery. Lecturers like Maubray and Manningham had been the first to methodize midwifery and treat it as a system of knowledge. But much of their claim for midwifery's status as a science rested on applying to it the learned physician's model of rationalist speculation, and the entire body of learned theory came along with that. In the late 1720s as these two men were indicted as learned fools in the Toft controversy, Smellie was just beginning to extend his practice as a surgeon-man-midwife further into the countryside surrounding Lanark, a situation more paralleling to the context in which Chapman worked before he moved to London and composed his *Essay*. Despite his involvement, during his initial years in London, with a more theoretical type of midwifery reminiscent of the Deventarian practice favoured by physician-men-midwives and the Glasgow M.D. he took the trouble to obtain in 1745, Smellie was never truly a physician nor did he ever aspire to that brand of learned medicine. His writing–unlike the systematic treatises produced nearly simultaneously by Exton or Burton–bears few marks of the traditional literary forms associated with that

kind of erudition, suggesting instead that his limited engagement with medical theory occurred primarily in the course of lecturing. It is distinctly lacking in the displays of intellectual acrobatics that Exton and Burton self-consciously perform in their pursuit of an all-encompassing system.

Here a comparison to Burton's *Essay* may prove especially worthwhile. Both men employ the rhetoric of radical empiricism in writing systematic works, and like Burton, Smellie attempts to bridge the gap between natural history and natural philosophy as modes of scientific investigation by presenting original data in a systematic fashion. But Smellie's *Treatise* eschews the heroic model of authorship that Burton's overt system-building enshrines, reducing its own systematization of its data to the level of the physical organization of the text. Where Burton continuously identifies his system as a major part of his intellectual property in the work, Smellie instead treats the organization of his material purely in terms of representation and in fact depersonalizes this aspect of his authorship by rendering his system entirely in terms of print conventions. In this regard the best analogy to the *Treatise* is to be found not in genres such as the encyclopedia or the learned medical treatise but in another emergent form of eighteenth-century scientific literature, the chemical table, which compresses an entire theory of the relation of the elements into a visual presentation.[84]

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[84]On the development of the chemical table in the eighteenth century, see Lissa Roberts ("Setting the Table: The Disciplinary Development of Eighteenth-Century Chemistry as Read Through the Changing Structure of Its Tables," in *The Literary Structure of Scientific Argument*, ed. Peter Dear [Philadelphia, 1991], 99-132), who notes: "the significance of the chemical tables is that they embodied certain categories and relations with which to structure the world of investigation, while disallowing others" (101).

Smellie's pursuit of visual modes of presentation in preference to a discursive articulation of the theoretical paradigm underlying his "scientific midwifery" shaped the physical presentation of all the systematic treatises that followed the *Treatise*. A number of other successful lecturers, most notably Alexander Hamilton and Thomas Denman, would follow his lead in reworking their lectures into extremely popular and influential works in the second half of the century, but even syllabi would come to reflect the wedding of form and content pioneered in the *Treatise*. After midcentury the layout and page design of all midwifery texts reflected the systematic organization of material to a degree not seen previously. This quality underwrote a self-effacing authorial ethos that in the *Treatise* guaranteed both the disinterested and objective truth of Smellie's findings while appealing to the Enlightenment ideal of open, collaborative and public knowledge. These literary innovations were of no small importance to the credibility of men-midwives' claims to a professional midwifery. For as Smellie observed at the conclusion of his "Introduction," "the honour of the profession" depended upon it.[85]

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[85]Smellie, *Treatise*, lxxii.

CONCLUSION: OF FORCEPS AND FOLIOS

All or the greater part of the impediments to the acquisition of knowledge in general, were happily removed in the fifteenth century by the discovery of printing.
Thomas Denman, *Introduction to the Practice of Midwifery,* I (1788)[1]

The invention of the printing press has not traditionally been viewed as a significant factor in the transformation of midwifery into obstetrics. Yet eighteenth-century British men-midwives routinely celebrated print's role in the advancement of knowledge, as Thomas Denman does in the introduction to his two-volume midwifery textbook. According to Denman, the invention of printing and the foundation of the College of Physicians were the two events that contributed most to the advancement of medicine in England, and recent advances in midwifery were a shining example of how powerful a force for progress this combination could be.[2] In his eyes, the links between print publication, the professionalization of medicine, and the perfection of midwifery were clear.

Not all of Denman's fellow men-midwives were as absolute in their endorsement of print as a force for progress; in his *Treatise on the Theory and Practice of Midwifery* William Smellie expressed acute embarrassment at the state of English midwifery literature in the era preceding his own, precisely for its distance from professional standards as he understood them:

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[1]Denman, *Introduction* (1788-89), xii.

[2]Denman, *Introduction*, xii; lx

> In the last century, although there were such excellent practitioners in *London*, and even before the translation of *Mauriceau*, *Guillemeau*'s book on Midwifery had been translated into *English*; and in it all the absurd notions about spells and amulets were left out: Nevertheless, one *Nicholas Culpepper*, who stiles himself gent. Student in physick and astronomy, published at *London*, a book intitled, *A Directory for Midwives*; in which he has copied the theory and practice of the old writers, many of who he mentions, namely *Hippocrates, Galen, Aetius*, &c. [. . .] His performances were for many years in great vogue with the midwives, and are still read by the lower sort, whose heads are weak enough to admit such ridiculous notions.
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> He [Culpepper] was succeeded in that way of writing by one Dr. *Salmon*, who was also a great translator and compiler. He was partly the author of a spurious piece called *Aristotle's Midwifery*, which hath undergone a great many editions, and contributed to keep up the belief of the marvellous effects of various medicines.[3]

The particulars of Smellie's objection to these works are especially revealing. Culpepper and Salmon are dismissed as little more than *copyists, translators and compilers* of the "old writers," producing a cheap, theatrical, *popular* literature that perpetuates "ridiculous notions" such as "the marvellous effects of various medicines." Moreover, the circulation of a text is observed to have little relation to its quality as a piece of writing; despite the availability of better books, in which "all the absurd notions about spells and amulets were left out" and the presence of "excellent practitioners" in London, inferior productions continued to go into print. Here print's powers of dissemination are indiscriminate, and the press is not the handmaiden of enlightenment, but instead the province of hacks and a pander to the ignorant tastes of a popular audience.

Smellie's assessment of the midwifery literature of the previous century speaks to the complex nature of the changes which overtook midwifery in the first half of the

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[3]Smellie, *Treatise*, I: lviii-lx.

eighteenth century. The transition from the all-female, largely oral milieu of traditional midwifery to a medicalized, professional midwifery that exists as an autonomous, discursive discipline quite in addition to the activities of individual practitioners, does seem at first glance a fairly straightforward passage from orality to literacy, from the realm of idiosyncratic, individualized and unreflective manual skill to the world of lecturing, publications, and institutional contexts such as the maternity hospital.[4] The significant increase in the number of midwifery texts published in Britain from the 1730s onward–an "explosion in knowledge," in the words of Adrian Wilson–did mean that the predominantly oral transmission of midwifery knowledge between women was eclipsed by the burgeoning professional discourse of the men-midwives, materialized in the establishment of a professional literature.[5] Indeed, as I noted chapter 2, men-midwives of the latter half of the eighteenth century such as Denman were especially fond of depicting the advent of a professional, scientific midwifery entirely in terms of a clean break from the backwardness of female-dominated midwifery, preferring to assimilate any earlier literary tradition of midwifery publication into their teleological narratives.

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[4]For the characteristics of see Walter J. Ong, *Orality and Literacy* (New York, 1982). Pre-print intellectual activity, he argues, focused on the preservation of knowledge or the reconciliation of new knowledge with traditional world views; in a manuscript culture writing, serving largely "to recycle knowledge back into the oral world"(119). Print, however, fixes ideas in a durable form as books and collections of books such as libraries create the impression of that knowledge could be stockpiled; by providing a means for information storage and retrieval print, they suggest, freed mental space for new kinds of intellectual activity such as the questioning of traditional knowledge or the exploration of the particular and the unknown (41).

[5]Wilson, *Making of Man-Midwifery*, 1.

But the male midwifery authors of the earlier part of the century stood in a more ambivalent relation to their literary predecessors as they struggled to define a new standards for midwifery literature and establish a professional literature that stood apart from earlier kinds of writing on these topics. Smellie's disgust with Culpepper's *Directory* reflects an intuitive recognition that the midwifery literature of the preceding centuries was shaped by significantly different stylistic habits, epistemological assumptions and imperatives; what he finds most objectionable is the compilatory, synthetic, and text-based approach to the creation of knowledge and its distance from the experiential knowledge of active practitioners.

"Print" or "professionalization" cannot then, despite Denman's best efforts, be invoked as blanket explanations for the transformation of midwifery during the eighteenth century. A significant divide separates publications like Culpepper's *Directory* from Smellie's *Treatise*, despite their shared status as printed works, and more than anything, these differences point to a shift in the *rhetorical* aspects of midwifery publication. The express desire on the part of authors like Culpepper to accommodate a female audience that is envisioned as partially, if imperfectly, literate, made for a literature that is marked by the lineaments of oral thought such as formulaic expression or the untheorized enumeration of specific skills and acts, while at the same time heavily indebted to textual authorities and traditional scholarly modes of literary composition. However, in its systematic treatment of midwifery for an audience of lecture students, Smellie's *Treatise* also differs from the practical manuals produced by Chapman, Giffard and Ould. And unlike its near-contemporaries, Exton's *New and General System of*

Midwifery and Burton's *Essay toward a Complete New System of Midwifery*, the *Treatise* employs language strictly as a form of representation and not as a means for the discovery of new knowledge through the activity of textual synthesis. Hence the classic characteristics of print literacy such as analysis, abstraction, and visual presentation of information which inform Smellie's own *Treatise* are absent not only from this earlier literature but also from the works of his more immediate predecessors such as Chapman or Burton.[6] The relative consensus among midwifery authors after midcentury about the proper conventions and style for midwifery publications therefore speaks to the influence

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[6]Ong's description of "typographical epistemology" in *Orality and Literacy* many ways describes the key features of Smellie's publications. Ong argues that ehen the printed text came to supply the paradigm for intellectual activity, it replaced vocalized knowledge with a visualized knowledge and the rhetorician's metaphorical conceit of *topoi* ("places" in the mind) was literalized. Topics thus became physical places on the printed page, as seen in the schematic branch diagram, the table of contents or alphabetic indexing (all of which depend on the standardized pagination and accurate reproduction of complex charts made possible by print). In fixing words as objects in textual space as discrete and repeatable units of information, print creates the appearance of objectivity; in Ong's characterization,

> Printed texts look machine-made, as they are. Chirographic [manuscript] control of space tends to be ornamental, ornate, as in calligraphy. Typographic control typically impresses more by its tidiness and inevitability: the lines perfectly regular, all justified on the right side, everything coming out even visually, and without the aid of the guidelines or ruled borders that occur in manuscripts. This is an insistent world of cold, non-human facts (122).

Dialogical, fluid, oral knowledge created and re-created in public disputation is thus gradually replaced by a private, interiorized, static knowledge that favors rational exposition: "memorizable, flat statements that told straightforwardly and inclusively how matters stood in a given field" (134). The absolute nature of the contrast between manuscript and print publication as depicted in these accounts has been called into question by other scholars, and in fact Ong offsets his own account of the revolutionary effects of print with his observations on the tenaciousness of pre-print consciousness (what he calls "oral residue") in the literary style and typography of print publications until the late eighteenth century (120).

of Smellie's *Treatise* in setting these standards, but it also disguises the lack of just such a consensus among the authors who preceded him. As I have attempted to demonstrate in the preceding chapters, a wide variety of approaches to the medicalization and professionalization of midwifery were possible at the beginning of the eighteenth century, and this diversity is reflected in the different standards of intellectuality, professionalism, and literary merit adopted by the authors of this period. The heterogeneity of the midwifery literature of the early eighteenth century then suggests that potential to realize "the appearance of objectivity" may be latent in print as a medium, but it must first be identified as a virtue and mobilized rhetorically.

Nonetheless, the textualization of midwifery did, in itself have a significant impact on the nature of the professional identity men-midwives like Smellie and his successors would advocate. Any form of technical literature, as William Eamon observes, generalizes the particulars of experience and separates the expert from expertise, thus reifying what is in its original context a particularistic, empirical knowledge.[7] The rhetorical characteristics of technical description which compensate for the reader's distance from the action–such as the use of descriptive detail for mimetic purposes, a mixture of verbal and visual description in diagrams, and the adoption of a deliberately plain style–fix what is in reality singular and ephemeral, and separate it from the person of the practitioner. The disinterested, public-minded character that men-midwives like Smellie sought to secure for their particular brand of specialist expertise was therefore strongly linked to the seemingly autonomous character of their professional

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[7]Eamon, *Science,* 131.

discourse, itself a property of the abstract and public quality of midwifery publication.

In closing, I wish briefly to consider the implications of this emphasis on publication and a professional discourse universal to all midwifery practitioners for midwives, and in particular those who publicly attempted to establish a viable professional identity. Two different strategies are evident among this latter group; as I noted in the previous chapters, Jane Sharp, Sarah Stone, and Elizabeth Nihell explicitly rejected most aspects of scientific midwifery and relocated their authority as practitioners in their gendered bodies, insisting on the primacy of emotional and experiential qualifications for their craft. However, at the end of the eighteenth century, two more London midwives ventured into print, responding to the universalism implicit in professional discourse and embracing scientific model of the men-midwives. Hence Martha Mears, in her 1797 handbook for expectant mothers, describes herself as an agent of an immanent, natural wisdom, declaring, "I have little more to do than to copy some pages from the volume of nature!"[8] But it soon becomes apparent that in *The pupil of nature*, "Nature" is most often apprehended through the eyes of distinguished man-midwives to whose works Mears has continual recourse:

> Let it not be supposed that, after having spent some years under the most eminent professors of midwifery, and devoted a great part of my time to the perusal of the best treatises on the subject, such as those of a HARVEY, a LEAKE, a SMELLIE, and a DENMAN, I am now ungratefully endeavouring to bring their doctrines and their practice into disrepute. On the contrary, I would with heartfelt rapture strain my feeble voice to swell the note of public praise which they have so justly

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[8] Martha Mears, *The Pupil Of Nature* (London, 1797), 2. In fact Mears often is transcriber--word for word at times--of the work of Thomas Denman, the leading London man-midwife of the 1790s, especially of his *Introduction to the practice of midwifery.*

deserved.[9]

After further rhapsodic praise–"I know not which most to admire"–Mears notes that these learned men themselves taught her to feel "a still higher reverence" for nature's wisdom.[10] Nature's dictates are conflated with textual, medical knowledge. By writing the kind of book she does, Mears opens a space for the educated midwife, suggesting she can function as what we might call a "childbirth educator." But *The pupil of nature* does not disseminate its author's observations on practice or innovations in technique; rather it digests the current medical consensus on these subjects. We learn almost nothing about Mears' practice as a midwife from this work.[11] In fact the figure of the midwife as *practitioner* is virtually absent from this text; here she is more a proxy than an expert in her own right, the conveyor an authoritative, text-based knowledge that is located outside of herself.

Margaret Stephen, writing two years before Mears, blended the approaches of Stone and Mears, daring to publish for laywomen and her fellow midwives "useful truths, which I am confident no man can confute."[12] Stephen, as a midwifery lecturer in her own right, does not reject the possibility of publicly circulated midwifery knowledge. In fact she condemns men-midwives for withholding "too great a share of the knowledge they

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[9]Mears, 3.

[10]*Ibid.*

[11]Mears openly states that the purpose of her "little book" is not to enlarge on topics "already discussed by others with clearness, precision, and ability"(128). No case histories are recounted and very little personal information is given.

[12]Margaret Stephen, *** 5.

ought to communicate" and exclaims "It is a great blessing, that women have access to the writings of both ancient and modern practitioners" for "when we know the path they trod, we cannot be ignorant how to act in the hour of need, if we diligently compare their different opinions with our own experience."[13] But she also insists on the primacy of her own experience in the formation of her doctrines, vowing "nothing will be found in the following sheets, but what I have experienced in the course of my practice, except what I have inserted *as* the opinion of others."[14] For Stephen, the midwife's experiential knowledge is not superceded, but confirmed and broadened by theory. Ironically, her book elicited the following comment from the *Critical Review*:

> To her patients the perusal of such a book would be detrimental, and to her pupils (if she has any) useless. Yet though the subject is, on the whole, too learnedly treated for the one, and too ignorantly for the other, we must allow there are some parts which deserve to be considered as exceptions, and appear to have been added by some well informed practitioner.[15]

We see here how throughly the representation of midwifery expertise as a public knowledge, the dominant characteristic of the professional discourse developed by the men-midwives, worked to undermine the midwife's traditional bases of authority. Print publication, so critical to the professional project of the men-midwives, ultimately proved unfriendly to midwives.

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[13]Stephen, 20-1.

[14]Stephen, 5.

[15]*Critical Review* 20 (1797): 352.

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