

## **Accoucheur - City Council – Midwives - Mothers: Choosing midwives in early modern Leipzig**

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### **Abstract**

The aim of this paper is to investigate who determined the appointment, organisation, and use of midwives in late seventeenth and eighteenth-century Leipzig, a medium-sized city in the Electorate of Saxony famed for its academically and politically influential university, its international trade fairs, and as a centre for book production. Using the extensive administrative records in the communal archive in Leipzig relating to the appointment and organisation of midwives, I interrogate the idea that council appointed *Stadtphysicii* and *Stadtaccoucheure*, medics charged with the task of supervising the city's corps of sworn midwives from the late seventeenth century onwards, were the only group to determine who provided midwifery services in the city.

### **Midwifery in Leipzig**

Midwifery in seventeenth and eighteenth-century Leipzig, as in many cities and large towns across the German territories, was regulated by the city council which appointed, salaried, and administered the 'office' (*Amt*) of midwife. As a dedicated lying-in hospital was established only very late in 1810, prior to this point midwifery in Leipzig was generally learnt and practised in a non-institutional context.<sup>1</sup> The council appointed three midwives to serve within the walled city and a further three to four midwives who lived and worked in the extramural neighbourhoods clustered around each of the city gates (*vor den Thoren*) at the

Peterstor, Rannstädter Tor, and Grimmaisches Tor.<sup>2</sup> Although these sworn midwives were theoretically supposed to attend all births in the city's jurisdiction, there were other women working 'illegally' as midwives to family, neighbours, and friends. These women – not least because they are less 'visible' in council administrative documents than sworn municipal midwives – have been greatly neglected in histories of midwifery. Whether sworn or unsworn, women generally became midwives by entering into an apprentice-master relationship with a more experienced midwife or learning midwifery from a mother, mother-in-law, or sister, much in the same way as most artisans of the period.<sup>3</sup>

The care of mothers was not regulated separately *per se*, but instead through the standards of behaviour set for midwives by both the council and the church via midwifery and baptism ordinances, although tradition as well as the social and cultural expectations of mothers, family, and neighbours were just as formative. Once appointed, sworn midwives were subject to the terms of their *Instruktion*, a document which detailed the tasks, obligations, and behaviour permitted in their office.<sup>4</sup> Responsibility for ensuring these rituals and standards were kept was then left largely up to the appointed midwife; the only women whose delivery and postpartum care was directly of interest to the civic authority were the poor and indigent who gave birth either in the lazarett or the workhouse, or where a crime such as infanticide or illegitimate pregnancy was investigated by the city court.<sup>5</sup> Nonetheless, a legitimate and proper pregnancy and birth was a very public event that was supposed to involve family, friends, and neighbours in addition to figures of authority such as a midwife and, in the event of a difficult birth, perhaps also a surgeon, physician, and priest.

The Saxon state had very little to do with the organisation or reform of midwifery and the provision of maternal care until the early nineteenth century. The Elector certainly disseminated decrees on medical practice from time to time but these hardly intended to radically reform traditional systems of healthcare provision or medical practice. Instead state decrees and ordinances were almost always reactionary responses to problems of corruption, anti-corporate behaviour (encroachment), epidemics, or anxiety about moral turpitude. Furthermore, such legislation generally accorded with existing frameworks of medical practice. A 1744 ordinance against abortion, infanticide, and child abandonment, for example, did not seek to re-configure existing medico-legal practice. Instead it merely instructed local authorities to continue employing midwives to examine female suspects but warned that midwives should “employ good caution, so that no further innocent persons be proceeded against due to false accusations or out of revenge, slander of their good name, and other private matters....” – sentiments hardly dissimilar to those expressed in midwives’ instructions handed out by the Leipzig city council.<sup>6</sup> Even when the Elector established the Saxon *Sanitäts-Collegium* in 1768, the decree it issued insisting (among several other matters medical) that every midwife in Saxony be registered and examined by the nearest *Land-*, *Amts-*, or *Stadtphysicus* merely regurgitated the qualifications of comportment found in civic midwifery oaths, ordinances, and instructions since the sixteenth century; loyalty, caution, care, sobriety, and general ‘good’ behaviour.<sup>7</sup> These examples demonstrate how little the Enlightened absolute Saxon ‘State’ had to do with shaping midwifery practice and maternal care provision in Leipzig.<sup>8</sup> Perhaps the Elector’s decrees had more cataclysmic

consequences for rural communities throughout Saxony where midwifery appears to have been less systematically organised.<sup>9</sup> In Leipzig, however, state legislation merely parroted existing local custom and law and reinforced the authority of the city council over midwifery and maternal care provision. At least until the early nineteenth century, the regulation and practice of urban midwifery was an overwhelmingly local concern, hence this paper will leave the ‘State’ more or less out of the equation.<sup>10</sup>

From the late seventeenth century onwards, the council introduced a number of ‘improvements’ to the midwifery system in place since the late sixteenth century at least, ranging from introducing a system of appointed and sworn *Beifrauen* (midwife apprentices) in the 1670’s to establishing the position of *Beifrau* in the lazareth and the Rannstädter Tor as a training ground for newly appointed *Beifrauen* in the 1780’s. The most historiographically contentious of these changes, however, was the medical supervision of midwifery through the *Stadtphysicus* (municipal physician) and the *Stadtaccoucheur* (municipal male midwife/obstetrician). In 1659 the council appointed Dr Gottfried Welsch as *Stadtphysicus*, whose responsibilities included examining midwives and giving lessons in anatomy and midwifery to midwife candidates.<sup>11</sup> In 1715 it appointed Benjamin Benedict Petermann as *Amtsphysicus* (district physician) and conferred him primary responsibility for the supervision of midwifery and the care of pregnant women (which comprised half of his *Instruktion*).<sup>12</sup> By 1732, in accordance with developments in other cities and towns across the German territories, the council had officially appointed a *Stadtaccoucheur*, Dr. Johann

Valentin Hartrauff, whose sole responsibility it was to supervise and examine midwives and to provide assistance during difficult births.

But what did this change to midwifery actually effect? We do, all too often, equate a masculine presence with automatic power and authority, an assumption which prevents us from interrogating the historically and situationally specific dynamics of relations between the historical figures. Certainly many accounts of German midwifery presume that the ‘encroachment’ of male medics onto a traditionally female medical domain was absolute and few have questioned the concrete authority of the *Stadtaccoucheur* had over midwifery provision.<sup>13</sup> Yet as Lianne McTavish has recently demonstrated in her study of seventeenth and eighteenth-century midwifery manuals, the literary and pictorial bravado of male-midwives and their often scathing attacks on midwives should not be taken at face value. Far from proving the successful takeover of midwifery by men, these texts reveal the instability of the male midwife’s identity and the desperate need for him to display his obstetric authority in a very public manner.<sup>14</sup> Working through the archival material in Leipzig, I too was struck by everyday examples that appeared to support McTavish’s argument: *Stadtphysicii* and *Stadtaccoucheure* complaining about the poor treatment they received from both the public and medical colleagues; making requests or recommendations to the council that went ignored or unfulfilled; having their weekly lessons snubbed by midwives, or their decisions challenged by midwives and the public.<sup>15</sup>

This suggests that the late seventeenth and eighteenth-century male midwife was not the omnipotent figure we have come to know. Instead his practical authority was somewhat fragile and the authority of medics over

maternal care and childbirth in practical terms neither stable nor universally accepted. Estimates of the use of male midwives are similarly very low for German regions.<sup>16</sup> I do not intend to suggest by this that there was no will on the side of the city authority, the *Stadtrat*, for a medic to preside over midwifery. It was after all the council who employed Welsch, Petermann, and their line of successors – it thought this a very good idea indeed. But as Lindemann and Loetz have noted and my sources appear to support, the nexus of power, even in the latter eighteenth century, between the city council and the *Stadtphysicus* or *Stadtaccoucheur* was not as strong as the ‘Foucauldian’ theories of medicalisation and professionalisation as a process of disciplinisation suggested by Ute Frevert.<sup>17</sup>

Rethinking the relationship of power and authority between the *Stadtaccoucheur* and midwives means rendering midwives as *acteurs* rather than victims in a historical narrative, which I shall attempt to do here. But should a study of maternal care provision only take into account the practitioners of midwifery? Should it not also attempt to define the role of mothers and their families? Roy Porter was one of the keenest historians of medicine to put the early modern patient - or as he preferred to call him or her the ‘sufferer’ or ‘the sick’ - back into the equation as an autonomous and active figure, eschewing the still popular Foucauldian concept of the patient as a mere construct of medicine.<sup>18</sup> As Loetz too has argued, there is a need to incorporate the role of the ‘medicalised’ into models of medicalisation, or ‘medical socialisation’ as she has re-minted it.<sup>19</sup> If medical consumers did indeed influence medical practice, then with regards to midwifery we need to rethink the constellation of parties involved

in determining maternal care in the eighteenth century with a bottom-up approach.<sup>20</sup> I will argue here that decisions about who provided midwifery services and how in eighteenth-century Leipzig were determined, negotiated, even contested, between four groups; midwives, mothers and their families, the *Stadtaccoucheur*, and the city council. The following examples strongly suggest that the *Stadtphysicus*/*Stadtaccoucheur*, although he certainly made recommendations to the city council as to whom he considered the most skilled and best suited for the position of sworn midwife and was in charge of organising the appointment of midwives and *Beifrauen*, by no means had sole control over the selection of midwives for most of the eighteenth century.

### **Lay women and midwife choice**

There is scant evidence in the Leipzig sources of the 'midwife elections' documented by Eva Labouvie for the rural Saar and Lotharingia regions.<sup>21</sup> The remnants of a selection procedure from 1725, however, suggest that consultation with the community's women was standard practice in Leipzig. Following the death of city midwife Dorothea Christina Seidel in July 1725 the city council set about finding a replacement. It shortlisted seven women most of whom were already midwives or *Beifrauen* elsewhere in the city or its extramural suburbs (*vor den Thoren*). Remarkably, an unsigned and undated note - presumably from a council employee - regarding the consultation with the city's women was kept alongside the candidates' applications, recommendations, and copies of council decisions. The women of the city, the note explained, were consulted as to which midwife they would

rather have appointed but had not wanted to give their recommendation because the candidates they were unfamiliar with all of them. The note then suggested the recommendations made by the *Stadtphysicus* be followed and Christina Hempel, a midwife since ca. 1718 who in the words of *Stadtphysicus* Michael Ernst Etmüller had “the best knowledge and experience of how to deal with women during their labour”, was subsequently appointed.<sup>22</sup>

This was not the first time that the successful candidate also topped the *Stadtphysicus*' recommendations. In 1713 the council appointed Catharina Elisabeth Ehrlich, a Leipzig-born woman who had worked as a midwife in the nearby towns of Wurzen and Eilenburg for seven years, to the office of midwife at the Rannstädter Tor (extramural suburb). The then *Stadtphysicus* Johannes Bohn had declared Ehrlich to be the best qualified of all candidates and his recommendation accompanied by attestations from Eilenburg appear, at least at a first glance, to have swayed the vote in her favour - despite her technical outsider status.<sup>23</sup> At any rate, Ehrlich beat several women with matrilineal ties or demonstrable experience of midwifery within their communities to the post. We have no evidence that Ehrlich's selection was also determined by the women of Leipzig, yet we know from her petition letter that before leaving Leipzig seven years previously she had held the position of *Gassenmagd* (a street maid employed by the neighbourhood elders to keep order in and help the women) for two years.<sup>24</sup> Together with the familial and neighbourly ties she presumably still maintained, this would have had the potential to provide her with considerable support within the female community.

But before making too many assumptions about women's participation in the selection of sworn midwives we need to know exactly who these women mentioned in the 1725 document actually were. The absence of a list of names makes the task a little tricky, yet the biographies and careers of some of the prospective candidates they claimed *not* to know is telling:

1. **Anna Martha Priebes:** Her first husband was a horse dealer, her second husband a country carriage driver. Priebes worked as vice-midwife to the now incapacitated and elderly midwife Catharina Ehrlich (Grimmaisches Tor) for four years.
2. **Christina Hempel:** Wife (possibly widow) of a city soldier. She served unofficially and officially as a *Beifrau* for seven years to one of the longest-serving midwives in the city. Following that she was appointed midwife *vor den Thoren* for a further five years.
3. **Johanna Regina Wagner:** Husband's occupation unknown. Wagner trained informally as a *Wickelweib* (nappy woman or midwife's informal apprentice/assistant) with her mother-in-law (midwife at Peterstor min. 1709-20). Her sister-in-law was also a midwife in the city (1719-min. 1740). Wagner had served as midwife at the Peterstor already five years.
4. **Anna Maria Rein:** Married to a brewery worker and *Wickelweib* to city midwife Christina Lorend.

All of these women – and this is generally the case for midwives in Leipzig – belonged to the middle to lower artisanal and servant classes. The fact that almost all held an office and had even worked in the city prior to this

candidature - and hence would have had the opportunity to come into contact with the wives of the urban elite - suggests that class was a key issue here.<sup>25</sup> The lay women the council considered fit to pass judgement on the choice of a midwife appear to have belonged to Leipzig's urban elite; probably the wives of the merchants, successful businessmen, and lawyers whose occupational groups also dominated the ranks of the city council.<sup>26</sup> We know that women of the upper orders in Leipzig used sworn midwives just like the rest of the population - there are examples of Leipzig midwives being engaged by landed gentry. But these elite women living within the city walls obviously had no contact with or knowledge of most of the midwives working in the suburbs or as apprentices to city midwives.<sup>27</sup> As reputation appears to have been a criteria for determining skill and suitability, these women thus felt unqualified to pass judgement on candidates of whom they did not have first-hand knowledge, and so abdicated their right to determine who was selected as their local midwife.

Labouvie's detailed study of rural midwife elections demonstrates that as late as the 1790's in villages and smaller towns almost all 'honourable' women in the village (i.e. those who were either married or widowed) made their vote count in the official elections chaperoned by the local pastor and the local government functionary. These elections, however, appear to have been little more than a formality, a seal of approval from the village women. Typically only one candidate was put forward for election; the real selection process – the petitions of aspirant midwives, the exertion of familial and social influence, and the considerable wheeling-and-dealing that might precede the

official vote - was carried out informally amongst the village women prior to the public show.<sup>28</sup> Even if the real decision-making was in the hands of a few socially prominent women in rural Saar and Lotharingen, Labouvie's findings demonstrate that irrespective of socio-economic status, members of the female community were able to participate in a process of choosing their local midwife that depended on everyone knowing and having an opinion on the candidates. This may have once been the case in Leipzig – the sources are not particularly effusive on this matter – but at least by the early to mid-eighteenth century social stratification and not merely the professional interests of medics appear to have been responsible for the shift from a female-centric selection procedure (i.e. the midwife election) to one co-determined by the *Stadtphysicus* and the council. There is no way of knowing how frequently such a situation arose, however, it demonstrates that social stratification and the social anonymity within the town walls had rendered the method of selection still used in rural areas pointless.

Although the influence of lay women in the direct selection of municipal midwives appears to diminish in the early eighteenth century, the voice of the local neighbourhood remained an important consideration for both council and *Stadtphysicus* / *Stadtaccoucheur*, aptly demonstrated by an incident from 1763. Midwife Juliana Maria Müller accused her *Beifrau* Johanna Maria Werner of being afflicted with the “evil spirit” (spells of fainting or fitting). The neighbourhood, she complained, was reluctant to use Werner to so much as swaddle a baby, a situation she felt justified her request for a new *Beifrau*. The city council did not act immediately - presumably it consulted many more

witnesses and medics than the sources relay - but some six weeks later it dismissed *Beifrau* Werner on the grounds of illness. Just days later sixteen families from the Grimmaischen Tor community sent in a petition in support of the beleaguered *Beifrau* testifying that she, Werner, had never once shown signs of the “evil spirit” and had always been their trusted midwife.

*Stadtaccoucheur* Dr Johann Carl Gehler eventually recommended Werner be dismissed permanently, but his response was far from unequivocal. Not only had Werner’s clients put in a good word for her, but most her fellow *Beifrauen* had approached Gehler with a group petition supporting Werner’s reinstatement on the grounds that they considered her a skilled, congenial, and thorough midwife. Gehler too mentioned that he thought midwife Müller’s accusations were assuredly false, or at the least heavily exaggerated. He, Gehler, did not think *Beifrau* Werner suffered at all from an “Epilepsie or convulsive problems” but rather from “bouts of fainting caused by a poking sharpness in the first [wind?] passage”, a condition he assured the council was thoroughly treatable with the appropriate medication. *Beifrau* Werner, he recommended, should be kept on until a suitable candidate was found and until he was able to learn more about her illness and its effect on her work as a midwife. The next sentence, however, saw Gehler make an about-face as he recommended Werner’s *Instruktion* be rescinded, *not* due to her illness but instead because of the heinous quarrelling and bickering the matter had precipitated between Müller and her unfortunate *Beifrau*.<sup>29</sup> Werner was then dismissed but evidently, as we shall see later on, she was reinstated as she was still working as a midwife the following year.

This example suggests that the voice of the community and even that of the midwives themselves was an earnest consideration for the *Stadtaccoucheur* when making decisions over midwife posts. Gehler's umm-ing and ahh-ing indicates he was aware his decision to recommend dismissal against the opinion of the lay and midwifery community was over and above the level of interference lay women and midwives expected of the *Stadtaccoucheur*. In this instance the indignant response of the *Beifrauen* and the families at the Grimmaischen Tor were strong enough to persuade him and the council to keep Werner on.

I have discussed thus far only the influence lay women and their families had over the appointment and retention of sworn municipal midwives. Yet despite the fact that Leipzigers were supposed to employ the services of a sworn midwife and that women working 'illegally' appear time and time again in council records on charges of 'encroachment', the sources reveal many instances of lay women working as unsworn midwives.<sup>30</sup> Much of the time these unsworn midwives were in attendance at normal births, albeit often in the poorer neighbourhoods, so we may assume that women did not *only* call upon their services to conceal a birth from the authorities. When caught these lay midwives almost always pleaded an emergency, either the sworn midwife had been unavailable or the mother had given birth before she could get there. In 1717, for example, two *Gassenmägde* Martha Müller and Maria Lindner were accused by three sworn midwives of slander, illegal midwifery, and taking newborns to baptism. Müller claimed she had only acted in an emergency. Lindner, on the other hand, explained to her interrogators that she

had an agreement with a woman running a lying-in room for indigent women whereby she would attend night-time births and the local sworn midwife any deliveries that took place during the day.<sup>31</sup> But we must take these crisis pleas - as truthful as they may be - with a grain of salt; these 'illegal' midwives got to play emergency midwife surprisingly often.<sup>32</sup> Rather, by calling upon unsworn midwives many lay women and their families were exercising control over who attended their delivery.

To answer the question of why unsworn midwives were in demand, we must rely on the statements and petitions of these women. In 1705, for example, Christina Hentschel defended herself with the statement that "various women have been scared of calling upon her [the sworn midwife Catharina Köhler] when they find themselves in labour because she has unskilled fingers and has damaged five women within a short span of time...".<sup>33</sup> Perhaps these unsworn midwives also provided their services at bargain rates - an appealing offer for the city's poor. However, often these women were engaged as *Wickelweiber* by sworn midwives and *Beifrauen*, which not only gave them access to potential clients but also qualified them in the eyes of the local community to work as a midwife.<sup>34</sup> Christina Hentschell, for example, justified her midwifery practice with the argument that she had "attended many women, providing advice and assistance" *because* she had lived in the neighbourhood some forty years and *because* she had worked as a midwife in parts of the city during the plague years (1680's) "where no [sworn] midwife had wanted to go".<sup>35</sup> Whether financially or socially motivated, the decision to employ an unexamined, unsworn midwife remained a

conscious act which - although it was the illegal midwives and not the families who were reprimanded for this misdemeanour – certainly contravened council regulations.

But exactly how rigid was the ban on illegal midwifery and what authority did the *Stadtaccoucheur* have to prevent illegal midwives from working? Whereas *Beifrauen* were routinely fined, even occasionally temporarily suspended if discovered delivering women in non-emergency cases, unsworn midwives almost never incurred more than a verbal warning.<sup>36</sup> It appears that unsworn midwives were generally tolerated within the city, so long as they kept to midwifery and had obtained a green light from the sworn midwives and *Beifrauen*.<sup>37</sup> *Stadtaccoucheur* Dr. Johann Valentin Hartrauff's semestral report from July 1733 also suggests that unsworn midwifery was more of a grey area than the numerous accusations of encroachment suggest:

“a woman has been found attending women in labour as a midwife, she calls herself Mrs Fritsch, and purports to be the wife of a city guard. Although this very person is not unskilled, but pretends...to know and do more than all other midwives, even though she made grave errors so that I had to intervene. I wanted to enquire as to what I should do when I am called to difficult births and she is there, and whether or not I should replace her with a sworn midwife, as the ignorance and prejudices of the appointed midwives is strenuous enough, let alone that [my problems] are multiplied by persons who have not been appointed by your most honourable Council”.<sup>38</sup>

There are a few points to make about this excerpt. Firstly, Hartrauff seems only concerned that Fritsch be replaced by a proper, sworn midwife once a delivery had become *difficult*, implying that he had few reservations about her continuing to attend so-called natural deliveries as an unsworn midwife (where

he would never be required to assist). This suggests the use of unsworn midwives was not unusual in Leipzig and the *Stadtaccoucheur* was not *per se* opposed to unsworn midwifery practice. In fact his concern lay not in the fact that Fritsch was less knowledgeable or less skilled than her sworn counterparts, but rather in the fact that because unappointed, he did not feel he ought to bear responsibility for her actions and training. Secondly, Hartrauff is unable to autonomously depose Fritsch as leading figure in the delivery - presumably because custom demanded that he was unable to simply override the parents' choice of midwife – but instead had to consult the council on whether Fritsch should be permitted to continue acting as midwife (with the authority that position brought with it in the birth room) during difficult births.

The council completely ignored Hartrauff's request for advice and years later in 1736 he was still pestering the council for clarification on the matter.<sup>39</sup> It appears that the council was in general unconcerned about lay midwives so long as they were not threatening the livelihood of office-bearing midwives and *Beifrauen*. Hartrauff's authority over midwifery practice in Leipzig was limited to the supervision of sworn midwives occupying a municipal office and his words above suggest that he wished this to remain so. For the women and families who chose to use an unsworn midwife in the early to mid-eighteenth century in Leipzig, there appears to have been little (if any) involvement from either the city council or the *Stadtaccoucheur*.

### ***How to choose a midwife?***

The uncertainty exhibited by Dr Gehler in the case of the ‘epileptic’ *Beifrau* Werner discussed earlier reveals a good deal about what formed the basis of the *Stadtphysicus*’ and *Stadtaccoucheur*’s selection criteria for midwives during the eighteenth century. We must not be fooled into construing the almost ubiquitous praise of superior knowledge and long experience, or of long, clean fingers and a healthy countenance found in the *Stadtaccoucheurs*’ reports and recommendations as evidence of a meritocratic selection procedure motivated by ‘medical’ notions of which traits a midwife should exhibit.<sup>40</sup> The selection of midwives, as has been demonstrated by Mary Lindemann for the other medical practitioners in eighteenth-century Germany, was largely based upon non-medical criteria.<sup>41</sup>

The earliest extant recommendations from the *Stadtphysicii* in Leipzig tend to mention only the physiological suitability knowledge and experience. As to whether or not this ‘knowledge’ was strictly medical in nature or whether it also incorporated knowledge of religious rituals and social practices is difficult to ascertain because details of which questions were posed and how they were answered by examinees are not extant.<sup>42</sup> By the time Johann Carl Gehler (in office 1763-88) had assumed the office of *Stadtaccoucheur* the recommendations he supplied to the city council provided biographical data of the candidates in greater detail, including information on age, husband’s occupation, number of children, familial links to midwifery, reputation in the community, and manner *in addition to* comments about knowledge, skill, and physical appearance.<sup>43</sup>

Interest in the social and familial background of midwife candidates was by no means a new trend in the mid-eighteenth century. Nevertheless, as the unusually rich documentation generated by Wurzener midwife Catharina Elisabeth Ehrlich in 1713 demonstrates, compiling this data and the task of eliciting a candidate's reputation from family, neighbours, and clients had traditionally been the preserve of a senior council employee, namely the *Oberleichenschreiber* (Senior Mortality Scribe). In this recruitment round *Oberleichenschreiber* Georg Christoph Winzer, clearly relying on both petition letters and personal interviews with candidates and neighbours, took particular care to note the nature of any illness, reliance on municipal alms, the number of deliveries claimed, or any idiosyncratic anecdotes or recommendations about each candidate's person. Anna Maria Kirchlöffel impressed him by her personal and domestic cleanliness (this should be understood in religious terms as a sign of piousness and goodliness). He noted on the other hand that the neighbours of Johanna Sabina Netzold considered her "knowledge of how to attend women in labour learnt from books" to be so good that they gladly employed her.<sup>44</sup> It appears that this more 'social' information collected by the *Oberleichenschreiber* was, at least in the latter seventeenth and early eighteenth centuries, fused together with the 'medical' recommendation about a candidate's knowledge and skill the *Stadtphysicus* provided to the council. The *Stadtphysicus*' recommendation was not, however, merely 'medical'. The Ehrlich case suggests that he was privy either to the petitions and attests supplied by candidates, and/or to the biographical summaries generally composed by the *Oberleichenschreiber*. In

other words, his decision was based upon this ‘social’ information about character and circumstance as well the ‘medical’ examination on anatomical knowledge and midwifery techniques he carried out on prospective midwives.

Once the city had appointed a *Stadtaccoucheur*, this division of labour between *Stadtphysicus*/*Stadtaccoucheur* on the one hand and *Oberleichenschreiber* on the other appears to have ceased in favour of the *Stadtaccoucheur* meeting candidates and carrying out all or most candidate research on his own. The criteria of appointment detailed above, however, remained more or less the same, even though Gehler’s summaries possessed a more perfunctory character than those of *Oberleichenschreiber* Winzer. Gehler’s candidate descriptions betray an intense interest in the character and demeanour of the aspiring midwives and he devotes far more space to these categories than to their level of knowledge or skill. Of Christiana Maria Bauer, for example, he wrote “she seems settled, modest, and polite. Her hands are quite good. Even though it appears to me that she were somewhat fearful and would not have the courage required in certain situations, I hope that she will gradually lose this natural stupidity the more experienced she becomes”. Of Maria Christiana Stor, on the other hand, he noted that she lived in poverty, had a quiet and relaxed demeanour but that her fingers were too short.<sup>45</sup> Stor was never made midwife but her financial neediness was certainly considered a point in her favour.<sup>46</sup> So whilst medics were becoming more involved in the selection of *Beifrauen* and midwives in mid-eighteenth-century Leipzig, this involvement did not consequently translate into a ‘medicalisation’ of candidacy criteria. Gehler and his

successors merely assumed the defining characteristics of competence in midwifery – a good reputation, cleanliness, and good hands, several children, a friendly and calm manner - that had been primary criteria for appointment and codified in oaths and *Instruktionen* since the sixteenth century.<sup>47</sup>

Returning to the case of Johanna Maria Werner, the *Beifrau* accused by midwife Müller of the “evil spirit”, it is evident that in the rare instance that a midwife had her office revoked, the decision to do so was similarly based not upon medical incompetence, but instead on damage done to reputation. After managing a reprieve - despite the incident and suspension in 1763 - Werner was still practising midwifery as a *Beifrau* in 1764 when fresh accusations of the “evil spirit” were levelled at her, this time by a lowly artisan from the outskirts of Leipzig. *Stadtaccoucheur* Gehler investigated the claim only to find it without substance. He recommended, nonetheless, that Werner be replaced firstly because there had been several complaints to him about her drunkenness and secondly because a case of neglect (“*Verwahrlosung*”) had been brought to the city court against Werner and her husband.<sup>48</sup> The problem contemporaries had with drunkenness was not that it lead to neglect but that it was an unseemly state for a midwife and damaged her reputation. Instead of alerting the city council to Werner’s incompetence, Gehler told the council it would find more in the latest case that would “not be advantageous to her [Werner’s] good reputation” - although he had only months before had reported that he “would not like to lose her [as a midwife] because of her good skills”.<sup>49</sup> The council immediately removed her from office, but her illness was only of importance because of the diabolical stigma attached to it. Elderly

midwives were expected to fulfil their office until death – despite illness or incapacity and were retired only rarely and almost always in their death throes.<sup>50</sup>

### ***Midwives Displeased: The authority of the midwife***

So what about the midwives themselves? Leipziger midwives were by no means silent pawns in a bureaucratic process of selection but actively negotiated their position (at times quite aggressively) with the authorities, the *Stadtaccoucheur*, and each other. According to the paper trail she left in the archive, midwife Juliana Maria Müller (we encountered her when she accused her *Beifrau* of having the “evil spirit”) stands out as a particularly vocal woman blessed with a healthy dose of political cunning. Although her attempts in 1763/4 at installing her sister as *Beifrau* following the dismissal of the ‘epileptic’ Werner certainly failed (Dr Gehler was not overwhelmed by the sister’s reputation), in 1767 when midwife Grunert was permitted to retire after illness had left her half paralysed, Müller was quick to engineer the situation to her advantage.<sup>51</sup>

Gehler’s initial report to the council recommended (in accordance with the wishes of the elderly Grunert) that *Beifrau* Anna Maria Hein (Grunert’s *Beifrau*) take over the post of midwife in the city.<sup>52</sup> To complicate matters, however, Müller’s *Beifrau* Susanna Margaretha Hornung was recently deceased and amongst the candidates who put themselves forward for the newly vacant office was Müller’s daughter-in-law Johanna Maria Werther, a twenty-six year old mother of two. Gehler had (apparently independently)

placed Werther at the top of his shortlist and also recommended her as Müller's future *Beifrau*. The council too had tacitly agreed to appoint *Beifrau* Hein as midwife Grunert's successor and probably also to appoint Werther (there is no record of this, however). But the feisty midwife Müller appears not to have wanted to take any chances and petitioned the council in person to ensure her daughter-in-law was appointed as her *Beifrau* and to secure the promotion she thought she deserved. Owing to the fact that she had been working *vor den Thoren* for such a long time, Müller argued that she (and not *Beifrau* Hein) deserved to replace Grunert as midwife in the city and offered to support the decrepit midwife with half her new salary, *naturalia* (allocations of firewood and maize from the council stores), and 8 *Groschen* (shillings) per delivery as long as Grunert should live.<sup>53</sup> Müller even went so far as to suggest she swap lodgings with Grunert, thereby ensuring herself a comfortable abode within the city walls.<sup>54</sup> In case the council decided not to appoint a new *Beifrau*, Müller had an emergency strategy up her sleeve; she, Müller, would continue to receive her own deceased *Beifrau's* salary and *naturalia*, and Grunert could happily continue to receive her own until death. To solve the accommodation problem Müller could then be allocated the lodgings of the *Beifrau* from the city who would replace her in the suburbs.<sup>55</sup> Müller got her way for the most part. The council agreed a few days later – whether with the recommendation of Gehler or not it is hard to tell, as no further documentation exists – to promote Müller to midwife in the city and to appoint her daughter-in-law Werther as her *Beifrau*, on the proviso that the elderly Grunert remain in her city lodgings. No doubt pleased by this outcome

but determined to nail Grunert's lodgings, Müller boldly told the council the next day that she wished to ask Grunert to give her one or two rooms for her belongings.<sup>56</sup>

Midwife Müller's behaviour certainly demonstrates a high level of initiative and drive to actively shape her existence as much as her status permitted, even if there was a risk that her requests would be denied. Although other midwives may not have acted as fearlessly as Müller, they were aware that they too could put forward arguments relating to old age, client base, or even property ownership to effect a change of district or prevent being moved to a neighbourhood in which they had no desire to work. In 1770 Maria Dorothea Westfal, dismayed at the prospect of having to shift from the Peterstor to the Rannstädter Tor (a position which involved working in the lazareth with indigent and 'unclean' women and was generally considered more onerous and less well paid than other districts), petitioned the council to let her live out her twilight years closer to her clientele at the Grimmaischen Tor.<sup>57</sup> The wording of the petition suggests that Westfal had already peaceably negotiated a swap with midwife Hein at the Grimmaischen Tor, yet Westfal's proposition caused disquiet amongst the midwives; Hein's *Beifrau*, Maria Magdalena Thomäi, immediately petitioned the council to remain at the Grimmaischen Tor instead of moving districts, as custom demanded, with her midwife-teacher to the Rannstädter Tor. Thomäi pleaded that a number of factors supported her claim; her husband was ailing, she had her own lodgings in the neighbourhood around the Grimmaischen Tor, and she actually assisted Westfal more than her official midwife Hein because the

latter merely fobbed all her poor (and ill-paying) clients onto her. The protocol of the council meeting recorded that the councillors did not wish to force Thomäi to move, and delegated the task of sorting out the headache created by swapping districts to midwives Westfal and Hein. A few days later, Westfal, Hein, and Thomäi unveiled a solution that appeared to make each party happy; Thomäi was appointed as Westfal's *Beifrau* in the Grimmaischen Tor, and Hein moved to Rannstädter Tor with a brand new *Beifrau*.<sup>58</sup> Of course, the sources provide no evidence on how much force or coercion was deployed by the parties involved in this decision (or which financial incentives were promised under the table) but it appears that the atmosphere between midwives was sufficiently co-operative to give everybody what they wanted.

In any case, the council's response to Thomäi's request suggests that far from being at the mercy of the council's or the *Stadtaccoucheur's* decisions, midwives' grievances and proposals played a significant part in the process of determining where and with whom midwives worked. Perhaps Leipzig midwives did not possess the degree of autonomy in selecting their trainees as they did in previous centuries.<sup>59</sup> But they clearly did not surrender all influence over the organisation of their profession. Indeed even as late as 1789 the *Stadtaccoucheur* Dr Christian Adolf Hartwig was forced to ensure that any reorganisation reflected the financial needs and wishes of existing midwives. Following the appointment of two Beifrauen and a subsequent shake-up of district allocation, all hell broke loose as several midwives and Beifrauen, fearing a loss of income because they were either no longer near their clients or having to work with women they detested, appealed his

decision. Hartwig, slightly overwhelmed by the situation, stated in his report that “in order to keep the peace and order amongst these people, it would be better if a different allocation could be found that made all parties happy”.<sup>60</sup>

This he did by consulting each of the midwives and *Beifrauen* with regards to which constellations would suited them best. His condescending compliments of the character of the two midwives who quietly agreed to his requests is evidence that the ideal eighteenth-century midwife was supposed to put-up and shut-up obediently and gracefully.<sup>61</sup> But as we have seen, midwives in Leipzig often did neither.

### **Concluding words**

Questioning the authority and autonomy of the *Stadtphysicus* and *Stadtaccoucheur* in the matter of midwife selection in early modern Leipzig has forced me to rethink the role of midwives and lay persons in how a large city determined maternity care provision and has freed me from viewing points of interaction between all parties through the model of male medic oppressor versus female midwife/mother oppressee inherent in orthodox models of medicalisation. I have not looked at other areas of midwifery that might also reveal cracks in this model and reconfigure the parameters of authority for midwives and lay women, such as concrete birth room experiences and the provision of anatomical and midwifery lessons by the *Stadtaccoucheur*, but I hope to explore these further in my research. What I have attempted to demonstrate here is that the authority of the *Stadtaccoucheur*, although he nominally had control over midwifery in the city, could be quite weak on the

matter of midwife selection and the authority of midwives and mothers/families conversely strong. Although there were all the outward signs of a tightly regulated and bureaucratic albeit localised system of midwifery directed and sustained by the city council in eighteenth-century Leipzig, in reality the choice of midwife was still firmly in the hands of the community and midwives maintained enough autonomy and status to be able to actively shape their work lives.

## BIBLIOGRAPHY

- Beachy, Robert. *The Soul of Commerce. Credit, Property, and Politics in Leipzig, 1750-1840*. Leiden & Boston: Brill, 2005.
- Blaschke, Karlheinz. *Bevölkerungsgeschichte Von Sachsen Bis Zur Industriellen Revolution*. Weimar: Bohlau, 1967.
- Fissell, Mary, E. *Patients, Power and the Poor in Eighteenth-Century Bristol, Cambridge History of Medicine*. Cambridge: Cambridge University Press, 1991.
- Frevert, Ute. *Krankheit Als Politisches Problem 1770-1880: Soziale Unterschichten in Preussen Zwischen Medizinischer Polizei Und Staatlicher Sozialversicherung, Kritische Studien Zur Geschichtswissenschaft ; Bd.62*. Göttingen: Vandenhoeck & Ruprecht, 1984.
- Hampe, Henrike. *Zwischen Tradition Und Instruktion. Hebammen Im 18. Und 19. Jahrhundert in Der Universitätstadt Göttingen*. Göttingen, 1998.
- Labouvie, Eva. *Beistand in Kindsnöten. Hebammen Und Weibliche Kultur Auf Dem Land (1550-1910), Reihe "Geschichte Und Geschlechter" Bd. 29*. Frankfurt am Main & New York: Campus, 1999.
- Lindemann, Mary. *Health and Healing in Eighteenth-Century Germany, Johns Hopkins University Studies in Historical and Political Science. 114th Series (1996)*. Baltimore & London: Johns Hopkins University Press, 1996.
- — —. "The Enlightenment Encountered: The German Physicist and His World." In *Medicine and the Enlightenment*, edited by Roy Porter. Amsterdam: Rodopi, 1995.
- Loetz, Francisca. *Vom Kranken Zum Patienten: "Medikalisierung" Und Medizinische Vergesellschaftung Am Beispiel Badens 1750-1850, Medizin, Gesellschaft Und Geschichte (Beiheft 2)*. Stuttgart: Franz Steiner, 1993.
- Loytved, Christine. *Hebammen Und Ihre Lehrer. Wendepunkte in Ausbildung Und Amt Lübecker Hebammen (1730-1850)*. Osnabrück: Universitätsverlag Rasch, 2002.
- McTavish, Lianne. *Childbirth and the Display of Authority in Early Modern France, Women and Gender in the Early Modern World*. Aldershot: Ashgate, 2005.
- Pelling, Margaret. "Medical Practice in Early Modern England. Trade or Profession?" In *The Professions in Early Modern England*, edited by Wilfred Prest, 90-128. London, New York & Sydney: Croom Helm, 1987.
- Porter, Roy. *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society, Cambridge History of Medicine*. Cambridge: Cambridge University Press, 2002.
- — —. "The Patient's View: Doing Medical History from Below." *Theory and Society* 14 (1985): 175-98.
- Pulz, Waltraud. *"Nicht Alles Nach Der Gelahrten Sinn Geschrieben": Das Hebammenanleitungsbuch Von Justina Siegemund. Zur*

*Rekonstruktion Geburtshilflichen Überlieferungswissens Frühneuzeitlicher Hebammen Und Seiner Bedeutung Bei Der Herausbildung Der Modernen Geburtshilfe, Münchner Beiträge Zur Volkskunde ; Bd. 15.* Munich: Munchner Vereinigung fur Volkskunde, 1994.

Riha, Ortrun, ed. *Streifzüge Durch Leipzigs Medizin- Und Wissenschaftsgeschichte. Ein Stadtführer.* Beucha: Sax-Verlag Beucha, 1997.

Schlenkrich, Elke. *Von Leuten Auf Dem Sterbestroh. Sozialgeschichte Obersächsischer Lazarette in Der Frühen Neuzeit, Schriften Der Rudolf-Kötzschke-Gesellschaft 8.* Beucha: Sax-Verlag, 2002.

Schmitz, Britta. *Hebammen in Münster. Historische Entwicklung, Lebens- Und Arbeitsumfeld, Berufliches Selbstverständnis, Beiträge Zur Volkskultur in Nordwestdeutschland Bd. 85.* Münster: Waxmann, 1994.

Tatlock, Lynne. "Speculum Feminarum: Gendered Perspectives on Obstetrics and Gynaecology in Early Modern Germany." *Signs* 17, no. 4 (1992): 725-60.

— — —, ed. *Justine Siegemund. The Court Midwife, The Other Voice in Early Modern Europe.* Chicago & London: The University of Chicago Press, 2005.

Wilson, Adrian. *The Making of Man-Midwifery: Childbirth in England 1660-1770.* London: UCL Press, 1995.

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<sup>1</sup> Many major German university cities had established an *Accouchierhaus*, which generally functioned as both a lying-in house for indigent mothers and a school for training midwives and surgeon-midwives, in the latter eighteenth century, the earliest of which were Strasbourg in 1728 and Göttingen in 1751. The 1810 opening of the *Trierisches Institut* in Leipzig was the culmination of decades of frustrated planning and negotiation. The *Institut* formed part of the university medical faculty and was headed up by the newly created Professor of Obstetrics, Johann Christian Gottfried Jörg. Ortrun Riha, ed., *Streifzüge Durch Leipzigs Medizin- Und Wissenschaftsgeschichte. Ein Stadtführer* (Beucha: Sax-Verlag Beucha, 1997). & Sabine Fahrenbach, "Johann Christian Gottfried Jörg und das „Triersche Institut““, Universität Leipzig, Medizinische Fakultät, <http://www.uni-leipzig.de/campus2009/jubilaeen/2006/gottfriedjoerg.html>.

<sup>2</sup> The number of midwives appears to have remained reasonably constant, although according to the council list by 1758 there were between four and five midwives working in the city and only three in the neighbourhoods *vor den Thoren*, Stadtarchiv Leipzig (SAL) Tit.(F).X.23b (Instruktionen 1676-1800) Vol. XIII, fol. 58. The number of *Beifrauen* (midwife apprentices appointed by the council) was less static and in 1758, for example, there were four *Beifrauen* working in the city and only three working *vor den Thoren*, SAL Tit.(F).X.23b (Instruktionen 1676-1800) Vol. XIII, fol. 70.

<sup>3</sup> Biographical research I have carried out on a sample of Leipzig midwives using baptism, marriage, and burial records from the churches of St Thomas and St Nicholas reveals numerous examples of familial ties via mother, mother-in-law, and sister to midwifery. Such matrilineal ties have also been noted by Labouvie and Loytved, Eva Labouvie, *Beistand in Kindsnöten. Hebammen Und Weibliche Kultur Auf Dem Land (1550-1910), Reihe "Geschichte Und Geschlechter" Bd. 29* (Frankfurt am Main & New York: Campus, 1999), Christine Loytved, *Hebammen Und Ihre Lehrer. Wendepunkte in Ausbildung Und Amt Lübecker Hebammen (1730-1850)* (Osnabrück: Universitätsverlag Rasch, 2002).

<sup>4</sup> In Leipzig all persons inhabiting an 'Amt' or office were presented with an written Instruktion bearing their name when they were sworn into office. The first extant *Instruktion* (job description) for midwives dates from the beginning of the eighteenth century, after which time the actual oath appears to have taken on a more ceremonial value whereas the *Instruktion* provided the bearer with detailed descriptions

of the tasks, appropriate behaviour, medicines and prayers that were supposed to constitute correct midwifery practice.

<sup>5</sup> For a brief discussion of midwifery in the city's lazareth, see Elke Schlenkrich, *Von Leuten Auf Dem Sterbestroh. Sozialgeschichte Obersächsischer Lazarette in Der Frühen Neuzeit, Schriften Der Rudolf-Kötzschke-Gesellschaft 8* (Beucha: Sax-Verlag, 2002).

<sup>6</sup> SAL Tit.LX.A.(F).6b, fol. 133ff, *Mandat Wieder die Abtreib= Umbring= und Wegsetzung derer Leibes=Früchte und zur Welt gebohrnen Kinder* (14.10.1744). The midwifery oath from 1689, which was still in use in 1758, states: "I swear that...[I will carry out] the examinations on women, children, or whatever it may be that your most honourable Council or the city, electoral, or other courts bestows on me with the requisite diligence, and however I find the one or the other, I will report the matter truthfully and loyally according to my conscience and without regard for the [standing] of the person [examined]...", SAL Eidbücher des Leipziger Rates 1689 (ohne Sig.), fol. 67.

<sup>7</sup> SAL Tit.LX.A.18a, fol. 35-40 *Mandat wegen Errichtung eines Sanitaets-Collegii zur Verbesserung des Medicinal-Wesens* (13.09.1768).

<sup>8</sup> My comments here are not novel. Studies by Franziska Loetz and Mary Lindemann have both demonstrated that during the eighteenth and even the early nineteenth centuries neither Baden or Braunschweig-Wolfenbüttel demonstrated a unified and future-orientated programme of health policy which would support the Foucauldian model of medicalisation, i.e. the medical imperialisation of health and healing as a disciplinisation process within Western society at the hands of the co-conspiratorial enlightened absolute state and an emerging medical establishment. Instead, both argue that medical legislation constituted an adhoc jumble of largely reactionary and inconsistent measures formed within the framework of existing laws and administrative practices. Furthermore and of great interest here, Loetz's study seriously calls into question the theory that State and medical establishment were determined to marginalise and 'medicalise' traditional midwifery. See Mary Lindemann, *Health and Healing in Eighteenth-Century Germany, Johns Hopkins University Studies in Historical and Political Science. 114th Series (1996)* (Baltimore & London: Johns Hopkins University Press, 1996). and Francisca Loetz, *Vom Kranken Zum Patienten: "Medikalisierung" Und Medizinische Vergesellschaftung Am Beispiel Badens 1750-1850, Medizin, Gesellschaft Und Geschichte (Beiheft 2)* (Stuttgart: Franz Steiner, 1993), 146-8, 84ff.

<sup>9</sup> Labouvie argues that the revision and reform programmes of the late eighteenth century in the rural Saar and Lotharingen areas had little impact what she calls the 'internal professionalisation' of midwifery, namely the qualitative improvement of midwives' knowledge and practice, whereas she suggests that an 'external professionalisation' characterised by regulated salary and privileges is undeniable. In Leipzig, these markers of 'external professionalisation' were already in place. See Labouvie, *Beistand in Kindsnöten*, 175-96.

<sup>10</sup> The State decree from 1818 *Mandat, die Erlernung und Ausübung der Geburtshilfe in hiesigen Landen betreffend. & Allgemeine Hebammenordnung (02.04.1818)* was the first major change to midwifery that came from the state. It ordered that only midwives trained in a lying-in hospital should be appointed as midwife in Saxony. SAL Tit.LX.A.18a, fol. 104-10.

<sup>11</sup> SAL Tit.(F).XLIV.A.1 a, fol. 2-6.

<sup>12</sup> SAL Tit.(F).XLIV.A.1 a, fol. 19-21.

<sup>13</sup> Tatlock, for example, has considered the implications of the male medical glaze on midwifery in terms of a cultural shift in childbirth from a liminal, uncertain, and ritualistic event to an economic, demographic, and rational procedure. See Lynne Tatlock, "Speculum Feminarum: Gendered Perspectives on Obstetrics and Gynaecology in Early Modern Germany," *Signs* 17, no. 4 (1992). Schmitz's study of midwifery as women's work interprets male medical interest in midwifery (from governments as well as medics) as an indication of repression and subjugation. See Britta Schmitz, *Hebammen in Münster. Historische Entwicklung, Lebens- Und Arbeitsumfeld, Berufliches Selbstverständnis, Beiträge Zur Volkskultur in Nordwestdeutschland Bd. 85* (Münster: Waxmann, 1994). Hampe and Labouvie both deal with the selection of midwives to varying degrees, however, their accounts refer to rural and small town midwifery, which differed substantially to midwifery in a large city such as Leipzig. Both discuss midwife elections, but deal less with midwives' and mothers' input outside of these elections. Labouvie, *Beistand in Kindsnöten*. and Henrike Hampe, *Zwischen Tradition Und Instruktion. Hebammen Im 18. Und 19. Jahrhundert in Der Universitätsstadt Göttingen* (Göttingen: 1998).

<sup>14</sup> Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France, Women and Gender in the Early Modern World* (Aldershot: Ashgate, 2005).

<sup>15</sup> The following excerpt is anonymous, however, I have attributed it to Andreas Petermann, who was appointed *Stadtphysicus* in 1680: "...As a result of inspecting the midwives most of the midwives have

then since fetched him in difficult cases. Dr. Welsch [the previous *Stadtphysicus*] had complained several times [regarding this matter]. Whilst serving such patients, [which I have done] according to the best of my ability, I have many times received the most vexing slanderous comments in place of a fee, not just from honourable matrons but also from medici..."<sup>15</sup> SAL Tit.(F).XLIV.A.1a, fol. 17-18.

<sup>16</sup> According to *Stadtaccoucheur* Johann Valentin Hartrauff's reports from 1732-7, the *Stadtaccoucheur* in Leipzig appears to have attended only a very small amount of births. Hartrauff appears to have 'intervened' between eight and twenty times per annum during this time period, a ridiculously small number given the size of population (between 20,000 and 30,000 according to Blaschke, see Karlheinz Blaschke, *Bevölkerungsgeschichte Von Sachsen Bis Zur Industriellen Revolution* (Weimar: Bohlau, 1967). Obviously this does not take into account the activities of other surgeons practising midwifery and it is not possible to know whether this number was so small due to the unwillingness of the *Stadtaccoucheur*, or the fact that women chose not to employ his services out of revulsion, see SAL Tit.XLIV.D.1, fol. 132-60. There have been almost no studies about the uptake of male-midwives' services in urban Germany for most of the eighteenth century but according to Franciska Loetz, although one third of *Wundärzte* (barber-surgeons) were practising obstetrics or working officially as so-called *Hebärzte* in Baden between 1808 and 1821 according to semestral reports submitted, deliveries made up a mere 7% of their workload and consisted largely of difficult births. This suggests that midwifery was still strongly in the hands of female midwives. Loetz, *Vom Kranken Zum Patienten*.

<sup>17</sup> Ute Frevert, *Krankheit Als Politisches Problem 1770-1880: Soziale Unterschichten in Preussen Zwischen Medizinischer Polizei Und Staatlicher Sozialversicherung, Kritische Studien Zur Geschichtswissenschaft ; Bd.62* (Göttingen: Vandenhoeck & Ruprecht, 1984), 472-3.

<sup>18</sup> Roy Porter, "The Patient's View: Doing Medical History from Below," *Theory and Society* 14 (1985). and later Roy Porter, *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society, Cambridge History of Medicine* (Cambridge: Cambridge University Press, 2002). Those who have taken up the gauntlet Porter threw down have demonstrated how formative the sick were in shaping early modern medical practice and markets. For example Margaret Pelling has argued that the early modern English patient was a critical, well-informed, and voracious consumer of medical care, and that poverty (and not merely the emerging middle class) actually stimulated both demand and supply of medical care. Margaret Pelling, "Medical Practice in Early Modern England. Trade or Profession?," in *The Professions in Early Modern England*, ed. Wilfred Prest (London, New York & Sydney: Croom Helm, 1987). Mary Fissell has also argued that the eighteenth-century medical marketplace in Bristol was driven on the whole by the choices lay persons made about who could best treat their ills. The general public did not distinguish between trained and lay healers but instead "used each according to the perceived appropriateness of his or her expertise". Mary Fissell, E., *Patients, Power and the Poor in Eighteenth-Century Bristol, Cambridge History of Medicine* (Cambridge: Cambridge University Press, 1991), 63-8.

<sup>19</sup> Loetz, *Vom Kranken Zum Patienten*, 317.

<sup>20</sup> A notable exception in the literature on midwifery and obstetrics is Wilson's work on the man-midwife in seventeenth and eighteenth century England, which argues that it was upper class women seeking to distance themselves from a traditional female culture and the "tyranny of the midwife" who initiated the shift from midwives to male-midwives. In Germany we know that upper class women continued to use midwives well into the late eighteenth century, so that Wilson's argument that "male practitioners were turned into midwives not by their own desire but through the choices of women", i.e. class stratification and consumer-capitalist growth, may not be readily applied. But as we shall see further on, class stratification appears to have served to distance upper class women charged with the powers of decision making from the traditional process of midwife selection. Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England 1660-1770* (London: UCL Press, 1995), 185-92.

<sup>21</sup> Labouvie, *Beistand in Kindsnöten*.

<sup>22</sup> SAL Tit.XLIV.D.1 fol. 116-117.

<sup>23</sup> SAL Tit.XLIV.D.1, fol. 16-26. Women from outside of Leipzig were very rarely appointed as sworn midwives and if they had immigrated to Leipzig shortly prior to appointment generally assumed a nickname that revealed where they came from, e.g. Rosina Willendorf was known as the "Wittenbergsche Hebamme" within her neighbourhood and in court and administrative documents.

<sup>24</sup> It was not uncommon in Leipzig for *Gassenmägde*, who frequently cared for the ill or attended deliveries in the neighbourhood, to eventually become midwives.

<sup>25</sup> The complaints *Beifrauen* often made about their midwife teachers suggests also that midwives were highly protective of their well-paying clients and often refused to let their *Beifrauen* accompany them to deliveries or baptisms for fear their apprentices would reduce their earnings or even worse, poach their

clients altogether. This *could* be a further explanation as to why *Beifrauen* appear to be unknown to the city's prominent women.

<sup>26</sup> According to Robert Beachy's calculations by the eighteenth-century the Leipzig city council was populated almost exclusively by merchants and lawyers, the lawyers dominating with a ratio of 4:3. Artisans and representatives from middling guilds were largely obstructed from serving on the council due to requirements of solvency and the practice of nepotism that ensured council offices were passed onto offspring creating dynasties of councillors. See Robert Beachy, *The Soul of Commerce. Credit, Property, and Politics in Leipzig, 1750-1840* (Leiden & Boston: Brill, 2005), 45-52.

<sup>27</sup> The biography of court midwife Justine Siegemund demonstrates how midwives could, if the circumstances so prevailed, cross the boundaries of their estate. Siegemund was the daughter of a Lutheran pastor and wife of a steward and secretary Christian Siegemund (their marriage, highly unusual for an early modern midwife, remained childless). In 1670 following a period she terms "apprenticeship" (it is uncertain whether she was self-taught, a *Beifrau*, or both) Siegemund was appointed municipal midwife in the town of Liegnitz. There she attended, in addition to the townswomen, several local aristocratic families. In 1683 she was called to the court of Brandenburg and, as the court midwife there, also served as midwife in allied and neighbouring courts. For greater detail on Siegemund see Waltraud Pulz, *"Nicht Alles Nach Der Gelahrten Sinn Geschrieben": Das Hebammenanleitungsbuch Von Justina Siegemund. Zur Rekonstruktion Geburtshilflichen Überlieferungswissens Frühneuzeitlicher Hebammen Und Seiner Bedeutung Bei Der Herausbildung Der Modernen Geburtshilfe*, *Münchner Beiträge Zur Volkskunde ; Bd. 15* (Munich: Munchner Vereinigung fur Volkskunde, 1994). and Lynne Tatlock, ed., *Justine Siegemund. The Court Midwife, The Other Voice in Early Modern Europe* (Chicago & London: The University of Chicago Press, 2005), 1-26. Although a career as stellar as Siegemund's was certainly not the norm for Leipziger midwives, in 1769 *Stadtaccoucheur* Gehler reported to the council that *Beifrau* Sabina Hermann, wife of a relatively well-off artisan (Cattunglätter) that Hermann be appointed midwife because, amongst other things, she had served as a midwife in various duchal and noble houses in the surrounding area (SAL Tit.XLIV.D.6b, Vol. I, fol. 112-113).

<sup>28</sup> Labouvie bases her statistics on a comparison of extant lists of voters and the number of households in any given village. See Labouvie, *Beistand in Kindsnöten*, 110-11.

<sup>29</sup> SAL II. Sektion M.(F).670, Vol. III, fol. 50-7.

<sup>30</sup> Illegal midwives were seen to be 'stealing the daily bread' of sworn midwives and matters of encroachment, equally present amongst other medical practitioners and artisans in general during the period, were financially motivated. Achieving the office of *Beifrau* or midwife brought responsibilities and obligations but it also conferred on the office-bearer the 'right' to earn a living. Women caught working as illegal midwives or so-called *Wickelweiber* were usually only issued with a warning not to practise except in an emergency, however, the line between legality and illegality was blurred and these women also frequently ended up as *Beifrauen* or midwives some time later.

<sup>31</sup> SAL II. Sektion W.(F).332, fol. 1-9.

<sup>32</sup> For example, in 1717 the midwives in the city and the Vorstadt accused Christina Hempel of attending two deliveries (one in the Leipziger Hinterland and one in the city) within the space of twentyfour hours. Apparently the midwives had already complained about Hempel, who had been forbidden from practising as a midwife several times previously by the council. Hempel was eventually appointed *Beifrau* in 1715, following ten to twelve years as a *Wickelweib*. SAL Tit.XLIV.D.1, fol. 11-13.

<sup>33</sup> SAL Tit.XLIV.D.2a, fol. 5.

<sup>34</sup> Christina Hempel, for example, worked as a *Wickelweib* to midwife Maria and midwife Anna Kellermann prior to 1713. When Kellermann died, she continued to work as a *Wickelweib* to one of the senior midwives, midwife Anna Catharina Sperling, for two years until appointed as Sperling's *Beifrau* in 1715.

<sup>35</sup> SAL Tit.XLIV.D.2a, fol. 5-6. Hentschel was also eventually appointed sworn midwife by at least 1717.

<sup>36</sup> For example in 1756 *Beifrau* Maria Ehren Charitas Zinck incurred a fine of five Thaler for delivering women without the permission of the midwives, SAL II. Sektion M.(F).670, Vol. II, fol. 1-36.

<sup>37</sup> For example, Dorothea Sophia Schröder was accused in 1722 of practising midwifery and selling medicine to bring on labour. The investigation centered largely on the matter of dispensing medicine illegally, rather than illegal midwifery practice. SAL Tit.XLIV.D.4, fol. 1-12.

<sup>38</sup> SAL Tit.XLIV.D.1, fol. 136-7.

<sup>39</sup> SAL Tit.XLIV.D.1, fol. 140-1.

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<sup>40</sup> See for example Dr Johann Gehler's appraisal of *Beifrau* candidate Susanna Margaretha Hornung from 1764: "...her manner is relaxed and easy, the hands are very good and dexterous..." SAL II. Sektion M.(F).670, Vol. III, fol. 59-60.

<sup>41</sup> For a case study of the career of an eighteenth-century German physician, see Mary Lindemann, "The Enlightenment Encountered: The German Physicus and His World," in *Medicine and the Enlightenment*, ed. Roy Porter, *The Wellcome Institute Services in the History of Medicine* (Amsterdam: Rodopi, 1995).

<sup>42</sup> So for example Dr Johannes Bohn, *Stadtphysicus*, stated in 1713 that he had been asked by the council to examine Christina Hempel, Christina Lorenz, and Johann Sabina Netzold for their "Wißenschafft in re obstetricia", and found Hempel to have little "Wißenschafft" but Lorenz and Netzold to have the same level of "Wißenschafft" and "gute Geschickligkeit", and accordingly recommended either of the last two. SAL Tit.XLIV.D.1, fol. 42 (Catharina Ehrlich).

<sup>43</sup> See for example the candidacy summaries provided by Gehler for Susanna Margaretha Hornung, Christiana Maria Bauer, and Maria Christiana Stor, SAL II. Sektion M.(F).670, Vol. III, fol. 59-60.

<sup>44</sup> SAL Tit.XLIV.D.1, fol. 22-25 (Catharina Ehrlich)

<sup>45</sup> SAL II. Sektion M.(F).670, Vol. III, fol. 59-60 (Catharina Ehrlich)

<sup>46</sup> The appointment of Juliana Charitas Zschach to the position of *Beifrau* in 1741 exemplifies that women living in poverty were sometimes appointed as *Beifrauen* or midwives even though they had no experience. Zschach applied just before Christmas 1740 for a *Beifrau* position, stating in her petition that she, her husband, and three children were poverty stricken and that the council "as a general sponsor of poor and marginalised persons" should appoint her on the basis of her dire financial position. *Stadtaccoucheur* Valentin Hartrauff declared her unknowledgeable but eager to learn and possessing good hands. Valentin noted in his report that all candidates shortlisted were applying largely due to poverty. She was not selected then but was appointed just over six months later to *Beifrau* (the appointment documentation is not extant). Perhaps she had acquired experience in this short period of time, but it is more likely that her young age (30) and her poverty swung the second selection process in her favour, see SAL Tit.XLIV.1, fol. 183-9.

<sup>47</sup> The oath dating from 1613, for example, attenuates the required manner, skills, Christian belief and behaviour, and duties of a midwife, as well as her need to treat all women equally, see SAL Eidbücher des Leipziger Rates 1613 (ohne Sig.), fol. 51. Judging from the biographies of early seventeenth-century Leipzig midwives I have been able to reconstruct, married or widowed status with a number of children was standard for newly appointed midwives.

<sup>48</sup> SAL II. Sektion M.(F).670, Vol. III, fol. 51. '*Verwahrlosung*' did not merely constitute medical neglect of an infant or a mother but incorporated neglect of duties or the breaking of social tabus in the broadest sense. It could just as easily refer to a botched baptism as to a botched delivery and was frequently employed to describe circumstances where a midwife left her charge in too much haste, was drunk, or treated the mother and birth attendants/family too brusquely.

<sup>49</sup> SAL II. Sektion M.(F).670, Vol. III, fol. 51, 59-60.

<sup>50</sup> For example, midwife Grunert petitioned to be retired only after she had suffered years of strokes and was half paralysed, although *Stadtaccoucheur* Gehler admits that she had experienced several "weaknesses" over the previous few years that had led to slip-ups whilst delivering women. Grunert lived only months after retiring. SAL Tit.XLIV.D.6b Vol. I, fol. 82-3.

<sup>51</sup> Regina Elisabeth Kühn, widow of a Leipziger instrument maker and sister of midwife Juliana Maria Müller, claimed in her petition to the city council for a position that she had assisted her sister in deliveries for seventeen years. Gehler, although happy with the state of her hands, her manner and despite being of the opinion that her knowledge and experience is better than other candidates, raised concern that she was unsuitable on three counts. Firstly, because of her love of brandy, secondly due to an 'incident' that had taken place when *Stadtaccoucheur* Breuer had been in office, and thirdly, because no one has recommended her to him. SAL II. Sektion M.(F).670, Vol. III, fol. 61-2, 68.

<sup>52</sup> It is apparent from Gehler's report that *Beifrau* Hein had unofficially taken over most of midwife Grunert's workload prior to the latter's retirement and both had at some stage come to an agreement that *Beifrau* Hein would hand over all monies or gifts received from godparents at baptisms she attended to Grunert (and keep the delivery fee for herself). This was a common way that the financial status of elderly incapacitated midwives was guaranteed. Gehler recommended that this be altered to 6 or 8 groschen per baptism in order to avoid any quarrels. SAL Tit.XLIV.D.6b Vol. I, fol. 82-3.

<sup>53</sup> The office of midwife in the city was highly desirable firstly, as it brought with it a monied clientele, and secondly, as a midwife's practice does not appear to have been restricted to smaller

neighbourhoods as it generally was in the suburbs. A major (and uncapped) source of a midwife's income was the fees and gifts she received from the godparents at a baptism, and generally the more lavish a show the parents put on and the more wealthy the godparents were, the better the midwife was remunerated. There was a pecking order of positions amongst midwives based largely on age, and other than in times of desparation, freshly appointed midwives were rarely given positions in the city as these were the preserve of the eldest and most experienced midwives. Midwives may, however, have worked a stint in the city as *Beifrau*.

<sup>54</sup> Grunert lived in one of the council's designated midwife lodgings in the Stadtpfeiffergässgen, and apparently in one of the roomier and nicer appartments. Some seven years later Müller complained to the council that she had not in fact been allocated Grunert's accommodation but instead the "smallest and the worst" of all the apartments and requested the rooms of a recently deceased midwife instead. SAL Richterstube Akten Teil 1 Nr. 185, fol. 440-1.

<sup>55</sup> SAL Tit.XLIV.D.6b, Vol. I, fol. 82-85.

<sup>56</sup> SAL Tit.XLIV.D.6b, Vol. I, fol. 86. Müller did not, for some reason, actually get this apartment on Grunert's death, see footnote 47.

<sup>57</sup> The neighbourhoods of the Peters- and Grimmaischen Tor ran into one another and were well serviced by interconnecting roads. The Rannstädter Tor neighbourhood was virtually cut-off from all the other extramural suburbs by canals to the west and fields to the east, which made it difficult and dangerous for a midwife to cross town, especially at night.

<sup>58</sup> SAL Tit. XLIV.D.6b, Vol. I, fol. 143-8.

<sup>59</sup> Admittedly the sources prior to the end of the sixteenth century are too sparse to make any clear judgement on this but I assume that this was the case prior to the introduction of the *Beifrau* system, after which midwife trainees were officially appointed and sworn in by the counnil, in 1670's.

<sup>60</sup> SAL Tit.XLIV.D.6b, Vol. II, fol. 86-7.

<sup>61</sup> SAL Tit.XLIV.D.6b, fol. 86-7.