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How to Become an Obstetric Authority? Demarcation Dispute between Midwives and Doctors in German Midwifery Manuals from the Early Modern Period¹

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

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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 „vzdělání“ 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 Rösslin³ 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 midwives⁴ 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 dispense „only“ of their experience and

3 Eucharius RÖSSLIN, *Der Schwangern Frauen 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 Hebamme 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. JADRŇÁ 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 helfen.“ 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 Braunschweig¹⁰ 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, *Anmerkungen 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=eayaxsrsxdsydweayaxssdaseayaeyaqrs&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 legitimization 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-elect, 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^o Ee 700-4115 a 19 in: 4^o 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 region²⁵ 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 Education 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 pensus 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 selbst dann und wann treibende Artzneyen eingegeben hätte [...] So muß ich euch bekennen/daß ihr die Wahrheit sagt. Aber sehet/meine liebe Schwestern! hierinn steckt 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 gewohnt sey/als ich.“ Autorka se pak táže: „War nun seine Wissenschaftt 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 Wissenschaftt und Erfahrung in schweren Geburten selbst Hand anlegen/und die Kreissenden glücklich erlösen helffen; Wo bleibt dann der grundlose Vorwurf: Die selbst keine Kinder gebahren/kan auch nicht in schweren Geburten helffen.“ Ibid, Preface, Vol. II., unpag. See. H. JADRŇÁ MATĚJKOVÁ, „Neznalé“ báby a „vzdělání“ 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 zeigt der Angriff alle Gefahr an/die bey einer Geburt vorgehen kan. Wird ihr aber der Angriff verboten/so sitzt sie blind dabey [...]“. 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 Übung 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 Schmalz 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 Wurtze 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 steckt. 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 Übung 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 katazelně 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 ernsthaftte 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 zaghafttes 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 erfahrenen unglücklichen GeburtsFällen und dergleichen Dingen furchtsam und schüchtern mache: hingegen muß sie/zumal blöden Weibern/mit Leutseeligkeit 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 merkcn/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/jedemoch wolte die Fraue von den Kinde erlöset seyn; Aber nachdem ich die Fraue von den Bette auf ein Hauptküssen geleet hatte/befand ich daß dieselbig 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 Bähmutter 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/defßgleichen wann die Gebährende einen guten Athem hat/bey guten Leibs-Kräftten 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.

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 oft ich (doch ohne Ruhm zu melden) Kreisenden beygestanden, sie allemahl, nechst Gott, ihre Gebuhr 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 folgte, (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 *„Über 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/bezubringen: 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 dispense “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.