

**Midwives as Agents of Social Control:
Ecclesiastical and Municipal Regulation of Midwifery
in the Late Middle Ages**

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Regulation of Midwifery in the Late Middle Ages was the result of both the trend toward supervisory social and institutional control and also the harnessing of midwives as agents of that control. This paper examines the procedure of ecclesiastical and municipal regulation through oaths and licensure, arguing that midwives were able to gain agency and autonomy, as well as protection, by occupying a liminal role between the private world of the birthing chamber and the public world of the witness stand. They were therefore vital to both sides of the process of regulation.

In the Late Middle Ages both the Church and the State engaged in an extensive and sustained attempt to regularize and control behavior of all kinds. This regulation included ecclesiastical and municipal efforts to monitor medicine and medical practitioners, including midwives, and manifested itself as oaths and licensure. The control that women exercised over their own bodies had for centuries been a potential threat to institutional and patriarchal society. A skilled female medical practitioner threatened male control over both medicinal practice and women's bodies and souls. But both the ecclesiastical and the municipal corporate institutions were clearly conflicted. Rather than the oft-claimed argument that midwifery regulation occurred as a result of midwives' ignorance and lack of skill, both ecclesiastical and secular authorities in fact used midwives to their advantage to harness the "tremendous social power of medicine".¹ Medicine, and especially childbirth, became

¹ Michael Solomon, "Women Healers and the Power to Disease in Late Medieval Spain" in *Women Healers and Physicians*, ed. Lilian Furst (Lexington: University Press of Kentucky, 1997), 81. I agree with that argument and believe it to be true for midwives as well as other medical practitioners.

a locus of the struggles between Church and State for authority and control. These institutions saw this control as a fruitful way to modify societal expectations about healing, women, and the law. It culminated in an institutional standardization of medicinal practice and empirical practitioners. Ultimately, regulation was part of a widespread manipulation of authority by both of these bodies.

While regulation in general argues for restriction of agency and control over practice, a reciprocity existed between the midwives and these authorities. In what was a codependent relationship between midwives and these institutions, both players benefitted. Ecclesiastical and municipal authorities each recognized that they could rely on midwives as representatives, both in the birthing chamber and on the witness stand. Midwives preserved the life of the mothers and children, and both groups agreed that they should preserve the life of a baby over a dying mother. They both recognized that emergency baptism was a vital responsibility for the midwife as well. And they both saw midwives as agents who could supervise and place social pressure to conform to religious and secular mandates on other women, both mothers and other practitioners. Midwives recognized the advantage of this reciprocal relationship as well. They were potentially vulnerable as those who negotiated between “female” and “male” spaces and who often presided alone over the vagaries of childbirth. They could be blamed for a negative outcome, or accused of malfeasance. It was in the midwives’ best interest, therefore, to carve out a niche for themselves as agents of both ecclesiastical and municipal officials. As midwives became limited in some ways, therefore, their agency, increased. Midwives became important tools of ecclesiastical authorities.

Institutional competition in the late medieval period allowed for spaces for midwives to assert their own autonomy and agency as each of these bodies vied for their assistance. Midwifery regulation was one aspect of the institution’s attempts to maintain its autonomy

against the secular powers of the cities and the State.² References to midwives in French ecclesiastical court records, especially the *Registre de causes* from the archdeaconry of Brie, 1499-1504 indicate that “midwives were recognized practitioners but under the regulation of local church authorities and sometimes at odds with their communities.”³

Ecclesiastical authorities wanted to gain control over childbirth because they needed midwives to help safeguard the souls of the children they delivered; they were present at childbirth and the priests generally were not. The Catholic Church used midwives to direct and control the world to which they were not privy. But while the Church officially condemned certain birthing and healing practices, such as the use of charms, incantations and what could be construed as *maleficium*, it unofficially condoned midwives if they acted correctly as religious agents. This paper illustrates the ways in which ecclesiastical and secular authorities imposed regulations upon midwives through baptism, edicts and oaths, but also allowed room for them to assert their own autonomy and agency.

The Church viewed power over the sacrament of baptism as one of the most important. The salvation of the child, both physically and spiritually, depended on the midwife. Midwives were trained to act in the priest’s place and perform emergency baptisms. Twelfth-century canon law determined that anyone could perform an emergency baptism in order to save the child’s soul, even a lay person or a woman. Thus, in this area midwives were afforded more rather than less authority. None of the many edicts regulating the practice of midwives was concerned with preserving the life of the mother, but rather with saving the child’s life long enough for it to be baptized. If the death of the baby was imminent the midwife was to baptize it in the name of the ecclesiastical authorities. There is some

2 Tiffany D. Vann Sprecher and Ruth Mazo Karras, “The Midwife and the Church: Ecclesiastical Regulation of Midwives in Brie, 1499-1504”, *Bulletin of the History of Medicine* (2011), 85, 171-192, 172.

3 Vann Sprecher and Karras, “Ecclesiastical Regulation”, 85, 171-192, 172.

evidence that the Archbishop of Canterbury called upon midwives to baptize as early as the seventh century.⁴ The *Liber poenitentialis of Theodore* says, “The woman may not presume to baptize except when compelled by extreme necessity.”⁵ We certainly know that in England baptism by midwives dates back to the thirteenth century. The Council of Canterbury in 1236 instructed midwives to prepare water for emergency baptism.⁶

The Church Council of Cologne in 1310 specified the procedure that a midwife must follow in an emergency baptism.

If the mother dies during childbirth and if the infant presents its head outside the womb of the mother, the midwife must throw water on the infant’s head and say: “I baptize you in the name of the Father, etc.” The infant is thus baptized... If the infant does not present its head or another body part, and it is not possible altogether to distinguish its sex, the midwife says: “Creature of God, I baptize you,” etc.⁷

It is clear from this statute that medieval midwives would also baptize a baby they feared to be dead even if only part of it was outside the mother, particularly the head. The Council of Cologne also says in no uncertain terms that the midwife was responsible for baptizing the infant if it was still alive by performing a caesarean section on the dying mother.

4 Thomas R. Forbes, *The Midwife and the Witch* (New Haven: Yale UP, 1966), 53.

5 Forbes, *Midwife and the Witch*, 131. [*Mulier baptizare non praesumat, nisi cogenti necessitate maxima.*]

6 There is even a reference to an instrument like a pump, which could be filled with holy water, and the midwife could thus insert it into the vagina and squirt holy water into the uterus to baptize the fetus-in-utero. Jessica Butler, “Mediaeval midwifery,” *Nursing Times* (October 7, 1981), 1764.

7 C. J. Hefele and H. Leclercq, *Histoire des Conciles d’après les Documents Originaux*, Paris: Letouzey et Ané, 1907-1921, v. 6, pt. I, no. 699, 620. [*Si la mère meurt pendant l’accouchement et si l’enfant présente la tête hors du sein de sa mère, la sage-femme doit jeter de l’eau sur la tête de l’enfant en disant: “Je te baptize au nom du Père, etc.” L’enfant est ainsi baptisé. . . Si l’enfant ne présente que la tête ou une autre partie du corps, sans qu’il soit possible toutefois de distinguer son sexe, la sage-femme dira: Creatura Dei, ego te baptize, etc.”]*

When a mother is dying in the childbed, [the midwife] should immediately attempt the caesarean operation, and baptize the baby, if it still lives. If one can presume that the child has died in the mother's womb, there is no reason to carry out the operation, and the mother and child should be interred in the cemetery.⁸

The following year, in 1311 a Paris synod decreed that a midwife trained in baptism should be appointed to each village so as to assure that babies would be afforded that spiritual protection.⁹

Besides concern with baptismal procedure, ecclesiastical authorities sought to assure that the correct language was used, since the efficacy and the power to save lay in the words spoken. In 1303 Robert Mannyng of Brunne, an English Gilbertine Canon, detailed the correct baptismal formula for midwives in his *Handlyng Synne*, a treatise of religious instruction in verse.

Mydwyves that with wymmen wone,
Alle be pynes, bhoueth hem kone; [All the pains, beith them can]
Prestes shult teche hem the ordynaunce,
What they shuld sey and do yn chaunce,
And examine her what she couthe,
What she shuld do, and seye with mouthe.¹⁰

This early case for clerical regulation of midwifery was extremely concerned with assuring the proper practice. He told a story of a midwife who “loste a chylde both soule and lyfe” because she used the wrong words in the baptism.¹¹

8 Hefele and Leclercq, *Histoire des Conciles*, Livre vi, pt. 1, no. 699, 620. [*Lorsqu'une femme meurt en couches, il faut tenter sur-le-champ l'operation cesarienne, et baptize r'l'enfant, s'il vit encore. S'il est mort, il faudra l'enterrer hors du cimetiere. Si on peut presumer que l'enfant est mort dans le sein de la mere, il n'y a pas lieu de faire l'operation et on enterrera la mere et l'enfant dans le cimetiere.*]

9 Vann Sprecher and Karras, “Ecclesiastical Regulation”, 173. Also, Kathryn Taglia, “Delivering a Christian Identity: Midwives in Northern French Synodal Legislation, c. 1200-1500”, in *Religion and Medicine in the Middle Ages*, eds. Peter Biller and Joseph Ziegler (York: York Medieval Press, 2001), 77-90, 83.

10 Frederick J. Furnivall, ed. “*Robert of Brunne's “Handlyng Synne”* (Millwood, New York: Kraus Reprint, 1988), 300, lines 9613-9619. Harley MSS 273, 4657, 1701, and MS Bodley 415

11 Furnivall, ed., “*Robert of Brunne's “Handlyng Synne,”*” 298.

Thys mydwyfe, whan the chylde was bore,
She helde hyt on here lappe before;
And whan she sawe that hyt shulde deye,
She bygan, loude for to crye,
And seyde, “God and synt Ione
Crysten the chylde, both flesshe and bone.”

The midwife, the priest soon discovered, had used the wrong procedure to baptize babies, and thus the mother and baby could not be buried in the church cemetery. When the priest realized that the midwife used the wrong words, baptizing the children in the name of God and St. John, he restricted her from baptizing future babies. In this case, the midwife could no longer be trusted to act as an ecclesiastical representative.

The Church was also concerned with midwives' use of any prayers or incantations during a birth, even Christian ones. Midwives and laboring mothers alike used these prayers, either alone or with other pagan or Christian rituals to hasten delivery and protect mother and child. In a sixteenth-century oath taken at the direction of the Bishop of Chester midwives promised that they would not use any “witchcraft, charms, relics, or invocations to any Saint in the time of travail.”¹² The most common of all Christian prayers made in labor was one made to Saint Margaret of Antioch. According to legend, a moment before being beheaded she prayed to God for any woman in labor. In this prayer at the instruction of her midwife a woman would say: “A woman/big with child . . . humbly begs you that God may save her from peril . . . may the child come out/safe and sound, so that I can see him/baptized joyously.”¹³

Besides training in emergency baptism and regulation of practices, ecclesiastical and municipal governments alike began requiring midwives to take oaths and become licensed. While the

12 Forbes, *Midwife and the Witch*, 145.

13 Renate Blumenfeld-Kosinski, *Not of Woman Born: Representations of Ceasarean Birth in Medieval and Renaissance Culture* (Ithaca: Cornell UP, 1990), 8. [*femme grosse d'enfant qui a toy, . . . et humblement te requerroit, que Dieu de peril la gardast, . . . face mon enfant yssir hors sain et sauf, si que je le voye baptizé a bien et a joye.*]

ecclesiastical bureaucracy used midwives to perform spiritual care, they also began regulating their practices to that end. The Archbishop of Paris was ordered to confirm the selection of midwives in Meaux and to ensure their proper licensing at the bishop's court after examination and an oath-taking ceremony in 1365.¹⁴ Before taking the oath the midwife would receive instruction on baptism and would be examined by the local bishop. In this way Church officials could keep a close watch on what she was doing, both spiritually and medically.

Midwives could potentially be vulnerable to legal action if they did not engage in this reciprocal relationship and their role as ecclesiastical agents could also protect them from legal trouble. The pressure that the Church placed on midwives to save these babies' souls occasionally led to accusations that they secretly baptized stillborn babies, allowing them to enter heaven fraudulently. Under some legislation, a midwife could be killed for such an offense, especially if she delayed in performing a Caesarean section.¹⁵ Another accusation leveled against them was that in order to baptize babies before their deaths some midwives would "hasten" the death of the mother. Since in most cases the mother would have died anyway, it was not considered murder but it was condemned by ecclesiastical officials, who followed St. Paul's declaration in Romans 3:8 that "Evil should not be done that good may come". There was, however, a grave fear of children being baptized more than once. Catholic theology saw subsequent baptism as negating the first, and thus placing the child's soul in mortal danger. Church officials feared that a midwife would keep the baptism a secret under familial pressure to hold a public ceremony, thus jeopardizing the baby's salvation. In one case the priest instructed midwives to make sure they only perform the sacrament once.

14 Taglia, "Delivering a Christian Identity," 83-84.

15 Blumenfeld-Kosinski, *Not of Woman Born*, 103.

Othere brynge hyt to the chyrche a-non,
And caste hyt in the font stone,
But folowe thow not the chylde twye [twice],
Lest afterwarde hyt do the nuye.[harm]¹⁶

Despite their role as agents, clerical officials periodically accused midwives of spiritual transgressions. The frequency with which clergy made these and other accusations against midwives meant that they often needed witnesses to testify on their behalf that they followed religious procedure, and were thus reliable ecclesiastical agents. As a result, many of the ecclesiastical regulations starting in the fifteenth century instructed midwives to call in another midwife or a priest for help in difficult births and to act as witnesses if necessary.¹⁷ In order to mitigate this vulnerability midwives offered testimony against others instead.

Ecclesiastical authorities sometimes pitted women against one another through testimony in an attempt to delimit female medical practice and reinforce patriarchal control. In perhaps the clearest indication of midwives' agency as representatives of institutional patriarchy, midwives practicing without a license could be "presented" to the Church court, where they could be fined or otherwise punished. They were used to testify both for and against women, both mothers and other midwives. Furthermore, as ecclesiastical agents, midwives were utilized to report and testify against other women, including not only midwives practicing without a license, but also those who may have given birth illegitimately, or used magic, either angelic or demonic, during childbirth. An ecclesiastical ordinance in Aachen from 1527 ordered that midwives report all "secret births," that is illegitimate births, to the court.

In this way the Church not only regulated and restricted midwives, but in fact all women. They were concerned that midwives would, out of a feeling of female solidarity, protect the

¹⁶ Myrc, *Instructions for a Parish Priest*, 4, lines 117-120. Line 117 is not in Douce MS 103.

¹⁷ Blumenfeld-Kosinski, *Not of Woman Born*, 68.

sins of their patients from the ecclesiastical authorities.¹⁸ The *Fabric Rolls of York Minster* from 1362 to 1550 also make several references to midwives presented to the court of the Archbishop for use of “incantations.” For example, “Agnes Marshall, alias Saunder, of Emeswell, exercising the office of midwife, does not use the obstetrical science, instead using incantations.”¹⁹ Another such presentation concerned a woman, perhaps a midwife, who prepared and distributed abortifacients to other women. “Agnes Hobson of Alne administers . . . apothecaries’ potions of her own preparation, wherewith she destroys the foetus in the womb and even the mother, and she has given the said potions to very many women. She has made expiation 2 July.”²⁰ These presentations are a clear indication of testimony, often of midwives, being used against other women to impose ecclesiastical control.

Despite the similarities in the push toward regulation by religious and secular authorities in the late medieval period, they sometimes had different goals. For municipal authorities the reciprocal relationship with midwives was one based on limitation. Municipal midwifery regulations did not begin formally until the fourteenth and fifteenth centuries. By and large, ecclesiastical regulations placed more trust in the midwives’ abilities than the municipal regulations did. The cities’ regulations were more restrictive, focusing on what the midwives could not do, rather than instructing them in what they could do. The Church’s interest in baptism *in extremis* explains this dramatic, and perhaps otherwise inexplicable, divergence.

18 A very late municipal oath called the Midwives’ Act from 1694 in Edinburgh says: “I shall never conceall nor concur in concealling any birth, father or mother therof.” R.E. Wright-St Clair, “Early Essays at Regulating Midwives” *New Zealand Medical Journal* 63 (November 1964), 725.

19 J. Raine, ed., *The Fabric Rolls of York Minster*; (Durham: G. Andrews, 1859), 260. [*Agnes Marshall, alias Saunder, de Emeswell, exercet officium obstetricis, et non habet usum neque sciencian ostritricandi; utitur etiam incantationibus.*]

20 “*Ministrant poccula . . . sive medic Agneti Hobson de Alne servienti suae, per quod destruit puerum in utero suo et eciam mulierem, & dicta pocula ministravit aliis pqampluribus mulieribus. Purgavit se ij Jul.*” *The Fabric Rolls of York Minster*, 273.

The first municipal ordinances involving the regulation and licensing of midwives occurred in Nuremberg in 1381 and in Regensburg in 1452. The first such ordinance in England took place in 1512, saying the midwives had to get a license from the local bishop.²¹ A large part of this certification, however, while ostensibly secular, also consisted of religious instruction in emergency baptism. These cities also used Church officials to give midwives religious instruction and examinations as part of the licensing process.²² But unlike ecclesiastical ordinances, they also subjected midwives to examination by a male physician in their medical knowledge practice. They had to pass an exam by the town physician in order to become sworn municipal midwives, paid by the city.²³ These regulations have certain things in common that the cities thought were necessary to make midwives swear to do in order to continue to act as agents of control. These common elements in municipal regulations provide insight into midwives' attitudes and practices, and also about what municipal governments were concerned at the end of the medieval period.

Regulation of all medical practitioners occurred in earnest throughout Europe since at least the twelfth century.²⁴ Everything from prostitution to bathing was regulated, particularly after the plague in the mid-fourteenth century caused concerns about proper hygiene. The licensure of midwives by the municipal governments was not, however, only due to a desire to control the midwives who had heretofore practiced relatively autonomously, but was also part of the larger regulation of society by the state. Before the twelfth century, female practitioners were allowed by the Church,

21 Hilary Bourdillon, *Women as Healers: A History of Women and Medicine* (Cambridge: Cambridge UP, 1988), 24.

22 Gordon P. Elmeer, "The Regulation of German Midwives," 16.

23 Graham, *Eternal Eve*, 145.

24 During the plague of 1450 the French physician Jacques Des Pars called upon the magistrates of Paris to prohibit steam-baths as a way of halting the illness. By the sixteenth century these closures became official and systematic. Georges Vigarello, "Concepts of Cleanliness: The Water That Infiltrated," in *Social History of Western Civilization*, v. I, ed. Richard M. Golden (New York: St. Martin's Press, 1996), 171.

courts of law, and male physicians to practice virtually all types of medicine, but at that time there was a push toward licensing all over Europe.²⁵ Men were also persecuted for practicing without a license at this time. In 1311 the University of Paris passed a statute addressed to both male and female surgeons that said: “No surgeon or apothecary, man or woman, shall undertake work for which he or she has not been licensed, or approved.”²⁶ Women were admitted to the Medical School at Salerno in the eleventh century as well, and students had to pass entrance examinations in order to be admitted to the program.²⁷ The paradox was that midwives had the practical knowledge that male physicians lacked, but doctors had prestige that was determined by the social order. What could have been a partnership, became, at best, an uneasy acceptance, and at worst a competition.

As early as 1417 sixteen midwives are mentioned in Nuremberg in the *Aemterbuchlein*, a list of all occupational groups required to take an annual oath before the town council.²⁸ These oaths all specify that midwives must promise to deliver all women

25 There have been many studies done on chronicling female practitioners, and determining the exact limits of their practice. Among the best is Monica H. Green’s “Women’s Medical Practice and Health Care in Medieval Europe,” in *Sisters and Workers in the Middle Ages*, ed. Judith M. Bennett. (Chicago: University of Chicago Press, 1989). In it she argues that midwives were part of a much larger community of women practitioners and that there was not a clearly defined sexual division of labor in male and female spheres. Other studies have merely chronicled the female practitioners of certain areas, such as Robert Gottfried, “English Medical Practitioners, 1340-1530,” *Bulletin of the History of Medicine* 58 (1984). He chronicles 2153 practitioners during that time, only twelve of whom were women, although this does not seem to be a reliable source. Of course, both point out that female practitioners are more difficult to find because they left fewer records. It is not my intention here to continue this particular aspect of study on female practitioners in the Middle Ages, but I am working within the assumption that medieval midwives were only one of many groups of healers, male and female, which included surgeons, physicians, barber surgeons, and apothecaries. All of these groups were subject to regulation from the fourteenth century on. Roger II of Sicily (1130-1154) required all to be examined, and in 1329 a court in Valencia, Spain, said all medical practitioners had to have a university degree, undergo an annual examination, and that all women were prohibited “under penalty of being whipped through the town.”

26 Blumenfeld-Kosinski, *Not of Woman Born*, 99.

27 John Harrington, *The School of Salerno* (Rome: Edizioni Saturnia, 1953), 15.

28 Biller, “Childbirth in the Middle Ages,” 43.

regardless of their ability to pay: “from now on every woman who gives birth, whether rich or poor, [is] to be supplied with a midwife and to be neglected in no way.”²⁹ A fifteenth-century oath from Basel also established that midwives must go to all women day or night, rich or poor.³⁰ Jews were the exception to this rule: “only Jewish women they shall not come to.”³¹ Midwives also had to promise not to leave one woman in labor in order to deliver another who had more money: “And no midwife shall go away from the woman to whom she has been summoned, even if a richer one who has the money to pay, or another woman for whom she would prefer to work has sent for her, until she is completely finished.”³² Because they were paid city employees, midwives were not allowed to become “rich” by attending to only wealthy women. Despite the fact that it limited their earning capacity, however, it was still in midwives’ own interest to work as municipal employees.

There may have also been some “sworn” midwives in fourteenth-century Paris, Rouen, and Rheims. Although the earliest recorded national statute ordering them to become so in France occurred in 1560, municipal records from Lille indicate the existence of oaths, exams, licensure, and apprenticeship, and in the *Registre aux memoires* from 1460.³³ Catherine Lemersne, the wife of a baker,

29 Elseuise Haberling, *Beitrage zur Geschichte des Hebammenstandes* (Berlin: Elwin Straude, Berlangsbuchhandlung, 1940), 107. Text of the Regensburg Midwife Ordinances from 1452. [*Sölichs zu fürfomen, und darvortten daz furan ain iede geperende frau Reich oder Urm, mit hebammen alhie verforgt und In nichte verwarloft würden*]

30 Elmeer, “The Regulation of German Midwifery,” 17.

31 Regensburg, 1452. [*zu kainer Jüden sullen sn nicht kommen*] Haberling, *Beitrage zur Geschichte*, 107. Jewish women almost certainly had Jewish midwives. Jews likely served as other practitioners as well, although an edict of Pope Sixtus IV (1474-1484) confirmed a law of the College of Physicians of Rome forbidding any unqualified man or woman, Christian or Jewish, to treat the human body, either medically or surgically. Belota the Jewess was brought before the masters of the Faculty of Medicine in the fourteenth century for practicing without a license, just like Jacoba Felicie. A. L. Wyman, “The Surgeoness: The Female Practitioner of Surgery 1400-1800,” *Medical History* (1984): no. 28, 25.

32 Regensburg, [*Und sol kain hebam von der frau geen dohin si gesodert komen ist, ob ain Reichere du paz zulonen hat, oder ain anndre der sn lieber dienen wolt, nach ir schichtte Solann bis sn ganz verttig sindt.*] Haberling, *Beitrage zur Geschichte*, 107.

33 Peter Biller, “Childbirth in the Middle Ages,” 43. Richard L. Petrelli, “The Regulation

was licensed by city magistrates after they were informed by the examining doctor that she had passed his exam. In addition, in 1472 Agnes LeClerc, wife of an old-clothesman, was allowed to take the midwifery oath on the basis of her own statements regarding her abilities and on those of several women who said she had “aided [pregnant women] on several occasions which provided evidence of her apparent ability and diligence.”³⁴

As in the ecclesiastical realm, we also see municipal authorities using midwives to act as agents to police the craft by turning in unlicensed midwives. These first formal midwife oaths in Germany included a promise to bring any woman found delivering without a license to the board of supervisors.³⁵ In 1463 the city council instituted the office of the *Ehrbaren Frauen*, women from the upper class given responsibility to oversee and control the midwives, assigning them to indigent mothers, and disciplining them if they were not following the midwives’ oath.³⁶ These *Ehrbare Frauen*, or “noble wives,” were knowledgeable and skilled in gynecology and obstetrics, and were to examine the midwives’ medical knowledge and practices in order to license them. These “wives” did not deliver children themselves, but made an annual report to the city council noting any problems with the practitioners. They did not, then, take over the midwives’ medical function, but rather served as representatives of the cities in the public and legal spheres.³⁷ The

of French Midwifery during the Ancien Regime,” 276. Biller writes that we see regulations in fourteenth century Paris. I cannot confirm that. Petrelli argues that it isn’t until the mid-sixteenth century that we see them, with which I am inclined to agree.

34 E. Leclair, *Un chapitre de l’histoire de la chirurgie a Lille* (Lille, [n. p.], 1910), 7. Petrelli, “Regulation of French Midwifery,” 281.

35 Edward Shorter, *Women’s Bodies: A Social History of Women’s Encounter with Health, Ill-Health, and Medicine* (New Brunswick: Transaction Publishers, 1991), 41.

36 Merry Wiesner, “Early Modern Midwifery: A Case Study,” in *Women and Work in Preindustrial Europe*, edited by Barbara Hanawalt (Bloomington: Indiana UP, 1986), 96.

37 Merry E. Wiesner, “The midwives of south Germany and the public/private dichotomy,” in *The Art of Midwifery in Europe*, ed. Hilary Marland (London and New York: Routledge, 1993), 81. In this thorough article, Wiesner argues that the regulation of German midwives in the Early Modern period illustrates the dichotomy between public and private, as well as class divisions between midwives and physicians. She notes, then, that midwives were expected to play a public role in regulation, as well as baptism and court testimony. Also, Elmeer, “Regulation of German Midwifery,” 19.

focus on certification creates a desire in these women to seek quality control and uniformity in the field. In Regensburg midwives had to promise to bring any woman they found doing unlawful deliveries, probably referring to deliveries without a license, before this female board of supervisors: “and whenever they notice that a midwife not sworn in has been with a birthing woman they shall take the child away from her, and they shall bring this midwife in lieu of the woman who is in her care to a hearing, [to find out] whether she is knowledgeable, or whether she wants to take it up.”³⁸

Midwives were also required to report all illegitimate births with the names of the father and the mother and the outcome of all legitimate births. The cities then, like the Church, attempted to get midwives to act as informants and agents of moral propriety. Town councils desired to control all activity, including some of the most personal events of people’s lives. Midwives were also required to report all miscarriages and were not permitted to bury a dead child without the knowledge and permission of the municipal authorities.³⁹ This order is similar to what we see in ecclesiastical ordinances, to assure that midwives were not using the babies’ bodies for witchcraft or some other surreptitious reason.

Municipal ordinances also restricted medical practice and the ability of midwives to deal with dead mothers and babies. According to the regulations of Heilbronn, if the mother died during or shortly after the delivery, she could not be buried before the third day, perhaps to assure the midwife and authorities that she was really dead. The midwife must make a report of the burial to the authorities. Furthermore, midwives there also may not dismember a dead child in *utero* without the consent of a physician, or pronounce a woman dead without first calling one.⁴⁰ We also are told premature

38 Regensburg, [*daz ain ungesworne Hebamm, wen einer gepernden frawn gewesen ist der mugent sn daz kindt nemen, und sullen deselben Hebamen pringen sür dn frawn dn ob in sindt, zu einem verhören, ob sn zu sölchem ettwaz künne, oder sich darumb annemen welle.*] Haberling, *Beitrage zur Geschichte*, 107.

39 Elmeer, “The Regulation of German Midwifery,” 22.

40 Elmeer, “Regulation of German Midwifery,” 30.

babies must be examined by a physician, as well as a child with a physical deformity or problem. Thus institutional supervision was imposed upon these agents.

In a clear mechanism by which midwives should observe and inform on one another, the Regensburg city council issued an edict that in the case of a difficult birth midwives were to call another midwife or, if necessary, a third or fourth to assist them. They all had to be sworn midwives, and in the case that they are “with pregnant women and none can be sent to her, then she shall ask for other honorable women who see, hear, and bear witness that nothing has been neglected.”⁴¹ According to the ordinance these honorable women’s recommendations should be followed, and they should note the hardworking midwives who should be compensated, and the “careless” ones who should be punished “according to her guilt.”⁴² These situations where midwives acted as institutional agents to implicate another begs the question: Is this self-regulation, or external control? Because their agency is exercised on behalf of the cities, this seems to be a case of control imposed from outside. However, contextual factors determined the mechanism of control and the amount of autonomy midwives were able to maintain.

The regulation of medieval midwives was a change, but not for the sole purpose of circumscribing or limiting their power. Rather, as part of a larger trend toward institutional control, midwives were used as envoys of the Church and State. Restrictions placed on midwives in the fourteenth and fifteenth centuries generally were not based on a desire to push them out of the field, but rather to

41 Regensburg, [*wäre aber all Hebammen pen tragenden frawn, daz man Ir kaine habn mocht Erst mag dn Hebamm ander erberg frawn zu Ir voder die sehn, hörn und Seudnisz gen daz do nichts verwarlost sen.*] Haberling, *Beitrage zur Geschichte*, 108. About a century later the Regensberg ordinance was revised to say that the midwife who was called first should keep her full pay, and not have to give any of it to any other midwives who may have been called.

42 Regensburg, [*und der unbesichtigen verwarlosen strass nach irm verschulden*], Haberling, *Beitrage zur Geschichte*, 108.

monitor and direct their practices. But the Church also granted new rights to midwives, including the most important of sacraments, baptism. In the same vein, cities relied on them to police, supervise, and testify against each other as experts, just as they did in cases of impotence and paternity. Thus, it would seem that medieval midwives were not being regulated because they were ignorant, unskilled, and indifferent, but rather because they were capable and powerful and continued to occupy a liminal role between trusted confident and moral authority, and between medical practitioner and public official. They were therefore on both sides of the process of regulation and manipulation of authority.

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Bibliography

- Blumenfeld-Kosinski, Renate. *Not of Woman Born: Representations of Caesarean Birth in Medieval and Renaissance Culture*. Ithaca and London: Cornell University Press, 1990.
- Billr, Peter. "Childbirth in the Middle Ages." *History Today* 36 (August 1986): 42-49.
- Bourdillon, Hilary. *Woman as Healers: A History of Women and Medicine*. Cambridge: Cambridge University Press, 1988.
- Butler, Jessica. "Mediaeval Midwifery." *Nursing Times*, 77:41 (October, 1981): 1762-1763.
- Elmeer, Gordon P. "The Regulation of German Midwives in the 14th, 15th, and 16th Centuries." MA Thesis. Yale University School of Medicine, June 1964.
- Forbes, Thomas R. *The Midwife and the Witch*. New Haven and London: Yale University Press, 1966.
- Furnivall, Frederick J., ed. *Robert of Brunne's "Handlyng Synne"*. Millwood, New York: Kraus Reprint, 1988.
- Gottfried, Robert S. "English Medical Practitioners, 1340-1530." *Bulletin of the History of Medicine*, 58 (1984).

- Graham, Harvey. *Eternal Eve: The History of Gynaecology and Obstetrics*. Garden City, New York: Doubleday, 1951.
- Green, Monica H. "Women's Medical Practice and Health Care in Medieval Europe." In *Sisters and Workers in the Middle Ages*, ed. Judith M. Bennett. Chicago and London: University of Chicago Press, 1989.
- Haberling, Elseuise. *Beitrage zur Geschichte des Hebammenstandes*. Berlin: Elwin Straude, Berlangsbunhandlung, 1940.
- Harrington, John. *The School of Salernum*. Rome: Edizioni Saturnia, 1953.
- Hefele, C.J. and H. Leclercq. *Histoire des Conciles d'apres les Documents Originaux*. Paris: Letouzey et Ané, 1907-1921.
- Leclair, E. *Un chapitre de l'histoire de la chirurgie a Lille*. Lille. [n.p.], 1910.
- Myrc, John. *Instructions for Parish Priests*, ed. Edward Peacock. London: Trubner & Co., 1838.
- Petrelli, Richard L. "The Regulation of French Midwifery during the Ancien Regime." *Journal Of the History of Medicine* (July, 1971): 276-293.
- Raine, J. ed. *The Fabric Rolls of York Minster*. Durham: G. Andrews, 1859.
- Shorter, Edward. *Women's Bodies: A Social History of Women's Encounter with Health, Ill-Health, and Medicine*. New Brunswick: Transaction Publishers, 1991.
- Solomon, Michael. "Women Healers and the Power to Disease in Late Medieval Spain." In *Women Healers and Physicians*, ed. Lilian Furst. Lexington, Kentucky: University Press of Kentucky, 1997.
- Taglia, Kathryn. "Delivering a Christian Identity: Midwives in Northern French Synodal Legislation, c. 1200-1500." In *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler. York: York Medieval Press, 2001.
- Vann Sprecher, Tiffany D. and Ruth Mazo Karras. "The Midwife and the Church: Ecclesiastical Regulation of Midwives in Brie, 1499-1504." *Bulletin of the History of Medicine*, (2011).
- Vigarello, Georges. "Concepts of Cleanliness: The Water That Infiltrated." In *Social History Of Western Civilization* Vol. I, ed. Richard M. Golden. New York: St. Martin's Press, 1966.
- Wiesner, Merry. "Early Modern Midwifery: A Case Study." In *Women and Work in Preindustrial Europe*, ed. Barbara Hanawalt. Bloomington: Indiana University Press, 1986.

Wiesner, Merry. "The midwives of south Germany and the public/private dichotomy." In *The Art of Midwifery in Europe*, ed. Hilary Marland. London and New York: Routledge, 1993.

Wright-St. Claire, E.E. "Early Essays at Regulating Midwives." *New Zealand Medical Journal*, 63 (November 1964): 724-728.

Wyman, A.L. "The Surgeoness: The Female Practitioner of Surgery 1400-1800." *Medical History*, 28 (1984): 22-41.



**A woman giving birth on a birth chair
Engraving from *Der Rosengarten* (1513) by Eucharius Rösslin**