

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

8 Dr Johann Georg Krünitz, *Oekonomische Encyclopädie 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

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, 'Medizinische 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, 'Medizinische 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 Elseuise 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

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); Elseuise 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, Herstein: 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

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 1500-1800* (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, Menschen, 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-

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 Universitätsstadt Göttingen* (Göttingen: Schermer, 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

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 Medikalisation schwangerer Frauen in den Gebäuhäusern 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.

36 As, for instance, portrayed in Johann Christoph Ettner von Eiteritz, *Des getreuen Eckharts Unvorsichtige 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.