



Between the foreign and the local: French midwifery, traditional practitioners, and vernacular medical knowledge about childbirth in Lima, Peru

Entre o estrangeiro e o local: obstetrizes francesas, médicos tradicionais e conhecimento médico vernáculo sobre partos em Lima, Peru

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Abstract

This article examines the politics of midwifery and the persecution of untitled female assistants in childbirth in early republican Peru. A close reading of late colonial publications and the works of Benita Paulina Cadeau Fessel, a French *obstetriz* director of a midwifery school in Lima, demonstrates both trans-Atlantic and local influences in the campaign against untitled midwives. Cadeau Fessel's efforts to promote midwifery built upon debates among writers in Peru's enlightened press, who vilified untrained midwives' and wet nurses' vernacular medical knowledge and associated them with Lima's underclass. One cannot understand the transfer of French knowledge about professional midwifery to Peru without reference to the social, political, and cultural context.

Keywords: midwifery; wet nurses; professionalization; Peru; France.

Resumo

Este artigo analisa as políticas de práticas de parteiras profissionais e a condenação de parteiras leigas nos primórdios do Peru republicano. A leitura atenta de publicações de fins do período colonial e dos trabalhos de Benita Paulina Cadeau Fessel, obstetriz francesa diretora de uma escola de parteiras em Lima, revela influência tanto transatlântica como local na campanha contra as parteiras sem titulação. Cadeau Fessel promovia seu ofício com base em debates veiculados na imprensa peruana ilustrada, que aviltavam o conhecimento tradicional de amas de leite e parteiras leigas e as associavam às classes desfavorecidas. Só é possível compreender a transferência do conhecimento francês sobre trabalho de parteiras profissionais para o Peru relacionando-a ao contexto social, político e cultural.

Palavras-chave: parteiras; amas de leite; profissionalização; Peru; França.

In her report to the *protomédico* (medical examiner) of Peru in 1836, Benita Paulina Cadeau Fessel, the French director of Lima's Maternity Hospital (Casa de la Maternidad) and the Midwifery School (Colegio de Partos), decried the persistence of ignorance about childbirth among the city's traditional midwives, those responsible for assisting women in the process of giving birth. Claiming that her health was failing her and that she would soon have to resign from her position, Cadeau Fessel saw it as her duty to inform the highest medical authority in the republic of the mistakes and accidents that frequently occurred when complications arose in pregnancy or childbirth, or when "the woman in one of these two circumstances has the imprudence to entrust herself to people who lack training and are incapable in this profession, which is so difficult as well as dangerous"¹ (Cadeau Fessel, 1836, p.3). This absence of appropriate training among most of the women who practiced as midwives in Lima, she argued, was only surpassed by the ignorance of the women in Peru's countryside whose knowledge, in her view, imperiled the life of the mother and that of the fetus even more. Given their informal, vernacular medical knowledge, as well as their fairly humble social status, such women constituted a clear threat to the fulfillment of one of the young nation's clearest goals: the growth of its population.

Concerns about population size and the need for population growth to facilitate Peru's progress as a nation pre-date the arrival of Cadeau Fessel in Lima in the mid-1820s, and they even pre-date Peruvian independence in 1821. Throughout much of the late colonial period, in fact, physicians, surgeons, and government officials in Lima and Madrid debated the extent of a perceived population crisis in the colony, and they implemented a variety of medical reform measures to increase life expectancy and reduce the risk and severity of epidemics. Some of these reforms, such as the introduction of smallpox variolation and vaccination, were technologies developed abroad that doctors in the colony adopted. Others, like a supposed cure for leprosy and various kinds of hygiene reform measures in Lima, were the products of medical innovations and theories of disease transmission that doctors developed within colonial society itself. Still other efforts focused on the training, licensing and policing of various kinds of healers in Lima and other parts of Peru. Physicians sought to reinforce their position of authority over surgeons, in particular, but they also sought to ensure that bleeders, pharmacists, and other healers were competent in their professions and worked within the limits of their expertise.²

Midwifery and birthing practices constituted subjects of lively debate among reformers at this time in both Peru and Spain. Such figures linked untitled, improperly trained practitioners to what they believed to be a population crisis in both the colony and the motherland. The resulting levels of intervention, however, differed dramatically between the two regions. According to Claudia Rosas Lauro (2004, p.120), in Spain the Bourbons sought to initiate a midwifery campaign "to achieve the formalization of knowledge and banish the informality of practice due to the grave risks it entails." Officials there blamed traditional midwives for Spain's high rates of infant mortality and its problems with depopulation, repeatedly citing "their lack of knowledge and ignorance" (Rosas Lauro, 2004, p.120). Bourbon authorities therefore called on *protomédicos* in both Spain and the colonies to evaluate the competence of such women and police their behavior, ensuring, in particular, that they possessed at least a

basic understanding of the anatomy of the pelvic region. This measure, however, was applied rarely or not at all in Peru. In fact, Rosas Lauro (2004, p.107) notes that while the eighteenth and early nineteenth centuries were important periods for the development of new ideas generally, the implementation of new policies on issues like childbirth and midwifery occurred only sporadically and remained “truncated throughout the period of profound instability that marked the country after the wars of Independence.”

Lissell Quiroz’s (2012) recent article on Benita Paulina Cadeau Fessel provides a slightly different perspective on the reform of birthing practices in Peru. If for Rosas Lauro it was not until the late nineteenth century and the early twentieth century that many of these ideas and measures were put into practice, for Quiroz the French midwife played a key role in developing trained midwifery as a much respected profession and specialty in Peru with its own school, the first of its kind in Spanish America, during the 1820s and 1830s. Quiroz in fact argues in her work that Cadeau Fessel initiated and led a major medical reform campaign. While not disputing Quiroz’s claim, this article will situate Cadeau Fessel’s work in amongst a longer set of efforts to police, and ultimately eliminate, informal or vernacular forms of healing and medical assistance in Lima. To what degree can we use Cadeau Fessel’s publications to develop an understanding of midwifery and actual birthing customs prior to the formalization of such practices in the nineteenth century? In what ways can we link her critique of such women to a shifting politics of healing during this period? Was her critique new and based primarily on the introduction of medical expertise from abroad, or was it merely a redeployment of old attacks on informal healers that predated Peruvian Independence? Were valuable forms of vernacular medical knowledge about childbirth lost through this process?

This paper attempts to answer these questions through a critical reading of Cadeau Fessel’s various texts published in the 1820s and 1830s, and by comparing her works to those of other physicians and surgeons in late colonial Peru who wrote extensively on birthing practices and infant health in the years prior to her arrival. In doing so, it considers how the lingering struggles and professional rivalries that characterized colonial politics affected the reception of new medical ideas from abroad and the transformation of medical practices in an early postcolonial society. While Lissell Quiroz is absolutely correct in arguing that Cadeau Fessel introduced and developed a new field of medical expertise in Peru, which came to be known as *obstetricia*, the way in which such medical knowledge gained traction depended on the exploitation of the colonial categories and prejudices that had resulted in the vilification of informal healers under the Bourbon crown. In particular, Cadeau Fessel did this by embracing the fears of Lima’s supposedly dangerous lower classes, of the ignorance of the women belonging to those groups, and of the inadequate expertise of physicians and surgeons to intervene in saving the lives of both mother and child. In this way, this story of trans-Atlantic medical knowledge transfer from France to Peru cannot be told without close analysis of the political, social, and cultural contexts in which such ideas were received. In other words, it cannot be understood without reference to the gender-, race-, and class-based legacies of Bourbon colonialism.

Midwives and wet nurses in Lima's enlightened press

In what ways did traditional midwives become subjects of the Bourbon medical reformer's gaze? Throughout the final decades prior to Independence, writers in Lima and across Latin America extensively debated midwifery, birthing practices, and wet nursing in the press. These debates, moreover, engaged not only legitimate medical concerns, but also broader questions and elite fears about social classes, education, and customs. According to historian John Tate Lanning (1985, p.305), who drew on late colonial periodicals as well as other materials in his research, traditional midwives throughout Latin America took part in a profession that, due to its low prestige and lack of regulation, "was all but hereditary, passing from mother to daughter." Such women, moreover, typically "could not read or write, and the superstitious rites they were bound to introduce were condoned by the women of the most aristocratic families" (p.320). Although one could quite reasonably interpret the trust many upper-class women placed in traditional midwives as acknowledgment of such practitioners' knowledge and skill, Lanning instead emphasizes the risks their assistance in childbirth posed for all involved. He suggests that most midwives in fact resorted to magic which, along with poor hygiene, became a focus of reformers scorn in the eighteenth century. Since civil authorities up until this period had paid little attention to regulating midwifery, it was only "when these women 'assumed the power of God,' or resorted to black magic by 'making a pact with the devil,' that the Inquisition assumed jurisdiction" (p.320). From the perspective of reformers, then, such women's practices endangered the lives of mothers and children and reflected the need for interventions in order to improve childbirth and childrearing in the colony.

By far the most outspoken periodical on questions of childbirth and the health of newborns and infants in Lima's complex social milieu was Juan Antonio de Olavarrieta's short-lived *Semanario Crítico* (1791). Published beginning in 1791, the centerpiece of several issues of the journal was an extensive article on nursing, birthing practices, and other customs and traditions for caring for the youngest residents of colonial Lima. Entitled "Práctica general de educación, y defectos que abraza" (General Practice of Education, and the Defects it Embraces), most of the article focused on the need for mothers to breast-feed their own children and the dangers of hiring wet nurses. At one level, Olavarrieta, a peninsular Franciscan priest, used this opportunity to chastise elite mothers, portraying them as acting selfishly and out of vanity at the expense of their children's wellbeing. More importantly, however, he vilified Lima's large community of non-white midwives and wet nurses, whom he accused of endangering the colony's newborns through their lower-class ignorance and reliance on vernacular medical knowledge.³ Thus, his work constituted a precursor to that of Cadeau Fessel by calling on his readers to reform extensively the traditional customs and social relations surrounding reproduction, childbirth, and infant care in Lima.

As we will see shortly, Olavarrieta (1791) identified wet nurses as by far the greatest threat to the survival of newborns. However, he also made a series of important recommendations about birthing practices themselves, in which he strongly criticized the same traditional midwives that Cadeau Fessel would denigrate several years later. He described at length the problems caused by "that most vile riffraff of midwives, or birthing assistants, most ignorant

creatures,” and he argued that they were “most worthy of having the government separate them off from society, like a pestilence that infests the fruits of the state” (Olavarrieta, 1791, n.13, p.114). He complained, moreover, that the government in both Peru and Spain largely ignored this problem. Spain’s king and queen would no doubt go to extensive lengths to improve and advance the profession of surgery, he argued, building schools of surgery and enrolling students. In the meantime, however, they would fail to provide “opportune means for doing away with so much riffraff of old women working as midwives, healers, and poulticers” (p.114). Their ignorance, he claimed, “perverts with a vile inclination towards flattery, and drags along a great part of the state, and the majority of the beautiful sex, in whose estimation the decisions of so many wicked and wrinkled statues are worth more than that of Martín Martínez and all the professors” (p.114).⁴ Finally, he cast further doubt on midwives’ medical authority and criticized doctors, surgeons, and others for relying on them and deferring to them. Noting that such individuals allowed midwives to administer all sorts of medications that were harmful to the newborn, he asked, “why does it matter if the old midwife said it was very efficient and most useful! So help me God, where are we? Here or in the centuries of barbarism?” (p.115). Such practices, he believed, were not surprising prior to the development of surgery and were to be expected in uncivilized lands. This should not be the case, however, in a city of Enlightened thinkers like Lima.

Concerned with the perceived incompetence of midwives, Olavarrieta provided numerous instructions in *Semanario Crítico* on how best to protect the health of the child from assistants’ misguided ways after birth. He engaged, for example, in a series of debates about when to wash the newborn and how exposing its body to fresh air in Lima might affect its health. In these, he emphasized the dramatic shift of experience for newborns that takes place at birth, noting that when they emerge from the womb into the open air, “suddenly all the organs corresponding to their breathing and senses begin to have movement, and this sudden move must without doubt cause them the greatest sensation one can imagine, although perhaps not the most dangerous” (Olavarrieta, 1791, n.12, p.99-100). He therefore advised that not washing babies immediately after birth constituted a grave error, since once cleansed “of their exterior film, their pores become open for transpiration” (Olavarrieta, 1791, n.13, p.113). This, Olavarrieta acknowledged, might leave them more exposed to the harmful effects of air, but he nevertheless discouraged popular practices of closing doors and windows, burning incense, or spreading fragrances in the room where the birth had taken place. In his view, “far from protecting them from the exterior air’s infections, they expose them to greater troubles” (p.113). Such customs in Lima, which were common among midwives, thus were to be eliminated.

Central to this critique of customs surrounding newborns in Lima was a depiction not just of the traditional midwife as dangerous, but also of the “ama,” or wet nurse, as both careless and threatening to the health of the child. At one level, Olavarrieta criticized wet nurses for ignoring children’s cries, punishing them, and mistreating them. At another level, Olavarrieta portrayed wet nurses as sickly, writing “let us not speak of their particular diseases, nor of the seeds of vile corruption that they communicate to children with their milk, and that with time become evident in their treatment and communication with people” (Olavarrieta, 1791, n.6, p.59). In these passages, disease functioned as a metaphor for both physical

maladies and broader social ills in late colonial society. Consuming milk from wet nurses, he argued, “is the beginning of their actual, chronic, and habitual diseases: it is the cause of so much loss of life among individuals, as is verified in infancy: it is the source of perversity and corruption of customs” (Olavarrieta, 1791, n.7, p.65). Olavarrieta suggested that due to these risks, mothers commit a mortal sin by failing to breastfeed their own children, and by relying on the assistance of others.

Olavarrieta further denigrated the work of wet nurses by associating them with the growing mixed-race underclasses of Lima, a phenomenon Bianca Premo has found to be typical of creole writings of the late colonial period.⁵ He cast doubts on whether women of the utmost nobility should abandon their basic duties as mothers to “the infamous plebs” (Olavarrieta, 1791, n.9, p.85).⁶ Yet, he wrote that if elite women insist on having a wet nurse, they should have her reside in their home and focus exclusively on her own hygiene and the care of children, rather than allowing her to live among her own people in lower-class neighborhoods. This, he believed, would help ensure that the children do not “inherit seeds of vile corruption and perversity to which they are exposed in other ways” (p.85). To do otherwise, by leaving “mercenary mothers” in charge of the young with few limits on their behavior, was to commit an offense to God and the state, neither of which would remain well served (p.85).

Olavarrieta lamented the sad situation many newborns faced in Lima, arguing that this added to the problem of widespread infant deaths. Again vilifying lower-class, non-white wet nurses, he suggested that infants, due to being fed “a most crass milk, inappropriate for their sustenance,” cry and pass the first few months of life “between diseases and difficulties that weaken them and destroy them” (Olavarrieta, 1791, n.2, p.12). This situation only changed, in his view, once the infant that survived was sufficiently developed to express his or her desires, either by reaching for things or speaking. Moreover, according to Olavarrieta, this practice had developed as an aberration, without any roots in earlier societies. Despite popular views, Olavarrieta wrote that “nursing tender children with other people’s milk for mere pleasure, or mere craving, or whim, for reason of condition, for caprice, for preoccupation, or for error, was unknown in antiquity, and among the learned nations, and in the savage countries” (Olavarrieta, 1791, n.3, p.22). In his view, it in fact resulted from the laziness of Peru’s creole elite and constituted a deviation away from proper practices in the interest of reinforcing women’s upper-class status.

Olavarrieta, however, ultimately did not seek to use his essay in *Semanario crítico* to police or persecute midwives and wet nurses in the interest of population growth. Rather, he aimed to transform how mothers understood their role in successfully birthing, caring for, and feeding their newborns. To do so, he also focused on reforming the behavior of husbands, who he saw as partially responsible for Limeñas’ widespread reliance on untrained midwives and lower-class wet nurses. With regard to women, he attempted to “convince as frivolous and impertinent the expressed causes and motives that people of every race, mixture, and perversity usually believe in order to distance themselves from the care of their tender children” (Olavarrieta, 1791, n.7, p.67). He noted, moreover, that women often neglected to nurse their children as part of an effort to please their husbands, protect their health, and preserve their good looks and decorum. In effect, he acknowledged that the refusal to

breastfeed was a function of one's gender and social class position in Lima, writing that such decisions prevented women of higher standing from being confused "with the infamous plebs, with the savages themselves, and even with the beasts, who are each accustomed to raising their own children, without entrusting them to someone else" (Olavarrieta, 1791, n.9, p.84-85). Husbands, he emphasized, had considerable influence on this behavior. For this reason, he accused Lima's husbands of exercising dreadful judgment by encouraging the use of wet nurses and showing willingness to "sacrifice their children, risking that they become with time an affront to their lineage, and the scandal of their community" (Olavarrieta, 1791, n.8, p.74). Given this situation and the ways it supposedly denigrated customs and hindered population growth, thereby "gravely offending the state," women could not neglect this obligation "despite their husbands' clamor, without just and reasonable cause" (p.74).

Contributors to *El Mercurio Peruano*, Lima's leading intellectual and scientific journal at the end of the eighteenth century, shared many of Olavarrieta's concerns about pregnancy, childbirth, and the care of newborns. In this way, the journal, much like *Semanario Crítico*, stood as a precursor to Cadeau Fessel's campaign to vilify traditional midwives and reinforced gender-, race-, and class-based understandings of the profession. Various authors, many of them physicians and surgeons, published there, making the journal a key venue for debating various medical reforms that came to characterize the politics of healing in the final decades of colonial rule. Reforming birthing practices and the health of newborns figured in debates about medical reforms, leading once again to discussions of the dangers of assistants from the lower classes.

In several works published early on in *El Mercurio Peruano*, physicians and authors wrote about the need to improve assistance to women during childbirth, the dangers of poorly trained midwives, and the threat they posed to population growth. The first is a set of letters entitled "Higiene: Carta dirigida a la Sociedad por el despacho del Mercurio" (Valdés, 1791b) and "Higiene: Carta segunda de Erasistrato Suadel relativa a las precauciones que deben observarse en los Partos..." (Valdés, 1791c). Writing under the pseudonym of Suadel, one of Lima's most famous mulatto surgeons, José Manuel Valdés, lamented in these letters that while "Lima has trained expert birthing assistants" (p.293), male healers were typically excluded from attending births except in emergencies. As a result, he reasoned, "we must confess that this part of surgery that is so useful has not achieved among us that perfection which it deserves" (p.294). He added that part of the problem stemmed from the audacity and supposed ignorance of traditional midwives, since "Lima's midwives appropriate this title without any more principles or rules than blind assistance, and without any more knowledge than that which their own experience offers" (p.294). For this reason, he proposed that the government should appoint an expert instructor to teach the true art of midwifery in Lima, and to examine and prevent those without training from offering their services.

Valdés (1791a) broadened this critique in his "Disertación primera en la que se proponen las reglas que deben observar las mugeres en el tiempo de la preñez," which accompanied the first letter in *El Mercurio Peruano*. In it, the surgeon cast doubt on the knowledge of other untrained healers to diagnose pregnancies. Writing before he received the formal title of physician and long before he became medical examiner, or *protomédico*, Valdés especially vilified "charlatans and female folk healers, who by taking the pulse, or with other similar

superficialities, tend to deceive the inexpert masses” (Valdés, 1791a, p.89). In this way, and by emphasizing such practitioners’ lack of sound knowledge of physiology, in particular, he joined Olavarrieta in characterizing to a larger reading public the work of such women as potentially dangerous. As someone who would eventually become an ally of Cadeau Fessel, his writings from this period likely influenced her thinking after her arrival in Peru.

Another author who addressed this topic in *El Mercurio Peruano* was Hipólito Unanue (1793), a creole physician and one of the protagonists of the larger medical reform project at the end of the colonial period. In a published copy of his speech “Decadencia y restauración del Perú,” Unanue declared that ignorance on medical matters had repercussions beyond Lima, since it “has depopulated our mines, [and] has done less notable but more general damage throughout the kingdom” (p.107). Unanue not only blamed ignorant men who posed as healers for this, but also the women who, in his view, sought to imitate them. He argued that such women, “who are incapable and generally come from the humble sphere, took control of the delicate part of surgery that cares for the preamble of humanity: the art of childbirth, the exercise of which calls for virtue, quality, and science” (p.107). Describing such women as creating a bloody plague of sorts through their careless work, he suggested “their desires and fearlessness have deprived Peru in innumerable moments of the new inhabitants with which beneficent nature sought to repair its losses” (p.107). Thus, the solution to Peru’s supposed population crisis required monitoring and reform of these professions.

Beyond the question of midwifery, writers in *El Mercurio Peruano*, as well as authors of other documents from the period, expressed concern about the behavior of mothers while pregnant, and the potential damage certain practices could have on the unborn. By taking this approach, they joined Olavarrieta in placing responsibility and blame squarely on birth mothers and their husbands. Valdés (1791), for example, emphasized this topic in his aforementioned “Disertación primera en la que se proponen las reglas que deben observar las Mugerres en el tiempo de la preñez.” Valdés laid out an extraordinary set of instructions to maintain hygiene and govern women’s behavior and diet while pregnant, all with the goal of preventing miscarriages. In particular, he addressed the “dangers” of cravings during pregnancy and asked whether indulging such desires did any harm to the fetus. The peninsular Spanish doctor Cosme Bueno, who resided in Lima, also published an extensive “dissertation” on pregnancy and cravings, in 1794, in which he identified this potential problem as posing a grave threat to the health of the child. One also notes debates about how mothers’ behaviors affected the unborn in Francisco de Rebollar’s “Carta remitida a la sociedad sobre la conjetura de la Niña de Cotabambas,” which was published in *El Mercurio Peruano* in 1793. This letter offered an analysis and proposed an explanation of how the mother’s imagination might harm the health of the fetus. Taken together, these works surveyed how traits, characteristics, and behaviors were transmitted from the mother to the unborn child, reflecting a concern about how to improve the overall health of children born in the colony.

Much like Olavarrieta, the contributors to *El Mercurio Peruano* also stressed concerns about breast-feeding in their efforts to improve children’s likelihood of survival. This topic appeared in several essays, among them “Conjeturas sobre las causas de la decadencia de la vida humana,” published in 1791, and the “Carta del doctor don Pedro Nolasco Crespo sobre la senectud de los mortales, y medios de rejuvenecerlos,” published in 1792. The author of

these essays, Pedro Nolasco Crespo, used as the starting point for his analysis a question about why contemporary populations tended to live shorter lives than their ancestors. He argued that in the case of Lima, this resulted from the tendency of mothers and wet nurses to reduce the period of nursing to one year or less. Noting that some children were weaned within even just a few days of birth, surviving on “mush and some other sweets,” he asked “what have those unhappy and tender children achieved with jumping ahead so prematurely, if by those same steps they lag behind in vigor and their lives are shortened?” (Nolasco Crespo, 1791, p.281). Such practices, he lamented, had become commonplace in larger cities, making them the places “where the weak and lazy constitution is most common among newborns” (p.281).

Not everyone agreed with Crespo, however. Rather, in a subsequent issue of *El Mercurio Peruano* the society responsible for the journal’s publication expressed doubts regarding his argument, if not outright opposition (1791). In their response, they wrote that while one could certainly argue that good quality breast milk provided children with greater bodily flexibility and resistance to disease, one could also propose “that far from being useful for the preservation of life, the flexibility of the human body is the productive cause of death” (Sociedad..., 1791, p.289). Therefore, they reasoned, it might make sense to shorten the total period children spent nursing and focus as well on the quality of milk. Writers in *El Mercurio Peruano* also disputed whose milk was best suited for newborns, whether wet nurses posed a threat to the health and customs of the young, and what sort of food the mother or wet nurse should consume in order to fortify their milk. As a result, the debates about nursing and wet nurses in *El Mercurio Peruano* gained greater complexity than those in *Semanario Crítico*.

Despite these observations by notable physicians and surgeons in both periodicals, neither they nor government authorities enforced actual interventions to improve the health of the mother and child or reform the training of midwives during the last decades of colonial rule. In fact, the ways in which physicians and others problematized these health questions continued to be very limited throughout Spain’s American colonies given the advances and interventions that occurred during these same decades in France, England, Spain, and other countries. As early as 1750, according to Lanning (1985), the *protomedicato* of Madrid called for authorities to examine and license midwives in both Spain and the Americas. Yet, barely any documentation “has survived to indicate that the regulation of midwifery in America under the Spaniards ever reached the point of effective licensing” (Lanning, 1985, p.323). In Lima in 1781, moreover, viceroy Jáuregui published a *bando* (proclamation) in which he decried the ignorance and practices of traditional midwives.⁷ The *protomédico*, however, paid very little attention to the examination of midwives following the *bando*’s publication, although he did examine all sorts of other healers like pharmacists, phlebotomists, surgeons, and doctors. The initial plan of studies at the new medical school, moreover, left little room for the training of midwives, focusing instead on training physicians. For various reasons, the health of the mother and newborn thus never became a priority in comparison to other medical interventions.

It is also unclear to what degree such concerns became popularized among different classes in Lima. Rosas Lauro (2004) suggests that the Enlightenment discourses of hygiene and maternity that reformers appropriated would have been disseminated widely through

the culture of reading newspapers, which included reading out loud in public to give the illiterate access to information and knowledge. She writes “If it is indeed certain that these contents were directed principally at women of the well-to-do classes, one has to consider that this enlightenment was not exclusive to the elite, but rather was also disseminated to other groups in colonial society through diverse means of transmission, which allowed the appropriation of this discourse by the popular classes” (Rosas Lauro, 2004, p.109). The extent to which these new ideas about women and hygiene spread, however, should be questioned, both as a means to gauge the impact of these debates on society as a whole and as a way to make sense of the birthing practices Cadeau Fessel encountered upon her arrival in Lima. Although Rosas Lauro lays out ways in which women had access to the content of periodicals and characterizes Lima’s press as acting “like a lay moral tribunal fulfilling a pedagogical and teaching function directed at the feminine sector” (p.111), it is unclear to what degree new knowledge may have been appropriated and actual practices may have shifted among different social classes at this time.

What is clear, however, is that the widespread reliance of Limeña women on traditional midwives and wet nurses persisted well into the 1820s. Given the absence of new legislation, the parameters for working as a midwife in the first years after Independence did not differ from those in place in the late colonial period. Early republican midwives, to borrow Lanning’s (1985, p.320) description of their colonial counterparts, “issued their own license to practice” without requirements of examination, apprenticeship, or formal training of any sort. This is because the reform of hygiene, childbirth, and child rearing did not in fact become a significant focus of legislation or, ultimately, of Peru’s medical reform movement until after the arrival of Cadeau Fessel in the mid-1820s. Indeed, it was only when much of the broader reform movement had lost its momentum after Independence that government officials and the *protomédico* took legislative action to reform midwifery. This occurred largely in response to Cadeau Fessel’s campaign to introduce French midwifery and discredit the vernacular knowledge of Lima’s untitled practitioners.

Cadeau Fessel’s attack on midwives after independence

To understand Benita Paulina Cadeau Fessel’s critiques of birthing practices in Lima and her calls for reforms, it is important to understand her background in France and her prior experience with new forms of medical knowledge. Cadeau Fessel had been trained in Paris at the Port-Royal Maternity Hospital, where she obtained her diploma in June 1818. In her exams and the general competition she received “the gold medal among the very first prizes for instruction in the theory and practice of childbirth” (Cadeau Fessel, 1827, title page). She arrived in Peru a few years later, having spent time in New Orleans and Guadalajara. Her diploma and related documents had been approved by the “principal authorities of France” (Cadeau Fessel, 1836, title page), which included the Hospital Administration Council of Paris. They had also been legalized by the consul general of France in New Orleans and a diplomatic agent of the United States.

Cadeau Fessel arrived in Lima with her husband, Juan Fessel, who was a French physician. Although her own biographical descriptions in her publications do not make it clear why they

ended up in Lima, Quiroz (2012, p.422) suggests that she sought to find a place to establish and lead a new school of midwifery, having been passed up to succeed her mentor, Marie-Louise Lachapelle, in Paris. Regardless of her motivations, it is clear that once she arrived in Peru's capital she quickly became one of the leading authorities on maternal and reproductive health in the city. Moreover, she clearly saw these topics as linked to the problem of population decline that had inspired the medical reform movement in previous years. She wrote, for example, in her training manual for midwives, the *Curso elemental de partostática*, that in the Americas "Upon seeing its depopulation, could we not attribute as a cause the repeated losses that maternity suffers due to the abandonment of this science until the present, due to the deaths of mothers, due to the diseases they contract while pregnant or during childbirth, which usually become incurable or leave them barren?" (Cadeau Fessel, 1827, p.4).

Cadeau Fessel's insistence on the importance of training midwives as a means to reverse depopulation is interesting because she arrived at a time in which Peru's own medical reform movement had begun to wane. During the 1820s, funding and administrative problems left Lima's recently established San Fernando Medical School (Colegio de San Fernando), in shambles. The smallpox vaccination campaign administered by a central junta in Lima and by various regional juntas at the end of the colonial period also faced administrative challenges, which resulted in difficulties maintaining the vaccine fluid in its potent form. By the end of the 1820s, in fact, the government transferred control over the administration of the vaccine in large parts of the country to the clergy, seeing parish priests as more effective and reliable agents of public health. The office of the *protomédico*, or medical examiner, also fell into disrepute and rested on a questionable legal foundation after Independence. Finally, many leading physicians and surgeons found that they had more promising careers in politics and government than in the healing arts, leading many of them to abandon public health projects and assume positions in congress and elsewhere. Given these problems, the medical reform campaign that had professionalized physicians and redefined their relationship to the colonial state failed to translate into a similar, coherent project of population improvement under republican rule.⁸

Cadeau Fessel saw her work as addressing the same concerns of progress, population growth, and professionalization that had defined the colonial medical reform movement, but that had failed to inspire new legislation after Independence. She was motivated by concerns about the abuses "to which birth mothers are exposed at the hands of women who have never studied at all an art that, as you know, progresses daily, and whose numerous ancient and modern works adorn the libraries of the wise throughout the world" (Cadeau Fessel, 1836, p.4). In all of her work she criticized the government's neglect of training and its failure to police midwives over the years, calling upon officials to take a more active role in transforming customs. Writing about a highland woman whose first three children had died in birth due to the abuses inflicted by midwives, she asserted that it was the lawmaker's job to address this problem, "raising his voice with energy against this class of customs that defile reason, subjecting the progress of the sciences and arts for many centuries to the hereditary and ill-fated errors of humanity" (Cadeau Fessel, 1830, p.33). She particularly criticized the *protomédico's* failure to rein in midwives, portraying them as wandering the city claiming to possess knowledge when they actually had no training at all. The result of this, she suggested,

was that numerous women in Lima and elsewhere had been injured, permanently disfigured, and on some occasions had even died at the hands of such women. Many children who would otherwise have helped increase the country's population had similarly fallen victim to their lack of expertise.

Cadeau Fessel's various texts in fact constituted a systematic attack on the humble origins of untitled midwives in Lima, the vernacular medical knowledge they employed, and their enduring popularity with birth mothers. In this way, she built on and expanded the critiques that appeared in the late colonial press. Throughout her writings, she rarely portrayed midwives as responding appropriately to a birthing crisis or articulating useful, correct understandings of childbirth as a medical act. Instead, she depicted them as ignorant, uneducated, prone to panic and flight, inclined to intervene through magic rather than through sound medical knowledge, and likely to endanger the physical health of the mother and child. Cadeau Fessel also portrayed them as infrequently drawing on the assistance of physicians and surgeons, whose knowledge of childbirth, she asserted, was far from adequate. More commonly, midwives drew on the assistance of family members and a cast of characters that included, among others, men from the lower rungs of society employed to shake women in labor. Cadeau Fessel portrayed the involvement of black men, in particular, in ways that contrasted their behavior with French understandings of how the female body should be handled during childbirth. Thus, for Cadeau Fessel, birthing midwives and their assistants formed part of a larger, dangerous network of untrained practitioners. Their popularity reflected the unwise reliance of more privileged Limeñas on members of the city's racialized lower classes, a legacy she attributed to the problem of ignorance under colonial rule.

Cadeau Fessel portrayed herself in heroic terms in this context. In *Práctica de partos* (1830), for example, her 45 case studies of difficult births in Lima followed a basic narrative structure, in which the French midwife swooped in to save the lives of the mother and child, who were previously at the mercy of untrained midwives, often having been summoned there by concerned family members. Upon arrival she typically sought basic information from the midwife, whom she treated with skepticism before proceeding to examine the patient. She then effectively placed herself in charge of the patient's care, depicting herself as applying expert knowledge instead of the midwife's traditional, and largely unreliable, vernacular folk remedies. For example, she wrote in one case that after asking the midwife what had caused the labor to take so long, the midwife responded "that it stemmed from the mother's lack of courage, since the baby was perfectly situated and presented the head naturally in the vulva" (Cadeau Fessel, 1830, p.1). The midwife then added "that as she understood it from similar cases, in order to provide the birth mother with the necessary energy and end the birth quickly, it was necessary to shake her and smack her repeatedly" (p.1-2). Cadeau Fessel responded to the midwife indignantly, saying "I never learned to apply topical treatments of that nature" (p.2). She then proceeded to carefully examine the birth mother "to discover the true state in which she was found" (p.2). In another case, when a mother had proven unable to expel the placenta, Cadeau Fessel asked the midwife what measures had been taken. The midwife answered "that they had administered to the patient enemas and fumigations of all classes, and they had also made her blow into a tube while wearing a black hat on her head; but all in vain" (p.5). Cadeau Fessel then began to examine the patient and smugly

conveyed to the midwife that “my resources are not as miraculous as yours, of course, but needless to say they will probably provide a better effect” (p.5). Through various means she located and extracted the placenta, noting that the patient was restored to full health within a period of twelve days.

In many of these cases, and as a means to denigrate those who lacked formal training, Cadeau Fessel emphasized in her writings what she perceived to be the absolute ignorance of the traditional midwife. She wrote disparagingly, for example, that upon arriving at the home of Isabel Dominguez, who was gravely ill, “I asked the midwife to what she attributed the delay in birth, but she, like all of them, could not give me the slightest reason” (Cadeau Fessel, 1830, p.12). In another case, Cadeau Fessel arrived to find a woman in the midst of giving birth, who for two hours “had the baby’s head outside the womb and suffocating as a result of the violent efforts that a midwife, who had been called on since the beginning of the birth, had practiced to extract it” (p.7). Removing the stillborn child, she described it as “a victim, like so many others, of their absolute lack of knowledge” (p.7). Finally, in a case in which a fetus was mistakenly thought to be dead inside its mother’s womb, Cadeau Fessel asked the midwife if the membranes had been broken “and she responded yes, and said that the baby was dead” (p.28). Cadeau Fessel then examined and intervened in treating the birth mother, who successfully gave birth to a living child. In doing so, she claimed to rescue a life from the perils of ignorance, reinforcing the idea that traditional midwives constituted a threat to society at many levels.

One tactic Cadeau Fessel employed frequently to vilify midwives in her case studies was to claim that she had rescued babies, like the one above, who were assumed to be dead. This is true of both babies thought to have ceased living in the womb and those already born; Cadeau Fessel claimed to ensure their survival through her interventions. In the aforementioned case, for example, having been asked to visit a patient in the Hospital de la Caridad, Cadeau Fessel found that the fetus was still alive in its mother’s womb by detecting a pulse on its anterior fontanel. She provided the mother with a tonic to restore her energies and returned to the hospital several hours later to assist in the birth, in which “the baby was alive and the expulsion of the placenta had nothing particularly notable about it” (Cadeau Fessel, 1830, p.29). In another case, she rushed to help a woman, señora María Guardia, who had just given birth assisted by traditional midwives, and who could not expel the placenta. Cadeau Fessel expressed horror to find the supposedly stillborn product of the birth “wrapped up in a sheet and thrown on the floor with a dead hen by its side” (p.26). Questioning why the baby was placed next to the hen, the midwives responded “that the beak of the animal had been introduced in the anus of the newborn, in order to try by this means to bring it back to life” (p.26). Having been told that “this was the most favored approach in the country under such circumstances” (p.26), Cadeau Fessel then examined the baby more closely and found that despite the hours spent abandoned on the ground, “I thought I perceived a slight appearance of warmth” (p.27). She then proceeded to cut the portion of the umbilical cord that the midwife had burnt in accordance with local custom, and she rubbed the child with her hands until blood emerged from the umbilical cord and the child’s face returned to its natural color. She washed the child in a bath of lukewarm water and wine and wrapped it in diapers, declaring in her description of the case that she enjoyed “the happiness of restoring

to this little child, a life; to his mother, a son; to the fatherland, a citizen" (p.27). In this way, by rescuing children from the ignorance and vernacular knowledge of traditional midwives, Cadeau Fessel claimed to have done a service to the nation.

In order to convey the superiority of French medical knowledge about childbirth, moreover, Cadeau Fessel frequently dismissed the diagnoses of Lima's traditional midwives and placed herself in competition with them. For example, when señora Manuela Lucío of the Veleria del Carmen gave birth with the help of a traditional midwife, the midwife disagreed with Cadeau Fessel's previous claims that Lucío was pregnant with twins. Returning to assist Lucío at the request of her husband, Cadeau Fessel was informed of the single birth, to which she responded defiantly that "I would celebrate having been mistaken" (Cadeau Fessel, 1830, p.52). She then approached Lucío and examined her "with the goal of investigating the cause of this excess of volume, and of this organic deviation" (p.52). Introducing her finger and following the umbilical cord, she quickly confirmed the effectiveness of her prognosis, finding new membranes and the baby's feet "arranged in the second position" (p.52). After Cadeau Fessel fed her a stew and applied a warm cloth to her abdomen for the rest of the day, Lucío gave birth to a stillborn boy by late afternoon.

Cadeau Fessel also ridiculed the customary practices midwives employed, which she saw as having little basis in medicine. At one level, she criticized the emotional effects these practices had on the mother. For example, she described one midwife, who having employed "all the customary methods in the country to bring about the expulsion of the placenta, achieved nothing, and the placenta remained detained in the womb" (Cadeau Fessel, 1830, p.9). The midwife's lack of success and reliance on traditional approaches left the birth mother "acutely affected by fear and depression" (p.9). In another case, Cadeau Fessel found herself summoned to the home of one señor Gazol to help one of his servants, who had given birth in the night. Once she arrived, the attending midwife described "the means that had been used to favor the placenta's expulsion, and I discovered that having made use of all the customary practices in the country for such cases, like enemas, steam baths, frictions etc., none had produced the desired effect" (p.35). Traditional practices such as these ultimately frightened the birth mother and demonstrated the need for more radical interventions and reforms of midwifery.

Perhaps the most horrifying of traditional midwives' practices that Cadeau Fessel criticized, however, was the use of a fingernail or piece of glass to cut into the perineum, the region between the vulva and the anus, during childbirth. Cadeau Fessel noted that lower-class midwives used these and other cutting instruments to favor, "by this horrifying means, the prompt birth of the baby" (Cadeau Fessel, 1830, p.18). But she then asked "what is the result of this operation so brutal as it is false in its consequences?" (p.18). She argued that once the incision was made, the tissue could never fully heal or scar over, and the incision would give rise to other problems over the long run, especially as women sought to give birth again. Elsewhere, she noted that traditional midwives in Lima deliberately grew one of their nails in order to quickly cut the perineum as the head of the fetus began to appear. This act, she suggested, was among the worst practiced by "these miserable idiots worthy of compassion" (p.5) and should be subject to "the most exact vigilance of the police, since it tends nothing less than to ruin the unhappy woman on whom it is carried out for the rest

of her life" (p.5). She wondered how many accidents and inconveniences had afflicted the multitude of women who experienced such treatments.

Limeñas' reliance on other assistants from the lower classes also horrified Cadeau Fessel, and she cited the intervention of non-specialists to further undermine the credibility of traditional midwives' vernacular medical knowledge. She especially critiqued a practice to induce childbirth, in which midwives brought in two black men to grab the woman and shake her vigorously. Naming this practice the "sacudimiento," or "shaking," she witnessed it take place as part of the treatment of a servant in a wealthy household, who then expelled a tumor from her vulva and suffered hemorrhages. Describing the procedure, she expressed horror that "people distinguished by their rank in society can participate and put into practice such a trivial and ridiculous idea as the one addressed here" (Cadeau Fessel, 1830, p.43). She noted, furthermore, that to think that "this operation can, by contributing to the quick descent of the baby, accelerate its emergence from the womb... is not just absurd, but entirely opposed to the laws of nature" (p.43). The treatment, however, was practiced widely in Lima and thus illustrated Cadeau Fessel's argument about the need to police who could assist in childbirth.

Cadeau Fessel also noted the dangers of other forms of shaking traditional midwives employed as part of their repertoire of practices for assisting birth mothers. One custom involved obligating "the pregnant woman to give disproportionate jumps, when she suffers the most intense pains of birth" (Cadeau Fessel, 1830, p.18). To this could be added "at times the fine and delicate tenderness of intense smacks if the afflicted, pained woman refuses to make the efforts possible to give birth to the fruit of conception" (p.18). Another practice called the "manteo," or "blanket toss," which she described as "almost as fatal and dangerous as the previous ones" (p.18), involved tossing the pregnant woman in a blanket during the most painful stages of childbirth. Four men would hold the corners of the blanket and shake the woman "up and down in order to raise the body as high as possible" (p.18). This practice had killed a woman from Cocharcas. Cadeau Fessel speculated as to how many more unhappy victims "will die in silence if, due to their sad luck, they do not come to our attention!" (p.18).

Finally, beyond these crude attempts to intervene using tools, hands, and shaking, Cadeau Fessel criticized an assortment of rituals employed by traditional midwives in Lima, which she claimed reflected local beliefs in the power of magic, rather than any pretensions of sound medical intervention. For example, she highlighted one practice mentioned earlier as being "of the most crass ignorance" (Cadeau Fessel, 1830, p.17), in which women, in order to expel the placenta, typically were made to wear a black hat and blow air forcefully into a pipe or tube. She described these practices, still common in the 1820s, as "foolish and despicable inventions that would warrant laughter if they were not so harmful, for which they should be abolished" (p.17). Students at the Maternity Hospital and Midwifery School, however, frequently asked about this practice, which many believed had magical effects. Cadeau Fessel, in turn, saw it as reflecting the limitations of vernacular medical knowledge in Lima and the dangerous persistence of superstitions and customs among different social classes. Convincing students of its ineffectiveness, in her view, was key to its eventual elimination.

Cadeau Fessel further reinforced her own claims to expertise by portraying traditional midwives and others as ultimately seeking out her expert intervention. This was done by depicting midwives, in particular, as essentially confessing their lack of expertise and

acknowledging her superior training, despite their stubborn adherence to local custom. For example, on the third day that Manuela Huidobro, an indigenous woman from the highlands who had come to Lima, experienced violent pains associated with her pregnancy, the attending midwife “in desperation came looking for me, to plead that I go to see her quickly” (Cadeau Fessel, 1830, p.19). Upon arriving, she asked the midwife about the position of the fetus and found “that she did not know; but despite the dilation of the birth it appeared to her that the baby didn’t advance at all” (p.19). Intervening in the crisis, Cadeau Fessel claimed responsibility for the birth of a healthy child, for which the mother “came to express to me her gratitude” (p.19). The patient in the narrative, like the midwife, thus acknowledged Cadeau Fessel’s superior expertise.

Not all traditional midwives, however, exhibited such behavior. This led Cadeau Fessel to cast doubt on their character as well as their knowledge as healers from the lower classes. In her view, the gravest problem with childbirth in Lima was the tendency of midwives to wait too long to seek assistance and then panic or flee. In some cases, she recognized, this could be due to the influence and poor decisions of pregnant mothers themselves, who delayed acting on their physical ailments and then opted to seek help from untrained midwives. Cadeau Fessel expressed horror at the number of times she had been called to assist women in Lima, who “have been at risk of dying, because during a week and a half or sometimes more they have been tormented, without knowing if the pains were or were not those of childbirth” (Cadeau Fessel, 1830, p.70). This led traditional midwives to confront crises for which they were ill prepared. In other cases, however, Cadeau Fessel found that midwives consistently proved reluctant to seek help and became panicked by the time she arrived. She wrote in one case, for example, of “a midwife who despaired at the bad luck of the poor birth mother” (p.3). In another case, one doña Josefa, the wife of an American man living in Lima, spent three days in labor “attended all along by a doctor and two midwives” (p.17). Since none of them knew how to assist “the poor birth mother, who experienced the most acute pains without being able to give birth, they abandoned her” (p.17). Still elsewhere, “frightened by witnessing this phenomenon, the cause of which she did not know, the midwife abandoned the birth mother, which obligated the unfortunate woman to make her way to the home of her employer, who came to me begging that I help her” (p.44). Thus Cadeau Fessel depicted traditional midwives in Lima as failed, cowardly assistants in her narrative. By describing them as ignorant and governed so excessively by their emotions that they could not remain present or exercise reason in a time of crisis, Cadeau Fessel reinforced an image of herself as a skilled, educated practitioner and an expert foreign authority, who built on the work of late colonial medical reformers by bringing Enlightened medical knowledge to Lima from abroad.

The French midwife’s rivalry with male professionals

If Cadeau Fessel built on gender-, race-, and class-based conflicts between the various categories of healer in Lima during the final years of colonial rule and the first years of independence to vilify traditional midwives, it is important to note that she also consolidated her authority by challenging other, more formally trained healers. Throughout *Práctica de partos*, Cadeau Fessel in fact frequently implicated physicians and surgeons, members of

two professions that were long in conflict with one another, in the suffering of women during childbirth.⁹ If traditional midwives were ignorant, bumbling fools who were prone to panicking, misdiagnosing, and abandoning the patient, then physicians and surgeons posed, in her opinion, only slightly less of a threat to the health of the mother. Moreover, they inconsistently acknowledged Cadeau Fessel's training, expertise, and supposedly heroic actions, at times asserting their own authority and requiring that she negotiate strategies with them for treating patients. In this way, Cadeau Fessel saw the establishment of trained, professional midwifery in Lima as dependent on elevating the status of its female practitioners in relation to other, traditionally male healing professions, in which men often displayed ignorance of the workings of the female body. Effecting change required overtly challenging a hierarchy of professions that physicians, in particular, had sought to consolidate during the period of late colonial medical reforms, prior to her arrival in Peru.

Cadeau Fessel's encounters with physicians and surgeons at the bedsides of women giving birth were numerous. In many of her case studies, she used such meetings to directly question their expertise. For example, in one case she rushed to a home on calle de la Caridad to attend to a woman experiencing labor pains at just five months. When she arrived, she found that the woman, señora Valdés, "was attended to by a doctor and a midwife, who, having done every class of tentative treatments, had not managed to have her give birth" (Cadeau Fessel, 1830, p.41). She discovered, moreover, that under their care the umbilical cord had broken "due to the imprudent efforts exercised on it" (p.41). The baby's foot also dangled from the birth canal and exhibited broken bones "as an effect of the false maneuvers" (p.41) employed, and the mother's level of dilation was insufficient to expel the creature or extract it. Taking these complications into account, Cadeau Fessel argued that they reflected the poor knowledge and judgment of the doctor as well as the midwife, writing that they proved "palpably the absolute shortage of knowledge about the art of childbirth among the people who attended to this young woman" (p.41). Seeking to calm the woman and provide her with a variety of treatments, Cadeau Fessel eventually returned later in the evening to assist with the birth. She stored the fetus, which arrived stillborn, in her anatomical collection as an item of curiosity.

In other cases, Cadeau Fessel criticized even more forcefully the poor judgment physicians displayed regarding childbirth in Lima. She also acknowledged the rivalries that emerged between herself and such figures following her arrival in Peru. For example, in writing about the behavior of a physician whose diagnosis had led doña Manuela Lucío, mentioned earlier, to seek her assistance in desperation, she recalled another episode in which he responded defensively to her claims of expertise. Learning that she might be consulted, he stated that while she may have training in the art of midwifery, it was certain that "I possess in this science knowledge that she cannot have" (Cadeau Fessel, 1830, p.51). To this, Cadeau Fessel countered that the manner in which his diagnoses took place left "plenty of room for doubting the reality of his knowledge of the art of childbirth" (p.51). She added that she doubted his ability to pass, if necessary, even "*the easiest theoretical exam that I practice in this art*, despite the fact that among the common classes of this city he passes for one of the physicians who possesses a lot of obstetrical knowledge" (p.51). In this way, Cadeau Fessel challenged the prestige physicians had acquired in the preceding years, implying that they frequently and dangerously claimed expertise beyond what was truly their domain of specialization.

The French midwife also responded to medical emergencies outside of Lima involving doctors, which led her to further doubt their knowledge and judgment and emphasize their tendency to panic, much like traditional midwives. She wrote, for example, that she once traveled to the Hacienda Santa Cruz to attend to a young woman – seven months pregnant – who was giving birth, and whose physician had abandoned her. Having attended her for many days beforehand, the physician “despaired regarding her birth and had written to one of his colleagues in Lima, begging him to go to the hacienda with the instruments necessary to extract the baby” (Cadeau Fessel, 1830, p.71-72). Upon arriving the physician reappeared and provided her with his version of what he had observed. Proceeding to examine the birth mother, she then explained to him that given her condition, no tools could be of use in assisting the birth, and that they might actually be harmful. However, according to Cadeau Fessel “he persisted in wanting me to show his imaginary fears to be true, and in order to quiet his drumbeat and make his concerns disappear, I said to him: it is six thirty in the afternoon, and I assure you and respond to you that señora Laurent will give birth to the fruit of her conception at nine tonight. In effect, at eight forty-five the señora gave birth to a living male” (p.73). Thus Cadeau Fessel depicted herself as having to educate the ignorant, poorly trained rural physician.

In other cases, Cadeau Fessel moderated her criticism of doctors and even collaborated with them. Notably, however, she rarely spoke of them with praise and only reluctantly treated them as equals. For example, in one case in which she attended the wife of the British vice-consul, she actually asked to consult with two doctors to determine how best to assist in the premature birth of twins, one of whom was positioned dangerously in the womb. After they examined the patient together and observed an arm protruding into the birth canal, Cadeau Fessel informed the doctors of the two strategies they could follow. She wrote happily that “they came to agreement with my decision” (Cadeau Fessel, 1830, p.62). As a result, the vice-consul’s wife successfully gave birth to two boys, both of whom survived. In still yet another example, Cadeau Fessel collaborated with one doctor Faustos and her own husband, doctor Fessel, “stressing to them how important it is not to waste a minute, and that if one wanted to preserve the mother’s life it was necessary to terminate the pregnancy as soon as possible” (p.69-70). Finally, in one instance Cadeau Fessel asked for the help of two doctors “because I expected that the case could be dangerous either in the very moment of the operation, or because the baby’s arm had gangrene that could be communicated to the mother” (p.76). Meeting with them, she and they agreed that the mother was in such grave danger that she should be transported immediately to the Hospital de la Caridad, “so that once the doctors meet there again, I may proceed to verify the extraction of the baby with all the care that such a critical circumstance required” (p.76). Transporting the patient in her own bed, Cadeau Fessel then met with the doctors in the hospital, who agreed to follow her plan for extracting the fetus. In doing so, however, she consistently treated the doctors as equals, not as superiors.

Despite these forms of rivalry, critique, and hesitant collaboration, Cadeau Fessel ultimately expressed the urgent need for Lima’s leading doctors, “the wise professors of this capital” (Cadeau Fessel, 1836, p.17), to intervene. She argued in 1836 that while they, too, decried the abuses and errors committed by traditional midwives, the actions taken to police

the work of such women were inadequate. For Cadeau Fessel, complete professionalization could not be achieved if those who had the power did not act, “and if the Enlightenment does not firmly close the door on these ignorant women’s tricks” (p.17). Thus, she pushed for a united effort among professional, titled healers to persecute their untitled female counterparts among the lower classes.

Final considerations

Cadeau Fessel’s 1836 publication directed to the *protomédico*, *Relación del estado actual del arte obstetrix en esta capital*, stressed the gradual decline in childbirth emergencies in Lima thanks to the presence and vigilance of her trained students. She claimed that the art of midwifery had by then experienced great progress in Lima, and she noted that within the hospital there were “innumerable advantages that pregnant women of all classes have enjoyed” (Cadeau Fessel, 1836, p.19). The Maternity Hospital and the Midwifery School themselves had become institutions that protected such women from all types of disease and provided them with “the most charitable and assiduous care corresponding to their impoverished and dangerous state” (p.19). In this way, they served as sites of both enlightened beneficence and instruction.

Cadeau Fessel’s work, however, continued to stress not only her own heroic actions and the actions of others, but also the need to elevate further the art of trained midwifery in Peru, where she believed it had long been unknown and undervalued prior to her arrival. She noted that despite her efforts and successes “there is still much to do to place this profession at the rank it occupies, and for which it is known, throughout Europe” (Cadeau Fessel, 1836, p.4). Europe’s greater success in professionalizing midwifery, she claimed, resulted in part from the power of medical boards and examiners there, which “maintain constant rigor, severely punishing all people who exercise the art of midwifery, or any other branch of medicine, without legal authorization” (p.4). In Lima, on the other hand, the *protomédico* was weak and unable to regulate the professions adequately after Independence. Many untrained midwives thus successfully claimed to have clinical experience in order to gain employment, when in fact they had never set foot in the Midwifery School. Moreover, they posed a clear danger from generation to generation because their vernacular knowledge was “transmitted successively to others of the same class, causing fatal results” (p.17). In this way, Cadeau Fessel’s solution to Peru’s difficulties required empowering the *protomédico* to persecute traditional midwives steeped in vernacular knowledge, replacing them with experts trained in the art of childbirth.

In the end, Cadeau Fessel’s attack on traditional midwives and the vernacular medical knowledge they employed represented at one level the continuation of colonial medical politics shaped by the broader fears of Lima’s largely non-white underclass. Her strategy for vilifying traditional midwives depended on stressing their lack of access to formal training and their ignorance as lower-class women in a stratified, hierarchical society. Her ways of describing traditional midwives differed from those of Olavarrieta and the authors of *El Mercurio Peruano* in terms of the medical language and level of specificity she included, but the overarching message largely remained the same: Peru’s possibilities for progress and population growth

depended on professionalizing a field that had long been left in the hands of the masses, and that thus represented the disorder and danger of colonial society. Therefore, the idea that Cadeau Fessel's work represented a dramatic change needs qualifying to consider how it perpetuated a colonial politics of fear of and disgust for the lower classes.

At another level, however, and as a final point, it is worth noting that while Cadeau Fessel's writings were rife with complaints about the dangers and harm traditional midwives caused in Lima, attention to the broader context in which such women practiced suggests that she may not have been completely reliable in her portrayal and vilification of such informally trained practitioners. Indeed, although her work stressed traditional midwives' reliance on magic and their ill-informed measures to speed up birth as a means to downplay their expertise, it failed to explain Limeñas' continued reliance on such women. It is notable that, despite the campaigns in the press in the 1790s, women of various class backgrounds continued to seek the assistance of traditional midwives well into the 1830s and beyond. This is even true of elite and upper-middle-class women. In this way, though her work exhibited disrespect for the forms of vernacular knowledge regarding childbirth that were prevalent in Lima, and that gradually vanished over the course of the nineteenth century, the purveyors of such knowledge remained popular during much of her time in Peru. As a result, while Cadeau Fessel's work reflects an imposition of European knowledge and expertise on a society that traditionally relied on lower-class indigenous women of different backgrounds for assistance during childbirth, it also hints at a long, drawn out process of negotiation and contestation that characterized many colonial and postcolonial overseas medical interventions.

NOTES

¹ In this and other citations of texts from non-English languages, a free translation has been provided.

² For a comprehensive analysis of this medical reform movement, see Warren (2010).

³ For excellent discussions of Olavarrieta's critique of wet-nursing in relation to racial fears, see Premo (2005).

⁴ Martín Martínez was a Spanish philosopher and physician from Madrid who served as professor of anatomy and physician to Philip V. He lived from 1684 to 1734.

⁵ See Premo (2005). Premo contrasts the motivations behind Spanish legislation to police wet nursing in the colonies, which grew out of the king's concerns about the dangers of wet nursing in Spain, and the anxieties that motivated creole debates on this subject. The king, she writes, "blamed the common practice of sending urban infants to rural wet nurses for the stunning number of deaths among foundlings, and he designed the 1794 ruling in large measure to slow population decline by eradicating the practice" (p.240). In his view, wet nurses' tendency to suckle multiple children at once placed the health of children at risk, as did the number of years during which they continued to breastfeed them. The solution to this problem, in his view, necessitated policies applied universally to all children. For creoles, however, concerns about wet nursing grew out of two fears. First, they argued that policies could not be applied universally to all children, since this undermined the traditional racial and social hierarchies that formed the foundations of the colonial order. Second, they expressed fears about what might be transmitted to children through the bond they formed with such women. Creoles racial anxieties centered on the idea that wet nursing rendered children more like the women who fed them, thus leading to the corruption and downfall of their social status. According to Premo, writers in Lima's newspapers during the 1790s "wondered if wet nursing in particular had become a degenerative force that corrupted and stunted the colonies. The idea was that the milk passed from non-white subordinates to creole infants debased American-born Spaniards, making them, in essence, the same as the women who suckled them" (p.243).

⁶ For an analysis of Lima's class structure and the history of its underclasses in the eighteenth century, see Flores Galindo (1991).

⁷ Jáuregui issued his *bando* on September 25, 1781. It was republished in González Laguna (1781).

⁸ For a broader discussion of the decline of the medical reform movement, see Warren (2010).

⁹ During the late colonial period government officials and physicians invoked blood purity requirements to prevent Lima's large population of black and mulatto surgeons from receiving the university training necessary to become physicians. Moreover, the office of the *protomédico* issued a series of orders demanding that surgeons and other healers work within the established limits of their profession, rather than undertaking the work of physicians. This led to conflict between the city's largely black and mulatto community of surgeons and its largely creole Spanish community of physicians over the relative standing and prestige of the two professions. For an extended discussion of this process see Warren (2010), especially Chapter Two.

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