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The Art of **MIDWIFERY**

Early Modern Midwives in Europe

Edited by

Hilary Marland



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THE ART OF MIDWIFERY

EARLY MODERN MIDWIVES IN EUROPE

Edited by

Hilary Marland



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Contents

List of illustrations	viii
Notes on contributors	ix
Acknowledgements	xii
Abbreviations	xiii
Introduction	1
1. Mothers and their midwives in seventeenth-century London <i>Doreen Evenden</i>	9
2. Provincial midwives in England: Lancashire and Cheshire, 1660– 1760 <i>David Harley</i>	27
3. Midwifery practice among the Quakers in southern rural England in the late seventeenth century <i>Ann Giardina Hess</i>	49
4. The midwives of south Germany and the public/private dichotomy <i>Merry E. Wiesner</i>	77
5. From hegemony to subordination: midwives in early modern Spain <i>Teresa Ortiz</i>	95
6. The politick midwife: models of midwifery in the work of Elizabeth Cellier <i>Helen King</i>	115
7. Midwife to a nation: Mme du Coudray serves France <i>Nina Gelbart</i>	131
8. The Church, the State and childbirth: the midwife in Italy during the eighteenth century <i>Nadia Maria Filippini</i>	153

9.	Professionals? Sisters? Rivals? Midwives in Braunschweig, 1750–1800 <i>Mary Lindemann</i>	177
10.	The ‘ <i>burgerlijke</i> ’ midwife: the <i>stadsvroedvrouw</i> of eighteenth-century Holland <i>Hilary Marland</i>	193
	Select bibliography	215
	Index	225

Illustrations

Tables

1.1 Frequency of contact between London midwives and clients, 1662 (based on testimonials)	11
1.2 Frequency of contact between Mistress X and her clients, 1694–1723 (account book)	12
1.3 Occupation/status of the husbands of London midwifery clients, 1663–1700	18
9.1 Relative sizes of midwifery practices in Braunschweig, 1797	190

Figure

3.1 Location of Quaker childbirths attended by thirty midwives active in the Upperside and Lowerside monthly meetings of Buckinghamshire, 1652–1718	54
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Abbreviations

Chapter 1

CuRO	Cumbria Record Office
GL	Guildhall Library
GLRO	Greater London Record Office
LPL	Lambeth Palace Library

Chapter 2

BL	British Library
CCRO	Chester City Record Office
CRO	Cheshire Record Office
DM	Diocesan Miscellany
LCRS	Lancashire and Cheshire Record Society
LRO	Lancashire Record Office
PRO	Public Record Office
WRO	Wigan Record Office

Chapter 3

BRO	Buckinghamshire Record Office
CuRO	Cumbria Record Office
DRO	Dorset Record Office
FHL	Friends' House Library
HRO	Hertfordshire Record Office
PRO	Public Record Office

Chapter 4

AStB Nuremberg Staatsarchiv, Amts- und Standbücher
 BMB Frankfurt Stadtarchiv, Bürgermeisterbücher

RB Nuremberg Staatsarchiv, Ratsbücher
 RPB Memmingen Stadtarchiv, Ratsprotokollbücher
 RSP Munich Stadtarchiv, Ratsitzungsprotokolle

Chapter 5

AGS Archivo General de Simancas
 AMM Archivo Municipal de Málaga
 LAC Libro de Actas Capitulares

Chapter 6

BL British Library

Chapter 7

AD Archives Départementales
 AN Archives Nationales
 MC Minutier Central

Chapter 8

ASV State Archives of Venezia
 ASVR State Archives of Verona

Chapter 9

MO 1757 *Serenissimi gnädigste Verordnung, das Hemammenwesen betreffend. De Dato Braunschweig, von 18. Febr, 1757*
 StadtB Stadtarchiv Braunschweig
 StAWf Niedersächsisches Staatsarchiv-Wolfenbuttel

Chapter 10

GAD	Gemeente Archief Delft
GAR	Gemeente Archief Rotterdam
ONGD	Archief van het Oude en Nieuwe Gasthuis te Delft

Introduction

The absorption of midwifery into medical practice is a recent process, a development linked in many western countries with the diminishing role of midwives, the increased involvement of the man-midwife, the general practitioner and the obstetrician in the birthing process and, in the twentieth century, the increased hospitalization of childbirth. While it is generally recognized that the midwife has been with us since biblical times, and that midwifery is the oldest female occupation and without doubt one of the most important, the focus of historical studies has been very much on this process of decline in the midwife's place in obstetric work—on competition between the traditional midwife and her male rivals, the increase in medical intervention and, as the role of women in the birth process diminished, the shift in emphasis in childbirth from the social to the medical sphere.

This volume is concerned with midwives in the period 1400 to 1800, midwives as birth attendants, as women workers, as active members of their communities, as 'missionary' and political figures, and as defenders of their status and occupation against the invasions of male practice. It explores the period before the 'decline' and, if it challenges some of the long-held beliefs about midwives, their lives, work, social standing and place in public life, it will have achieved one of its major objectives.

The essays—covering England, Germany, Holland, France, Italy and Spain—draw on an impressive range of manuscript and printed material—church licensing records, testimonials, parish registers, baptismal rolls and records of birth registration, wills, censuses, court records, municipal ordinances, regulations and licences, midwives rolls, the archives of guilds and medical corporations, religious, political and medico-political pamphlets and obstetric literature. And, if the volume shows the vast number of possibilities in terms of source material for building up a picture of early modern midwife practice, it will have achieved a further objective.

The early modern period was neither a 'golden age' for midwives, nor was it a time when midwifery was practised by aged unskilled crones on a hapless and helpless female population. The poverty of the 'ignorant midwife' theory has been further demonstrated in this volume, as has the notion that most midwives practised with only the most rudimentary knowledge and training. Yet the early

modern period was, as the essays show, a period of great diversity, of variation between and within Western European countries, in terms of midwives' practices, skills and competence, their socio-economic background and education, their training and qualification to work, and their public functions and image.

The work of midwives varied greatly—what midwives were allowed by law or custom to do, and what they actually did do. Urban/rural divides were often superimposed on to national contrasts in midwives' practices. Some midwives attended births on an occasional basis, as a form of neighbourly support and female bonding, while others worked steadily at their chosen occupation for the greater part of their lives, earning a regular income. For some women attendance at a childbirth was no more than being a good friend or relation, for others it was perhaps the family's chief source of income.

The first three chapters illustrate this diversity of occupational status and practice in seventeenth- and eighteenth-century England. Doreen Evenden's essay on London midwives, drawing largely on ecclesiastical licensing records, focuses on the relationship between midwives and their clients, giving an insight into how childbearing women perceived those who delivered them ([Chapter 1](#)). The importance of 'repeat practice', sometimes stretching across generations, and the relevance of female (and male) networking and recommendations, is demonstrated, as London midwives built up a loyal clientele, often over a wide geographical area. London midwives throughout the seventeenth century attracted clients from a broad social spectrum, and well-to-do women demonstrated active support for their midwives by providing testimonials for licence applications.

In his discussion of midwifery practice in the northern English counties of Lancashire and Cheshire between 1660 and 1760, David Harley reveals great contrasts in the recognition accorded to midwives, and in their licensing and working practices and incomes ([Chapter 2](#)). Many midwives, practising on an occasional basis, found it too costly and troublesome to obtain licences; others, working more regularly at their occupation, gained esteem and co-operated closely with local medical practitioners.

The working practices of Quaker midwives in southern rural England in the late seventeenth century are explored by Ann Giardina Hess ([Chapter 3](#)). The activities and clientele of Quaker midwives are revealed through the unique system of Quaker birth registration, which listed birth witnesses, giving the opportunity to investigate the nature of neighbourly, kin and religious ties between parents and midwives. Ann Hess emphasizes the great diversity of practice, from women who attended at just a few births during the course of their lifetime, to those who worked seriously at their occupation, building up a widely distributed clientele and considerable fame across several counties. While clients often used a succession of different midwives, Ann Hess confirms the importance of networking in their selection, and demonstrates how preferences for childbirth attendants could override considerations of religious belief. There

was a high level of integration of Quaker and parish women, even amongst the highest social strata, in the delivery room, as both midwives and helpers. Though Quaker midwifery practice was clearly a special case, it also provides a case study of early modern midwife practice, revealing the social exchanges between midwives and their clients.

While some midwives attended only a small number of births, in a number of countries in continental Europe a very different type of midwife was being employed during the early modern period, as a municipal employee undertaking obstetric work on a day-to-day basis, as a long-term career option, which could involve considerable investment in the costs of qualifying and obtaining a licence. The employment practices of town authorities—and the deals for the midwives as municipal employees—in Germany and the Netherlands are explored by Merry Wiesner, Mary Lindemann and Hilary Marland (Chapters 4, 9 and 10). Their conditions of work varied. Merry Wiesner, examining six towns in southern Germany between 1400 and 1800, outlines how midwives' salaries were kept to a minimum, while a stepping up of supervision by the so-called 'honourable women' and the town physicians undermined their status and independence (Chapter 4). In eighteenth-century Braunschweig, midwives were subjected to similar poor conditions of service (Chapter 9), but in the towns of Holland during the seventeenth and eighteenth centuries the picture was one of increased regulation and increased costs of qualifying to practise, but also of rising financial incentives, as the town authorities struggled to respond to a shortage of licensed midwives (Chapter 10). In France, one outstanding midwife, Mme du Coudray, whose life story is outlined by Nina Gelbart, was appointed on a very different basis, as King Louis XV's missionary and teacher, to spread obstetric knowledge and re-educate midwives throughout the French provinces, work she endured for some three decades (Chapter 7).

In all countries, there was enormous variety in the paths taken to setting up in practice as a midwife. David Harley, arguing that midwifery was a skill to be learned by experience and passed on without formal instruction, reveals the often informal and irregular routes to practice in northern England (Chapter 2). Yet in seventeenth-century London apprenticeship, often lengthy, remained important (Chapter 1), while amongst Quaker midwives the system of assisting senior midwives grounded younger women in good midwifery practice (Chapter 3). At a time when the importance of the midwife and her role as childbirth attendant was supposedly diminishing, groups of women were emerging across Europe who had undergone a sometimes extensive formal training. The town authorities and medical hierarchies of continental Europe recognized the need for trained and licensed midwives, fit and competent to practise, who were necessary for the maintenance of a healthy population. In Italy and Spain schools for midwives were established in the eighteenth century, in Holland courses set up during the seventeenth century, given by the towns' medical corporations, were extended in the eighteenth. Yet apprenticeship remained everywhere the norm and key to practice, even in countries where initiatives were being made to educate a new

breed of school- or theoretically-trained midwives, and where book-learning was encouraged. Though many ‘apprenticed’ midwives received no recognition from the authorities, except perhaps that they constituted a danger to the health and welfare of women and the babies they delivered, they frequently enjoyed great popularity, and their skills were still in the eighteenth century often grounded in long apprenticeship with a senior midwife and years of experience.

It is the ‘average’ midwife, the woman who worked quietly in her community, be it village, town or metropolis, who comes to the fore in this volume. Given the enormous variety in the standing and practices of these women, can we come any closer to defining the early modern midwife? In all the countries covered, midwives shared certain characteristics—most were mature women, married or widowed, who started to practise when they had grown-up families, most were trained by some form of apprenticeship, formal or informal, most were of middling status, the wives of artisans, craftsmen, tradesmen or farmers, for whom the practice of midwifery, though not necessarily vital for the family income, was a useful addition. Several of the essays in this volume suggest that up until the eighteenth century women of considerable social and economic standing practised midwifery, although there was great variation in both directions. David Harley outlines the wide range of social backgrounds of midwives working in Lancashire and Cheshire in the second half of the seventeenth century and first half of the eighteenth—from the prosperous to the very poor who were paid for their midwifery work in lieu of poor relief. Yet many midwives, he argues, especially in the heyday of the seventeenth century, were of considerable social standing, respectable and literate (Chapter 2). These attributes of respectability and literacy were shared by many midwives across Europe during the early modern period.

The essays in this volume emphasize the need for wariness in approaching midwife history from the standpoint of a contest, in which the midwife was ultimately the loser, between female and male obstetric practitioners. The story is a much more complicated one than that of a simple decline from the seventeenth or eighteenth century onwards, of men-midwives moving into childbirth, regarded increasingly as a socially acceptable and potentially lucrative field, armed with their new instruments and social charms, and eventually extending their competence to include normal deliveries. By the mid-eighteenth century, however, changes were afoot in England. While Doreen Evenden demonstrates high levels of loyalty to midwives in London during the seventeenth century, even amongst the affluent (Chapter 1), half a century later in the rural areas of the south and north of England men-midwives were carrying out more deliveries. Men-midwives officiated at Quaker births in the rural south from the 1750s onwards (Chapter 3). David Harley suggests that for a combination of reasons—exploitation by the men-midwives, boasting greater skills and education, the lack of good midwives, and changes in tastes as the social gap between clients and midwives widened—a similar process was under way in the

provincial north, where male practitioners were also replacing midwives as expert witnesses ([Chapter 2](#)).

Yet, we should certainly not take the English model as typifying what was going on in the rest of Europe. As Mary Lindemann demonstrates for the case of Braunschweig, little effort was being made to nose midwives out of obstetrics in eighteenth-century German towns ([Chapter 9](#)). In Holland, Hilary Marland argues, the stepping up of midwife regulation was geared more towards control and supervision than eliminating midwives or reducing their work-loads; on the contrary, their role as attendants in normal cases of childbirth was assured by the end of the eighteenth century ([Chapter 10](#)). Midwives themselves were concerned with issues other than the challenge of male obstetric practice—and they were not afraid to complain about their salaries and status, their duties in the community, questions of citizenship, the poor quality of training, problems between midwives and their apprentices, or annoyance about the incursions of ‘quack’ midwives ([Chapters 4, 9 and 10](#)). Midwives’ work was just as much shaped by these issues as by the directives of the town authorities and medical hierarchies.

In Italy, as sketched by Nadia Filippini, a struggle was taking place late in the eighteenth century between the midwife and her male rivals. Yet complicated by the tussle between State and Church authorities, the latter supporting and even arguing for an extension of the midwife’s obstetric and moral authority—particularly her role in performing baptisms—and by competition between the school-trained modern midwife and her traditional counterpart, who enjoyed much popular support, the conclusion of the struggle was far from clear by the turn of the nineteenth century ([Chapter 8](#)). Similarly, in Spain, as Teresa Ortiz demonstrates, the rise of a group of male practitioners who turned their attention increasingly to obstetric work and the writing of midwifery manuals—backed by Enlightenment ideals, and establishing legal and educational control over midwives by the last quarter of the eighteenth century—did not herald the immediate decline of the midwife ([Chapter 5](#)). In France, the sending out of Mme du Coudray in 1759 on her mission to re-educate the midwives of France was hardly symptomatic of a decline in the midwife’s role as normal childbirth attendant; it was Mme du Coudray’s niece, representing the next generation of midwives working towards the end of the eighteenth century, who was obliged to defend herself and her colleague midwives against the male obstetric practitioner ([Chapter 7](#)). In several countries, the impact of new instruments and interventions, especially the obstetric forceps, as Nadia Filippini shows for Italy, was less than we have been led to believe, while midwives themselves were not unfamiliar with the use of instruments ([Chapter 8](#)).

Many countries had their own midwife phenomena—Mme du Coudray, unsurpassed for her diligence and energy in re-educating the rural midwives of France ([Chapter 7](#)), Catharina Schrader with her great stamina and expertise in difficult childbirth ([Chapter 10](#)), the Quaker midwife Frances Kent, renowned amongst her co-religionists and Establishment aristocrats ([Chapter 3](#)), Spain’s

Luisa Rosado, taking on the medical authorities head on, defending her right to practise, to apply her knowledge of difficult childbirth and to administer medicines (Chapter 5), Holland's Van Putten sisters, 'female men-midwives' who crossed the boundaries between old and new, female and male spheres of practice (Chapter 10), and Italy's Teresa Ployant, author of a midwife manual, and keen to better the standards of midwife practice and to defend women's modesty from the 'horrible' interventions of men (Chapter 8).

London's 'Popish midwife', Elizabeth Cellier, is one of Europe's most famed (and infamous) early modern midwives, and Helen King shows how, embroiled in religious, political and medico-political affairs and efforts to set up a college of midwives, she straddled the boundaries between midwifery and politics in Restoration England. Her work and the pamphlets written by Cellier and the rivals who denounced her are used as sources to illustrate enduring positive and negative images of the midwife in seventeenth-century England. The shifting fortunes of Cellier and her highly public image as plotter and midwife gave contemporaries the chance to revive chiefly negative images of the midwife as drunken and lecherous bawd, even consort of the Devil, and has distorted images of the competence of seventeenth-century midwives. But as Helen King argues, we should be wary of reading too much into Cellier's pronouncements; thinking on her feet, shifting course, first advocating a male-supported college of midwives, and later criticizing male obstetric practice, may have been simple survival tactics when it was not a good time to be a Catholic midwife in London (Chapter 6).

How were midwives, famous ones apart, regarded by those they served and by the communities in which they worked? Most, even those with regular practices, had their recognition grounded on other qualities and skills than their work in delivering babies—as expert witness, public functionary, community member. In the period of the midwife's ascendancy, when childbirth, treated as a physiological process, was dominated by social norms and traditions, and was firmly rooted in female culture, the midwife straddled two spheres, helping women in the birthing process and supervising events in the delivery chamber. Ann Hess demonstrates that for Quaker midwives, their public recognition was just as likely to rest on their role as members of women's meetings, senior women in the community, and arbitrators in cases of domestic dispute and cases of sexual misdemeanour, rape, incest, infanticide or physical abuse (Chapter 3). Moral integrity and religious conformity, David Harley argues, were vital in ensuring midwives' suitability to testify in court, to question the mothers of bastard children *in extremis*, to decide on cases of ante-nuptial fornication or infanticide (Chapter 2). In Italy too, the midwife's duties went far beyond that of childbirth attendant; the Church was especially keen to preserve this role and establish authority over her administration of emergency baptisms, which brought the Church into direct conflict with the State authorities in the eighteenth century (Chapter 8).

Similar duties were expected of municipal midwives in south Germany, as explored by Merry Wiesner, who questions if and how midwives were able to bridge the gap between public and private during the early modern period. Midwives' involvement in administering emergency baptisms and reporting on illegitimate births, abortion and infanticide increased between 1400 and 1800 and yet, at the same time, became a cause of increasing anxiety on the part of town authorities concerned to reduce women's involvement in roles deemed 'public'. The duties of midwives examined in the six south German towns provide a counter-example to the notion that the trend was to reduce women's public activities and restrict them to the private domestic sphere in the early modern period. Yet it was a case of necessity. The municipal authorities, Merry Wiesner argues, were prepared to overlook the continuing public role of midwives because of midwives' perceived respectability as lower middle-class citizens and because the work they did was crucial. At the same time, the town councils were minimizing the importance of midwives' role in childbirth; their salaries were kept low, and they were placed increasingly under the control of the municipal and medical authorities (Chapter 4).

Midwives—and not just the more visible and famed ones—were subject to shifting social, economic, political and religious forces, be it the changing fortunes of Catholics in Cellier's Restoration London, the treatment meted out to Quakers, persecuted for non-payment of tithes and refusal to attend to the norms of baptism and churching, the decline in ecclesiastic licensing in England, the major shifts in du Coudray's fortunes as first war and then Revolution swept France, the economic decline of Dutch towns in the eighteenth century, and the tussles between State and Church in Italy and Spain, with the midwife caught between the forces of tradition and change, religious morality and Enlightened government. The areas of struggle which have previously been emphasized between male and female practice, interventionist versus natural childbirth and changes in social demand, were overlaid by wider forces, which could affect the work and status of midwives, even those working quietly in their village or town communities, apparently immune to such great issues and sweeping forces.

Early modern midwives were not administering angels—they were ordinary working women, wage-earners, with a sense of pride in their occupation, though, given the conditions under which childbirth often took place in this period, many midwives must have had special qualities, of patience, forbearance, physical and mental strength, and fellow-feeling. The 'art of midwifery' as practised by midwives across Europe through the early modern period was rich and diverse; the midwife remained throughout the period, the normal attendant in childbirth, and yet her role was much wider. Nor was the midwife a passive victim of events; she adapted, fought back and, though it was clear that the turn of the nineteenth century was going to mark a change, and often decline, in the practice of her art, this change was more subtle, slower to take effect and more complex than we have realized.

Mothers and their midwives in seventeenth-century London

Doreen Evenden

Social historians of medicine have been taken to task in recent years for their single-minded concentration on medicine and its practitioners to the exclusion of the consumer of health care services.¹ Previous studies of early modern midwifery have paid scant attention to the identities of midwives' clients and to clients' perceptions of the women who were so intimately concerned with their well-being and that of their infants.²

A new archivally-based study of seventeenth-century London midwives has demonstrated that midwives were better trained through an 'unofficial' system of apprenticeship served under the supervision of senior midwives than has previously been assumed.³ The period of empirical training varied, but in many cases, at the time of licensing, midwives could claim an association with one or more senior midwives which had extended from two or three years to several decades. In addition, the study has shown that London midwives were drawn from a higher social and economic stratum than has generally been accepted.⁴ Many midwives were married to prosperous and influential parishioners while others were affluent widows; none of the midwives working in the twelve London parishes who were the subjects of an intensive investigation conformed to the stereotype of the ignorant, poverty-stricken crone who dabbled in deliveries to eke out a livelihood.⁵ Valuable insights into the work and world of midwives can be gained, moreover, by directing our attention away from the educational or social attainments of London midwives and focusing upon their clientele, a previously undefined constituency.

Hundreds of midwives' testimonial certificates provide the best surviving evidence of the ecclesiastical licensing process in seventeenth-century London and information about the midwives' clientele. These documents were presented to church authorities by aspiring midwifery licensees residing in the metropolis of London and its environs. In addition to the ecclesiastical sources, which also include bishops' and archbishops' registers, the records of an anonymous London midwife who went about her work of child delivery in the waning years of the seventeenth and the early part of the eighteenth centuries (1694–1723) supplement the more impersonal church records at several junctures. A careful examination of these records has permitted insights into the work of London midwives with regard to what we have called 'repeat business', the geographical