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History of Midwives: Social, Cultural and Economic Aspects of Childbirth

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Contents

Hana JADRNÁ MATĚJKOVÁ

How to Become an Obstetric Authority? Demarcation Dispute between Midwives and Doctors in German Midwifery Manuals from the Early Modern Period[1]

Abstract: *The subject of the study is the analysis of early modern midwifery manuals from German-speaking regions written in the period between the second half of the seventeenth century and the first half of the eighteenth century. This period can be described as the beginning of the so-called demarcation dispute between the midwives and obstetricians. A characteristic manifestation of the dispute was an enormous production of midwifery manuals written by physicians and surgeons. At the same time, three German midwives (Justina Siegemund, Anna Elisabeth Horenburg and Barbara Wiedemann) published their treatises on childbirth. The aim of the study is to show the legitimation and self-presentation strategies used by the female and male authors of the midwifery manuals in order to integrate themselves into obstetric authorities. Moreover, the study focuses on the differences between the approach of female and male authors to midwifery.*
Key words: *midwife – demarcation dispute – Early Modern Period – Obstetrics – Authority – Strategy*

The field of obstetrics was undergoing important changes during the times of the early modern period. These changes could be marked as ground-breaking.[2] The monopoly in help to pregnant, delivering and postpartum women traditionally belonged to midwives until the end of the seventeenth century. Only in this period, doctors (and more often surgeons) gradually gained their own practical experience with the help during childbirth. This was not compatible in many aspects with the traditional "scholarly" approach repeated since the first edition of a handbook for pregnant and delivering women

1 The study was supported by the Ministry of Education, Youth and Sports, grant IGA_FF_2020_014 (Společnost v historickém vývoji od středověku po moderní věk VI.).

2 The outlined processes have a roughly general validity and they are applicable in (west) European context. The study is focused on the German-speaking regions of The Holy Roman Empire and therefore the ground is put on a concrete situation in this given region. For the overview of changes within the occupation of midwives in German-speaking regions from the Middle Ages to the eighteenth century see Hana JADRNÁ MATĚJKOVÁ, *„Neznalé" báby a „vzdělaní" lékaři? Konstrukce (ideální) porodní báby a strategie vytváření autority ve spisech autorek a autorů raně novověkých porodnických příruček z německojazyčných oblastí*, Praha 2016, pp. 22-36.

and midwives written by the doctor Eucharius Rösslin[3] from Worms in most of the male-written works of the given character. The effort of the doctors to gain control over the course of education of midwives[4] and especially over their examination was related to new findings. In the seventeenth century, the new vision regarding their education consisted of a practical part, which was yet left in the competence of experienced midwives, and a theoretical part led by a city doctor.[5] It gave existence to a rather paradoxical situation, where theorists are trying to demonstrate their superiority over the practitioners – midwives. Due to the exigency during a theoretical course, it was important to lean on an obstetric handbook which would contain an overview of needed knowledge which had to be learnt by midwives so they could pass during the final exam.[6] It is a concomitant phenomenon of a starting controversy between midwives on one hand and doctors and surgeons on the other, labelled by the term demarcation dispute.[7]

Even though then men – doctors and more commonly surgeons – gradually started penetrating the field of practical obstetrics and they themselves „*give helping hands to the deed and happily help to safe delivering women*“,[8] the part of this slowly establishing scientific field first and foremost belonged to midwives. While men are building their authority in the pages of their obstetric manuals, midwives dispone „only“ of their experience and

3 Eucharius RÖSSLIN, *Der Schwangern Frauwen vnd hebammen Rosegarten*, Straßburg 1513.

4 During the early modern period, the education of midwives was conducted in a group of midwives hierarchised according to the length of practice and experience, where the length was determined by the city council. Midwives therefore taught among each other (via the imitation of the more experienced midwife, who was accompanied by less experienced midwife during a child birth). Their education was therefore conducted orally. Regarding the topic of midwives´ education see Christine LOYTVED (ed.), *Von der Wehemutter zur Hebamme. Die Gründung von Hebammenschulen mit Blick auf ihren politischen Stellenwert und praktischen Nutzen*, Osnabrück 2001; Hildegard Elisabeth KELLER - Hubert STEINKE, *Der Doctor fragt, die Hebamm antwortet. Zur Zürcher Hebammenausbildung im 16. und 17. Jahrhundert*, in: Hildegard Elisabeth Keller, Die Anfänge der Menschwerdung. Perspektiven zur Medien-, Medizin- und Theatergeschichte des 16. Jahrhunderts, Zürich 2008, pp. 214–230; Eva LABOUVIE, *Frauenberuf ohne Vorbildung? Hebammen in den Städten und auf dem Land*, in: Eva Kleinau - Claudia Opitz (Hrsg.), Geschichte der Mädchen- und Frauenbildung. Band I. Vom Mittelalter bis zur Aufklärung, Frankfurt - New York 1996, pp. 218–233.

5 Hans-Christoph SEIDEL, *Eine neue „Kultur des Gebärens“. Die Medikalisierung von Geburt im 18. und 19. Jahrhundert in Deutschland*, Stuttgart 1998, p. 89.

6 The authors of such manuals were usually doctors or surgeons, who were not engaged in obstetrics, but they were charged with writing such manuals meant for education of midwives by nobility in given areas. Typical case would be the manual of Johann Georg SOMMER, *Nohtwendiger Hebammen-Unterricht*, Arnstadt 1676. Herzog August Bibliothek Wolfenbüttel (further HAB), sign. Xb 2013.

7 See H. JADRNÁ MATĚJKOVÁ, *„Vzdávej lékaři patřičnou úctu, neboť i jeho stvořil Hospodin.“ Tolerance v rámci kompetenčního sporu mezi porodními bábami a lékaři-porodníky v raném novověku?*, Theatrum historiae 13, 2013, pp. 93–106.

8 „*… Medici und Chirurgi […] selbst Hand anlegen/und die Kreissenden glücklich erlösen helffen.*“ Justina SIEGEMUND, *Die Chur-Brandenburgische Hoff-Wehe-Mutter*, Cölln an der Spree 1690, Preface, Vol. I, unpag. HAB, sign. Xb 8483.

knowledge gained by experience, which they pass orally from one generation to another. Only a few women succeeded in the penetration of exclusively male obstetric literary discourse and contributed to "scholarly" discussions through their own published works.[9] German-speaking areas can be proud of three such self-confident women, who did not hesitate to entrust their opinions on the ideal course of help during childbirth to a printing press. The first of them was a Prussian court midwife Justina Siegemund, whose work *Die Chur-Brandenburgische Hoff-Wehe-Mutter* was published in 1690. In the year 1700, she was followed by Anna Elisabeth Horenburg who was a sworn midwife in the city of Braunschweig[10] and the trio of German writing midwives is completed in the year 1735 by Barbara Wiedemann from Augsburg.[11]

The texts of the above-mentioned writing midwives represent a unique written proof of qualifications and experience of traditional helpers during childbirth in the period of the second half of the seventeenth century (and unquestionably even earlier, since their knowledge was passed from one midwife to another) approximately till the mid-eighteenth century. It also shows the difficulty of transmission of the tactile sense, which was dominant in their work, into a written form, which was not something they were accustomed to.[12] Very interesting is also the formal part of these works, especially the applied rhetoric approaches and argumentative strategies, which the authors use in order to breach into the male "scientific" world, build their own authority in the field of obstetrics and to be taken as more equal partners by male "academic" public than their literary mute colleagues.

The presented study is based on the analysis of early modern obstetric manuals from German-speaking areas which were written in the second half of the seventeenth century to the half of the eighteenth century. The period is marked by the demarcation dispute between midwives and doctors and surgeons followed by an enormous production of obstetric manuals. It was not only domestic original production which was published

9 Let us mention at least the names of the most famous female authors: Frenchwomen Louise Bourgeois (her first work *Observations diverses sur la stérilité* was published in 1609 and by the year 1619, it was published in a German translation) and Angélique du Coudray (*Abrégé de l´art des accouchemens*, 1752) or Englishwomen Jane Sharp (*The Midwives Book*, 1671), Sarah Stone (*A Complete Practice of Midwifery*, 1737) and Elizabeth Nihell (Treatise on the Art of Midwifery, 1760).

10 Anna Elisabeth HORENBURG, *Wohlmeynender und nöhtiger Unterricht der Heeb-Ammen*, Hannover – Wolfenbüttel 1700. Bayerische Staatsbibliothek (further BSB), sign. A. obst. 18 m (digitalised, available at http://reader.digitale-sammlungen.de/resolve/display/bsb10248153.html [21st January, 2019]).

11 Barbara WIEDEMANN, *Anweisung Christlicher Hebammen*, Augsburg 1735. HAB, sign. M: Mr 260.

12 Regarding the problematics, see f.e. Eve KELLER, *The Subject of Touch. Medical Authority in Early Modern Midwifery*, in: Elizabeth D. Harvey (ed.), Sensible Flesh. On Touch in Early Modern Culture, Philadelphia 2003, pp. 62–80.

in German-speaking regions,[13] but many translations as well.[14] There, mainly French and Dutch obstetric authorities were widespread.[15] At the same time, the three already mentioned works of the midwives were published as well. These works give us a chance to compare the female works to their male counterparts. This possible comparison then raises a question of what legitimation and self-representation strategies the authors of these obstetric manuals used so they could be understood as authorities. Due to the reason that these obstetric manuals were during the demarcation dispute used as the most appropriate means to build one's authority, it is important to perceive them more as sophisticated rhetoric constructs meant for self-representation, not only as classical textbooks in which male and female authors demonstrate what they do in practice.[16] The comparison of these obstetric manuals also shows the differences in male and female approaches in obstetrics.

The manuals written by three German midwives, which were published in 1690, 1700 and 1735, therefore in the scope of forty-five years, show know-hows of important midwives regarding pregnancy, childbirth, postpartum, infant care and ailments connected with these life stages. Their authors were educated well enough to be able to put down their knowledge on paper,[17] and they were even confident enough to publish them. These authors

13 Mainly the works of Wolrad HUXHOLTZ, *Unterricht der Hebammen*, Kassel 1652. HAB, sign. Xb 7929 (2); Johann Georg SOMMER, *Nohtwendiger Hebammen-Unterricht*, Arnstadt 1676. HAB, sign. Xb 2013; Christoph VÖLTER, *Neu eröffnete Heb-Ammen-Schuhl*, Stuttgart 1679. HAB, sign. Xb 8599; ID., *Neueröffnete Hebammen-Schul*, Stuttgart 1687. HAB, sign. M: Mr 254; Johann STORCH, *Unterricht vor Heb-Ammen*, Gotha 1747. HAB, sign. M: Mr 30; Johan von HOORN, *Die zwo um ihrer Gottesfurcht und Treue willen von Gott wohlbelohnte Weh-muetter Siphra und Pua*, Stockholm und Leipzig 1736. HAB, sign. M: Mr 143, and others.

14 It is important to realise, that the then translation is in a way an original, since the primary text is often adapted into a concrete environment for which the translation is being done or since it can be influenced or complemented by opinions or findings of the translator.

15 For example, the works of Cosme VIARDEL, *Anmerckungen von der weiblichen Geburt*, Frankfurt 1676. HAB, sign. Xb 1897 (1); Henricus a DEVENTER, *Neues Hebammen-Licht*, Jena 1704. BSB, sign. A. obst. 8 (digitalised, available at http://daten.digitale-sammlungen.de/~db/0007/bsb00075127/images/index.html?id=00075127&groesser=&fip=eayaxsqrsxdsydwweayaxssdaseayaeayaqrs&no=5&seite=7 [22nd January, 2019]); ID., *Neues Hebammen-Licht*, Jena 1775. HAB, sign. M: Mr 104; Cornelius SOLINGEN, *Hand-Griffe der Wund-Artzney*, Wittemberg 1712. HAB, sign. M: Mr 233; Francisci MAURICEAU, *Tractat von Kranckheiten schwangerer und gebärender Weibspersonen*, Basel 1680. HAB, sign. Xb 7529; Scipione MERCURIO, *La commare dell Scipione Mercurio. Kindermutter oder Hebammen-Buch*, Leipzig 1653. HAB, sign. Xb 4798, and others.

16 See Lianne McTAVISH, *Childbirth and the Display of Authority in Early Modern France*, Burlington 2005, p. 12.

17 References exist about another two German midwives who apparently wrote midwifery manuals, but unfortunately, the works have not been found as yet. The authors were Veronika Iber and Elisabeth Margareta Keil. A record of the former midwife can be found in the treatise on renowned learned German women written by the Eisenach physician and scholar Christian Franz Paullini. See Christian Franz PAULLINI, *Hoch- und Wohl-gelahrtes teutsches Frauenzimmer*, Frankfurt und Leipzig 1712, BSB, sign. H. lit. p. 290 (digitalised, available at http://reader.digitale-sammlungen.de/de/fs1/object/

are partially overstepping the tradition of oral passing of knowledge from one generation to another by the publishing of their work. Nevertheless, practical experience gained by their long practice is clearly present in their work. The authors find themselves on the verge of two worlds: a female world of oral passing of knowledge and empiricism, and a male world of the university education regarding anatomy and physiology and almost none practical experience with births (nonetheless, surgeons were educated also practically). In order to join the obstetrics, the exclusively male literary discourse strengthened by a long tradition, and to gain respect by doctors and surgeons, the midwives had to partly write the texts in manuals in the accordance with the tenets of the male discourse. The discourse they defined themselves against. The works are thus uniquely argumentative and they offer a wide pallet of interpretative approaches.

All three literary active midwives added into the preface of their work passages describing their ways of life, its outcome in the position of an experienced birth helper and the peak represented by the publishing of their work. These biographical sequences, which are mostly omitted in the works of their male counterparts, help the female authors play the legitimation strategy. Furthermore, it gives space to rhetoric and argumentative approaches, with which help they try to establish themselves as obstetric authorities. Hence, the testimonies in these parts of texts are highly stylistic and formed according to their authors' wishes. Yet, with the help of the biographies of those women, we are able to partially assemble information about their lives.

Justina Siegemund (1636–1705) was from a family of a Lutheran preacher in Silesian Rohnstock and she was well educated. She knew how to read and write. As the only one of the three analysed authors, she did not come from a family of a doctor or other „medical expert." Her skilfulness with childbirths got her from rather a country region to Legnica (Liegnitz in German) and eventually to a court of the Brandenburg prince-elector, where she gained the position of the courtly Brandenburg midwife.[18] Her manual *Die Chur--Brandenburgische-Hoff-Wehe-Mutter*, for which she had copperplates made in The Hague

display/bsb10734361_00001.html [23rd January, 2019]), p. 86n. The midwife Catharina Schrader, from north-west Germany, had a diary in which she recorded cases of births which she had been invited to. Because she spent most of her life, however, in Friesland, her notes were written in Dutch and were not published in the early modern period. They were only finally published in 1987 in English. See Hilary MARLAND, *„Mother and Child were saved „The memoirs (1693–1740) of the Frisian midwife Catharina Schrader*, Amsterdam 1987.

18 J. SIEGEMUND, *Die Chur-Brandenburgische Hoff-Wehe-Mutter*, Preface, Volume I. a II, unpag. Biographical information about Justina Siegemund is contained also in the funeral sermon from 13th November, 1705 from her burial. See Daniel BANDECO, *Die von Gott zu Gott gezogene Kinder Gottes*, Cölln an der Spree 1705, pp. 73–75. Staatsbibliothek zu Berlin, sign. 7 in: 4" Ee 700-4115 a 19 in: 4" Jb 665 (digitalised, available at http://digital.staatsbibliothek-berlin.de/dms/werkansicht/?PPN=PPN716918226&PHYSID=PHYS_0005 [28th January, 2019]).

and she even received a positive review by the Faculty of Medicine of the university in Frankfurt (Oder) was published only once in her lifetime, in the year 1690 in Cölln an der Spree (today a part of Berlin). It became extremely popular and was published again seven times over the course of the eighteenth century.[19]

Anna Elisabeth Horenburg (1640?–1718) came from the family of a military surgeon (barber-surgeon), originally from Bohemia, who worked in the town of Wolfenbüttel in present-day Lower Saxony. After the early death of her father, she was raised and educated at the court of the princess of Anhalt, where she had the opportunity to study the books from the princess´ library. Her attention was primarily captured by midwifery manuals.[20] Anna Elisabeth Horenburg worked as a midwife in Braunschweig and her treatise *Wohlmeynender und nöhtiger Unterricht der Heeb-Ammen* was published in 1700 in Hannover and Wolfenbüttel.

The most recent author is Barbara Wiedemann (1695?–1738). We know that she worked as a sworn midwife in the bi-confessional city of Augsburg and was Catholic in contrast to her predecessors.[21] In the preface to her treatise *Anweisung christlicher Hebammen* published in 1735 in Augsburg, [22] she mentions the fact that her husband, a local surgeon and barber-surgeon, was also involved in the process. [23] It can, therefore, be assumed that the form of the manual was also influenced by the knowledge and experience of a surgeon. It is a result of their cooperation, although it is impossible to define exactly the border between the parts which arose from the knowledge of a midwife and the parts formed by the knowledge of her husband. On the basis, however, of certain indications, we can only surmise that certain passages would tend to correspond more with the perspective

19 Concretely this was in the years 1708, 1715, 1723, 1724, 1741, 1752 and 1756, which testifies to the remarkable popularity of this manual. Cf. Waltraud PULZ, *„Nicht alles nach der Gelahrten Sinn geschrieben". Das Hebammenanleitungsbuch von Justina Siegemund*, München 1994, pp. 65, 105, 116. A range of authors of manuals make reference to this treatise, sometimes even recommending it to midwives as study literature. Johann Storch makes reference to Justina Siegemund and her work, for example, in his manual from 1747 several times. Along with Deventer's treatise, the work is recommended as the best for education of midwives. Cf. J. STORCH, *Unterricht vor Heb-Ammen*, pp. 36–38, 73, 254 et al.

20 A. E. HORENBURG, *Wohlmeynender und nöhtiger Unterricht der Heeb-Ammen*, Preface, unpag.

21 Waltraud Pulz, in connection with the confessional background of the authors of the midwifery manuals and the related differences in education of women, points out the fact that while the Protestants Justina Siegemund and Anna Elisabeth Horenburg were able not only to read, but also to write, the Catholic Barbara Wiedemann evidently had difficulties with writing, and therefore left the writing up of her work to her husband. Cf. W. PULZ, *„Nicht alles nach der Gelahrten Sinn geschrieben"*, pp. 34–35.

22 The work was printed one more time in the year 1738, once again in Augsburg.

23 B. WIEDEMANN, *Anweisung christlicher Hebammen*, Preface, unpag.

of medical personnel, although it is apparent that the husband surgeon and wife midwife shared their knowledge with one another.[24]

In the key-period of the second half of the seventeenth century until the half of the eighteenth century was the time of a contest between academically educated doctors and most practically educated surgeons, which is traceable even in obstetrics. While city or courtly doctors were usually authors of strongly traditional obstetric manuals meant for the given geographical region[25] and cited classical authorities of obstetrics in their work more than their own knowledge, the predatory surgeons were getting ahead. Due to their closeness with practice and continuously growing own experience at childbirths,[26] they were getting more self-assured and they were attacking the knowledge of their university-educated colleagues in their works. The evolution within the group of medical occupations, clearer definition of the scope of authority, competencies of the participants, and notably gradual latitude of centuries functioning hierarchy played an important task in the process. Consequently to a clear definition of doctors and surgeons‘ scope of authorities, nobility tried to improve the knowledge of surgeons which led to a gradual academisation.[27] While in the previous period some of the university educated doctors graduated from a practical course lead by a surgeon and by that they were more versatile (in the case of obstetrics, f.e. Hendrik van Deventer), surgeons had a chance to attend university and gain the title of a doctor of surgery in the eighteenth century. Even this factor led towards a distinct increase in their self-esteem and augmented conflict potentially aiming towards controversies and a contest with doctors for a place in the sun. It was the surgeons who worked in the field of obstetrics who laid claim to being understood as obstetricians, the

24 Such case represents a description of the installation of a catheter. It can be assumed that it was an intervention done by surgeons. Barbara Wiedemann, as the wife of a surgeon, could adopt it and reproduce it in her manual. Cf. ibid., p. 6.

25 For example, the anonymous work *Die Sächsische Weh-Mutter*, Franckfurt und Leipzig 1701. Niedersächsische Staats- und Universitätsbibliothek Göttingen (further SUB), sign. 8 MED. CHIR. III., 61347 (1):1 (digitalised, available at http://gdz.sub.uni-goettingen.de/dms/load/img/?PPN=PPN666710317&DMDID=&LOGID=LOG_0004&PHYSID=PHYS_0001 [23rd January, 2019]).

26 One of the crucial moments in the development of male obstetrics and in its demarcation towards traditional female help during child deliveries was the usage of forceps and successful removal of a living child. The more often the cases happened the less prevelant was the conception that surgeon's presence at childbirths means complications and danger. Proportionally, surgeons‘ confidence rises and they are starting to aim to be called to childbirths the same as the midwives. See Adrian WILSON, *The Making of Man-Midwifery. Childbirth in England 1660–1770*, London 1995, pp. 97–101; Jean DONNISON, *Midwives and Medical Men. A History of Inter-Professional Rivalries and Women´s Rights*, London 1977, p. 42.

27 Jens LACHMUND – Gunnar STOLLBERG, *Patientenwelten. Krankheit und Medizin vom späten 18. Jahrhundert bis zum frühen 20. Jahrhundert im Spiegel von Autobiographien*, Opladen 1995, pp. 80–81; Joachim DEETERS, *Der Fall Arnold. Eine missglückte Entbindung in Köln (1786) und ihre juristischen Folgen*, in: Daniel Schäfer, Rheinische Hebammengeschichte im Kontext, Kassel 2010, pp. 29–48, here p. 43.

male equivalent of midwives, not only as general surgeons.[28] Even the obstetric manuals written by men are marked by the mutual struggle for authority in the field of obstetrics and even here, we can find ingenious legitimation strategies. It is, therefore, needed to distinguish between the texts of the authors from these two gradually more feuding groups.

If we speak about traditionally approached obstetric manuals, it is needed to clarify which common characteristics they have. The works with obstetric themes have a long history, some of the ancient founders are classical doctors Hippocrates, Galenos or Soranos of Ephesus. The former author, who lived and worked in Rome in the second century A.D., significantly influenced the image of a midwife in scholarly medieval and early modern discourse. It is in his work, where we can find the foundations of the catalogue of characters and bodily prerequisites of ideal midwives. Among others, midwives were expected to be able to write and read.[29] This catalogue of good qualities and requirements for the occupation of a midwife remains the same between the work by Eucharius Rösslin and the manuals written in the eighteenth century. During the entire early modern period, even the list of given vices stays approximately the same. The image of a midwife which is given by obstetric manuals, that is the image of an ignorant, clumsy and often violent woman, cannot be understood as realistically described traditional child delivering help, but as a literary topos.[30] Another characteristic trait of obstetric manuals is the fact, that the author naturally understands himself as authority, who was because of his education and expertise right to educate and instruct possible readers (midwives) how to behave in given circumstances. The relationship between the author and the reader is from the beginning set as an unequal one, such as the relationship between a teacher and a pupil.

28 According to Adrian Wilson, the first mentions about male childbirth assistants existed in England (called by the term *man-midwife*) around the year 1720, see. WILSON, *The Making of Man-Midwifery*, p. 164. In France, such development can be seen in the second half of the seventeenth century. There, the founder of the "modern scientific obstetrics" is understood to be François Mauriceau, whose work *Les Maladies des Femmes grosses et accouchées* was published in 1668, see Jacques GÉLIS, *Regard sur l´Europe médicale des Lumières: La collaboration internationale des accoucheurs et la formation des sages-femmes au XVIII^e siècle*, in: Arthur E. Imhof (Hg.), Mensch und Gesundheit in der Geschichte, Husum 1980, pp. 279–300, here p. 280. In German-speaking regions, we can talk about obstetricians approximately from the 1730´s – as you can see, these regions are late in comparison with western Europe. This delay is radically lessened by the emergence of scientific obstetrics.

29 Claudia HILPERT, *Wehemütter. Amtshebammen, Accoucheure und die Akademisierung der Geburtshilfe im kurfürstlichen Mainz 1550–1800*, Frankfurt am Main 2000, pp. 27–29; Helen KING, *„As if None Understood the Art that Cannot Understand Greek". The Ecudation of Midwives in Seventeenth-Century England*, in: Vivian Nutton – Roy Porter (eds), The History of Medical Education in Britain, Amsterdam 1995, pp. 174–198, here p. 185.

30 See Henrike HAMPE, *Zwischen Tradition und Instruktion. Hebammen im 18. und 19. Jahrhundert in der Universitätsstadt Göttingen*, Göttingen 1998, pp. 126–129; C. HILPERT, *Wehemütter*, pp. 48–50.

Obstetric manuals written by midwives do not structurally differ from the then standards of obstetric literature written by men. Their authors knew well the rules of the genre and they knew how to use them well. Their works are more interesting in the manner of used legitimation strategies and especially in the type of knowledge which they discussed in their writings.

It could be expected that midwives publishing their work would in the course of demarcation dispute favour their colleagues, that is midwives, and they would define themselves against medical practice and interventions. This premise is at first sight proved by the chosen form of obstetric manuals written by women. Justina Siegemund and Anna Elisabeth Horenburg chose a dialogue, „teaching" conversation between two midwives, the teacher and her pupil.[31] This form similar to catechism, where one asks for advice and questions and the second answers and gives an extensive interpretation, was, it seems, very popular among midwives.[32] The explanation could be found in the similarity between the learning process put in practice among midwives – older midwives orally pass the younger candidate their experience. Barbara Wiedemann uses a simple narration, but she often uses such language tools which simulate a dialogue between midwives.[33] Some surgeons and doctors also outlined their obstetric manuals in the same manner, their bases were, nevertheless, different.[34] Dialogue (or dialogue mimicking) literary form of the work is one of the means towards midwives being accepted into the solely male written obstetric „culture". Educational dialogue actually lets the authors demonstrate the pensum and superiority of their knowledge and strengthen one's authority.[35] Midwives are then usually divided into good ones (therefore the ones who are willing to be educated by the author and who follow her advice) and bad ones, whose characteristics categorically follow the

31 In the case of Justina Siegemund, it is the teacher Justina, author's alter ego, and a pupil Christina. It is similar in the work of Anna Elisabeth Horenburg, where there are two midwives Anna (again, the author's alter ego) and Margaretha.

32 Such approach is also chosen by Marguerite du Tertre. Nevertheless, it is not clear who asks the questions and who gives answers. We can assume that it is a dialogue of two women.

33 *„Wollet ihr aber/liebe Schwestern! mir einwenden und sagen/wie ihr gewiß wisset/daß ich wohl selbsten dann und wann treibende Artzneyen eingegeben hätte* […] *So muß ich euch bekennen/daß ihr die Wahrheit sagt. Aber sehet/meine liebe Schwestern! hierinn stecket ein doppeltes Geheimniß/so ich aber redlich entdecken will."* B. WIEDEMANN, *Anweisung Christlicher Hebammen*, p. 92.

34 Such compiled works are by f.e. J. MURALT, *Kinder und Hebammen-Büchlein*; J. von HOORN, *Die zwo Weh-Mütter Siphra und Pua*; Johann Philipp HAGEN, *Versuch eines allgemeinen Hebammen-Catechismus*, Berlin 1786. HAB, sign. M: Mr 125. While female authors chose midwives for their heroines, whose relationship seems equal, the dialogues written by male authors are more hierarchized in the relationship doctor – midwife (examiner – examinee). The exception is Hoorn's work, which is specific in many aspects.

35 Moreover, Anna Elisabeth Horenburg and Barbara Wiedemann added into their works examination questions for midwives, which practical usage affirmed their authors as obstetric authorities.

literary topos of uneducated, clumsy and violent midwife reproduced in male obstetric manuals.[36] The female authors of the manuals figure in their texts as the sole active and most competent obstetric „heroines", which is most visible in the cases from their own practice.[37] These processes, which writing midwives chose in the outline of their works, mirror their knowledge of the then obstetric literary discourse written by men. It is, therefore, a strategy with which help they enter the field of „academic" obstetrics of the early modern period.

The strongest and most convincing legitimising argument strengthening their authority in the field of obstetrics was without any doubt their experience from their long practice and their own experience of childbirth.[38] It is especially the emphasis of their practice and the vast experience gained from it which connects them with the female orally translated tradition in the form of imitation of tasks from one generation of midwives to another.[39]

The expertise of midwives based on touch strongly mirrors in texts of their obstetric manuals, which are oriented on what midwives feel not what they see. In obstetric manuals written by women is, therefore, touch interpreted as midwife's sight:

36 Anna Elisabeth Horenburg willingly names concrete case of yet living women who gave birth, and who had a bad experience with bad midwives: *„… wie mir denn gemeiniglich solches wiederfähret/da ich denn aber zu spät/wenn die unverständigen Weiber es versehen haben/und keinen Raht mehr wissen/ allemahl gefordert werde/wie solches allein hie in Braunschweig/wenn es noht wäre/mit vielen Exempeln annoch lebenden Frauen erweisen kan."* A. E. Horenburg, *Wohlmeynender und nöhtiger Unterricht der Heeb-Ammen*, pp. 88–89.

37 Justina Siegemund does not hesitate to self-represent as more competent than famous surgeons or doctors. She describes a story about a meeting with a French physician during a childbirth. He boasted about him not needing to use any tools since his hand is enough. When he could not succeed with his bare hands, he passed the midwife a hook with the words: *„Weil ihr euers Haakens besser gewohnet seyd/als ich."* Autorka se pak táže: *„War nun seine Wissenschafft hierbey was anders/als die meine."* J. SIEGEMUND, *Die Chur-Brandenburgische Hoff-Wehe-Mutter*, p. 85.

38 The only exception is Justina Siegemund who was not a mother. It is exactly this requirement which is listed as one of the main ones regarding the qualification of midwives and it is a part of catalogue of virtues and vices of midwives. Justina Siegemund therefore had to develop very sophisticated legitimation and justifiable strategy, which would rebut any form of possible critique. The author compares the case of a childless midwife to a case of a doctor, who would not be a good doctor unless he had not gone through an illness which he cures or a surgeon who would not suffer wound he tends to. And she goes even further: *„Haben wir nicht Exempel/daß kluge und verständige Medici und Chirurgi, durch gründliche Wissenschafft und Erfahrung in schweren Geburten selbst Hand anlegen/und die Kreissenden glücklich erlösen helffen; Wo bleibt dann der grundlose Vorwurff: Die selbst keine Kinder gebohren/kan auch nicht in schweren Geburten helffen."* Ibid, Preface, Vol. II., unpag. See. H. JADRNÁ MATĚJKOVÁ, *„Neznalé" báby a „vzdělaní" lékaři?*, p. 42.

39 Scholarly literature calls writing midwives the link between female and male obstetric tradition. See f.e. E. LABOUVIE, *Frauenberuf ohne Vorbildung?*, p. 225.

„*Good midwives can also determine all of the dangers which can come about during a birth. If she is not allowed to carry out an examination (Angriff), she merely sits at the birth like a blind woman…*"[40]

Thanks to the experience obtained from long years of practice, the eyes of midwives "shift" to their hands and fingers, using their touch to clearly recognise everything which is needed.[41] The female authors also work with exact descriptions of what to touch in various phases of examinations of mothers and during births and choose formulations and comparisons so as to make everything clearly understandable.[42] The treatises of writing midwives clearly demonstrate that knowledge of anatomy, asserted and required as part of theoretical education from the side of physicians and surgeons, did not play any role for midwives used to working with their hands. When asked what the uterus is, Anna Elisabeth Horenburg answered: *"it is a vessel for the foetus, where it is kept until it*

40 „*Item einer rechten Wehe-Mutter zeiget der Angriff alle Gefahr an/die bey einer Geburt vorgehen kan. Wird ihr aber der Angriff verboten/so sitzt sie blind dabey* […]" J. SIEGEMUND, *Die Chur-Brandenburgische Hoff-Wehe-Mutter*, p. 217.

41 „[…] *da hatte ich dieser Hülffe/oder vielmehr doppelten Marter nicht mehr nöthig/denn durch die viele Ubung war meine Hand und Finger/sammt der genauen Untersuchung in die natürliche Fühlung oder Erkänntniß gekommen/daß ich so genaue fühlen und unterscheiden konte/alß wenn ich es vor meinen Augen sehe/in was vor einer Stellung das Kind lieget.*" Ibid., p. 105.

42 The question of how to find cervix and how to tell whether it is open, Anna Elisabeth Horenburg answers as following: „*Man kan ihn leicht finden/wenn man ein oder zwey mit Oehl oder Schmaltz beschmierete Finger in die Mutterscheide gegen den Mastdarm hinein bringet/so tieff als es vonnöhten/ weil er bey einigen Frauen tieffer als bey andern liegt/da man denn am Ende derselben/etwas als eine Wartze an den Brüsten mercket/welches den noch verschlossenen Mutter-Mund andeuten wird/ist er nun geöffnet/so kan man solche Oeffnung ebenfals auf gedache Art leichtich finden/und von den verschlossenen Mutter-Mund unterscheiden.*" A. E. HORENBURG, *Wohlmeynender und nöhtiger Unterricht der Heeb-Ammen*, pp. 18–19. Very illustrative is also Barbara Wiedemann's description of vulva: „*… ein 5. 6. Biß 7. Quer-Finger langer/häuticht- und runtzlichter Canal.*" B. WIEDEMANN, *Anweisung christlicher Hebammen*, pp. 5–6. Justina Siegemund likens the performance of turning the child over to the turning of a person in a wet shirt: „*Das Kind lieget in der Mutter wie in einem nassen Tuche/das dem Kinde an dem Leibe anklebet. So dencke doch: wenn ich ein naß Hembde/daß es zugleich über dem Kopff wäre/ anhätte/und du soltest mich aus dem Hembde heraus ziehen. Ich wil es verkehrt zeigen: das Hembde mir abzuziehen wäre wohl möglich/mich aber aus dem Hembde zu ziehen/ist zwar möglich aber schwer. Aber noch schwerer/wenn ich solte und müßte darinnen umgekehret werden.*" J. SIEGEMUND, *Die Chur-Brandenburgische Hoff-Wehe-Mutter*, p. 52; the nonsensicality of overthrowing a woman over a table and holding of different tortuous positions so the child would turn is compared with a case of a sack and a piece of meat in it: „*Darum ist das Stürtzen eine blinde Sache/und kommet von unvernünfftigen Leuten her/aus blosser Meinung/weil die Frau überstürtzet wird/so solle sich das Kind auch überstürtzen/ sie verstehen aber nicht/daß das Kind so feste stecket. Stecke ein Stücke Fleisch in einen Sack/binde ihn feste zu/überstürtze hernach den Sack/so lange du wilt/alsdann binde ihn wieder auf/so wirst du das Fleisch wol finden/wie es eingebunden worden/wenn auch der Sack hundert mahl überworffen wäre.*" Ibid, p. 208.

is perfectly formed and ready for birth."[43] It is apparent that they make use of anatomical terms (vagina, cervix, uterus), which a midwife would come across in an examination with a physician, but they transform them into an understandable code so as to help the midwife imagine what she is used to touching (breast nipples, vessel for a foetus, a long passage full of bends, etc.). It is also apparent how difficult and complicated it had to be to record in writing tactile experience.[44]

The second essential point, where the treatises of writing midwives reflect the female approach to childbirth, consists of the attitude taken to the expectant mothers. This is characterised by respect, empathy, and an understanding of the fear and pain women experience giving birth and by the skills with which to adequately work with it. The texts of the manuals by the three female authors in focus serve to document how comprehensive the work of midwives was in the early modern period, as it consisted not only of "the craft" of helping at childbirth but also in providing valuable advice, courage and comfort.[45] They also indicate that each mother was approached in an individual manner:

"When I noticed this, I encouraged these kinds of women more and tried to give them more courage than some of the others. I also paid more attention to them than to others by means of examinations. […] As soon as I realised that the labour pains had begun, I encouraged her as follows: My dear child, don't be afraid of pain and don't be scared, hold on as hard and calm as you can and don't lose courage and good faith. Let me assure you that with God's help it will go much better than you think!" [46]

43 *„So viel mir davon bewust/so ist es eine Behaltniß der Frucht/in welchem sie so lange/bis sie zur Vollkommenheit gebracht/und zum Gebähren bequem ist/auffgehalten wird."* A. E. HORENBURG, *Wohlmeynender und nöhtiger Unterricht der Heeb-Ammen*, p. 15.

44 The difficulty is well documented in the work of Justina Siegemund. In the educational dialogue between the experienced midwife Justina and her pupil Christina, there are situations where „the teacher" cannot explain her ward something due to Chistina's existing lack of experience which restricts her understanding. Only with growing experience, Christina understands what Justina talked about. *„Dieses aber weiß ich dich nicht zu lehren/wo es die Vernunft dir nicht selber geben wird/weil es schwer ist/in dem weichen Leibe die Nachgeburt zu erkennen.* […] *Nach vieler Ubung wirst du viel erfahren/ wie mir geschehen/daß ich dabey dem höchsten Gott zu dancken Ursach habe."* J. SIEGEMUND, *Die Chur-Brandenburgische Hoff-Wehe-Mutter*, p. 115.

45 Regarding the problematics in Czech environment, see f.e. H. JADRNÁ MATĚJKOVÁ, *„A tak mají báby rodícím ženám katazelkyně býti." Duchovní rozměr v úloze porodních bab v českojazyčné babické literatuře raného novověku*, in: Antonín Kalous – Jan Stejskal – Josef Šrámek (eds), Jedinec a evropská společnost od středověku do 19. století, Olomouc 2014, pp. 311–328.

46 *„Weil ich dieses wahrgenommen/so hab ich solchen Frauen mehr zugeredet/und mehr Hertze eingesprochen/ als andern/und habe sie auch mehr mit dem Angriffe in acht genommen/als andere.* […] *Als habe ich ihr/so bald ich gefühlet/daß sich die Wehen anfangen wollen/auf solche Weise zugesprochen: Mein liebes Kind/fürchtet euch nur nicht vor den Wehen/und erschrecket nicht/haltet euch so harte und getrost als ihr immer könnet/und laßet den Muth und die gute Hoffnung nur nicht fallen/ich versichere euch/es wird mit Gottes Hülffe besser gehen/als ihr gedencket!"* J. SIEGEMUND, *Die Chur-Brandenburgische Hoff-Wehe-Mutter*, pp. 135–136.

All of the authors in these treatises place an emphasis on the effort to eliminate pain, the importance of gentleness and caution when dealing with the expectant mother and taking her into account as an active protagonist in the birth process, without whose assistance the midwife cannot work. Of the greatest importance is the form of communication with the woman in labour, by means of which the midwife can carry out the most effective active cooperation during the childbirth. There is a need to speak with the expectant mother *"friendly and kindly, but nevertheless seriously."*[47]

It was already shown in which aspects do the manuals written by women approximate the diction of male-written manuals. In which aspects, nevertheless, differ the male obstetric discourse from the female one? It is necessary to once again point out the differences between the male authors of the texts. On one hand, there are authors who were university educated physicians, who figured as the supervisory and educational authorities of midwives, but mostly did not have practical experience with assistance during birth. On the other hand, there are the texts of surgeons (later referred to as obstetricians), who initially assisted only in carrying out caesarean sections on dead women or removing dead children from the mother's body, but gradually also began to work with "natural" births.[48] Nevertheless, these treatises are in agreement when it comes to certain approaches.

One of the most essential points in which the manuals by physicians and surgeons overlap and differ essentially from the treatises by midwives is the approach to the expectant mother and communication with her. This is generally lacking in the male texts. The woman in labour is often presented in these works as a foolish (*"blöd"*) and frightened being or as a willful, defiant, and shallow individual who the midwife has to be able to calm.[49] In addition, apart from references to calling on the name of God and prayers, she

47 *„… auf eine freundliche/liebkosende/und doch dabey ernsthaffte Weise."* B. WIEDEMANN, *Anweisung christlicher Hebammen*, p. 26.

48 The terms "natural" and "unnatural" birth are the result of male classifications over the course of the birth process and appear in the manuals by physicians and surgeons. However, the writing midwives also incline to their use.

49 W. HUXHOLTZ, *Unterricht der Hebammen,* p. 37: *„Was aber der Frawen Blödigkeit und zaghafftes Gemüth betrifft/solches wird die Hebamme durch ihre Leutseeligkeit unnd freundliches Zusprächen/mit Anziehung allerhand lieblichen Exempeln/genugsam zu beruhigen wissen."* Further G. SOMMER, *Nohtwendiger Hebammen-Unterricht*, p. 5: *„Unglück auch Geburts Hindernüsse durch Furcht/Scheu/Schrecken und kreissenden Weibern erwecket werden können/als muß eine Wehe-Mutter sich selbst hüten/daß sie die Frau nicht mit erzehlung aller erfahrnen unglücklichen GeburtsFällen und dergleichen Dingen furchtsam und schüchtern mache: hingegen muß sie/zumal blöden Weibern/mit Leutseligkeit und freundlichken Zuspruch/auch anziehung angenehmer und frölicher Exempel begegnen und deren beängstetes Hertz nach Vermögen beruhigen."* Very similar diction can be found in the work of a doctor from Frankfurt Ludwig von HÖRNIGK, *Politia medica*, Franckfurt am Mayn 1638. HAB, sign. A: 34.3 Med. (1), p. 158: *„Der gebährenden Frawen Natur vnd Weise/ob sie nemblich blöde/kleinmühtig vnd verzagt/oder aber halßstarrig/widerspenstig/vnd muthwillig sey/wohl zu merkcen/vnnd auff gebenden Fall oder gestalten Sachen nach/sie tröstlich/freundlich/oder mit etwas harten Worten anzureden/alles zu dem Ende/damit die Geburt glücklich abgehe."*

stands somewhat outside the visual field, not playing an active role in the male description of the birth act. She is presented either as a victim, who needs to be saved or is reduced to merely parts of a body which the obstetrician has to work with.[50] The emphasis is therefore placed, first and foremost, on managing the birth mechanisms.

Male midwifery manuals, despite the emphasis on working with hands, as it best seen in a citation from Cosme Viardel *"The best and most useful of all of these tools is that which nature has given us, that is our hands"*,[51] are clearly based on the sense of sight of the authors, arising from their knowledge of anatomy and the possibility of attending autopsies. The emphasis is therefore placed on what the midwife is supposed to do, although instructions are missing as to how it is supposed to be done and what should be felt through touch.

> *"First and foremost, before the midwife does anything else, she should, with thoroughly warmed and greased hands, touch the woman in labour modestly with one or two fingers in order to determine the course of the birth, if and to what extent the uterus has opened, how soon the water will burst and how otherwise the child is ready for birth. Afterwards, she should make, based on the state of affairs, a deduction about the approaching birth and prepare for each and every possibility. When the uterus opens well, when the child is normal and not too impatient in the body, when the woman in labour breathes well, is at full strength and the labour pains move in the direction against the child in the lower abdomen there is the hope, with God's help, for a joyful and happy birth."*[52]

The visual perception of male authors is also reflected in the demand that the midwives educate themselves in anatomy and attend the autopsy since it is important for them to

50 *„Den 18. Octob. 1673. wurde ich geruffen zu eines Schleiffers Fraue/auf der Groenevvegje wohnende/ welche acht Tage in Kindes-Nöthen gewesen/und gantz abgemattet war/ich griff dieselbe an/und befand daß das lincke Beinechen gebohren war/die Hebamme blieb dennoch halsstarriger weise darbey/daß noch nicht eine gnugsame Oeffnung wäre/jedennoch wolte die Fraue von den Kinde erlöset seyn; Aber nachdem ich die Fraue von den Bette auf ein Hauptküssen geleget hatte/befand ich daß dieselbige solchergestalt schwach war/daß ich auch vor das rathsamste fand/von der Operation mich zu enthalten/und meine Pflicht zu seyn/der Hebammen ihre Fauten anzuzeigen und zu verweisen/gleich wie ich auch thate/ehe ich aber noch aus den Hause gieng/rung die Fraue all mit dem Tode."* Cornelius SOLINGEN, *Hand-Griffe der Wund-Artzney*, Wittemberg 1712, p. 726. HAB, sign. M: Mr 233.

51 *„… das beste und nützlichste unter allen Instrumenten dasjenige seye/welches die Natur uns gegeben/ nemlich die Hand."* C. VIARDEL, *Anmerckungen von der weiblichen Geburt*, p. 131.

52 *„Vor allen Dingen aber solle die Hebamm/ehe sie etwas anders thut/die kreistende Frau/nachdem sie ihre Hände wohl erwärmet und bestrichen/mit ein- oder 2. Fingern sittsamlich beführen/um zu erforschen/wie sichs zur Geburt anlassen/ob und wie die Bährmutter sich auffschliesse/ob das Wasser sich bald ergiessen möchte/und wie sich sonst das Kind zu seiner Geburt schicke/auf daß sie nach befindenden Dingen von vorstehender Geburt urtheilen/und auf allen Fall sich wohl vorsehen und bedencken möge: und mag sie alsdann/wann sich die Mutter wohl öffnet/das Kind natürlich erzeiget/und im Leib/in etwas doch nicht gar zu unruhig ist/deßgleichen wann die Gebährende einen guten Athem hat/bey guten Leibs-Kräfften ist/und die Kindswehen gegen dem Kind und untern Leib sich ziehen und wohl anlegen/zu einer frölichen und glücklichen Geburt mit Göttlichem Beystand Hoffnung machen."* Ch. VÖLTER, *Neu eröffnete Heb--Ammen-Schuhl*, p. 84.

know what the female genitals look like.[53] The midwives should also follow the copper engravings included in the obstetric manuals. The question arises as to why male authors are constantly attempting to prompt the empirically based midwives to accept the theoretical foundations of obstetrics and their importance. It seems that, at the time when obstetricians are more actively involved in assisting during child delivery while not yet touching the woman in labour, a new challenge arises for the midwives. They may function as their kind of extended hand that examines the woman in labour and conveys her conclusions to the present surgeon or doctor in case the woman suffers from a problem associated with her sexual organs. In order for such cooperation to work, it is necessary to educate midwives in anatomy as effectively as possible, since it is very important that they can correctly name what they feel by hand in the correct (i.e. medical) code so that the surgeon or the doctor understands. In their manuals, the authors seem to seek unification which would simplify cooperation with the midwives, who probably have a terminology of their own (possibly regionally-based).

An exception to the rule in the analysed source sample is an obstetric manual of the Swedish physician and obstetrician Johann von Hoorn. As one of a few men, he gained the opportunity to be educated under the guidance of midwives in Hôtel Dieu in Paris at the end of the seventeenth century.[54] The practical skills he acquired here were considerably reflected in the text of his obstetric manual, in which he anchored a tactile sense as the primary sense used in assisting at childbirth. Similarly to Justina Siegemund, Anna Elisabeth Horenburg and Barbara Wiedemann, there is a detailed description of what a midwife finds by touch during a vaginal examination as well as how she can recognize the parts of the genitals by touch,[55] including comparisons that were easy to understand for the midwives.[56] Although he is substantially closer to the concept of the works of the midwives,

53 „*Und welches das allernothwendigste ist/so müssen sie die Anatomie verstehen/und sonderlich wissen/ wie die Gebruths-Theile bey einer Frauen beschaffen seyn/auch wie der Nabel/oder Nabelschnur mit der Nachgeburth/und auch die Mutterbänder nebst den Orth/woselbsten das Kind lieget/aussiehet und beschaffen ist.*" C. SOLINGEN, *Hand-Griffe der Wund-Artzney*, p. 583.

54 The Parisian maternity hospital Hôtel Dieu, where systematic teaching of midwives took place supposedly since 1630, was renowned for the fact that the teachers were actually midwives. Men were not allowed access without the permission of the French King.

55 The cervix is characterised for example as „*ein runder harter und glatter Knopf, mit einer kleinen Oefnung*". J. von HOORN, Die zwo […] Weh-muetter Siphra und Pua, p. 13.

56 Changes to the cervix during pregnancy are compared, for example, to lips or the wattle under a cock's beak: „*als wann man einem Menschen blindlings auf dem Mund grieffe, und die Leffzen betastete*"; „*wird so dünne als die rothen Lappen, so unter dem Schnabel eines Hahnes hangen*". Ibid., pp. 15–16; the peeling of an orange or the sticking of dough to a dry table are used when describing the approach when removing the placenta: „*Sie folget die Nabelschnur gleicher Weise wie schon gesagt ist, biß zu dem Kuchen, fühlet rings herum, ob er nicht irgends wo loß seyn, daselbst beginnet, sie mit dem Finger zwischen dem Kuchen und der Gebähr-Mutter zu streichen, und gehet so je weiter und weiter, gleich wie*

he does not cease to be a doctor and obstetrician who feels superior to the midwives. His superiority lies above all in the knowledge of anatomy and the usage of tools; he also differs widely in matters of approach towards the woman in labour and empathy towards her.[57]

The works of physicians and surgeons differ extensively on the hierarchy of theory and practice. While doctors emphasize the theoretical knowledge (they are missing practice in most cases), surgeons/obstetricians accentuate the importance of their own experience with which they seek to establish themselves as major obstetric authorities. Their strategies are most obvious in their own practice examples, where they act as the sole active agents capable of saving a situation with their competent intervention. In the same way as publishing midwives, they characterize themselves as obstetric "heroes".

> *"I can truthfully testify that whenever I helped a woman in labour (without wanting to boast), she always, thanks to God, endured the birth well. Only one person I was unable to free from the child, as she completely resisted [during childbirth – author's note] and did everything according to her corrupted mind, and she did not listen to me (for she was a midwife herself). Even though not all of them stayed alive, because some of them were already half-dead when I came to them, but many of the women in labour, even most of them who would otherwise have died, I saved with my help and with God's blessing."*[58]

It has already been mentioned that in the obstetric manuals, we can see a more or less detailed reproduced catalogue of midwives' characteristics. In the case of surgeons' works in the period under examination, a new idea of qualities of a good or bad surgeon/obstetrician is being created, thus a catalogue of his characteristics. Among the worst qualities they can have are greed, rudeness when uncovering body of a woman in labour, coarse and insensitive treatment of the woman, and above all, cruelty with which they use their tools,[59] while hurting the child and the mother and even, not infrequently, take their lives away with their intervention.

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man einer Pomerantzen die Schale abschälet, oder einen Brod-Teich von einem Tische aufhebet, da kein Mehl untergestreuet war, biß daß er gantz loß werde, und ihr in die Hand fällt." Ibid., p. 66.

57 Henrike Hampe is of the opinion that since birth is always linked with pain, its manifestations could have seemed always the same to surgeons and obstetricians without experience on their own bodies and they could have a tendency to ignore them. Cf. H. HAMPE, *Zwischen Tradition und Instruktion*, p. 129.

58 *„Ich kan mit Grund der Wahrheit bezeugen, daß, so offt ich (doch ohne Ruhm zu melden) Kreisenden beygestanden, sie allemahl, nechst Gott, ihre Gebuhrt glücklich überstanden; ausser einer einigen Person, die ich, weil sie mit ihrer Arbeit mir gantz entgegen war, auch alles nach ihrem eigenen verderbten Sinn machte, und mir gar nicht folgete, (denn sie war selbst eine Hebamme) nicht vom Kinde befreyen können. Es sind zwar alle nicht lebend blieben, weil etliche schon halb todt waren, da ich zu ihnen kommen, doch sind viele, ja die meisten, durch meine Hülffe, welche Gott gesegnet, errettet worden, die sonst gewiß gestorben wären."* H. van DEVENTER, *Neues Hebammen-Licht*, pp. 6–7.

59 Tools clearly belong to surgeons and doctors in obstetric manuals and they define their status. Midwives are during the demarcation dispute more and more strictly forbidden to use them. The attribute of an obstetrician is obstetric forceps while midwives work with their hands only.

If we compared the catalogue of characteristics of a good surgeon/obstetrician and his opposite with the catalogue of characteristics of a good and bad midwife, we would find that they are almost identical. It is evident that the surgeons, authors of obstetric manuals, who wanted to establish themselves as active and practical assistants in childbirth, followed the same requirements as those applied to midwives. The characteristics of an ideal midwife and an ideal surgeon/obstetrician are practically interchangeable and differ only in three crucial points. First, the emphasis on the discretion of the man in all aspects of his dealings with a woman who is determined by her bashful modesty. What distinguishes the surgeon from the midwife the most is his knowledge of anatomy and his intellectual abilities:

> *"In addition, he must be [...] smart and deliberate, and have a good sense so he can quickly find a way how to turn a child in case it is positioned unnaturally."*[60]

Unlike in obstetric works, authors of which were doctors, the intensity of denunciation of midwives is increasing in the works of surgeons. The reason for this is apparent. Since surgeons are trying to penetrate into practical obstetrics and thus compete with midwives to help women in labour, there is much more need than in case of the doctors to consolidate their authority in the field of obstetrics in order to increase their chances of acquiring clients. The advantage of greater practical experience, which they display in their texts by using information about numbers of childbirth assistances or surgeries, gives them wider leeway for leading a scurrilous campaign against midwives. They present themselves as the eyewitness to failures and tragedies caused by particular midwives, which gives their testimony more credibility and seriousness.[61] At the same time, they emphasize the prevalence of practice over theory. This fundamentally differentiates them from the doctors' opinion and, moreover, seemingly brings them closer to the level of knowledge and skills of the women practitioners. Surgeons, however, do not leave their readers in doubt about the fact that their qualities are far higher since they are based on the symbiosis between practice (own examples) and theory (anatomical knowledge). Thus, delimitation on several levels is happening in the texts of the surgeons/obstetricians. Firstly, against doctors-theoreticians and their uncritical approach to the obsolete views of the "classics" of

60 „*Uber das sol er* […] *klug und bedachtsam seyn/und einen guten Verstand haben/auff daß er bey einer unnatürlichen Positur deß Kindes alsobald ein Mittel erfinden möge/wie er es anderst wende und kehre.*" C. VIARDEL, *Anmerckungen von der weiblichen Geburt*, p. 163.

61 „[…] *wie ich dergleichen Exempel gnugsam gesehen und erfahren habe.*" C. SOLINGEN, *Hand-Griffe der Wund-Artzney*, p. 579; „*Ich hätte zwar viel Exempel/welcher massen Fürfälle durch die Hebammen verursacht worden/beyzubringen: Ich will aber allein Kürtze halber/eines einigen gedencken: In dem Stuttgarter Ampt war eine Hebamm/die vermeinte sie ziehe an dem Kind/hat aber einen Theil der Vaginae oder Mutterscheiden mit ihren Fingern erwischt/und samt dem einen Flügel Nympha genannt/ abgerissen/dahero diese gute Frau anjetzo kümmerlich gehen/oder ihrem Mann Beywohnung leisten kan.*" Ch. VÖLTER, *Neu eröffnete Heb-Ammen-Schuhl*, p. 296.

ancient obstetrics, secondly, against the newly created topos of a bad, immodest and brutal surgeon/obstetrician (based on their own catalogue of qualities of a surgeon/obstetrician) and last but not least, to midwives, whose denunciation is being escalated due to intense competition.

All writings, irrespective of the sex or profession of their author, are connected by the strategy of building authority based on increasing the reader's belief that the only right way is to act in accordance with the instructions contained in the manual. Therefore, each author presents him- or herself as the only proper obstetric authority. Such an approach suggests that there is no single type of authoritative interpretation of the obstetric issue within the period under review, the opposite, there are many interpretations that rival each other. The male practical obstetrics at that time is just beginning to establish itself. It seems that such a constellation made it possible to create a phenomenon of publishing midwives, who could contribute to obstetric literary debates. Since the late 1730s, when the concept of midwives' education is being changed significantly and the new type of childbirth helpers is gradually pushing away the traditional midwives, there is no longer any work written in the German-speaking areas whose author is a midwife.

Summary

How to Become an Obstetric Authority? Demarcation Dispute between Midwives and Doctors in German Midwifery Manuals from the Early Modern Period

The field of obstetrics was undergoing important changes during the times of the early modern period. These changes could be marked as groundbreaking. The monopoly in help to pregnant, delivering and postpartum women traditionally belonged to midwives until the end of the seventeenth century. Only in this period, doctors (and more often surgeons) gradually gained their own practical experience with the help during childbirth. This was not compatible in many aspects with the traditional "scholarly" approach repeated since the first edition of a handbook for pregnant and delivering women and midwives written by the doctor Eucharius Rösslin from Worms in most of the male-written works of the given character. The effort of the doctors to gain control over the course of education of midwives and especially over their examination was related to new findings. In the seventeenth century, the new vision regarding their education consisted of a practical part, which was yet left in the competence of experienced midwives, and a theoretical part led by a city doctor. It gave existence to a rather paradoxical situation, where theorists are trying to demonstrate their superiority over the practitioners – midwives. Due to the exigency during a theoretical course, it was important to lean on an obstetric handbook which would contain an overview of needed knowledge which had to be learnt by midwives so they could pass during the final exam. It is a concomitant phenomenon of a starting controversy between midwives on one hand and doctors and surgeons on the other, labelled by the term demarcation dispute.

Even though then men – doctors and more commonly surgeons – gradually started penetrating the field of practical obstetrics, the part of this slowly establishing scientific field first and foremost belonged to midwives. While men are building their authority in the pages of their obstetric manuals, midwives dispone "only" of their experience and knowledge gained by experience, which they pass orally from one generation to another. Only a few women succeeded in the penetration of exclusively male obstetric literary discourse and contributed to "scholarly" discussions through their own published works. German-speaking areas can be proud of three such self-confident women, who did not hesitate to entrust their opinions on the ideal course of help during childbirth to a printing press. The first of them was a Prussian court midwife Justina Siegemund, whose work Die Chur-Brandenburgische Hoff-Wehe-Mutter was published in 1690. In the year 1700, she was followed by Anna Elisabeth Horenburg who was a sworn midwife in the city of Braunschweig and the trio of German writing midwives is completed in the year 1735 by Barbara Wiedemann from Augsburg.

The presented study is based on the analysis of early modern obstetric manuals from German-speaking areas which were written in the second half of the seventeenth century to the half of the eighteenth century. The period is marked by the demarcation dispute between midwives and

doctors and surgeons followed by an enormous production of obstetric manuals. It was not only domestic original production which was published in German-speaking regions, but many translations as well. At the same time, the three already mentioned works of the midwives were published as well. These works give us a chance to compare the female works to their male counterparts. This possible comparison then raises a question of what legitimation and self-representation strategies the authors of these obstetric manuals used so they could be understood as authorities. Due to the reason that these obstetric manuals were during the demarcation dispute used as the most appropriate means to build one's authority, it is important to perceive them more as sophisticated rhetoric constructs meant for self-representation, not only as classical textbooks in which male and female authors demonstrate what they do in practice. The comparison of these obstetric manuals also shows the differences in male and female approaches in obstetrics.

Manon PINATEL

Social aspects of the professionalization of midwives in Luxembourg (1800–1940)

Abstract: *This article proposes an open, interdisciplinary approach to understanding how women assisting at birth in Luxembourg in the late eighteenth century evolved to become specialised medical professionals in the early twentieth century.*

To do this, it is necessary to study the administrative organisation of training, recruitment policies and the form and content of the courses involved in the creation of a new health worker: the midwife. This individual often assumed the role of midwife, vaccinator, doctor of the poor or paediatric nurse.

Key words: *Midwives – social aspects of midwifery – midwifery school – Luxembourg – 19th century.*

In order to study the evolution of the content of midwifery training and its consequences on their working conditions with the documents at our disposal, our research plans to tackle the three themes progressively using both a chronological and a thematic approach; the content and the effectiveness of midwifery training in the nineteenth and twentieth centuries and, above all, the transmission of this knowledge, i.e., the mediator role played by midwifes between mothers and medical institutions. This research lies at the historical meeting point of medicine and midwifery and more broadly that of hygiene, a perspective which allows us to shed light on the antagonisms or links between male university medicine and the emergence of a female caregiver, the nurse. Thus, as well as its historical dimension, this research project may help to improve the understanding and management of issues linked with maternity and women's work which are still relevant today.

The results of this survey may provide new elements of research concerning the emergence of an awareness of the profession, of the transformations in their professional activity between self-employed practice and the hospital setting, and on the medical and social activities of midwives in Luxembourg society.

At the beginning of the nineteenth century, the first graduates of French maternity schools established themselves as midwives in the Luxembourg area. In fact, between 1800 and 1815,

the inhabitants of the French Forêts department benefited from the great French momentum in the field of obstetric training.[1] These women, who were destined to become "*public health system teachers*",[2] were promised the French Regime's much vaunted increase in social status. At local level, the same optimism is apparent from the prefect's decision to make midwives the cornerstone for the dissemination of vaccination within his department. A century later, in early twentieth-century Luxembourg, midwives training seems to be in jeopardy and their working conditions are likewise precarious. Indeed, in the 1930s maternity hospitals were disappearing, whilst in 1937 the midwifery school closed its doors against a backdrop of scandal which linked the building's unsanitary state and the poor treatment of its students.[3]

However, in France, recent historiography agrees as regards the structuring of midwifery activity during the nineteenth century, describing the "*birth of a professional body*".[4] Despite this process of the professionalisation of midwives which was initiated under the French regime, we have little knowledge of the training of Luxembourg midwives between the fall of the Empire and the closure of the Pfaffenthal maternity hospital's midwifery school.

Focusing on the changes in the training and activities of midwives in Luxembourg between 1800 and 1937, our investigation arises out of the multiple contradictory factors which troubled all ranks of a society which was torn between necessity and reticence. In order to analyse the consequences of the various successive approaches to the training of midwives and their influence on their working conditions in Luxembourg, our approach tackles several research questions:

How and why did qualified midwives[5] work independently in the homes of women in childbirth and then work as employees in hospital facilities, the work in maternity hospitals being considered as an interlude between these two periods?

Midwifery schools in France

In 1795, Luxembourg was attached to France and known as the Forêts department. It was under French administrative organisation and adopted the beginnings of its public health

1 Nathalie SAGE-PRANCHÈRE, *L'École des sages-femmes: Naissance d'un corps professionnel, 1786–1917*, Paris 2011.

2 Olivier FAURE, *„Les sages-femmes en France au XIXe siècle : médiatrices de la nouveauté*", Patrice Bourdelais (ed.), Les nouvelles pratiques de santé : Acteurs, objets, logiques sociales (XVIIIe–XXe siècles), Paris 2005, pp. 157–174.

3 Henri KUGENER, *Die Königlich-grossherzogliche Entbindungsanstalt und Hebammen-Lehranstalt zu Luxemburg" in 135 joër Sang a klang*, Luxembourg 1992.

4 O. FAURE, *Les sages-femmes*, pp. 157–158.

5 French, German and then Luxembourg schools consecutively.

system. In the Austrian Netherlands, which had included Luxembourg in the eighteenth century, there was no specific training for midwives until 1774. Conversely, in France there had been midwifery course initiatives, such as the peripatetic course of Madame du Coudray or the course of Madame Lachapelle, from as early as the eighteenth century.[6] As early as 1751, the Paris Hotel Dieu's "office des accouchées" [midwifery service] gave midwifery classes which were aimed at widowed women who wished to devote themselves to the art of midwifery.[7] In 1793, the school opened its training to married students but did not accept either pregnant women or girls.[8] Although midwives did not need a diploma to practise, Jaques Gelis was able to observe that in France they were taking the step of enrolling in courses. He also noted the presence of two Luxembourgers in the Hôtel-Dieu course between 1730 and 1737. Carl Havelange also noted that women from the Austrian Netherlands had attended Madame du Coudray's peripatetic course when it took place near their border.[9] Whilst they were not under an administrative obligation to train, these midwives showed a real willingness to take the courses and learn the techniques which would help them to save mothers and infants. This approach is part of a common European discourse as regards birth and the faith in science's ability to halt "the slaughter of the innocents",[10] especially perinatal mortality. In the Austrian Netherlands, Chancellor Wenceslas of Kaunitz considered that it was useful to educate women so that they could care for their own children properly, whilst remaining in the private setting.

As literacy increased, the French government wanted to show that creating small schools of midwives throughout France was not enough. The reform of the art of healing by the law of 19 ventôse (the sixth month of the revolutionary calendar), year XI (1803), succeeded in making the idea of a unique, centralised, economical and efficient Parisian school politically acceptable. In fact, its instigator, Chaptal, considered that only large hospitals which dealt with a great many pregnant women could provide proper clinical training. By virtue of its conditions of access, the Paris Maternity School initially welcomed well-educated students from a relatively affluent background. From 1803, a lottery procedure was also added for the annexed departments. The information contained in the department's archives is surprising: it reveals the disparate appearance of students applying from the Forêts department.

Once admitted, the only way out for these heterogeneous students was to pass, even if it meant retaking their year of training.

6 Jacques GÉLIS, *La sage-femme ou le médecin : une nouvelle conception de la vie*, Paris 1988, p. 163.
7 J. GÉLIS, *La Sage-femme ou le médecin*, p. 173.
8 Certificate of marriage and good morals signed by the priest.
9 Carl HAVELANGE, *Les Figures de la guérison (XVIIIe–XIXe siècles): Une histoire sociale et culturelle des professions médicales au pays de Liège*, Liège 1990.
10 J. GÉLIS, *La Sage-femme ou le médecin*, p. 69.

Placed under the responsibility of the prefect, the student midwives maintained a direct relationship with him. We discovered a lot about their motivation and how they studied in Paris from this correspondence. Faure recognised that although

> *"the midwives of the Ancien Régime and of the early twentieth century are well known (...), their colleagues in the first two thirds of the nineteenth century are the poor relations of this story, with the notable exception of the Parisian elite"*.[11]

According to Gelis, in the rural departments, such as that of Forêts,

> *"It would take at least thirty admissions a year to meet the needs of the municipalities (of the department) and replace the untrained midwifes, which the inhabitants still call on, with sufficiently educated women"*.[12]

However, it was impossible for thirty young girls to leave the department. The trained midwives actually found themselves in a minority and often acted as deputies to the former midwifes who had been able to validate their credentials before the medical board. As a result, the department continued sending one or two midwives to the Paris Maternity School every year, but most students chose to train in Trier.

As the Forêts department, Luxembourg was subject, under the French regime, to the reform of the art of healing by the law of 19 ventôse, year XI (1803). Despite language--related recruitment difficulties, Luxembourg students studied at the Paris maternity hospital every year. The students of the Forêts department were distinguished from those of other departments by being partly recruited from the families of the minor nobility. These students, who had necessarily to speak French, were in fact first chosen from amongst the local francophone and Francophile elite (the wives of mayors or doctors) until the French government emphasised the appropriateness of using young girls from the workhouses, whilst everywhere else the recruitment of indigent students was encouraged to bring these girls out of poverty. In Paris, the students benefit from a centralised school and learnt their craft through contact with many pregnant women, thus ensuring proper clinical training. The chapter reveals the difficulties linked to recruiting candidates for Paris despite the efforts of the first prefect, Lacoste, and defines this policy as a failure. The wish to be able to train on the spot was briefly mentioned with the action of the second prefect, Jourdan. The decision to choose by lot the municipalities in which the candidate will be recruited for Paris is in itself a very original approach to the management of the area seems unique to Luxembourg.

11 Olivier FAURE, *Aux marges de la médecine, santé et soucis de soi en France au XIXème siècle*, Aix-en-Provence 2015.

12 J. GÉLIS, *La Sage-femme ou le médecin*, p. 232.

The older methods for selecting or co-opting midwives contributed to the profile of practising midwives. This profile of married women or widows who have had children remained the preferred way of choosing the students to train in Paris. The second chapter shows the diversification of the training sites in Sarre and Moselle of the Luxembourg students. The arguments of the Forêts prefecture seem largely financial: a quarter of the cost compared to Paris. However, they are also related to the 2nd class status of the midwife. This allows the newly qualified midwife to be attached to the territory by limiting their field of practice.

Nonetheless, the women so trained actually found themselves in the minority compared to the former midwifes who had been able to validate their credentials before the medical board. Once they were qualified, they often acted as deputies to these women. The analysis of the distribution of midwives in 1812 showed that the midwives were concentrated in a small number of municipalities. Studying this distribution underlines the recurrence of cases of "pairs" of midwives, probably indicating the coexistence of midwives accepted following the old customs and those newly qualified.

Scholarships to train abroad

As soon as schools in Metz and Trier opened, although the department continued to send one or two students each year to the Paris maternity school, most of the candidates chose to study in Trier. Future midwives studied primarily in Trier but also, to a lesser extent, in Liège, Cologne and Düsseldorf until 1830. They continued to be sent to Trier until 1876, when the school closed. However, from 1825, and more officially from 1829, the Regency of the city of Luxembourg authorised the holding of private courses. This authorisation was extended to the whole country in 1841 after independence. The organisation of private courses signalled the failure of an institutional course associated with a maternity hospital for several decades (projects in 1818, 1825, 1829 etc.). The problem of midwife distribution in the area, and by extension of their remuneration, appears to have been a major concern in the 1840s, sparking investigations and regulatory projects and leading to a reduction in the financing of the training in favour of supporting practising midwives. Like the previous chapter, this one raises the issue of the relationship between the training policy and the reality of practice in the area. The study of private training is new and provides valuable information on a phenomenon little known in other countries.

The debates for the opening of a maternity hospital

In spite of the difficulties mentioned in the first chapter, the studies undertaken by students at the Trier school were of good quality and recognised by a diploma issued by the Medical board. In 1846, midwives trained by private individuals, midwives or obstetric physicians, were also allowed to take this examination provided they had attended at least twelve deliveries. This compromise was the result of the failure of previous obstetrics teaching projects in Luxembourg (1815, 1846).

In 1877, the government was led to rethink the creation of a Luxembourg midwifery school in accordance with its own admission criteria and in particular in relation to the primary education of girls in Luxembourg.

In the light of the correspondence between the Medical board, the Director of Public Works and the Chamber of Deputies, we detected issues surrounding the opening of this school.

Whilst theoretical teaching did not seem to spark debate or raise particular difficulties, practical teaching depended on the capacity of the future maternity establishment to admit women volunteers for observations and for care carried out by the students. The issue of which women this establishment should offer care to was thus again at the heart of the debate. For the first time independent of any supervising government as regards public health, Luxembourg had the choice of several possibilities.

The Luxembourg government thus turned towards the more well-known model, that of Trier, and decided to establish the maternity hospital in a working-class neighbourhood to guarantee its use and the proposal to admit indigent women in labour free of charge, or even to pay them, was quickly accepted. Although the government and the Medical board were able to be innovative, they agreed to open a maternity hospital of the same type as that proposed by the French sixty years previously.

To reassure the Luxembourg population from the start, the maternity hospital's regulations promised that it was, *"with very few exceptions",* reserved for women who could produce a marriage certificate signed by their burgomaster. However, over the course of the city's industrial transformation, the "*very few exceptions*" were, in practice, quite numerous. The transition from an agrarian society to an industrial and urban society which was then based on paid labour was the origin of a new form of poverty which profoundly altered traditional family structures.

The social role inherent in the maternity hospital was, however, accepted, and the solution of a crèche coupled with a placement service was quickly offered to women working in the city to prevent one of the primary causes of abandonment.

At the heart of this organisation, midwives still had to be the embodiment of medical progress. The antiseptic revolution transformed the maternity hospital, in the design of the building, the reception of patients and also in the syllabus of the student courses.

The Luxembourg maternity school

The students

Attracting female candidates to the midwifery school involves navigating between fairly strict admission requirements, to reassure families about the responsible nature of the establishment and, on the other hand, fairly flexible conditions as to the level of education, so as not to reject candidatures and to satisfy the Council of State's objective of helping young girls escape poverty. Once the rules of student admission had been determined in accordance with these two imperatives (1), the regulations reflect the dissension between the Medical board and the State Council on the students' social origins. To correct the imbalance created by the certificate of indigence, the awarding of scholarships on merit to attract students from a higher social background was proposed on several occasions. The key was to encourage vocations whatever the original background (2).

How students were admitted

The Medical board was rather pessimistic about the attractiveness of the maternity hospital for young Luxembourg girls.

> *"Even if the state does not initially recover the maintenance costs for the residents for the Medical Board from the municipalities, it is nonetheless doubtful that there will be a large number of them".*[13]

The College did not therefore set very exclusive admission conditions in 1877.

However, 14 candidates come forward for the first session. The number of female students having been set at ten in accordance with the country's needs, an admission examination was organised to check the candidates' ability to write a dictation.[14] Of the fourteen candidates, eight were then selected. It should be noted that which language students should be able to write a dictation in was not specified. In the next section about the running of the lessons we will see that, although the course material was in German, the lessons, and in particular the revision classes, were generally in Luxembourgish before 1899, when a written test in German was imposed on midwives at the end of their training.

In 1877, a student had to fulfil the following five conditions to be admitted to the Luxembourg maternity school:

She had to be at least 20, at most 35, possess two certificates issued by the cantonal doctor attesting to her good reputation and good health and, finally, the candidate had to provide proof that she could read and add up and that she could "write fluently under dictation".

13 Archives National – Luxembourg (ANLux), M-02501.

14 Article 6 of the Grand Duchy Decree of 14th September, 1877.

The Blochausen government undertook a key reform of primary education at that time. Overcoming opposition from conservative deputies, it introduced compulsory schooling lasting six years. The Kirpach law of 20 April 1881 made primary school attendance compulsory for children from six to twelve years of age.

For candidates at the Pfaffenthal school, the application had to be addressed to the director, and the administrative commission decided on the basis of this report.

Between 1877 and 1909, 248 female candidates presented themselves at the midwifery school. Twenty-four of them studied entirely at the state's expense, thirty half at the state's expense, and three received a state subsidy. One hundred and thirty-three students studied at a municipality's expense or with a municipal subsidy.[15] Three studied at the expense of the City of Luxembourg. Eight students came from the Belgian province of Luxembourg to study. These students were German-speaking but the finance agreement between the Belgian province and the Grand-Duchy for their training is unknown.[16]

Students between 1877 and 1909	248 students
Financed by the state	24 students
State subsidised	30 students
Subsidised by a municipality	133 students
Other subsidies	12 students
Without subsidies	49 students

As regards the medical certificates, a medical certificate of aptitude for the profession of midwife had to be issued by the cantonal doctor. The purpose of this appointment was also to check the candidate's morals. Indeed, one wonders whether a medical examination by the maternity hospital's head doctor on starting training might have been preferable:

> *"A cantonal doctor is not especially prepared because he is not aware of the knowledge and skills which students need to possess".*[17]

The health problems looked for were first and foremost obvious physical or motor handicaps. Sight and hearing were also checked but it was the cantonal doctor who was the

15 ANLux, SP-221 (1880–1885) – Admissions of students to the Luxembourg maternity school; maintenance and teaching expenses and ANLux, SP-223 (1882–1902) Expenditure – Admissions to the midwifery school – Indemnities – Supplies of Drugs – Report of the Admissions Commission (1882–1902).
ANLux, SP-228 (1893–1896) Midwifery and maternity school: Expenditure – Admission of students to the midwifery school and ANLux, SP-229 (1896–1900) Admissions (of indigent girls) to the maternity hospital – Admissions of students to the midwifery school – Candidates admitted.

16 ANLux, SP-223 (1882–1902), Expenses – Admissions to the midwifery school – Indemnities – Supplies of Drugs – Report of the admissions commission (1882–1902).

17 ANLux, M-02501.

best placed to assess the candidate's hygiene and morals. Drinking, lack of cleanliness or cohabitation were grounds for non-admission. The National Council therefore maintained that: "*The certificate of good health is to be issued by the cantonal doctor*". Officially, its effect was to spare a young girl from travelling to apply for admission if her health and physical strength were not good enough for the work of a midwife. In Germany, the student's physique was examined, in particular the shape of the hands: the fingers had to be neither too short nor too long, which is a reminder that the profession of midwife is above all a manual one.[18] In Luxembourg, such examinations were not demanded, the candidate's health was assessed as a whole. However, at the beginning of the nineteenth century, the profession of midwife was considered "arduous".[19] Nevertheless, from the 1870s, there was less emphasis on young girls' physical strength and the doctor simply noted *"there is nothing to prevent the candidate's admission*".[20]

The certificate of indigence and scholarships

In principle, the courses and maintenance (student accommodation and full board) were not free. Indigent students were always exempt from paying for the courses, provided they presented a certificate of indigence.

The council of State considered that the Medical board must not only be called upon to rule on the admissions of students with the medical director, but must also have, in accordance with an article of the regulations,

> *"Control of the midwifery school, the maternity hospital and its students and staff, and be responsible for reporting annually to the government on changes and improvements to be made". [21]*

This passage of the regulations shows that the initial organisation of the establishment was provisional and open to improvement. There is no mention of possible improvement or hypothetical change, the absence of the use of the conditional demonstrates that the maternity hospital must, of necessity, evolve. This lack of confidence on the part of the government translated into a safety valve with the appointment of a temporary director and observers tasked with improving the project. It can be seen that the initial regulation was a first draft; however, it was changed very little in twenty years.

For example, the question of the establishment of merit scholarships was regularly mentioned (1877, 1893, 1905)[22] but the Council of State did not decide to modify the

18 ANLux, H-1032.
19 *Qui exercent la pénible profession de sage-femme*, ArchivesVDL – LU 11 II:171 – Midwives
20 ANLux, SP223, admission 1899.
21 ANLux, H-1032, Midwifery school – organisation, staff.
22 ANLux, Maternity regulations.

regulations. The Medical board's need to attract students with a good education and a higher background is strongly felt. The director himself complained of this situation

> *"because the state offers the courses to indigent students and because there are only a few places there is no mixture in this school. The students are all supported by grants; poor women thus bring into the world the children of women who are themselves threatened with indigence".*[23]

The government did not know how to overcome this impasse as it knew that it needed both.

The principle of merit scholarship was finally proposed as a bill in 1905. However, the municipalities which would have to participate in these scholarships were hesitant: indeed, the majority of burgomasters considered that the efforts made to compensate practising midwives were already substantial and they did not see the benefit in paying for courses for well-off women who, taking advantage of their situation, would set up on their own without giving back any service to the community.[24]

For the students supported by grants belonging to the indigent class, and who were therefore in the majority in the school, the costs were borne by budget of the State and the municipalities which would later employ them Whilst staying at the midwifery school they had, until 1893, to accept domestic service not only at the maternity hospital but also at the workhouse where, amongst other tasks, they were charged with taking care of the linen. Until 1893, the domestic service might also include the employment of student midwives as nurses.[25] This burden had the effect of reducing their study time and the Medical board blamed this system for keeping the standard of education of future midwives low. Despite these drawbacks, the state continued to encourage applications from indigent students at the expense of merit scholarships.

Later, midwives who had worked in the service of a municipality for several years opened their own maternity hospitals backed by a doctor to provide a midwife service for wealthier women.

The debate on merit scholarships, in Luxembourg as in Europe, centred on the perception of poverty mixed with the issues of so-called "cleanliness and morality". The image of the midwife, at the service of the poor, changed alongside the discourse on hygiene. A qualified midwife from the Luxembourg School was labelled as indigent since she had been admitted to the school thanks to her certificate of indigence; however, impoverishment became

23 ANLux, M-02501.

24 Joëlle DROUX, *Pour le bonheur des dames? Le rôle des écoles d'infirmières dans la diffusion de nouvelles normes d'hygiène maternelle et infantile en Suisse (1890–1940)*, Olivier FAURE - Patrice Bourdelais (eds.), Les Nouvelles pratiques de santé XVIIIe– XXe siècles : acteurs, objets, logiques sociales, Paris 2005, pp. 285– 307.

25 ANLux G-351, Midwifery service, C. Appendices: Document 12: New maternity syllabus in 1899 Including the knowledge of antiseptics.

more of a worry with the new industrial city.[26] Poverty frightened as much by its external appearance (dirt) as by its internal aspect (immorality).[27] The Medical College was aware of this problem and thus believed that midwives must, at any cost, escape from this form of poverty. To do so they could no longer make do with a meagre income for occasional deliveries. Their profession must give them a decent living and ensure them a social rank close to that of their teacher (their remunerations were also often compared):[28]

> *"They come from our population's lower classes and their early education and the love of their state leaves much to be desired".*[29]

Rather than attracting well-educated students from well-off backgrounds through merit scholarships, students who had no interest in performing a difficult job, the Council of State preferred to accelerate the social advancement of practising midwives. To resolve this problem, students had to be able to earn a decent living as soon as they left the maternity hospital so that they might be considered to be of the same social standing as their clientele.

> *"By providing them with more extensive and sounder education, more rational notions of hygiene were spread into the female population of this country which were analogous to those disseminated by midwives today.*[30]

The Council of State no longer wanted the profession of midwife to be seen as a secondary activity. Its goal was to train professionals and not occasional midwives qualifying from amongst the "neighbours".[31]

The issue of the distribution of midwives remained: it was better to target them better than train too many. In addition to this, the government wanted to call upon midwives who were already qualified but were not practising their profession correctly. Following this approach, the Council of State supported a law imposing revision courses on practising midwives intending thus to drive those who practised little or not at all to either return to service or to retire. The role of continuing education will be further developed later in the chapter on the conditions of midwifery practice. Indeed, the careers of midwives in Luxembourg were in line with the times. There was no dual training which would establish two categories of midwives on leaving the maternity hospital (for example, first or second-

26 Georges VIGARELLO, *Le Propre et le sale. L'hygiène du corps depuis le Moyen Âge*, Paris 1984, p. 106.

27 *"Lave-toi ...!" : une histoire de l'hygiène et de la santé publique en Europe*, Paris 2004.

28 ANLux SP-144 Leave; complaints, distribution of leaflets; indemnities; midwives survey (report), 1903–1941 Medical inspector of the canton of Diekirch *4th March, 1912*

29 ANLux M.02502, State Council Report, maternity regulations, Medical board note on the revision course for midwives, 1905

30 ANLux, G-351, Midwifery service.

31 Les voisines accoucheuses – see N. Sage PRANCHERE, *L'école des sages-femmes: Naissance d'un corps professionnel, 1786–1917*, p. 277.

-class midwives as was the case in France). Midwives who practised independently were those who had initially been engaged in serving the poor.

In 1905, faced with the establishment's continuing difficulties in offering a high-quality practical education, merit scholarships were no longer a current issue. However, the duration of the studies increased from six to nine months and the moving of the midwifery school was already being considered.

> *"The reorganisation of the maternity hospital will lead to an extension of the teacher's role and at the same time the students will be better able to learn about the requirements of their profession. The director of public works even thinks that installation in a new building, and especially in a different neighbourhood, will allow the recruitment of students in a better-sited and better educated environment than in the past."*

The principle of merit scholarship at the end of studies was once again in favour as it encouraged all the students and rewarded those who obtained the best grades. It is clear that the initial principle of helping women escape poverty by offering them a very respectable job was pursued and thus the Council of State refused to attract girls with a high educational level, preferring to encourage women to rise "*intellectually*" as part of their studies.

Yet, rather than invest in merit scholarships which would improve their level of education on being admitted to the school, in 1905 he Ministry of the Interior presented a bill on the supplementary training of those midwives already qualified:

> *"(...) in order to refresh their knowledge and to perfect their initial education which, in the routine of practice, is easily weakened in those women who only enjoy a limited education*".[32]

To ensure that midwives would work regularly after obtaining their diploma, the age of students was also called into question in 1893 and 1905. Students were admitted to the school between the ages of 20 and 30 rather than 35 as before. The Medical board accepted the option of admitting mothers or widows who wished to set themselves up as midwives. However, the Council of State wanted to encourage long careers and vocations. It thus considered that mothers of already large families or widows would not be able to devote themselves fully to the exercise of their profession whereas a young girl would consider her future in terms of her profession. When we discuss the conditions of practice of the midwifery profession, we will in fact note that midwives installed in maternity hospitals often had only one or two children and that their husbands were working, either full or part-time, in their maternity hospital.[33]

32 ANLux, M.02502, State Council Report, maternity regulations, Medical board note on the revision course for midwives, 1905.

33 *La formation au travail de la sage-femme avant 1937*, Centre National de l'Audiovisuel, 1990.

Organisation of the courses

The students were, in principle, boarders, the senior midwife "*being specifically responsible for the maintenance of discipline in the institution and the implementation of the regulations*". The medical director's duties were found to include the "*obligation to give the students the necessary medical care free of charge*". In order to lighten the students' daily routine, the Medical board wished to annex a garden so that they could go out into the fresh air, the maintenance of the garden being regarded as a healthy necessity for those girls who came from the countryside.[34]

Students who were able to live in the city with their families were exempted from boarding. The young women who shared the daily life in the boarding school seem to have been well fed.

On 12th December, 1878, referring to this, Aschman noted:

"The students were given good, healthy food, since over the entire course not one of them became sick".

It was possible to verify these claims from the butcher and dairy bills.

Outside the course, the students had to perform the various domestic tasks and, for example, maintained the kitchen garden. As the establishment was small in size and there were no other staff, the maintenance and hygiene of the rooms was also the students' responsibility. The management of the linen was particularly onerous:

"We had to pay every quarter even though it was us who had to do the work".[35]
"Everyone had a job. Me, I had to wash the stairs. Then we had to take coffee to people ... Children's home... We had one [or] two people, we had to be careful there. [We had] to sleep in the nursery classrooms sometimes. [We had] to hang up the washing, do the ironing".[36]

Although ancillary, these domestic tasks did encroach on the time required for learning particularly since the syllabus, developed by Dr Fonck, was condensed into one semester (1). For reasons of economy, the Pfaffenthal school initially included a nursing course which had to be abandoned in order to protect the midwives from epidemics (2). In addition, the choice of written material (3) shows the personal orientation the director gave to his courses, although the examination questions were drawn from classic textbooks (4).

34 ANLux, M-02501, ACM, 1877 Indicator, corr. of 16th April, 1877.

35 *La formation au travail de la sage-femme avant 1937*, Centre National de l'Audiovisuel, 1990, Cut 23 (Stecker-Steffen) 0'51.

36 *La formation au travail de la sage-femme avant 1937*, Centre National de l'Audiovisuel. Cut 25. (Salentiny) 0'26.

The syllabus

The first course was given during the winter of 1877–1878. The second course, scheduled for autumn 1878, was postponed until the summer of 1879 to reduce heating costs.

> *"So far they* (the courses) *have not yet been resumed as we deemed it advisable to run them during the summer instead due to various economic advantages* (...) *which mainly involve fuel economy".*[37]

The director taught for two hours every day and the senior midwife was also required to give two hours of revision classes on every public holiday. The syllabus covered all the areas still common today, from women's anatomy to childcare. Twice a week, students received instruction from the director on physical examinations.

The duration of a course of study had originally been set at six months[38]. By a resolution of the Grand Duchy, the minimum duration of study was extended to nine months from 28th January, 1905. France had already increased the duration of studies to two years on 25th July, 1893.

According to the syllabus as defined in 1877, the education of midwifery students included:

- A basic knowledge of anatomy with a demonstration of the organs of procreation and parturition using artificial anatomical parts;
- A basic knowledge of digestion, circulation and respiration;
- The physiological phenomena of pregnancy and childbirth, the postpartum period and a summary of the pathologies of these various states;
- Everything relating to the infant, the most frequent problems complicating delivery, a midwife's conduct in such circumstances, catheterisation, injections, baths, the use of vacuum extraction and leeches.

In 1893, hygiene courses were added with particular reference to the concept of antisepsis.

By dint of negotiations and talks between the Medical board, the City of Luxembourg, the Chamber of Deputies and the Ministry of the Interior the Luxembourg School's syllabus became specific to the institution. The course content and teaching methods ultimately had little in common with the Metz and Trier schools which had nevertheless served as a model for the development of these regulations. Director Fonck was able to impose his vision of teaching and the Medical board supported him. Fonck's vision was not, as might have been expected, inspired by the Metz school's syllabus but was based on the Swiss syllabus of small bilingual schools similar to the Luxembourg project.[39]

37 CdD-1731, Wiederholungskurse de Hebammen Gebührenordnung für Hebammen 12th December, 1878, Aschman Chamber of deputies.

38 ANLux, M-02501, article 7, G. H. decision 14th September, 1877.

39 J. DROUX, *Pour le bonheur des Dames*.

As Gustav Fonck had himself been a medical examiner, he integrated a basic knowledge of the law into his courses, in particular as regards perinatal forensic medicine. He taught students how to date the child's conception in order to know whether a child was conceived before or during the marriage or, in the case of widowhood, after the death of the spouse.[40]

The nursing course

The nursing course was probably attached to the maternity school soon after its creation because of the many criticisms which had been raised about the profitability of such a maternity establishment. Having student midwives work as nurses as they studied was a way to make their stay more profitable and perhaps even reorient some students who were found to be unsuited to the midwifery profession.

A nursing course had also been made compulsory for midwifery students in Liège. Between 1887 and 1906, the Medical Commission issued 242 nursing certificates to midwives who had just completed their studies[41]. According to Carl Havelange, the introduction of nursing courses recognised a trend seen amongst the midwives by giving it a legal character.

The aim was to enable midwives, who also faced competition, to find new sources of income by extending their remit to the activities of domestic nurses:

> *"The profession of midwife is very oversubscribed (...) if they have a nursing diploma, they can be called to assist patients of all kinds and will greatly increase their resources".*[42]

One of the main reasons for setting up this course was thus the financial security of midwives. In addition, as many midwives in Luxembourg had to work very hard to earn a living in obstetrics, nursing knowledge would enable them to work at the patient's bedside and in domestic care, thus providing them with an additional financial base.

Whilst midwives continue to attend a nursing course in Belgium, in Luxembourg, both the maternity hospital's Board of Directors and the Medical Board came out in favour of its removal in 1892.

The reason for this reversal appears in a document which gives, on the one hand, the point of view of the wider medical community and, on the other, the qualification status of women who were destined to become midwives:

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40 Memorial A15, Grand Duchy decree of 23rd March, 1928, concerning new fixed compensation to be granted in all matters to witnesses, experts and interpreters.

41 Carl HAVELANGE, *Les figures de la guérison (XVIIIe–XIXe silctes): une histoire sociale et culturelle des professions médicales au pays de Liège*, Liège 1990, p. 403.

42 Carl HAVELANGE, *Les Figures de la guérison: XVIIIe–XIXe siècles: une histoire sociale et culturelle des professions médicales au pays de Liège*, Paris 1990, p. 403.

"(...) during the last three years the school's director had been responsible for teaching a nursing course to the students. If we consider the low level of education and intelligence generally possessed by those dedicating themselves to the profession of midwifery, it must be admitted that these additional studies, which are completely new to them, were of a nature to introduce some degree of confusion into these limited brains, and to diminish the creation of the knowledge necessary for the practice their profession. In addition, the Medical Board was unanimous in declaring, in a dispatch addressed to the Director-General of Public Works, that it was not appropriate to teach this course to midwifery students".[43]

Having more time available in which to better prepare students for the examination was part of the Medical Board's argument in favour of the removal of this course as desired by Fonck. Although the issue of abolishing the nursing course was mentioned in the maternity hospital's correspondence as early as 1893, the course was not definitively abolished, for health reasons, until 1895. Fonck, as we mentioned in reference to his appointment, is referred to as an admirer of Semmelweis and a pioneer of germ theory.[44]

"Dr Fonck, greatly inspired by Semmelweis' theories (1818–1865), tried to introduce the practice of antiseptic childbirth there (the Pfaffenthal maternity hospital's midwifery school)".

Yet he did not realise that having students work with contagious patients might be the source of the epidemics in the maternity ward until 1895. The course was actually abolished because of the complaints of students informed about the practices in other schools (France and Germany).[45]

"Students attend the nursing course unwillingly; they say that their textbook formally teaches them that as professional midwives they should only take care of women in childbirth to the exclusion of all other patients".[46]

This decision gave new impetus to the training: future midwives had more time to prepare the new written exercise.

In the wake of this, two courses were added to the syllabus in 1898:

- a course on hygiene;
- a course on antisepsis.

According to the medical director, these two new courses did not require observation. He therefore did not consider increasing the maternity hospital's admission capacity. There

43 ANLux, H-1032 Midwifery school – organisation, staff, note of the general medical assembly board, 1893.

44 The Mersch family – "*Dr Fonck bouleversé par les théories de Semmelweis (1818–1865) tenta d'y (l'école d'accouchement de la maternité du Pfaffenthal) faire pratiquer l'accouchement antiseptique.*" Jules MERSCH (ed.), *Biographie Nationale du Pays de Luxembourg*, Fasc. 19, Luxembourg 1971.

45 Maternity reports for the years 1890–1895, ANLux, SP-Ministry of Health and Public Welfare, S. P. 223.

46 ANLux, public health series: SP. 223 Midwifery examination, Correspondence between the Administrative commission of the maternity hospital and the midwifery school and the Director General (Public Works), Luxembourg, 14th February, 1892.

were fewer students as the number of open places per class fell from twelve to six. In fact, the maternity hospital was no longer obliged to admit an increasing number of women in labour and the need for clinical observation decreased.

The time dedicated to the hygiene course was taken from the nursing course which was no longer given to student midwives; they were no longer required to work at the workhouse whilst staying at the maternity hospital. The conditions of these changes will also be detailed in the next chapter. The midwifery training's content moved away from healing and turned ever more towards prevention.

Written course materials

The best-preserved records relating to the maternity hospital are those of 1877, the year it was opened, and those of the accounts from the 1890s to 1899 (in part because there were suspicions of conflicts of interest regarding the director, who is called upon to justify his expenses). Bookshop invoices[47] provide information about the purchase of several textbooks in 1877 and 1878 and then between 1893 and 1899.

In 1877, the midwifery school acquired the following German textbooks:[48] Martin, "*Geburtshilfe für Hebammen*" (Obstetrics for Midwives), Naegele Geburtshilfe Vol. I/II, and "*Neues Lehrbuch der Geburtshilfe für Preussische Hebammen*" (New Textbook of Obstetrics for Prussian Midwives). In 1893, Fonck purchased Waibel's textbook, *Leitfaden für die Prüfungen der Hebammen* to replace *Lehrbuch der Geburtshilfe für Preussische Hebammen*[49] in order to prepare for the now compulsory written examination. This consists of preparation for the midwifery examination in the form of questions and answers.

In 1888, Fonck also wished the midwifery school to subscribe to a midwifery journal, "*Hebamme Zeitung*", however, the copies were returned by the Medical Board[50] with the note,

> *"Very closely connected with the Staude publishing house in Berlin and returned with the remark that most of our midwives are not competent enough in German to benefit from reading the midwifery journal".*[51]

In 1893, when the midwifery school had now to prepare students for a written examination in German at the end of the course semester, Fonck again took out a subscription to

47 ANLux, SP-226 (1890–1895), Income and Expenditure of the Luxembourg maternity hospital and school.

48 Eduard MARTIN, *Geburtshuelfe für Hebammen*, Erlangen 1874 (7,50 Franken), Hermann Franz NAEGELE, *Lehrbuch der Geburtshilfe*, Bd. I/II, Mainz 1867 (7,50 Franken), *Lehrbuch der Geburtshuelfe für preussische Hebammen*, Berlin 1878 (7,90 Franken).

49 Karl WAIBEL, *Leitfaden für die Prüfungen der Hebammen*, Wiesbaden 1893.

50 ANLux, SP-226, Expenditure – maternity revenue, 22nd February, 1888.

51 ANLux, M-02501, *"Der Verlagsbuchhandlung Staude in Berlin ganz ergebenst zurückgesandt, mit dem Bemerken, daB die meisten unserer Hebammen der deutschen Sprache nicht mächtig genug sind, um die Hebammenzeitung mit Nutzenlesen zu konnen"*, Medical board, correspondance, 1888.

a magazine, this time the Viennese *"Die Hebammen Zeitung"*. The director of the maternity hospital, who had studied in Vienna, seems to have been satisfied with this journal since the subscription continued until at least 1900.

Moreover, as regards the language of instruction, we know that the revision courses were given by the midwife teacher, that is to say, in Luxemburgish.[52] In spite of the opposing legal provisions, the courses partly took place in the Luxembourg language.

The usefulness of the textbooks

It might, however, be asked just how much the course was based on these written materials. We were able to consult copies of midwives' examinations stored in the National Archives for the years 1899, 1900, 1903, 1907 and 1909. We found that some questions, and more importantly, the corresponding answers given by the candidates, sometimes reproduced Naegele and Waibel's textbook word for word. The Naegele textbook in particular seems to have been used unaltered in at least two anatomy questions[53] until 1909. In fact, these two textbooks include a question-and-answer part intended as preparation for the examination and the Medical board's panel obviously chose the questions from this textbook's suggestions.

Franz Naegele's textbook on delivery was very successful in Germany with eight successive editions. Naegele was adopted in the Swiss schools and translated into French by Jean-Marie Jacquemier.[54] The choice of textbook confirms the director's intention not to conform to the French, and especially the German, midwifery schools' syllabuses. The choice of the Waibel textbook seems more surprising. In 1878, the German government set up a commission to propose a common textbook for all midwife schools in the German language. The commission officially designated two textbooks*: Lehrbuch der Geburtshulfe für die preußischen Hebammen* edited by Carl Conrad Théodor and the *Preußiches Hebammenlehrbuch* edited by Rudolf Dorn. These textbooks were reissued in 1892 and 1904. The first book was purchased by Fonck in 1878 but was replaced by the Waibel textbook in 1893. Although Fonck based his courses on textbooks written in German, he resolutely deviated from the Prussian schools' official syllabus. Unlike the *Lehrbuch der Geburtshilfe fur preussische Hebammen,* the Waibel textbook is devoted almost exclusively to delivery. The work certainly opens with an anatomy section but the questions all relate to delivery and the postpartum period. In Germany, from the 1892 edition onwards, the official textbook, *Lehrbuch der Geburtshilfe für Preussische Hebammen,* contained more

52 ANLux, H-1032, Midwifery school – organisation, staff.

53 See the next point.

54 *Die Hebammen im Spiegel der Hebammenlehrbrücher, Brucher, Bilder, Dokumente, Ausstellung der Universitätsbibliothek*, Berlin 1985.

pages devoted to childcare and the care of infants[55]. In 1928, i.e., at the end of our study period, a quarter of this official textbook's pages were devoted to the care of the newborn.

However, to what extent does the director's choice of textbook inform us about the content of his courses? This subject is one of the headings in Fallwel's book devoted to German midwifes, "*Historical usefulness of* textbooks", in which she concludes that it is important to study them in parallel with the course notes whenever possible. No course notes were found in the archives relating to the midwifery school, the maternity hospital or the Medical Board but copies of examination papers were found which revealed useful information.[56]

Whilst textbooks offer insights into the norms of a particular society, their primary function remains the teaching of students. It should be noted that the textbooks were designed to function as an exclusive support for the course, students did not have to buy additional works.[57] However, it seems that most of the theoretical teaching was done through discussions in Luxembourgish during the two hours of daily revision classes. During a course semester, students were thus only able to focus on a few of the textbook's chapters.

The Waibel and Naegele textbooks use the question and answer teaching method: the purpose of orality and revision is to create automatic behaviour:

> *"Naegele, using the ingenious device of numbers and a questionnaire separate from the body of the work, was able to match a question to each concept and thus avoid the inconvenience of almost infinite divisions which would result from dialogue inserted into the text; dialogue which would, moreover, bring the question and answer to the student's attention at the same time, and exercise memory more than reflection and judgement".*[58]

That the division of the student' timetable used this method of working is confirmed by the notes on the remuneration of the director for "*the courses*" and the midwife teacher for the "*revision classes*". The quality of the courses and the theoretical learning inevitably varied from one school year to the next, just as the practical instruction varied from one school year to the next. On the other hand, textbooks are a valuable source for our work because they tell us about the course content over several years. If successive new editions of the same textbook exist (as is the case for Naegele and Waibel), the evolution of techniques, and even of the thinking on particular points, can then be traced.

We are going to compare copies of the student examinations with the textbooks on three important aspects of the midwifery school syllabus: the treatment of haemorrhages, knowledge of anatomy and the care given to newborns.

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55 Lynne Anne FALLWEL, *Modern German Midwifery*, 1885–1960, London 2013, p. 136.
56 ANLux, S.P 201.
57 L. A., FALLWEL, *Modern German Midwifery*, p. 151.
58 Franz Carl NÄGELE, *Manuel d'accouchements à l'usage des élèves sages-femmes*, Paris 1857, p. 6.

Examination questions

When looking at the students' copies, recognition of haemorrhages (1) is one of the leading examination questions. Over time, hygiene practices (2) and anatomy issues (3) evolve in accordance with advances in knowledge and the limitations placed on midwives' tasks, in particular with regard to the appropriate course of action in the event of a face presentation (4) and the care to be dispensed to the newborn (5).

Haemorrhages

In the event of an accident or an unforeseen complication, the midwife does not have time to hand over to a doctor, she must make the decisions herself: haemorrhage is thus the major exception to situations in which the doctor must take charge, because the threat to life is sudden and the treatment required is of a technical nature but must, above all else, be rapid. Since haemorrhage can occur after a "*successful*" birth, midwives cannot anticipate it.

However, in the Luxembourg medical society's bulletin in 1898, doctors are alarmed by the fact that midwives are still unable to recognise a partial delivery. Doctor Biver laments a midwife's poor assessment:

> *"30th June, 1892. Everything happened without incident until delivery. However, immediately after expulsion of the foetus there was a rather abundant haemorrhage and the midwife who was present tried to make an immediate delivery: nothing moved. She did uterine massage, even a little expression, but only succeeding in releasing clots.*
> *As the haemorrhage resumed with greater intensity, they came to find me an hour after the delivery. We found the parturient women bathed in a pool of blood, alive but weakening; we immediately ordered hot grog and chilled champagne. The midwife told us that the placenta was retained but on palpation we could feel nothing but clots everywhere. Initially we tried uterine compression without delaying this excellent manoeuvre in other cases by taking care to wash and disinfect the hands by rubbing with alcohol".*[59]

Between 1899 and 1904, out of the four questions said to relate to pathology, two directly concerned haemorrhages: "*Die Blutungen vor, während und nach der Geburt", "Die Blutungen während der Geburt und was die Hebamme hat zu tun*" (haemorrhages before, during and after birth, haemorrhages during birth and how the midwife should act).

Two other issues relate to it indirectly:

«*In welche Fällen die Hebamme darf die Heilweise mit Gebärmutter verwachsene Nachgeburt entfernen aus delselben und wie verfährt sie dabei? Nachgeburt entfernen aus delselben*

59 E. BIVERT, *Ein Fall von Eclampsia parturientium*, Medical Sciences Bulletin of the Grand Duchy of Luxembourg, Luxembourg 1898.

und wie verfährt sie dabei? ("When might the placenta be attached to the uterus and how should one act?").

"*In welche Fällen ist Pflicht der Hebamme den Arzt zu rufen und weshalb*?"[60]

(When is the midwife obliged to call the doctor and why?).

Since the threat to life is sudden in these situations, it was important that students were taught more than just knowledge: real professional reactions were required.[61]

The textbooks aimed at midwives offered several versions of what to do in the event of haemorrhage. The first step was to immediately call a doctor or a surgeon, or even a veterinarian "a skilled person". This first measure was well assimilated by the students. Indeed, the expression "*Arzt rufen*" comes first in all copies. Conversely, in difficult deliveries, midwives were advised to wait passively or even to slow down contractions. Haemorrhage is an emergency situation and the copies demonstrate that the students had learned to use a time frame to assess the seriousness of the situation. They expressed this not in minutes but in a quarter of an hour (*1/4 Stunde)*; once this quarter of an hour had passed, they had to act. However, the notion of a quarter of an hour is not a precise one and watches does not figure in the mandatory material to be taken to a home delivery, although families, except perhaps the most deprived, had clocks.

The boundary between the midwife's domain and that of the doctor was also defined by the equipment, some instruments being exclusively reserved for doctors[62]. Thus, in the Naegele textbook for midwives, the application of chamomile tincture into the uterus using a syringe was indicated. In Luxembourg, tinctures were not part of the midwife's equipment. In their copies, students mentioned the application of a chamomile infusion (*"Kamillentee"*) to the cervix using a compress rather than a syringe.

Anyone with no knowledge of the craft: the issue of the tamponade

Overcoming haemorrhages was one of the biggest challenges in obstetrics in the nineteenth century. It can be seen from the copies that at the turn of the twentieth century midwives were not helpless: they had the knowledge and tools available to deal with such incidents. In 1898, doctor Biver de Hollerich, near the city of Luxembourg, presented a new tamponade

60 SP-225 (1890–1904), Midwifery students who passed the examination and were authorised to practise midwifery, copies of the examination.

61 Veronika NEUSCHELER, *Beruf und Berufsorganisation der Hebamme: Professionalisierung oder Deprofessionalisierung eines Gesundheitsberufes?*, Hartung – Gorre 1991, p. 72.

62 Bull sc med. 1901, Law on the practice of medicine, Article 7. – Midwives are forbidden to use obstetrical instruments. In the case of an abnormal birth, they will call a doctor, a medic qualified in delivery and practising.

method for stopping haemorrhages in the Luxembourg medical journal. According to him, it was so easy to use,

> *"that one could leave supervision to a midwife and even to a person with no knowledge of the craft (...) the losses (of blood) during pregnancy, during childbirth and afterwards, these losses during childbirth, which are feared by the greatest practitioners, can now give the craft new reasons for triumph"*[63].

Blood loss, and likewise amenorrhoea, had always worried nineteenth-century physicians who studied the female cycle. The future Luxembourg midwives learnt to differentiate between early miscarriages and late periods. These miscarriages were generally not viewed negatively but they started to be reported and studied as an unnatural event.

> *"Das erste Zeichen der Schwangerschaft ist die Amenorrhoe, deshalb ist jede Blutung wÃ¤hrend der Schwangerschaft beunruhigend"* [64] *("The first sign of pregnancy is amenorrhoea, which is why bleeding during pregnancy is worrying").*

Students now had to learn about the use of antiseptics and their dosage which required knowledge of calculations though there were no changes to either the duration of the studies or the admission criteria. This technical and mathematical learning thus occupied a large part of the students' time, to the detriment of other subjects such as child care, which nevertheless appeared in their textbook but was not studied in class.

Conclusion

At first, midwives derived some prestige from their mastery of the rules of hygiene but technical and material constraints led them to abandon patients' homes and turn to maternity hospitals. These were equipped with sanitary equipment not often found in early twentieth century homes. Maternity hospitals also allowed midwives and doctors to develop more efficient logistics and cooperation. However, their limited skills as regards the care given to newborns meant that midwives were not able to play a role with the mothers after their admission to the maternity hospital.

The successive expansion of small factory maternity units, in which the consultations were paid for by the new social insurance funds, and the expansion of lay nurses was to jeopardise the existence of the maternity hospitals. In addition, after the First World War, sanitary facilities and domestic hygiene were within the reach of more modest households. Luxembourg was then ready to open a new maternity hospital and a new school, both of which met the century's standards in terms of medical equipment and admission capacity.

63 Note Bulletin of the Medical Society of the Grand Duchy of Luxembourg 1898
On a new tamponade method to stop haemorrhages in cavities, and its use and supervision by midwives.

64 ANLux, SP-225 (1890–1904), Midwifery students who had passed the examination and were authorised to practise midwifery, Hosingen copies.

At the heart of the new maternity hospital, midwives were integrated into the care teams and practised their profession with doctors and nurses. These working conditions appealed to the midwives. They agreed to salaried work which, on the one hand, brought them financial security and, on the other, guaranteed team work.

Unlike their German counterparts, who banded together in associations to defend their interests, until recently the association of Luxembourg midwives has been less effective in promoting the feeling of belonging to an independent professional body.

Between 1950 and 1970, maternity hospitals which closed did not reopen. In 1967, the status of midwives was connected to that of nurses. Midwifery was no longer considered a profession related to the art of healing but as a healthcare profession. In 1970, fees were eliminated because too few women used a self-employed midwife.

The emergence of new institutions responsible for births and the creation of salaried work for Luxembourg midwives opened up some interesting prospects as regards the interactions between health and care workers in Luxembourg from the first third of the twentieth century.

Summary

Social aspects of the professionalization of midwives in Luxembourg (1800–1940)

At the beginning of the nineteenth century, the first graduates of French maternity schools established themselves as midwives in the Luxembourg area. For the students supported by grants belonging to the indigent class, and who were therefore in the majority in the school, the costs were borne by budget of the State and the municipalities. At first, midwives derived some prestige from their mastery of the rules of hygiene but technical and material constraints led them to abandon patients' homes and turn to maternity hospitals. These were equipped with sanitary equipment not often found in early twentieth century homes. Maternity hospitals also allowed midwives and doctors to develop more efficient logistics and cooperation.

Unlike their German counterparts, who banded together in associations to defend their interests, until recently the association of Luxembourg midwives has been less effective in promoting the feeling of belonging to an independent professional body. The emergence of new institutions responsible for births and the creation of salaried work for Luxembourg midwives opened up some interesting prospects as regards the interactions between health and care workers in Luxembourg from the first third of the twentieth century.

Milena LENDEROVÁ

The role, image and responsibilities of the midwife in Bohemia (19th and 20th Century)[1]

Abstract: *Following article reflects the social role, image and responsibilities of the midwives in Bohemia in the mid nineteenth up to the mid twentieth century, the period during which the position and image of the midwives significantly changed. In terms of time period the article analyses the time span when the professionalization of medicine is evolving to that extent that it begun also affect midwives: on the one hand, they remain personally connected with the female community and stand on the margin of the emerging obstetric science, on the other hand they became increasingly subject to official disciplinary authorities and regular inspections.*

Key words: *19th century – midwives – textbooks – delivery practices*

The midwife was perceived by her fellow citizens as part of the village, like (albeit with less respect) a priest, teacher, mayor; just as the parish priest, she was needed by all members of the local community. The midwife was a factor of both biological (extricating a baby from her mother's womb) and social birth (she was responsible for registering it with the Registry of Births, she held it at baptism, sometimes she was its godmother). She also participated in other techniques associated with the body: she assisted doctors in surgery, treated various ailments.[2] The position and image of the midwife in the 19th and 20th centuries (in the paper, we have focused mainly on the period from the mid-19th century to the period of the First Czechoslovak Republic) changed. This was due not only to the emancipation of the Prague midwifery school from the Faculty of Medicine during the second half of the 19th century, and later to the emergence of a new form of education, but also to the gradual progressive awareness of the midwives, which was related

1 This study was supported by Czech Science Foundation within the frame of project GAČR GA17-14082S Midwives: The Professionalization, Institutionalization and Performance of the First Ever Female Quallified Profession in the Course of Two Centuries.

2 Claude-Alexandre FOURNIER, *Odette Fournier, sage-femme. Attitudes réligieuses face à la naissance en Valais 1930 et 1970*, Labor et Fides 2010, p. 16.

to the advancing female emancipation. The awareness process led to the introduction of a new collocation "birth attendant" intended to replace the originally used "granny" or "nanny" (an obsolete Czech term for a midwife, slightly derogative; translator's note), to the establishment of the first professional organizations and the publishing of own periodicals. This process culminated with the November 1928 Act, which was a step forward despite certain imperfections: it extended professional education, supervision and funding thereof entrusted to the state, and clearly defined the position of midwives.

Sources

There are typologically different sources giving hints as to how the midwife should look like, what her qualities should be. They are, on the one hand, so-called midwifery rules, instructions, textbooks for midwives, which from the very beginning defined her image while helping create it, and health science journals written in layman's language, but also sources of personal nature, fiction, including satire[3], and, to a lesser extent, fine arts.

Setting standards of the profession

In comparison to those mentioned in manuals or regulations of the Enlightenment,[4] requirements for the physical and moral qualities of the midwife had not changed much by the end of the 19th century. Her ideal image was presented, mostly right in the introduction, in the textbooks intended for them. At first glance, it is clear to what extent the term "nanny" was already becoming an anachronism by the mid-19th century. Notwithstanding the regulations of the vicegerency (Statthalterei) authorizing the training of midwifery aspirants as early as 24 years old;[5] the authors of the midwifery handbooks contradicted themselves when asserting it was best to begin the practice in the "middle age", meaning the age between twenty and thirty. "A young lady is usually nutty, without the trust of the neighbourhood. An old lady is forgetful and often full of prejudices", the founder of modern Olomouc obstetrics František Mošner (1797 – 1876) explained in the 1840s.[6] According to another authority, Vojtěch Vyšín (1843 – 1916), the nanny should be "of a strong body

3 *Cf. e.g. Josef Kinematograf, Porodní babička. Solový výstup do rozjařené společnosti, pro starší dámu nebo pána, oblečeného do ženských šatů. Repertoiní číslo oblíbeného humoristy p. Václava Červenky a mnoha jiných komiků. Švábova knihovna*, Vlastním nákladem Jos. Švába v Praze III. b. d.

4 Daniela TINKOVÁ, *Tělo, věda, stát. Zrození porodnice v osvícenské Evropě*, Praha 2010, pp. 307-308, 431–432.

5 Vladimír PREININGER, *Sbírka zákonů a nařízení o zdravotnictví, se zvláštním zřetelem k zemím Koruny české*, Praha 1900, p. 667.

6 František MOŠNER, *Babictwj: gež we prospěch swých kraganek sepsal a wydal*, Olomouc 1837.

and middle age from the 24th to the 35th year."[7] While it was true that there were more and more women who began practicing before the age of forty, it does not mean that older women would have disappeared from the courses.

The normative list of the desirable characteristics of the nanny, "the characteristics of the body" and "the characteristics of the mind", was compiled in a complete form for the first time by František Mošner.[8]

Physical characteristics

These included requirements for the nanny's physical appearance, even those for the care of her of presence; they grew with the improvements of the education of midwives and increased hygiene requirements.

At first it was enough for the midwife to be healthy, strong and clean, for her body not to be covered with any "furuncles", suppurating sores; she was not allowed to have "festering gums from decayed teeth" or tonsillitis.[9] Emphasis was placed on calluses-free hands, with short cut nails.[10] The invocation of cleanliness throughout the nineteenth century was not unreasonable: the deadly danger of puerperal fever remained a common reality: in 1896, out of 226,062 births, 541 women fell ill with it, 398 of whom died, which meant 1 death to 568 births.[11] Poděbrady physician Bohumil Bouček (1850 - 1926) observed the occurrence of puerperal fever in his place of business, i.e. at home births, and came to the belief that the puerperal sepsis was "caused by the unclean hands of nannies," with "some of them being more dangerous than the other."[12]

Textbooks from the late 19th century urge nannies to have regular baths and frequent change of clothes. They were to take care of their personal cleanliness day and night - after all, they could have been called for a birth at any time.[13] The emphasis on hygiene intensified with the onset of bacteriology, so a textbook written after the adoption of the Auxiliary Obstetrics Practice Act is uncompromising in this matter: the midwife should take a bath at least twice a week, the hair "must be kept in proper shape, often combed, and at least twice a month washed with a foaming soap." Her clothes should be clean too - at least twice a week she was to change her underwear, and if possible wear the kind that can

7 Vojtěch VYŠÍN, *Babictví: učebná kniha o porodnictví pro báby porodní*. Olomouc 1888, p. 6.
8 František MOŠNER, *Babictwj: gež we prospěch swých kraganek sepsal a wydal*. Olomouc 1837, pp. 3-4.
9 Věstník věnovaný zájmům porodních asistentek republice Československé, 1936, No 2; únor 1936, p. 10.
10 Bohumil BOUČEK, *Úvahy a zkušenosti porodnické praktického lékaře*, Zvl. otisk z Časopisu lékařův českých, roč. 1906, Knihtiskárna dra Eduarda Grégra a syna, Nákladem vlastním, Praha 1906, p. 17.
11 B. BOUČEK, *Úvahy a zkušenosti porodnické praktického lékaře*, p. 17.
12 B. BOUČEK, *Úvahy a zkušenosti porodnické praktického lékaře*, p. 23.
13 Václav RUBEŠKA, *Porodnictví pro babičky*, 5th revised edition, Praha 1919, p. 12.

be boiled. Her dress should be bright, washable short-sleeved cut dress, with a big white apron over it, and a smooth white cap on her head.[14]

The hand as a basic midwife's tool is in the visual field of all authors from the late 18th to the 20th century. It was already Antonín Jungmann (1775 - 1853) that spoke of "a hand sensitive beyond measure,"[15] and no less important was the role of the midwife in newer textbooks. According to Václav Rubeška (1854 - 1933), Professor of the Imperial-Royal Midwifery School in Prague, obstetrics novices are to work "with flexible, undisturbed, sensitive fingers covered by healthy skin.[16] For this reason, the assistant should be careful when doing household chores: she should use "sterile rubber gloves" during the actual performance.[17]

Progressive regulations on the hygiene of the midwife did not consider the reality too much. The personal hygiene of the midwife (but also that of the expectant mother) depended on access to water; it was not uncommon between the two world wars that it had to be brought from outside into country buildings, and sometimes even into city dwellings. And the material status of the midwives certainly did not allow them to hire a domestic help. They usually did all the rough household chores by themselves, and moreover many of them worked - even if only seasonally - in the field, in the garden, or they took care of domestic animals. It is evident that this workload had an impact on their hands.

Characteristics of the mind

According to handbooks from the first half of the 19th century, the midwife was supposed to be literate, have a good memory, be capable of sound judgment. Other desirable personality traits included dutifulness, carefulness, discreetness, moderation.[18] Also faith in God, prudence, patience, compassion, honest and moral life, humility.[19] The emphasis on professionalism was growing only slowly (so, with the often-low number of births delivered by midwives each year, it was not a matter of course) as well as the ability to confront all prejudices and superstitions.[20]

Starting from the turn of the century, demands for pre-school education had been rising - as a consequence of the 1869 School Act, there is an imperative of having graduated

14 František PACHNER – Richard BÉBR, *Učebnice pro porodní asistentky*, Praha 1932, p. 8–10.
15 Jan Antonín JUNGMANN, *Úvod k babení*, Praha 1804, p. 3.
16 V. RUBEŠKA, *Porodnictví pro babičky*, p. 2.
17 F. PACHNER – R. BÉBR, *Učebnice pro porodní asistentky*, p. 9.
18 F. MOŠNER, *Babictwí*, p. 3-4.
19 Jan STRENG, *Učebná kniha o porodnictví pro babičky*, Praha 1870, pp. 3-4.
20 Čeněk KŘÍŽEK, *Českým paním. Pravá pomoc v těhotenství, při porodu, v šestinedělí a při ženských nemocech*, The third edition was edited by dr. Otakar Zuna, Praha 1902, p. 110.

from a Bürgerschule or completing at least eight Volksschule years. There were also new requirements: Václav Rubeška, who has been the head of an independent Imperial-Royal Midwifery Clinic in Prague since 1891, emphasized the indispensable mission of the midwife before, during and after the parturition, but also as a "link between the sick woman and the doctor." According to him, the midwife was to watch over the woman's health throughout her life, she was to make good use of the fact that women trusted her more and confided difficulties to her that they could not explain to the doctors because of their natural shyness. Rubeška also emphasized the necessity of the basic gynaecological *know-how* and urged his pupils to assist in gynaecological operations, despite the bans by the management of the medical clinic.[21]

Even older literature had warned against the negative characteristics of midwives: they were not to be conceited and ambitious, envious and gossipy, alcoholics and superstitious.[22] Midwives had already been forbidden to drink alcohol by medieval town orders, and the fact that this requirement was repeated as late as the second half of the 19th century shows that the affection of midwives for alcohol persisted. An undesirable quality was excessive talkativeness or even gossiping.[23] Not only older, but also newer handbooks appeal for respect for medical confidentiality: midwives are nowhere to talk about what they have seen in their clients' homes.[24]

Midwife duties and responsibilities

Candidates applying for obstetrics familiarized themselves with their duties and responsibilities on both the theoretical and the practical part of the course they completed. To prove that they had understood and agreed with them they took an oath (a vow since 1874), which reflected the period legislation. To make sure they did not forget what they had sworn (the authors of older handbooks made no secret of their distrust of the midwives' intellectual faculties), it was part of almost all midwifery textbooks.

The somewhat ambiguous wording of the imperatives was given an obligatory form by the Ministry of the Interior's instructions based on the 1870 Health Act. Of course, it retained the requirement to serve women in labour at any time, regardless of their status, age, material situation or residence. It was certainly a humane request, but not from the midwife's point of view. Until the introduction of social insurance, she was in constant

21 Antonín OSTRČIL, *Prof. dr. V. Rubeška sedmdesátníkem*, Věstník věnovaný zájmům porodních asistentek republice Československé. Y. XII, No. 2. February 1924, pp. 2–4.

22 J. STRENG, *Učebná kniha o porodnictví pro babičky*, pp. 3-4.

23 Č. KŘÍŽEK, *Českým paním*, p. 110.

24 V. RUBEŠKA, *Porodnictví pro babičky*, p. 2.

danger of being unpaid. Poor families could not usually pay, the rich often did not want to, or at least tried to slash the expected fee to the lowest amount possible or "pay" in kind. Especially in the country, there persisted efforts to make the midwife work for pittance. In 1922, one of them asked a farmer who lived about an hour away from her dwelling for 150 korunas for delivery and postnatal treatment. The mother of the farmer refused this with the argument that she herself "did not pay for the births of all her children as much as her daughter did for the only one."[25] The 1870 Health Act established uncompromisingly for municipalities to pay for poor women in labour, but they were usually unwilling to do so. Unpaid childbirth and subsequent treatment of the new mother threatened the very existence of the midwife - yet it seems that the refusal to help was rare and was considered to be a violation not only of the regulations but also of professional honour.[26]

In registry-related matters, the midwife had to cooperate with the parish office, had to be able to perform emergency baptism (and know when it could be performed and when not), she worked with the nearest physician as soon as childbirth showed pathological features. The "office" of the midwife also included assistance to the investigating authorities when they suspected a crime of abortion, killing or abandonment of the new-born.[27] Handbooks from the second half of the 19th century provide precise instructions on how to perform this "examination" and what symptoms to follow.[28] In the years of the First Republic, similar matters were entrusted to forensic medicine.

The duties and responsibilities of the midwife did not end with the childbirth and postnatal treatment of the mother and the child, they included cooperation in the baptism of the child, accompanying the mother to the labour (these duties are left out in newer handbooks), especially watching the mother and child throughout the puerperium.[29]

In the new instructions (issued by the Ministry of the Interior since 1870), there is a stronger call for the midwife's obligation to summon medical assistance for any deviation from physiologically-based childbirth. Any suspicion of "expulsion of the foetus" had to be reported to the police. She herself was not allowed to commit anything like that, otherwise she would be "severely punished under the Criminal Law." The instruction also required the cooperation of the midwife with the police or the court.[30]

A regulation of the Ministry of the Interior of June 4, 1881[31] added further clarification: the midwife was to "stay with the puerpera after every regular birth for at least three hours

25 *Věstník věnovaný zájmům porodních asistentek*. Y. 10, No 7–8, July – August 1922, p. 7.
26 *Věstník věnovaný zájmům porodních asistentek*. Y. 9, No 1, January 1921, p. 4.
27 J. STRENG, *Kniha babická*, p. 3.
28 J. STRENG, *Kniha babická*, p. 273.
29 J. STRENG, *Kniha babická*, p. 327.
30 Retrieved from https://is.muni.cz/do/1499/el/estud/praf/ps09/dlibrary/web/rs.html
31 *Nařízení vydané od c. k. ministerium záležitostí vnitřních dne 4. června 1881, jímžto se vydává revidovaná instrukce bábám porodním. C. k. tiskárna dvorská a státní.* 1881. 19 p.

after removing the placenta." Paragraph 19 mandated to record the course of birth in the so-called tables of the born (the midwife bought them at a district or municipal office, filled them out, signed them and handed in to the superior physician; they were used for statistical purposes) and in a diary, on the pastedown or the first page of which there was an official confirmation of the midwifery qualification.[32]

The new regulation was issued by the Ministry of the Interior together with the Ministry of Culture and Teaching in 1897.[33] Emphasis was placed on the midwife's prenatal care of the expectant mother: she was to examine her during her pregnancy, inform her about somatic changes related to pregnancy, become acquainted with her state of health. The regulation responded to the dubious practice of the "abortionists" by prohibiting the births in the midwife's apartment.[34] This regulation was still in force during the First Czechoslovak Republic.

Starting from 1899, a new duty fell upon the practising midwives - or, more precisely, it was supposed to: the decree of the Ministry of the Interior of September 30, 1899 No. 29969 established revision courses for midwives to be subsidized by the provincial committee. They were to be attended by those who had completed the course a longer time ago, or those who had committed a professional misconduct. The regulation was repeated in the 1928 Act, but it does not seem to have been any great interest in the revision courses or that the superior authorities were able to enforce it.

As the demands on the qualifications of midwives grew, the ideas about their responsibilities hypertrophied. They were expected to engage in health education, especially modern knowledge of infant care, advise women when suspecting some gynaecological (and other) illnesses, help with the care of newborns, they were to be the promoters of vaccinations.[35] Simply expressed, the midwife was expected to be "not only a helping hand during childbirth, but also an important health counsellor to mothers and oftentimes a significant health care professional in the village."[36]

This escalating disciplination of midwives and birth attendants was challenged by the lack of mechanisms to promote it. Midwives were punishable only on the basis of the then valid criminal act of May 27, 1852, "on the expulsion of the foetus from life" (the relevant

32 *Nařízení vydané od c. k. ministerium záležitostí vnitřních dne 4. června 1881, jímžto se vydává revidovaná instrukce bábám porodním. C. k. tiskárna dvorská a státní.* 1881. 19 p.

33 *Služební předpisy pro porodní báby. Vydané nařízením c. k. ministeria věcí vnitrných, ze dne 10. září 1897.* Praha 1897.

34 Vladimír PREININGER, *Sbírka zákonů a nařízení o zdravotnictví, se zvláštním zřetelem k zemím Koruny české*, Praha 1900, pp. 677 – 679; J. STRENG, *Kniha babická*, p. 327; Milena LENDEROVÁ, *Od porodní báby k porodní asistentce*, Theatrum historiae 1, Pardubice 2006, p. 133.

35 V. RUBEŠKA, *Porodnictví pro babičky*, p. 1.

36 Ibid, p. 1.

archive collections are indeed abundant in orders to prosecute these "abortionists"[37]), which the political left vainly attempted to amend in the years of the First Republic, but the dealing with other doubts depended on the energy and determination of the superior physician. Any prosecution of midwives for other misdemeanours or offences than foetal expulsion is only rarely documented.[38] So, in the records, we can find complaints about midwives who have insufficient knowledge, "do not strictly observe the requirements of cleanness," do not send for a doctor in time and engage in "selling multifarious kinds of tea."[39] Apparently, these complaints were all that was done.

Reflection and self-reflection of the midwife

While it is not difficult to reconstruct how normative requirements on the characteristics, behaviour and appearance of the nanny, later midwife or birth attendant, changed in the course of about one and a half century (or did not change in a number of features), the question of how grandmothers perceived themselves and how they were perceived by their surroundings is much harder to answer.

The overwhelming majority of midwives - as well as attendants - were poor, they did not have any economic and therefore no (or very weak) social capital. The clientele usually made it quite clear. In addition - except for educated expectant mothers or families, but they formed a minority of those treated - most of the clients did not know the range of duties officially defined for midwives, which certainly did not include making lunch or washing children's clothes. So, it depended on the social intelligence (which was certainly not superabundant in the unskilled rural classes), how the family would treat the midwife and what the family would demand from her.

No wonder midwives had a reason to bemoan. However, their complaints can only be captured, quantified and qualified when they had found their platform, that is, in the process of developing their self-awareness, which led to the emergence of the first professional organizations and journals, *Časopis porodních babiček,*[40] and especially *Věstník Ústřední jednoty porodních asistentky.*[41] Both journals pointed to the undignified status of

37 Compare with SOkA Rychnov, OÚ Rychnov, kar. 481, inv. 4. 1411, Porodní báby; SOkA Zlín, AM Zlín, inv.č. 759, sg. 61, Porodní asistentky, kart. 497 etc.

38 B. BOUČEK, *Úvahy a zkušenosti*, pp. 24 – 25.

39 SOkA Rychnov n. Kn., OZ Kostelc n. Orlicí, sg. 5/12, Inv. No 268, Stav porodních bab 1903, kar. 24.

40 From 1907, *Časopis porodních babiček* was published, subtitled *Odborný list por. babiček pro Moravu, Čechy a Slezsko*. Its editorial office and administration were in Brno. It was published once a month and mainly reflected the situation in Moravia.

41 *Věstník věnovaný zájmům porodních babiček*, monthly, later renamed to *Věstník Ústřední jednoty porodních asistentek*, was founded in May 1912.

the profession, the limited education of its members, their extremely difficult working conditions, the insufficient fees and the financially unsecured retirement. It was here where it was said for the first time that the craft of the midwife, which was supposed to bring healthy children to the world and care for the health of mothers, in itself refutes the health imperative. Not even a town-based midwife was able to keep a regular diet, even though her clientele was usually within a few minutes of walking. And what about a country-based midwife, who often attended to the whole parish, or even adjacent localities. The journey to the mother-to-be was often four or more kilometres, which she had to walk in any year or day time, or rather night time, in any weather, with a heavy bag in her hand… Most births took place at night, and during the day she had to attend puerperas. None of the authors of the textbooks for midwives were taken aback by this fact. It was only the First-Republic feminism that took possible health risks into consideration - in one of the publications dedicated to woman's work, the author points out that rheumatism is a common disease in this profession.[42]

If we look into the reports prepared by local authorities from time to time, we can see that midwives kept practising till old age. At the turn of the year 1902, there were 36 midwives practising in the Kostelec nad Orlici District Court. The oldest was 79 years, she completed the course in her 50. The second oldest was a 71-years-old midwife, other six were over 60 years old. The largest group (11 people) were women over 50.[43]

"The midwife is still the subject of crude and gormless pub jokes, often evoked by the obsolete term 'birth nanny'"[44] one of the *Věstník* correspondents complained. Indeed, it seems - at least on the basis of the very rare testimonies of personal sources, that the midwife, albeit most needed in the village, did not enjoy too much respect. Thin testimonies represent a neutral stance on one side and a negative one on the other - I have not found anywhere an expressly positive assessment or appreciation of the midwife's work. Journalist and author of memoirs Albína Palkosková-Wiesenbergová (1908 - ?) remembers the births of her grandmother and mother, women of the affluent middle class, that were always attended by a doctor. The birth nanny (midwife), later an attendant, actually only assisted there: Albína's mother Emma was born on July 31, 1883 at home, with the attendance of an obstetrician and a birth nanny.[45] Changes did not come with the beginning of the new century either: "we could not go to the hospital, Doctor

42 Juliana LANCOVÁ (ed.), *Kniha ženských zaměstnání*, Praha 1929, p. 253.

43 SOkA Rychnov n. Kn., OZ Kostelec n. Orlicí, Inv. No 268, sg. 2/12, kar. 24, Stav porodních bab 1903.

44 Věstník, No 6–7, June, July 1919.

45 Albína PALKOSKOVÁ-WIESENBERGOVÁ, *Tři životy. Osudy žen staropražského rodu*, Praha 1998, p. 31.

Chvojka[46] wipes his sweaty forehead, passes the child to midwife Hedvika Krásová from Smíchov.[47]

Actress, writer and translator Eva Vrchlická (1888 – 1969) tried so hard to give a poetic description of her own birth that her testimony lost its evidential force: "At the beginning of June[48] I got a little girl. It was Friday - my day - three o'clock in the morning. It was almost daylight. A blackbird was sitting on the opposite roof, singing at the top of its voice. The lady who cared for us had a creamy blouse with black velvet ribbons and a fresh, pink spick-and-span apron. She showed me the baby."[49] At least we know that the midwife had dressed herself up for the birth of the famous poet's daughter.

The memoirs of Josef Jungmann's granddaughter, Marie Strettiová (1876 – 1953), testify to the fact that, especially in smaller locations, midwives, whose practices - due to their age - were still rooted in the infancy days of obstetrics, or paediatrics. A certain midwife in Plasy in the Pilsen region actually bragged about swaddling the newborn so hard that they "could throw it over the roof".[50]

It was especially educated women who showed distrust in the midwife: either they called a doctor (from the beginning of the 20th century a woman doctor could also be called) or they did not care about the midwives' counsels, as was the case with Bronislava Herbenová, the wife of a journalist and a graduate of a teacher's institute: "As for my children, I have never submitted to the midwife, I managed everything myself and energetically."[51] Indeed, it might have been like that.

Conclusion

We have studied the period when the professionalization and medicalization of the society had passed the first, decisive stage, and continued during the second half of the 19th and the first half of the 20th century. The professionalization of medicine is deepening, the medical field is dominated not by "doctors" or "obstetricians", but by "gynaecologists", "internists", "ophthalmologists", "balneologists", etc. Professionalization also affects midwives: on the one hand, they remain connected with the female community, stand outside the emerging obstetric sciences, on the other hand they are increasingly subject to official authority and

46 MUDr. Antonín Chvojka, 1865 – 1959, gynaecologist, director of the Institute for the Protection of Mothers and Children in Prague. Field-related written works, also published in journals.

47 A. PALKOSKOVÁ-WIESENBERGOVÁ, *Tři životy*, p. 125.

48 Eva Vrchlická's daughter was born in 1911.

49 Eva VRCHLICKÁ, *Cestou necestou. Kniha vzpomínek*, Praha 1946, p. 178.

50 Marie STRETTIOVÁ, *O starých časech a dobrých lidech*, 2nd Edition, Praha 1940, p. 264.

51 *Z deníků Anny Lauermannové-Mikschové. Ed. Tereza Riedelbauchová a Eva Farková*, Praha 2014, pp. 253-254.

regular checks. The midwives' craft, in many cases, remains merely "extra income", as it was the case in the 18th and early 19th century, but at the turn of the 19th century, self-confident representatives of the profession emerge, aware of their own value, calling not only for better education but also for recognition of their own dignity.

Summary

The role, image and responsibilities of the midwife in Bohemia (19th and 20th Century)

Analysis of the role, image and responsibilities of the midwives in Bohemia in the mid nineteenth up to the mid twentieth century. In this period the position and public image of the midwifery significantly changed. This was caused mainly due to the gradual progressive professional self-awareness of the midwives, which was related to the advances of female emancipation process. This culminated with the November 1928 Act (Auxiliary Obstetrics Practice Act), by which were extended commitments regarding the professional education system of midwives, administrative supervision and funding of the profession were entrusted to the state. Implications of this legislative processes clearly defined the position of midwives. The article is based on typologically various sources, on so-called midwifery rules, instructions, textbooks for midwives (which defined professional standards of the midwifery practice), on medical scientific journals, but also on sources of personal nature (which were analysed for the purpose to construct the reflection and a self-reflection of the midwives´ everyday reality).

In terms of time period the article analyses the time span when the professionalization of medicine is evolving to that extent that it begun also affect midwives: on the one hand, they remain personally connected with the female community and stand on the margin of the emerging obstetric science, on the other hand they became increasingly subject to official disciplinary authorities and regular inspections.

Hana STOKLASOVÁ

From Midwifery to Birth Assistance: Midwives' Practice in the First Half of the 20th Century in the Czech Lands[1]

Abstract: *The paper deals with midwives' practice in the first half of the 20th century. The issue is based on the analysis of serial sources, so-called birth diaries. The research analyses ten series of birth diaries in the pre-printed form in which the midwives recorded information on the course of deliveries. The diaries are kept in Czech and Moravian archives and provide data on obstetric practice in various regions of the Czech lands. That makes it possible for us to compare the circumstances under which the midwives worked as well as their performance in different geographical, demographic, and social conditions, both in industrial and agrarian areas. The obtained data provide answers to several questions, e.g. the beginnings of assistants' careers, their performance, the social structure of their clientele, as well as medical aspects of obstetric practice and cooperation with physicians. The research attempts to define the links between these indicators and also focuses on the financial gains of the midwives in their obstetric practice.*
Key words: *19th century history – midwives, income – statistics of deliveries*

While the topic of midwives, midwifery, and obstetrics became firmly established in European professional literature as early as the last third of the 20th century[2], it has only been the subject of research in Czech historical science in the last few years. Initially, it was given rather marginal attention in connection to other issues, such as the research into folk culture, ego documents, or the rites of passage.[3] The topic has only been explored more deeply by Hana Jadrná Matějková for the early modern

1 This study was supported by Czech Science Foundation within the frame of project GAČR GA17-14082S Midwives: The Professionalization, Institutionalization and Performance of the First Ever Female Quallified Profession in the Course of Two Centuries.

2 For a basic overwiev of foreign literature on the topic of midwives and obstetrics, see Vladan HANULÍK, *Porodila šťastně děvče... Porodní deníky čtyř porodních babiček z 19. století*, Pardubice 2017.

3 Comp. Alexandra NAVRÁTILOVÁ, *Narození a smrt v české lidové kultuře*, Praha 2004.; Miroslava MELKESOVÁ, *"…skrze něž Pán Bůh svět, církev i nebe množí…" Raněnovověké venkovské šestinedělky, porodní báby a kmotry*, in: Milena Lenderová – Jana Stráníková – Kateřina Čadková (eds.), Dějiny žen aneb Evropská žena od středověku do poloviny 20. století v zajetí historiografie, Pardubice 2006, pp. 263–289; Tereza DIEWOKOVÁ, *"Voják se bitvy nebojí, tak ani já se nebojím svého porodu" aneb vnímání porodu na konci 18. a na počátku 19. století*, in: Martin Nodl – Daniela Tinková (edd.),

period and Daniela Tinková for the Enlightenment.[4] In the last three years, midwifery has become the main topic of a scientific project supported by the Grant Agency of the Czech Republic (GAČR) implemented by a research team led by prof. Milena Lenderová at the University of Pardubice.[5] The project also included the research into the birth diaries kept by midwives in the first half of the 20th century and preserved in both Czech and Moravian archives. These unique sources, although not many have been preserved, have considerable informative value as they map the development of obstetric practice from the late 19th century to the early 1950s when obstetrical care was finally institutionalized and integrated into socialist health care. The presented article is based on an already realized research in the course of which the so far discovered and available diaries were examined and analysed to map the lives, activities, and performances of particular midwives in the context of their localities. In this text, we will try to generalize the previously acquired data to determine some general characteristics that were typical of the activities of midwives in the Czech lands in the first half of the 20th century.

Since midwives were present at the crucial moment of the baby's arrival, their activities had received increased attention since Christian antiquity. In the Czech lands, the first legislative measures concerning midwives are found in early-modern obstetric manuals and also in church ritual rubrics where attention is paid to the information to midwives on so-called emergency baptism. However, it was only the Enlightenment monarchs who defined clear rules for practising midwifery and laid the foundations of modern legislation in obstetrics. These rules also contained the obligation for midwives to be educated in so-called midwifery courses that were offered by medical faculties of existing universities. Thus, the system of obstetric education began to be formed, which contributed to the gradual medicalisation of childbirth and caused gradual decline of midwifery resulting in the transfer of competence from midwives to physicians. In the first half of the 20th century, childbirths, so far carried out in the home environment, began to get under medical control

Antropologické přístupy v historickém bádání, Praha 2007, pp. 53–68; Hana STOKLASOVÁ, *Katolické přechodové rituály v českých zemích v "dlouhém" 19. století*, Pardubice 2017, pp. 119–126.

4 Hana JADRNÁ MATĚJKOVÁ, *"Slovou a jsou ony nás všech veliké matky" Porodní báby a jejich role v raně novověké společnosti*, Historica Olomucensia, No 39, 2011, pp. 51–62; Ibid, *"Vzdávej lékaři patřičnou úctu, neboť i jeho stvořil Hospodin." Tolerance v rámci kompetenčního sporu mezi porodními bábami a lékaři porodníky v raném novověku?* Theatrum historiae 13, 2013, pp. 93–106; Ibid, *"A tak mají báby rodícím ženám kazatelkyně býti." Duchovní rozměr v úloze porodních bab v českojazyčné babické literatuře raného novověku*, in: Jedinec a evropská společnost od středověku do 19. Století, Olomouc 2014, pp. 311–328; Ibid *"Neznalé" báby a "vzdělaní" lékaři? Konstrukce (ideální) porodní báby a strategie vytváření autority ve spisech autorek a autorů raně novověkých porodnických příruček z německojazyčných oblastí*, Praha 2016; Daniela TINKOVÁ, *Tělo, věda, stát: zrození porodnice v osvícenské Evropě*, Praha 2010.

5 GAČR, grant project 17-14082S Porodní báby: profesionalizace, institucionalizace a výkon historicky prvního ženského kvalifikovaného povolání v průběhu dvou staletí, 1804–1948. (*Midwives: Professionalization, Institutionalization and Performance of the First Female Qualified Profession in Two Centuries, 1804–1948*).

to be completely transferred to the hospital environment at the beginning of 1950s. Owing to the surviving diaries, the course of this process can be observed very well.

The birth diaries analysed during the research are a historical source that originated at the end of the 19th century, although it had its predecessors too. The birth diaries, or better midwives' private observations on childbirths, have been documented even in the previous period when the official registering obligation was not yet in force. Czech and Moravian archives yielded up four birth diaries of this type from 1842–1898. They were written by midwives Anna Vondráčková from Choltice, Anna Bicanová from Týn nad Vltavou, Anna Štěpánková from Zašová, and Marie Chejstovská from Ledeč nad Sázavou. The analysis and edition of these diaries was the first output of the said research grant.[6]

It was ordered during the inspection of midwives' activities in 1881 that the course of births be recorded in the so-called birth charts.[7] Midwives obtained the charts at either the district or municipal council, and having filled them out, they passed them to their senior physician. However, the instructions also allowed keeping a birth diary provided that the midwife could write, which was generally to be assumed given the obligation to attend midwifery courses.

The introduction of pre-printed form diaries, which will be discussed in this study, dates back to 1897 when the Service Regulations for Midwives were published stipulating the obligation to keep a diary and fill in the charts.[8] Although the set of surviving diaries contains two which date back to 1898, when the directive came into force, the research suggests that it took some time before the practice had settled and midwives had taken keeping of a diary for granted. The new diary had a set form containing boxes for up to 30 childbirths, the course of birth being rather exactly defined through sections to record the labouring woman's name, status, age, religion, and address, the number of the birth, the time of midwife's arrival at the woman in labour, exact time of birth and placental expulsion, child's position, sex and approximate weight, the month of pregnancy in which the child was born, the state of the mother and child immediately after the delivery, the course of the puerperium, the presence of a physician at birth and his/her name.[9] Such a detailed description of the birth provides a wealth of information to answer questions about midwives' activities and the ordinariness of the birth process. The information describes not only the performance of midwives and health aspects of delivery but also the social and economic conditions in the regions where midwives worked. Although only

6 V. HANULÍK, *Porodila šťastně děvče*.

7 *Nařízení vydané od c. k. ministerium záležitostí vnitřních dne 4. června 1881, jímžto se vydává revidovaná instrukce bábám porodním*, Praha 1881.

8 *Služební předpisy pro porodní báby vydané nařízením c. k. ministeria věcí vnitřních ze dne 10. září 1897 (ř. z. č. 216)*, Praha 1897.

9 *Ibid*, pp. 38–41.

ten diaries with sufficient data for relevant research have been preserved, the resulting analysis has produced interesting results that we will try to present below.[10]

Table 1 summarizes the basic data on analysed diaries and their authors, as well as the details on the nature of the localities where the diaries were kept. The order of the diaries in the table is determined by the length of practice, the number of diary books, and the number of recorded births.

Table 1 Overview of analysed diaries and their authors

Midwife	*Place and district of work*	*Number of diaries and dating*	*Number of births recorded in diaries*
Rohrová Marie	***Skuhrov nad Bělou, district Rychnov nad Kněžnou***	***33 diaries 1900–1940***	***968***
Mastilová Marie	***Černotín district Hranice na Moravě***	***26 diaries 1912–1953 (gap March 1942 – October 1944)***	***1086***
Fišerová Marie	***Hostomice district Beroun***	***30 diaries 1926–1954***	***883***
Schubertová Marta	***Hrádek nad Nisou district Liberec***	***24 diaries 1912–1946 (gaps 1934/35, 1940/41 and a part of 1942)***	***874***
Waleschová Františka	***Svojetín district Rakovník***	***6 books/36 years 1912–1946 (gap 1919/21)***	***639***
Švehlová Kateřina	***Horní Dubenky district Jihlava***	***22 diaries 1898–1909***	***657***
Hilschová Elsa	***Hrádek nad Nisou district Liberec***	***14 diaries 1920–1946 (gaps 1924/25, 1939/40)***	***575***
Hůlková Anna	***Kožlany district Plzeň-sever***	***18 diaries 1903–1947 (with numerous gaps)***	***564***
Maierová Františka	***Česká Skalice district Náchod***	***diary book / 11 years 1911–1922***	***425***
Mukenšnáblová Jana	***Chlumčany district Plzeň-jih***	***10 diaries 1921–1941 (with numerous gaps)***	***298***

10 The analysis of all preserved dairies makes up the second publication of the research team. The text also outlines the life stories of the authors of the diaries. I would like to thank my colleagues who participated in the creation of individual studies for the opportunity to use the data extracted by them. More in Hana STOKLASOVÁ, *Porodní bába? Asistentka?: porodní deníky z let 1898–1954*, Pardubice 2018.

Even at a glimpse, there are certain disproportions evident in the analysed sample. This mainly applies to the localities from where the diaries come. Almost all of them were kept in rural areas or smaller towns. No diary was found to record births in a larger conurbation. If we focus on the economic character of the localities which the diaries come from, we find greater variability. There are agrarian areas with local industrial production, the localities with more or less the same share of industrial and agricultural production, and purely industrial regions. Table 2 indicates the types of localities in which the individual diary series were kept.

Table 2 Economic and social character of the localities where the diaries were kept

Type of locality	Midwife, place of work	Locality specifications	Type of industrial production
Agrarian with local industrial production	Rohrová Marie Skuhrov nad Bělou	agricultural area at the foothills of the Orlické hory	foundries
	Mastilová Marie Černotín	an agricultural area at the edge of Hornomoravský úval	quarries, lime works
	Fišerová Marie Hostomice	an agricultural area at the edge of Pražská plošina	glove making, nail making
Locality with an equal share of agrarian and industrial production	Švehlová Kateřina Horní Dubenky	agricultural area in the middle of the Českomoravská vrchovina	glassworks
	Waleschová Františka Svojetín	an agricultural area at the edge of Pražská plošina	stone quarries, sand quarries
	Hůlková Anna Kožlany	industrial area at the edge of the Brdská pahorkatina	brickworks, black-coal mines
	Maierová Františka Česká Skalice	industrial area at the foothills of the Orlické hory	foundries, weaving mills, sawmills
Locality with prevailing industrial production	Schubertová Marta Hrádek nad Nisou	industrial area at the edge of the Lužické hory	textile industry, lignite mines
	Hilschová Elsa Hrádek nad Nisou	industrial area at the edge of the Lužické hory	textile industry, lignite mines
	Mukenšnáblová Jana Chlumčany	industrial area in the Plzeňská pahorkatina	coal mines, kaolin deposits

This division enables us to put the data obtained by analysing diary entries into a specific economic and social context and to define the differences between them.

The analysis of the diaries focused on the following: number of births in individual years, assistance of physicians and birth complications, maternal mortality, number of stillbirths and child mortality in puerperium, foetal monstrosity, multiple births, the time

between the arrival of a midwife to the labouring woman and the delivery, mothers' age, number of childbirths, social stratification of women in labour and their marital status, midwife's religion and range of action. We will mainly use these indicators for the purpose of this study which relates to the performance of the midwives (the number of performed births, the area of midwife's activities), the nature of the society served by the midwife (age, marital status, and social composition of women in labour), and health aspects of obstetric practice (maternal and child mortality in puerperium, number of childbirths, assistance of physicians). All data obtained will be related to the total number of births performed by individual assistants.

However, it has to be acknowledged that the relevance of the extracted information varies from one indicator to another, which is mainly due to the different approaches of midwives to keeping birth records. While some midwives were very conscientious about recording, others showed a laxer approach. This is most evident in the records relating to mothers' social status since midwives would most often determinate a woman's social status through her husband and record the profession of the father. Although we find the mother's occupation in some diaries, it is often defined very vaguely or only in case of single women, while other diaries miss this information at all. The indicators concerning mothers' age, childbirth, and religion are not always complete either. More trustworthy information relates to medical aspects of childbirths, as midwives were rather precise at documenting physicians' interventions and birth complications. Even the areas of midwives' scope of activities have been mapped well and reliably. The analysis of diary data shows that economic conditions and resulting social character of the locality were fundamental at affecting the structure of midwives' clientele. Based on the analysis of the diaries, three types of localities were defined in the above table with respect to the working area of the midwives the comparison of whose diaries showed obvious differences. Therefore, we will try to identify the features characteristic of midwives' activities in these localities and outline the problems that accompanied them in their obstetric practice.

The practice of birth assistants in agrarian areas with local industrial production

Regarding this type of locality, three of the ten researched diaries may be included herein. These are the diaries of Marie Rohrová from Skuhrov nad Bělou in the Podorličí region, Marie Mastilová from Černotín near Hranice na Moravě, and Marie Fišerová from Hostomice near Příbram.[11] Coincidentally, the records of the three midwives contain the highest

11 For a detailed anaylsis of these diaries, see Hana STOKLASOVÁ, *Porodní bába Marie Rohrová ze Skuhrova nad Bělou*, in: Hana Stoklasová (ed.), *Porodní bába? Asistentka?: porodní deníky z let 1898–1954*, Pardubice 2018, pp. 20–47; STRÁNÍKOVÁ, Jana, *Porodní bába Marie Mastilová z Černotína*, in: Ibid,

number of childbirths of all analysed diaries that reaches almost a thousand. However, each of the midwives began her practice in a different period.

Marie Rohrová began studying an obstetric course in Praha in September 1900, and already in October the same year did she record the first delivery in her diary that took place at the maternity hospital in Praha. In February 1901, she returned to Skuhrov nad Bělou to begin her forty-year practice (1900–1940), during which she wrote a continuous series of 33 diaries which show that she led 968 births during her career.[12]

Marie Mastilová studied a course in Brno, probably from September 1912 to February 1913. She assisted at five childbirths at the Brno maternity hospital, while all the other ones recorded in the diaries were performed at homes. Her practice, during which she filled in 26 diaries, lasted forty-one years.[13] Although the records of some births are incomplete and part of them is not recorded in the form-type diary, it could be reliably proved that she assisted at 1086 births.

Due to GDPR, it was impossible in the case of Marie Fišerová to obtain all the biographical data, so our findings are somewhat more modest. We are certain that she, like Rohrová, studied in Praha, but much later. Although she recorded her first childbirth in the diary in March 1926, it cannot be inferred with certainty when she finished the course. Assuming that the diary of 1926 was indeed the first one, it must have been at the turn of 1925–1926 at the earliest, which implies that she might have worked as a midwife for 28 years and, as in the case of Marie Mastilová, her private practice was terminated as a result of the centralization of socialistic obstetrics. It seems that two of Marie Fišerová's diaries are incomplete, so it could be ascertained that she led 883 births during her practice.[14]

Of course, the beginnings of all three midwives' careers were limited by family circumstances. Both Marie Rohrová and Marie Mastilová attended the course when they already had some children. Marie Rohrová was 22 years old and commenced the course in Praha after her husband and second daughter had died of tuberculosis. Therefore, it can be reasonably assumed that, by doing so, she was trying to solve the difficult financial situation of the family that *de facto* depended on the help of her parents. Marie Mastilová, too, began the course at the age of 22 when she already was a mother of two, and her motivation to

pp. 48–81; BOROVIČKOVÁ, Martina – VALOVÁ, Eliška, *Porodní bába Marie Fišerová z Hostomic*, in: Ibid, pp. 82–101.

12 State District Archives in Rychnov nad Kněžnou, collection of MNV Skuhrov nad Bělou, inv. No. 43/77-43/94, book No. 62–79, card 203. In addition to the diaries, the collection also contains Marie Noskova's certificate, 1901, inv. No. 43/76. The diaries were in the care of the family and were archived in Rychnov nad Kněžnou in the 1990s owing to Marie Rohrová's grandson, Miloslav Kouřím.

13 The museum a gallery in Hranice na Moravě, collection of Marie Mastilová, Documents: genealogical and biographical materials, non-inv. The diaries were handed over to the musem by Marie Mastilová's family, namely by Marie Kuběnková.

14 State District Archives in Beroun, collection of Marie Hájková Fišerová, The diary of a birth assistant No.1–30, 1926–1954.

enter the course in obstetrics was likewise financial. Her husband, Karel, came from an old peasant family, but his parents passed the right to farm to his younger brother while he lived with his wife at a peasant exchange from his parents and worked as an ordinary railroad employee. Therefore, there was no greater hope for the economic growth of the family. Besides, the proper wedding of Marie and Karel only took place three months after the delivery of their first child whom Marie gave birth to in the house of her parents. We can only speculate whether the marriage was postponed due to the disapproval of groom's parents because he had conceived his child with a girl who only served on their farm or whether it was delayed by something else.

Marie Fišerová, still Hájková by then, began her practice as a single woman. Her first diary comes from the time when she was 35 years old, and we know that it had taken her another two years before she, then aged 37, got married to a butcher, Tomáš Fišer. The inaccessibility of registers makes it impossible to verify whether she gave birth to some children even in such advanced years, but since there are two longer time gaps in her diaries during which she did not attend any births, we may assume so. The fact that Marie Fišerová remained unmarried for a long time may indicate that her decision to pursue midwifery was driven by an effort to become economically self-sufficient. Having married the butcher, whose trade was lucrative, she might not have had to deal with her financial situation as much, although we can only speculate about it.

Family circumstances and the number of children whom the midwives assisted at birth during their careers are the main aspects that affected the performance of their profession and the number of births they performed during their practice. This is clearly illustrated by the charts 1–3 below which show the midwives' performance.

Chart 1 Number of births delivered: Marie Nosková (1900–1940)

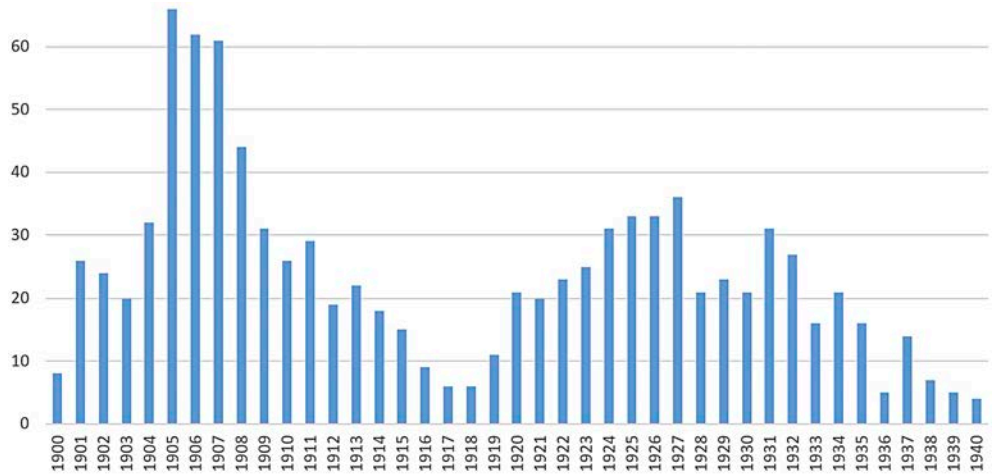


Chart 2 Number of births delivered: Marie Mastilová (1912–1953)

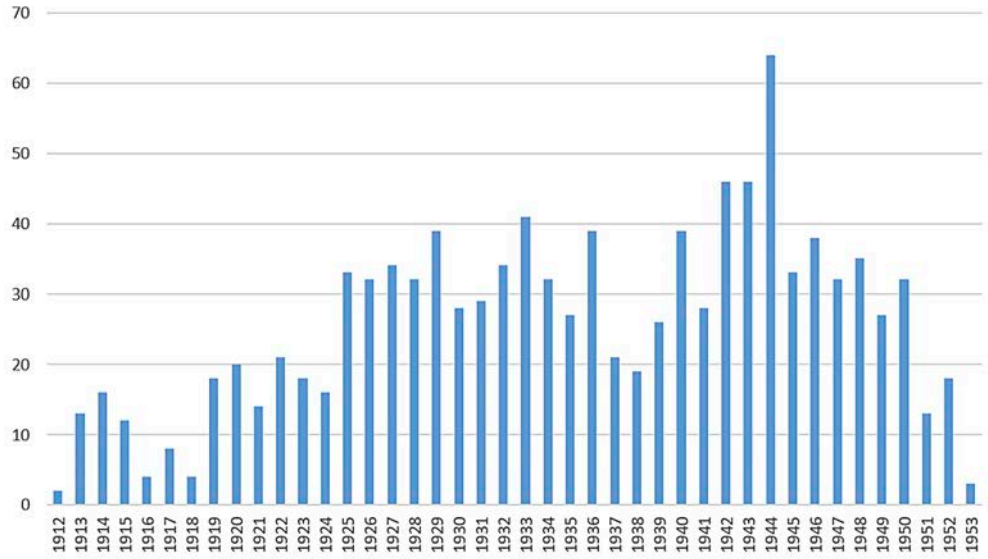
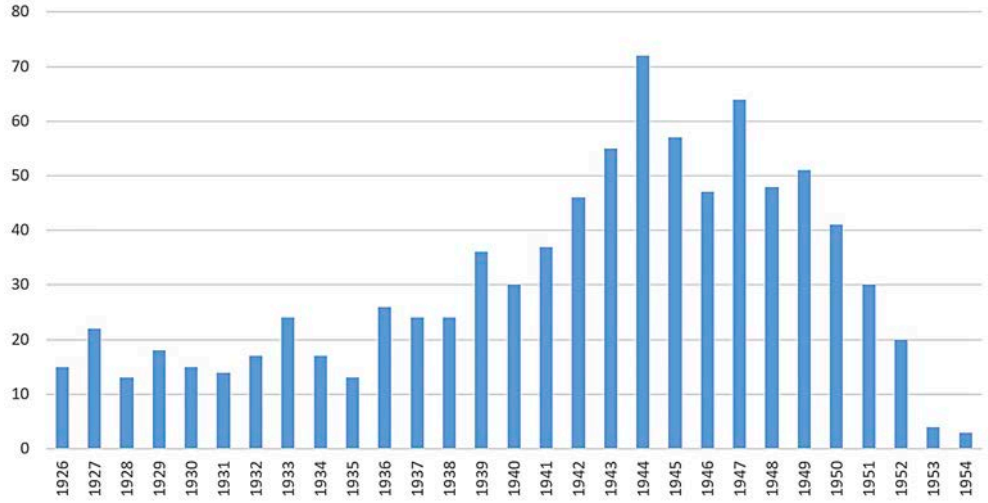


Chart 3 Number of births delivered: Marie Fišerová (1926–1954)



The charts show clearly that at the beginning of their careers, the three midwives served fewer labouring women, which was caused by the fact that it had taken them some time before they could establish their practice and gain sufficient clientele. Being an exception in this respect, Marie Rohrová commenced her practice quite vigorously as she was the only midwife around and managed to overtake almost completely the clientele of the midwives who travelled to the Skuhrov region from more distant villages. There were also

some family aspects since Marie Rohrová and probably even Marie Fišerová gave birth to two children during the first decade of their practice, the care for whom reflected itself in the number of assisted births. Marie Mastilová did not give birth to any more children in her marriage, but four years after she had begun her practice, she and her husband took over a farm after a deceased brother, which undoubtedly entailed several duties associated with seasonal farming that limited her obstetric practice. The last aspect to consider was the political situation in which the Habsburg monarchy appeared after the outbreak of World War I. Men leaving to the front line caused a significant drop in birth rates, which is evident in the performances of both Marie Rohrová and Marie Mastilová. During the three war years of 1916–1918, the number of childbirths led by both of them did not exceed ten. The charts with the data of both Marie Mastilová and Marie Fišerová also show that they led most births in the last decade of their practice. Naturally, this was due to the fact that they had had their maternity duties fulfilled, had gained enough experience from the previous practice, had a permanent clientele, and at the same time, they were at the peak of their physical strength. In both cases, this stage falls into the period when they were between 40 and 55 years of age. In case of Marie Rohrová, the tendency is similar, although she led most deliveries at the beginning of her career when, after the death of her first husband, she was looking after her little daughter trying to provide them both with the necessities of life.

We have already mentioned that the localities where the three midwives worked were mainly agricultural. This also affected the social composition of the midwives. It is surprising how the data from the diaries of Marie Rohrová and Marie Mastilová are similar, although the areas of their work were geographically quite far from one another. Both midwives recorded the occupation of each mother's husband, which gives us a good idea as to the social class to which the family belonged. The data extracted from the "Occupation" box is presented in Table 6.

Tab 6 Social stratification of Marie Rohrová's and Marie Mastilová's women in labour

Midwife	Farming population	Qualified professions, sole traders	Unqualified professions[15]	Intelligentsia	Other, not specified
M. Rohrová	45.9%	16.3%	31.6%	3.9%	2.3%
M. Mastilová	48.6%	18.1%	28%	1.8%	3.5%

The predominance of the farming population is evident as, in the case of both the midwives, half of the women came from this stratum. One third is represented by unqualified professions – unqualified workers (mostly from Porkert's foundries) predominate in the case of Marie Rohrová, whereas in the case of Marie Mastilová, they rather belonged to

15 Marie Mastilová also included the railway employees herein (5.9%).

unqualified farming population. A fifth of all fathers were sole traders or had a qualified profession, which resulted from the proximity of foundries and quarries where the workers, whether qualified or unqualified, worked and the sole traders provided their services. Both localities are consistent in showing a very low proportion of the intelligentsia, which even fails to reach 5% in this case. Also, the marital status of labouring women suggests that there was still a very traditional society in these localities, as about 95% of women would only deliver in matrimony.

Unfortunately, there is no such complete data in the case of Marie Fišerová. Owing to the fact that she only recorded the professions of mothers and not fathers, 88.5% of women in labour entered in her files are recorded as a "*housewife*". The remaining one-fifth of women mostly belonged among the unqualified or farming population (a worker, peasant, maid) or were sole traders (e.g. a seamstress, modiste, tailor, businesswoman, or hairdresser).

Given the large number of the farming population, it can be assumed that the women in labour in this stratum did not suffer from major food shortages and had better facilities than those from the working-class environment. This is also clearly illustrated by the statistics on maternal and infant mortality recorded in the diaries for the period of the puerperium. If we consider the data to be reliable, we may state that maternal mortality in the monitored localities was very low, approaching only 1‰ on average. Marie Rohrová recorded two deaths of women in labour in 968 deliveries, Marie Fišerová likewise two deaths in 883 deliveries and Marie Mastilová encountered no case of mother's death during her whole practice. Undoubtedly, the reason was adequate nutrition of mothers in typically agricultural localities together with the functionality of the established midwifery system, in which the care for women in labour was relatively well ensured under the given conditions.

Naturally, infant mortality shows higher numbers since it includes stillborn children and those who died in the puerperium. Infant mortality in Marie Rohrová's records reach 4.9%, in Marie Mastilová's 5.6%, and 4.3% in Marie Fišerová's. The figures suggest that maternal well-being was reflected in the health of the newborn. However, the low infant mortality rate also attests to the help of experienced assistants capable of dealing with a number of birth complications.

The low maternal and infant mortality rates were also affected by labouring women's age and the number of childbirths they had undergone. Agricultural areas were characterised by a higher number of births and also by the fact that more mothers gave birth at a younger age.[16] The comparison of the data is somewhat distorted by the fact that Marie Rohrová failed to record the age of 14% labouring women, which is a relatively high number. The reasons for the missing records remain unknown to us and they are striking since Marie Rohrová was very conscientious at keeping her diaries. If we compare the age of women

16 To express this statistic, the following age cohorts were established: 16–20 years, 21–25 years, 26–30 years, 31–35 years, 36–40 years, 41–45 years, and 46–50 years.

in labour, we find that about 60% of births were concentrated in two age groups – most women gave birth between 26–30 years of age (about 30% on average) and between 21–25 years of age (about 25%). This was probably due to two factors, namely to the age of majority that was 24 years of age by 1919 only to be reduced to 21 after the foundation of Czechoslovakia, and also to the economic self-sufficiency which pushed marriage and hence even the birth rate to a higher age. This is evident from the fact that, on average, 25% of mothers would deliver their children between 30–40 years of age. The number of childbirths after the age of forty drops sharply. In case of Marie Fišerová, the data in the lowest age group of 16–20 years are out of the average as there were 10% of births recorded, which is a relatively high number.

The numbers of childbirths in the diaries of the three assistants were quite high and similar. Prevailing were the deliveries of primiparae, which accounted for about 30% of all childbirths, followed by the deliveries of sekundiparae that totalled approximately 25%. The number of women in labour who delivered for the third time was between 15–20%, about 10% in the case of the fourth delivery, respectively. It was not unusual in these localities that 20% of mothers delivered more than four times, and in case of about 2–3% of women in labour, we even have records of nine- to thirteen-fold childbirths.

Interventions by physicians in standard childbirths had not been common in agrarian areas yet. This is particularly evidenced by the data from the diaries of Marie Rohrová and Marie Mastilová, where more than 95% of deliveries were led by an assistant only, 4% being complicated deliveries necessitating the presence of a physician. There is no physiologically normal birth that would be led by a physician. Therefore, we can assume that the majority of the population still considered the presence of a physician at uncomplicated childbirth unnecessary and that midwives still enjoyed a fairly high level of trust in general. Moreover, a physician was not always at hand in the mountains, at foothills, and in peripheral areas, and it was even more difficult to get to a labouring woman in winter. Also, physician's intervention was more expensive, which was a significant problem in socially weak strata. Municipalities tried to make medical care more accessible and therefore subsidized it, but only as late as in the 1920s and 1930s. This is evidenced by the data from the diary of Marie Fišerová who began her practice at this time. Herein, the interventions of physicians in uncomplicated deliveries are already routinely recorded – a physician was present at 17% of childbirths, a third of which were physiologically normal deliveries. This trend was already well documented in previous periods in larger towns and cities from where it gradually spread to the countryside. Indeed, the locality where Fišerová practiced her midwifery was quite close to Praha.

The last indicator we will pay attention to is the assistants' area of work. The research shows that some localities had enough assistants who competed quite strongly. The competition was further increased by the so-called bunglers who had not passed a midwifery

course and whose only qualification was their experience gained from practice. Although the state authorities had been trying hard to eradicate such unfair competition since the Enlightenment, bunglers managed to carry out their services until the mid-20th century. On the other hand, we also find places with a scarcity of midwives. This was particularly severe in places where hilly terrain made the passage more difficult.

Such was the locality of work of Marie Rohrová who spent 40 years as a single assistant within the area reaching from Rychnov nad Kněžnou towards Deštné in the Orlické hory. She used to walk in a submontane terrain that reached an altitude between 350m and 550m. Although 80% of women in labour, whom she provided with her services, lived within 5km, she had to walk up the hills from the Skuhrov valley, the terrain making her journey longer. The fact that she served a wide clientele from all social strata is evidenced in her diary that records 19 towns, villages, and settlements where she used to come. The diary lists the poorest single mothers alongside women from the wealthy Porkert family. Undoubtedly, the vastness of the area she worked at was also affected by the fact that the foothills were sparsely populated and people lived in more settlements spread over a larger area. Such an extended practice is more typical in not very densely populated agricultural localities whereas the labouring women in industrial areas, as we will see, were more socially structured, and there were midwives who assisted either to wealthier or poorer clients.

Concerning Marie Mastilová, her area of practice is mainly interesting in its gradual growth, which proves that a midwife gained her clientele gradually and sometimes even in a longer term. In the first decade of her practice, Mastilová served the women in the immediate vicinity and it took her 13 years before she began to be regularly called to such places like Ústí 5km away, where she finally led one-fifth of all her births. This was probably due to the decline in midwifery competition in this place, which resulted in the expansion of the area of practice.

Similarly, Marie Fišerová's catchment area was defined narrowly. In fact, it was limited to five nearest villages – including the one where she lived and another one she was born in – where Fišerová led 80% of all reported births. Obviously, the familiarity with the home environment contributed to the acquisition and expansion of her clientele.

These are the general characteristics of obstetric practice in agricultural localities. We will get back to them in the Summary and use them in the comparison of midwifery in the designated locations.

The practice of birth assistants in localities with an equal share of agrarian and industrial production

Obstetric practice in the areas that are straddling economic and industrial regions will be characterized through four birth diaries. They were kept by birth assistants Marie Švehlová

from Horní Dubenky in the Českomoravská vrchovina,[17] Františka Waleschová from Svojetín near Rakovník,[18] Anna Hůlková from Kožlany between Rakovník and Plzeň[19], and Františka Maierová from Česká Skalice near Náchod.[20] The number of childbirths recorded in the diaries of these assistants was lower than in the case of the previous three. Marie Švehlová led 657, Františka Waleschová 639, Anna Hůlková 564, and Františka Maierová 425 births. It is not possible to say that the analysis of these diaries would show such coherent data as outlined above, yet some identical indicators can be observed in their case, too.[21]

The conditions under which these birth assistants began their careers were very different, and undoubtedly so were their motivations that made them attend the midwifery course. In 1898, when she began to study the course in Olomouc, Marie Švehlová was already the mother of three children. The family lived in Horní Dubenky in the Českomoravská vrchovina. The population of this agricultural and rather average fertile area was poor wherefore many of them welcomed the opportunity to work for local and relatively large glassworks. Kateřina Švehlová's husband was a stonemason, and as we know from the sources, he would leave the family from time to time to look for some work beyond the Austrian border. As the curatorial file made after his death suggests, the family suffered from material need, which may be why Kateřina decided to practice midwifery.

On the other hand, both Františka Waleschová and Anna Houšková commenced their practice as single women. Unfortunately, we have no idea of the time and place of Waleschová's studies. In any case, she began her practice in 1911 as a very young woman because she led her first childbirth being only twenty years old. Soon afterwards, she got married and had four children until 1924, which is evidenced by the diary where she recorded the delivery of her fourth child in the same year and filled in the *Marital Status* box as a widow. We know that Waleschová never married again, and so midwifery seems to have become the only source of income for the widowed woman with four children (assuming they all reached their adulthood).

Anna Houšková attended an obstetric course in Praha and she began her practice in 1903 as a single woman aged 25. A year later, she married a furrier, František Řenč, who

17 State District Archives in Jihlava, collection of the Parish Congregation of the Evangelical Church of Czech Brethren in Horní Dubenky (1784–2003), The diary of a midwife, 1898–1909, sign. L–III H.

18 State District Archives in Rakovník, collection of Waleschová Františka, card 1, non-inv.

19 Museum and gallery of Northern Pilsen Region in Mariánská Týnice, The diary of Anna Houšková / Řenčová / Hůlková, 1903–1907.

20 Regional Museum in Náchod, Birth reports from 1911 Františka Maierová.

21 For a detailed analysis of these diaries, see Hana STOKLASOVÁ, *Porodní bába Kateřina Švehlová z Horních Dubenek*, in: *Hana Stoklasová, Porodní bába? Asistentka?: porodní deníky z let 1898–1954*, Pardubice 2018, pp. 142–161; Vladan HANULÍK, *Porodní bába Františka Waleschová ze Svojetína*, in: Ibid, pp. 118–141; Milena LENDEROVÁ, *Porodní bába Anna Hůlková z Kožlan*, in: Ibid, pp. 182–199; Veronika LACINOVÁ NAJMANOVÁ, *Porodní bába Františka Maierová z České Skalice*, in: Ibid, pp. 200–218.

was 25 years older than her. Subsequently, she gave birth to her only daughter. We know from the sources that the considerably older husband gradually ceased his business and struggled with an illness, which suggests that Anna Hůlková alone provided for the family. Although she got married again at the beginning of the thirties to a nearly 70 years old military pensioner, František Hůlka, it is more than certain that even this marriage failed to secure her financially, so she was forced to spend a large part of her career making her living by herself.

We have the least information about Františka Maierová's midwifery practice. We do not know where she attended the course or when exactly did she commence her practice. The registers show that she began her practice at the age of 32 in Česká Skalice, where she had moved, but it is not impossible that she had practiced before because the first preserved diary comes as late as from 1911. Her family circumstances remain almost unknown to us. It is certain that she gave birth to at least two children – a daughter and a son – and died in 1926, aged fifty-five. We can only speculate about what motivated her to become a midwife.

Unfortunately, the lack of information and fragmentariness of the diaries make it complicated for us to comprehend the performance of all four birth assistants. The most reliable information we have relates to the activities of Kateřina Švehlová and Františka Maierová whose diaries have been preserved in a continuous series, followed by the practice of Františka Waleschová where the continuity of the records is interrupted by one gap. Unfortunately, Anna Hůlková's diary contains numerous gaps, which makes only some data useful. The performance of the three assistants is shown in Charts 4–6.

Chart 4 Number of births delivered: Kateřina Švehlová (1898–1909)

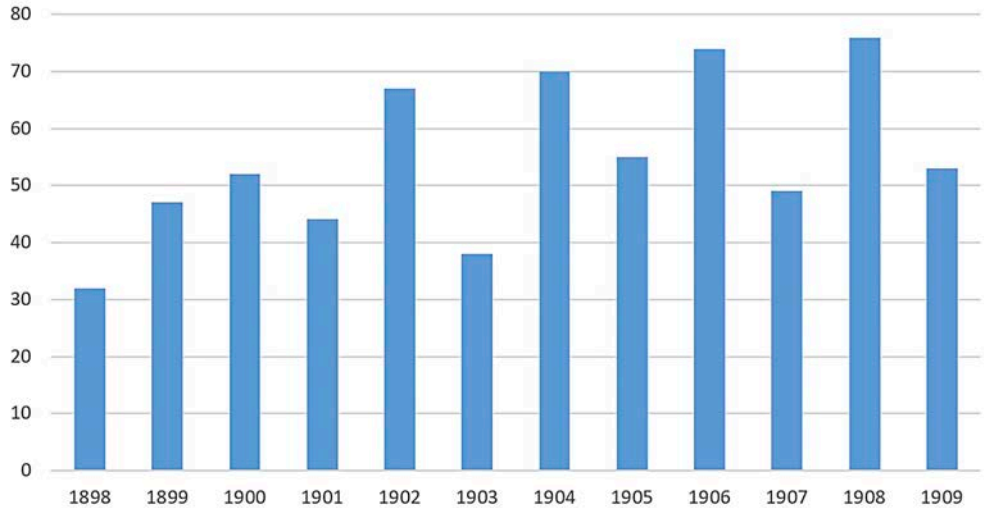


Chart 5 Number of births delivered: Františka Waleschová (1911–1946) [22]

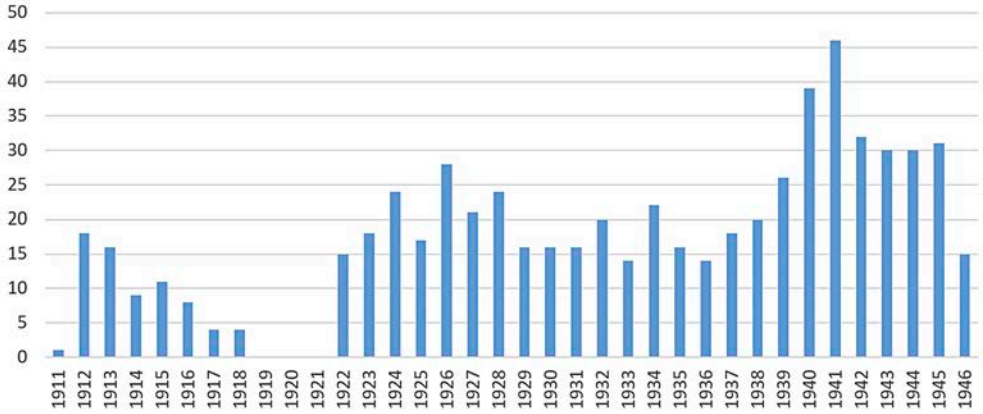
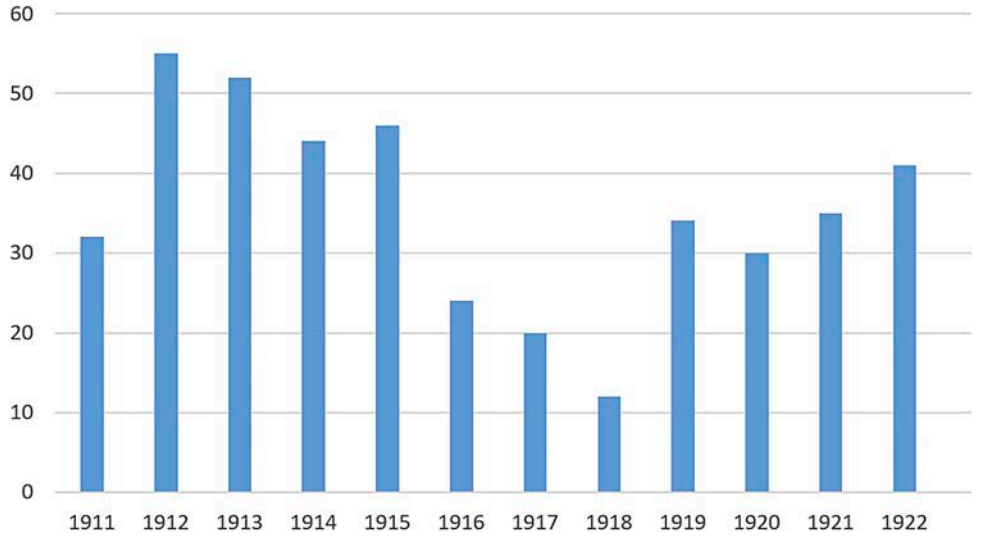


Chart 6 Number of births delivered: Františka Maierová (1911–1922)



The charts of Waleschová and Maierová clearly illustrate the above fact that the biggest drop in the number of childbirths came during the war years of 1916–1918, since both of them led fewer than 20 childbirths during these years. Such data in the case of Kateřina Švehlová is missing because the time series of her diaries end in 1909. Concerning the careers of the three assistants, it is confirmed that they were most influenced by family circumstances and their own deliveries. In the case of Kateřina Švehlová, this is evidenced by the drop in her performance in 1903 when her husband died and when, subsequently,

22 No data for 1919–1921.

she gave birth to her fourth child. We know that she later entrusted the raising of the children to her mother, and therefore the number of births she led in the next period is rather continuous. Her performance was the highest of all the analysed diaries, never dropping below 40 births per year and in some years even exceeding 70–80 assistances per year. Obviously, under normal circumstances – i.e. if she had taken care of her three children and the youngest toddler – such performance would not have been feasible at all. Švehlová used local conditions, namely the presence of a large glassworks community together with the absence of midwifery competition to the fullest, to not only provide for her children but undoubtedly also to financially support the parents who looked after them.

After a promising start, the practice of Františka Waleschová was restrained by her marriage and the delivery of four children in rapid succession. However, this period coincided with the decline in birth rates caused by World War I, so it is difficult to estimate how difficult it was for her to combine motherhood with the practice of a birth assistant. After the death of her husband, the situation certainly was not easy for her, which may be the reason why she, until the outbreak of World War II, never led more than 30 births per year. The sharp increase in the birth rate during the Protectorate found her at a productive age and on the peak of physical strength. Recently having become a woman of forty, she managed to serve 10 to 20 more women in labour per year. The reason was probably that Waleschová's clientele expanded significantly after the conclusion of the Munich Agreement when the area around Svojetín was attached to the Third Reich as an inland German enclave, which probably resulted in the withdrawal of a part of Czech birth assistants. Waleschová identified herself as of German nationality and her services were mainly sought by German clientele even in the pre-war period. The increased number of childbirths she assisted at is recorded in her diaries until 1946 when she was ordered to terminate her practice, was subsequently moved to a concentration camp and finally out of Czechoslovakia.

Unfortunately, the diary of Františka Maierová reveals no specific tendencies unless we take into consideration the decrease in the number of births during World War I. It could be assumed that she was keeping the first diary, which begins in 1911 and has got preserved till these days, when her practice had already been established, because the diary shows no gradual increase in clientele but, contrariwise, a continuous number of births per year with an upward trend. After the war, we may also observe an increasing birth rate, but the diary ended in 1922, and three years later, Františka Maierová died. Therefore, it is not possible to draw any more specific conclusions from her records.

Given the fact that these four assistants worked in an area with roughly the same proportion of agricultural and industrial production, we will try to outline the social stratification of the local population based on the data obtained. The highest number of matches is contained in the diaries of Kateřina Švehlová and Anna Hůlková, where there is

the highest proportion of the farming population that reaches 35% of the total number of women in labour. However, other data differ. In the case of Švehlová, there was a very high proportion of qualified professions and unqualified workers; the number exceeded 50% while, undoubtedly, including most of the workers in the nearby glassworks. The proportion of sole traders reached only about 9%, which indicates a not very developed network of services. Regarding the intelligentsia, it made up a rather insignificant part (under 2%). In the case of Anna Hůlková's diary, on the other hand, the number of women in labour from sole trading families made up a third of the clients, another 20% were unqualified and qualified professions, and the intelligentsia reached 5%. The data show clearly that Anna Hůlková worked in a locality with a developed network of services, and although there were some quarries and brickworks, they only employed one-fifth of the local population.

The diary of Františka Maierová shows a similar population structure as the one of Hůlková. The data are incomplete due to insufficient records, but the sole traders accounted for about one-third of the total number, another third of women in labour being from the families of men with unqualified professions. The rest of the social composition was made up of farming population and qualified professions, while the representation of the intelligentsia was minimal.

Neither in case of Františka Waleschová can we rely on a wealth of information, since we only have data from about two-thirds of labouring women and, what is more, only fragmental. The largest part was represented by the women in labour from working and farming families, the third being taken by sole traders' wives. Here too, the intelligentsia was only minimally represented.

In general, we might conclude that the women in labour recorded in these four diaries were mostly of a lower social status, which is also evident from their marital statuses. While only less than 5% of single mothers were recorded in agricultural localities, the figures are already increasing herein. In the case of Švehlová and Maierová, we find about 10% of unmarried women in labour, which would still correspond to the traditional model, even though the figure is somewhat higher. However, the same proportion in the case of Františka Waleschová is already a quarter, i.e. 25% of unmarried mothers, which is quite a high number. This undoubtedly relates to the somewhat looser approach of German and mostly Lutheran population to matrimony as the Lutheran church was far from being as rigid in the matter of matrimony as the Catholic one. However, the number does not mean that the women did not live in pairs, because occasional recordings of their second or third deliveries prove that they might have had the same partner with whom they had just not entered into marriage. Unfortunately, such data in case of Anna Houšková is missing.

Whether the partially industrial character of the localities had affected the state of health of the mothers and children can be monitored through their mortality, and it is

observable that mortality in both these groups was indeed higher than in agrarian regions, namely by average 2% in case of children. Kateřina Švehlová recorded the highest number of stillbirths and deaths in puerperium (6.7%), which proves the dismal state of health in workers in central Českomoravská vrchovina. Next in the list, there are similarly high figures recorded by Františka Waleschová which show the mortality of 6.2% of children, and even Františka Maierová is similar in numbers (5.6%). The low mortality in children in agricultural localities is only comparable to the statistics of Anna Houšková, whose mortality figures of below 5% correspond with a low proportion of workers and a dense network of sole traders in the area of her practice. Maternal mortality at birth and in puerperium appears more optimistic since in neither case did the number of maternal deaths exceed 0.5%,[23] which confirms the above hypothesis that the care for labouring women was relatively comprehensive.

The age of the women in labour and the number of deliveries is most different in Kateřina Švehlová's diary. The figures suggest that the area of her activities indeed showed a number of abnormalities. First of all, it is apparent that many women postponed their first deliveries to an older age, because in the other three diaries, the most children, about 30%, were born in the age cohort of 21–25 years, whereas Švehlová only recorded 25% of them. The remaining 5% moved to higher age cohorts, so for example where there were about 10% of children in t he age cohort of 36–40 years elsewhere, Švehlová recorded by 4% more, which means that the women in her locality had children in older age and also delivered more times. The other three diaries provide us with a rather similar distribution of women in labour in age groups, although in case of Waleschová, there is a surprisingly small number of mothers in the lowest age group of 16–20 years where we find only 3% compared to the usual 6% or similar, which could attest to a more conservative approach of the local German population to an intimate life.

The statistics on the number of deliveries indicate that the number of children per family was already being reduced in these areas. This is mainly evidenced in the diaries of Anna Hůlková and Františka Maierová[24] which record 30% and 40% of primiparae respectively, more than one-fifth of sekundiparae (20% and 25%), while another 30% of deliveries falls within the third to fifth childbirths. After that, the numbers fall sharply. This is particularly evident from Františka Maierová's diary where only 6% of mothers had more than five children while in case of Hůlková, it was about 10% of mothers. The statistics of

23 We do not have the information on maternal mortality from the diaries of Františka Waleschová.

24 Likewise, we do not have the information on the number of childbirths from the diaries of Františka Waleschová.

Kateřina Švehlová again deviate from the average. While the births by primiparae in all the analysed diaries are always at the forefront, Švehlová records the highest number of deliveries by sekundiparae. This shows that this assistant began her practice in a locality with unusually high number of children per family, since as many as 45% of deliveries fell upon the fifth to tenth child, and Švehlová even assisted at the delivery of the sixteenth child. It is difficult to find an unequivocal reason for the data being so far off the average, but in any case, the birth rate in this locality was strongly influenced by a very low social status of the population in combination with traditional thinking typical of undeveloped agricultural areas.

The low number of physicians' interventions recorded in the diaries confirms the fact mentioned above, namely that the midwives still dealt with most of the complications themselves. Concerning the diaries of Kateřina Švehlová and Františka Maierová, the physician only intervened in less than 5% of births and always in case of complications, so he was never present in physiologically normal birth. In Anna Hůlková's diary, the physician assisted more often, namely in less than 15% of cases, and only 2% of interventions were unjustified, which confirms the hypothesis. However, Františka Waleschová's diary gives us different figures. The records show that the physician assisted in no less than a third of cases (28%), but there were no complications in more than half of them. This could indicate that in a German national environment, the habit of calling a physician to a physiologically normal birth spread more rapidly.

The last indicator characterizing obstetric practice was the vastness of the area of practice. Owing to the existence of the local industrial production, which was linked to a larger number of workforce and concentrated in more populous settlements, the diaries show clearly that the local birth assistants did not have to travel such large areas as in agricultural localities. The smallest localities were served by Kateřina Švehlová and Františka Maierová, the former having led 90% of childbirths in four villages situated under 3km from one another, the latter assisting the same number of women in labour in five villages likewise situated within a 3km radius. The journey to the villages did not take more than 40min. Františka Waleschová and Anna Hůlková already served larger areas with more settlements. Waleschová led 85% of births in six surrounding villages within 6km, whereas Hůlková was limited by the fact that her clientele was spread out in settlements with a lower density of population, so she had to serve seven villages on average, one of which was situated 9km away. Another interesting fact about the area of her practice is that she did not lead a single birth in a relatively populous Kralovice that had around 3,000 inhabitants and was situated only 2km from Kožlany where Hůlková lived. Undoubtedly, Kralovice must have been served by her competitors.

In the previous paragraphs, we have outlined the characteristics of obstetric practice typical of areas with the same share of industrial and agricultural production. We will mention them again in the end and use them for comparison.

The practice of birth assistants in localities with prevailing industrial production

Industrial regions are the last type of localities through which we will characterize obstetric practice in the Czech lands in the first half of the 20th century. Three birth diaries from these areas have been preserved, but their informational value is limited by certain facts. The diaries of two birth assistants, Martha Schubertová and Elza Hilschová, were created in Hrádek nad Nisou, which gives us a unique opportunity to compare the activities of two competitors in one place and study how they divided the local clientele, but on the other hand, it limits the variability of the analysed data. The third diary, which was kept by Jana Mukenšnáblová in Chlumčany u Plzně, is considerably fragmental, which makes it impossible, for example, to describe the performance of an assistant more precisely or to follow some indicators. Nevertheless, the extracted data offer some interesting information.[25]

We have already mentioned that the birth assistants, Martha Schubertová and Elza Hilschová, worked in Hrádek nad Nisou.[26] Hrádek was an industrial locality with a textile proto-industry already developing in the early 18th century. The 19th century saw the development of industrialization accelerated by the connection of the region of Hrádecko to the railway that linked the Austrian monarchy with Saxony. In the first half of the 20th century, there were lignite mines as well as textile and chemical factories. Both the assistants had their practice in the region with a high proportion of workers who were mostly of German nationality, likewise the assistants. Schubertová studied a course in Vienna and commenced her practice in 1911 when she was twenty-three. Three years later, she married a paver, Emil Beitlich, but the marriage was probably not happy because, in 1921, she is registered herself as divorced and childless. In 1924, she entered into her second marriage, this time with a worker, Edmund Schubert, but this marriage also remained without

25 For the detailed analysis of these diaries, see Vladan HANULÍK, *Porodní bába Martha Schubertová z Hrádku nad Nisou*, in: Hana Stoklasová, Porodní bába? Asistentka?: porodní deníky z let 1898–1954, Pardubice 2018, pp. 102–117; Vladan HANULÍK, *Porodní bába Elza Hilschová z Hrádku nad Nisou*, in: Ibid, pp. 162–181; Milena LENDEROVÁ, *Porodní bába Jana Mukenšnáblová z Chlumčan*, in: Ibid, pp. 219–228.

26 The depository of her diaries: State District Archives in Liberec, collection of Schubert Marta, Card 1; State District Archives in Liberec, collection of Hilsch Elsa, Card 1.

children. It is evident from the occupation of the spouses that Schubertová's social status remained low even after the marriage and she undoubtedly secured part of the family budget by practicing midwifery. This is further evidenced by the fact that the family would move very often, which means that there were insufficient means to build a solid background. It is reliably documented in Schubertová's diaries, which map her more than thirty-year practice, that she led 874 births, although the number must have been higher because the series of diaries is incomplete.

The second assistant, Elza Hilschová, came from the same social stratum, but when her mother married a second time and ran a china shop together with her husband, the social status of the family improved. After the marriage with a joiner, Albin Hilsch, Elza gradually gave birth to three children, and in 1911, between her first and second delivery, she took a midwifery course in Vienna. She finished the course in 1912 and went on to commence her obstetric practice. Later, this decision of hers proved very far-sighted since, in 1914, Elza's husband had to enlist and birth assistance made it easier for the family to survive the difficult years of World War I. After the war, Albin founded a small joiner's workshop that the family ran until 1946 when, due to the decision on the expulsion of Germans, Elza had to terminate her practice, the joiner's shop was confiscated and the family forced to leave Czechoslovakia. Those Hilschová's diaries which have been preserved come from 1920–1946 and document 575 childbirths.

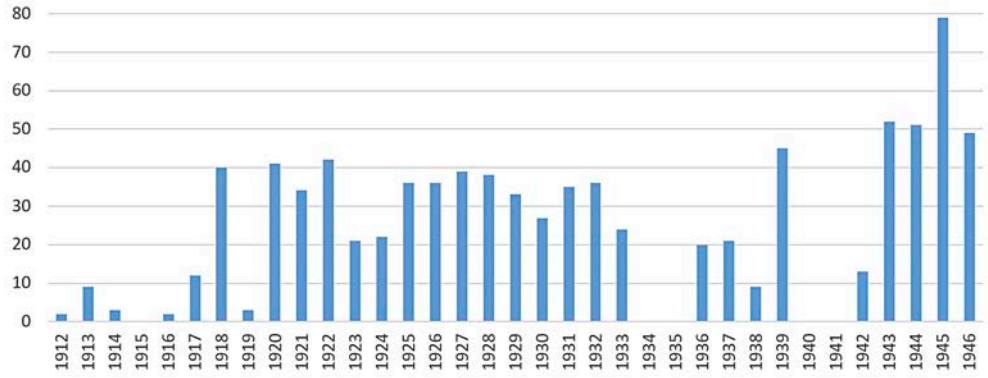
We have almost no information on the last of the trio, Jana Mukenšnáblová from Chlumčany.[27] We do not know when and where she was born, nor do we know where she attended the course and when she commenced her practice. In any case, at least the area of her practice suggests what her practice might have looked like. Chlumčany and Dobřany, where she mainly worked, were industrial areas. There were coal mines and large deposits of kaolin, and the population consisted of workers who mostly claimed German nationality. Mukenšnáblová's diaries have been preserved with many gaps in the twenty years between 1921 and 1941; 298 births could be proved reliably, which is the least in all the analysed diaries.

If we are to comment on the performance of the assistants in industrial areas, we have to rely on the diaries of the midwives from Hrádek, i.e. Schubertová and Hilschová. Charts 7 and 8 show us the number of births in which they assisted. Owing to the fact that they both worked at the same period of time, their performances can be well compared, although Hilschová's diary lacks the data for the World War I. It is evident in case of Schubertová that the number of her assistances at the beginning of her carrier fluctuated greatly, but the cause for that remains unknown. Perhaps she had another job, or her activities were limited by her husband whom she later divorced, but it remains interesting

27 State District Archives in Plzeň-jih, registered office in Blovice, collection of Mukenšnáblová Jana, 1921–1941.

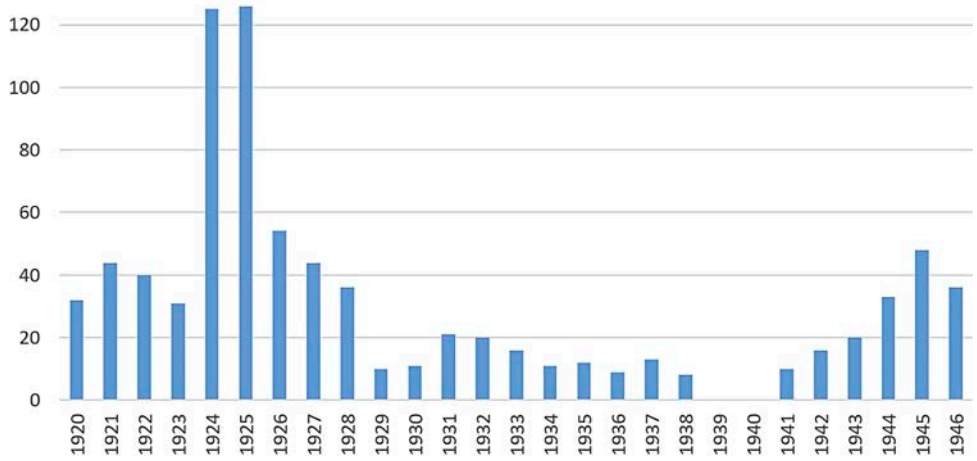
that while the midwifery activities of the other assistants stagnated during the war years, in 1917 and 1918 Schubertová assisted much more than at the beginning of her career. However, the reasons remain unknown. From the year 1920 until the 1940s, the number of childbirths in her diary is continuous being around 40 assistances per year, which shows that after her second marriage, her obstetric practice had stabilized and she performed it regularly. The rapid increase comes in the 1940s, which corresponds to the increase in births rates in the Czech lands during World War II. The maxim was reached in the last war year during which Schubertová led almost eighty births and she would probably have reached the same number in 1946 too if she had not been made to terminate her practice and leave Czechoslovakia.

Chart 7 Number of births delivered: Martha Schubertová (1912–1946)



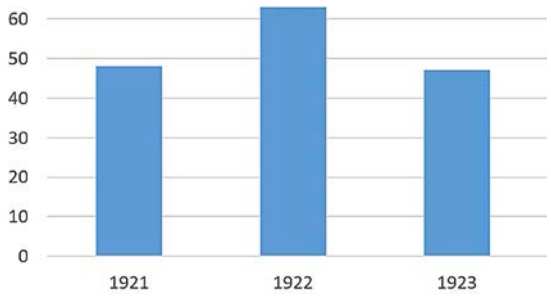
The diary of Elza Hilschová has been preserved since as late as 1920, and although the continuous numbering makes it clear that she also assisted in the previous period, it is complicated to confirm the number of births as the diary is fragmental. In the case of Hilschová, there is a particularly interesting fluctuation in the number of deliveries from 1924 to 1925 when they increase rapidly. It is very difficult to estimate the reason because the diary shows a gap for this period, thus making us reliant on the continuous numbering only. She may have assisted in a medical facility, which would have increased the number of assistances significantly, but it is also possible that she just made an unintentional mistake in the numbering. Since the late 1920s, the number of Hilschová's assistances decreased without even reaching ten deliveries in some years, which might have been linked to the onset of the economic crisis that hit the light industry in German borderland with very strong intensity. The number of birth assistances increases again towards the end of the war, but as in the case of Schubertová, this promising growth is interrupted by the forced termination of obstetric practice and getting to a concentration camp.

Chart 8 Number of births delivered: Elsa Hilschová (1920 –1946)



Any attempts to determine the development in the number of births in Jana Mukenšnáblová's diaries are complicated by the fact that the diaries are not kept continuously and contain numerous interruptions. It was only possible to determine the number of assistances for the period of 1921–1923, as shown in Chart 9. However, it just becomes evident that during the three years, Mukenšnáblová assisted in a rather high number of births that reached about 50–60 per year despite some stiff competition in the area. This suggests that the local working class was characterised by a high birth rate and Mukenšnáblová worked hard because the income from her obstetric practice was a substantial and probably the only source of her livelihood.

Chart 9 Number of births delivered: Jana Mukenšnáblová (1921–1923)



The diaries reveal what the social composition of women in labour in these industrial localities looked like. We have the best-documented data from Martha Schubertová although it was impossible even in her case to establish the social origin of all the women

in labour since about one-tenth of the sample was missing. Almost 50% of mothers came from working-class families and about 35% stated to be housewives, which makes it difficult for us to determine what their husbands did for living, although we may assume that the women took care of the family smallholding. This might be confirmed by the low proportion of farming population that covers mere 5% in the diary, which is quite low even in an industrial locality. About 10% of mothers stated that they belonged to the craft class. Likewise in all the other localities, intelligentsia's representation was about five best-documented.

Regarding Hilschová, we only have data from the war period, i.e. from the period of 1941–1946. About 50% of her clientele were workers and craftsmen, about 10% was made up of the farming population. In Hrádek, Hilschová seems to have served more affluent clientele than her contemporary, Schubertová, because her statistics include almost 20% of middle-class clientele.

Jana Mukenšnáblová's diary shows that she probably served the poorest. Over 50% of fathers had an unqualified profession, while another 15% belonged to the lower agricultural class. The sole traders together with qualified employees made up for about 25% in her statistics while traditionally, the share of the intelligentsia was low at about 5%.

Concerning the family status in Hrádek nad Nisou, we may say that it corresponded to the character of the German population of the Lutheran religion. It is evident in the case of Schubertová and Hilschová that the society was strongly secular because about 30% of mothers had their children out of wedlock, and about 20% of them were single mothers, the remainder being the divorced and widows. We find out in case of Jana Mukenšnáblová that despite the high share of working class, the diaries only contained below 4% of single mothers, which is surprising. Perhaps such a low number may be due to not always conscientious record keeping.

The not very favourable social structure of the population reflected itself significantly in the mortality of both the children and mothers. The most stillbirths and deaths in puerperium were recorded in Jana Mukenšnáblová's diaries, where the figure reached 7%. It is the highest mortality found in the analysed diaries, and it testifies to the poor health of local population. Furthermore, Mukenšnáblová recorded the highest maternal mortality of 1%, which is a high number, namely in comparison with agricultural areas where maternal mortality was around 1‰. Both Schubertová and Hilschová recorded the death of only one woman in labour, which in total was 0.1%. The number of stillbirths and deaths in puerperium corresponded to how the two assistants had divided their clientele. Schubertová, who provided service to the lower social strata, showed relatively high infant mortality of 6.3%. Hilschová, whose clients were more likely to come from higher strata, recorded 3.7% deceased infants, which was a propitious number corresponding to the situation in agrarian localities.

Moreover, the age of the women in labour and the number of their deliveries was similar in both Hrádek assistants; 60% of children were born in the first three age cohorts, i.e. before the mother was thirty. Schubertová, who provided service to socially weaker women in labour, showed a higher number of mothers in the lowest age cohort of 16–20 years (7%), whereas the same figure in case of Hilschová was only 4%. The other childbirths were evenly distributed within the higher age groups, while only 5% of women in labour gave birth to their children after the age of forty, which is typical for industrial areas of this type. It could imply that even the number of deliveries per mother was not high. However, this hypothesis cannot be supported by any of the diaries because they do not record the number of childbirths per woman.

Regarding these indicators, Jana Mukenšnáblová's statistics are far above the average. The lowest age group of 16–20 years records 12% of mothers, which is an unusually high number, the highest of all the analysed diaries. This was reflected in the number of mothers at the end of the age scale since Mukenšnáblová's diaries only contain four mothers (1.3%) who delivered their children after the age of forty. This corresponds to the number of deliveries which shows a gradual decrease in the number of children per family since almost 90% of deliveries fall on the first to fourth child, the fifth to tenth delivery being recorded only rarely.

Although we have already indicated that the health of women in labour and their children was poor in these regions, it was not reflected in the presence of physicians in childbirths at all. This confirms the hypothesis that the working-class population did not have the money for medical treatment and that the assistants were able to cope with many complicated cases on their own. The most medical interventions, almost 21%, were recorded by Martha Schubertová, which corresponds to the fact that she provided service to poorer clients who were not in the best health condition. All these interventions were justified, i.e. they addressed some birth abnormalities, although once the presence of the physician was only passive. Elza Hilschová's statistics were more optimistic since her clients came from higher strata of society. The physician was called to 10% of births, his presence only being passive in four cases (0.7%). Although Jana Mukenšnáblová also provided service to poor clientele, she called a physician in less than 4% of cases, and his intervention was always justified.

Lastly, we will answer the question of what the area of birth assistants' practice in industrial localities was like. Generally speaking, the density of the population was quite high, so even if there were more midwives in the area, it was not necessary for them to travel to labouring women to remote villages. This is clear when we compare the areas of practice of Martha Schubertová and Elza Hilschová. Although they both worked in Hrádek, they had divided the local clientele without much difficulty. Schubertová would mainly

provide service to Hrádek mothers, who accounted for 45% in her statistics. The other women lived in the immediate vicinity, i.e. within 3km, so it was enough for Schubertová to serve Hrádek and four nearest villages.

Hilschová had her clientele distributed over the same villages (perhaps except Oldřichov na Hranicích where she, unlike Schubertová, led only a few childbirths), although more evenly. While Schubertová most assisted in Hrádek, Hilschová led the same number of births both in Hrádek and Donín (under 200 assistances) and also in Loučná and Dolní Sedlo (under 100 assistances).

Jana Mukenšnáblová's district included almost the same number of villages, i.e. about five, but more distant from Chlumčany, where she would mainly work and assisted. The normal walking distance of Mukenšnáblová to the women in labour was 5km. Interestingly, she omitted populous Dobřany with about 6,000 inhabitants who were in the care of local birth assistants.

Comparison of obstetric practice in individual localities

Although the analysed diaries are characterised by considerable variability, they contain some indicators which, at least in rough outline, describe the obstetric practice in specific economic and social conditions.

However, it would be rather misleading to compare the performance of the respective birth assistants because this was strongly influenced by family and social circumstances that varied from case to case. In general, the assistants in agrarian localities provided their services to fewer women over larger areas of practice, which harmed their income related to the energy expenditure on running obstetric practice, but on the other hand their practice was facilitated by a conservative nature of farming population with relatively sound health.

This was significantly reflected in maternal mortality. The birth assistants in agrarian localities recorded infant mortality not exceeding 5% and maternal mortality of only 1‰. The conditions in industrial areas differed considerably in this respect since infant mortality reached 6–7% and maternal mortality was 0.5–1%.

Furthermore, it was typical for agricultural localities that mothers would deliver more times, unexceptionally even eight to ten times per family, unlike industrialized regions with a noticeable trend in reducing the number of children, which is particularly apparent from the diaries kept after the establishment of Czechoslovakia. The mothers recorded here mostly gave birth to one to four children, whereas only about 5–10% off all births accounted for the fifth to tenth child.

It was rather difficult to describe the tendencies related to the age of labouring women because although it might seem that the women in agricultural localities had their first

child earlier because they had a more stable background, the diaries indicate rather an opposite trend. However, we may state with certainty that the lower number of deliveries in industrial localities was the reason why, in comparison to agrarian areas, there were fewer women who would have a child after the age of forty.

Interestingly, some indicators have also been affected by the nationality of the population that brought about certain differences. The German working-class environment had a significantly higher number of single mothers reaching about 20–25% while the same ratio in the Czech environment was only 5%. Apparently, the different habits of the German population also influenced the presence of physicians in the physiologically normal childbirths. While the Czech assistants would usually call the physician only in case of some complications, the diaries of German assistants often recorded a passive presence of a physician in a normally proceeding delivery. However, this was also affected by the onset of modernity and the proximity of larger towns from where the trend spread.

If we should pay attention to the characteristics typical for the regions with the same share of industrial and agrarian production, we have to state that they are difficult to define because the data herein are very mixed and we can observe the tendencies typical for both industrial and agricultural localities.

However, all the diaries provide one common testimony, i.e. that obstetric practice could provide the assistant with long-term financial support. These women were almost always balancing on the edge of poverty, especially if they did not have a husband who would have contributed to the family budget. Not only did they face considerable competition, whether in the form of their qualified or non-qualified colleagues, but their situation was not made any easier by the state either, whether we speak of monarchy or the First Czechoslovak Republic. The state authorities completely failed to define basic conditions of midwifery, such as the areas of practice or the fees for medical acts. "The women with a case and hope" thus visited their labouring clients day and night without much chance that their profession would ever bring them a real social ascent.

Summary

From Midwifery to Birth Assistance:
Midwives' Practice in the First Half of the 20th Century in the Czech Lands

The research analyses ten series of birth diaries in the pre-printed form in which the midwives recorded information on the course of deliveries. The diaries are kept in Czech and Moravian archives and provide data on obstetric practice in various regions of the Czech lands. That makes it possible for us to compare the circumstances under which the midwives worked as well as their performance in different geographical, demographic, and social conditions, both in industrial and agrarian areas. The obtained data provide answers to several questions, e.g. the beginnings of assistants' careers, their performance, the social structure of their clientele, as well as medical aspects of obstetric practice and cooperation with physicians. All the diaries provide one common testimony, i.e. that obstetric practice could provide the assistant with long-term financial support. These women were almost always balancing on the edge of poverty, especially if they did not have a husband who would have contributed to the family budget. Not only did they face considerable competition, whether in the form of their qualified or non-qualified colleagues, but their situation was not made any easier by the state either, whether we speak of monarchy or the First Czechoslovak Republic. The state authorities completely failed to define basic conditions of midwifery, such as the areas of practice or the fees for medical acts. "The women with a case and hope" thus visited their labouring clients day and night without much chance that their profession would ever bring them a real social ascent.

Anja Katharina PETERS

Caught between dialogue and diktat – The International Midwives Union 1933–1945

Abstract: *In 1919 the International Midwives Union (IMU) was founded in Belgium. For two decades it was dominated by Professor Frans Daels from Belgium (1881-1974), a gynaecologist from Gent. Its main assembly was the bi-annual international congress, e.g. 1934 in London and 1936 in Berlin. In Berlin, the congress passed a resolution by which the chairing congress president would automatically become the IMU's president for the following two years. Thus, Nanna Conti (1881-1951), the chairwoman of the German Midwives Association, became the first president of the IMU. After the congress in Paris in 1938 Clémence Mosse (d. 1949) became the next president. However, during the Second World War Mosse was unable to influence the IMU significantly. In 1942 Conti succeeded Daels as secretary general of the IMU and moved IMU headquarters to Berlin. At least from 1942-1945 the IMU was led by a Nazi functionary.*
This paper shows how the IMU reacted to the sometimes benevolent, sometimes dictatorial leadership of Nanna Conti and the spreading of Nazi propaganda among the European midwives. The situation between Czech and German midwives serves as a case example. The paper is based on the author's biography of Nanna Conti.[1]

Key words: *history of midwifery – national-socialism – women's history – Sudetenland – Czechoslovakia*

This paper is about the International Midwives Union in general and especially about its president and later secretary general, Nanna Conti. As it was first presented in Kutná Hora, both Czechia and Slovakia will serve as case examples.

The International Midwives Union or IMU was the predecessor organisation of today's International Confederation of Midwives[2] as was the German Reichshebammenschaft

1 Anja Katharina PETERS, *Nanna Conti (1881-1951)*. Eine Biographie der Reichshebammenführerin, Berlin 2018, pp. 31-172. The PhD thesis of the same name was published in full electronically in 2014, URL: https://epub.ub.uni-greifswald.de/frontdoor/index/index/start/0/rows/10/sortfield/score/sortorder/desc/searchtype/simple/query/nanna+conti/docId/1345 27/10/2018. The author would like to thank Dr. Claire Uytman, Chris Holmes and Lele Schirmeister (all UK) for proofreading this paper.

2 Anne THOMPSON, *Organizing European midwifery in the inter-war years 1919-1938*, in: Hilary Marland et al (eds), Midwives, Society and Childbirth. Debates and controversies in the modern period, London - New York 1997, pp. 14-15.

(Reich Midwives Association) to today's Deutscher Hebammenverband (German Midwifery Association)[3]. Nanna Conti was president of both the national and international organisation. She strongly supported the German Midwives Law, which was passed in 1938. By this law, assistance at a complication-free birth became an entitlement of German and later Austrian midwives.[4] This specific paragraph in the law was unique within Europe, a cause for admiration throughout all midwives associations. It still remains legal in Austria and Germany.[5] This ingrained Nanna Conti as a heroine of midwifery into the collective memory of German and Austrian midwives until the 1990s.[6]

Fortunately, Nanna Conti was a busy author and publisher. So, even though her estate was destroyed by her family, it was possible to reconstruct a lot of her work for the two midwives associations through the German midwives journal and letters written by Conti.

Nanna Conti was born in 1881 in Uelzen, a small town in Lower Saxony. She grew up in a nationalist Protestant educated middle-class Prussian family. Due to a low family income and her own divorce, she trained as a midwife in Magdeburg in 1903 and then worked as a free-lance midwife in Charlottenburg and Berlin from 1904 onwards, supporting her mother and her three children. After World War I, she and her sons became politically radicalised. They passed through several right-wing parties and organisations until they all ended up in the NSDAP. Nanna Conti became a member of the Nazi party in 1930. She appeared in the midwife's journals of the Weimar Republic from 1918 onwards, soon becoming infamous for her right-wing extremism. She had her international debut at the congress of the International Midwives Union in London in 1934.[7]

The congress was presided by Edith Pye (1876-1965), president of the British Midwives' Institute (today's Royal College of Midwives/RCM).[8] She and Conti would collaborate in the IMU until at least 1939. Pye was a devoted member of the Society of Friends ("Quakers") and as such a staunch pacifist. A systematic research into the files about and by her at

3 Nora SZÁSZ, *„Den zukünftigen Hebammen die Wege ebnen" - die Gründung der Hebammenverbände (1885-1933)*, in: Bund Deutscher Hebammen e.V. (eds), Zwischen Bevormundung und beruflicher Autonomie. Die Geschichte des Bundes Deutscher Hebammen, Karlsruhe 2006, pp. 9-42.

4 Nanna CONTI, *Das neue Hebammen-Gesetz*, Zeitschrift der Reichsfachschaft Deutscher Hebammen, 1939, 54. Jg., p. 66.

5 A. K. PETERS, *Nanna Conti*, pp. 342-346.

6 SCHRIFTLEITUNG UND VERLAG, *Nanna Conti †*, Deutsche Hebammen-Zeitschrift, 1952, p. 7; Lina HAAG, *Verbandsarbeit einst und heute*, Deutsche Hebammen-Zeitschrift, 1954, p. 183; E. APFEL, *Der Londoner Kongreß im Überblick*, Deutsche Hebammen-Zeitschrift, 1955, p. 10; Helga HAHNEMANN, *Einhundert Jahre Berufsorganisation der Hebammen*, Deutsche Hebammen-Zeitschrift, 185, p. 134; Wolfgang GUBALKE, *Die Hebamme im Wandel der Zeiten. Ein Beitrag zur Geschichte des Hebammenwesens, 2. Auflage bearbeitet von Ruth Kölle*, Hannover 1985, p. 9.

7 A. K. PETERS, *Nanna Conti*, pp. 31-172.

8 Nanna CONTI, *Die Tagung des Internationalen Hebammen-Verbandes in London*, Zeitschrift der Reichsfachschaft Deutscher Hebammen, 1934, 2. Jg. (alte Folge 49. Jg.), p. 266.

the RCM has not yet been possible. An analysis of the influence of these two antagonistic world views unto the IMU would certainly be interesting.[9]

The IMU was founded in Belgium in 1919. For two decades, it was dominated by Professor Frans Daels (1882-1974), a gynaecologist from Gent. For this paper he is of interest insofar as he was not only a leading Belgian gynaecologist, which leads to questions about self-concept, autonomy, and paternalism in medicine and midwifery, but was also known to be a Flemish nationalist. He later supported the German occupational administration and after the war was sentenced to death. However, he was able to hide in Switzerland until 1959 when he was permitted to work again in his native Belgium as a physician.[10] He was the person who handed the keys to IMU's headquarters to Nanna Conti in 1943.[11]

IMU's main assembly was the bi-annual international congress. In 1936, during the assembly in Berlin, the congress passed a resolution by which the chairing congress president would automatically become the IMU's president for the next two years. Under this ruling, Nanna Conti. the chairwoman of the German Midwives Association, became the first president of the IMU from 1936 to 1938.[12]

There have always been regions in Europe with mixed populations. Czechia used to be one of these regions. After World War I and the fall of the Habsburg Empire, ethnic tensions rose. The point of view of a German midwife who was also a trusted functionary during the Nazi regime allows an insight into the way of thinking of a German-nationalist midwife from the mentioned region: In 1938,

> *"Mrs Reiter, Sudeten Germany, pointed out that the midwives had been requested by the Czechs, that they should seek work with Czechs if they didn't have enough work. Völkisch Midwives refused this imposition vigorously."*[13]

In 1938, the region known as Sudety or Sudetenland was assigned to the German Reich. In 1939, Germany invaded Czechoslovakia, annexed Czechia – mostly by the name of the Protectorate of Bohemia and Moravia (Protektorat Böhmen und Mähren) – and supported the satellite state of the Slovak Republic. Nanna Conti was thrilled to welcome the Sudeten German midwives to the German Midwives Association:

9 A. K. PETRS, *Nanna Conti*, p. 173.

10 Schweizerisches Bundesarchiv, E 932013, Akzession 1991/243, Bd. 130. Dossier Daels Frans, Aktenzeichen C. 13. 2314, Zeitraum 1947-59.

11 Nanna CONTI, *Besuch in Belgien und Frankreich*, Die Deutsche Hebamme, 1941, 56. Jg., pp. 301-302.

12 Mitteilungen des Internationalen Hebammenverbandes. Communications of the International Midwives Union. Annales de l'Association Internationales d'Accoucheuses. Mededeelingen van het Internationaal Vroudvrouwenverbond, No 8, Gent – 1 – 1936, p. 57.

13 „Frau Reiter, Sudetendeutschland, führte an, daß die Hebammen von den Tschechen aufgefordert worden seien, wenn sie zu wenig Arbeit hätten, sie sich bei den Tschechen Arbeit suchen sollen. Völkische Hebammen lehnten diese Zumutung ernstlich ab." Lina HAAG, *Darmstadt 1938*, Zeitschrift der Reichsfachschaft Deutscher Hebammen, 1938, 53. Jg., p. 501. Translated by Anja K. Peters.

"We already send our most cordial greetings to the Sudeten German sisters in profession, who will be assigned to the German Midwives Association shortly.
Unchained from the oppression by foreign people, without war, through the statesmanship of our Fuehrer they return to Greater Germany. Especially the midwives of all countries, carers and guardians of a nation's future generations, are eternally happy that war could be avoided.
If during years of destitution the number of children has decreased in Sudetenland, we will hope for the future, that the principle, that mother and child are the nation's greatest asset, will also generate awareness in Sudeten Germany day by day, that henceforth Sudeten Germany will blossom and become a happy German children's land."[14]

Conti didn't bother to mention the Czech midwives living in the area, which is remarkable insofar as she was a high-ranking functionary of the International Midwives Union, too.

The Sudeten German midwives participated in the main assembly of the German Midwives Association in Darmstadt already the same year.[15] Nanna Conti soon announced a district leader for Sudetenland: Charlotte Kehle (1896-1990), a close and trusted assistant,[16] who was later followed by the previously mentioned Emma Reiter[17]. Then in 1942, the midwife Ida Keßler[18] from Dauba (Dubá) led the Sudeten German midwives. In Bohemia and Moravia, Hildegard Prinzing[19] represented the German Midwives Association and its leader Nanna Conti at least from 1940 onwards.[20] Their main job was to provide midwives for resettled Dobrujan German families, for German women living in the region and for all those who had followed their husbands who were part of the occupation army and administration.[21]

15 A. K. PETERS, *Nanna Conti*, p. 279.

16 Charlotte Kehle had been working for the German Midwives Association for some time, probably years. She took an active part in the annual training courses at the prestigious „Führerschule der Deutschen Ärzteschaft" (Leader School of the German Medical Profession) in Alt Rehse. In 1938 she became Conti's commissioner for the „Ostmark" (annexed Austria). In 1940 Kehle became midwives leader in the „Warthegau" in occupied Poland. At the end of World War II Kehle fled to Schliersee (Bavaria) where she worked in a children's home. The Conti family trusted her so much that they sent the youngest grandchild of Nanna Conti, Irmgard, to Kehle. However, Kehle and her employer thought it too risky to accommodate a Conti child after the war and abandoned the girl in Munich. Anja PETERS, *Der Geist von Alt-Rehse*. Die Hebammenkurse an der Reichsärzteschule 1935-1941, Frankfurt a. M. 2005, p. 60; Irmgard POWELL, *Don't let them see you cry. Overcoming a Nazi childhood*, Wilmington 2008, p. 66; Kornelia REICHMANN, *Bericht über die am 28. September stattgefundene Hauptversammlung in Eisenstadt*, Zeitschrift der Reichsfachschaft Deutscher Hebammen, 1938, p. 466

17 Birth-and-death dates unknown. When Ida Keßler (see above) became district leader, Reiter stayed vice-leader. Nanna CONTI, *Neue Leiterin der Hebammenschaft im Gau Sudetenland*, Die Deutsche Hebamme, 1942, 57. Jg., p. 51.

18 Birth- and-death dates unknown.

19 Birth-and-death dates unknown.

20 Nanna CONTI, *Achtung! Gebietsneuteilung im Reich*, Die Deutsche Hebamme, 1939, 54. Jg., p. 434. Also: Nanna CONTI, *Neue Leiterin der Hebammenschaft im Gau Sudetenland*, Die Deutsche Hebamme, 1942, 57., p. 51.

21 A. K. PETERS, *Nanna Conti*, p. 282.

German midwives were sent to the occupied countries in Middle and Eastern Europe to support German women and Germanity in general. For example, the Ministry of the Interior of the state of Württemberg was asked whether they, in cooperation with the Reich Midwives Association, would be able to send German midwives to the so-called "partner districts", which were the occupied districts of Brünn (Brno), Hohensalza / Inowrocław and Hermannsbad / Ciechocinek.[22]

Already in 1939, Kehle and the German midwives living in Sudetenland were honoured by a visit from the new Reich Health Fuehrer: Leonardo Conti (1900-1945), a staunch Nazi and the son of the Reich Midwives Fuehrer.[23] He visited a hospital and a maternity home as well as the midwives school in Reichenberg (Liberec) where in a speech to the students, he emphasised the importance of midwives and the high demands on the profession.[24]

In November 1939, the Reich Midwives Law became law in Sudetenland, meaning that woman in labour or an obstetrician had to call for a midwife.[25] Charlotte Kehle explicitly thanked Nanna Conti for her support.[26] However, it remains unclear yet, whether the law became legally valid for Czech midwives and families, too, as for a membership in the midwives association and a working permit "German Blood" was required. It remains a research question what the German authorities had planned for the obstetrical care for the Czech population.

Also, in 1939, on December 15, the "Law for the Prevention of Genetically Diseased Offspring" became law in Sudetenland.[27] Midwives were obliged to report all new-borns with disabilities to the health authorities. In Germany, this led to sterilisation of the parents and to so-called "mercy killings." We don't have numbers on how many midwives reported babies and parents, but we estimate that 5.000 children were killed in the German Reich.[28]

22 Staatsarchiv Ludwigsburg, FL30/I II Bü28, Blatt 55. Also: Martina FAHNEMANN, *Die Entwicklung des Hebammenberufs zwischen 1870 und 1945. Ein Vergleich zwischen Bayern und Württemberg*, PhD diss., Medizinische Fakultät der Bayerischen Julius-Maximilian-Universität Würzburg 2006, p. 255.

23 For a short biography of Leonardo Conti see the relevant chapter in A. K. PETERS, *Nanna Conti*, pp. 86-102.

24 Ch. K., *Großkundgebung für die Volksgesundheit in Aussig*, Zeitschrift der Reichsfachschaft Deutscher Hebammen, 1939, 54. Jg., p. 382.

25 *Verordnung über die Einführung des Hebammengesetzes im Reichsgau Sudetenland am 9. November 1939*, Die Deutsche Hebamme, 1939, 54. Jg., p. 439.

26 Ch. KEHLE, *Das Hebammengesetz im Sudetenland eingeführt*, Die Deutsche Hebamme, 1939, 54. Jg., p. 458.

27 ANONYM: *Einführung des Gesetzes zur Verhütung erbkranken Nachwuchses im Sudetenland*, Die Deutsche Hebamme, 1940, 55. Jg., p. 9.

28 https://www.t4-denkmal.de/Kindereuthanasie, accessed 27th October 2018. Also: Wiebke LISNER et al., *German Midwifery in the "Third Reich"*, in: Susan Benedict et al. (eds), The "Euthanasia" Programs, New York - London 2014, pp. 164–97.

To teach the new laws and increase group dynamics, the German Midwives Association organised a professional training course for ethnic German midwives in Mährisch Schöneberg (Šumperk) in 1939. Nanna Conti herself took an active part in this training measure.[29]

It is not clear yet whether the law was binding for Czech midwives, too. Given the racist and utilitarian character of the German Reich 1933-1945, I would suggest that laws applied to Czech midwives in instances where they benefited the Germans. For example, in occupied Poland, Nanna Conti advised German midwives to take care of Polish women – not to support Polish patients but to make sure that German midwives earned a sufficient income and to reduce the influence of Polish midwives on their fellow Poles.[30]

Nanna Conti was well aware that it was morally questionable to cut out colleagues. In 1934, she had argued that it was justifiable that German midwives to book discounted health cures in Piešťany because not many German guests were going there anyway, so this didn't constitute rival business to German health spas. Moreover, according to her, the population in Piešťany was mostly Hungarian, which for racist reason she preferred to Czechs.[31] So, seeking an opportunity was okay, as long as it didn't have negative consequences for Germans working in the health business.

The seizure of the Czech midwives community took place in 1938/39, while Nanna Conti was succeeded as president of the International Midwives Union by the chairwoman of one of the French midwives associations. The position at the top of an international organisation hadn't transformed her into an internationalist leader; for her, the IMU always served as a means to an end: to spread national-socialist propaganda. As stated in 1936:

> *"Mrs Conti emphasised that it caused special satisfaction to her to see the understanding for the new idea of national-socialism grow among the foreign delegates and being shown to them how deep the love for the Fuehrer roots in the nation. She ended with the words: In everything I am moved by the thought: 'my nation, my Fuehrer, how may I serve you!'"*[32]

Even after the successful IMU congress in 1936 in Berlin hosting a 1.000 participants from Germany and Europe – with Swastika flags flying everywhere and accompanied by an

29 Juliane PROCHASKA, *Der Hebammenlehrgang in Mähr.-Schönberg vom 2. bis 6. Oktober 1939*, Die Deutsche Hebamme, 1939, 54. Jg., p. 437.

30 Nanna CONTI, *Rückblick und Ausblick*, Deutscher Hebammen-Kalender für das Jahr 1944. Fünfundvierzigster Jahrgang, Osterwieck am Harz - Berlin 1943, p. 241.

31 Nanna CONTI, *Pauschalkuren in Bad Pistyan*, Zeitschrift der Reichsfachschaft Deutscher Hebammen, 1934, 2. Jg. (alte Folge 49. Jg.), p. 192.

32 „Frau Conti betonte, daß es ihr besondere Genugtuung bereite, das Verständnis für die neue Idee des Nationalsozialismus bei den ausländischen Teilnehmerinnen wachsen zu sehen und ihnen gezeigt zu haben, wie tief die Liebe zum Führer im Volke wurzelt. Sie schloß mit den Worten: Bei allem bewegt mich der Gedanke: ‚mein Volk, mein Führer, wie dien`ich Dir!'" J.K., *Eine, die dabei sein durfte!*, Zeitschrift der Reichsfachschaft Deutscher Hebammen, 1936, 4. Jg. (alte Folge 51. Jg.), p. 456.

openly eugenic, racist and anti-Semitic program – when the IMU was fully aware of what was going on in Germany and who was leading the German Midwives Association, there was still no sign of resistance or opposition within the IMU. Swiss and Swedish midwives published enthusiastic reports of their stay in Berlin.[33] Only being published once after every congress and not containing much more than the minutes the journal of the IMU didn't publish any critical voices – even if there had been any. Midwives like nurses tend to regard their profession as "unpolitical". Also those who articulated themselves publicly mostly belonged to the middle class with their traditional and mostly conservative world view. Furthermore, the Nazis revered motherhood. This flattered midwives all over Europe who mostly worked long hours and lived from hand to mouth.

During her opening speech for the congress Nanna Conti presented herself as a motherly leader:

> *"The conscious fostering of relationships with our foreign sisters in the profession since 1933 is very pleasing to me. We have become acquainted with the midwives of the other countries and subsequently with the circumstances of those countries. The mutual trust has grown, new friendships were formed. I am feeling like a happy mother of a large family whose heart and house is growing bigger.*
> *During quiet nights, I think of the unknown heroines of everyday-life, and the midwives are very much these heroines, I salute not only these faithful helpers in Germany, who, often lowly paid and under the most difficult circumstances, fulfil their duties to the highest standards, but I also remember those who work diligently in the Alpine villages of Switzerland, Austria, France, Italy, in the Argonne or the mountains of the Nordic countries regardless of weather, those who give support and carry responsibilities on the remote islands of England and in other countries, those who, in the slums of the big cities of many different countries, lay the new life into the arms of the poorest."*[34]

33 J. GLETTIG, *Internationaler Hebammenkongreß in Berlin (Schluß)*, Die Schweizer Hebamme, 1937, Nr. 1, pp. 4-5; Elsa LEANDER, *Några intryck från den 7:e Internationella Barnmorskekongressen i Berlin den 5-9 juni 1936*, Jordemodern, 1936, N:r 7, pp. 186-192; Sara TOLL, *"Frauenmilchsammelstelle" i Berlin*, Jordemodern, 1936, N:r 8, pp. 220-222. Regrettably Czech journals couldn't be analysed for this paper.

34 „Die bewußte Pflege der Beziehungen zu unsern Berufsschwestern des Auslandes seit 1933 erscheint mir überaus beglückend. Wir haben die Hebammen der anderen Länder kennengelernt, dann die Verhältnisse der anderen Länder. Das gegenseitige Vertrauen ist gewachsen, es sind neue Freundschaften geschlossen worden. Ich komme mir vor wie eine glückliche, kinderreiche Mutter, deren Herz und Haus immer größer wird. In den stillen Nächten, wenn die unbekannten Heldinnen des Alltags, wie es ja die Hebammen ganz besonders sind, an mir vorüberziehen, grüße ich nicht nur die treuen Helferinnen in Deutschland, die, oft unter schwierigsten Verhältnissen, gering entlohnt, ihres Amtes in höchster Pflichterfüllung walten, sondern ich gedenke auch derer, die in den Alpendörfern der Schweiz, Österreichs, Frankreichs, Italiens, in den Argonnen oder den Bergen der nordischen Länder bei Wind und Wetter ebenso treu arbeiten, derer, die auf den entlegenen Inseln Englands und anderer Staaten Hilfe leisten und höchste Verantwortung tragen, derer, die den Ärmsten in den Elendsvierteln der Großstädte in den verschiedensten Ländern das neue Leben in den Arm legen." E. K., *Der VII. Internationale Hebammenkongreß in Berlin*, Zeitschrift der Reichsfachschaft Deutscher Hebammen, 1936, 4. Jg. (alte Folge 51. Jg.), p. 301. Translated by Anja K. Peters.

Midwives who didn't speak German were invited to visit a Reich Labour Camp for women[35] *and a training course for mothers on 10th June 1936 while the midwives who spoke German attended the conference of the German Midwives Association. Usually these conferences covered mainly professional topics. This time, however, the audience heard solely ideological lectures: "This year's German midwives' conference didn't generally cover midwives matters, but the priority was to arouse an understanding in the guests for the goals and the deeds of the new Germany."*[36]

In a lecture about the "Nuremberg Laws" by Leonardo Conti the ideological foundation of the German Reich became obvious even to the most innocent observer:

"It will only be unobjectionable in few cases to allow such ***mixed marriages****"*[37]*. I have dealt with these in Berlin where the majority of cases of this kind are to be dealt with, and I can confirm this: My perception that these half-breeds are unpleasant characters has been again corroborated and emphasised. Above all, this can also be recognised in the personal fate, which is everything but nice. This manifests itself through higher numbers of multiple divorces, criminal records, war shirking. All this is to be found among these people.* ***These half-breed Jews are generally not better than the Jews themselves.*** *I even have the distinct impression that they are generally worse than the Jews."*[38]

Nanna Conti made contact with many leading midwives' functionaries. She was particularly close friends with Maria Vittoria Luzzi (died 1960), chairwoman of the Italian Sindacato Nazionale Fascista.[39] There were also close bonds to the Belgian-Walloon midwives association and their chairwoman Madame Henrard[40]. Henrard invited Nanna Conti to the Walloon Midwives Congress in Brussels in 1935 from where Conti reported:

"The journey to Belgium provided me with a wealth of information and the affectionate reception gave me great joy. Besides, it was possible to answer many questions and make the truth about our

35 Young German adults had to do duty for six months for the Reich Labour Service. Until 1939 this was voluntary for women. Wolfgang BENZ et al. (eds), *Enzyklopädie des Nationalsozialismus*, München 2007, p. 726-727.

36 „Die diesjährige deutsche Hebammentagung behandelte nicht zur Hauptsache Hebammenangelegenheiten, sondern im Vordergrund stand die große Aufgabe, Verständnis für das Wollen und die Taten des neuen Deutschlands bei den ausländischen Gästen zu wecken." E. K., *Der VII. Internationale Hebammenkongreß in Berlin (Schluß)*, Zeitschrift der Reichsfachschaft Deutscher Hebammen, 1936, 4. Jg. (alte Folge 51. Jg.), p. 325.

37 Bold print by the translator. The original quote was printed in double character spacing for emphasis.

38 „Es wird nur in wenigen Fällen unbedenklich sein, solche Mischlingsehen zu genehmigen. Ich habe sie in Berlin, wo die meisten Fälle dieser Art zu bearbeiten sind, bearbeitet, und ich kann versichern: Meine Erkenntnis, daß diese Mischlinge unerfreuliche Typen sind, hat sich nur von neuem gefestigt und gestärkt. Meistens ist dies auch vom Lebensschicksal aus erkennbar, das alles andere als schön ist. Das äußert sich in mehrfachen Ehescheidungen in größerer Zahl, Vorbestrafungen, Kriegsdrückebergerei. Alles findet sich darunter. Diese Mischjuden sind in der Regel nicht besser als die Juden. Ich habe sogar den deutlichen Eindruck sie sind in der Regel schlechter als die Juden." J. GLETTIG, *Hebammenkongreß*, p. 5. Translated by Anja K. Peters.

39 Secretary general of the Italian midwives association 1934-1944 and again 1950-1960. M. SCHW., *Maria Vittoria Luzzi †*, Deutsche Hebammen-Zeitschrift, 1961, 13. Jg., p. 100.

40 Birth-and-death dates unknown.

home country be known abroad as this truth often does not get through on the grounds that the press is in Jewish hands."[41]

After the IMU congress in Paris in 1938, Clémence Mosse (died 1949 in Paris)[42] became president of the IMU. As we know, the IMU's secretary general at this time was Frans Daels, who supported the Nazis, so it is not surprising that Mosse couldn't exert any influence on the organisation. Furthermore, Paris was under German occupation from 1940-1944; opposition to the mighty German Midwives Fuehrer was dangerous.

Nanna Conti despised Mosse, who – according to Conti – was of Jewish descent. In 1942, Conti succeeded Daels as secretary general and moved IMU headquarters to Berlin without even asking permission of Mosse, the acting president.[43] As a result, the archive of the International Midwives Union was nearly fully destroyed during an air raid in 1943 during which the headquarters of the German Midwives Association was hit.[44] From 1942-1945 the IMU was thus led by a Nazi functionary. Consequently, the Jewish midwives who were persecuted all over Europe received no support from the International Midwives Union.[45]

In 1942, Nanna Conti attended the annual meeting of the Midwives Association of Sudetenland in Aussig (Ústí nad Labem).[46] In 1943, a "Deutsche Hebammenschaft in der Slowakei" (German Midwives Association in Slovakia) was founded in Käsmark (Kežmarok). Conti was present and gave several lectures at the subsequent congress in Preßburg (Bratislava).[47] It is unknown yet whether this ethnic German professional

41 „Die belgische Reise hat für mich eine Fülle von Belehrung gebracht und war mir durch den herzlichen Empfang, den ich dort fand, eine große Freude. Außerdem war es möglich, auf viele Fragen Antwort zu geben und der Wahrheit über unser Vaterland im Auslande, die vielfach nicht durchdringen kann, weil die Presse in jüdischen Händen ist, im Ausland Gehör zu verschaffen." Nanna CONTI, *Als Gast der belgischen Hebammen und die Tagung der belgischen Hebammen*, Zeitschrift der Reichsfachschaft Deutscher Hebammen, 1935, 3. Jg. (alte Folge 50. Jg.), p. 540. Translated by Anja K. Peters.

42 Clémence Mosse (or maybe Mossé) was president of the French Union Nationale des Syndicats des Sages-Femmes. According to Nanna Conti Mosse was a Catholic of Jewish background. N. C., *Die Dachorganisation der Hebammen in Frankreich*, Zeitschrift der Reichsfachschaft Deutscher Hebammen, 1937, 5. Jg. (alte Folge 52. Jg.), p. 21. Also: Archives Nationales, Paris, cote AJ/40/60 dossier «Personnel sanitaire et maison de santé (1940-1943)», letter by Nanna Conti to Herrn Oberstabsarzt Dr.Holm, 1st May 1942.

43 See the letter quoted in the footnote above. The file was first discovered and brought to my notice by Dr. Yves Louis, Belgium.

44 A. K. PETERS, *Nanna Conti*, p. 310.

45 A. K. PETERS, *Nanna Conti*, p. 257-265. Also: Wiebke LISNER, *Geburtshilfe im Kontext von Gemeinschafts- und Rassenpolitik – Hebammen als weibliche Expertinnen im "Reichsgau Wartheland" 1939–1945*, in: Detlef Schmiechen-Ackermann et al. (eds), Der Ort der "Volksgemeinschaft" in der deutschen Gesellschaftsgeschichte, Paderborn 2018, pp. 311-326. By the same author: *Midwifery and the Process of Racial Segregation in occupied Western Poland 1939-1945*, German History, 2017, vol. 35, pp. 229-246.

46 I. KEßLER, *Einladung zur Haupttagung*, Die Deutsche Hebamme, 1942, 57. Jg., p. 95.

47 ANONYM, *Hebammenwesen in der Slowakei*, Die Deutsche Hebamme, 1943, 58. Jg., pp. 136-138.

sisterhood was incorporated into the German Midwives Association or whether they could act independently. We might be right in assuming that any independence was only on paper.

In 1944 Nanna Conti reported that midwives from the Reich were sent to East-Upper Silesia and the Protectorate of Bohemia and Moravia where schools for midwives were founded to train ethnic German midwives.[48]

All Nazi dreams of a Greater German Reich with a population of healthy, "Aryan" Germans served by those who were considered racially inferior ended with the capitulation of the Wehrmacht in 1945. Nanna Conti had already fled from Berlin to a small village in northern Germany. She was never brought before a court of law and died in Bielefeld in 1951.[49] Czechia and Slovakia were unified again, and the German population of Sudetenland was mostly deported to Germany due to the Beneš decrees. The International Midwives Union was re-founded in 1949, and the German delegate was told that no Nazis would be allowed to join.[50] However, while Clémence Mosse, who bequeathed her apartment to the IMU to support the re-establishment, is mostly forgotten,[51] Nanna Conti was honourably remembered during the congress in London in 1955:

> *"Germany, who in their presentation specifically described the value of the organisation (…), can be particularly proud of their contribution to all groundbreaking work. This was shown distinctively clearly to the German delegation, as in the commemorative publication of the congress beside the pioneers of the organisations of England und France, our former midwives leader Mrs Nanna Conti could also be seen."*[52]

Nanna Conti was also honoured posthumously when her name was engraved on a link on the chain of office of the president of the International Confederation of Midwives.[53] As far as I know, the ICM has not yet remembered any of their Jewish colleagues who were killed in the Shoah. We also don't know yet how many babies in the occupied countries fell victim to euthanasia killings after midwives reported them to the German authorities.

From 1936 to 1945, the IMU was led by a Nazi and was turned into a mouthpiece for Nazi propaganda.

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48 Nanna CONTI, *Rückblick und Ausblick*, Die Deutsche Hebamme 1944, p. 5.

49 A. K. PETERS, *Nanna Conti*, p. 319.

50 Frieda RIEDE, *Tagung der Internationalen Hebammen-Union in London*, Deutsche Hebammen-Zeitschrift, 1949/1950, 1. Jg., p. 131.

51 Wellcome Collection London, SA/ICM/R/3.

52 „Deutschland, das in seinem Vortrag ganz besonders über den Wert der Organisation berichtete (...), kann stolz darauf sein, bahnbrechend hier mitgearbeitet zu haben. Das wurde der deutschen Delegation so recht vor Augen geführt, denn in der Fest-Zeitschrift anläßlich des Kongresses war außer den Vorkämpfern der Organisationen von England und Frankreich auch unsere frühere Hebammenleiterin Frau Nanna Conti zu sehen." E. APFEL, *Der Londoner Kongreß im Überblick*, Deutsche Hebammen-Zeitschrift, 1955, p. 10. Translated by Anja K. Peters.

53 GM., *Vorbericht über den 13. Internationalen Hebammen-Kongreß vom 1. bis 6. Juli 1963 in Madrid*, Deutsche Hebammen-Zeitschrift, 1963, 15.Jg., p. 362-367.

November 9, 2018 was the 80th anniversary of the day when all over Germany, Austria and Sudetenland synagogues were burned to the ground, and shops owned by Jews were demolished and plundered, when Jewish hospitals and schools were attacked. During the following days thousands of Jewish men were deported to concentration camps. These pogroms – or as the Nazis called it: "Kristallnacht" – were the beginning of the persecution of the European Jews which led to mass murder. In 2019 we will remember the beginning of World War II and the beginning of the "euthanasia" program. German and Austrian midwives were involved in all three of these atrocities. So far only the German Midwives Association accepted responsibility in 2006, but without taking any action, for example by donating Stolpersteine in remembrance of the colleagues killed in the Shoah.

Conclusion

The years of 1938/1939 mark the climax in the career of Nanna Conti. As the German Reich expanded, so did the sphere of influence of the German Midwives Association: geographically when new districts and midwives association were founded in Sudetenland, the Protectorate of Bohemia and Moravia and Slovakia; professionally they reached a new level of emancipation after the Reich Midwives Law guaranteed them the whole field of child birth and delivery. The law was an enormous political success, and even if over decades the groundwork had been done by others, it was attributed to Nanna Conti and gained her national and international recognition. Even though the IMU/ICM denied any collaboration or membership to former Nazi party members immediately after the war, they soon honoured Nanna Conti once more by acknowledging her at congresses and immortalising her name on the chain of office of their president. The ICM has never asked in what way the ideology that was spread among and lectured to midwives and co-workers by Nanna Conti, influenced German and European midwives beyond 1945. Nobody prevented district leaders who had served under the Nazis to represent the West German midwives until the 1980s. To this day the ICM has still not discussed to what extent functionaries of the European Midwives Association were in collaboration with and support of a midwives' association and its leader that were part of a fascist, anti-Semitic, eugenic and racist political system. Neither the ICM nor today's German Midwives Association have donated Stolpersteine for persecuted Jewish midwives or have engaged in researching any of their names.

Norwegian resistance fighter Sylvia Salvesen (1890 – 1973) named her memoirs of her experiences in the KZ Ravensbrück – where she also describes the horrific circumstances

in the delivery room and the actions of prisoner-midwife Josephine Pöllinger (born 1902)[54] – „Forgive, but do not forget"[55]. This book title should be suggested as the appropriate and desired approach to the ICM's history.

54 Dr. Anja K. PETERS, Josefine Pöllinger: The Midwife of Ravensbrueck, UKAHN BULLETIN 2019, Vol 7, accessed 16th March 2019, pp. 74-77, URL: http://ukahn.org/wp/the-ukahn-bulletin/

55 Sylvia SALVESEN, *Forgive, but do not forget*, London 1958.

Portrait of Nanna Conti. Source: Die Deutsche Hebamme, 56. Jg., 1941, p. 103.

Summary

Caught between dialogue and diktat –
The International Midwives Union 1933-1945

The International Midwives Union or IMU was the predecessor organisation of today's International Confederation of Midwives as was the German Reichshebammenschaft (Reich Midwives Association) to today's Deutscher Hebammenverband (German Midwifery Association). Nanna Conti was president of both the national and international organisation. She strongly supported the German Midwives Law, which was passed in 1938. By this law, assistance at a complication-free birth became an entitlement of German and later Austrian midwives. This specific paragraph in the law was unique within Europe, a cause for admiration throughout all midwives associations. It still remains legal in Austria and Germany. This ingrained Nanna Conti as a heroine of midwifery into the collective memory of German and Austrian midwives until the 1990s.

The years of 1938/1939 mark the climax in the career of Nanna Conti. As the German Reich expanded, so did the sphere of influence of the German Midwives Association: geographically when new districts and midwives association were founded in Sudetenland, the Protectorate of Bohemia and Moravia and Slovakia; professionally they reached a new level of emancipation after the Reich Midwives Law guaranteed them the whole field of child birth and delivery. The law was an enormous political success, and even if over decades the groundwork had been done by others, it was attributed to Nanna Conti and gained her national and international recognition.

To this day the ICM has still not discussed to what extent functionaries of the European Midwives Association were in collaboration with and support of a midwives' association and its leader that were part of a fascist, anti-Semitic, eugenic and racist political system. Neither the ICM nor today's German Midwives Association have donated Stolpersteine for persecuted Jewish midwives or have engaged in researching any of their names.

Elżbieta KASSNER

Between Home and Hospital: Midwives and Their Maternity Wards in Postwar Poland (1945–1970)

Abstract: *The article's aim is to describe the history of maternity wards, institutions that were unknown in prewar Poland. By presenting the midwives narratives in interviews this article focuses on the unique form of obstetric care on local community level, organized and managed by midwives. The article will not be a chronological description of the creation and development of maternities, but more a coverage of events that influenced their creation and activities.*

Key words: *Maternity ward – Midwife in Poland – Midwifery in postwar Poland – childbirth in postwar Poland*

> *"You know, when a woman gives birth, she needs the support of a wise woman. Woman suffers during delivery, and midwife can help a great deal. And they are also independent, not reliant on anyone, and can work at any moment."*[1]

This is how the mother of midwife Karolina described the nature of a midwife's profession, giving her advice and helping her to choose a profession in the early 1950s. However one-sided this statement may be, it illustrates how the role of the midwife and the profession of midwifery were perceived and serves as a testimony of sorts to the contemporary image of midwives.

The article's aim is to describe the history of maternity wards, institutions that were unknown in prewar Poland. By presenting the midwives narratives in interviews this article focuses on the unique form of obstetric care on the local community level, organized and managed by midwives. The article will not be a chronological description of the creation and development of maternities, but more a coverage of events that influenced their creation and activities.

1 Interview fragments used in the article are from my master's thesis written under the direction of Prof. Dr. Barbara Duden at the Universität Hannover in 2005: "Between House and Hospital: The History of the Midwives and the Maternity Wards in Poland 1945–1970, unpublished. Here p. 63.

The maternity wards were opened starting in the second half of the 1940s and for almost three decades became a part of rural areas, exercising a major influence on the future shape of perinatal care in Poland. The history of the establishment and development of maternities is, however, inextricably linked to the history of the professional work of the midwives employed there, who ran these facilities independently. The selection of the source database used for the article is therefore of major importance. In addition to professional journals, legal ordinances, and official documents, I use fragments of interviews that I conducted with midwives, who studied at a midwives' school and started their professional activity in the 1950s and 1960s. The dominant theme of the interviews was the life and work of the midwives in maternity wards. Such sources enriched with the personal experience of the midwives make it possible to paint a full picture of maternity. The interviews are a unique source, as access to these midwives is particularly difficult due to their progressively older age. I give equal treatment to the sources; which complement each other throughout the article.

As Marion Schumann demonstrates for the Federal Republic of Germany, the way pregnant women were treated and the practical activities associated with childbirth are influenced by culturally and socially influenced norms, which are reflected in the profession of midwifery and determine obstetric practice. At the same time, pregnancy, childbirth, and motherhood are important biographical examples of the changes occurring in the lives of women and men.[2]

In the years immediately after the war, the events of World War II and the reconstruction of the country within the new geopolitical boundaries absorbed a major share of Poland's national energy.[3] The wartime destruction and the twofold occupation by Germany and Russia were followed by the expansion of Soviet domination.[4] The Polish population found itself in a "new reality."

In January 1947, the Office of War Compensation published a report on war losses in Poland and estimated the number of people murdered to be six million, as the result of

2 Marion SCHUMANN, *Vom Dienst an Mutter und Kind zum Dienst nach Plan. Hebammen in der Bundesrepublik 1950–1975*, Osnabrück 2009.

3 The country's territory was about 20 percent smaller in relation to the area of the Second Polish Republic, with more than half of prewar Poland incorporated into the USSR. Poland was given land to the west and north (East Prussia), which belonged to the Third Reich before the war. The end of the war did not spell the end of migration. For example, processes related to forced migration occurring in the Upper Odra region between 1945 and 1948 were discussed extensively by Beata HALICKA, *Polski Dziki Zachód. Przymusowe migracje i kulturowe oswajanie Nadodrza 1945–1948*, Kraków 2015. See also Norman DAVIES, *God´s Playground: a History of Poland*, Oxford 1989.

4 See Katherine R. JOLLUCK, *Life and Face: Race, Nationality, Class and Gender in Wartime Poland*, in: Catherine BAKER (ed.), Gender in 20th Century Eastern Europe and the USSR, London 2017, pp. 96–112.

German terror.[5] The deteriorated health of the population left much to be desired. Hunger, the spread of disease, disabilities, epidemics, the mental effects of the war, as well as the consequences of losing relatives were rife in a society already exhausted by warfare. The consequences of the war were severe for the survivors: an increase in general mortality from 13 to 18 percent; raging tuberculosis, which affected 80 percent of school-age children; a decrease in the weight of schoolchildren by 30 percent compared with the prewar average, a considerable increase in the incidence of trachoma; the spread of venereal disease, psychoneurosis, and alcoholism; an increase in the crime rate. A particular problem for reconstructing the nation was an increase in infant mortality from 10.9 to 26.5 percent, the frequency of unlawful abortions, and the increase in the number of miscarriages, premature births, and stillbirths.[6]

The emerging state was confronted with the need to rein in lifestyle diseases and restore the nation's health. Due to the "disproportions between the slim budgetary framework and the vastness of the issues," overcoming them required a "strong and coordinated collective effort."[7] At its first general meeting, the Commission to Fight the Effects of Biological Attrition of the Nation, established under the Minister of Health, determined that the most urgent issue was that of mother-child-care, and the fight against tuberculosis. The first three points of the thirteen-point action plan concerned: care for newborns, children, and youths; care for orphans, half-orphans, and illegitimate children; care for pregnant women and mothers.[8]

In the late 1940s the Polish government set out to organize health care and remodel the health care system, which was to operate in accordance with the principles of the country's established political system. The objective was to create a socialist health care system modeled after the Soviet one.[9] "Its basic tenets were that every citizen should have

5 Soviet actions were not considered into account. BIURO ODSZKODOWAŃ WOJENNYCH PRZY PREZYDIUM RADY MINISTRÓW, *Sprawozdanie w przedmiocie strat i szkód wojennych Polski w latach 1939–1945*, Warszawa 1947; [Polish War Reparations Bureau, Report on the losses and damages of war in Poland in 1939–1945], Warszawa 1947.

6 Zdzisław ASKANAZ, *Zadania komisji do walki ze skutkami biologicznego wyniszczenia narodu*, Opiekun Społeczny: miesięcznik poświęcony zagadnieniom opieki społecznej, 1947, no. 1, pp. 9–13.

7 Z. ASKANAZ, *Zadania komisji*, p. 11.

8 The Commission included representatives of the Ministry of Health, the Ministry of Labor and Social Welfare, the Ministry of Education and the Central Planning Office, which initiated the Commission's establishment. See Z. ASKANAZ, *Zadania komisji*, p. 11.

9 The adapted socialist healthcare model was developed in the 1920s in Soviet Union by Nikolaj Aleksandrowicz Siemiaszko. In this so-called "Semashko model", the state was primarily responsible for the organisation, financing and delivery of health service and medical care. See more Urszula DROZDOWSKA, *System organizacji służby zdrowia w Polskie Rzeczpospolitej Ludowej jako przykład modelu obowiązującego w krajach tzw. Obozu socjalistycznego*, in: Teresa Mróz (ed.), Uwarunkowanie systemu opieki zdrowotnej w Polsce, Białystok 2012, pp. 54–59, here p. 54.

access to free "medical care and the so-called medicalization of the health."[10] In accordance with the Act of 1948 on social health care institutions and a planned health care economy, health care facilities were unified and nationalized, and their reconstruction linked to that of the state and economic plans.[11]

In postwar Poland, a high birth rate and a natural increase were observed. In 1946, the number of births was 622,500, by 1950 it had reached 763,100 and in 1955 793,800 births were recorded. In 1946 there were 26.2 newborns per 1,000 inhabitants, and by 1951 it reached its peak with 31 newborns per 1,000. At the same time, the infant mortality rate was appallingly high, and was a matter of concern for authorities and the medical community. In 1950, infant mortality was at a level of about 111 per 1,000 live births, and about 6 out of 1,000 children died before the age of 5.[12] The mortality rate of perinatal mothers was 11.7 deaths per 10, 000 births.[13] Accordingly, the national population policy was aligned in favor of childbirth. These undertakings were strictly related to assuring every woman had proper perinatal care under the supervision of professionals, as well as providing appropriate premises for organizing medical facilities.

For obstetrics, this meant a centrally controlled relocation of the birth site from the domestic environment of the delivering women to the public spaces of the health care services, as well as the establishment of a fine-meshed network of counseling centers for pregnant women, mothers, infants, and small children. Even though the relocation of the birth site from the delivering women's homes to the clinic was a political aim, the expansion of obstetric wards in hospitals proceeded only slowly. Medical facilities were in a catastrophic state. Most medical, preventive, and sanitary facilities were bereft of equipment, laboratories, apparatus or medical instruments. There were no buildings for collective health purposes. Material losses incurred by health care facilities, destroyed buildings, and the damaged or, often, stolen inventory of the facilities were estimated to be around 55 percent.[14]

10 The Semashko model was adopted by all satellite countries of the Soviet bloc after WWII. See Witold A. ZATOŃSKI - Mateusz ZATOŃSKI, *Health in the Polish People s Republic*, J Health Inequal, 2016, 2 (1), pp. 7–16, here p. 2.

11 *Ustawa z dnia 28 października 1948 roku o zakładach społecznych służby zdrowia i planowej gospodarce w służbie zdrowia* (Dz. U. 1948, nr 55, poz. 434) [Act of 28 October 1948 on social health care institutions and planned health care economy. (OJ 1948, No. 55, item 434)]. With the Act's introduction, the term social health care institutions became applicable, which defined them as institutions maintained by the state, state institutions, local self-government associations and social insurance institutions. See Urszula KOZŁOWSKA - Marek BULSA, *Polish health care transformation between 1950–1960. Issue of maternal and child health care (major problems)*, in: Hygeia Public Health 2015, 50(1): pp. 244–246, here p. 244.

12 Eugenia POMERSKA, *Ochrona zdrowia matki i dziecka w XX-leciu PRL, Zdrowie publiczne*, 1964, Nr 7, pp. 279–286, here p. 282.

13 E. POMERSKA, *Ochrona zdrowia*, p. 280.

14 See Jan RUTKIEWICZ, *Odbudowa szpitalnictwa warszawskiego*, Opiekun społeczny: miesięcznik poświęcony zagadnieniom opieki społecznej, 1948, No. 7–8, pp. 258–273.

Staff shortages also hit hard at the time. The losses among medical personnel were proportionately higher than in the overall population. Nearly half of the medical personnel were lacking compared with the prewar years.[15] The number of physicians decreased by 39 percent from 12,917 in 1938 to 7,732 in 1946. The number of midwives fell accordingly, from 9,356 in 1938 to 6,311 in 1946.[16]

The year 1949 saw the introduction of the registration of health care professionals, which allowed the number of employees and their place of residence to be ascertained, including areas that lacked a sufficient number of employees as well as areas without health care facilities.[17] The aim was to ensure the even distribution of medical personnel throughout the country and organize appropriate obstetric care in the rural areas.[18] That same year, the regulation on midwives' obligation to work in social health care facilities required midwives to work solely in state-owned institutions: in maternity wards, as a local midwife or in treatment facilities operated by national insurance institutions.[19]

In order to quickly and economically make up for the lack of doctors in obstetrics, the government assigned nearly all of the responsibilities related to childbirth to midwives, which included care and advice during the pregnancy, normal delivery, and the post-natal period, as well as infant care and maternal counseling.

Educating an appropriate number of highly qualified midwives became a decisive issue. The high requirements for the candidates were meant to allow the comprehensive implementation of broad curricula, "therefore, giving society well-prepared, mature and responsible midwives."[20] The curriculum also included subjects related to national population policy and this was reflected in the textbook for middle-level medical staff

15 As a result of the actions of both of the occupying forces directed against the Polish intelligentsia, such as the arrests of Polish professors, sending them to concentration camps, a significant part of medical professionals was murdered. The German occupiers successively replaced Polish with German midwives, and Polish women—like Jewish women—were excluded from training to become midwives, see more Wiebke LISNER, *Geburtshilfe im Kontext von Gemeinschafts- und Rassenpolitik. Hebammen als weibliche Expertinnen im 'Reichsgau Wartheland' 1939–1945*, in: Matthias Barelkowski et al. (eds), Zwischen Geschlecht und Nation. Interdependenzen und Interaktionen in der multiethnischen Gesellschaft Polens im 19. Und 20. Jahrhundert, Osnabrück 2016, pp. 238–263.

16 GŁÓWNY URZĄD STATYSTYCZNY (ed.), *Rocznik statystyczny 1949*, Warszawa 1950, p. 233.

17 *Rozporządzenie Ministra Zdrowia z dnia 29 października 1949 r. w sprawie rejestracji fachowych pracowników służby zdrowia oraz zezwoleń na przekroczenie normy ilościowej* (Dz. U. Nr 58 Poz. 454).

18 In 1946, over 68 percent of the population lived in rural areas. In 1947, out of a total of 7,869 physicians, only 631 physicians took up employment in rural areas. Maria LIPIŃSKA, *Lekarze w zwierciadle „Służby Zdrowia" w latach 1949–1956*, in: Bożena Urbanek (ed.), Zawód lekarza na ziemiach polskich w XIX i XX wieku, Warszawa 2009, pp. 399–420, here p. 401.

19 *Rozporządzenie Ministra Zdrowia z dnia 29 listopada 1949 r. w sprawie obowiązku pracy położnych w zakładach społecznych służby zdrowia* (Dz. U. R. P. Nr 61, poz. 483).

20 PREZYDIUM SEKCJI GŁÓWNEJ POŁOŻNYCH, *Wielki sukces zawodu położnych*, Pielęgniarka i Położna, 1960, Nr. 11, p. 19.

Obstetrics and Women's Diseases, in which the role of midwives was defined as follows: "Population growth increases a society's strength, its importance, and its prosperity. The Polish state aims to increase our population with each passing year in our nation's interest. A Polish midwife who wishes to fulfill her duties properly, must be aware of these goals and, if possible, help implement them."[21]

The state was banking on the active participation of midwives, in a campaign to lower the mortality of women and of children in the first year of life, in promoting motherhood, combating infertility, and in preventing miscarriages, as a result of which the state suffered the greatest losses in terms of population growth.[22]

The health department took steps to combat domestic childbirth assistance by unqualified obstetricians, so-called *babkas*, who were seen as the main cause of high perinatal mortality, and whose help was mainly sought out by residents of villages. Babkas were folk women who acquired their knowledge about childbirth through experience. In the spirit of neighborly help, they cared for peasant women during childbirth and performed the housework during the lying-in period. They usually received money or natural produce as remuneration for their work, which was less expensive for the farmers, who did not have health insurance, than having to pay for the services of a qualified midwife. Babkas were accused of having carried out large number of illegal abortions.[23]

In order to make up for the lack of hospital beds, obstetric care—especially in rural areas—was supplemented on an interim basis by a new type of institution: **the maternity ward**. It was intended to bring the "childbirth bed" to peasant women and thus improve the care of mothers and children. With the establishment of the maternity ward, peasant women could give birth to the child under better hygienic conditions than in their own homes, which often did not have running water or were only poorly heated, receive the necessary care and time to recuperate after childbirth, and have a break from performing strenuous physical farm labor. It was often the case that the women arrived at one of the maternities directly from working in the fields and were already in an advanced phase of childbirth. As soon as they arrived, delivering women were prepared for the birth depended on the phase of childbirth they were in. They were generally washed, their genital area

21 Henryk BRĘBOROWICZ, *Opieka nad matką i dzieckiem*, in: Tadeusz Zwoloński (ed), Położnictwo i choroby kobiece,Warszawa 1950, pp. 424–437, here p. 424.

22 The argument was that it was good for children, whose proper development in childhood requires the company of a larger number of siblings, who in later life can support themselves. The ideal was a marriage with 3 or 4 children, due to about 10–15 percent of couples being infertile. The midwife's help was to be limited to instructing and referring the patient to a specialist after just 1 year of marriage. Also, each woman suffering a miscarriage should be sent to a hospital or a doctor.

23 See more Sylwia KUŹMA-MARKOWSKA, *Walka z „babkami" o zdrowie kobiet: medykalizacja przerywania ciąży w Polsce*, Polska 1944–45/ 1989, Studia i Materiały, 2017, vol. 15, pp. 189–215, accessed, 14th April 2019, http://dx.doi.org/10.12775/Polska.2017.1.

shaven, and were given an enema, since, as midwife Karolina attested, not many houses had a bathroom: "Then people really didn't wash, there was no hygiene, no bathrooms."[24] Midwife Janina: "We gave them a sponge bath, with the kind of soap that did not cause pimples or eczema. They started to deliver, their feet so muddy, and the baby's head was already showing; then you didn't look at their dirty feet but quickly washed their genital area and delivered the child."[25]

The new institution run by midwives quickly established itself and became a permanent part of communities. The first maternity ward, with five beds, was initiated in 1945 by midwife Hoffmann in Laski near Warsaw shortly after the end of the war. She managed it independently, without a budget and without auxiliary personnel.[26] By 1949, there were already 85 maternity wards, and a year later 250. Thus, in the early 1950s, a high point was reported in the expansion of maternity wards. In 1956, 140,000 births took place in a maternity ward run by a midwife, the equivalent of 16 percent of all births. Of the total of 8,055 midwives, 1,081 worked in 788 maternity wards. These houses enabled securing the institutionalization of childbirth under the conditions of a short supply of personnel resources in areas in which there was no clinic infrastructure.

In 1950 the Ministry of Health published the *Instruction on the Organization and Operation of the Maternity Wards* according to which the maternities constituted part of the health care center and had, depending on local requirements, three to ten beds. [27] The maternity's tasks included: "providing obstetric aid during normal births, caring for lying-in women and newborns, directing a woman for delivery to a hospital in the event of a pathological birth, puerperal fever (over 38 C), or complications occurring both for the woman and for the newborn." Women under the jurisdiction of the health care center were admitted to a maternity ward. However, depending on the occupancy level, women from other local communities could be admitted. The staff of a five-bed maternity ward included a doctor, a midwife, an aide, and cleaning personnel. The doctor bore the official responsibility for the maternity wards. Besides supervising the birth, he was obligated to comply with each of the midwife's requests to examine and treat women giving birth.

The instruction describes the responsibilities of the midwife in the maternity ward in detail, as follows:

> *"1) Admitting women giving birth to the maternity,*
> *2) delivering normal births,*

24 E. KASSNER, *Between House and Hospital*, p.86.

25 E. KASSNER, *Between House and Hospital*, p.86.

26 Firstname unknown. Leokadia GRABOWIECKA, *Rozwój i działalność izb porodowych*, Położna, 1958, vol. 3, pp. 6–8, here p. 6.

27 *Instrukcja o organizacji i prowadzeniu izby porodowej*, stanowiąca załącznik Nr 8 do okólnika Nr 57/50 z dnia 6 lipca 1950 r (Dz. U. Min. Zdr. Nr 14, poz.122).

3) caring for women giving birth and newborns,
4) calling the doctor in cases of pathological births,
5) referring complicated, abnormal and febrile cases to a hospital,
6) issuing birth certificates,
7) reporting the birth of a child to a registrar, if the father is unknown or absent,
8) referring mothers to a pediatric clinic,
9) notifying the pediatric clinic of every birth of a live child and of the death of a newborn in the postpartum period,
10) notifying the women's clinic in the case of a death during birth, stillbirth and fever in the postpartum period,
11) performing activities and procedures ordered by the maternity ward doctor,
12) propagating knowledge of hygiene through the practical instruction of mothers on feeding and care of babies,
13) monitoring hygiene and sanitary conditions at the maternity,
14) assuring proper heating, ventilation and lighting of the maternity and sustenance nourishment for patients,
15) monitoring the condition and the completeness of the ward, tools, medicines, materials and linen,
16) supervising and managing the work of the orderly and other manual workers,
17) preparing applications related to the budget, supply of medicines, medical equipment, etc.,
18) bookkeeping and accounting,
19) preparing periodic reports,
20) wearing correct clothing (white coat and cap) at the maternity ward."

The instruction also defined how the maternity ward was to be equipped. The following rooms were to be available: waiting room, admission room, office, delivery room, maternity and newborn room, isolation room for patients with fever, bathroom, kitchen, laundry room, utility room, toilet, basement, attic, apartment for the midwife. If possible, every house was to have a telephone connection, electricity, central heating, and running water. In a maternity ward with ten beds there was to be an additional room for newborns. Moreover, the building was to have a room for laying out deceased mothers and infants, and there was to be a pit in the basement for burying the placenta.

Yet such spatial conditions were rare in postwar Poland. There were critical voices on the part of the county's doctors, who warned of excessive building requirements, which could impede the establishment of the maternity ward. A county doctor from the community of Olkusz, for example, held the opinion that even a maternity ward that did not completely correspond with the requirements offered better delivery conditions compared with confined, overcrowded working-class apartments or farmhouses, where women often give birth in the presence of other family members and ignored the lying-in period.[28]

However, how did it come about that a maternity ward was established in a village, in a local community? In Olkusz county, a decision was made to establish maternity wards in

28 M. KICIARSKI et al., *Izby porodowe w powiecie olkuskim*, Zdrowie Publiczne, 1951, no. 4, pp.103–115.

three-, two- and even one--roomed premises. Before the war, Olkusz county was among the poorest in Poland. The situation remained unchanged after the war. Despite significant difficulties in locating appropriate premises, about 20 maternity wards were established in there: a few in health care facilities, nine in rural buildings and even in ordinary straw huts. In Olkusz, the maternity wards were set up a few months before the instruction referred to above was issued. The local midwives themselves sought the locations with the assistance of the local administration. However, local citizens also frequently initiated the establishment of a maternity ward. The community, and sometimes even the midwives, donated the furnishings, such as tables, beds, and chairs. The midwives initially worked with their own medical instruments. It was easier to supplement the lack of equipment or to move to better locations if the house already existed. Furnishing the kitchens caused difficulties. In the beginning, the families of the women who had given birth brought the meals; the midwife often cooked at home. It was not until the maternity ward kitchens were equipped accordingly that the aides or the cleaning lady prepared the meals. In many communes the maternities were opened immediately if there was a midwife and premises suitable for temporary use. As Dr Kiciarski stressed, this was tactically necessary, as it forced local authorities to find appropriate rooms and organize the necessary equipment faster.

Almost all midwives I interviewed began their professional life in maternities as a young woman. They came to an unknown community. The midwives were issued work orders, generally introduced to health service beginning in the early 1950s, prompting the midwives to leave their current place of residence and to go to the specified area with a personnel shortage.[29] The action of directing midwives to rural areas was carried out in a systematic manner. Within a few years, the "first health care avant-garde" was created in rural areas.[30]

For the young midwives, these were completely new conditions, both in terms of private and professional life. The maternity ward was an attractive workplace. In the postwar years, the prospect of an apartment provided by an employer was an inviting one. Midwife Irena describes her maternity ward as follows: "It was a birthing house with 12 beds. There was a treatment room with files and a telephone, a delivery room with access to the newborn room, a kitchen with a utility room, and a laundry room with a rotary iron. The birthing house's spaces were on the ground floor, and there were two apartments on the upper floor for the midwives employed there. The living conditions for raising a child were good

29 This principle included nurses, midwives, and physicians. *Ustawa z dnia 7 marca 1950 r. o planowanym zatrudnianiu absolwentów średnich szkół zawodowych oraz szkół wyższych* (Dz. U. Nr 10, Poz. 106). [Act of 7 March 1950 on the planned employment of secondary vocational school and university graduates (Dz. U. Nr 10, Poz. 106)].

30 Leokadia GRABOWIECKA, *Opieka położniczo-ginekologiczna nad kobietą i noworodkiem*, in: Jerzy Krupiński (ed.), Zarys organizacji ochrony zdrowia matki i dziecka, Warszawa 1961, pp. 24–95, here p. 84.

there. I could put my son in the baby carriage on the wonderful terrace. We had a large room with a big kitchen. The house was made of larch wood. One could only dream of living in such a place."[31]

Running a maternity ward meant professional advancement. This was in part due to the fact that the head midwife had to assume responsibilities such as, for example, preparing work schedules and supervising the personnel, ensuring there were enough provisions, preparing the meals, preparing daily reports on food consumption, arranging for the supply of heating material, linens, and the cleaning of the facility. Midwife Janina reported that she had to travel to the town several kilometers away to order medication and bandaging material. There was a lack of professional staff in the area of purchasing or bookkeeping as well as auxiliary personnel for the delivery of medication and food. The tasks they had to cope with were diverse and often overstepped their professional skills, as they went far beyond obstetrics. The midwives organized and administered the day-to-day activities in the maternities. Midwife Janina recalls working in a 10-bed maternity, where she had to perform all these tasks herself: "It was good, you know, except someone for making purchased or doing the accounting was missing, because you did everything yourself, in a ten-bed house, all alone. The supplies needed, the menu, daily tasks, going to the city, ordering things in a pharmacy, yes, it was the midwife who had to take care of things."[32]

The difficult economic situation in the postwar years meant that the state could not afford administrative officers for maternities. Repeated appeals were therefore made to county instructors to put every possible effort into convincing midwives of the need and importance of assuring administrative activities: "In reality, most maternity managers have no knowledge of administrative work and, what is worse, are reluctant to do it, citing a lack of time or simply disregarding its importance. This is a significant impediment for county instructors to overcome. After all, there can be no exemplary maternity ward, even run by the most professional midwife without accurate and solid reporting."[33]

In the 1960s, the head of the midwives' association Adela Giergielewiczowa, repeatedly wrote about midwives working in maternities in the *Pielęgniarka i położna* (Nurse and Midwife) journal, whom she described as: "of these extraordinary, sacrificial, obliging beings, who by serving society will develop respect and professional confidence in midwives."[34] In retrospect Giergielewiczowa describes this development of the maternity wards as a professional success: "The surrender of the autonomous management of the

31 E. KASSNER, *Between House and Hospital*, pp. 74–75.
32 E. KASSNER, *Between House and Hospital*, p. 79.
33 J. WOJCIECHOWSKA, *Rola i zadania położnej powiatowej*, Pielęgniarka i położna, 1958, vol. 2, p. 19–20, here p. 20.
34 Adela GIERGIELEWICZOWA, *W cztery oczy*, Pielęgniarka i Położna, 1960, 6, pp. 27–28, here p. 27.

maternity wards by the Ministry of Health amounts to a major professional success. To do so not only requires a good command of one's profession, a high degree of responsibility, as well as unconditional diligence and devotion. For the management of a health care services agency, however small, every head midwife must also possess numerous additional good qualities and capabilities. These are indispensable for the performance of the duties she has undertaken."[35]

The midwives Janina and Karolina recalled that they could often rely on help from residents of the local community. Midwife Karolina recalls: "We had very good relations in the commune. Our maternity ward was right opposite to the parish house, we even borrowed an axe from the priest."[36] In most cases, it were family members who contributed their commitment in return for the care of the women. The fact that family members were involved in the events surrounding the birth certainly benefited the image of the small maternities: "Every woman brought something for the meals. One of them brought along a young chicken, and on that day, broth was made; the next day, another one brought something else, and a midwife also occasionally got a piece of meat. This had become a custom, nobody required them to do it, but they usually brought something. It happened that going into labor she'd bring milk and cake, and everything. On Sunday they might even bring a turkey, you didn't ask for anything. Hence it was an enclave of village life."[37] Midwife Janina describes the relationship between the local residents and herself: „If you got on well with people, you would always find suppliers willing to bring high-quality products. It was good at every maternity. Except there was a lot of work, of course."[38]

Unlike hospitals, the maternities quickly became an intimate space. Pregnant women liked to seek them out for the delivery of their babies. Midwife Janina remembers that they were often supported by their husbands, who even registered their wives for the planned delivery date in the maternity wards: "Fathers liked to come register their wives. They didn't want to go to a clinic."[39] With their decision to give birth in a small maternity, many women deliberately tried to avoid delivering their babies in a hospital. Midwife Irena recalls: "Some of them wanted to have their babies in the maternity because there was individual care there. There weren't as many births compared with the 'assembly line' in the hospital. Maybe the women felt the need for individual care, that it was less mechanical than in the hospital, that it was perhaps not so crowded."[40]

35 Adela GIERGIELEWICZOWA, *W cztery oczy*, here p. 27.
36 E. KASSNER, *Between House and Hospital*, here p. 79.
37 E. KASSNER, *Between House and Hospital*, here p. 80.
38 E. KASSNER, *Between House and Hospital*, here p. 79.
39 E. KASSNER, *Between House and Hospital*, here p. 77.
40 E. KASSNER, *Between House and Hospital*, here p. 77.

The instruction on organization and operation of the maternity mentioned above determined the number of auxiliary staff members there. The set standard was that a five-bed maternity should employ one orderly and two female manual workers. Larger maternities had full-time posts for cooks and laundresses. By the end of 1959, there were 814 maternities in Poland, with the number of supporting staff members employed there exceeding 4,000. In 1960 Adela Giergielewiczowa described them as follows: "a whole army of silent employees in the background, without whom even the most talented midwife could not do much. ... Their role is particularly important and requires far more responsibility than their colleagues employed in hospitals."[41] In addition to cooking, washing, cleaning, providing services for midwives, their tasks included helping the midwife in the delivery room, in the neonatal room, changing newborns, bringing them for feeding, and ensuring, alongside the midwife, the safety of newborns and women staying in the maternity. The midwife was in charge of how auxiliary staff members were prepared for tasks and work.[42] Acting on their own responsibility and bound by instructions, the midwives cared for their clients. Physicians were only consulted in unusual situations; the supervision of home births was only permitted in emergencies. The facilities were normally staffed by two midwives who took turns working a 24-hour shift. However, at the beginning of her professional life midwife Janina supervised a maternity on her own: "I was completely alone and had the aides, a cook, and a cleaning woman."[43] For emergency situations, midwife Janina trained the aides to administer first aid. She explained the course of childbirth to them and instructed them in how to perform it: "Listen, should anything happen, since I might get sick, call the doctor and check up on the woman, what she looks like, what the baby looks like, what her blood pressure is, and don't be afraid. She should shout, press; if she shouts, then she'll be having bearing down pains, won't she? You can do it."[44]

With the ministerial instruction of 1953, the midwives employed in the maternities were fundamentally not permitted to supervise home births.[45] One exception was precipitate labor, which occasioned the midwives to perform the delivery in the home of the women giving childbirth.

Midwife Janina recalled many home births that she accompanied during her activity as an employee in the maternity: "I always called the doctor; I also had a very nice one.

41 Adela GIERGIELEWICZOWA, *O nich trzeba mówić*, Pielęgniarka i Położna, 1960, 9, pp. 28–29, here p. 28.

42 A. GIERGIELEWICZOWA, *O nich trzeba mówić*, p. 29.

43 E. KASSNER, *Between House and Hospital*, p. 86.

44 E. KASSNER, *Between House and Hospital*, p. 87.

45 Instrukcja Nr 20/53 Ministra Zdrowia z dnia 8 kwietnia 1953 r. (Nr. M. Dz. 3–4116/53) w sprawie obowiązków położnych w izbach porodowych (Dz. Urz. Min. Zdr. Nr 8, poz. 62).

I remember that at the time, there were still telephones with a crank. 'Doctor, precipitate labor, the women is already giving birth.' 'But how are you going to get there? Should I drive you there?' 'No, I have a vehicle. It's only three kilometers.' In between I always called the emergency service and told them where I was going. 'Don't bring me any more new patients. I'll let you know when I'm back in the maternity.'"[46] Midwife Janina had a positive relationship with the responsible doctor. He supported her in her work, and in her absence he took over the supervision of the patients in the maternity. "He said, 'Go and don't worry; I'll go to the maternity.' He knew that I would be back in two hours. Perhaps two and a half, because I had to be present."[47] When midwife Janina arrived at the home of the woman giving birth, she had to decide if there was anything that spoke against a home birth. She examined the woman for the purpose of ascertaining the position of the child and the progress of the birth. If there were no irregularities, the woman could deliver her child at home. "When I arrived and examined her, you could feel the position on the vertex; if it was excellent, then we could deliver at home. But I prepared the diapers and the blanks beforehand. The family wanted an eiderdown, and so I said, 'You can have one if I don't see it.' With time I knew that it is better to first let the placenta come and then bathe the infant, which meant that it was sometimes smeared with blood. I only wiped the 'beak,' so that their little faces saw nicer, and then I swaddled the child."[48]

Despite the amount of work, all the midwives have very fond memories of their professional life. They have an apparent desire to maintain a positive image of the small maternities. According to midwife Irena: "It was a good time, during which I could convince myself of my independence."[49] The conviction that they can take responsibility for everything they did runs like a golden thread through the interviews. All the midwives who were interviewed describe the closure of the small maternities as a painful experience. Midwife Mirosława's maternity was closed because the authorities considered it uneconomical. Six hundred children were born there every year in the early 1970s. Midwife Mirosława explains: "Believe me, when the birthing house was closed, something was torn out of me. It was truly something wonderful to serve a patient and her child, as well as to inform the father of the joyful occasion. Just when the maternity was flourishing, it turned out that it was in the red. I couldn't find my place as a community midwife."[50]

The reason given for the closure of midwife Irena's maternity was also inefficiency: "It was technical reasons; the boiler exploded, there were such economic difficulties. A complete renovation of the maternity was necessary."[51]

46 E. KASSNER, *Between House and Hospital*, p .92.
47 E. KASSNER, *Between House and Hospital*, pp. 91–92.
48 E. KASSNER, *Between House and Hospital*, pp. 92–93.
49 E. KASSNER, *Between House and Hospital*, p. 70.
50 E. KASSNER, *Between House and Hospital*, p. 97.
51 E. KASSNER, *Between House and Hospital*, p. 97.

Small hospitals with less than two hundred beds found themselves in a similar situation. The difference in maintenance costs per bed-day was often twice as high for small facilities. The establishment and existence of small facilities was justified by the specific conditions of their founding. However, a budget analysis did not encourage them to be further organized. Small facilities were more expensive for every line item of per diem hospital expenditure – administration, nutrition, medication.[52]

The year 1959 marks a high point in the development of the maternity wards. There were 813 facilities.[53] The following year was a turning point for the development of the maternity wards. From then on, the number of facilities decreased significantly until delivery in a clinic became standard practice in the 1970s. 1970 there were only 561. In the period of 12 years, 252 maternities were closed. Another 200 were closed in the following five years.[54]

The closure of the small maternities forced the employed midwives to change their workplace. Some of them accepted positions in hospitals, while others worked in counseling centers, where they were only in charge of the preliminary care and aftercare of pregnant women. Midwife Karolina perceives the closure of the small maternities not only as a personal loss, but as a loss for the whole professional group. She equates the closure with the loss of her autonomy: "It's a pity, but the moment the maternities were closed, our independence came to an end. Yes, I regret that and think it's like in the Parable of the 'Talents,' where the master gave each of them two talents. Well, that's how I felt in health care system and after the independence of midwives was taken away, as if they had buried these talents, as if they had buried them and didn't want to do anything else."[55]

Conclusion

In this paper I have focused on the maternity wards as not only as a special place but constituting a specific type of midwifery. Characteristic of the work performed by the maternity wards midwives was the autonomous and trusting care of pregnant women, women giving birth, and after delivery of their babies. The midwife only consulted a doctor if irregularities occurred during birth. With the closure of the maternity wards, the midwives practicing in Poland at the time were deprived of their scope for acting on their own responsibility and lost their independence and their close relationships to delivering women, as they were more closely integrated into the national health care system.

52 Jan RUTKIEWICZ, *Odbudowa szpitalnictwa warszawskiego*, in: Opiekun społeczny: miesięcznik poświęcony zagadnieniom opieki społecznej. 1948, vol. 7–8, 272–273.

53 GŁÓWNY URZĄD STATYSTYCZNY (ed.), Rocznik statystyczny 1965, Warszawa 1966, p. 448.

54 GŁÓWNY URZĄD STATYSTYCZNY (ed.), Rocznik statystyczny 1976, Warszawa 1977, p. 475.

55 E. KASSNER, *Between House and Hospital*, p. 98.

Hardly had the maternities been established than they were gradually closed. They were allegedly no longer economical. For the midwives, the closure of the maternity ward also meant the restriction of their once diverse area of activity. As hospital midwives, they were always supervised by the doctors. Within the framework of clinical obstetrics, they unavoidably became doctors' helpers. All the values that were important to them—the closeness to and holistic care of the delivering women and their own independence—were taken from their hands.

The maternity wards are a kind of *intermediate space*—a birthing space between home and hospital. The birth site was shifted from the domestic environment to the spaces of the maternity wards, and finally to the hospital. Attending childbirth in the maternity wards displays features of home and hospital deliveries. They were located in larger communities and thus near the residences of the pregnant women. Unlike the hospital, the atmosphere in the maternities was a familiar one. As local residents, the pregnant women and their families knew the midwives. They were invited to family celebrations, such as, for example, baptisms.

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Foto 1. Maternity ward in Mikołajki. In: Dziesięciolecie medycyny w Polsce Ludowej. Warszawa, 1956

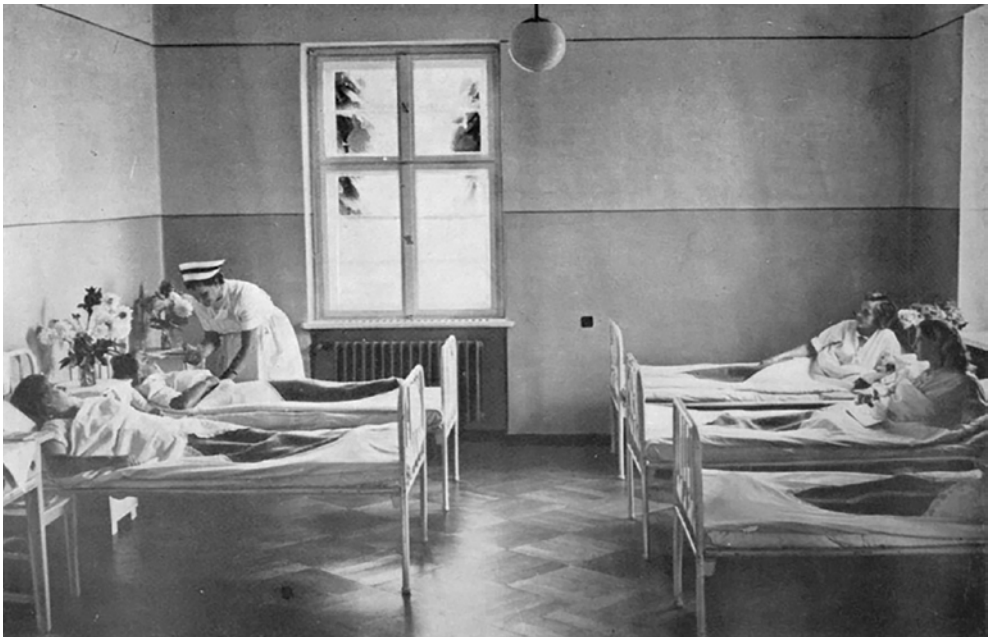


Foto 2. Maternity ward in Mikołajki. In: Dziesięciolecie medycyny w Polsce Ludowej. Warszawa, 1956

Budynek dawnej Izby Porodowej w Komorowie, pow. Tomaszów (woj. lubelskie), gdzie odbyło się 85 porodów od 1.I.51 r. do chwili uruchomienia nowej Izby Porodowej w dniu 19.X.51 r.

Foto 3. Maternity ward in Komorów. In: Położna 1952 2(2)

Rzecz jasna, że tzw. praktyka prywatna, uprawiana jeszcze przez część położnych, jest przeżytkiem, nie pasującym do nowych form lecznictwa społecznego. Rzecz jasna, że społeczeństwo będzie się broniło przed taką handlową formą „współpracy" położnej ze społeczeństwem i że praktyka prywatna będzie wypierana i będzie wyparta przez rozwój lecznictwa społecznego.

Trzeba wysuwać, pokazywać całemu społeczeństwu i nagradzać najbardziej wyróżniające się położne w pracy zawodowej i społecznej.

Położne polskie powinny brać przykład ze swych sióstr — położnych Związku Radzieckiego, które umieją doskonale łączyć pracę zawodową prowadzoną na wysokim poziomie z szeroką działalnością społeczną, które są aktywnymi bojowniczkami za sprawę swego wielkiego, socjalistycznego kraju i za sprawę pokoju.

W całym kraju odbywa się wielka praca nad likwidacją naszego zacofania, o osiągnięcie wysokiego poziomu rozwoju gospodarki, kultury, siły obronnej naszego kraju i zamożności najszerszych mas. Wszyscy pracownicy służby zdrowia, a wśród nich położne — powinny mieć ambicję wniesienia jak największego wkładu do tej pracy i wzięcia bezpośredniego udziału w kształtowaniu przyszłości naszej ludowej ojczyzny, w budowie socjalizmu i utrwaleniu pokoju.

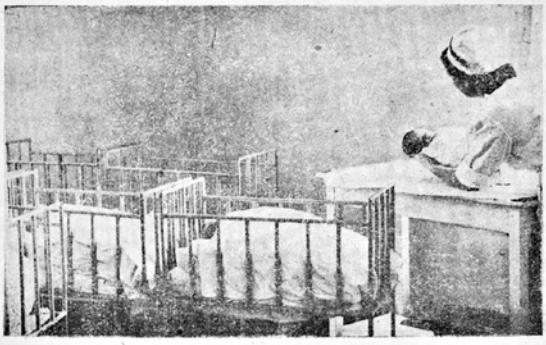
ADELA GIERGIELEWICZOWA

Podsumowanie osiągnięć

SKOŃCZYŁ się i przeszedł do historii drugi rok Planu 6-letniego. Setki tysięcy załóg z różnych zakładów pracy meldowało o przedterminowym wykonaniu zadań, warunkujących szybszy rozwój postępu i uprzemysłowienie kraju, wzrost dobrobytu mas pracujących i marsz do socjalizmu.

W końcu ubiegłego roku, na pierwszym wielkim zjeździe aktywu służby zdrowia w Ministerstwie Zdrowia ob. Minister Jerzy Sztachelski w swoim programowym referacie, w rozdziale i), „przekroczyć plan" — powiedział: „plan stawia przed nami zadania — wyznacza je w cyfrach, terminach. Naszym obowiązkiem jest nie tylko wykonać, ale i przekroczyć plan 6-letni. Hasło przekroczenia planu jest aktualne nie tylko w produkcji, ale również w każdej innej dziedzinie, a więc i w służbie zdrowia.

Przekroczyć plan w naszej dziedzinie, to znaczy drogą inicjatywy społecznej i ze środków społecznych, lub drogą wykorzystania rezerw materialnych, względnie wykonania dodatkowej pracy, zwiększyć świadczenia służby zdrowia na danym terenie, lub poszczególnych jej instytucji".



Sala noworodków w Izbie Porodowej w Wolbórzu (woj. łódzkie).

Dalej ob. Minister powiedział: „powinniśmy również zwiększyć ilość izb porodowych, wykorzystując miejscowe możliwości".

Słowa ob. Ministra Sztachelskiego stały się podstawą działania dla wielu województw na odcinku organizacji izb porodowych, stały się hasłem do współzawodnictwa między poszczególnymi Centralnymi Wojewódzkimi Poradniami Ochrony Macierzyństwa i Zdrowia Dziecka; nawet często ambitnie z sobą współzawodniczyły Wydziały Zdrowia Prezydiów Powiatowych Rad Narodowych i Prezydia Gminnych Rad Narodowych.

Biorąc pod uwagę fakt, że izby porodowe nie zawsze otrzymują nowe budynki, że lokale dla nich zdobywa teren drogą adaptacji starych budynków, wyszukiwanych przez Prezydia Gminnych Rad Narodowych — plan zwiększenia izb porodowych w roku 1951 z liczby 250 do 475 był śmiały.

Meldunki z terenu mówią, iż plan ten, mimo dużych trudności, został liczbowo całkowicie zrealizowany, w tym w kilku województwach z dużą nadwyżką.

Województwa szczecińskie i koszalińskie mają swój plan 6-letni wykonany, posiadają one po 54 izby porodowe.

Foto 4. Maternity ward in Wolbórz. In Położna 1952 2(1)

Summary

Between Home and Hospital:
Midwives and Their Maternity Wards in Postwar Poland (1945-1970)

The maternity wards were opened starting in the second half of the 1940s and for almost three decades became a part of rural areas, exercising a major influence on the future shape of perinatal care in Poland. The history of the establishment and development of maternities is, however, inextricably linked to the history of the professional work of the midwives employed there, who ran these facilities independently.

The maternity wards are a kind of *intermediate space*—a birthing space between home and hospital. The birth site was shifted from the domestic environment to the spaces of the maternity wards, and finally to the hospital. Attending childbirth in the maternity wards displays features of home and hospital deliveries. They were located in larger communities and thus near the residences of the pregnant women. Unlike the hospital, the atmosphere in the maternities was a familiar one. As local residents, the pregnant women and their families knew the midwives. They were invited to family celebrations, such as, for example, baptisms.

The maternity wards offered midwives the opportunity to work on their own authority within the framework of an institution, thus upgrading the profession of midwife. The midwives repeatedly emphasized that during their training they were prepared to work autonomously and on their own responsibility. However, with the closure of the maternity wards they were deprived of all of their authority to act on their own. They lost the last space that would have them enabled them to work independently.

Vladan HANULÍK

Female Midwifery in the Czech Lands 1850–1950: A Career on the Decline[1]

Abstract: *Although midwives were incorporated into the administrative system governing the conditions of birth delivery, female midwifery became the target of verbal attacks from the leading authorities of scientific medicine. Physicians addressed midwives often with superior hostility. In professional medical journals, the opinion was repeatedly represented by articles accentuating the archaic element of midwives' obstetric practice and, in particular, the lack of education and subsequent ability to absorb modern knowledge to improve obstetric practice. Professional discourse was constantly questioning the female midwives' capabilities, which, together with constantly increasing number of female midwives, resulted in the lack of guaranteed financial support for female midwives' professional practice. Thus, as a profession, midwifery mostly could not provide an opportunity in terms of economic and social independence.*

Key words**:** *history of medicine – physicians – Czech lands – 19th–20th century – midwives*

The Habsburg monarchy in the last third of the nineteenth century stepped into the final stage of professionalization of the medical field. Obstetrics has become a key area of action for pro-population measures since the period of enlightenment. In the eighteenth century not only doctors but politicians, bureaucrats, and governing rulers start to understood the population, its abundance and health, as an essential condition for the successful development of the state. Daniela Tinková emphasized the impact of this influence on the medicalization of births in the first half of the 19th century. The professionalization of obstetric assistance developed into two types of practitioners – female and male midwives.[2] The legislation led to the introduction of courses taught in the Habsburg monarchy often at the soil of medical faculties, which should guarantee the minimal level of female graduates for real practice and enable them legal approval for the

1 Publication of this study was supported by the project of GAČR - Czech Science Foundation nr. 17-14082S *Midwives: The Professionalization, Institutionalization, and Performance of the First ever Female Qualified Profession in the Course of Two Centuries*.

2 Daniela TINKOVÁ, *Tělo, věda, stát. Zrození porodnice v osvícenské Evropě*, Praha 2010, pp. 109–123.

professional practice. But was the profession of midwifery considered from the viewpoint of practicing midwives to be an independent occupation in terms of economic and social independence or should we see childbirth assistance only as a part-time job opportunity for lower classes? To what extent were midwives dependent on other sources of income or financial support of relatives and the local community?

Although midwives were incorporated into the administrative system governing the conditions of birth delivery, midwifery became the target of attacks from the leading authorities of scientific medicine. Physicians addressed midwives often with superior hostility. In professional medical journals, the opinion was repeatedly represented by articles accentuating the archaic element of midwives' obstetric practice and, in particular, the lack of education and subsequent ability to absorb modern knowledge to improve obstetric practice.

Midwives were represented in the discourse of medical periodicals in the 1860s as an archaic element that became synonymous with the rural environment.[3] Based on historical tradition, the population in the countryside trusted the therapeutic abilities and skills of midwives. Physicians often faced, in the case they entered in the practice in the rural areas, to develop a client network, a confrontation with the regional reputation of capable midwives.[4] Ignác Kvapil, a district physician in Chudenice, has reported such experience in 1867. He published a description of the problems associated with rural practice, where a young physician „must endure many difficulties before he gains the trust of his sick."[5]

While greater anatomical knowledge, coupled with access to a greater range of obstetric techniques, will have proved beneficial to male midwives, the quality of training that man-midwives received, especially with respect to the number of births that they were able to witness, was variable to say the least. This fact was well known in the population.[6] As the basic advice for new doctors therefore often stand the recommendation of a strict demonstration of the dominance that the doctors had towards the pupils on the basis of differences in education, professional corporate identity and symbolic capital that they could draw from the growing prestige of the medical profession. Therefore, „the doctor must strictly prohibit the midwife to mix in the medical treatment, in particular it must not allow the midwife, as many others, in obstetrics uneducated medical practitioners, to let her help in the cases of difficult deliveries."[7]

3 Edward SHORTER, *Women's Bodies. A Social History of Women's Encounter with Health, Ill-Health, and Medicine*, New Brunswick – London 2009, pp 36–37.

4 Jürgen SCHLUMBOHM, *Lebendige Phantome. Ein Entbindungshospital und seine Patientinen 1751–1830*, Göttingen 2012, pp. 199-201.

5 Ignác KVAPIL, *Náčrtky z práce venkov*ského lékaře, Časopis lékařů českých, no 30, 1867, p. 237.

6 Robert WOODS – Chris GALLEY, *Mrs Stone & Dr Smellie. Eighteenth-century midwives and their patients,* Liverpool 2014, p. 310.

7 I. KVAPIL, *Náčrtky z práce venkov*ského lékaře, p. 238.

The difference between the level of education of midwives and the future obstetric doctors has become a constitutive element for the differentiation of both professions outside the faculty: "It is understood that education and indepth training of midwives has almost no value. Where they would take it in four months courses? That is the reason why old views and habits, inherited from the old grand-midwives still hold."[8]

The midwives were ranked side by side with other representatives of the traditional medical field; shepherds, folk healers, quackers, but also old women healing illnesses with sympathetic magic formulas, amulets, prayers and other superstitious practices. Although midwives were not ranked directly on the level of uneducated lay-healers using the magic principles of treatment, they were, from the point of view of conventional medical culture, on the margin of professional medicine.[9] Irrationality of the traditional non-educated midwives was associated also with the identification of their new status, caused particularly by professional ignorance of physicians. Midwives stood thanks to their official education on the border of the illegal world and the paradigm of scientific medicine, but their practical activity (in the case of willingness to provide abortions) often brought their position often closer to folk healers.[10]

Midwives, according to testimonies of physicians, had a strong position in the countryside, they used to provide not only physiological birth, but also by providing turnovers, extractions, and only the inability to use the attribute of an obstetric profession, the forceps, prevented them from performing an even wider range of therapeutic treatments. In fact, the doctor was most often invited to child delivery in the case of its excessive length, when it was clear that complications are threatening the health both of the mother and the fetus. However, in addition to obstetric practice, the midwives held the positions of childhood diseases therapists, to the extent that „ if a doctor orders something that the midwife is not satisfied with, he may often be convinced that his prescriptions will not be kept."[11]

František Dvorský published a contribution to the history of midwifery in Bohemian lands, in which he described the status of midwives in 1880 with disturbing words: "in the cities are the insufficiently educated midwives under the direct disciplinary supervision of bureaucratic apparat, but in the countryside are the midwives free to do almost anything, even if they had never been examined or educated, nor were they sworn to official practice,

8 František DVORSKÝ, *Příspěvky k dějinám českého lékařství*, Časopis lékařů českých, no 19, 1880, p. 464.

9 Antonín Chvojka, *Poměr mezi porodními babičkami, poměr porodní babičky k obecenstvu a k lékaři*, Věstník věnovaný zájmům porodních babiček, no 3, 1913, p. 6.

10 Marijke GIJSWIT-HOFSTRA, *A Sense of Gender: Different Histories of Illness and Healing Alternatives,* in: Robert Jütte – Motzi Eklöf – Marie C. Nelson (eds.), Historical Aspects of Unconventional Medicine. Approaches, Concepts, Case Studies, Sheffield 2001, p. 42.

11 I. KVAPIL, *Náčrtky z práce venkovského lékaře*, p. 238.

and through their practice are the midwives causing danger for the pregnant and suffering women – for their body and livelihood."[12]

Dvorský subsequently proposes several recommendations to improve the state of midwifery practice and education of midwives. And here we come across perhaps the most typical phenomenon of shaping the relationship between doctors and midwives. Especially since the turn of the 19th and 20th centuries, a whole group of doctors has clearly established themselves as experts, whose primary interest was the effort to raise the level of professional education and social status of midwives, thus ensuring more professional and safe medical care for mothers.

Institutionalization of childbirth

There was, of course, also the second way to improve the conditions of child delivery – the institutionalization. To understand the importance of home deliveries, we have to explain the historical development of the transfers the obstetric practice in maternity hospitals. When comparing the choice of place of birth between 1850–1950 in Czech lands, we observe a much smoother tendency to develop the preference for seeking medical care outside the home of the women.

In the seek for the period when there emerge a break in the preferences between the birth at home and in a maternity hospital, we have to mark the definition of what should be seen as a breakthrough. Irvine Loudon for that purpose used the line of 50 percent of deliveries per year realized in the frame of institutions. In New Zealand, the turning point was reached as early as 1926, in Sweden between 1935–1940. In USA this transition occurred around the year 1940 (in urban areas even earlier - around 1920). In Britain, the turning point occurred before 1950. A completely different development went through the Netherlands, where hospital births accounted for only 26 percent in 1957, 33 percent in 1965, and even in 1970, the proportion of births in hospitals did not exceed 47.4 percent.[13]

The representation of obstetric facilities in Czech culture before the First World War was largely influenced by the older tradition. In 1898, Professor Karel Chodounský defined the role of a maternity hospital as a place established mainly for desperate single (meaning non-married) women, in order to find a safe shelter in the difficult times for their health. Poor mothers were looking not only for medical help but also for the welfare of their child. The hospital for them meant a safe place where they could give birth to a child in relative

12 F. DVORSKÝ, *Příspěvky k dějinám českého lékařství*, p. 466.

13 Irvine LOUDON, *Death in Childbirth. An internationl study of maternal care and maternal mortality 1800-1950*, Oxford 1992, pp. 151-152.

comfort and be turned away from crimes. Secondly, as Chodounský reminded, maternity hospitals were also open to married women.[14]

The Prague Provincial Maternity Hospital, founded in 1789, combined several functions. In addition to midwifery, it provided "live study material" for the practical teaching at medical faculty, educating young obstetricians and midwives. The social determination of the target clientele of the original obstetric clinics was determined by the fact that the maternity hospitals were by their disposition connected with the orphanage. It was expected that most of the newborns would be left by single mothers to their fate. Gradually, two other similar public maternity hospitals were established with similar intentions in outside Prague – in Brno and Olomouc.

The environment of public maternity hospitals has also been associated for a long time with high mortality rates of mothers and newborns. Undoubtedly, this was due to the low social status of mothers and the resulting low resistance to the physical and mental exhaustion that accompanied childbirth. But for this stigmatization of maternity hospitals were in the second half of the nineteenth century also objective reasons – high mortality rates of mothers as well as infants. The eradication of infectious diseases in the hospital environment was complicated by the debates reflecting the unclear origin of the contagion.

According to common acknowledgment, Ignaz Semmelweis was the first person to discover the cause of puerperal fever and to take it as a contagious disease. Semmelweis was appointed to assistant in the Vienna Maternity Hospital at 1846. He made his first observations on puerperal fever 1847–1848 but he did not publish a single note related to this problem until 1858. His famous reflection of the causes of maternal mortality at the hospital The Aeriology, Concept and Prophylaxis of Childbirth Fever was published even later – in the year 1861. His predecessors from different countries, such as Oliver Wendell Holmes or Alexander Gordon, have already published numerous articles referring of the contagoinistic origin of puerperal fever, even before 1840.

By the 1850s and 1860s, the enormous Viennese hospital hosted about 8000 patients a year. In 1833 the Maternity Hospital was divided into two clinics. Medical students and midwives attended both clinics. From 1840 the first clinic was reserved for the instruction of medical students and doctors, the second for midwives. Patients were admitted to two clinics on alternate days, unintentionally producing a system of randomized patient allocation. There was no selection of complicated cases for the first clinic and uncomplicated for the second. By the 1840s it was already well known that the mortality rate from puerperal fever was higher in the first clinic than the second and many explanations were provided. But It

14 Karel CHODOUNSKÝ – Josef THOMAYER, *Slovník zdravotní, Populární praktická kniha poučná*, Praha 1889, p. 313.

was the death of Semmelweis's colleague caused by a minor injury which gave Semmelweis first insight into the real reason for the difference between both part of the hospital.

At the Hospital it was custom for students of medical faculty to attend post-mortem pathological examinations of female bodies before walking over to the labour wards where they undertook numerous vaginal examinations in labour as part of their routine training, dressed in their ordinary clothes, without any protection or form of sanitation.

The Maternal mortality rate per 1000 births in the first clinic reached between the years 1833–1840 the average number of 65,3 deaths per 1000 births while in the second (midwives) clinic in was in the same period only 55,2. The difference increased in the following period between 1841–46 to 114 deaths per 1000 births in the first (male) clinic, in the second clinic was the average number of maternal mortality significantly lower – 39,9 deaths per 1000 births.[15]

From May 1847 Semmelweis insisted that his students washed their hands in disinfectant before attending the labour wards. Maternal mortality in the first clinic fell between the years 1847–55 to 34,5 deaths per 1000 births, which was level close to that of the second clinic – 29,7. The notorious success of Semmelweiss practice and his incompetence for finding the satisfying explanation are well known. Irvine Loudon has nonetheless reminded that Semmelweiss's approach succeeded in reducing the MMR in the first clinic from monstrously high levels of 900 and more deaths per 10000 births to still very high levels that prevailed in both clinics of about 300 female deaths per 10000 births. A rate of 3000 was fifteen times as high as for example the rate achieved by London's Royal Maternity Charity in the period 1842–1864, based on the home deliveries amongst the instate population of East End, London.

Thus, although the Viennese maternity hospital was a very prestigious institution of education, teaching, and scientific progress, its reputation suffered greatly in terms of hope for the survival of hospitalized patients. And to be a pregnant woman at that time, it was better to avoid the benefits of its treatment.

There is one general trend in the international comparison of maternal mortality. Since 1850, the maternal mortality curve moved almost in a horizontal plateau, until the early 30s of the 20th century, when it started in all Western countries falling sharply and continuously until the 80s of the 20th century. It is very remarkable that the trend can be traced regardless of the specifics of the local medical market and the fact who was the dominant provider of midwifery, whether midwifery was provided predominantly in hospitals, by medical doctors, by midwives in different types of institutions, or midwives in private apartments. Similar tendencies could be traced in Czech lands ss in the Netherlands,

15 I. LOUDON, *Death in Childbirth*, pp. 66–67.

where the tradition of home births led by female midwives remained for longest period of time from all countries of the Euro-Atlantic culture.[16]

The situation in the Czech lands was similarly complicated. Disputes over the ideal form of institutionalized care were directly intertwined in the planning and construction of the new building of the Land Maternity Hospital in Prague. In 1859, the Ministry of the Interior Affairs earmarked 400,000 guldens for construction; Prague was supposed to adopt the Viennese path and establish similar obstetric facilities by setting up a new institution. The building was to be located in Helfert's Garden, in the immediate vicinity of the old maternity hospital. With an expense of 377,000 guldens, a building capable of providing 4000 births annually was to be established.[17]

Within the following two years of preparatory work, the situation became uncleared and finally was swept away from the table by the provincial governor, count Anton Forgách. He was advised by professor Josef Vilém Löschner, who pointed out that the matter of new establishment had not been properly examined from a medical perspective. According to medical knowledge, Löschner considered the planned high-capacity building to be inappropriate and it could not ensure the health safety of the patients, especially because it would have been established in the vicinity of an old clinic where puerperal fever had often occurred. Forgách decided to appoint an expert committee to assess the health aspects of the construction of the maternity hospital and then recommend further steps.

The puerperal fever appeared to be a matter of intense debates even in the sixties of the nineteenth century. Prestigious pathological and anatomical authorities were called as members of the Löschner's committee, including the leading medical experts Josef Škoda, Karel Rokytanský and Rudolf Virchow from Berlin. Written questions were sent to the commission members. The responses of the committee showed that a new maternity hospital can only be safe with a maximum capacity of 1000 births per year and built more distant from the original old maternity hospital. Some members of the commission – Škoda, Rokytanský, and Oppolzer were not against the construction of a building designated for 4000 births per year, but they did not seem to find a suitable location, because the conditions did not provide enough space for such a large building.[18]

The establishment of a new institution was debated also at the Bohemian provincial assembly and many members of the assembly protested against the recommendation of Löschner's committee, among them medical doctor Josef Hamerník. He mediated not only

16 Irvine LOUDON, *Midwives and the Quality od Maternal Care*, in: Hilary MARLAND – Anne Marie RAFFERTY (eds.), Midwives, Society and Childbirth. Debates and controversies in the modern period, New York 1997, p. 196.

17 Josef HAMERNÍK, *O nakažlivých a epidemických nemocech*, Časopis lékařů českých, no 51, 1865, p. 402.

18 Petr SVOBODNÝ – Ludmila HLAVÁčKOVÁ, *Pražské špitály a nemocnice*, Praha 1999, pp. 79-82.

his dismissive opinion but also medical expertise of a major opponent of the Semmelweis theory, Bernhard Seyfert, who at the time headed the maternity hospital.

Both Hamerník and Seyfert, still adhered to the contagionist theory of Giorlamo Fracastro, even in the 1860s. Seyfert advocated a contagionist theory and appeared to be the main of Semmelweiss and his theory of puerperal sepsis, arguing that the fever was spreading mainly due to the exhaustion of the patient's body due to delivery. Finally, the compromise between both sides was approved and the construction capacity of the future maternity hospital was rated at 3,000 births per year.

The popularity of institutional care was evolving very slowly. Obstetrician František Pachner, a fundamental figure of the development of modern obstetrics education in Moravia, has introduced thorough analysis of the situation of obstetrics in the Czech lands at the beginning of the twentieth century. According to his information, only 1.5 percent of births were carried out in Bohemia at the beginning of the twentieth century, while in Moravia it was slightly higher – 2.5 percent of births. The relatively low proportion of institutional care that was provided to mothers before World War II is usually explained by the lack of capacity of the healthcare network. According to Pachner's calculation, only 1165 public obstetric beds were available in Czechoslovakia in 1937.[19]

A turning point in the public meaning of institutional obstetric care occurred in Czech lands after the First World War when it was possible to observe the shift of middle-class future mothers' preferences towards the institutionalized care. During the interwar period, could be observed an increase in the share of births performed in institutionalized care, and more frequent was also the medical assistance performed by male obstetricians by home deliveries. According to Pachner's estimation, health care facilities provided 17 percent of all births in 1939. In the course of the Second World War, the proportion raised even further, so in 1945 the figure was 22.1 percent.

Although governmental authorities have tried since the period of enlightenment's reform movement to incorporate men into obstetric practice, even after more than a century, František Pachner in 1910 indicated that only five percent of births were delivered with the assistance of male physician, meanwhile dominant 95 percent of births took place under the supervision of female midwives.[20]

The first half of the 20th century was a period in which the number of certified doctors in Europe was massively increasing. While the number of midwives often stagnated and rather decreased, in the 50 years of development between the 1880s and the third decade of the twentieth century, the number of medical doctors more than doubled in most European countries, but medical market in the Czech lands went through a slightly different path.

19 František PACHNER, *Porodní babictví v Rakousku a jeho nutná reforma*, Časopis lékařův českých pro lékaře, ranhojiče a lékárníky, no 34, 1910, p. 1042.

20 F. PACHNER, *Porodní babictví v Rakousku*, p. 1044.

Structure of the medical market

In 1831, the number of midwives in the Czech lands was 5665. The need to take midwifery courses and fight against illegal unapproved female practitioners led to a temporary fluctuation in the number of midwives in the first half of the 19th century, as some midwives did not admit to illegal practices and are not incorporated in the statistics. The break in the growth of the number of midwives occurred in the second half of the 19th century. Thanks to the raising number of midwifery courses that gave the women a possibility to acquire official approval for practice, the number of midwives in Czech lands continued to increase every decade.

In 1850 there were 5078 midwives in the Czech lands, in 1870 it was 7329 practicing women. By 1900, three decades later, 9038 midwives were practicing in Czech lands. As we see, the number of women practicing midwifery almost doubled in 50 years between 1850 – 1900. The highest number of midwives could be traced in the statistics around the year 1910 when the sources recorded 9208 midwives.[21] The decline in the rate of births per year occurred during the First World War and the lack of opportunities for financial earnings resulted in a reduction of the number of midwives, they simply could not earn enough to benefit from the professional practice.

Thus in 1920, we find only 7361 practicing midwives (the name of the profession was called now birth assistant). Subsequently, their number was only further decreasing. This was mainly caused by the temporary limitation of the teaching of midwifery courses in the 1920s, which was enforced by the professional bodies of female midwives themselves. They understood that the continued production of new graduates of obstetrics courses undermines the livelihood of practicing midwives. By 1930, the number of practicing midwives decreased to only 5758 persons. The records of 1940 are unfortunately inconclusive, as they do not take into account the territories incorporated after 1938 into the German Empire. However, the number of babies was further reduced after World War II. By 1960, there were only 2969 female midwives in Bohemian Lands.

The opposite trend is apparent in the growth in the number of physicians. Male students of medical faculties had until the year 1875 two career opportunities for the practice in the medical field. Either they could become surgeons, which often also included the specialization in obstetrics, or they could become physicians. As a result of reforms of medical studies, the prestige of the physicians' profession was on the constant rise. That

21 Statistical data are based on the medical statistics published in the series *Tafeln zur Statistik der oesterreichischen Monarchie (1828-1848), Tafeln zur Statistik der oesterreichischen Monarchie - Neue Folge (1849-1865), Statistisches Jahrbuch der Oesterreichischen Monarchie (1863-1881), Österreichische Statistik (1880–1910).*

is the main reason for which the number of surgeons decreased from the number of 1527 in the year 1831 to 1082 in the year 1875. Later the number of surgeons decreased even more dramatically because of the dismissal of surgical schools.

Physicians were in the 19th century the most prestigious profession in the medical field, but by 1831 only 423 physicians were practicing in the region of Czech lands. The symbolic status of the profession led continuously to the point when physicians surpassed surgeons in their numbers by the 1870s. For example, in 1875, 1405 doctors have been practicing, while the number of surgeons fell to 1082. The significant growth in the number of medical doctors can be observed since the 1880s. By 1900 there were 3459 in the Czech lands, in 1910 already 4555 practicing physicians. Their number continued to grow so that in 1930 the number of 6961 physicians exceeded the number of 5758 midwives. Stagnation in the 1940s was caused due to the emigration after 1938 and the subsequent dismiss of universities. However, in the postwar period, the number of medical doctors began to grow even more rapidly, so in 1960 there were 17838 practicing medical doctors in the Czech lands.

Differentiation between actors in the field of obstetric practice took not only the quantitative forms. The above-mentioned suspension of education courses for midwives between 1920–1928, which was justified by the excessive number of midwives on the medical market, led later to symbolic changes in spatial determination of the place of their education. The resumption of obstetrics courses in 1928 continued to deepen the professional distinction between doctors and midwives, now called birth assistants. After 1928, the training of birth assistants was no longer delivered in a similar environment to that of doctors, at medical faculties, as it was earlier in 19th century. Courses for female midwives were symbolically opened in the interwar period strictly outside university cities. Instead of the central locations of Prague, the lessons for female midwives were given in the institutes established for midwives' education and training in Pardubice, Liberec, Bratislava, Košice, and Užhhorod.[22] This was a strategy symbolically depicting lower status of theoretical and practical training of female midwives as part of a deepening competition between physicians and their female rivals.

Old rivalry, new discourse

While obstetricians in the nineteenth century declared the superior status over midwives by their education, which they acquired as part of their standard studies at medical faculties, in the twentieth century we could trace in the articles published in the medical journals an

22 Emilie LUKÁŠOVÁ, *Otázka potomstva – otázkou národního bytí. Problémy populační s hlediska lékařského*, Praha 1939, p. 42.

increased tendency to establish a discourse that denied to midwives even the last privilege with which the profession was usually associated – practical crafts and skills.

According to this new discourse the low quantity of childbirth assistances provided by the female midwives, which often did not even reach 20 births per year, not only did not provided sufficient financial support for midwives, but according to contemporary views, could not guaranteed even the basic the maintenance of their knowledge and skills, and as a result the knowledge and skills acquired in the process of education gradually degenerated.[23]

Challenging the very foundation of the midwives' success, the crafts – the practical aspect of the midwifery profession, was the first step logically to be followed by the further incorporation of once-active midwives into the system of providing only assistance, in which they would be hierarchically subjugated to medical doctors.[24]

One part of the strategy of physicians was to emphasize the incidence of birth abnormalities, which could lead to endangering the health of the newborn and the mother itself if the services of midwives were used.[25] This agitation, which led to the strengthening of the position of institutional hospital care, was not always guided by the doctors' altruistic intentions. Physicians tried to secure as many patients as possible with birth assistance because newborn children were an ideal setting for expanding the clientele base. Mothers and their children were considered as a source of financial income. An important role was played by the need to ensure the largest possible collection of studying material for medical students. A change in the perception of childbirth has also played a role. Delivery has been increasingly seen as a pathological condition, which was eventually confirmed by the introduction of pregnancy and childbirth into the international classification of diseases.

Transfer of birth-deliveries to maternity hospitals in the 20th century

Institutionalization of obstetric care took several forms in the first half of the 20th century. Four basic types of institutions were gradually established on the medical market – in addition to the central land maternity hospitals, there were obstetrics departments in general hospitals, shelters for the protection of mothers and children, and finally private sanatoriums.

23 Antonín CHVOJKA, *Poměr mezi porodními babičkami, poměr porodní babičky k obecenstvu a k lékaři*, Věstník věnovaný zájmům porodních babiček, no 4, Praha 1913, p. 5.

24 *O poměru mezi lékařem a porodní babičkou*, Věstník věnovaný zájmům porodních babiček, no 8, 1913, p. 4.

25 *Krvácení z rodidel v životě ženy, zvláště v těhotenství*, Věstník věnovaný zájmům porodních babiček, no 3, Praha 1913, pp. 4–5.

There were several reasons for the increase of the popularity of institutional care – but its success in the Czech environment was based mainly on a modernization ethos emphasizing the progress of scientific development as s key to safe access to childbirth and postpartum care. Within the given shift of public opinion, the possibilities of institutional care, modernity of technical equipment and expertise of staff were increasingly more appreciated. The rhetoric of institutionalization also often used a discourse of pain as an element of birth delivery which could be calmed to that measure, that could cloud be beneficial for the women to get through the pain, possible complications, as well as through the consequences of the birth itself.

The possibility of leaving the responsibility for the determination of suitable spatial conditions for the delivery of a child to professional care was also attractive, especially in the context of the evolving hygienist discourse. In an urbanized environment where women often shared accommodation with many other inmates, it was not possible to ensure sufficient intimacy and privacy for the delivery, so the maternity hospital was often a necessary choice without other possibilities left.

Paradoxically, the reality of the sanitary environment and professional services did not mean a guaranty of a higher level of health security in the interwar period.[26] On the contrary, according to available information, the number of maternal deaths in maternity hospitals was higher than by the home deliveries. In France, for example, in 1937, the maternal mortality rate was 7 patients per 1000 treated women, while in the case of home births this indicator was significantly lower – it represented 2 women per 1000 births performed. The lowest maternal mortality rate was found between 1850 and 1939 in countries where the majority of deliveries were performed by educated midwives.

We are witnessing a situation where the discursive formation of specialized medical expertise engaging in the promotion of institutional care as a convenient and sophisticated alternative to traditional home deliveries, was not based on real arguments, since midwifery statistically provided a lower level of health risk. This was for the Czech environment confirmed even as late as in the year 1946 by František Pachner. Nevertheless, the trend of institutionalization of obstetric care continued in post-war Czechoslovakia. It has been massively strengthened by the systematization of health care after 1948. The nationalization of health care and the creation of adequate capacity in gynecological and obstetric wards have dramatically increased the birth rate in health care facilities to 44.1 percent in 1950. By 1955 nearly 80 percent of all births in Czechoslovakia took place in institutions and finally in 1960 the share of institutional births exceeded 93 percent.

The transfer of births to obstetrics clinics also began to change the relationship of doctors to their patients. In the early stages of their existence, socially endangered members

26 *Skandální poměry v pražské porodnici,* Ženský list, no 3, 1908, p. 2.

of proletariat with a minimum amount of education were usually admitted to maternity hospitals. Thus, representatives of the prestigious professional status came into contact with socially and often intellectually inferior groups of women. Instead of in their households, these women met doctors in areas where they had no means of power, defining the increase of the physicians' dominance over female patients. Besides, they often performed auxiliary work before and after birth in the maternity wards and had to obey clearly defined maternity ward orders. For many medical doctors, mothers were only living dehumanized study objects. The sediments of the given power disbalance have influenced the form of institutional obstetric care till the contemporary period, although in the case of todays' patients and medical doctors it is no longer possible to talk about the meeting of two unequal representatives of socially hierarchized society.

Can we go further in explaining the poor state of midwives? The sphere of midwifery predominantly occupied by women clearly showed the characteristics of a feminized profession. Gender studies use the term as a sign of the degree of social prestige that specific professions have in society. Values of economic benefits of performance of activities are also derived from the social valuation of professional status. In the case of obstetrics, we get in touch with a sphere which, despite the enlightenment reforms in education and training of professionally educated professionals, still belonged from 95% to women in its practical dimension, even at the beginning of the twentieth century.

The occupations performed by women have always been and still are assessed as inferior. Thus, the determinant of gender professional differentiation contributed to the low social and economic position of his female representatives in society. Only the reforms of the late 1940s and the subsequent transfer of obstetric assistance to institutionalized maternity hospitals in the Czech lands meant an increase in the prestige of obstetrics as well as the definitive establishment of midwifery medicalization, thanks to which gynecology and obstetrics had acquired completely different positions in society.

The above-mentioned separation of the previously parallel preparation of future obstetricians and obstetricians in several steps did not contribute positively to the public reputation of the midwifery either. After the end of Antonín Jungmann's active career, in 1850, clinical teaching for future midwives was separated from the groups of male students. Four decades later, in 1891, the Prague Department of Midwifery was separated from the university. Thus, the symbolical delimitation of spheres of science education and the space for training of practical application of the rules and principles of obstetrical practice declared the different status of students. This tendency was then developed even further when, after a short-term dismiss of the midwifery education course in 1920, the teaching of midwifery was renewed in 1928, but now symptomatically not in the university cities, but in regional towns.

Financial benefits?

According to statistics from 1896, there were 1,395 inhabitants per one midwife in the Austrian part of the Habsburg monarchy. Given the number of midwives, they had the possibility to assist in an average of 35–40 births per year.[27] Such amount of deliveries was too low to be able to earn a living and insufficient to develop and increase the professional expertise of midwives.

In respect of the economic resilience of midwives, František Pachner declared a minimal amount of deliveries, sufficient for sustaining the basic needs of midwives. He emphasized the need to reduce the number of midwives in such a way that there could be 2,000 inhabitants per midwife, which would ensure that the professionals would able to assist in 60 births per year. But the development went in a different direction. In 1905 there were 6,560,042 inhabitants in the Czech lands, with 5820 midwives, per 1 midwife were available only 1,127 persons and the average number of birth assistance was 37 cases per midwife.

In Moravia, the number of qualified midwives was even higher. There were 2,782 midwives per 2,437,701 inhabitants, so on average one grandmother could be available to 876 inhabitants and could assist only in 29 births per year. Silesian conditions were similar, for 680,423 inhabitants there were available 682 midwives, so per one midwife on average counted 998 inhabitants, and the midwife would be able to benefit only in 33 births a year.

The situation was similar almost for the whole period between 1855–1930. The potential to assist by more than 50 deliveries existed only in mid-nineteenth century, later in the 1850s to 1860s remained slightly above the number of 40 assistances per year and from the 1870s dropped even lover.

Images of midwives' earnings were rather vague, and period surveys at the turn of the 19th and 20th centuries counted on an average remuneration of 10 crowns per childbirth. Fratišek Pachner's investigation revealed several interesting findings; the midwives in the Czech lands had an average age of 42.71 years, according to the analysis related to the years 1905–1906. Given the average age of the population, the age was relatively high, which was due to the fact that midwives were not included in the pension system and their earnings throughout their lives were so small that they could barely maintain their daily needs. So they were forced to earn to the last breath. Therefore obstetric practice could not provide the midwives with long-term financial support. These women were almost always balancing on the edge of poverty, especially if they did not have a husband who would have contributed to the family budget. Not only did they face considerable competition, whether in the form of their qualified or non-qualified colleagues, but their situation was not made any easier by the state either, whether we speak of monarchy or

27 František PACHNER, *Porodní babictví v Rakousku a jeho nutná reforma*, Časopis lékařů českých, no 35, 1910, p. 1075.

the First Czechoslovak Republic. The state authorities completely failed to define basic conditions of midwifery, such as the areas of practice or the fees for medical acts. Women have visited their labouring clients day and night without much chance that their profession would ever bring them a real social ascent.

Pachner found out by a questionnaire survey that the average real number of births per one midwife was 40.31 births per year. Of course, the differences in the determinants of practice caused considerable variations in the database, but in addition to the idealized number of 60 births per year in the first decade of the 20th century, only 10.18% of midwives included in the analysis of the Moravian doctor achieved that level of success. On the other hand, 80% of grandmothers did not assist in 50 births per year. According to Pachner's statement, half of the midwives had due to insufficient practice necessarily professionally degenerated. After completing theoretical and practical training, they did not receive any further knowledge, and especially for midwives, by whom the number of births did not exceed 20 assists per year, which was a quarter, it was not possible to speak of their practice in the meaning of a professional approach. The social consequences of the low number of job opportunities for which it was possible to earn income were the low incomes of midwives. According to the results of Pachner's questionnaire survey, the average annual income from the practice of obstetric practice was 148 czech crown of 43 hellers per midwife.

The incomes were differentiated according to the social status of the clientele, but it was possible to find constant factors that influenced the level of income. It was mainly the size of the housing estate where the midwife worked – in the countryside the average annual earnings of midwives 121 crowns 48 hellers, in small towns 173 crowns 30 hellers, in cities over 5000 inhabitants 216 crowns 35 hellers.

This situation led to the pauperization of midwives, although it was primarily in the interest of the state and the general population to improve the quality of obstetric care. The reality, however, was different. The government has set up midwifery schools, put the trained midwife into practice, instructed them with 38 pages of service regulations, made them the state administrative servants, and did not care to provide them with the opportunities to make their life barrable. Thus, in the case of an average income, midwives had to make a living with a budget of 40 hellers a day.

It is quite evident that the practice of midwifery was not able to satisfy the basic needs of midwives and we should consider it not as an independent profession, but as an opportunity for acquiring additional income for the family circle. Midwives usually practiced their profession only as an ancillary activity to expand the family's income or had to supplement their midwifery performance with additional income from field works, sewing, or in some cases even from the work in industrial factories.

Resumé

Female Midwifery in the Czech Lands 1850–1950: A Career on the Decline

The field of midwifery predominantly occupied by women clearly showed the characteristics of a feminized profession. Gender studies use the term as a sign of the degree of social prestige that specific professions have in society. Values of economic benefits of performance of activities are also derived from the social valuation of professional status. In the case of obstetrics, we get in touch with a sphere which, despite the enlightenment reforms in education and training of professionally educated professionals, still belonged from 95% to women in its practical dimension, even at the beginning of the twentieth century.

The occupations performed by women have always been and still are assessed as inferior. Thus, the determinant of gender professional differentiation clearly contributed to the low social and economic position of his female representatives in society. Only the reforms of the late 1940s and the subsequent transfer of obstetric assistance to institutionalized maternity hospitals in the Czech lands meant an increase in the prestige of obstetrics as well as the definitive establishment of midwifery medicalization, thanks to which gynecology and obstetrics had acquired completely different positions in society.

This situation led to the pauperization of midwives, although it was primarily in the interest of the state and the general population to improve the quality of obstetric care. The reality, however, was different: The government has set up midwifery schools, put the trained midwife into practice, instructed them with 38 pages of service regulations, made them the state administrative servants, and did not care to provide them with the opportunities to make their life barrable. Thus, in the case of an average income, midwives had to make a living with a budget of 40 hellers a day.

Reports and reviews

Milena LENDEROVÁ, et al., *Ženy s kufříkem a nadějí. Porodní báby a asistentky v českých zemích od poloviny 19. do poloviny 20. století*, Praha 2019, 488 pp. ISBN 978-80-246-4475-2.

The team of authors headed by the historian Milena Lenderová presents its third literary enterprise, following on from the previous publications *She Safely Gave Birth to a Girl… Birth Journals of Four Midwives from the 19th Century* (2017) and *Midwife? Assistant? Birth Journals from 1898–1954* (2018), thereby concluding the three-year project: *Midwives: the Professionalisation, Institutionalisation and Performance of the First Female Qualified Occupation over the Course of Two Centuries, 1804–1948*, which was supported by the Czech Science Foundation. The culmination of this three-year academic work is an estimable achievement.

The publication *Women with a Briefcase and Hope* is divided into six main thematic areas, which present detailed information to the reader about the development of the profession of midwifery from the mid-19th century to the mid-20th century. The first part is devoted to the legislation and institutionalisation in the period from the Theresian reforms up to the establishment of the imperial-royal school of midwifery. In this section, Milena Lenderová and Martina Halířová focus not only on the legislative framework throughout the course of the entire observed period, but also present the system of education of midwives within the broader context. The following chapter, written by Hana Stoklasová and Zuzana Pavelková Čevelová, entitled *Midwives and the Church*, concentrates on issues of Christening, emergency Christening in the case that the infant's life is in danger, and the interaction between the midwife and the cleric. The relationship between doctors and midwives is outlined by Vladan Hanulík, who draws attention not only to the pitfalls of obstetric and post-natal care during that period, but also accentuates the transformation of the relationship between midwives or assistants and doctors.

In my view, the core section of this publication is Milena Lenderová's attempt to present a collective portrait based on an extensive study of the turning points in the lives of the midwives in question, and an analysis of the preserved journals they kept. An interesting feature is the analysis of the economic and family background of these women, on the basis of which there is no other option than to conclude that the profession of midwifery was in the great majority of cases a calling, and far from a lucrative career. In addition, in the online version the authors of the monograph have provided access to their database, containing basic details about the lives and records of the education of the midwives in question (see <URL:http://uhv.upce.cz/data/File/

Porodni_baby/porodni-baby-1850---1950.pdf>), which is a further interesting source of information for readers.

With regard to the fact that a midwife was more than merely a person who assisted the mother in childbirth, the team of authors have not neglected to focus also on the practices that were often requested by pregnant women (and their partners) in situations when the child was unwanted. The chapter by Martina Halířová and Jana Stráníková therefore deals with backstreet abortionists, quacks and frauds. These women are studied not only with reference to their transgressions of the then valid legal norms, but are also presented as helpers in the case of unwanted conception. However, the decriminalisation of abortion remained a long way away, and by providing their "help" the women involved found themselves beyond the limits of the law.

The road to self-confidence and recognition within the social order then figuratively concludes the path from midwife to obstetric assistant and from here to the profession of nurse. In the examples of the functioning of associations, international congresses and the publication of professional periodicals, Milena Lenderová presents this progressive professionalisation and institutionalisation, the beginnings of which are outlined in the introductory chapters of this publication.

The final section, in the view of the authors is the *Essential Concluding Chapter*, which is a valuable contribution introducing the theme of midwives in overseas historiography, drawing attention to the insufficient attention this subject has received in the Czech lands. The catalogue of sources and methodical consideration in the conclusion complete this almost 500 page monograph, dealing with a hitherto neglected theme. Readers who prefer the conventional schema of academic publications will perhaps be disappointed by the absence of a "classical" final summation. Additionally, overseas scholars may feel the lack of a more comprehensive foreign language summary, in which they could familiarise themselves in greater detail with the presented results of the team of authors.

The extensive range of sources enabled the authors to utilise the full potential of the theme and trace all the important aspects of the selected subject matter. Their theoretical anchoring is exhaustive in many respects, and will undoubtedly be of benefit not only for those with an interest in history. From raw demographic and on first impression only statistical data they have succeeded in reconstructing individual personal and professional milestones, which they then presented in a qualitatively conceived analysis. On the basis of their research, we have access to the fates of women who in the overwhelming majority of cases merited greater recognition than they received from the society of the day. A pleasant addition to the work is the illustrations and photographs from the time, which frequently explode contemporary myths concerning the form of the midwife and birth in domestic conditions.

Although the figure of the midwife was viewed as a part of a community, who was present at the biological and social birth of a person, the actual route from neighbourly help to the position of professional obstetric assistant was long and arduous. The collective of authors has genuinely succeeded in capturing this exceptional genesis in the full breadth of the subject. The publication *Women with a Briefcase and Hope* indisputably ranks among the essential works relating to the history of women, the history of healthcare and the professionalisation of society.

Šárka Nekvapil Jirásková

Šárka Caitlín RÁBOVÁ, *Kulturní reflexe tuberkulózy v Českých zemích 1800–1945*, Praha 2018, 245 pp. ISBN 978-0-200-774-0.

The book of Šárka Caitlín Rábová brings a very innovative and comprehensive view of the illness of tuberculosis, which was until today addressed in Czech historiography very marginally. In her work tuberculosis represents an imaginary phenomenon, which concerned the whole society. The analysis involves new, non-traditional sources, such as theater plays, which the author chooses for the description of popularization of scientific knowledge.

In 2018, the diploma thesis was already awarded by the Academia Award, specifically in the Student Competition category of the Academia Publishing House. Because the author placed first, she was given the right to publish a work in the form of a scientific monograph. The work was also awarded the Zdeněk Horský Prize in 2017, for the best master's, rigorous and doctoral thesis on the history of science, technology, and education from 2016–2017.

The first chapter H*istorical development of scientific knowledge about tuberculosis* introduces the development of scientific discoveries, methods of treatment, and fading of the former causes and origins of the disease using medical journals and periodicals. Particular attention is paid to the discovery of the bacillus by Robert Koch, the problem of diagnosing the disease, and frequent confusion for other lung diseases, as well as the later development and use of tuberculin. There are also introduced the basic principles of practiced hygienic – dietetic treatment, including preventive measures.

The following chapter develops the penetration of scientific knowledge in the Czech environment. A very detailed authors´ presentation of all the medical considerations about the properties of the bacillus, the possibilities of destruction, and the most endangered professions where the infection was likely to occur. It also deals with the links between tuberculosis and alcoholism and, in particular, the belief that education is the most important mean of struggle and the focus of its attention on the future generation in particular. The popularization discourse

and education is represented mainly by the activity of Masaryk Tuberculosis League and dispensaries. Author explains the apathy of society towards education and public lectures. Attention is also paid to specific measures and procedures in the process of company sanitation.

The third chapter deals with the reflection of tuberculosis in Czech literature. Here the author presents very interesting and fundamental findings. In particular, there are differences between Czech and foreign literature, in which, the tuberculosis is seen as the ideal of a romantic individual, the disease of bohemians, intellectuals, and artists. They are then characterized by a thin, rickety figure, bulging eyes, and a sad look on their faces. On the contrary, in the Czech lands, the disease represents low social origin, poverty, and dirt. Here, the author illustrates the stereotype of a person suffering from tuberculosis from the perspective of the majority of society. The next part analyzes Jiří Wolker's poems, which represent the feelings of a person afflicted with tuberculosis and his stay in the sanatorium, followed by analyses of two theater plays intended as educational tool not only for children but also for their parents.

The next chapter is called Tuberculosis and the class question. It deals with care designed especially for the poor class associated with tuberculosis. Author describes the activity of dispensaries, their workers coming to the homes of families affected by diseases, but also their medical and diagnostic background. Furthermore, the emergence and development of the Masaryk League against tuberculosis is described, as well as its activity in the form of publishing manuals, organizing lectures, or publishing periodicals. The issue of treatment financing, which was very demanding, is also explained very clearly. In the second part of the chapter, attention is paid to the activities of health workers who came to the homes of the sick, who decided to treat their homes in limited financial possibilities. Here, the author compares the Czech environment and practice in the United States very well.

The fifth chapter then completes the picture of the phenomenon of tuberculosis through the description of the everyday life of patients in sanatoriums. The first example is the case of Jiří Wolker, which is described thanks to the analysis of his correspondence with his family. Another is the case of František Smetana and his impressions. Both gentlemen have a sanatorium experience. The third case is reconstructed based on the book of Thomas Mann, which bears the description of the Magical Hill. However, Thomas Mann was not affected by the disease, but his experience with tuberculosis is obtained through his sick wife, who was also treated in the sanatorium. The author reveals the inner feelings and impressions of the patients, their daily woes.

The last sixth chapter illustrates the picture of everyday life by completing the Hamza Children's Sanatorium in Luže. Everday life in sanatoriums is presented; the course of the normal day from morning to sleep, including diet, medical examinations,

and methods used for therapy, as well as leisure activities.

The book of Šárka Caitlín Rábová is an original view of the issue and a very successful attempt to portray tuberculosis not only as a disease that posed a threat to society as a whole but the world and culture around it. The diversity of the primary source base can be described as fascinating. Not only has the author successfully dealt with the literature, scientific journal, she also deals with ego-documents, especially correspondence and memoires.

Most of all, I appreciate the work with fiction literature, namely fairy tales, theatrical plays, and poems. The author uses the paraphrases and quotations from particular works for a purpose - to represent the meanings and ideas of individual works. This chapter can be considered the most interesting and beneficial. At the same time, I would like to welcome a deeper analysis of the meaning of the individual stories (p. 81, 84), their purpose, and the reasons for which the author created them, as the author performs in theater plays. Why has the author placed particular emphasis here on creating a construct of a person suffering from tuberculosis? The note should only be a suggestion for a possible reflection in the future, certainly not a reproach. Last but not least, the book adds to its qualities the ease with which the author writes. Her interpretation style is very readable, engaging. In particular, because the author does not use professional terms or foreign language, which does not detract from the scientific work. Šárka Caitlín Rábová has created a truly exceptional and admirable monograph that is very difficult to criticize.

Barbora Rambousková

Václav GRUBHOFFER, *Zdánlivá smrt: Noční můra osvícenské Evropy*, Polička 2018, 318 pp, ISBN 978-80-906-8323-5.

Václav Grubhoffer studied Cultural History and Italian language at the Faculty of Philosophy of the University of South Bohemia in České Budějovice, and in 2013 was awarded the title of Doctor of Philosophy in the subject of Czech History. As an academic he focuses on the lifestyle of the aristocracy of the 18th – 20th century, the history of the House of Schwarzenberg, and the cultural history of death and medicine.

In 2013 he published his dissertation entitled *Beneath the Veil of Death*, for which he won the prestigious Zdeněk Horský Prize, which is awarded every year for the best qualification thesis in the field of science, technology and education. The work in question deals primarily with the theme of illness, death and the funeral customs of the House of Schwarzenberg between the years of 1732 and 1914. In this work, Václav Grubhoffer encountered the interesting phenomenon of "seeming death" and the immense fear of being buried alive that continued to plague society in the 19th

century, which became the central theme of his subsequent book *Seeming Death*. For a long period in history, the Four Last Things of Man were exclusively a religious and spiritual matter; it was the task of the priest to visit the bed of the dying patient and give the last rites. Václav Grubhoffer follows on from the hypothesis of Roy Porter, who maintains that the doctor became part of the process of dying in the 18th century, when the issue of the body, its ailing and dying came to the centre of attention of Enlightenment society, based on the principles of rationality and scientific knowledge. However, in reality it transpired that it was precisely the endeavour to avert the possibility of seeming death that stoked fears of the spectre of premature burial among the ranks of the lay public.

In the introduction to the book, the author deals with the question of when the body is actually dead, or when the moment of death occurs. Current medicine enables us to determine the time of death relatively precisely, but in the early Modern Era society had to rely upon subjective diagnostic methods which often failed, and the live burial of the seemingly dead was therefore not an isolated phenomenon. The death of a person was most often verified by tickling the nostrils with a feather, straw, wool, or by placing a candle or mirror on the nose of the deceased, although other methods also appeared such as shaking, beating the chest or pouring various fluids down the patient's throat. The aim was to identify any movement, and for this reason a vessel containing water was sometimes placed on the chest. More "modern" techniques of verification included pricking the palms or soles of the feet with a needle, incisions into the shoulder blades, shanks or arms. The paradigm of the time viewed death as a long-term process which needed to be sufficiently verified, and not a mere moment in which the soul became separated from the physical body.

Fears of premature burial on the part of medical professionals culminated in an effort to establish some form of system of measures intended to prevent the occurrence of such incidents. A whole range of eminent doctors made statements on the theme of seeming death, including the court doctor of Empress Maria Theresa, Gerhard van Swieten, or the founder of the Vienna School of Medicine and pioneer of the teaching of medicine at the patient's bedside, Anton de Häen. However, it was Johan Peter Frank who became the true pioneer of the medicalisation of death, when in 1788 he produced his work *A Complete System of Medical Policy*, in which he identified the supervision of burial as one of the chief goals of medical policy. Already in the year 1755 a waiting period of 48 hours had been stipulated as necessary before the burial of the deceased, and subsequently houses of the dead or charnel houses were established for the eventuality that patients regained consciousness. Every death had to be confirmed by a coroner, in which this post was most often held by a physician. This official determined whether death had occurred naturally or by violence, and in the case of seeming death had to perform

resuscitation techniques. Therefore, according to Grubhoffer, at the end of the 18th century two persons had to be present at the bedside of the patient – a doctor, who described the pathology and pronounced the patient dead, and a physician, who officially confirmed the death. During the course of the 19th century, the roles of doctor and physician were then combined in the figure of the doctor of medicine.[1]

The construction of the first wooden charnel houses was ordered as early as in 1771. At that time, however, the regulation was motivated by fear of bodily vapours, which according to the miasma theory of the day could spread dangerous diseases. In reality, the building of charnel houses on a mass scale did not take place until several years later, and for this reason the author is of the opinion that their spread was initiated rather out of fear of premature burial than poisonous vapours. With regard to the fact that charnel houses were intended to serve as a prevention against seeming death, their form was also adapted to this purpose: each charnel house was to be equipped with heating, and bars had to be placed on the windows to protect the dead from thieves. An ingenious measure was the "alarm" device, which was most often composed of a string attached to a bell, the other end of which was held in the hand of the deceased. The dead had to be laid out in open coffins with their faces uncovered and their limbs placed freely, so that they could leave without problems in the case that they awoke.

The author did not confine his study only to the academic construct of seeming death, and asked the no less important question as to how this phenomenon was viewed by the lay public. He decided to seek the answer in the pages of the literary writing of the time, which we can view to a certain extent as a reflection of the collective memory, or as the case may be a stereotyping of the phenomenon under investigation. In doing so the author succeeded in establishing a clear distinction between the narratives of the 18th and 19th centuries. In the 18th century the issue of seeming death was linked exclusively with the fairer sex. We can search for the roots of this female dominance in the medical science of the time, which attributed incomplete death primarily to hysteria. Women were considered to be predisposed to this condition by their sexual organs and menstrual cycle, which influenced them not only physically, but above all psychologically. The literary construction distinguishes between several types of female seeming death: the woman buried by her husband, who is subsequently rescued from the grave by her lover; the revived woman who is considered a mere phantom by her husband; and the woman who awakens when a thief tries to rob her. During the course of the 19th century the original narrative of the female victim begins to change, and is replaced by a male hero who suddenly awakens but is unable to move, and describes his sensory and auditory perceptions, which in fact

1 Václav GRUBHOFFER, *Zdánlivá smrt. Noční můra osvícenské Evropy*, Polička 2018, p. 132.

relate to the preparation or course of his own funeral. The narration of these tales is newly converted into this form.[2]

In the conclusion of the book, the author deals with the beginnings of first aid, which in the case of seeming death represented an important watershed: people no longer had to wait passively to see whether the deceased reawakened, but were expected to provide active help in reviving the patient. A leading figure in the field of first aid in the Czech lands was Adalbert Vincenz Zarda, who established the first emergency rescue institute of its time, not only in the Czech lands but in the whole of Central Europe. The provision of first aid now became a civic obligation, which indeed in selected cases was motivated by a financial remuneration of 25 guldens. All of these measures contributed to the gradual marginalisation of seeming death, and with it also the fear of premature burial. Whereas previously people had stated in their last will and testaments that they did not wish to be dissected, and wished to prolong the time before their burial or have their death verified e.g. by means of scarification, in the second half of the 19th century this nightmare of the Enlightenment age gradually began to disappear, and the funeral became a "mere" rite of passage.

In his work, Václav Grubhoffer decided to focus on the theme of seeming death, which had not previously been reflected upon in Czech historiography. His took as his methodological starting point traditional works from the field of the history of death by the French historians Michel Vovelle[3] and Philipp Ariès.[4] I consider his use of works of Italian provenance, which are lesser known to Czech historians and readers, to represent a valuable contribution. Grubhoffer has demonstrated that a quality academic work may be founded also upon a study of less traditional source documents such as creative literature and fiction. The finesse and originality of their processing represents a challenge for further historians focusing on the field of the cultural and social history of the body and medicine. The author's stylistic and narrative skills furthermore make this book accessible to a broader readership, and contribute to the popularisation of contemporary historiographical themes and trends.

Šárka Caitlín Rábová

2 Edgar Allan POE, *The Premature Burial and other stories*, Prague 1970; from the Czech environment e.g. ANONYMUS, *Pohřbený nedomřelec*, Vlastenecký zvěstovatel 24, 1822, pp. 191–192; Karel SABINA, *Hrobník,* Praha 1918; Jan NERUDA, *Doktor Kazisvět*, in: Povídky malostranské, Praha 1878; Ignát HERRMANN, *O třech nebožtících a jiné historky nedělní*, Praha 1931.

3 Michel VOVELLE, *La Morte et l'Occident. De 1300 à nos jours*, Paris 1983.

4 Philippe ARIÈS, *L'homme devant la mort,* Paris 1977.

Filip HERZA, *Imaginace jinakosti: Pražské přehlídky lidských kuriozit v 19. a 20. století*, Praha 2020, 256 pp. ISBN: 978-80-7649-001-7.

Drawing on curiosity about science, particularly evolution, and interest in exotic cultures as exploration of the world increased, the historical freak show was a public ritual based on spectacle and collective looking. To enhance public curiosity and interest, freak shows used elaborate promotion schemes and a number of presentation strategies that crafted the freak's public identity through imagery and symbols. According to Foucault's classification, we could designate the freak show as a "heterotopia of deviation" in which individuals are found whose behavior deviates from the cultural norm. They are used to mirror the socially conventional norms and establish a world for a constant gaze and differentiation. In recent years, the growing field of studies called for the implementation of this approach within the field of Czech historiography.

In his innovative analysis, Filip Herza presents a critical interpretation of one of the key problems, reflecting the particular interesting theme of body history. The notion of monstrosity, which was in the past used in the context of freak shows for the construction of normativity, has so far attracted only marginal attention in the context of Czech historiography (Lucie Storchová and Kateřina Kolařová are honorable exceptions). For Herza, monstrosity, freakshow and otherness were a tool used for establishing physiological and cultural boundaries, forming the ideological concept of idealized bourgeoise corporality of a modernizing society.

Methodologically Herza follows the concept of discursive analysis. The semiotic interpretation of different texts is logically focused primarily on an extensive search within the periodicals and discursively constitutive elements of culture from the field of scientific and popular medicine, social hygiene, eugenics, and pedagogy. In his interpretative approach author declares affiliation to the poststructuralist conception of gender identities, culturally oriented disability studies, and the concept of intersectionality. Following the systematization of research on the human body, arising from cultural anthropology (N. Scheper Hughes - M. M. Lock), the author takes into account in his interpretative actions especially the issues of constitution and legitimacy of the so-called political and symbolic body.

The author's narrative strategy uses the process of the narrative from the characteristics of broader thought concepts of the collective body of the Czech nation, both in the sense of the imaginary collective body and the projection of national identities into individual bodies. At the same time, the author considers the modernist emphasis on the normative nature of the discursive corpus of texts, reflecting and establishing the concept of a healthy and strong body, as a key starting point for the successful

expansion of national goals of the Czech ethnic group in a broader period.

According to the author's interpretation, the normative corporeality developed mainly in negatively conceptualized notions, derived from the relations to physiological abnormalities. Although, as Filip Herza demonstrates, a positively defined concept of the "Czech body" was also introduced within the activities of anthropometric experiments. In the last third of the 19th century, scientific constructs of bodies became a source of expanding interest in the phenomenon of representations of human abnormalities, or different human races. Finally, in the period of interwar Czechoslovakia, and partly even before the First World War, the phenomenon of representation of otherness was so widespread that semiotic signs of difference were used in debates over the specifics of national nature and gendered identities. The author uses the different examples of creation normative concept of the Czech collective body in contrast towards "wild" and "deviated" bodies, representing the other cultures a "species". Freak shows were in this sense used as a system that maintains hierarchies of cultural power that were later embodied in minds, bodies, and the discursive corpus of Czech national ideology.

Filip´s text is extremely rich in ideas and innovative in the diversity of the presented conclusions. Already in the very introduction, in which the author summarizes the diversity of views on the notions of the freak show, he demonstrates his ability to abstract key ideas from the presented works and comprehensively classify them into a logically arranged system that does not reflect only the chronology of research, as is sometimes customary, but rather systematically provides for the reader a unique insight into the vast field of current approaches to body history, disability studies, post-colonial historiography and gender studies. By all means, we can also consider Filip Herza's approach to the interpretation of visual sources to be a positive asset of the monograph. The iconological analysis was in the past constantly overlooked in the Czech historiographical tradition and especially the issue of monstrosity/normativity requires vast interpretation of sources, which the author sufficiently provides.

Each chapter could in the future establish an inspiration for the further development of debates reflecting the constitution of modern forms of corporeality and their influence on contemporary society. The text brings within an exceptional shift in historiographical research in many dimensions. It constitutes a new perspective on the formation of nationality and modern forms of identities, based on the performances of individual and collective forms of corporeality, constitution, and performance of gender and semiotic signs, which later defined broader cultural values. Filip Herza introduced a unique text full of inspirational thoughts.

Vladan Hanulík

Irina ASTASHKEVICH, *Gendered Violence: Jewish Women in the Pogroms of 1917 to 1921*, Boston, Academic Studies Press 2018, 147 s., ISBN 978-1-61811-999-5.

Irina Astashkevich is a visiting researcher at the Tauber Institute for the Study of European Jewry at Brandeis University, Massachusetts, which specialises in modern European Jewish history. There, she also defended her dissertation entitled *Pogroms in Ukraine 1917–1920: An Alternative Universe*. Her professional experience includes working in archives in Russia, Lithuania and the USA, and in Jewish philanthropic organizations. In the peer-reviewed book, the author draws not only on a lot of archival records but also on published primary sources and secondary literature.

The book is part of the editorial collection *Jews of Russia & Eastern Europe and Their Legacy*[1] where studies regarding the Russian or more precisely Eastern European issues of the Jewish minority are published. The scope of topics of this editorial collection is really wide. There are not only contributions to Jewish history, literature, philosophy, and cultural anthropology but also music and fine arts.

Researchers have addressed the issue of pogroms in Ukraine during the Russian Civil War in a large number of professional studies.[2] However, Irina Astashkevich defines herself against current historiography. So far, according to her conclusions, it has lacked crucial elements. The pogroms in Ukraine in 1917–1921 have been either included in the historiography of the pogrom waves of 1881–1882, the Kishinev pogrom of 1903, or perceived as the background of the Russian Civil War and the First World War. She states that, in their studies, scientists have never taken into consideration gender-based violence and, above all, rape as a separate research topic. The reviewed book is the first to endeavour to assess the traumatic impact of gender-based violence and, in particular, rape on Jewish women and men. The author's research is based on the studies of the pogroms that took place in

1 For example, Gennady ESTRAIKH, *Transatlantic Russian Jewishness: Ideological Voyages of the Yiddish Daily Forverts in the First Half of the Twentieth Century,* Boston 2020; Kiril FEFERMAN *"If we had wings we would fly to you": A Soviet Jewish Family Faces Destruction, 1941–42*, Boston 2020; Luba JURGENSON, *Where There Is Danger,* Boston 2019; Michael BEIZER – Alice NAKHIMOVSKY (eds.), *Daughter of the Shtetl: The Memoirs of Doba-Mera Medvedeva,* Boston 2019; Maxim D. SHRAYER (ed.), *Voices of Jewish-Russian Literature: An Anthology,* Boston 2018; Vladimir KHAZAN, *"A Double Burden, a Double Cross": Andrei Sobol as a Russian-Jewish Writer,* Boston 2017; Maxim D. SHRAYER, *With or Without You: The Prospect for Jews in Today's Russia,* Boston 2017.

2 For example, John KLIER – Shlomo LAMBROZA, *Pogroms: Anti-Jewish Violence in Modern Russian History,* Cambridge 1992; Jonathan L. DEKEL-CHEN (ed.), *Anti-Jewish Violence: Rethinking the Pogrom in East European History,* Bloomington 2011; Henry ABRAMSON, *A Prayer for the Government: Ukrainians and Jews in Revolutionary Times, 1917–1920,* Cambridge 1999.

the territory of today's Ukraine. The vast majority of the sources from which the author derives come from the archival collection of Elias Tcherikower (1881–1943)[3] who witnessed pogroms and, together with his collaborators, gathered, mainly in the form of interviews with victims, evidence about them. The records are located at the YIVO Institute of Jewish Research in New York.

The monograph consists of six main chapters, a thank you chapter, an introduction, and a conclusion. In the introduction, the author states that more than a thousand pogroms, which occurred in about five hundred localities and, in total, claimed tens or even hundreds of thousands of Jewish victims, constitute genocide. This proposition is certainly crucial as it gives the research into pogroms in Ukraine a new dimension, i.e. the form of the study of genocidal practices. It attributes to the pogroms of the Russian Civil War that occurred in the territory of today´s Ukraine an infamous primacy: for the first time in the 20th century, the practices of genocidal rape were used.

Astashkevich aims to provide information about the strategic use of rape during the pogroms that happened in Ukraine during the Russian Civil War and about the effects of mass rape on Russian Jewry during the 20th and 21st centuries. For this purpose, she examines the narratives of the survived victims which she subjects to a thorough analysis. In the book, rape is approached as a universal weapon of genocide, the aim of which is to cause social death. The author identifies with the philosopher Claudia Card,[4] who argues that the goal of bringing social death not only to the individual but to the whole community is a crucial part of genocide. According to their conclusions, the purpose of genocide is to cause social death to both physically murdered and survived victims.

In the book, mass rape is considered to be, during the genocide, a key weapon aimed against the Jews in Ukraine. The rape took place in public in order to cause the greatest possible social and psychological traumas. Thus, the author takes into account not only the physical suffering that the act of rape represents but also humiliation and the feeling of shame. As part of her research, Astashkevich distinguishes between two genocidal waves of pogroms – in the first and second half of 1919. Whereas Petliura's army is to blame for the first wave, General Denikin's White Army has the second wave on its conscience. While the anti-Jewish violence of the first half of 1919 broke out throughout Ukraine, the pogroms of the second half of 1919, backed by the White Army, occurred in eastern and central Ukraine. The author finds the pogroms committed by the White Army to be more brutal with a higher number of victims.

3 YIVO Archive, Elias Tcherikower Archive 1903–1963, RG 80–89 (Mk 470).

4 Claudia CARD, *Genocide and Social Death,* Hypatia 18, 2003, no. 1, pp. 63–79.

The use of theoretical concepts is essential for the author's research. For Astashkevich, the application of the concept of "strategic rape", authored by Susan Brownmiller[5], is pivotal. Brownmiller considers mass rape to be a purposefully and strategically involved war weapon. Beverly Allen's[6] theory of "genocidal rape" is important to Astashkevich as well. She uses Edward P. Thompson's[7] concept of "moral economics", followed by William W. Hagen's[8] research, too. For the purpose of analysis, she also exploits many other theoretical concepts the authors of which are not only historians.[9]

As the name suggests, the first chapter, *Chaos in Ukraine: Defining the Context of Anti-Jewish Violence*, is devoted to an insight into the confused situation which prevailed in Ukraine from the beginning of World War I until the proclamation of the Ukrainian Soviet Socialist Republic. At this point, the author focuses on Jewish policy and the high expectations of the Jewish community associated with the proclamation of the independent Ukrainian People's Republic. For the Ukrainian Jews, independence meant an unprecedented easing of restrictions. By means of the Ministry of Jewish Affairs, the Jews were represented in the government. The year 1918 seemed to have been a victorious moment for the Jews; but, retrospectively, we can only state that it was a prelude to the indescribable suffering of the Jewish population in Ukraine. As early as the first half of the following year brought a wave of brutal violence.

The second chapter *Carnival of Violence: Development of the Pogrom Script* tells of the year 1919 when violence against the Jews became a common practice and proceeded according to a fixed scenario. The atmosphere of a carnival played a key role in the committed violence. It not only turned the Jews into victims without dignity but also rid the perpetrators of moral restraints. According to the author, the loss of any scruples accompanies an intimate genocide – the genocide perpetrated by people close to the victims.[10]

Astashkevich observes a change in the nature of pogroms. She perceives pogroms from the period 1917–1918 as the initial phase of genocidal violence. The aim of the pogroms of 1917–1918 was primarily to

5 Susan BROWNMILLER, *Against Our Will: Men, Women, and Rape,* New York 1975.

6 Beverly ALLEN, *Rape Warfare: The Hidden Genocide in Bosnia-Herzegovina and Croatia,* Minneapolis 1996.

7 Edward P. THOMPSON, *The Moral Economy of the English Crowd in the Eighteenth Century*, Past & Present 50, 1971, no. 1, pp. 76–136.

8 Cf. William W. HAGEN, *Anti-Jewish Violence in Poland, 1914–1920,* New York 2018; William W. HAGEN, *The Moral Economy of Popular Violence: The Pogrom in L'wow, November 1918,* in: Robert Blobaum (ed.), Anti-Semitism and Its Opponents in Modern Poland, Ithaca 2005, pp. 124–157.

9 For example, Michel FOUCAULT, *Dohlížet a trestat: kniha o zrodu vězení,* Praha 2000. Laura MULVEY, *Visual and Other Pleasures,* New York 1989. Marita STURKEN – Lisa Cartwright, *Practices of Looking: An Introduction to Visual Culture,* Oxford 2003.

10 Cf. Jeffrey S. KOPSTEIN and Jason WITTENBERG, *Intimate Violence: Anti-Jewish Pogroms on the Eve of the Holocaust,* Ithaca 2018.

loot Jewish property. Compared to 1919, the number of victims was low and gender-based violence was rather marginal. The author points out that the nature of the pogroms resembled the acts of violence which occurred in 1881–1883. The initial phase of the violence was interrupted by the establishment of a German protectorate, and until the directorate's period, civil unrest was suppressed militarily. The situation changed rapidly when German and Austro-Hungarian troops were withdrawn. The acts of violence of the first half of 1919 had no limits. The author describes the theatrical or even carnival mood accompanying the violence.[11] The pogroms took place according to a ritualised scenario, the purpose of which, according to the author, was to dehumanise the victims. Using the example of the events in the village of Rossava, the public humiliation and torture of Jewish men, who were, among other things, forced to eat soil, are described. The purpose of doing so was to deprive men of respect and thus undermine the hierarchy of society and its traditional organization. As a result, the gender structure was also shattered, namely by the de-masculinisation of the male population.

A comparison of the pogroms performed by Petliura's soldiers and the White Guard makes part of the chapter. The pogroms carried out by both Petliura's and Denikin's armies included looting, murdering, public rape, demonstrative torture, and humiliation of the Jews; the only difference was that the White Guard pogroms were even more brutal and claimed more casualties.

The third chapter called *The Perfect Weapon: Mass Rape as Public Spectacle* clarifies the goals of violence and rape during the Russian Civil War in Ukraine. The aim of the pogroms was "not only" to liquidate the Jewish part of the population physically, but also to undermine the essence of Jewish existence and destroy values sacred to the Jews. The author states that although rape was part of anti-Jewish violence throughout history, it did not form a significant part of the pogroms between 1917 and 1918. However, the year 1919 brought a high increase in rape practised during pogroms.

The trauma, experienced not only by raped women but also by men who were forced to watch the rape, did not allow them to speak. Although it is very difficult to express the exact number of raped women, there is no doubt that rape became a common part of pogroms in Ukraine. The main purpose of the genocidal rape was to demonstrate the superiority of rapists and to dishonour both Jewish women and men. This ignominy is passed down from generation to generation and therefore, it has fatal consequences.

In the fourth chapter, named *Inventing Vengeance: Who and Why Punished the Jews*, the author explains the motivations of rapists. The purpose of rape is to demonstrate dominance.[12] By making rape in public, not

11 Cf. footnote n. 8.

12 Cf. Claudia CARD, *Rape as a Weapon of War,* Hypatia 11, 1996, no. 4, pp. 5–18.

only was expressed the dominance over the raped victims but also over those who looked on. It is necessary to mention the author's argument that it is just public nature that turns rape into a genocidal practice, as it causes trauma to the whole community.

Mass rape took place according to the same scenario. However, the message communicated during this violent act was different. The perpetrators of violence in the first half of the year were local soldiers of Petliura's army and associated local armed groups. The structure of Petliura's army consisted of former soldiers, men without a clear professional orientation, and landless people who had in common only that they were on the road all the time. This diverse group of uprooted people lacked a common goal and conviction. It was the rape of Jewish women that was the cementing element. It served as a means of creating a common identity. According to Astashkevich, the fact that Petliura's soldiers considered themselves Cossacks was not enough to create a common identity. They gained a shared identity through raping.[13] While Petliura's army tried to make its identity by the rape, the Whites used this practice to strengthen their already existing identity. The rape of Jewish women also became a form of revenge for the failures experienced by the White Guard.

Subsequently, the author turns to the question, how the attitude of the Jews to the Petliurians and the Whites differed. The Jews perceived the former as thieves and criminals who aroused fear in them, but not respect. They were often neighbours, so the Jews knew them. Whereas the latter, in the eyes of the Jewish population, embodied the authority of the monarchy, which brought them much suffering, but also, at least, some certainty, order, and the rule of a firm hand. Some scope is devoted to the White Guard's perception of the Jews, too. The author states that the Whites considered all the Jews, without exception, to be the Bolsheviks, the embodiment of hostility; which implies that brutality and rape were fundamentally influenced by the tendency to mix the Jews with the Bolsheviks. Anti-Semitism became the most important cementing element of the White Guard.

While in the previous chapter the author revealed the motivations of the perpetrators of the pogroms, the fifth chapter *Describing the Indescribable: Narratives of Gendered Violence* deals with the question of how brutality and violence affected the lives of the survived Ukrainian Jews and what their reaction was. Raped Jewish women suffered physically both during the rape itself and later, in consequence of their injuries or the epidemic spread of venereal diseases. However, it is also indisputable that Jewish women, as well as men, suffered devastating psychological trauma. As mentioned above, men were forced to watch the rape, which brought them bad traumatic memories. In this chapter, the author evaluates the impact of rape on the Jewish community. So as to

13 Cf. Louis du TOIT, *Philosophical Investigation of Rape: The Making and Unmaking of the Feminine Self,* New York 2009.

understand the traumatic experience, she analyses the narratives of the survivors. Public genocidal rape was not only intended to deprive women of their honour, but also to humiliate and degrade men unable to protect their women, and thus, to cause their de-masculinisation. Therefore, Astashkevich perceives rape as an attack on fundamental gender norms.

The sixth chapter, *"Wretched Victims of Another Kind": Making Sense of Rape Trauma*, discusses the influence of modernity and secular education on Jewish women and men. Astashkevich describes how secularisation, characterised by its emphasis on individualism, multiplied the psychological suffering of raped women and on-looking men. For many raped women, as well as others that were forced to watch rape, the rape was worse than death. As the author argues, death meant the end of suffering, rape was just the beginning. Many women, but also men, could not bear their trauma and committed suicide. The author supports her statement with particular examples.

Finally, let us approach the summary and evaluation. In the book, the author answers the questions – for what reasons the rape of Jewish women became an integral part of pogroms, and why the rape took place in the presence of a whole group of perpetrators. She explains why awareness of mass rape has disappeared from the collective memory. In the monograph, the pogroms in Ukraine are perceived as part of genocide. By the author, mass rape is conceived as a strategic weapon, the purpose of which is to cause to the Jewish or any other community social death and as much suffering as possible. According to Astashkevich, by its nature, psychological torments, associated with humiliation and disgrace, are both transregional and transgenerational. They travel together with the survivors and they are passed down from generation to generation. The impacts of mass rape are, therefore, absolutely devastating not only for contemporaries but also for the next generations, who are, unknowingly, affected by the trauma. According to the author, public rape had a symbolic character. It was not made for sexual intercourse as such. The purpose was to demonstrate unlimited power in public.

The contribution that the author brings by her book is indisputable. The monograph provides a valuable theoretical basis for historians involved in the research of gender-based violence in general, not only regarding the Jews. The peer-reviewed book is necessary to be compared to the recently published work *Anti-Jewish Violence in Poland, 1914–1920*[14] by the historian William W. Hagen. Both books are distinguished by analytical depth and emphasis on interdisciplinarity. For both authors, the symbolism and socio-cultural significance of violence are pivotal. Both authors perceive violence as a means of establishing socio-culturally prescribed relationships. Through their works, both authors try to understand the concept of violence. In her research, unlike Hagen, Astashkevich emphasizes the

14 William W. HAGEN, *Anti-Jewish Violence in Poland, 1914–1920*, New York 2018.

gender nature of violence. Both studies significantly deepen our knowledge of a hitherto neglected topic – which was, in historiography, overshadowed by the interest in the Holocaust – the brutal violence against the Jews that occurred immediately after the First World War.

Jan Kutílek

List of reviewers (in alphabetical order):

PhDr. Anna Falisová, CSc. (Historický ústav Slovenskej akadémie ved)
Mag. Dr. Andreas Golob (Universität Graz)
Mgr. Iva Kopecká (Regionální muzeum Chrudim)
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Lenka Šedivá, M. A. (Durham University)
Priv. Doz. Mag. Dr. Phil. Carlos Watzka (Sigmund Freud PrivatUniversität Wien)

List of contributors (in alphabetical order):

Mgr. Šárka Caitlín Rábová (Univerzita Pardubice, Pardubice, Czech Republic)
Mgr. Vladan Hanulík, Ph.D. (Univerzita Pardubice, Pardubice, Czech Republic)
Mgr. Hana Jadrná Matějková, Ph.D. (Univerzita Palackého v Olomouci, Olomouc, Czech Republic)
Elżbieta Kassner, M.A. (Leibniz Universität Hannover, Hannover, Germany)
Mgr. Jan Kutílek (Univerzita Pardubice, Pardubice, Czech Republic)
Prof. PhDr. Milena Lenderová, CSc. (Univerzita Pardubice, Pardubice, Czech Republic)
Mgr. Šárka Nekvapil Jirásková, Ph.D. (Univerzita Pardubice, Pardubice, Czech Republic)
Anja Katharina Peters, Ph.D. (ingepp – Schule für Gesunheitsberufe, Neubrandenburg, Germany)
Manon Pinatel, Ph.D. (Université du Luxembourg, Luxembourg)
Mgr. Barbora Rambousková (Univerzita Pardubice, Pardubice, Czech Republic)
Mgr. Hana Stoklasová, Ph.D. (Univerzita Pardubice, Pardubice, Czech Republic)

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Institute of Historical Sciences
Faculty of Arts and Philosophy, University of Pardubice
Studentská 84, 532 10 Pardubice
tel.: 466 036 210
e-mail: Jiri.Kubes@upce.cz