

Milena LENDEROVÁ

## The Role, Image and Responsibilities of the Midwife in Bohemia (19<sup>th</sup> and 20<sup>th</sup> Century)<sup>1</sup>

---

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

*Key words:* 19<sup>th</sup> century – midwives – textbooks – delivery practices

---

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

---

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

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

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

## Sources

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

## Setting standards of the profession

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

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

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

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

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

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

The normative list of the desirable characteristics of the nanny, “the characteristics of the body” and “the characteristics of the mind”, was compiled in a complete form for the first time by František Mošner.<sup>8</sup>

### Physical characteristics

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

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

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

7 Vojtěch VYŠÍN, *Babictví: učebná kniha o porodnictví pro báby porodní*. Olomouc 1888, p. 6.

8 František MOŠNER, *Babictví: gež we prospěch swých kraganek sepsal a vydal*. Olomouc 1837, pp. 3-4.

9 Věstník věnovaný zájmům porodních asistentek republiky Československé, 1936, No 2; únor 1936, p. 10.

10 Bohumil BOUČEK, *Úvahy a zkušenosti porodnické praktického lékaře*, Zvl. otisk z Časopisu lékařův českých, roč. 1906, Knihotiskárna dra Eduarda Grégra a syna, Nákladem vlastním, Praha 1906, p. 17.

11 B. BOUČEK, *Úvahy a zkušenosti porodnické praktického lékaře*, p. 17.

12 B. BOUČEK, *Úvahy a zkušenosti porodnické praktického lékaře*, p. 23.

13 Václav RUBEŠKA, *Porodnictví pro babičky*, 5th revised edition, Praha 1919, p. 12.

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

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

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

## Characteristics of the mind

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

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

14 František PACHNER – Richard BĚBR, *Učebnice pro porodní asistentky*, Praha 1932, p. 8–10.

15 Jan Antonín JUNGSMANN, *Úvod k babení*, Praha 1804, p. 3.

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

17 F. PACHNER – R. BĚBR, *Učebnice pro porodní asistentky*, p. 9.

18 F. MOŠNER, *Babictví*, p. 3-4.

19 Jan STRENG, *Učebná kniha o porodnictví pro babičky*, Praha 1870, pp. 3-4.

20 Čeněk KRÍŽEK, *Českým paním. Prává pomoc v těhotenství, při porodu, v šestinedělí a při ženských nemocech*, The third edition was edited by dr. Otakar Zuna, Praha 1902, p. 110.

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

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

### Midwife duties and responsibilities

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

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

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

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

23 Č. KŘÍŽEK, *Českým paním*, p. 110.

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

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

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

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

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

A regulation of the Ministry of the Interior of June 4, 1881<sup>31</sup> added further clarification: the midwife was to “stay with the puerpera after every regular birth for at least three hours

25 *Věstník věnovaný zájmům porodních asistentek*. Y. 10, No 7–8, July – August 1922, p. 7.

26 *Věstník věnovaný zájmům porodních asistentek*. Y. 9, No 1, January 1921, p. 4.

27 J. STRENG, *Kniha babická*, p. 3.

28 J. STRENG, *Kniha babická*, p. 273.

29 J. STRENG, *Kniha babická*, p. 327.

30 Retrieved from <https://is.muni.cz/do/1499/el/estud/praf/ps09/dlibrary/web/rs.html>

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

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

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

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

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

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

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

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

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

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

36 *Ibid.*, p. 1.

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

### Reflection and self-reflection of the midwife

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

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

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

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

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

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

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

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



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

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

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

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

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

44 *Věstník*, No 6–7, June, July 1919.

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

Chvojka<sup>46</sup> wipes his sweaty forehead, passes the child to midwife Hedvika Krásová from Smíchov.<sup>47</sup>

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

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

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

## Conclusion

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

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

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

48 Eva Vrchlická's daughter was born in 1911.

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

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

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

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

---

## Summary

---

### **The Role, Image and Responsibilities of the Midwife in Bohemia (19<sup>th</sup> and 20<sup>th</sup> Century)**

Analysis of the role, image and responsibilities of the midwives in Bohemia in the mid nineteenth up to the mid twentieth century. In this period the position and public image of the midwifery significantly changed. This was caused mainly due to the gradual progressive professional self-awareness of the midwives, which was related to the advances of female emancipation process. This culminated with the November 1928 Act (Auxiliary Obstetrics Practice Act), by which were extended commitments regarding the professional education system of midwives, administrative supervision and funding of the profession were entrusted to the state. Implications of this legislative processes clearly defined the position of midwives. The article is based on typologically various sources, on

so-called midwifery rules, instructions, textbooks for midwives (which defined professional standards of the midwifery practice), on medical scientific journals, but also on sources of personal nature (which were analysed for the purpose to construct the reflection and a self-reflection of the midwives' everyday reality).

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