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Social Aspects of the Professionalization of Midwives in Luxembourg (1800–1940)

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

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

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

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

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

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

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

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

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

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

Midwifery schools in France

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

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

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

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

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

5 French, German and then Luxembourg schools consecutively.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Scholarships to train abroad

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

The debates for the opening of a maternity hospital

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

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

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

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

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

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

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

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

The Luxembourg maternity school

The students

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

How students were admitted

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17 ANLux, M-02501.

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

The certificate of indigence and scholarships

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

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

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

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

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

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

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

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

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

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

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

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

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

23 ANLux, M-02501.

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

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

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

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

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

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

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

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

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

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

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

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

30 ANLux, G-351, Midwifery service.

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

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

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

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

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

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

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

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

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

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

Organisation of the courses

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

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

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

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

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

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

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

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

34 ANLux, M-02501, ACM, 1877 Indicator, corr. of 16th April, 1877.
35 *La formation au travail de la sage-femme avant 1937*, Centre National de l'Audiovisuel, 1990, Cut 23 (Stecker-Steffen) 0'51.
36 *La formation au travail de la sage-femme avant 1937*, Centre National de l'Audiovisuel. Cut 25. (Salentiny) 0'26.

The syllabus

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

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

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

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

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

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

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

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

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

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

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

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

The nursing course

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

According to the medical director, these two new courses did not require observation. He therefore did not consider increasing the maternity hospital's admission capacity. There were fewer students as the number of open places per class fell from twelve to six. In fact, the maternity hospital was no longer obliged to admit an increasing number of women in labour and the need for clinical observation decreased.

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

Written course materials

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

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

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

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

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

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

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

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

51 ANLux, M-02501, "*Der Verlagsbuchhandlung Staude in Berlin ganz ergebenst zurückgesandt, mit dem Bemerken, daB die meisten unserer Hebammen der deutschen Sprache nicht mächtig genug sind, um die*

In 1893, when the midwifery school had now to prepare students for a written examination in German at the end of the course semester, Fonck again took out a subscription to a magazine, this time the Viennese *"Die Hebammen Zeitung"*. The director of the maternity hospital, who had studied in Vienna, seems to have been satisfied with this journal since the subscription continued until at least 1900.

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

The usefulness of the textbooks

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

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

Hebammenzeitung mit Nutzenlesen zu konnen", Medical board, correspondance, 1888.

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

53 See the next point.

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

Geburtshilfe fur preussische Hebammen, the Waibel textbook is devoted almost exclusively to delivery. The work certainly opens with an anatomy section but the questions all relate to delivery and the postpartum period. In Germany, from the 1892 edition onwards, the official textbook, *Lehrbuch der Geburtshilfe für Preussische Hebammen,* contained more pages devoted to childcare and the care of infants[55]. In 1928, i.e., at the end of our study period, a quarter of this official textbook's pages were devoted to the care of the newborn.

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

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

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

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

That the division of the student' timetable used this method of working is confirmed by the notes on the remuneration of the director for "*the courses*" and the midwife teacher for the "*revision classes*". The quality of the courses and the theoretical learning inevitably varied from one school year to the next, just as the practical instruction varied from one school year to the next. On the other hand, textbooks are a valuable source for our work because they tell us about the course content over several years. If successive new editions of

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

the same textbook exist (as is the case for Naegele and Waibel), the evolution of techniques, and even of the thinking on particular points, can then be traced.

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

Examination questions

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

Haemorrhages

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

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

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

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

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

Two other issues relate to it indirectly:

«*In welche Fällen die Hebamme darf die Heilweise mit Gebärmutter verwachsene Nachgeburt entfernen aus delselben und wie verfährt sie dabei? Nachgeburt entfernen aus delselben und wie verfährt sie dabei?* ("When might the placenta be attached to the uterus and how should one act?").

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

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

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

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

The boundary between the midwife's domain and that of the doctor was also defined by the equipment, some instruments being exclusively reserved for doctors[62]. Thus, in the Naegele textbook for midwives, the application of chamomile tincture into the uterus using a syringe was indicated. In Luxembourg, tinctures were not part of the midwife's

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

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

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

equipment. In their copies, students mentioned the application of a chamomile infusion (*"Kamillentee"*) to the cervix using a compress rather than a syringe.

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

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

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

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

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

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

Conclusion

At first, midwives derived some prestige from their mastery of the rules of hygiene but technical and material constraints led them to abandon patients' homes and turn to maternity hospitals. These were equipped with sanitary equipment not often found in

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

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

early twentieth century homes. Maternity hospitals also allowed midwives and doctors to develop more efficient logistics and cooperation. However, their limited skills as regards the care given to newborns meant that midwives were not able to play a role with the mothers after their admission to the maternity hospital.

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

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

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

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

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

Summary

Social Aspects of the Professionalization of Midwives in Luxembourg (1800–1940)

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

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