“Her Lack of Capacity Makes Her Wise and Circumspect”: Echoes of the *Querelle des Femmes* in Midwifery Debates in Early Eighteenth-Century France

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In his eighteenth-century treatise on why midwives were more suited to attending women in childbirth than *accoucheurs*, or male surgeons who specialized in childbirth, the physician Phillipe Hecquet explained, "A midwife certainly does not know more than an *accoucheur*... but she senses her weakness; and her lack of capacity makes her wise and circumspect, or her modesty makes her take the counsel of those that Providence established as her judges and masters."¹ As Hecquet knew, this explanation on the “nature” of women – that they were “wise” enough to know when to submit to their “judges and masters” – would have great resonance with his audience. Indeed, this notion of woman had become prevalent in the latter part of the seventeenth century, when men and women were debating women’s social worth and capacities, debates known as the *querelle des femmes*. This paper explores the importance of the rhetoric of the seventeenth-century *querelle des femmes* in providing a framework for men to debate their differing power and value in the medical hierarchy. It analyzes two treatises, one by the physician Phillipe Hecquet, who wrote on the indecency of male birthing attendants (or *accoucheurs*) in 1707, and the other by the surgeon-accoucheur Guillaume-Mauquest de la Motte, who published a response to Hecquet’s treatise in defense of *accoucheurs* in 1718. While the two treatises purportedly address whether women or men are better suited to care for pregnant women, I argue that they are in fact about whether physicians or surgeons are the best medical providers, since midwives had, by this time, been effectively marginalized from medicine.

In order to ascertain the significance of these treatises, it is necessary to understand the seventeenth-century *querelle des femmes*. Among aristocrats and

¹ Philippe Hecquet, *De l'indécence aux hommes d'accoucher les Femmes: Ouvrage dans lequel on fait voir par des raisons de physique, de morale et de médecine que les mères n'exposereraient ni leurs vies, ni celles de leurs enfants en se passant ordinairement d'accoucheurs et de nourrices; et de l'obligation aux mères de nourrir leurs enfants*, ed. Gay et Doucé (Brussels: Félix Callewaert, 1881), 66. All translations are my own.
the bourgeoisie, the seventeenth century was a period of intense debate and
discussion concerning women. Even though women were barred from the
university, some elite French women were able to play important roles in
intellectual debates and scientific endeavors because of their role as salon leaders.
Court and salon culture in the seventeenth century embraced women’s
participation in discussions. As a consequence, in the 1630s, the debate began to
shift from women’s moral worth to the question of whether women had a
negative or positive influence on French society.²

Writers both for and against, accordingly, began to weigh in on women’s
participation in and leadership of salons, the importance of women’s education,
and women’s role in other aspects of public life (for example, women rulers). This
coincided with the increasing numbers of bourgeois and nobles of the robe
involved in life at court and in the salons. As historian Carolyn Lougee
demonstrates, the proliferation of salons was in many ways tied to the larger
question of the proper stratification of society in a new order.³ Salons were
institutions where young bourgeois men depended on powerful aristocratic
women’s patronage in order to advance their scientific and philosophical careers.
Indeed, aristocratic women in salons had the power to make or break young
men’s public careers. Along with being a space where men and women
exchanged ideas, then, salons were a space for the aristocracy and the bourgeoisie
to commune, often emphasizing the importance of merit over noble heritage.
The system of venality at court was therefore justified in salon discussions as a
means to seek out individuals who possessed virtues such as talent and
refinement. Thus, these salons were in many ways an extension of the royal court.
Those opposed to public roles for women tended to oppose the enlargement of
the legal and social elite and proposed that the channels of venality be closed.

Yet, while seventeenth-century salon women arguably played a role in
promoting non-noble male elites into the aristocracy, defenders of women in this
period ultimately saw women’s role as salon leaders as the limit of their
usefulness in public life. That is, many of those who argued in favor of women’s
influence did so without calling for any fundamental reorganization of men and
women’s traditional roles. For example, in terms of women’s education, many
defenders of women used the term savante to indicate “the successful

² For more on the role of the salon in French culture and society after 1630, see Carolyn
Lougee, Le Paradis des Femmes: Women, Salons, and Social Stratification in Seventeenth-
Schiebinger, The Mind Has No Sex? Women in the Origins of Modern Science
(Cambridge, MA: Harvard University Press, 1989), 30-32, 150-159; Merry Wiesner, Women
and Gender in Early Modern Europe (Cambridge: Cambridge University Press, 1993), 137-
40.
³ Lougee, Le Paradis des Femmes.
combination of knowledge and refinement, while *pédant* referred to the too serious pursuit of learning to the exclusion of the social graces. Then, implied a woman uniquely successful in combining grace with knowledge, thus preparing her for her role in salons, but not beyond them. Indeed, even the moderate demands that women's champions made concerning education were to be extended primarily to middle to upper class unmarried women. Concerning women's public life, these writers rarely directly criticized polemical texts written against women in government. Even though the right of women to become queen regents was confirmed by royal ordinances, the general consensus was that women should not be allowed to rule. Those writers who were opposed to women's political participation argued that as a husband or father ruled a household, a man should rule the state. Rather than challenging this position, at best some writers dismissed the issue of women rulers without comment.

And yet, there were some writers who did claim that men and women were born with the same intellectual capabilities and could therefore achieve the same accomplishments. For example, the seventeenth-century Cartesian philosopher François Poulain de la Barre believed that women had not accomplished as much as men primarily because they were denied opportunities to do so, not because they were intellectually inferior to men. Nonetheless, even de la Barre could not help but veer into arguments that relied on differences between men and women. For example, women, he argued, were better at “expressing their feelings with a sweetness and charm,” whereas men were, especially in terms of conversation, “dry and rigid.” For women, he argued, “eloquence” was a natural trait that men did not possess. De la Barre’s emphasis on women’s unique or special capabilities presented a paradox that seemed nearly impossible to escape.

When such sympathetic male writers advocated for women, they paradoxically emphasized the sexual difference that they were seeking to eliminate. Because the discourse of the seventeenth-century *querelle* was based on the notion of the inherent superiority of men, this paradox was unavoidable.

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4 Lougee, 29.
8 De la Barre, 66.
9 See Joan Scott, *Only Paradoxes to Offer: French Feminists and the Rights of Man* (Cambridge, MA: Harvard University Press, 1996, 1-18. Scott explains, “Although the notion of a repeated pattern of paradox carries with it an aura of timelessness, the
The problem with banking on the “difference” between men and women was that it was inevitably associated with essentializing debates about men and women’s “nature,” which rested on the notion that women were “naturally” inferior. Seventeenth-century salons exemplified this paradox. It was generally women who set the agenda in salons, as it was agreed that they were more qualified than men in the realm of taste and manners. Yet, while these women could arrange men’s elections to academies, women themselves were excluded from academies. As academies were institutionalized and became the legitimate place to pursue scientific endeavors, salons and women were ultimately cut off from the world of professional science.

It was in the aftermath of the querelle des femmes of the later seventeenth century that the debates concerning whether men or women made better birthing attendants took shape. Just as philosophers on both sides of the querelle came to argue more vehemently that men and women were inherently different, medical men increasingly relied upon the differences between men and women to make the case for women as better or worse birthing attendants than men. By the early eighteenth century in France, debates over who should control the birthing chamber were, in one sense, nothing new. Whereas care for women during childbirth was largely the domain of women through the sixteenth century, by the end of the seventeenth century care for women had been profoundly affected by the scientific revolution.

As the processes of childbirth were included as part of the scientific study of anatomy in universities for physicians, male physicians and surgeons began to enter the birthing room and midwives were increasingly regulated by both the state and the medical profession. Several factors contributed to this change, not the least of which was that surgeons, hoping to be considered medical practitioners rather than artisans, needed a market in which to practice. In addition, by the early 1700s, midwives who practiced in Paris were strictly supervised by male medical practitioners. So too, midwives themselves could be the strongest critics of other midwives’ practice. And, of course, it was often

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11 Schiebinger, 30-2.
12 The rise of the major European academies of science—such as the Royal Society of London in 1662, the Parisian Académie Royale des Sciences in 1666, and the Societas Regia Scientiarum in Berlin in 1700, meant that women’s roles in scientific endeavors would be increasingly limited.
13 For example, the famous seventeenth-century French royal midwife Louise Bourgeois cites several cases of irresponsible midwives throughout her birthing manual. See Louise Bourgeois, “Instruction à ma fille,” in *Observations diverses sur la sterilité, perte de fruit,*
women themselves who were choosing male birthing attendants rather than midwives. And yet it is important to consider why women were choosing men over women: as always, the choice of a birthing attendant, for those who actually had a choice, was made on the basis of who might provide the safest care to both mother and child. The fact is that female birthing attendants were effectively constructed as irresponsible and unfit providers as opposed to men: a truly remarkable moment in western history, given that until this time midwives had been the only birthing practitioners.

It is in this context that the physician Phillipe Hecquet wrote his treatise, *De l'indécence aux hommes d'accoucher les Femmes*. Hecquet was a well-known polemicist in favor of medical mechanism or iatromechanism. While most iatromechanists believed that disease was caused by adverse chemical reactions, a minority, led by Hecquet in Paris, believed that all physiological processes could be reduced to simple mechanics, meaning no chemical reactions occurred in the body. Accordingly, the group strongly opposed the use of any kind of drugs and instead relied on bloodletting to aid those who were ill. Toward the end of his life, Hecquet had become so disillusioned by the use of chemical preparations and purgatives in treating illnesses that he became an advocate of the “homespun remedies of peasants and wise women.” Hecquet's belief in iatromechanism clearly informed his stance on men in the birthing room.

Hecquet was so strongly opposed to *accoucheurs* that his treatise makes him almost appear to be a champion of midwives. And yet on closer examination, it is clear that Hecquet's primary purpose was to assert the superiority of

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16 Brockliss and Jones, 419-22.

17 Brockliss, "Medico-Religious Universe," 204. Brockliss goes on to explain, “As Hecquet’s life drew to a close, his suspicion of all chemically prepared drugs, even anodyne ones, seems to have grown. Eventually he favored a pharmacopeia of none but natural substances, on the grounds that composite preparations, even if their effect was purportedly mild, could be too easily constructed from adulterated ingredients” (204).
physicians to surgeons. The central premise of Hecquet's treatise is that birthing babies was, by and large, not a medical issue. For Hecquet, women almost always had their children without any intervention whatsoever, and thus midwives, trained to patiently assist a birthing woman during her travail, would be able to provide all the care that was necessary. This is an important distinction, because his entire case against male birthing practitioners rests on the notion that childbirth is beyond the confines of medicine, and thus medical men like surgeons and physicians had almost no place in the birthing. On the rare occasion when medical intervention was necessary, Hecquet clarified that it would be necessary to call in a medical expert. And for Hecquet, surgeons, given their training, could not provide the medical expertise necessary to assist a woman in a complicated delivery. Thus, Hecquet's primary motive was to preserve physicians' position in the medical hierarchy as the most learned and therefore most respected medical practitioners at a time when surgeons were beginning to compete with physicians for patients.

Half of Hecquet's treatise is devoted to the establishment of the illegitimacy of the profession of accoucheur, while the other half defends midwives by attacking the qualifications of accoucheurs and questioning the need for them. In the first half of his treatise, Hecquet set out to establish that it was against the laws of nature, religion, and the state itself for men to care for women, as accoucheurs did. The profession of accoucheur was a "new invention," that was, in Hecquet's estimation, "a foolhardy enterprise founded on the timidity of women, who believed that their lives would be insured by this shameful submission, and on the credulity of husbands, who by this dangerous complacency believed more surely their wives would be saved." In Hecquet's view, it was unlikely that a woman in childbirth would need any intervention other than that of a skilled and practiced midwife. And, if medical intervention was necessary during a delivery, he argued that the assistance required would be medical expertise rather than practical experience, and therefore one must call in a physician rather than an accoucheur.

According to Hecquet, accoucheurs claimed to know medicine when they only had experience with conditions of the exterior body. They therefore made serious errors, he asserted, when they attempted to care for a woman who was in mortal danger because of a medical condition during her pregnancy or her

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18 To prove this, Hecquet cited several famous deliveries of queens and famous female birthing practitioners to show that that there had never been a civilization that did not rely on women to deliver other women. See Hecquet, 10-17.
19 Hecquet, 8.
20 Hecquet, 46.
His point was that while surgeons may know how to operate, they did not know when to operate, as the internal workings of the body were only understood by university-trained physicians. Even after the crown declared in 1743 that surgeons must receive the same level of education as physicians, physicians changed their tactic to claiming that the requirement of more education for surgeons would be dangerous to the general public, because surgeons would likely stop practicing surgical techniques, since they would be more respected as physicians. Further, physicians also insisted that the long training was unnecessary, because the most important skill for a surgeon, as for a midwife, was dexterity. Thus, both surgeons and midwives should attempt medical interventions only under the supervision of a physician. An important advantage that surgeons had over midwives was that midwives were not allowed to use tools – such as forceps – in deliveries. Hecquet claimed that women were capable of learning the skills surgeons had, including the use of helpful tools, but that accoucheurs were unwilling to share them. As for normal deliveries, midwives had been handling them for centuries. Therefore Hecquet maintained that calling upon the services of an accoucheur was of no discernable benefit to women in delivery.

While Hecquet stressed that only physicians were qualified to give medical treatment, he further emphasized that it was improper for men to examine and especially to touch women’s “private” parts. He claimed that male surgeons would take advantage of and compromise women if they examined them. Hecquet then related a story about a great princess in the fifteenth century who became a “martyr for modesty,” when she refused to allow a surgeon to come to her aid after she had been hurt “in areas that modesty prevents naming.”

To make such an extreme argument, Hecquet had to be able to show that women were as capable as men, if not more so, to deliver most women safely. Hecquet stated that God had created woman out of man, thus he would not make her inferior to that from which she came. And, he argued, their submission to men was not borne of ignorance, but because God had ordained them to submit

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21 Indeed, Hecquet thought that male accoucheurs knew little more than most midwives, since, like midwives, accoucheurs were only taught the mechanics of birthing. For a discussion on the training surgeon-accoucheurs received in this period, see François Lebrun, Se soigner autrefois: Médecins, saints et sorciers aux XVIIe et XVIIIe siècles (Paris: Éditions du Seuil, 1995), 27-52.

22 See Brockliss and Jones, 590-605.

23 See in particular chapter four in Hecquet, “That the Maxims of Christian Religion are against the profession of Accoucheur,” where he cites several examples of the dangers to women’s purity of allowing accoucheurs to attend to deliveries, 32-44.

24 Hecquet, 29-30.
Thus it would seem that women were ignorant because they were made so, and that “they would become skilled, learned, enlightened, if their minds were cultivated; since there are millions of examples of all that they can [do], and it is almost as much as men.”26 This is, in some respects, a strong argument for the intellectual capability of women. Hecquet’s argument in favor of women’s intellectual capabilities was similar to arguments made by some feminists who participated in the *querelle des femmes*. As with these seventeenth-century feminists, Hecquet’s arguments in favor of women were not a call for any fundamental change in the relationship between the sexes or the social structure.27 Rather, Hecquet argued, the submission of women to men, mandated by God, was what made women ideal birthing assistants when situations went awry. Unlike male surgeons, it was natural for midwives to acquiesce to the expertise of medical physicians, which ensured the safe delivery of a woman and child.

Hecquet thus believed that it was not intellectual capability but rather acquiescence to physicians that made a good birthing attendant. Further, as he put it, Hecquet did not write his treatise in order to defend the intellect of women or their abilities in science.28 Women were as able as men at grasping the basic knowledge necessary to perform the duties of a midwife – in fact they may be even better able to perform these duties given certain biological characteristics like smaller and more flexible hands – yet, he emphasized, women were “naturally” humble enough to understand their limitations. Hecquet further explained that midwives were naturally empathic and sympathetic to the sufferings of parturient women in a way that men could not be, because they had experienced the pain of childbirth firsthand.29 Just as relying on women’s inherent differences from men to defend their role in public life proved problematic, it was also a weak defense of midwives as preferred birthing attendants over *accoucheurs*.

In 1718, eleven years after the publication of Hecquet’s anonymous treatise and just twelve years before surgeons would legally be given the right to practice internal medicine and to prepare medicines, the famous *accoucheur* Guillaume Mauquest de la Motte published a response to Hecquet’s treatise, in which we can see how the position of surgeons in the medical hierarchy had already begun to shift since the publication of Hecquet’s treatise. Mauquest de la

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26 Hecquet, 68.
27 For a discussion of the ways in which women’s defenders of the mid-seventeenth century simultaneously advocated for women’s education and the maintenance of the established social order, see Maclean, *Woman Triumphant*, 52-63.
28 Hecquet, 66.
29 Hecquet, 69-70.
Motte began his training to become a surgeon at the Hôtel-Dieu in Paris in 1678. After five years, he returned to his native village of Valognes to practice as a surgeon and soon became well known as both a surgeon and an accoucheur.\(^{30}\) Once his practice was established, de la Motte estimated that he attended up to three or four deliveries a day. Having a surgeon-accoucheur in a small village was fairly unusual; his reputation for delivering women safely spread quickly, and thus most especially young women, eschewing tradition, chose safety over modesty. His fame spread after he published a birthing manual in 1715, which included over four hundred of his “observations” as an accoucheur.\(^{31}\)

Three years later, de la Motte took pen in hand to respond to Hecquet’s treatise, even though eleven years had passed since its publication. De la Motte began by challenging Hecquet’s attacks concerning the legitimacy of the profession of accoucheur, in large part by denigrating midwives. For example, while he did not dispute that a virtuous woman could be instructed in midwifery by a skilled accoucheur, he claimed that the profession of midwifery, given the low pay and the poor reputation of most midwives, did not draw women of quality.\(^{32}\) According to de la Motte, the poor state of midwifery was evident by the number of mishaps, such as prolapsed uteruses, that women were made to suffer because of midwives’ errors.\(^{33}\) He next turned his attention to what he viewed as Hecquet’s obsession with the moral imperative condemning touch between the sexes. De la Motte particularly took issue with Hecquet’s claim that an accoucheur’s touch could be sexually charged for the accoucheur and for the woman. An accoucheur’s touch, in this moment of a woman’s suffering, was not only “a means to administer and conserve health, but also to save the life of a mother, and to procure corporal and spiritual life for a child that they would often lose without this help.”\(^{34}\)

He then turned Hecquet’s argument concerning illicit practices by accoucheurs onto physicians. Physicians, who must look at and listen to women when they treat them, could be accused of the same illicit desires that Hecquet


\(^{32}\) Guillaume Mauquest de la Motte, *Dissertations sur la Generation, sur la Superfétation, et la Réponse au Livre Intitulé De l’Indecence aux Hommes d’Accoucher les Femmes, & sur l’obligation aux Maeres de nourrir leurs enfans de leur propre lait*, Paris: Laurent D’Houry, 1718, 176-177. He also remarked on the general decline in the status of women who took up the business of birthing, as was evident to him when he was at the Hôtel-Dieu in Paris where most of the birthing apprentices were of a “very low status” (141).

\(^{33}\) De la Motte, *Dissertations*, 154-5.

\(^{34}\) De la Motte, *Dissertations*, 166.
assigned to surgeons when they operate on women. De la Motte continued to turn Hecquet's claim of moral superiority on its head by arguing that the harm done in the name of “modesty,” even when the intentions were good, was more sinful than proper treatment at the hands of a skilled accoucheur. The truly virtuous woman would do anything to save her life, as this was what was mandated in the fifth commandment. The cost of taking one's own life, or violating the fifth commandment, he reminded his readers, was eternal damnation. In his own practice, he explained, he tried to make his female patients as comfortable as possible and would not examine any woman against her will. But if need be, he would eschew the use of a drape that prevented women from seeing him, in order to better understand a woman's illness and therefore provide her proper care. Further, de la Motte asserted that God created medicines and therefore they should be received and accepted by all persons.

De la Motte continued his response to Hecquet by returning to Hecquet's example of the fifteenth-century princess who chose death over examination by a male surgeon. He maintained that there was a significant difference between delivering a woman in childbirth and the princess's predicament: in childbirth, a woman would be touched by a surgeon but not seen, since midwives could be the surgeon's eyes, whereas in the case of the princess, the seriousness of her wounds would require that a surgeon both touch and see a woman’s “private” parts. Yet, de la Motte said, even if childbirth involved as much touching and seeing as attending to the princess's wounds, intelligent women of contemporary times, such as the current Princess of Burgundy, knew that choosing to save one's life was far more virtuous and more reasonable than preserving one's modesty. In his view, enlightened women would reason that advances in medical knowledge were much more important than following custom and tradition.

The final issue that de la Motte considered in his treatise was the importance of the skill and expertise of the accoucheur for parturient women. De la Motte noted that, of four deliveries he conducted in a day, two might have involved complications. He argued that only a surgeon, because of his expertise in surgical procedures and anatomy, would be able to perform the necessary

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35 De la Motte went on to imply that Hecquet himself must have known what it was like to illicitly touch a woman, since he spoke of it with such authority and at such length. See De la Motte, Dissertations, 166-7.
36 De la Motte, Dissertations, 168-9.
37 Gélis, Accoucheur de campagne, 31-2.
38 This point was clearly also a dig at Hecquet's extreme iatromechanist philosophy, particularly his famous disdain for all drugs and purgatives, which was a hotly debated issue at the turn of the seventeenth century. See Brockliss, “The Medico-Religious Universe,” 212.
39 De la Motte, 157.
procedures to save both mother and child.\footnote{De la Motte, 152-3.} In fact, he stated, “The most sensible physicians admit in good faith that a skilled surgeon versed in the practice of deliveries is less capable of making errors in treating pregnant and newly delivered women, and children, than they [the physicians] are themselves.”\footnote{De la Motte, 181.} De la Motte further argued that surgeons should have a more prominent role in childbirth, rather than simply being called in for an emergency situation.\footnote{For example, he suggested that surgeons should be consulted at the first suspicion of pregnancy, because of their ability to detect pregnancy early enough so as to advise women to take care to avoid miscarriage. See De la Motte, \textit{Dissertations}, 170.} Here Hecquet’s worst fear would seem to have been realized. The \textit{accoucheur}’s practice would extend beyond assisting a woman in her delivery and would thus encroach upon physicians’ traditional area of expertise.

Just seven years after the publication of de la Motte’s response to Hecquet, in 1725, the first school for surgeons, \textit{l’École de Chirurgie}, was established in Paris. In 1730, Louis XV issued an edict standardizing apprenticeship for surgeons, which also allowed surgeons to practice both external and internal medicine and to prepare internal medicines. This edict therefore granted surgeons the legal sanction to encroach upon both physicians’ and apothecaries’ territory. Surgeons’ training, particularly in large cities such as Paris, was increasingly beginning to resemble physicians’ training.\footnote{The following paragraph relies on Brockliss and Jones, 485-617.} As education for surgeons expanded and improved, surgeons learned how to perfect several procedures and operations that they knew of earlier, but were unable to perform successfully. The fact that they had tools that only they could use also raised their status considerably in the eighteenth century. By 1743, the king had dissolved the union between the Paris surgeons of \textit{Saint-Côme} and the barber-surgeons and declared that, like physicians, surgeons should be trained in Latin and Greek philosophy. Ultimately, the debate between physicians and surgeons shifted from one in which surgeons were fighting to prove their competence in surgical techniques, to one in which surgeons insisted on the equal value of physic and surgery. Indeed, surgeons were perfecting the art of surgery at a much faster rate throughout the eighteenth century than physicians were perfecting the art of internal medicine. Though surgeons did not successfully become an autonomous university faculty, the public, including Enlightenment \textit{philosophes}, viewed surgeons as the more innovative medical practitioners. By the end of the eighteenth century, the boundary between physicians and surgeons was, for all intents and purposes, dissolved. Not only did surgeons in larger towns now consider surgery, like physic, a liberal art, but they were also expanding their areas of expertise by including birthing within their profession.
What began as a struggle between midwives, surgeons, and physicians in seventeenth-century France over who could provide the best care to parturient women became a struggle between physicians and surgeons alone. The context of the medical world in which Hecquet and de la Motte were working had significantly shifted over the course of the seventeenth century, and they relied on the rhetoric of late seventeenth-century debates over women's worth in order to make claims about the superiority of physicians over surgeons, or surgeons over physicians. The debate between Hecquet and de la Motte provides us with an early example of how physicians would try to keep surgeons out the medical hierarchy. While not explored in this paper, this debate is ripe for a gendered analysis of how accoucheurs or “man-midwives,” as they were referred to in England, combated claims that they were treading on territory that had traditionally belonged to women only. Were Hecquet's suggestions of impropriety on the part of accoucheurs, especially in the realm of seeing and touching women’s “private” parts, a slight to the accoucheur's male honor? The fact that de la Motte felt it necessary to respond to this treatise 11 years later suggests that at the very least, the charges Hecquet made still rankled. What is clear is that this rhetoric had very real effects on eighteenth-century French women, both practitioners and patients. If parturient women wanted a “safe delivery,” they would be obligated to seek out the aid of a male practitioner if they could afford it. And, if midwives wanted to continue to practice, they would be obligated to accept their position as assistants to medical men, rather than strive to be seen as medical practitioners themselves.

44 I thank Christopher Forth, the commentator for our session at the WSFH 2011 Conference for this suggestion, which merits further research.