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Iconizing Motherhood, Ignoring Mothers: Romanian Forty-Eighter Women, Public Health, and the Limits of Maternal Medicalization*

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One of the earliest public representations of women in Romanian culture is closely tied to maternal identity. In nineteenth-century Romania, women gained political legitimacy both through their association with politically active men and through their status as mothers, which was reframed as a national mission within the broader emergence of nationalism. This romanticized image of motherhood coexisted alongside a persistent crisis of midwifery and the uneven medicalization of childbirth, revealing a significant gap between the Romanian sphere and other Central and Eastern European contexts. The entry into the public sphere of women involved in the Revolutions of 1848, notably Maria Rosetti (1819–1893), combined with the revolutionary and philanthropic ethos of the period fostered engagement among women in initiatives related to public health and the diffusion of medical knowledge. By tracing key moments in the development of medicalization and the medical crisis of the nineteenth century, this study examines both the scope and the limits of these women's interventions, with particular attention to the life and career of Maria Rosetti. It highlights the paradox of their participation in public health: while they contributed to the dissemination of medical practices, their involvement remained shaped by gendered constraints and did not fundamentally challenge the growing exclusion of women from the medical profession. At the same time, the article argues that figures such as Maria Rosetti functioned as important intermediaries in the process of medicalization, particularly in contexts in which institutional medical structures remained underdeveloped.

Keywords: Revolution of 1848, medical crisis, midwives, women's exclusion, medicalization of childbirth, maternal body, nationalism

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Introduction

The 1840s in the Romanian Principalities (Wallachia and Moldavia) were marked by growing social tensions generated by inequality and recurring political crises.[1] The Russian-imposed quasi-constitution known as the Organic Regulations further widened the gaps between social classes and contributed to increasing unrest and popular dissatisfaction.[2] In response, Romanian middle-class intellectuals educated in Paris and inspired by the French republican model challenged the political establishment, calling for social equity while promoting a strong nationalist discourse. Patriotism, expressed primarily in cultural terms through the promotion of the Romanian language, history, and literature, also found expression in philanthropic initiatives and ideals of self-sacrifice.[3] Within this patriotic climate, the figure of the mother acquired particular symbolic power.[4] Women's participation in the 1848 Revolution was therefore largely framed in symbolic terms, embodying the image of the "mother of the nation." Motherhood was no longer confined to biological reproduction and childrearing.[5] Rather, the mother came to be conceived as a political figure responsible for the moral and social condition of both the family and the revolutionary community.[6] Combined with forms of female political activism, these elements shaped the notion of patriotic motherhood, which was closely aligned with nationalist understandings of maternal duty.

The Wallachian ideal of the "patriotic mother" bears comparison with the German notion of *geistige Mutterschaft,*[7] and the French idea of the *mère patrie.*[8] Yet while women's political visibility remained tied to their maternal role, the glorification of motherhood coincided with a crisis affecting traditional midwives and with the growing medicalization of childbirth and postpartum care. This article, therefore, examines how the political visibility and activism of Wallachian revolutionary women both enabled and limited their access to emerging medical practices concerning the female body. It also considers the extent to which the participation or exclusion of these women shaped subsequent (under)

1 Hitchins, *The Romanians*, 288.
2 Ibid.
3 Cornea, *Originile romantismului românesc*, 213.
4 Băluţă, *La Bourgeoise Respectable,* 56.
5 Roman, "Deznădăjduită muiere n-au fost ca mine," 12.
6 Băluţă, *La Bourgeoise Respectable,* 58.
7 Allen, *Feminism and Motherhood in Germany 1800–1914*, 95.
8 Verjus and Heuer, "Les mères de la patrie révolutionnaire," 261.

developments in obstetric practice. Firstly, the article situates these (under) developments in relation to the public valorization of motherhood within the broader process of nation-state building, the emergence of pronatalist discourse, and prevailing popular attitudes toward medical practices. This perspective highlights how revolutionary women contributed to efforts to address broader social and public crises, extending their engagement beyond strictly political and nationalist claims.

The revolutionary women who supported republican values and national ideals generally came from bourgeois and middle-class backgrounds. They had a French-oriented education and were most often partners, mothers, or close relatives of the leading figures of the Romanian upheavals. Against this background, these women's political participation was cast as a national and social duty. The British–Romanian Maria Rosetti (1819–1893), for instance, was the wife of the radical Wallachian journalist C. A. Rosetti. Zoe Golescu (1792–1879) was the wife of the high-ranking boyar Dinicu Golescu and the mother of Ştefan and Nicolae Golescu, both prominent participants in the 1848 Revolution. Maria Heliade Rădulescu (1806–1870) was the wife of Ion Heliade Rădulescu, a key reformer of Romanian education, one of the founders of the Romanian Academy, and one of the authors of the 1848 Romanian proclamation known as the *Proclamaţia de la Islaz (issued in June 1848)*.

This study focuses primarily on Maria Rosetti, not only because she was the most prominent among these women, but also because she remained actively engaged in social and philanthropic initiatives after the upheavals and offers a particularly revealing case for an understanding of the emergence of a maternal voice and political role. The investigation is grounded in an analysis of institutions and of women's engagement with maternalistic political discourse, examined in relation to the sociohistorical contexts of hygiene and medicalization. The study draws primarily on sources belonging to the personal archives of the women under consideration, including personal notes, intimate correspondence, and other private documents. It uses these sources to shed light both on their political activism and on the ways in which they experienced these historical processes. This perspective is particularly important because public discourse on women's roles during the period positioned the deeply personal experience of motherhood at the intersection of neglect, myth, and symbolic figure.

Heroic Mothers and the Making of the Nation-State

As a clandestine movement, the Romanian Forty-Eighters were organized, following the masonic model,[9] around movements such as *Frăţia* (Brotherhood) or *Asociaţia pentru înaintarea literaturii româneşti* (The Association for the Advancement of Romanian Literature), both of which were founded in the 1840s by the agrarian revolutionary and journalist Nicolae Bălcescu (1819–1852). Female counterparts were present at these gatherings, which thus formed one of the first fora in Romania at which women were present in political life. They served primarily as hosts, however, and their roles were gendered.

C. A. Rosetti, together with his wife, represented the radical wing of the revolutionary movement. He was also a crucial figure in Bucharest's printing culture, as he owned the city's principal printing infrastructure. In his influential article titled *"Scrisoare pentru femeile claselor privilegiate"* (Letter to the Women of the Privileged Classes), he defined women as saviors of the nation. Women were valued for their "natural" qualities, which allegedly included sensitivity and closeness to nature. In Rosetti's view, these qualities made them the moral angels of society and maternal figures responsible for maintaining both social and familial cohesion: "You do not transgress the laws of nature. […] You are virtue, genius, devotion, and holiness; and if the soul were ever to disappear entirely, a single tear of motherhood would restore all our faith, and the homeland would once again be alive and free."[10]

Due to women's purported nature, maternal sensibility, greater capacity for patience, sensitivity, and tolerance, Nicolae Bălcescu described mothers as patriotic educators, arguing that only a mother's genuine sensitivity could reach the hearts of children. For this reason, mothers alone were considered both able and willing to educate children and serve as a cohesive force within the family: "a deity of unsuspected power and immeasurable kindness, a mysterious, fantastic, and angelic being who finds joy solely in the happiness of the family."[11] The same representation of woman as a figure of nature, an angelic presence, and a crucial maternal force appears in the writings of the Forty-Eighter poet Cezar Bolliac (1813–1881), also a member of the Forty-Eighter associations, who valued women for their "inner" qualities, noting that "the heart of woman reflects the sweetest graces and the noblest sentiments, as women are a thousand

9 Nicoară, "Societăţi secrete," 42.

10 Rosetti, *Prima epistolă către femeile clasei privilegiate*.

11 Bălcescu, *Filosofie social*, 63.

times more sensitive, more tolerant, more poetic, and wittier than men."[12] Maria Rosetti, who founded the first periodical for mothers, *Mama şi copilul* (Mother and child, 1865), did not depart from this definition either. She embraced this symbolic role assigned to women in political discourse and the sociopolitical legitimization of women through their capacity to bear children and dedicate themselves to the education of children under the umbrella of national identity: "You are mothers, and so am I. Our children are Romanians. My children, like yours, share a common mother: Romania. Is there not then a bond between us when our children are brothers?"[13]

Maria Rosetti, born Grant in Guernsey, arrived in Bucharest in the 1840s together with her brother Effingham Grant, secretary at the British consulate in Bucharest, and his superior, Robert G. Colquhoun.[14] She was one of the many foreign governesses, which had become an increasingly common profession in nineteenth-century Bucharest. She was employed in the household of the high-ranking noble Odobescu family, where she met her future husband, C. A. Rosetti, a noble young man who owned many organs of the press and printing houses in Wallachia.[15] For a governess, who typically came from an impoverished middle-class background, marriage often represented a form of social mobility. As she embarked on this path, Rosetti came to embrace the political agenda of the Romanian Forty-Eighters.[16] Initially, the courtship ritual appears to have been almost entirely devoid of passion. Indeed, in his private notes from 1845–1846, Rosetti refers to Maria simply as "the Grant woman."[17] He seems to have reserved his romantic feeling for a certain married woman, whose identity he never reveals and with whom social conventions prevented him from pursuing a recognized intimate relationship. At first glance, his marriage to Maria seems to have been one of mutual convenience. For her, it offered an escape from the uncertain future associated with the position of governess, a profession that, at the time, lacked any institutional recognition or professionalization. For C. A. Rosetti, the marriage enabled him to forge valuable connections with the British Embassy in Bucharest through Maria's brother, Effingham Grant, and the British consul, Robert G. Colquhoun, both of whom played an important

12 Bolliac, *Poesia*.

13 Rosetti, "Pentru mame" [For mothers], *Mama şi copilul*, no. 5, August 8, 1865, 5.

14 Ioniţă, *Maria Rosetti*, 8.

15 Roman, "Educating the Other. Foreign Governesses in Wallachia in the First Half of the Nineteenth Century," 38

16 Roman, "Deznădăjduită muiere n-au fost ca mine," 226.

17 Rosetti, *Jurnalul meu*, 48.

role in the events of the 1848 Revolution in Wallachia.[18] As a foreigner, and, more specifically, as a Westerner, Maria was warmly received by Bucharest's upper-middle-class families because of her Western manners and customs, which she was expected to pass on to young Romanian noble women. Her integration into the Bucharest aristocracy through her marriage to Rosetti was met with a degree of skepticism,[19] particularly because a governess was to marry a nobleman, but her association with Western values, regarded in the Romanian context as a mark of civilization and progress, ultimately proved more significant than her modest social origins, which were otherwise considered incompatible with her future husband's social background. Nevertheless, Maria Rosetti was in every respect suited to embody the sacred figure of the mother of the nation at the time.

Ionela Băluță[20] has shown how women's political participation in nineteenth-century political events was appropriated through the value-laden roles assigned to them as mothers maternal representation and reduced to a mere symbol. Politically progressive aspirations did not influence traditional definitions of gender roles. Women continued to be seen as domestic educators rather than as initiators of their own institutions, as occurred in other East Central European contexts during the upheavals of the 1840s[21] (the *Biographical Dictionary of Women's Movements and Feminisms*, edited by Francisca de Haan et al., offers several examples of female activists who achieved a significant level of prominence and recognition at the time). Women were granted importance through their roles as mothers and educators, roles supposedly in harmony with their "natural" qualities.

Angela Jianu, on the other hand, has also pointed to the excessive expectations placed upon women to become mothers, assume full responsibility for domestic life, and at the same time participate in their husbands' political activities,[22] becoming fully involved in political life in the name of revolutionary causes and nationalist beliefs. The fundamental characteristics of the Romanian revolutionary movement included its aspiration toward reform, its patriotic spirit, and its affinity with the French republican model. More recent research in Southeastern Europe has shown that the imposition of Western models of legal and political

18 Jianu, *Circle of Friends*, 41.

19 Cantacuzino, *Din istoria familiei Brătianu*, 71.

20 Băluţă, *La Bourgeoise Respectable,* 65.

21 Haan et al., *A Biographical Dictionary of Women's Movements and Feminisms*.

22 Jianu, *Circle of Friends.*

organization often marked a form of regression with regard to women's social emancipation in these regions. For example, Evdoxios Doxiadis has shown how, in Greece, the replacement of the old Ottoman legal structure after the War of Independence in 1821 with a modern legal model of Western extraction resulted in new limitations on women's rights.[23] Manuela Boatcă has shown how, in the Romanian context, the adoption of Western political models replicated a Eurocentric political and social structure within Romanian society, reinforcing Romania's semi-peripheral position and the existing social gaps.[24] Roxana Cheşchebec likewise questions the notion that women's struggles for equal rights and the processes of social modernization and Westernization were necessarily intertwined. She suggests, on the contrary, that processes of social modernization often posed obstacles to women's emancipation.[25] In the Romanian context, whether we are concerned with women's social emancipation or their professionalization, the growing proximity to Western models, which promoted the institutionalization and certification of medical practices, served, on the one hand, to align the Romanian medical system with Western standards, thereby improving the country's medical infrastructure and its capacity to combat epidemics, reduce infant mortality, and lower the high mortality rates among the young population. This process also contributed, however, to the marginalization of women within an increasingly masculinized medical profession. Consequently, women, and midwives in particular, came to be portrayed in nineteenth-century medicine as "the physician's assistants [...], devoted young women endowed with exceptional moral qualities."[26]

Women's Exclusion from the Medical Profession: The Crisis of Midwifery in Nineteenth-Century Wallachia

The overemphasis on motherhood in the political discourse in the Romanian space is paralleled by the systemic problem of the medicalization of childbirth. Throughout the nineteenth century, practices surrounding childbirth and the postpartum period in Romania oscillated between local traditions and ritual forms of care for women on the one hand and the early stages of medicalization on the other. Two paradigms thus emerge, structuring and legitimizing the

23 Doxiadis, "Standing in Their Place," 77.

24 Boatcă, "The Eastern Margins of Empire: Coloniality in Nineteenth-Century Romania."

25 Cheşchebec, "The Achievement of Female Suffrage in Romania," 361.

26 Reiner, "Ajutoarele medicului," 681.

opposition between the feminine and the masculine in obstetric practice.[27] The first obstetrical manuals produced in the Romanian sphere, all of which were authored by male physicians, were constructed precisely through the attempt to legitimize male medical science while discrediting untrained midwives, who were held responsible for the deaths of women in childbirth and for infant mortality due to practices allegedly lacking a medical foundation, practices that, in fact, contributed to increasing mortality among both women and children. For example, the first obstetrics manual, *Twelve Useful Teachings for Pregnant Women, for the Moment of Birth, for the Postpartum Period, for the Nourishment of Infants and for Their Illnesses* (1827), was published in Moldavia by the physician Nicolae Chiriacopol (d. 1842). As he himself states, Chiriacopol wrote this manual because of his concerns about the "incompetence of midwives":

> Since the midwives of Moldavia, Wallachia, and Bessarabia are entirely untrained […] I advise all women not to be misled by their midwifery and guesswork, and not to accept their unfounded and ignorant counsel, for they pretend to be clever without possessing any natural aptitude; they boast and claim to know much, yet in truth they know nothing. A great cruelty resides in some of them, especially among those in the countryside and in small towns; woe to the pregnant women and those in childbirth who fall into the hands of such midwives.[28]

In 1830, *Topografia sanitară a Țării Românești* (*Sanitary Topography of Wallachia*) was published, a book by the Bucharest physician Constantin Caracaş. Caracaş was the founder of Filantropia Hospital, one of Bucharest's first major hospitals (1773–1828). He explained his decision to write a medical manual likewise by criticizing the persistence of non-medical midwifery practices, call attention in particular to rural midwives, whom he described as nothing more than "killers of children," "ignorant old women whose mere presence does more harm than good."[29] In 1839, the Midwifery School in Bucharest was established by the physician Iosif Sporer. The school was founded to provide professional training for women to assist childbirth and provide proper care.[30] According to these physicians, there was a dire need for such training. However, the first admissions reveal that women actually had only limited access to specialized education and

27 Trăuşan-Matu, *De la leac la rețetă*.

28 Chiriacopol, *Douăsprezece învățături folositoare pentru fimiile aceale îngrecate,* 16.

29 Samarian, *Topografia Țărei Românești,* 90.

30 Mărăşoiu, "The First Book on Obstetrics Written in the Romanian Principalities," 87.

an elitist tendency prevailed at the institution in this regard.[31] For example, a very good knowledge of French was a sine qua non, and the school required two years of training. Because the number of students remained low, admission requirements were later relaxed. Nevertheless, the number of graduates continued to be small compared to demand.

Throughout the nineteenth century, the medicalization of Wallachian society followed two major reference models: the German and, later, the French. The lack of specialized institutions for training medical personnel, especially in the first half of the century, meant that physicians from the Romanian space obtained their degrees at major Western university centers, particularly in Vienna and Paris. The precarious state of medical education, which by the mid-nineteenth century was still in the process of developing its own specialized language,[32] also contributed to the importation of foreign physicians. Studies on the history of medicine in the Romanian space also show that the medical profession was intrinsically linked to the development of the bourgeoisie,[33] as it was an occupation highly representative of this class. Since a middle class was only just beginning to take shape in the Romanian Principalities and the nobility preferred administrative and legal careers, the need for a medical corps was supplemented by bringing in specialists from the West.

Some of the first physicians in the Romanian space, such as Dumitru Caracaş (1730–1804) and Constantin Darvari, were students of the Dutch physician Gerard van Swieten (1700–1772), who served at the Viennese court and brought the medical practices of the Dutch school of Hermann Boerhaave (1668–1738) to the Romanian Principalities. Moreover, the limited studies dedicated to the history of medicalization indicate that the situation of specialized physicians was particularly dire in Wallachia. In the early 1830s, there was one physician for every 47,000 inhabitants, whereas in Moldavia there was one for every 25,000.[34] This difference was largely due to the size of the Jewish community in Moldavia, which included a significant number of physicians. Indeed, until around 1840, more than 60 percent of the medical corps in the Romanian space consisted of Galician Jews, as well as Austrian, German, French, Hungarian, and Transylvanian practitioners. In contrast, in Western countries,

31 Trăuşan-Matu, *De la leac la reţetă*, 115.

32 Romanian physicians who also authored the first medical manuals, deplores the lack of specialized medical vocabulary in Romanian language, Trăuşan-Matu, *De la leac la reţetă,* 98.

33 Ibid., 104.

34 Gomoiu, *Repertor de medici, farmacişti, veterinari din ţinuturile româneşti*, 81.

the ratio was far more favorable at the time. In France, for instance, there was one physician for every 2,000 inhabitants.[35]

If in the first half of the nineteenth century German-language medical schools (the Viennese school and other German institutions) represented the main sources of medical training in the Romanian space, by the end of the century, the French medical school had become increasingly popular, with the rise of physicians trained in Paris, such as Nicolae Kretzulescu (1812–1900) or Carol Davila (1828–1895). This shift also explains the language imposed by medical discourse, which was structured around a series of binary oppositions: old and new, tradition and science, remedy and prescription. It is therefore not coincidental that Kretzulescu aligned himself with the movement that denigrated uncertified midwives and discouraged recourse to the services provided by these women. According to him, midwives "stray from their calling whenever they try to act as surgeons and pharmacists, crafts they have never been trained in."[36] Kretzulescu expressed his position on midwives in a translation of the manual by the French physician François-Emmanuel Fodéré, one of the most important physicians in France in the nineteenth century. In his seminal work *Traité de médecine légale et d'hygiène publique* (1813), Fodéré emphasized the importance of eliminating uncertified practitioners. This reflects the fact that, in France as well, a process of medicalization of childbirth and professionalization of medical practice was underway, which in turn contributed to the marginalization of women from medical practice, many of whom worked as midwives.

A case study on the medicalization of the city of Marseille,[37] for instance, shows that this process involved a struggle between male physicians and female midwives. Ultimately, medicalization amounted to the imposition of male authority over obstetrical practice and the delegitimization of women's knowledge. As in the Romanian space, women became the primary targets of efforts to impose scientific rigor, formal training, and certification in medical practice. The role of midwives in society thus must be seen from at least two perspectives. On the one hand, it gave women some access to an officially recognized profession, since while physicians were men, midwifery was largely a feminized occupation that was, however, placed under the control of certified (male) doctors. On the other hand, however, it served as a means with which to exclude untrained women from the medical field.

35 Lidia Trăuşan-Matu, *De la leac la rețetă*, 99.

36 Fodéré, *Manual pentru îngrijitori și îngrijitoarele de bolnavi*.

37 Stock-Morton, "Control and Limitation of Midwives in Modern France."

Another misogynistic and age-based dimension of the discourse on midwifery also appears in this context, as schools in Wallachia opposed the figure of the elderly woman, the "arrogant old crone" *(babă arogantă)* and "child-killer," *(ucigătoare de copii)*,[38] to that of young women trained in midwifery schools. If the issue of midwives in Wallachia is framed as a conflict between myth and tradition versus science and masculine versus feminine, in Transylvania, the midwife also acquired a political function.[39] This is equally relevant in the Wallachian context, insofar as the nineteenth-century patriotic discourse established by the Forty-Eighters attributed the welfare, functioning, and health of the nation to women. Women were regarded as "the cradle of a nation's future." From this perspective, the need to medicalize childbirth and women's bodies also encompassed a dimension of political control over their bodies through the medical profession, in a context in which fertility and successful childbirth played a central role in medical discourse. Physicians themselves constituted part of the liberal elite in the mid-nineteenth century.[40] The hygienist movement, however, led Wallachian physicians such as Iacob Felix (1832–1905) to question the values of liberal modernity and to oscillate between liberal individualism and the perceived need for state intervention to ensure the conditions necessary for the development of a genuine medical culture and an awareness of the crucial importance of hygiene in the fight against disease.[41] Until then, however, physicians in the Romanian lands aligned themselves in many respects with the patriotic intellectuals who had established the discourse according to which the rearing of the nation's heroes was an exclusively maternal responsibility, a notion that was likewise reflected in the writings of some physicians.[42]

Returning to the medical situation in Transylvania, the regulation of midwifery practice transcended public health concerns and integrated the midwife into a political process subordinated to Hungarian authority and imperial policies. From this perspective, admission to higher institutions dedicated to the training of midwives was conditioned by both language and the ethnic identities of the candidates. Nevertheless, after 1850, in Cluj, midwifery training was

38 Samarian, *Topografia Țărei Românești,* 90

39 Dumănescu and Eppel, "The Politics of Birth in Composite States: Midwives in Transylvania."

40 Trăuşan-Matu, "Contribuţii la cunoaşterea elitei medicale."

41 Cadeschi-Livadă, "De la Stat la individ şi înapoi."

42 Bokor, "Nők a nemzetben, nemzet a nőkben."

conducted in Hungarian, German, and Romanian alike.[43] In the Hungarian space, the training of midwives had already been identified as a public concern as early as the eighteenth century. By the nineteenth century, the midwifery crisis was considerably reduced. Although many midwives were working as active practitioners, they did not enjoy full professional autonomy, as they operated under the supervision of male physicians and obstetric specialists.[44]

After 1875, even in Transylvania, the midwifery crisis appears to have been largely resolved,[45] as obstetrical practice was already subject to strict regulation, while both the number of graduates and that of specialized training schools continued to increase.[46] In contrast, in Wallachia, the first training schools were established only around the 1830s. In this context, attitudes toward midwifery in Wallachia were largely shaped by French models, most likely imported by Wallachian physicians trained in France, along with the knowledge and practices they had acquired there.

Thus, attitudes toward midwives in the Hungarian space and in Transylvania differed substantially from those in the Romanian lands. In Transylvania, for example, efforts were made to include an increasing number of women in obstetrical practice, even if this training also concealed a political dimension. By the mid-nineteenth century, the situation of midwives and the low number of trainees in training schools were already matters of concern. Institutions responded by increasing stipends and imposing sanctions on the practice of midwifery without certification. In Transylvania, these measures had been regulated as early as the first half of the nineteenth century, when the Court in Vienna required that female students at the Medico-Surgical Institute be exempted from public duties during their studies. At the same time, the number of scholarships doubled from one year to the next, and the eligibility criteria for studying midwifery required candidates to be under the age of thirty and to be literate, regardless of their marital status.[47] Thus, as Luminiţa Dumănescu has shown, the year 1854 marks a turning point in the midwifery crisis, as competition for places in midwifery schools increased significantly. Rather than denigrating

43 Dumănescu, "Moaşele diplomate din Transilvania anului 1875."

44 Borbély, *A bábaság története Magyarországon a 18. század végétől a 20. század közepéig.*

45 For instance, the first medical manuals, including obstetrical treatises, were translated into Hungarian and circulated in Transylvania from the late eighteenth century onward as part of a broader wave of medical translations inspired by the work of the Austrian physician Anton Störck and his followers. See Sechel, "The Politics of Medical Translations."

46 Dumănescu, "Moaşele diplomate din Transilvania anului 1875."

47 Ibid.

women who lacked formally accredited competencies (as was often done by male medical authorities), efforts were made to integrate them into specialized medical structures.

While the midwife benefited from a form of political legitimization through her inclusion in public discourse, in Wallachia and Moldavia it was the mother who enjoyed predominantly symbolic prestige, as reflected in the pro-maternal discourse of the Revolutions of 1848 generation in these regions. Rather than encouraging the training of women already practicing midwifery or young women who aspired to pursue a career in this field, admission criteria in 1839 at the Midwifery School of Pantelimon Hospital remained quite restrictive.[48] The first cohort of "certified midwives" in Wallachia appeared only in 1841. Other data indicate that, by 1862, there were no more than ninety certified midwives in Bucharest: seventy-seven had obtained their diploma there, one in Iaşi, and thirteen in Austria.[49] It thus appears that, while in Transylvania the midwifery crisis had already been largely resolved, in Wallachia it was only just beginning, further confirming the significant gap between the two regions in terms of societal modernization from the perspective of public health.

The Forty-Eighters and the Medical Crisis of Romanian Society

The 1848 revolutionary program included the importance of creating institutions, absolute freedom of the press, the abolition of serfdom, the nationalization of monastic estates, and the dismantling of the privileges of the high boyar class sustained by the Organic Regulations, as well as social equity and the abolition of slavery, all to be achieved following the French republican model.[50] The aspiration toward progress intertwined with patriotic fervor and the cultivation of nationalist sentiment, within which the mother occupied an important place as both the bearer and educator of future patriots.

The problem raised by the Forty-Eighters' discourse lies precisely in this romantic, idealistic, and non-material understanding of motherhood and of medical care more generally. This was somewhat paradoxical, given that these definitions of the mother came from the very actors who were preparing a profound social revolution. Thus, the Proclamation of Islaz, the new revolutionary constitution intended to replace the order established by the Organic

48 Trăuşan-Matu, *De la leac la reţetă,* 110.

49 Ibid., 112.

50 Isar, *1848 în Ţările Române: studii.*

Regulations, did not provide rights for women, much less for mothers. Motherhood was framed as a purely patriotic responsibility. The only provision concerning women referred to their access to education, a principle integrated into the structure of nationalist ideals.[51] Social, economic and political inequalities were not discouraged, either before or after the suppression of the revolutions.

Consequently, women's access to specialized medical services remained conditioned by social status, while scientific discourse explained illness in terms of scarcity. Two major factors thus contributed to the crisis of midwives and to the exclusion of women from medical sphere: the insufficient effort invested in training new medical personnel and misogyny. The crisis of midwives, furthermore, was also a matter of mentality and of society's relationship to a specialized and professionalized medical system.

The aforementioned Wallachian physician Iacob Felix attributed the poor health of the population to misery and poverty, an explanation also frequently offered by the earliest physicians and obstetricians. For instance, in the first obstetrics manual published in Romanian, the aforementioned Nicolae Chiriacopol draws attention to the fact that urban misery, especially in the case of Bucharest, contributed to infant mortality and to the deaths of mothers due to poor hygiene. Thus, he advised mothers to withdraw to rural areas during pregnancy, childbirth, and the postpartum period. The inadequate hygiene in Bucharest remained a problem throughout the entire nineteenth century, alongside the overexpansion of cities and the massive migration from rural and peripheral areas toward urban centers such as Iaşi and Bucharest. Moreover, by the mid-nineteenth century, large cities still lacked an efficient sewage system and a sanitation infrastructure capable of meeting the needs of their growing populations. Consequently, Chiriacopol argued that expectant mothers should avoid the city, "where stench is ever-present, and the air is corrupted and harmful to the health of every individual." Mothers, he maintained, needed fresh air and long walks in forests or in the countryside, where they could avoid "strolling along foul and dusty streets."[52]

The lack of hygiene and widespread deprivation, however, fostered resistance to the efforts aimed at the medicalization of society, reinforcing a broadly traditional and archaic mindset, as well as a perception of the physician as primarily a hygienist rather than a therapist.[53] For example, in 1847, just one year

51 Jianu, *Circle of Friends.*

52 Chiriacopol, *Douăsprezece învăţături folositoare pentru fimiile aceale îngrecate,* 19–21.

53 Trăuşan Matu, *De la leac la reţetă*, 101.

before the revolution and against a tense sociopolitical backdrop, the authorities made vaccinations obligatory for children. Nevertheless, parental resistance to these new medical practices did not diminish, all the more so as this obligation came in the wake of the cholera epidemics of the 1830s, when physicians' treatment plans were undermined by the reality of the disease, which continued to claim an increasing number of victims. Thus, the 1830s and 1840s amounted to little more than a prolonged series of struggles for physicians, who were confronted with a local mentality marked by skepticism and attached to traditional treatments and remedies. To this was added the influence of religion, as nineteenth-century Romanian society still believed that "diseases were simply ordained for humankind by God."[54]

Access to specialized medical services was equally determined by the patient's social status. By the mid-nineteenth century, the medical market had expanded in its very terms as a market, as physicians' patient lists grew significantly. This happened in part because physicians enjoyed professional autonomy, unlike midwives, who were part of the public service sector. Data indicate that even the poorer classes increasingly began to seek medical services. Nevertheless, the physician largely remained associated with the privileged classes, which could afford specialized medical services. At the same time, a subtle shift occurred in the perception of the physician, who came to be seen not only as a hygienist but also as a therapist, while the treatment plans popular at the time were largely balneary or dietetic-hygienic in nature.[55] These treatments required resources on the part of the patient that were available only to the middle classes and the nobility. The same applied to midwives who, unlike physicians, were formally part of the public service sector and strictly prohibited from practicing privately. Nevertheless, they selected their clientele, and women from more prosperous families were often favored over those from the lower classes.[56]

Revolutionary tensions overlapped with the crisis of medicalization, while the apologia of the maternal figure intersected with the crisis surrounding the medicalization of the maternal body. Women's involvement in the public sphere and in political matters enabled a gendered form of participation in public life. Thus, alongside the prevailing perception of women as mothers and educators, their public actions were framed within the paradigm of care. The emergence of

54 Ibid.

55 Ibid.

56 Roman, *Femei, onoare şi păcat*, 72.

a philanthropic spirit became visible through initiatives aimed at establishing protective institutions, such as hospitals and, to a lesser extent, educational institutions. Nevertheless, this philanthropic spirit did not venture to intervene directly in the sphere of practice, as the women involved in the causes of the 1848 revolution, such as Maria Rosetti and Zinca Golescu, only rarely took initiative in traditionally male domains. Rather, they tended to reproduce forms of knowledge and practices already sanctioned by the masculine authority governing these fields.

Revolutionary Philanthropy and Women's Contributions to the Medicalization of Motherhood and Childcare

Even the women proclaimed "mothers of the nation" within the nineteenth-century nationalist spirit were not spared the tragedies created by lack of access to medical care. For instance, Maria Rosetti experienced the tragedies of infant loss. It is believed that the Rosetti family had around five children, yet only four survived: Libby-Sofia, Mircea, Vintilă and Horia. A letter from 1852 suggests that the death of her second child was followed by a period of mourning. Correspondence with family members in exile, for example, the Rosetti family and the families of Jules Michelet and Alfred Dumesnil (1821–1894),[57] mentions, even if only in passing, the suffering of these women. Even Maria Rosetti's friend, Adèle Dumesnil, the daughter of Jules Michelet, died in 1855 at the age of only thirty-one after multiple childbirths. The postpartum period and complications of childbirth, for instance, are discussed in softened, euphemistic terms in the intimate correspondence of these women. The experience of motherhood is articulated in strongly gendered terms, as childbirth is projected as the supreme feminine experience. Knowledge of and emotional bonding with one's child are equated to a scientific discovery by a man. In a letter from 1852, the position of women engaged in political (nationalist) causes becomes clear: for them, political devotion takes precedence over their own personal traumas:

57 In exile, the Romanian revolutionaries were closely connected to the family of Jules Michelet and to that of Alfred Dumesnil, his son-in-law, both of whom were professors at the Collège de France at the time. The members of the Rosetti family were particularly close to the Dumesnil household. The Dumesnil family archives contain a rich correspondence concerning the activities and exile life of the Rosetti family. This archival collection is housed at the Bibliothèque Historique de la Ville de Paris.

> I await with the keenest impatience the moment when you shall be able to give me a detailed account of her features, her complexion, and her talents. I know that, during the three weeks in which a poor mother is confined to her bed, she has no sweeter occupation than to discover the innumerable qualities of the marvel that has just been born to her; and God knows that not even Newton himself could discern them better than she does, I might even doubt that that excellent man could have perceived all the beauties that we, we women, behold in the faces of our little ones. Kiss yours most tenderly; and if you imagine that she is drawing the very life from you, do not be deceived, my dear friend, it is a kiss she is giving you in my stead.[58]

Though still in the postpartum period, Maria Rosetti, who was closely connected to the British diplomatic corps in Bucharest, made use of all her advantages to save the Romanian revolutionaries from condemnation after the suppression of the uprisings and to facilitate their escape into exile.[59] In the correspondence and private notes of her husband, she appears as the counterpart of Anita Garibaldi, precisely because of her courage in venturing into such revolutionary events. In a letter from 1853, Rosetti writes to his wife about how Garibaldi died in 1849, in her husband's arms, following a miscarriage caused by hemorrhage.[60]

The repeated comparison of Maria Rosetti and Anita Garibaldi in 1853 arguably also reveals, however, her husband's concern regarding his wife's diminished involvement in political life and in the affairs of the revolutionaries, as well as her increasing immersion in domestic and family life.[61] Stories of miscarriage, obstetric illness, and infant mortality mark the lives of revolutionary women. At the same time, the philanthropic spirit drove them to contribute significantly to the medicalization of society, though to a lesser extent to the medicalization of their own bodies. Women's suffering was taken as a given and borne in the name of an ideal, giving rise to a distorted understanding of the importance of prioritizing one's own body. In the midst of this medical crisis, however, the extent to which Maria Rosetti's writings on childrearing and the care of women were aligned with legitimate medical practices remains to be seen, as does the extent to which they left room for the dominance of male

58 Bucur, *Documente referitoare*, 199.

59 Ioniţă, *Maria Rosetti*, 36.

60 Riall, *Garibaldi: Invention of a Hero.*

61 Jianu, *Circle of Friends*, 18.

medicine at the expense of knowledge derived from the lived reality of maternal experience.

The drama of motherhood did not spare even the mother of the revolutionaries Nicolae and Ştefan Golescu. Zinca Golescu married and gave birth at the age of thirteen, and the few monographs dedicated to the family confirm the medical aftereffects of her having given birth at such a young age.[62] The form of motherhood assumed by these politically engaged women aligned with the idealistic and patriotic definitions of the time. Thus, in their intimate writings and especially their private correspondence (and also in newspaper articles, as Maria Rosetti was prolific as a journalist), references to the maternal body itself appear only to a limited extent. Motherhood and the physical hardships it entailed are often concealed under various forms of "physical weakness," reflecting the fact that motherhood as a bodily experience remained a taboo subject in that period.

This reveals a profound discrepancy between the political discourse on motherhood and its lived reality, as the idealization of motherhood served only to obscure the dramatic conditions experienced by mothers in the Romanian space throughout the nineteenth century. The earliest public concerns related to motherhood across the Romanian lands are connected to Maria Rosetti's publication *Mama şi copilul* (Mother and child). The journal featured sections with educational content for children, ranging from geography lessons to materials on culture and civilization. At the same time, it also included dedicated sections designed for children's and mothers' physical care. It is worth noting that journalism was an occupation readily available to her, first because the Rosetti family owned numerous printing presses and periodicals and was also one of the foremost names in Bucharest's print culture and, second, because journalism was the first intellectual profession that women could enter in the Romanian sphere.

The philanthropic spirit guided Maria Rosetti's efforts to provide medical support for vulnerable populations, thereby contributing to the process of medicalization in Romanian society. First, she contributed to the production and dissemination of popular literature on the importance of medical treatment through the founding, in 1865, of the first journal dedicated to mothers, which included special sections on childrearing. Second, she was actively involved in philanthropic initiatives aimed at establishing hospitals, as well as in the volunteer

62 Fotino, *Din vremea renaşterii naţionale*, 16.

medical work carried out within these institutions. The medical advice published in the magazine journal was based on the instructional manual by the physician Christoph Wilhelm Hufeland (1762–1836), one of the most influential doctors in Central Europe in the eighteenth century and the first half of the nineteenth century.[63] Hufeland was one of the leading figures of German vitalist medicine. His medical practice promoted an approach that would today be described as holistic, and he was among the principal advocates of natural understandings of disease. It is nevertheless interesting to consider how Hufeland's teachings reached the Wallachian space, whether due to his widespread popularity or to the proximity of his name. His daughter, Elisabeth Hufeland, married Alexandru Sturdza (1791–1854), a Romanian high-ranking diplomat, and it is therefore possible that his name and reputation also circulated in the Romanian lands through this familial connection.

Vitalism and macrobiotics found their way into Romanian medical thought in the absence of an established medical tradition, a circumstance that left considerable room for speculative thinking. Historians of medicine working on the Romanian lands have shown that Romanian physicians, like those who assumed an auxiliary role in the "care and medicalization" of society, among them philanthropic activists such as Maria Rosetti, were primarily concerned with disseminating remedies and practices related to hygiene, caregiving, and disease prevention. Likewise, physicians themselves showed relatively little interest in scientific specialization or in producing major scholarly works in the field.[64] This was true in part because the Romanian medical establishment regarded an approach that combined alternative medicine (vitalism and macrobiotics) with medical science as better suited to the needs of Romanian society. In the midst of a medical crisis, society proved more receptive to traditional folk remedies than to specialized scientific medicine.

Nevertheless, in the second half of the nineteenth century, the vitalist form of medicine represented by Christoph Wilhelm Hufeland's school had begun to lose its legitimacy amid the rising wave of scientism. At the same time, it is noteworthy how Enlightenment and scientistic modes of thought coexisted among the Romanian revolutionaries of 1848, including Maria Rosetti, and how she reconciled, from a medical standpoint, these perspectives with vitalist practices and a sympathy for holistic approaches to childcare.

63 Hanulík, "Professional dominance?"

64 Trăuşan-Matu, *De la leac la rețetă*, 121.

For instance, in the early sections devoted to childrearing, Maria Rosetti laments the lack of medical literature translated into Romanian. While she does not undertake such translations herself, her recommendations are nonetheless inspired by major Western medical writings, which she seeks to transmit to mothers across all social classes. Although inspired by Romanian medical practice, her recommendations often belong to the realm of traditional *leacuri* (folk remedies) rather than medically sanctioned therapeutic advice. This aim, however, appears to have been difficult to realize in a context in which, even as late as the 1860s, the rate of illiteracy among women, especially those from the lower classes, remained very high. Indeed, in the earlier part of the century, most lower-class women were illiterate, a situation that did not improve significantly over the following decades.[65]

In one of her lessons on infant care, Maria states, following Hufeland's recommendations, that children should be given "air baths," that is, they should be kept outdoors as much as possible, in fresh air.[66] Interestingly, the same "naturalist" practice can also be found in the writings of the physician Chiriacopol, who emphasized the importance of fresh air and forest environments for pregnant women and those in the postpartum period in his 1827 manual, which was published almost forty years earlier. When proposing treatments and care strategies for children's illnesses, Maria Rosetti likewise draws on Hufeland's "naturalist" teachings, advocating a form of childrearing as close as possible to an organic and vitalist model. She criticizes what she considers invasive and "barbaric" practices in Wallachia, where women applied bitter substances such as wormwood, for example, to the breast to wean infants, a method she condemns as deceptive toward the child. She also denounces the piercing of girls' ears for the insertion of earrings, another custom she regards as harmful and, at times, even responsible for infant mortality. This position was also shaped by her Protestant cultural background, which led her to reject the overlap between religious or traditional customs and the safety of children: "Doctor Hufeland would never have imagined that there exists a country in Europe where it is customary to pierce the ears of poor little girls while they are still warm from their mother's womb."[67]

And yet, before Maria Rosetti's column, through which she assumed the role of an intermediary in the import of Western medical and childrearing knowledge,

65 Mârza, *Femeia între familie și societate în Moldova regulamentară*, 22.

66 *Mama și copilul*, no. 8, August 29, 1965, 47.

67 *Mama și copilul*, no. 10, September 12, 1965, 174.

Elena Ştirbei had already translated, in 1839, the work of Jeanne Campan, former lady-in-waiting to Marie Antoinette, titled *On the Education of Children*. Campan was primarily concerned with the education of children. She played a central role in shaping girls' education in France in the second half of the nineteenth century. Both in terms of education and medical practices, these women drew their references from Western literature. However, the manuals they relied upon appear, in the context of the latter half of the nineteenth century, already somewhat outdated and, more importantly, selected in a rather unsystematic manner, without clear medical criteria. While the strong concern of women in Wallachia with motherhood is well known, neither Elena Ştirbei, nor Maria Rosetti, nor other women displayed an explicit interest in medicalization or in the maternal body itself, except tangentially. This is all the more striking given that the positions and political legitimacy acquired, especially by revolutionary women, might have enabled them to intervene more directly in a medical discourse largely dominated by men.

The contribution of women to the development of the medical network was embedded within a broader philanthropic project of care for others, inspired by the spirit of the 1848 generation. Thus, in 1877 during the Romanian War of Independence, Maria Rosetti founded two hospitals, one in Craiova and another in Turnu Măgurele.[68] Both were intended to serve the victims of the war. Meanwhile, her work directed toward mothers came to an end with the final issues of the journal *Mama şi Copilul*, which ceased publication in 1867. In addition to these initiatives, she engaged in fundraising efforts for war victims and also took part in medical practice herself, treating wounded soldiers. Although Rosetti's activity unfolded almost in parallel with the obstetrical crisis and the broader crisis of medicalization in Romanian society, she was the first historical figure to bring the issue of maternal trauma and childcare into the public sphere. The first more systematic work on obstetrics written by a woman in the Romanian context appeared only in 1900, authored by the socialist activist for women's rights and physician Ecaterina Arbore Ralli.

Women's efforts to contribute to social development, whether in medicine or education, must be understood in the context of a process driven not by a systemic, state-supported program but by the individual initiatives of physicians, intellectuals, and middle-class activists. This also reflects the extent to which the liberal spirit became embedded in Romanian political culture. In the Romanian

68 Ioniţă, *Maria Rosetti*, 79.

context, the very concept of patriotism carried more than a nationalist meaning. It also connoted generosity and self-sacrifice in the service of the national interest, or in other words, philanthropy.[69] The web of ambitious individual projects reveals the gap between social reality and the ways in which these philanthropists perceived the social crisis and its possible solutions. Throughout the nineteenth century, the hospitals in Bucharest, as well as the specialized institutions of medical education in the Romanian capital, were established largely through private initiatives. For example, the French-born physician Carol Davila founded both the School of Surgery, which provided intermediate medical training, and the National School of Medicine and Pharmacy, which offered higher medical education.[70] The Macedonian physician Constantin Caracaş founded Philanthropia Hospital, and the Jewish physician Iuliu Barasch established Bucharest's first children's hospital.[71] Along similar lines, women gradually began to establish institutions intended to promote social development through philanthropic initiatives. Although these efforts undoubtedly alleviated the effects of crises such as poverty, war, and political instability, they failed to address certain structural problems, with which they engaged only on a symbolic level.

Maria Rosetti likewise participated in the medicalization of society through her philanthropic activity, and public health was one of her principal concerns. In the pages of the journal in which she promoted the teachings of Huffeland, Rosetti wrote about motherhood and childcare in idealized and sanitized terms, failing to engage with the realities on the ground and the medical crisis that affected mothers and children perhaps more severely than any other social group. This disconnect between philanthropic projects and social realities also stemmed from the individualized manner in which social problems were understood and addressed, according to the benefactor's conception of what constituted the common good.

Maria Rosetti did not aim to provide mothers with "medical training." She sought, rather, to discourage treatments applied "by ear,"[72] that is, based on hearsay or unverified knowledge. Thus, her attempt at the medicalization of motherhood was limited to the spread of medical care to the population. However, midwifery occupies only a marginal place in the discourse of

69 Cornea, *Originile romantismului românesc*, 211.

70 Trăuşan-Matu, *De la leac la reţetă*, 409.

71 Ibid., 400.

72 *Mama şi copilul*, no. 10, September 12, 1865, 172.

medicalization and in the philanthropic activities of middle-class women in Wallachia. The modesty norms of nineteenth-century women ensured that female practitioners continued to operate under the status of midwives, even when untrained, rather than turning to physicians. While the physician imposed medical discourses and practices, it was the midwife, whether formally trained or not, who actually assisted in childbirth.

The assumption of the midwife's role by women themselves reflects the fact that midwifery was not solely a medical function but also a social one, grounded in trust and familiarity. For this reason, male medical discourse has often framed the issue of midwifery in a reductive and misleading way, opposing scientific authority to "female charlatanism," a dichotomy that persists even in some scholarship today.[73] In Wallachian women's culture, childbirth was not merely a biological act requiring medical assistance, but also a cultural ritual in which the midwife played a central role. She was a figure who enjoyed the mother's trust, and she was capable of baptizing the child and actively participating in its upbringing.

For example, while in exile in Paris, Maria Rosetti, who was close to the Alfred Dumesnil family and especially to his wife, Adèle Dumesnil, assisted at the birth of her children, acting as midwife. We learn from a letter dated 1852 that, when Rosetti was unable to be present, another midwife and family friend (Mme Porter) took her place.[74] At the birth of the first child of the Romanian revolutionary couple, the delivery was assisted by Catinca Odobescu, a family friend and the mistress of the household where Maria Rosetti was employed as a governess.[75] Because these women belonged to the middle class, they also had access to specialized assistance, and professional midwives were often present. However, the lack of engagement with the broader population distorted their perception of childbirth and infant mortality on the ground. Infant mortality was lower in France than in Eastern Europe, where, by the mid-nineteenth century, approximately 108.9 children per 1,000 births died at birth.[76] In Romania, such data are not even available. However, in countries with a somewhat more advanced level of medicalization, such as Croatia or Slovenia, the rate reached as high as 583 deaths per 1,000 births.[77] In Austria, the rate was 169 deaths per

73 Hostiuc et al., "From Monastic Benevolence."

74 Bucur, *Documente referitoare*, 198.

75 Rosetti, *Diary*, 213.

76 Rollet, "Allaitement, mise en nourrice et mortalité infantile," 1196.

77 Švaljug, et al., "A History of the Midwifery Profession in the Republic of Croatia."

1,000 births.[78] This situation was caused in part by the significant gap in the professionalization of midwifery. While in Central Europe, under the influence of Maria Theresa's public health reforms around 1770, training schools for midwives had already been established in the second half of the eighteenth century, medicalization reached the Romanian areas only around the 1820s–1830s.

The role of the women of the 1848 generation, however, and particularly Maria Rosetti, is crucial in this context, as it illustrates the transitional moment in the professionalization of midwifery and the transformation of this practice from a customary female activity into a regulated profession. The creation of a discourse on the need to professionalize midwifery thus becomes part of the broader process of nation-building.[79] For instance, even the texts published in Maria Rosetti's journal reflected a utilitarian view of children: the stated aim was to provide childcare advice to raise healthy children who would be useful to the nation.[80]

Conclusions

In the Romanian space, the Revolutions of 1848 represented one of the first moments when women succeeded in entering the public sphere and assuming a political function beyond domestic labor and salon life. The philanthropic spirit of the period and political commitment led those who managed to acquire public legitimacy, such as Maria Rosetti, to engage in initiatives with a much broader impact, particularly in the fields of education and public health. Two main factors shaped the extent of their involvement in the process of medicalization: first, the absence of a well-established medical culture, itself still in the process of being articulated by professional physicians and a newly imposed male medical authority; and second, a form of self-limitation to the needs and values of the Western bourgeois milieu with which they were familiar and to which they adhered.

In a study of the Jules Michelet family's travels in Germany, it is noted that Michelet's daughter, Adèle Dumesnil, who was later a close friend of Maria Rosetti, was, while still quite young, asked by German acquaintances about her political affinities. She reportedly could not answer because she possessed only limited knowledge of politics, illustrating that French bourgeois education

78 Ibid.

79 Roman, "Filling the Gap, Making a Profession," 122.

80 M. Rosetti, "Către Mame" [Toward Mothers], *Mama și copilul*, no 1, July 4, 1865, 2.

produced children who were less politicized than their German counterparts.[81] Indeed, within French republican society, particularly among the middle classes and the nobility, there existed a highly gendered mode of women's social and political participation. This model also influenced the slower political development of women, especially those in the middle class, in Romanian space, where the French model served as a key reference. As a result, revolutionary women tended to act more as facilitators, through philanthropic initiatives such as founding hospitals and providing medical assistance, rather than as producers of alternative practices or knowledge capable of challenging the authority of male-dominated medical discourse. Nevertheless, in a society marked by high infant mortality rates and lacking both a certified medical corps and specialized training institutions, Maria Rosetti emerged in the post-revolutionary 1860s as an important agent of medicalization. She fulfilled this role precisely through the public dissemination of medical knowledge and practices aimed at prevention and at filling the gaps where official processes of medicalization proved ineffective. The goal of her efforts was to ensure a minimal level of medical knowledge among mothers themselves, within a medical system that was still largely discursive and only in the early stages of consolidation.

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81 Haac, "A Spiritual Journey."

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