Tending Mothers and the Fruits of the Womb
The Work of the Midwife in the Early Modern German City

von Gabrielle Robilliard

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Coverabbildung:
Oil painting on canvas of midwife and woman tending a newborn. Marianne
Kürzinger, *In der Wöchnerinnenstube*, Munich, 1788 (Deutsches Historisches
Museum, Berlin / A. Psille).

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Acknowledgements

eighteenth century as an awestruck eight-year-old Antipodean at Schloss Schönbrunn in Vienna. They knew then that they had 'lost' me to Europe (and to History), but their support for my study and travels never wavered. For that I am eternally grateful.

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Glossary of German and Medical Terms

Accoucheur	French term for physician or surgeon who practised obstetric surgery
Almosen Amt	Alms Office in Leipzig, a local municipal institution administering poor relief managed by the Leipzig Council
Amt (pl. Ämter)	district (jurisdiction of Saxon government)
Amtsphysicus	district physician (under jurisdiction of the Amt)
Beifrau (pl. Beifrauen)	apprentice midwife (under municipal oath)
craniotomy	crushing of the foetus' head in utero when obstruction has occurred to enable extraction of foetus
Gassenmagd	woman appointed by the Leipzig Council to serve a local neighbourhood
Gassenmeister	overseer of the local neighbourhood appointed by the Leipzig Council
Geburtshelfer	obstetrician (Term only began to be used at the close of the eighteenth century in Leipzig.)
gefallenes Mensch	a 'fallen' or unfortunate person (often refers to a woman)
geschwächte Weibesperson	'fallen' woman
Hebamme	midwife
Hebammenlehrer	municipal medical official responsible for teaching a city's midwives
Hebammenmeister	variant of *Hebammenlehrer*
hook extraction	Extraction of a foetus using a special obstetric hook. The foetus is first dismembered in utero and the hook then used to grip and extract the limbs, body and head piece by piece.
Kindermutter	midwife (terminology used in Leipzig)
Landtag	Saxon Diet
Lazarett	lazarette or general hospital in Leipzig catering to the local population
Leichenschreiberei	Corpse Registry Office

Lust	desire (used in midwife petitions in a non-sexual sense, e.g., to pursue a course of action)
medizinische Policey	medical police
mole	a false pregnancy; a growth
Sanitätskollegium	Board of Health
Schöppenstuhl	Court of Jurors
Sechswöchnerin	woman lying-in (*Sechswochen*: The six weeks between birth and churching in which new mothers were theoretically bound to the house and absolved from most household work.)
Stadt	intramural city
Stadtaccoucheur	doctor/surgeon employed by the Leipzig Council to oversee obstetric matters (*Accouchement*) in the city
Stadtgericht	Leipzig City Court (of Law)
Stadtphysicus	physician employed by the Leizpig Council to oversee medical matters in the city
Stadtrat	Leipzig City Council
Stadtrichter	judge of the City Court
Stand	estate
Ständegesellschaft	society of estates
Tor	city gate
version	Turning of the foetus in utero into the head-first position using the hands or specially designed ribbons. This technique did not necessarily lead to the death of the foetus.
Vorstadt	extramural neighbourhood(s)
Wehemutter	midwife
Wickelweib	literally 'swaddling woman', or a woman engaged informally by a midwife or Beifrau as an assistant
Willige Almosen	municipally run system of poor relief in Leipzig prior to 1704

Introduction

In 1799 an anonymous *Taschenwörterbuch* (pocket dictionary) of Leipzig for 'natives and foreigners' lamented the state of midwifery in the city:

> That one appoints women from the lowest estates as midwives might well be excused by the fact that no [women] from the middle estates enlist themselves. This surprises one all the more as the office of midwife is considered very lucrative. But there are also women of good reputation and impeccable performance in the lower estates: Should one not take this particularly into consideration?[1]

There is little known about the author, Moritz Cruciger, other than that he was critical of the political, social and economic culture of the *Ständegesellschaft* (society of estates). The power wielded by the guilds in defence of their economic territory was, according to Cruciger, the reason why manufacturing in Leipzig lagged so far behind other parts of Europe.[2] He was equally critical of that kind of economic protectionism perpetuated in other previously un- or ill-regulated occupations, and lambasted the Leipzig Council for attempting to make a 'privileged art' out of the barbers, which 'robs me of the power over my own beard!'[3] He also had a violent disrespect for learned medicine and mocked 'the doctors of this city', who each 'has his own way of carrying himself, behaving and speaking, yes even of treating illnesses'.[4] As a result 'the doctors' art' was 'innocent', so much so that 'no one should ever blame the doctor when an illness ends in death … least of all when a doctor's diploma gives him the exclusive right to populate the graveyard.'[5] Furthermore, the 'Medici' only had themselves to blame for the 'deep contempt' of the doctor's art; even those with means resorted to the medicine pedalled by quacks.[6]

Cruciger's intense criticism of the political and medical establishment informs his sympathetic commentary on the value of midwives, an attitude that had prevailed for much of the century. Around the middle of the eighteenth century, Zedler's encyclopaedia described the sworn midwife in positive terms as a 'careful, intelligent, experienced and God-fearing woman, who holds the good opinion of other people and commendation of her comportment … has borne children herself … has been present at births and helped the midwives, so that she has been able to acquire sufficient knowledge'.[7] Later eighteenth-century encyclopaedists and writers, however, were at times scathing of midwives' skill or, as they saw it, their lack thereof. In 1789, for example, Krünitz's encyclopaedia accounted for the existence of midwives as having

1   Originally published anonymously. Moritz Cruciger, *Leipzig im Profil. Ein Taschenwörterbuch* (Solothurn: Krüger und Weber, 1799), 18–19.
2   See ibid., 120–21.
3   Ibid., 29–30.
4   Ibid., 17.
5   Ibid., 18.
6   Ibid., 19.
7   Johann Heinrich Zedler, *Grosses vollständiges Universal-Lexicon aller Wissenschaften und Künste* (online version), (68 vols, Bayerische Staatsbibliothek: 1731–54), available at <http://www.zedler-lexikon.de/index.html>, accessed 26 October 2016, vol. 53, 993.

arisen from the 'shame of women', which had historically prevented men from practising the important duty of assisting human birth: 'people preferred to steal lives than to leave to a man this important office of holding onto the life of [mother] and the new burgher.'[8] This clash of rhetoric reflects the intense conflict between, on the one hand, the overwhelmingly positive value placed upon the office of midwife by both urban authorities and the community and, on the other, novel ideas about the superiority of male obstetrics, in particular during the second half of the eighteenth century.

The polarisation of the figure of the midwife was not merely a strategy deployed by an emerging group of obstetricians to carve out unchartered occupational territory. New economic and social forces were also reshaping social hierarchies, in particular within the 'middle estates', and this had direct implications for the provision of urban midwifery. We can glean from Cruciger's statement that, like many other types of female extra-domestic work, midwifery had undergone a process of social degradation over the course of the eighteenth century and was no longer a fitting task for women of social and economic means. Cruciger mocked the *nouveau* airs and graces of this emerging social group, whose women apparently deemed themselves too fine for midwifery, but whose households were still dependent upon earning a living. However, he did not consider this development as a reason for doing away with female midwives altogether. Rather, he argued that the traditional qualities sought in a midwife – a 'good reputation' and 'impeccable performance' – were also to be found in the masses of women still utterly dependent upon paid work. According to this deeply establishment-critical, late eighteenth-century observer, female midwives were both viable and necessary. As we shall see, this was a view shared by many in early modern Leipzig into the early nineteenth century and beyond; and it was the value the community placed upon the midwife together with social and economic custom that dictated the bounds of reforms to midwifery in this early modern city.

Midwifery in Leipzig

Leipzig, a large, bustling and commercially oriented city, felt acute anxieties over depopulation in the wake of the Thirty Years War and began to reform its established system of urban midwifery. It increased the number of midwives and, by the 1680s, the city had begun to employ at least one midwife-in-waiting to ensure that vacant midwife offices were quickly filled. In the early eighteenth century it appointed a special physician to oversee the city's sworn midwives and carry out operative obstetric procedures where necessary. Shortly thereafter the Leipzig Council formalised the system of midwife apprenticeship by creating the office of *Beifrau* (an apprentice midwife under municipal

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8   Dr Johann Georg Krünitz, *Oekonomische Encyklopädie oder allgemeines System der Staats- Stadt- Haus- und Landwirthschaft* (242 vols, Berlin: 1789), available at <http://www.kruenitz1. uni-trier.de/>, accessed 27 October 2016, vol. 22(ii), 528.

oath) and in 1732 it appointed a *Stadtaccoucheur*, a physician/surgeon employed by the Council to preside over obstetric matters in the city, to supervise, examine and teach the city's sworn midwives and Beifrauen in anatomy and obstetrics. 1732 marked the last major 'reform' undertaken by the Leipzig Council for the rest of the century and, as Chapter Seven will demonstrate, the Leipzig Council spent much of the latter eighteenth century successfully resisting attempts by the Leipzig University and the Saxon government to build a maternity hospital for the purposes of training midwives and medical practitioners in a clinical setting.[9] Late seventeenth- and eighteenth-century reforms to midwifery in Leipzig were part of an earlier, localised attempt at combatting the problem of depopulation and reinstating an ideal social and religious status quo. These moves were influenced by the increasingly popular cameralist notion of population as the 'essential powerbase of the state' and the guiding hand of paternalism inspired by Reformation ideas about the family and procreation.[10]

As is evident from the chronology, all of these reforms preceded the era of *medizinische Policey* (medical police), the discourse of public health promulgated largely by academically trained medical practitioners throughout Germany from around the 1760s.[11] These developments were far from belonging to a progressive programme of medicalisation that began with midwives being placed under the supervision of the *Stadtphysicus* (municipal physician) and culminated in the introduction of clinical midwifery in the early nineteenth century. Although similar developments have been noted for a number of early modern cities, I argue here that the late seventeenth- and early eighteenth-century reforms to midwifery were local solutions to local problems that reflected and respected the political, social and economic status quo.[12] They occurred in fits and starts and implementation was sporadic and often lacklustre. As we shall see, it took some years for the Council to decide to make the office of Stadtaccoucheur a permanent fixture within the municipal medical hierarchy. Similarly, when the anatomical-obstetrical training of midwives ceased for several years under Stadtaccoucheur Johann Karl Gehler in

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9   This was not unusual; as Gross notes, whenever the Saxon government encountered difficulties in implementing its plans, it was bound to seek compromise. Reiner Gross, *Geschichte Sachsens* (Leipzig: Edition Leipzig, 2001), 125.

10   Martin Dinges, 'Medicinische Policey zwischen Heilkundigen und "Patienten" (1750–1830)', in Karl Härter, ed., *Policey und frühneuzeitliche Gesellschaft* (Frankfurt am Main: Vittorio Klostermann, 2000), 268–69.

11   Caren Möller, *Medizinalpolizei. Die Theorie des staatlichen Gesundheitswesens im 18. und 19. Jahrhundert* (Frankfurt am Main: Vittorio Klostermann, 2005), 143–46. The political efficacy of medical Policey, however, has been severely overestimated for the period prior to 1830. See Dinges, 'Medicinische Policey', 294.

12   For example, a municipal midwife instructor was appointed in Lübeck in 1731. Christine Loytved, *Hebammen und ihre Lehrer. Wendepunkte in Ausbildung und Amt Lübecker Hebammen (1730–1850)* (Osnabrück: Universitäts-Verlag Rasch, 2002), 94–95. In contrast, the city of Braunschweig did not appoint a designated instructor but organised private training with one of the university professors. See Mary Lindemann, *Health and Healing in Eighteenth-Century Germany* (Baltimore, MD: Johns Hopkins University Press, 1996), 200.

the latter eighteenth century, there was no action taken to reinstate this institution. I will argue that these reforms altered midwifery practice in Leipzig very little, not only because they were ineffectively implemented, but because they worked within the traditional occupational structure and culture of midwifery, which was grounded in a corporate understanding of the medical occupations.

Histories of midwifery

The 'Krünitz' view of midwifery long informed the motivation for examining the historical trajectory of midwifery in Germany and elsewhere in Europe. Many early studies concerned themselves with exploring the rise of obstetrics in the eighteenth and nineteenth centuries as a triumph of medical Enlightenment.[13] In particular the institutional association of the history of medicine as a sub-discipline of medicine – still the case today – served to hinder reflection on this positivist narrative. These 'doctor-histories' of predominantly urban midwifery concentrated largely on the process whereby academic medicine conquered a female culture of midwifery practice fraught by un-reason, witchcraft and ignorance.[14] Interest from non-medical historians in midwifery was less pronounced, although it is worth noting three works on midwifery ordinances and Elseluise Haberling's study, which was the first to examine midwifery from the perspective of women's work.[15] In the 1970s and 1980s feminist historians turned the tables on this interpretation of medical triumph, situating midwives as innocent victims in a violent cultural battle between a female culture of childbirth and male political and medical institutions.[16] This

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13 For example, see H. Krauss, 'Zur Geschichte des Hebammenwesens im Fürstentum Ansbach', *Archive für Geschichte der Medizin* 6 (1913): 64–71; Dr. F. C. Wille, 'Über Stand und Ausbildung der Hebammen im 17. und 18. Jahrhundert in Chur-Brandenburg', *Abhandlungen zur Geschichte der Medizin und der Naturwissenschaften* Heft 4 (1934); Friedrich Baruch, 'Das Hebammenwesen im Reichsstädtischen Nürnberg' (Dissertation, Erlangen, 1955).

14 The thesis linking midwifery to witchcraft and explaining regulation as modernisation was most famously expounded in Thomas Rogers Forbes, *The Midwife and the Witch* (New Haven, CT: Yale University Press, 1966). Forbes' thesis has been since laid to rest by David Harley. See David Harley, 'Historians as Demonologists: The Myth of the Midwife-Witch', *Society for the History of Medicine* 3 (1990): 1–26.

15 Georg Burkhard, *Die deutschen Hebammenordnungen von ihren ersten Anfängen bis auf die Neuzeit* (Leipzig, 1912); Johann Hub, 'Die Hebammenordnung des XVII. Jahrhunderts' (Dissertation, Würzburg, 1914); Alois Nöth, 'Die Hebammenordnungen des XVIII. Jahrhunderts' (Dissertation, Würzburg, 1931); Elseluise Haberling, *Beiträge zur Geschichte des Hebammenstandes I. Der Hebammenstand bis zum Dreißigjährigen Krieg* (Berlin, 1940).

16 In particular Barbara Ehrenreich and Deirdre English, *Witches, Midwives and Nurses: A History of Women Healers* (2nd edn, Old Westbury, NY: The Feminist Press, 1973); Gunnar Heinsohn and Otto Steiger, *Die Vernichtung der weisen Frauen. Beiträge zur Theorie und Geschichte von Bevölkerung und Kindheit* (2nd edn, Herbstein: März-Verlag, 1985). Both accounts have been widely discredited.

focus on the competition and conflict between midwives and the medical 'establishment' became a focus of later research.

Since the 1980s, the history of midwifery has cast off the polemics of both medical triumphalism and hard-line feminism, and has been incorporated as a serious field of study within the ever-growing corpus of the history of medicine as well as social and cultural history more generally. Much research on Germany has focused on the south and the fifteenth to the seventeenth centuries, largely because southwestern German cities were the first to produce midwifery ordinances; northern German cities did not tend to regulate via ordinance until the seventeenth century at the earliest.[17] Merry Wiesner's pioneering studies on midwifery as women's work throughout the sixteenth and seventeenth centuries paint a picture of midwifery as an occupational realm in which women enjoyed relative freedom to practise and were greatly valued by society.[18] This view of midwifery has been contrasted by studies concentrating on the official role midwives played in sanctioning illicit sexuality and illegitimacy in early modern communities.[19] Sybilla Flügge's work on the function of late medieval midwifery ordinances and their relationship to the concrete legal situation faced by women points to a richer understanding of how midwives (and women more generally) engaged in norm-setting before 1600.[20] Further regional studies have fleshed out this period considerably, although many have been concerned with the question of whether and to what degree midwives were controlled through regulation.[21]

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17 Noted by Sibylla Flügge, *Hebammen und heilkundige Frauen. Recht und Rechtswirklichkeit im 15. und 16. Jahrhundert* (Frankfurt am Main: Stroemfeld, 1998), 15.

18 Merry Wiesner, 'Early Modern Midwifery: A Case Study', in Barbara A. Hanawalt, ed., *Women and Work in Preindustrial Europe* (Bloomington, IN: Indiana University Press, 1986); Merry E. Wiesner, *Working Women in Renaissance Germany* (New Brunswick, NJ: Rutgers University Press, 1986); Merry Wiesner, 'The Midwives of South Germany and the Public/Private Dichotomy', in Hilary Marland, ed., *The Art of Midwifery: Early Modern Midwives in Europe* (London: Routledge, 1993).

19 Ulinka Rublack, 'The Public Body: Policing Abortion in Early Modern Germany', in Lynn Abrams and Elizabeth Harvey, eds, *Gender Relations in German History: Power, Agency and Experience from the Sixteenth to the Twentieth Century* (London: UCL Press, 1996). For the eighteenth century, see also Ulrike Gleixner, 'Die "Gute" und die "Böse". Hebammen als Amtsfrauen auf dem Land (Altmark/Brandenburg, 18. Jahrhundert)', in Heide Wunder and Christina Vanja, eds, *Weiber, Menscher, Frauenzimmer. Frauen in der ländlichen Gesellschaft 1500–1800* (Göttingen: Vandenhoeck & Ruprecht, 1996).

20 Flügge, *Hebammen und heilkundige Frauen.*

21 Dagmar Birkelbach and Sabine Luecken, 'Zur Entwicklung des Hebammenwesens vom 14. bis zum 16. Jahrhundert am Beispiel der Regensburger Hebammenordnungen', *Beiträge zur feministischen Theorie und Praxis* 5 (1981): 83–98; Susanne Gabler, 'Das Hebammenwesen in Nördlingen des 16. Jahrhunderts' (Dissertation, Technical University Munich, 1985); Gabriela Signori, 'Defensivgemeinschaften. Kreißende, Hebammen und "Mitweiber" im Spiegel spätmittelalterlicher Geburtswunder', *Das Mittelalter. Perspektiven mediävistischer Forschung* 1: 2 (1996): 113–34. For the Renaissance through to the eighteenth century, see also Britta Schmitz, *Hebammen in Münster. Historische Entwicklung, Lebens- und Arbeitsumfeld, berufliches Selbstverständnis* (Münster: Waxmann, 1994); Claudia

Research on the seventeenth and eighteenth centuries, in part due to the richness of the available sources for that period, has yielded highly detailed results. Social historians of medicine have illuminated both the practice and the person of midwives as opposed to just regulation. Thus we now know a good deal about the obstetric input and practice of a handful of early modern midwives who either left behind diaries or published works.[22] Using archival sources, other historians have illuminated the practice of midwifery of 'normal' midwives in both urban and rural contexts and concentrate, for example, on occupational structures and occupational identity amongst midwives in northern Europe.[23] Others working on England, such as Doreen Evenden and Ann Hess, have concentrated more on the socio-economic situation of midwives and explored their social and occupational networks.[24] Within the German context, Eva Labouvie's historical-anthropological approach has proved most useful for exploring the everyday practice of rural midwives over a period of almost five hundred years and has provided great insight into the interplay between custom, collective and individual fields of action as well as established mentalities and practices. Her work illuminates in particular the magical and religious world of the midwife, as a pendant to the socio-eco-

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Hilpert, *Wehemütter. Amtshebammen, Accoucheure und die Akademisierung der Geburtshilfe im kurfürstlichen Mainz, 1550–1800* (Frankfurt am Main: Peter Lang, 2000).

22   On the French midwives Louise Bourgeois and Madame du Coudray, see Wendy Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois* (Exeter: University of Exeter Press, 1996); Nina Rattner Gelbart, *The King's Midwife: A History and Mystery of Madame du Coudray* (Berkeley and Los Angeles: University of California Press, 1998). On the German midwife Justine Siegemund, see Waltraud Pulz, *"Nicht alles nach der Gelahrten Sinn geschrieben": Das Hebammenanleitungsbuch von Justina Siegemund. Zur Rekonstruktion geburtshilflichen Überlieferungswissens frühneuzeitlicher Hebammen und seiner Bedeutung bei der Herausbildung der modernen Geburtshilfe* (Munich: Münchner Vereinigung für Volkskunde, 1994); Justine Siegemund, *The Court Midwife. Justina Siegemund*, trans. Lynne Tatlock (Chicago, IL: The University of Chicago Press, 2005). See also Catharina Schrader, *"Mother and Child were Saved". The Memoirs (1693–1740) of the Frisian Midwife Catharina Schrader*, trans. Hilary Marland (Amsterdam: Rodopi, 1987); Laurel Thatcher-Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785–1812* (New York, NY: Vintage Books, 1991).

23   Lindemann, *Health*; 'Professionals? Sisters? Rivals? Midwives in Braunschweig 1750–1800', in Hilary Marland, ed., *The Art of Midwifery. Early Modern Midwives in Europe* (London: Routledge, 1993); Hilary Marland, '"Stately and dignified, kindly and God-fearing": midwives, age and status in the Netherlands in the eighteenth century', in Hilary Marland and Margaret Pelling, eds, *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands, 1450–1800* (Rotterdam: Erasmus Publications, 1996); 'The "*burgerlijke*" midwife: the *stadsvroedvrouw* of eighteenth-century Holland', in Hilary Marland, ed., *The Art of Midwifery: Early Modern Midwives in Europe* (London: Routledge, 1993).

24   Doreen Evenden, *The Midwives of Seventeenth-Century London* (Cambridge: Cambridge University Press, 2000); Ann Giardina Hess, 'Community Case Studies of Midwives from England and New England c. 1650–1720' (PhD thesis, University of Cambridge, 1994); 'Midwifery Practice Among the Quakers in Southern Rural England in the Late Seventeenth Century', in Hilary Marland, ed., *The Art of Midwifery: Early Modern Midwives in Europe* (London: Routledge, 1993).

nomic 'world of work' approach mentioned above.[25] The history of childbirth has developed its own niche and, influenced in particular by cultural historical and anthropological approaches, it has provided a rich perspective on the vast array of 'non-medical' rituals and material culture deployed and communicated during childbirth.[26]

Competition between midwives and medical practitioners has also attracted the interest of historians, in particular those working on the late seventeenth and eighteenth centuries. Whereas historians of English midwifery have been preoccupied with explaining a shift amongst mothers in certain parts of England from using female midwives to calling for the man-midwife, in Germany, this occupational rivalry was largely of a textual or rhetorical nature.[27] Studies by Lynne Tatlock and Waltraud Pulz have drawn our attention to the way gender shaped obstetric discourse on what midwives could do and know about the female body and childbirth.[28] No widespread 'takeover' (whether reluctant or otherwise) ever took place in Germany; studies suggest that midwifery remained firmly in the hands of female practitioners throughout the eighteenth and well into the nineteenth centuries.[29]

The advent and effects of the maternity hospitals in the latter eighteenth and nineteenth centuries is a further theme attracting significant attention from historians, who have largely pursued a Foucauldian analysis of these institutions as a space in which the female body was standardized and disci-

25 Eva Labouvie, *Beistand in Kindsnöten. Hebammen und weibliche Kultur auf dem Land, 1550–1910* (Frankfurt am Main: Campus Verlag, 1999).

26 See, for example, Jacques Gélis, *History of Childbirth: Fertility, Pregnancy and Birth in Early Modern Europe*, trans. Rosemary Morris (Cambridge: Polity Press, 1991); Eva Labouvie, *Andere Umstände: Eine Kulturgeschichte der Geburt* (Cologne: Böhlau, 2000); Adrian Wilson, 'Participant or Patient? Seventeenth-Century Childbirth from the Mother's Point of View', in Roy Porter, ed., *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 2002). More recently Peter Murray Jones and Lea T. Olsan, 'Performative Rituals for Conception and Childbirth in England, 900–1500', *Bulletin of the History of Medicine* 89: 3 (2015): 406–33.

27 Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England 1660–1770* (London: UCL Press, 1995); Lisa Forman Cody, *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britons* (Oxford: Oxford University Press, 2005), 10–13.

28 Both focus on Justine Siegemund's midwifery manual. See Lynne Tatlock, 'Speculum Feminarum: Gendered Perspectives on Obstetrics and Gynaecology in Early Modern Germany', *Signs* 17: 4 (1992): 725–60; Pulz, *"Nicht alles"*; 'Gewaltsame Hilfsbereitschaft? Die Arbeit der Hebamme im Spiegel eines Gerichtskonflikts (1680–1685)', in Jürgen Schlumbohm et al., eds, *Rituale der Geburt. Eine Kulturgeschichte* (Munich: Verlag C. H. Beck, 1998).

29 See Hans-Christoph Seidel, *Eine neue Kultur des Gebärens. Die Medikalisierung von Geburt im 18. und 19. Jahrhundert in Deutschland* (Stuttgart: Steiner Verlag, 1998), 420. Noted also by Lindemann in Lindemann, *Health*, 194. Hampe suggests, for example, that surgeon men-midwives were simply beyond the means of most people. See Henrike Hampe, *Zwischen Tradition und Instruktion. Hebammen im 18. und 19. Jahrhundert in der Universitätstadt Göttingen* (Göttingen: Schmerse, 1998), 134.

plined.[30] Midwife education, on the other hand, has been largely neglected, with only two studies by historians Jürgen Schlumbohm and Christine Loytved plumbing this topic in any depth.[31] Of great importance – not least for reasons of comparison – to this study is Christine Loytved's work on 'traditional' midwife training in late eighteenth- and early nineteenth-century Lübeck, a commercially important, northern German town like Leipzig.[32] According to Loytved, 'traditional' midwife education remained largely intact until the first decade of the nineteenth century, when the selection and education of apprentice midwives came under the jurisdiction of the *Hebammenlehrer* (municipal midwife instructor). Up until this point, she argues, midwives enjoyed relative autonomy over their occupational affairs.[33] As we shall see in this study, there are certain parallels between the development of midwifery in Leipzig and Lübeck.

On a more recent, pan-European perspective, there has been renewed interest in the medico-legal activities of midwives and medico-legal knowledge of the female body.[34] Cathy McClive, Katherine Park and Silvia de Renzi have focused on the role of practitioners – including midwives – in early modern legal medicine in epistemological debates over the body as well as medico-legal evidence, thus providing new insights into the epistemological relationship between midwifery and other medical practitioners.[35]

All these studies combined provide a strong argument for the importance of midwifery and the importance accorded to midwives in early modern communities across Europe. This has broken the refrain of Enlightenment medical-political and academic medical rhetoric that denigrated the skills and the experience of eighteenth-century midwives. It is thus no longer necessary for historians to rehabilitate the early modern midwife – we have dismantled that

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30 Jürgen Schlumbohm, *Lebendige Phantome: ein Entbindungshospital und seine Patientinnen 1751–1830* (Göttingen: Wallstein Verlag, 2012); Jürgen Schlumbohm, ed., *Die Entstehung der Geburtsklinik in Deutschland 1751–1850: Göttingen, Kassel, Braunschweig* (Göttingen: Wallstein, 2004); Marita Metz-Becker, *Der verwaltete Körper. Die Medikalisierung schwangerer Frauen in den Gebärhäusern des frühen 19. Jahrhunderts* (Frankfurt am Main: Campus Verlag, 1997). See also the collection of essays in Christine Loytved, ed., *Von der Wehemutter zur Hebamme. Die Gründung von Hebammenschulen mit Blick auf ihren politischen Stellenwert und ihren praktischen Nutzen* (Osnabrück: Universitäts-Verlag Rasch, 2001).

31 Schlumbohm's contribution concentrates on midwife training in the Göttingen maternity hospital. See Jürgen Schlumbohm, 'The Practice of Practical Education: Male Students and Female Apprentices in the Lying-In Hospital of Göttingen University, 1792–1815', *Medical History* 51: 1 (2007): 3–36.

32 Loytved, *Hebammen.*

33 Ibid., 281.

34 See for earlier, still fundamental work in this field Esther Fischer-Homberger, *Medizin vor Gericht. Gerichtsmedizin von der Renaissance bis zur Aufklärung* (Bern: H. Huber, 1983).

35 Cathy McClive, 'Blood and Expertise. The Trials of the Female Medical Expert in the Ancien-Régime Courtroom', *Bulletin of the History of Medicine* 82: 1 (2008): 86–108; Katharine Park, 'The Death of Isabella Della Volpe. Four Eyewitness Accounts of a Postmortem Caesarean Section in 1545', ibid.: 169–87; Silvia De Renzi, 'Medical Expertise, Bodies, and the Law in Early Modern Courts', *Isis* 98: 2 (2007): 315–22.

particular Enlightenment piety of the bumbling, inept and ignorant midwife.[36] We need instead to engage more critically in the relationship between midwifery, medicine, the community, the Church, the law and local and territorial governments in order to understand how their roles interlocked in the domain of childbirth and midwifery. The relationship between midwives, surgeon men-midwives and physicians is an area warranting particular attention. Understanding how midwifery functioned as an occupation within the city beyond the level of the ordinance or oath is likewise crucial to this endeavour. Despite the relative richness of research already mentioned here, few German studies have dealt with midwife–client relations and midwives' client networks during the seventeenth and eighteenth centuries in any great detail.[37] We have little knowledge of how the midwife–client relationship functioned in Germany, how it was demarcated and how midwives went about building up their client networks in urban spaces. Nor have many attempted to gauge the level of midwifery practice (in all its forms and varieties) that existed parallel to (and even within) the official municipally instituted midwife structures.[38] These are some areas that this thesis will examine in greater detail within the context of early modern Leipzig.

Even in urban centres such as Leipzig, midwives remained largely at the helm in the birthing room, not just because there was not a significant 'market' for male obstetricians, but also because local midwifery structures were actively maintained by government and community. As we shall see, the traditional occupational culture of midwifery – training via apprenticeship, informal channels of selection and a corporate notion of entitlement to practice – persisted into the early nineteenth century. This study explores the intricate dynamics of urban midwifery practice and the urban midwifery structure in the city of Leipzig between 1650 and 1810 and the tug-of-war between established customs/infrastructures and the somewhat novel ideas about the organisation of midwifery and training of midwives that emerged during this period.

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36 As, for instance, portrayed in Johann Christoph Ettner von Eiteritz, *Des getreuen Eckharts Unvorsichige Heb-Amme* (Leipzig: Braun, 1715).

37 Perkins', Ulrich's and Thomas' studies are some of the few to deal with these themes in great detail. See Perkins, *Midwifery and Medicine*, 76–98; Thatcher-Ulrich, *Midwife's Tale*; Samuel Thomas, 'Midwifery and Society in Restoration York', *Social History of Medicine* 16: 1 (2003): 1–16. See also Doreen Evenden, 'Mothers and their midwives in seventeenth-century London', in Hilary Marland, ed., *The Art of Midwifery: Early Modern Midwives in Europe* (London: Routledge, 1993).

38 Hilpert, for example, mentions that unsworn midwives existed but excludes them from her analysis. Hilpert, *Wehemütter*, 138–41. Lindemann, by contrast, subsumes unofficial midwifery into the rubric of pre-official training. This was certainly the case in Leipzig, however, unsworn midwifery there was not merely part of a system of training but was a systemic aspect of urban midwifery. See Lindemann, *Health*, 204–5.

Midwifery and Enlightenment

The period under scrutiny here, dubbed 'the long eighteenth century', has been characterised in the history of medicine in particular as an era of great transformation. However, the focus of debates and the explanatory frameworks deployed have varied across national boundaries. In the English context historians have looked to the development of a culture of consumption and its impact on medical practices and cultures, reassessing the identity of the 'quack' and developing the concept of the 'medical marketplace'.[39] German scholarship has conversely focused on the tensions between the growing 'state' and traditional local structures and customs, in particular with reference to the development of medical Policey in the latter eighteenth and early nineteenth centuries. In this narrative, medicalisation and professionalisation form the key processes in the development of the state, on the one hand, and the 'rise' of academic medicine and the 'demi-gods in white', on the other.[40] Many historians now agree that prior to the nineteenth century, 'medicine' was an eclectic, largely unregulated, overwhelmingly domestic and female domain.[41] This medical world, so the theory goes, was altered by the process of 'medicalisation'; the process whereby the state came to control the health of its subjects, not just by eradicating the plethora of irregular and unlicensed healers and forcing people to use state-sanctioned and (state-)trained practitioners, but also by 'civilising' and controlling the body via the inculcation of norms about body health and hygiene.[42] Ute Frevert's and Claudia Huerkamp's studies of

39 See Roy Porter, *Health for Sale: Quackery in England, 1660–1850* (Manchester: Manchester University Press, 1986). More recently the collection of essays in Mark S. R. Jenner and Patrick Wallis, eds, *Medicine and the Market in England and Its Colonies c.1450–c.1850* (Basingstoke: Palgrave Macmillan, 2007).

40 As coined by Claudia Huerkamp. Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert: Vom gelehrten Stand zum professionellen Experten. Das Beispiel Preußens* (Göttingen: Vandenhoeck & Ruprecht, 1985), 9.

41 See Robert Jütte, '"Wo kein Weib ist, da seufzet der Kranke" – Familie und Krankheit im 16. Jahrhundert', in Robert Jütte, ed., *Medizin, Gesellschaft, und Geschichte. Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung 7* (Stuttgart: F. Steiner, 1989), 7; Annemarie Kinzelbach, 'Konstruktion und konkretes Handeln. Heilkundige Frauen im oberdeutschen Raum, 1450–1700', *Historische Anthropologie: Kultur, Gesellschaft, Alltag* 7: 2 (1999): 165–90, 188–89. Healing also involved spiritual healers, of which many were also women. See Gianna Pomata, '"Practising between Earth and Heaven": Women Healers in Early Modern Bologna', *Dynamis* 19 (1999): 119–43, 121–22; Hans de Waardt, 'Chasing Demons and Curing Mortals: The Medical Practice of Clerics in the Netherlands', in Hilary Marland and Margaret Pelling, eds, *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands, 1450–1800* (Rotterdam: Erasmus Publications, 1996), 194.

42 The concept of medicalisation in German scholarship is largely based on Gerhard Oestreich's and Max Weber's theories of 'social discipline', which locate the source of power in this process within the state. Hence, medicalisation is a repressive process. Michel Foucault's notion of medicalisation, meanwhile, decentralises this process and situates it in an array of spaces, for example the clinic, the prison and the school. Foucault's medicalisation process is all about inculcating norms so that the modern individ-

Prussia identify physicians as the key actors in this process: eager to profes-
sionalise as well as increase their power and status in the late eighteenth and
early nineteenth centuries, this group of medical men put itself in the service
of a state whose policy it was to increase population by improving public
health.[43] Accordingly, the developments in the regulation of medical matters,
in particular of official medical personnel and practitioners more generally,
were part of an unfolding project of the developing Prussian state that specifi-
cally targeted public health.[44]

Historians have since questioned the applicability of the Prussian narra-
tive to other parts of the Germanies. Indeed they have gone even further and
critiqued the idea that the processes of medicalisation and professionalisation
were a 'project' of Enlightenment. Both Frevert and Huerkamp acknowledge
that the implementation of this public health project was severely hampered
by the lack of an effective state-controlled medical-administrative infrastruc-
ture and, as Sabine Sander has shown, by the fractured sources of political
power that characterised early modern society.[45] However, Frevert's and Huer-
kamp's critics do not merely dispute the efficacy of the Enlightenment project.
Mary Lindemann finds little evidence to suggest that the ducal government in
eighteenth-century Braunschweig-Wolfenbüttel operated with a long-term vi-
sion for medically modernising cultures and practices of health. The 'state'
and 'state policy', Lindemann claims, 'represent little more than an imprecise
shorthand for an extraordinarily complex mélange of the ideas, the ambi-
tions, and the self-promotion of individuals and groups – here, of physici,
Amtmänner, members of the privy council and Collegium medicum, local
communities (who in themselves were not, of course, monolithic in their wants
and desires), with the occasional strong influence of miscellaneous others.'[46]
Eighteenth-century lawmakers had no intention of jettisoning older conven-
tions, practices and 'administrative pathways' for the sake of introducing ratio-
nal, enlightened practices.[47] The pursuit of *Pfuscher* (quacks), for example, was
not the result of this clash between the old and the new, but was instead part

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ual is constantly censuring his or her own body and health, rendering repression from a
particular body redundant. See Stefan Breuer, 'Sozialdisziplinierung. Probleme und
Problemverlagerungen eines Konzepts bei Max Weber, Gerhard Oestreich und Michel
Foucault', in Christoph Sachße and Florian Tennstedt, eds, *Soziale Sicherheit und soziale
Disziplinierung. Beiträge zu einer historischen Theorie der Sozialpolitik* (Frankfurt am Main:
Suhrkamp, 1986), 52–60.

43   Ute Frevert, K*rankheit als politisches Problem 1770–1880: Soziale Unterschichten in Preußen
zwischen medizinischer Polizei und staatlicher Sozialversicherung* (Göttingen: Vandenhoeck &
Ruprecht, 1984), 43–44; Huerkamp, *Aufstieg*, 20–21.

44   Frevert, *Krankheit*, 27.

45   Ibid., 36–44; Huerkamp, *Aufstieg*, 42–43; Sabine Sander, 'Die Bürokratisierung des Ge-
sundheitswesens. Zur Problematik der "Modernisierung"', *Jahrbuch des Instituts für
Geschichte der Medizin der Robert Bosch Stiftung* 6 (1987): 185–218, 186–96.

46   Lindemann, *Health*, 139.

47   Ibid., 139–40.

of a broader occupational culture of entitlement grounded in the practices
and structures of the guilds.[48]

In her study of Baden, Franziska Loetz has likewise asserted that state ini-
tiatives in health provision were too varied, too chaotic and too disparate for
us to comprehend the eighteenth- and early nineteenth-century state as an
institution that sought to systematically discipline its population with the assis-
tance of academic medicine.[49] The problem with the concepts of medicalisa-
tion and professionalisation is, according to Thomas Broman, that they are
anachronisms projected onto Enlightenment discourses. When historians see
medicalisation and professionalisation as the 'basis and purpose of these dis-
courses', it becomes difficult to conceive of Enlightenment other than as a
'part of a modernisation process'.[50] And more recent research on the linger-
ing entanglement of Enlightenment and religion into the nineteenth century
teaches us to be very wary of pitting the one against the other, urging us in-
stead to appreciate 'the diversity and complexity of the Enlightenment with
respect to medicine'.[51]

Midwifery has been neatly woven into these narratives of medicalisation
and professionalisation. Historians have interpreted the changes to midwifery
in the eighteenth century, in particular in the quantity of regulation, as evi-
dence of the creeping state and the loss of a 'golden age' of midwifery charac-
terised by female autonomy over the female body and childbirth.[52] It is cru-

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48 Ibid., 166–71. Work on quackery in England strongly suggests that quacks were defined
    on the basis of their *non*-membership of a medical corporation, that is, in economic-occu-
    pational terms rather than on the basis of knowledge. See Margaret Pelling, *Medical
    Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners 1540–1640*
    (Oxford: Oxford University Press, 2003), 136–88. The division between 'regular' and
    'irregular' practitioners was not something that necessarily shaped the medical choices of
    patients in the eighteenth century. See Mary Fissell, *Patients, Power and the Poor in
    Eighteenth-Century Bristol* (Cambridge: Cambridge University Press, 1991), 63.

49 Francisca Loetz, *Vom Kranken zum Patienten: 'Medikalisierung' und medizinische Vergesell-
    schaftung am Beispiel Badens 1750–1850* (Stuttgart: Franz Steiner, 1993), 157.

50 Thomas Broman, 'Zwischen Staat und Konsumgesellschaft: Aufklärung und die Ent-
    wicklung des deutschen Medizinalwesens im 18. Jahrhundert', in Bettina Wahrig-Schmidt
    and Werner Sohn, eds, *Zwischen Aufklärung, Policey und Verwaltung. Zur Genese des
    Medizinalwesens 1750–1850* (Wiesbaden: Harrossowitz Verlag, 2003), 93. Broman attri-
    butes the eventual achievement of hegemonic power of academic medical practitioners
    in the nineteenth century to the development of the press and the practice of criticism,
    which provided medical practitioners with a platform for objectifying their knowledge in
    a literary domain and presenting themselves as representatives of that knowledge. See
    ibid., 105–7.

51 Andrew Cunningham, 'Introduction: "Where there are three physicians, there are two
    atheists"', in Ole Peter Grell and Andrew Cunningham, eds, *Medicine and Religion in
    Enlightenment Europe* (Aldershot and Burlington, VT: Ashgate, 2007), 4. This volume sur-
    veys both Catholic and Protestant Europe.

52 Labouvie, for example, describes rural midwifery as 'women's business' that took place
    within a female public sphere of midwife, married and widowed relatives and neigh-
    bours. See Eva Labouvie, 'Sofia Weinranck, Hebamme von St. Johann. Städtische Ge-
    burtshilfe und die Entrechtung der Bürgerinnen im 18. Jahrhundert', in Annette Kein-

cial, however, to remember that most women in Germany (and indeed throughout Europe) would continue to give birth at home, often under the care of a midwife, until the early twentieth century. Much research has focused on the rupture of traditional childbirth and traditional midwifery through the newly established maternity hospitals in the eighteenth and early nineteenth centuries.[53] I suggest here, however, that this development predominantly affected the setting and culture of midwife training for rural midwives and has thus been overrated in the narrative of eighteenth-century urban midwifery. Maternity hospitals or midwife training institutes existed for several decades parallel and even in opposition to the more traditional form of midwife training: in Leipzig, for example, the apprenticeship and anatomical instruction at the hands of the local Stadtphysicus or Stadtaccoucheur. There is even some evidence to suggest that smaller towns and cities appear to have resorted to maternity hospitals to train their midwives sooner than the major cities.[54]

Thus, we need to rethink the underlying assumption evident in many studies that clinical midwifery was significant for urban midwifery and formed a natural and inevitable progression from older professionalised and regulated structures of urban midwifery. Firstly, the eighteenth-century German maternity hospitals were almost universally university institutions, not part of urban health and welfare provision. Moreover, the early aim of the maternity hospitals was to train midwives in readiness for deployment in rural regions. Secondly, midwifery in seventeenth- and eighteenth-century urban centres had its own occupational culture shaped by local institutions, local norms, and the quirks of the local urban economy and community. It is the peculiarities of these urban cultures of midwifery that this thesis will explore.

In the German historiography, the regulation of midwives has been construed as an overwhelmingly negative phenomenon, measurable by the degree to which midwifery had been placed under the control of municipal councils and male medical practitioners, and/or the degree to which lay women steered the selection process of local midwives.[55] The spectacular clashes between rural communities and the women trained in the maternity

horst and Petra Messinger, eds, *Die Saarbrückerinnen. Beiträge zur Stadtgeschichte* (St Ingbert: Röhrig Universitätsverlag, 1998), 225. Cody notes that in England birth was a 'secret, private affair, left to the management of women alone'. Women were considered to be the 'natural authorities over birth' because knowledge about the body could only be derived through experience. See Cody, *Birthing the Nation*, 31–32.

53 For example, see Jürgen Schlumbohm, '"The Pregnant Women Are Here for the Sake of the Teaching Institution": The Lying-In Hospital of Göttingen University', *Social History of Medicine* 14: 1 (2001): 59–78; Metz-Becker, *Der verwaltete Körper*; Loytved, ed., *Von der Wehemutter*.

54 For example, in the small town of Hannoversch Münden in Lower Saxony, town midwives received their training in the nearby Göttingen maternity hospital from 1780. See Lena Irene Steilen, 'Zwischen Vertrauen und Kontrolle. Hebammen im Münden des 19. Jahrhunderts' (MA thesis, Göttingen, 2003), 33.

55 See Birkelbach and Luecken, 'Zur Entwicklung des Hebammenwesens'. See also Labouvie, 'Sofia Weinranck', 242; Schmitz, *Hebammen in Münster*, 23–29.

hospitals and then sent out by late eighteenth-century states to rural outposts
have, I argue, overshadowed the dynamics of the urban experience.[56] In ac-
counts of rural midwifery, the sudden attempts at regulation at the end of the
eighteenth century assumed a repressive form and were synonymous with
disempowerment and, eventually, the extinction of the local (female) commu-
nity and culture of neighbourly assistance.[57] However, as Christine Loytved's
recent study of midwife training in Lübeck has suggested, urban midwives
demonstrated little in the way of resistance (at best passive resistance) to either
the introduction of the municipal midwife instructor or formalised anatomical
and obstetric training.[58] The changes to urban midwifery were not as seismic
as one might like to think; I am therefore interested in examining the extent
to which eighteenth-century reforms actually altered the occupational culture
of midwifery, that is, the structures, norms and practices that guided urban
midwives in their daily work.

    In contrast to the pessimistic view of regulation, Merry Wiesner argues
that regulation and control afforded sixteenth-century midwives higher status
than any other group of women in urban centres. The fact that midwives were
entrusted with additional functions where their 'opinions and judgements
were taken seriously' by municipal governments, such as arranging baptism
and providing medico-legal testimony, served to 'underline their importance
in the early modern city'.[59] Historians working on other European urban cen-
tres have similarly argued that regulation there was often beneficial to mid-
wives. Hilary Marland and Christina Romlid suggest that regulation actually
shored up, even increased the status enjoyed by urban midwives in Holland
and Sweden.[60] Historians of English midwifery argue that it was precisely this
lack of regulation and the cessation of ecclesiastical licensing that contributed
to the decline of midwifery in many parts of England, in particular London,
during the middle and latter eighteenth century.[61]

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56 Labouvie, *Beistand*; 'Selbstverwaltete Geburt. Landhebammen zwischen Macht und Reg-
    lementierung (17.–19. Jahrhundert)', *Geschichte und Gesellschaft* 18 (1992): 477–506;
    Gunda Barth-Scalmani, '"Freundschaftlicher Zuruf eines Arztes an das Salzburgische
    Landvolk". Staatliche Hebammenausbildung und medizinische Volksaufklärung am
    Ende des 18. Jahrhunderts', in Jürgen Schlumbohm et al., eds, *Rituale der Geburt. Eine
    Kulturgeschichte* (Munich: Verlag C. H. Beck, 1998).
57 Labouvie, 'Selbstverwaltete Geburt', 505–6.
58 Loytved, *Hebammen*, 286.
59 Wiesner, *Working Women*, 81.
60 Marland, '"Stately and dignified"', 276–78, 296. Romlid argues that the regulation and
    relatively strong position of midwives in Sweden was directly related to the perceived
    need to produce more soldiers for the Swedish army. See Christina Romlid, 'Swedish
    midwives and their instruments in the eighteenth and nineteenth centuries', in Hilary
    Marland and Anne Marie Rafferty, eds, *Midwives, Society and Childbirth: Debates and
    Controversies in the Modern Period* (London: Routledge, 1997), 54–55.
61 Evenden, *Midwives*, 174–75; Jean Donnison, *Midwives and Medical Men: A History of Inter-
    Professional Rivalries and Women's Rights* (2nd edn, London: Heinemann Educational,
    1988), 41.

A history of midwifery, I argue, needs to move beyond the question of whether regulation was positive or negative for midwives as an occupational group, or whether midwives demonstrated resistance to or acceptance of new training or organisational strategies. The story is far more complicated than a label of 'good'/'bad' for regulation and a 'yes'/'no' to resistance. This study avoids, as far as possible, this paradigm of regulation as a force that stripped midwives of their autonomy (if that ever really existed) and deflated their social value, a paradigm which has so strongly shaped the history of German midwifery thus far. To do this, it is necessary to reassess the genesis and function of regulation; I have therefore drawn on recent research in the area of early modern legislative techniques and processes that re-conceptualises eighteenth-century police ordinances (known as *gute Policey*) as a 'process of learning … in which the norm-setters, the norm-implementers and those addressed by these norms participate equally.'[62] The demand for Policey came to a great extent from the subjects, not just territorial rulers.[63] The practice of petitioning or seeking grace was thus not so much an act of resistance, but a formalised channel for the flow of information between subject and ruler; norms were negotiated on an individual basis between the ruling and the ruled. On a microlevel, this kind of legislative practice was also what characterised the political process in Leipzig. Midwives and mothers were part of the process of norm-setting because they participated actively in the process of petitioning. As Chapter Four will demonstrate, because they so ardently defended their entitlement to practice and appealed to older traditional boundaries of occupational corporatism, sworn midwives and sworn Beifrauen actually demanded sharper contours of practice when it suited their own individual situations.[64] Hence, this persistent reiteration of the boundaries of practice was productive. As Mary Fissell has noted, the 'cultural work' of a particular group to demarcate their medical practice from other healers around them might 'create, invoke, and break boundaries', and thereby actually structure health care.[65]

Time and place: Leipzig, 1650–1810

This study focuses on the development of midwifery in a single city – Leipzig – in the late seventeenth and 'long' eighteenth centuries. My research is framed chronologically by two events. The first, the end of the Thirty Years War in 1648, marks the beginning of large-scale organisational changes to midwifery provision in the city. Saxony, like no other German territory, had

62   Martin Dinges, '"Policeyforschung" statt "Sozialdisziplinierung"?', *Zeitschrift für Neuere Rechtsgeschichte* 24: 3/4 (2002): 327–44, 344.
63   Ibid.
64   See also Lindemann, *Health*, 194–205.
65   Mary Fissell, 'Introduction: Women, Health and Healing in Early Modern Europe', *Bulletin for the History of Medicine* 82 (2008): 1–17, 7–8.

suffered grand-scale devastation and sustained massive loss of life in the final decade of the war. In the ensuing decades, anxieties about depopulation – there were few years in which fertility outnumbered mortality – transmuted into a greater interest in infant and maternal mortality which, in turn, spurned on reform. Yet the impetus for reforming urban midwifery provision was also born out of optimism about the future. Thanks to its international fair, Leipzig's economic recovery was relatively speedy and thus ensured the city's status as the financial and commercial powerhouse of Saxony. In 1688 the Leipzig Council was in a position to regain its fiscal autonomy, which it had been forced to cede to the Electoral Commission of Finance after being bankrupted eighty years previously. The last decades of the seventeenth century marked a period in which Leipzig blossomed as a politically more independent and powerful element within Saxony. This was the period in which the Council established the Court for Trade, the Leipzig Stock Exchange and the Trade Deputation, all institutions designed to support the Leipzig trade fairs.[66]

The second event, the establishment of the *Hebammeninstitut* (Midwife Institute) within the Faculty of Medicine of the Leipzig University in 1810, marks only the 'beginning of the end' of midwifery provision as it had been organised and practised in the centuries before. In the short term, the clinical training of midwives did not replace the traditional method of knowledge and skill transfer based upon the apprenticeship and lessons from the Stadtaccoucheur; it was not until 1818 that the Saxon government decreed all midwives train in the midwifery institutes in Leipzig or Dresden.[67] When this did take place, however, it established a rival system of midwifery training that lay beyond the reach of the municipal authority.

My rationale for selecting a case study format is both pragmatic and conceptual. Not only does a local approach permit more extensive use of archival records; the organisation of early modern medical provision, indeed politics itself, was an intensely local phenomenon, especially in the larger, politically powerful urban centres. Many of the major cities had been conferred *Stadtrecht* (the right of a town to form its own jurisdiction) in the late Middle Ages and enjoyed either partial or full political autonomy until the political administrative reforms of the early nineteenth century.[68] The relationship between Leipzig and the Saxon Elector was complex. On the one hand, the Leipzig Council was, for example, entrusted with assisting centralised state collection of the *Landsteuer* (tax). The city was also the location for many state legal, ecclesiastical and administrative state authorities such as the *Leipziger Schöppenstuhl* (Court of Jurors) and the Consistorium. As in most other cities, the Saxon

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66   Karl Czok, *Leipzig. Geschichte der Stadt in Wort und Bild* (Berlin GDR: VEB Deutscher Verlag der Wissenschaften, 1978), 25–26.

67   StadtAL, Tit. (F) XLIV.A.18a, 'Churfürstliche Mandate (1768–1816)', 104–6, 'Mandat, die Erlernung und Ausübung der Geburtshülfe in hiesigen Landen betreffend', 2 April 1818.

68   For an overview of the literature on the development of the early modern city, in particular its relationship to territorial states, see Heinz Schilling, *Die Stadt in der frühen Neuzeit* (2nd edn, Munich: R. Oldenbourg Verlag, 2004), 72–78.

Elector was represented by the *Amt* (district office, here the Leipzig Amt), which was largely responsible for collecting taxes owed to the Elector, implementing the justice system and carrying out police but not, however, for the day-to-day running of municipal affairs.[69] On the other hand, although subject to allegiance to the Saxon crown, Leipzig was to a very great degree politically and economically independent and wielded considerable political power as head of all the cities in the Saxon *Landtag* (Saxon Diet). It is this dependent/independent relationship with the territorial government that makes Leipzig an ideal vehicle for examining the interaction between the local and the territorial on matters medico-social.

Leipzig was a major urban centre in seventeenth- and eighteenth-century Saxony, second only in size to the electoral residence Dresden. At the end of the Thirty Years War (1618–48), the city's population numbered around 14,000. Strong migration levels from the countryside into the cities during the following decades ensured that Leipzig's population grew substantially to roughly 21,000 in 1700 and rose to 35,000 in 1750.[70] Since the sixteenth century the Leipzig trade fairs shaped the local economy more than any other single trade or proto-industry. As the major trade routes through southern Germany shifted eastwards and northwards, Leipzig was poised to take its place as Europe's premier marketplace. It had the infrastructure and sophisticated administrative and financial transaction systems, such as a stock exchange, a commercial court and a wholesalers' directorate, that enabled the city to support a large volume of trade.[71] The trade fairs took place three times a year after New Year, Easter and Michaelis and lasted between two and three weeks. During the fairs both local and foreign wealthy merchants traded from residences, shops or vaults, whereas less wealthy traders and hawkers, frequently drawn from the surrounding countryside, would populate every corner of the city with their stalls.[72] The 'trade fair economy' created a lot of short-term employment for both those involved in the fairs directly, such as

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69 Karlheinz Blaschke, 'Zur Behördengeschichte der kursächsischen Lokalverwaltung', in Staatliche Archivverwaltung im Staatssekretariat für innere Angelegenheiten, ed., *Archivar und Historiker. Studien zur Archiv- und Geschichtswissenschaft* (Berlin: Rütten & Loening, 1956), 345. The Leipzig Amt, with its office in the city of Leipzig, was established in the fourteenth century. By 1827 its jurisdiction covered 5 cities and 134 villages.

70 For population statistics, see Robert Beachy, *The Soul of Commerce: Credit, Property and Politics in Leipzig, 1750–1840* (Leiden: Brill, 2005), 22–23; Karlheinz Blaschke, *Bevölkerungsgeschichte von Sachsen bis zur industriellen Revolution* (Weimar: Hermann Böhlaus Nachfolger, 1967), 140. On the centrality of country-to-city mobility for urban Saxony during this period, see Uwe Schirmer, 'Wirtschaftspolitik und Bevölkerungsentwicklung in Kursachsen (1648–1756)', *Neues Archiv für sächsische Geschichte* 68 (1997): 125–55, 154; Volkmar Weiss, 'Bevölkerungsentwicklung und Mobilität in Sachsen von 1550 bis 1880', ibid. 64 (1993): 53–60, 56–57.

71 Beachy, *Soul of Commerce*, 32.

72 Susanne Schötz, 'Von Kauffrauen und Kuchenweibern. Weibliche Handelstätigkeit auf Leipzigs Messen im 18. und 19. Jahrhundert', in Günter Bentele et al., eds, *Leipzigs Messen 1497–1997. Gestaltwandel – Umbrüche – Neubeginn, Teilband 1: 1497–1914* (2 vols, Cologne: Böhlau, 1999), vol. 1, 388, 393, 401.