Early Modern Midwives: Carving a Path in the Male-Dominated Field of Medicine

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The study of medicine during the Renaissance has primarily focused on famous male physicians who revolutionized the way medicine was practiced. Famous male practitioners such as William Harvey (1578-1657), Andreas Vesalius (1514-1564), and Ambroise Paré (1510-1590) have become a consistent focus for historians when discussing early modern medicine.¹ The presence of female medical practitioners in peer-reviewed journal articles and books has unfortunately lacked prominence. Esteemed feminist historians such as Patricia Crawford and Sara Mendelson have provided some explanation as to why texts written about female medical practitioners are limited. According to Crawford and Mendelson “[f]ormal records relating to female surgeons and physicians are hard to find, but there are hints that more women were involved than the licencing papers indicate.”² Other historians like Thomas Benedek have also examined the lack of sources for female medical practitioners. He claims “we hardly have even biased descriptions by men of the activity of midwives [because women] were simply ignored in medical writing until the end of the sixteenth century.”³ In this essay, I will be examining the limited but particularly revealing sources on women in the medical field to demonstrate the realms of knowledge of these women as well how their authority was undermined due to their gender.

Women in the early modern era were faced with numerous challenges and risks when pursuing a career in the medical field, due to their gender and status in society.

¹ Benjamin Lee Gordon, *Medieval and Renaissance Medicine* (NY: Philosophical Library, 1959), 625.

² Sara Mendelson and Patricia Crawford, *Women in Early Modern England, 1550-1720* (Oxford: Clarendon Press, 1998), 318.

³ Thomas G. Benedek, "The Changing Relationship Between Midwives and Physicians During the Renaissance," *Bulletin Of The History Of Medicine* 51, no. 4 (1977): 551.

Women who pursued a career in midwifery faced constant persecution from the church and their male counterparts for not having formal education, despite having better knowledge of the female body. Yet even with this undermining of their authority, the natural knowledge of women in the early modern period still allowed them to thrive in the medical field as midwives, since, although they lacked the formal education their male contemporaries received, this informal knowledge of the female body greatly supplemented this lack of formal training.

Education was a major issue for women pursuing a career in medicine. Women were not allowed to go through the same channels as their male counterparts to receive formal health education and medical training.⁴ To become a licensed medical practitioner in the early modern era, aspiring practitioners needed to receive formal medical education and training, which took place at a university. In most cases, these practitioners also needed to work in a formal apprenticeship in addition to receiving their university degree in order to obtain their full medical licence.⁵ During the middle ages, universities became esteemed learning centres for scholars. They emerged from a multitude of religious centres such as cathedral schools but began to take off as leading educational institutes for subjects other than religion and theology. The three main subjects that were dominant in universities were theology, law, and medicine.⁶ Historian Kevin Madigan believes that by the start of the early modern period, there were around eighty universities that existed in Europe and the British Isles.⁷ Universities certified their students in medicine and afforded them the knowledge to create a formalized and certified medical practice, which

⁴ Douglas Biow, *Doctors, Ambassadors, Secretaries: Humanism and Professions in Renaissance Italy* (Chicago: The University of Chicago Press, 2002), 48.

⁵ Mendelson and Crawford, 318.

⁶ Kevin Madigan, *Medieval Christianity: A New History* (New Haven: Yale University Press, 2015), 266.

⁷ Ibid.

was hoped to attract patients based on the prestige of the doctor for obtaining university education.

Since universities were male-only learning institutions, women were disadvantaged due to their lack of formal education. Without being allowed to attend university and thereby gain and expand their medical knowledge, women began to be portrayed as incompetent medical practitioners. As a result, they had to work much harder than their male counterparts to show they were capable and qualified to practice medicine. Without years of formal medical training, many women were unable to treat diseases and some common illnesses. Many female midwives did not have the knowledge to use the new medicine of the time, which created further barriers. Consequently, many of these female medical practitioners looked towards natural healing in order to treat their patients. According to Merry Wiesner-Hanks, natural healing remedies involved the use of herbs which were prepared by people with less formal training.⁸ Many women determined to practice medicine would turn to herbal remedies to cure their patients. Herbal medicine compensated for their lack of education and formal medical training.

A 1553 testimony from Denmark highlights the extent of one woman's medical knowledge. As stated in Wiesner-Hank's introduction to the text, medical treatment in Denmark and in the majority of Europe was handled by a hierarchy of individuals ranging from university trained physicians (who were all male) to medical practitioners who were less formally trained such as apothecaries and midwives.⁹ The testimony took place on Friday 19 February 1553 in front of the mayors and city council in "Malmö and

⁸ Merry Wiesner-Hanks, "Vesalius's *On the Fabric of the Human Body* (1543) and Elizabeth Blackwell's *A Curious Herbal* (1747-9)," in *Early Modern Europe 1450-1789* (Cambridge: Cambridge University Press, 2012).

⁹ Merry Wiesner-Hanks, "A couple, a medical practice, and an accusation, Denmark 1553," in *Early Modern Europe 1450-1789* (Cambridge: Cambridge University Press, 2012).

Valentin Køler, Reeve *ibidem*.” A couple named Johan Krumpis and Magdalena Krumpis were called to stand in front of city council while their patients testified that the couple had an honest medical practice. From this account, we can gain a better knowledge of how women practiced medicine.

One woman named Marine Bartolemæus testified that the doctress Magdalena “had helped [her and her husband] in one way and the other way with herbs, water and other things, so that [they] thanked her a lot, because she had helped [them].”¹⁰ The testimony reveals that the doctress was healing her patients with natural remedies such as herbs. Although the testimonies do not specifically describe in great detail how the couple healed each of their patients, it can be inferred that they each had their own realm of medical knowledge. As stated in Marine Bartolemæus’ testimony, the doctress used herbs to cure her patients. It can be deduced that the doctress did not have any formal apprenticeship but still did have an acceptable amount of herbal knowledge, especially because she was able to successfully cure her patient.

In most of her husband’s testimonies, there is very little description of his methods except for Hans Nieson Skormagere, who testified “that the doctor gave him a drink, which neither harmed him or did anything good.”¹¹ Although it is not specified what type of drink the patient was given, it could have been a pharmaceutical concoction the husband learned from another male practitioner or from some kind of formal apprenticeship. Ironically, based on the testimonies, the wife’s herbal remedies seemed to work more efficiently than the husband’s likely pharmaceutical remedies. The testimony shows that although early modern women did not have formal medical knowledge, they

¹⁰ *Ibid.*

¹¹ *Ibid.*

were still able to efficiently cure their patients. It also shows that the different realms of knowledge each medical practitioner gained during their training were based on their gender; the women were more likely to use natural remedies whereas men were more likely to use formalized medicine.

This 1553 Denmark testimony also reveals the allocation of jobs divided between the couple. Out of the ten testimonies given at the court, two specifically claimed that the wife Magdalena had helped them or their daughter give birth. There was a third testimony that claimed Magdalena had helped his wife, however he did not explain what Magdalena had helped with. Out of these two (possibly three) births, Magdalena was in charge of helping each one of these patients who were giving birth. This suggests her husband acknowledged his wife had more medical knowledge than he did when dealing with female anatomy. For this reason, Magdalena was allowed to deal with each expecting mother that came to the couple asking for assistance in giving birth.

Women faced further barriers in gaining medical knowledge as they were unable to join medical guilds and organizations. Not only were these guilds beneficial for learning how to practice medicine, but they were also the early forms of unions, which protected and aided their members. According to Madigan, the majority of guilds were actually created in universities, which is why the modern term for university is derived from the Latin term for guild: *universitas*.¹² Since women were not allowed to attend university, they would have also been excluded from joining a guild. Guilds controlled who was allowed admission and what each member needed to demonstrate in order to show they were competent. Guilds also decided when each member would move up in

¹² Madigan, 266.

rankings from novice to a master.¹³ Without guild membership, it was very hard for a woman to show her level of medical skill without formally being ranked by the hierarchy of the medical community.

Guilds also proved to be another nuisance for female medical practitioners because they sparked unfair competition by excluding women from the medical community. Madigan states guilds were groups of “men organized to protect common economic interests.”¹⁴ He also discusses their political authorities in dealing with their organization. Madigan’s statement implies these guilds would protect the members within its organization by removing outside competition. Wiesner-Hanks is more explicit in describing how the guild dealt with outside competition. She states “medical practitioners who had received formal training protested to civic authorities when individuals were practicing medicine without being a member of their guild or organization.”¹⁵ Since there would be no female members in a medical guild, women would be the main source of competition and would also be the biggest concern for the guild.

In a sixteenth-century petition to the city council of Munich, Germany, a female medical practitioner stood before the council to defend herself against charges laid against her by a medical guild. The guild asked for Katherina Plumanerin Carberinerin (the medical practitioner) to be forbidden from treating or examining any further patients. In this petition, when answering to the charges against her for practicing medicine outside the guild, Carberinerin claimed the guild was jealous of her practice. She stated, “not one person who has come under my care has a complaint or grievance against me. If the

¹³ Ibid, 267.

¹⁴ Ibid, 266.

¹⁵ Merry Wiesner-Hanks, “Woman’s petition to be allowed to practice medicine, Germany sixteenth century,” in *Early Modern Europe 1450-1789* (Cambridge: Cambridge University Press, 2012).

doctors, apothecaries, or barber-surgeons have claimed this, it is solely out of spite and jealousy.”¹⁶ Carberinerin did not allow the guild to assert false claims about failing to provide adequate medical attention. She instead exposed the guild’s true intentions to impede Carberinerin by stating they only made this complaint against her because she was not part of their organization. It can also be inferred that they were making this complaint against her due to her gender, fearing that a woman was intruding in a male occupation.

Carberinerin further defended her case by stating that the medical guild did not have any real proof to condemn her or forbid her from practicing medicine. After stating that she has been informed of this petition, she claimed the decision to forbid her from practicing medicine was “arrived at because of malice and not through fault of [her] own.”¹⁷ She went on to state “[the decision] appears to me not only strange, but also totally deplorable.”¹⁸ Without substantial evidence to condemn her, Carberinerin tried to expose the guild for their persecution of her practice by challenging them to provide proof of her inadequacies.

Carberinerin then tried another tactic. She focused on her duty as a woman to “use [her] feminine skills, given by the grace of God, only when someone entreats [her] earnestly.”¹⁹ She also stated, “I never advertised myself, but only when someone has been left for lost, and they ask me many times.”²⁰ By claiming that she was not a professional medical practitioner, Carberinerin was not only undermining her own authority, she was also undermining her professionalism. Carberinerin’s petition to be allowed to practice

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Ibid.

medicine provides a glimpse into the attitudes of early modern society and specifically the legal system. By stating her practice was for charity, the city council would most likely have allowed her to continue, since it would not look good to deny a woman to continue with her Christian charity. Carberinerin blatantly stated “I do whatever I can possibly do out of Christian love and charity...”²¹ By stating she was just doing her Christian duty as a woman to help others, Carberinerin could easily prove that she was not a threat to the business of the male practitioners in the guild. In order to continue her practice, it unfortunately meant she needed to undermine her own authority and professionalism. However, the case reveals the determination of some women to continue practicing medicine.

Women continued to practice medicine despite constant persecution and threats to their authority because they had gender-specific and unique knowledge. Being in touch with their own bodies meant women were naturally educated on much of the female anatomy, and, therefore, they had medical knowledge that male practitioners did not. In many cases this is what kept women like Carberinerin in the medical field because her “feminine skill” made her popular to her female patients. There was also the issue of trust that caused many women to favour female medical practitioners over educated male practitioners. As stated by Carberinerin, “at all times, as is natural, women have more trust in other women to discover their secrets, problems, and illnesses than they have trust in men.”²² This belief was especially true when women were in labour, as having a female midwife was more reassuring because the midwife was familiar with her patient’s body and would be less intimidating than a male midwife.

²¹ Ibid.

²² Ibid.

In many cases, it was men who sought the assistance of a female midwife to help their wives give birth.²³ Carberinerin commends husbands who do this by declaring: “honourable husbands who love and cherish their wives will seek any help and assistance they can, even that from women, if the wives have been given up (by the doctors) or otherwise come into great danger.”²⁴ Female midwives’ knowledge of the female body made them naturally talented medical practitioners, which is why they gravitated to midwifery because it specifically dealt with the female body. Being knowledgeable of female anatomy also made female midwives more sought after, even though their male counterparts held more formal medical knowledge. Women held authority by pursuing midwifery and were able to represent themselves as a sought-after professional in the medical field.

Although the peasantry sought midwives in the early modern era, the nobility favoured the services of male midwives to aid their wives in giving birth. In 1670, a male midwife named Julian Clement helped the chief mistress of King Louis XIV of France give birth to their son Louis-Auguste de Bourbon, who became known as Duc de Main. Twelve years later, Clement also delivered Louis of Burgundy in 1682, who became the Dauphin of France.²⁵ For aiding the nobility, Julian Clement received the title of *accoucheur*, which became the proper term for a male midwife. Clement’s growing popularity among the nobles created a new trend. As stated by Haggard, “Male midwives became the fashion among ladies of the court. The princesses of the period hastened to

²³ Mendelson and Crawford, 140.

²⁴ Wiesner-Hanks, “Woman’s petition to be allowed to practice medicine, Germany sixteenth century.”

²⁵ Howard Haggard, *Devils, Drugs, and Doctors: the Story of the Science of Healing from Medicine-Man to Doctor* (Chicago: Norman Press, 2012), 43.

place themselves under the care of *accoucheurs*.”²⁶ In Clement’s case, he aided the wife of Philip V of Spain’s wife and delivered three of their children.²⁷

While male midwives may have been more popular with the nobility, they were not as effective or as knowledgeable as female midwives. Thomas Benedek makes a similar argument in his own work. He argues that female midwives “possessed a certain amount of practical knowledge in the restricted area of the signs and symptoms of pregnancy, labour, and its complications which physicians and surgeons still generally lacked in the 16th century.”²⁸ The male midwives who were sought after by the nobility were most likely popular due to their services being requested by royalty. Male midwives were not as practical as female midwives because women knew their patient’s body just as well as their own. In addition to their own natural knowledge, many midwives were widows and had already gone through the process of giving birth.²⁹ They had personal knowledge of what should happen based on their own labour, and they were empathetic toward patients going through the same painful process. The empathy many female midwives had for their patients would not be the case for any male midwife because he would never feel the pain of childbirth or have the fear of common deadly complications. For midwives who had gone through the process of childbirth, they would be more willing to ease the pains of childbirth and help to make their patient as comfortable as possible during the process. Although female midwives may have seemed to be the better choice, male midwives continued to gain popularity due to their formalized medical training and official licensing.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Benedek, 551.

²⁹ Wiesner-Hanks, “Ordinance Regulating Midwives, Germany 1522,” in *Early Modern Europe 1450-1789* (Cambridge: Cambridge University Press, 2012).

During the late seventeenth century, male midwives were put at a great disadvantage due to what Howard Haggard claims to be the “height of prudery.”³⁰ During the seventeenth century, many female patients requested that their male midwives perform their tasks in a blind fashion. The woman would be covered in a blanket from the waist down, and the male midwife would have to drape the blanket over his shoulders or fasten the blanket behind his neck. The male midwife would then have his arms under the blanket performing his manipulations blindly while his head would be positioned above the blanket.³¹ This greatly impeded a male midwife’s task of birthing because he was unable to see what was going on during the process as well as what he was doing. Benedek adds another element to Haggard’s “height of prudery,” by stating it was taboo for men to examine women’s genitals, and in some cases, it was prohibited.³² This was a cause for concern because a midwife should be able to examine their patient’s genitals to ensure the baby was correctly positioned in the birth canal. Blindly conducting the procedure greatly reduced the care and effectiveness of the male midwife. A female midwife would have been a smarter choice, even if she did not have the formal medical knowledge her male counterpart possessed, because she would be able to see how the labour was progressing.

While a woman may have been the more appropriate choice when choosing a midwife in the early modern era, the issue of her education and training was a cause for concern for some couples. However, there were ways in which women were taught the art of midwifery without secular control dictating the length of their training. Patricia Crawford and Sara Mendelson have explained the training of a midwife was informal yet

³⁰ Haggard, 47.

³¹ Ibid.

³² Benedek, 551.

fulfilled by unofficial apprenticeships done with friends and family. In some cases, their informal training could last several years under the supervision of a licensed or senior midwife.³³ Women learned from older midwives, who were in many cases their mothers (revealing this was a passed down occupation). These apprentices would learn how to verify the degree of cervical dilation, the correct fetal position the baby should be in, as well as how to use oils in order to facilitate birth.³⁴ These women also gained training in taking care of the baby after it was born by freeing its respiratory tract from mucus and, finally, washing and swaddling it.³⁵ This knowledge was all learned from the hands-on training the women received. In many cases, this hands-on learning would have been more significant and useful than receiving a lecture on the process.

An unusual method of learning midwifery practices was through reading handbooks written by other midwives. Most of the women of the peasantry were still illiterate, so only literate women of the nobility would be able to read these handbooks. One noble woman named Catharina van Schrader was a professional midwife who wrote a book in her eighties that was comprised of her most difficult cases during her career.³⁶ Each case described the difficulty during birth, most commonly explaining how the child was stuck or presented itself in a difficult position. In each case Schrader described how she was able to save the mother and how she was able to birth or remove the baby from the birth canal.³⁷ Although most women would go through informal apprenticeships,

³³ Mendelson and Crawford, 319.

³⁴ Donatella Lippi, "Witchcraft, Medicine and Society in Early Modern Europe," *Archives of The History & Philosophy Of Medicine/Archiwum Historii I Filozofii Medycyny* 75, no. 1 (2012): 72.

³⁵ Ibid.

³⁶ Wiesner-Hanks, "Memoirs of the midwife Catharina van Schrader, Netherlands 1734," in *Early Modern Europe 1450-1789* (Cambridge: Cambridge University Press, 2012).

³⁷ Ibid.

some rare cases allowed women to learn about the profession through written works by other literate midwives.

The informal training midwives received from their friends and family was a cause for concern for secular authorities. City councils across Europe enacted regulations to control the training and education women received to become midwives. As Benedek states, “Much of our limited knowledge of midwifery in the 15th and 16th centuries is based on the regulations that were enacted to govern its practice.”³⁸ The type of education and training these women received can almost exclusively be found in official city documents, which regulated how midwifery was conducted in the city. One of these documents is a 1522 ordinance regulating the practice of midwifery in the southern German city of Nuremberg. This ordinance required female midwives of Nuremberg to swear an oath. This oath forced women to follow the regulations put in place in order to continue practicing medicine and keep their title of midwife.

Under the oath, there were six rules that the female midwives were required to follow, though only a few pertained to their training. The first rule states “no midwife should send a maid to a woman having her first child unless she had completed one year of her training program.”³⁹ While this section of the oath not only reveals that midwives were receiving informal apprenticeships from senior midwives, it also reveals that they had a duration outlined for their apprenticeship. The city council set the apprenticeship at one full year, however the midwives requested it to be changed to “only the first quarter year.”⁴⁰ The city council, consisting solely of men, undermined the female midwives’ authority by not taking into consideration their expert opinion. The council chose not to

³⁸ Benedek, 553.

³⁹ Wiesner-Hanks, “Ordinance Regulating Midwives, Germany 1522.”

⁴⁰ Ibid.

entertain the idea of a quarter-year's training because they felt it was too short to let the apprentices (the maids) practice midwifery on their own. Since the senior midwives conducting the training asked for length to be set at a quarter year, their authority should have been respected because they have obtained more knowledge on the practice of midwifery than the city council have.

The fifth rule in the ordinance regulated who was allowed to be a midwife and what channels a senior midwife had to go through to take on an apprentice. By regulating who was allowed to be a midwife, the city council assumed authority over the profession and controlled the way it was governed. The rule states

No midwife is to take on a maid-apprentice without the knowledge of the overseer of midwifery. No maid-apprentice is to be accepted who is married or has her own household, but those that are single or widowed, so that these persons are not called away from their instructors to their private business or housework, and will always be available.⁴¹

The council forbade married women to practice midwifery because they believed a wife's primary role was to first take care of her husband and raise her children. The council allowed single or widowed women to become midwives because they only had to take care of themselves and therefore would not have had more important commitments to tend to. During this time, the church pushed for midwifery to be a charity among women for women, which would contradict the motives of the council because they did not allow all women to participate.⁴² As much as the council wanted to wield control and did not want the women to have agency, they ironically revealed that they considered midwifery to be a valid profession. By stating the midwives needed to be single and to "always be

⁴¹ Ibid.

⁴² Madigan, 314-315.

available,”⁴³ the council undermined the church’s call for charity and instead, wanted to regulate the profession to ensure proficiency.

One main factor in this document is that it discusses an overseer of midwives. Whether this was already a position before the ordinance or a newly created position drastically changed the interpretation that could be taken from it. If this was a position already in place, there would be the likelihood that the most senior midwife held this position, and therefore the profession would have had a female hierarchy controlling the community. However, if the position was created after the instatement of the document, a male would most likely hold this position and undermine the midwives’ authority further by preventing them from governing their own community. Unfortunately, the document does not specify. However, Mendelson and Crawford have discussed the challenges made to female authority. They argue, “controlling birth was too important to be left in female hands.”⁴⁴ Taking this into consideration, the position was most likely created after the release of the ordinance and was held by a male midwife with formal medical knowledge who could oversee the operation. The council also stated that if a midwife was to switch their trainer, they must provide a “justifiable and legitimate cause for leaving that may be proven to the council or to those appointed by it. In such cases, the apprentice will not be forbidden to complete her training years with another sworn midwife.”⁴⁵ Further control placed on the community meant the women were unable to regulate their own profession, having to plea with the council to make any changes.

The city council further asserted their authority over the profession of midwifery in Nuremberg by enacting a law which stated “If any midwives show themselves to be

⁴³ Wiesner-Hanks, “Ordinance Regulating Midwives, Germany 1522.”

⁴⁴ Mendelson and Crawford, 316.

⁴⁵ Wiesner-Hanks, “Ordinance Regulating Midwives, Germany 1522.”

disobedient or disagreeable, the city council will not only remove them from their office, but will also punish them severely, so that all will know to shape up and watch their behaviour.”⁴⁶ The council made sure they were explicit in stating they would be informed when a midwife did not conform to the regulations. As Benedek explains, ordinances like these were created because there was a growing concern for the public health, specifically the high mortality rate for women and their babies.⁴⁷ The council showed that they did not feel the community of midwives were competent at their jobs because they created regulations to ensure the midwives were effective. However, by enforcing these regulations without fully consulting the community of midwives, the council inhibited the female medical community from being able to govern and control their own people without being subordinate to the all-male council.

Secular control was not the only problem midwives faced when practicing medicine. Ecclesiastic authorities asserted their power over the profession of midwifery by devaluing it as a skilled medical profession and instead portraying it as charity, in which women were called to aid each other in the name of God.⁴⁸ In an era that became increasingly dependent on ensuring professionals were approved and licenced, female midwives felt the pressure of obtaining a license to continue their occupation as a midwife. Bishops from the church were almost the sole providers of midwife licenses to women.⁴⁹ However, this was not done out of the belief that women were capable of running their own medical facility, but with the belief that it was a woman’s duty to

⁴⁶ Ibid.

⁴⁷ Benedek, 550.

⁴⁸ Samuel Kline Cohn, *Cultures of Plague: Medical Thinking at the End of the Renaissance* (New York: Oxford University Press, 2010), 228.

⁴⁹ Mendelson and Crawford, 284.

perform these charitable acts in order to conform to the church.⁵⁰ Many women realized they needed approval from the church in order to continue their occupation as a midwife. Women like Carberinerin explicitly stated their work was for charity in order to obtain a licence and continue their practice without ridicule. By admitting, like Carberinerin, that their work was done “out of Christian love and charity,”⁵¹ these women weakened their own professional identity. Consequently, female midwifery was seen more as a charity than an actual profession.

As much as the church helped women continue their occupation by granting them licenses for midwifery, it also consequently disgraced female midwives for performing abortion, which went against beliefs of the church.⁵² One of the Ten Commandments states “thou shall not kill,” which made it easy for the church to paint an image of the female midwife as an ‘unholy murderer.’⁵³ The Roman Catholic Church also enacted a special piece of legislation on 29 October 1588 in Rome by Pope Sixtus V, which deemed that all acts of abortion were homicide and would be punished as such.⁵⁴ Eventually fear spread across Europe, and many midwives faced accusations of witchcraft. As Donatella Lippi explains, midwives, in addition to healers, gained the respect of the people while they also sparked fear in society, since many believed “that knowing how to cure also meant knowing how to kill.”⁵⁵ Midwives possessed the power to bring a baby into the world or to take it out of the world. Even if no abortion was conducted, midwives were still blamed for the death of the child due to the feelings of

⁵⁰ Ibid, 314.

⁵¹ Wiesner-Hanks, “Woman’s petition to be allowed to practice medicine, Germany sixteenth century.”

⁵² John Christopoulos, "Abortion and the Confessional in Counter-Reformation Italy," *Renaissance Quarterly* 65, no. 2 (2012): 477.

⁵³ Ibid, 465.

⁵⁴ Ibid, 465.

⁵⁵ Lippi, 69.

guilt the mother possessed for being unable to birth a healthy baby. Lippi states the parents accused the midwife “of witchcraft or of having killed the baby in order to offer it to the devil.”⁵⁶

With accusations of witchcraft, midwives had to continue to prove themselves as professionals despite being disgraced by the church. As Lippi argues, “[it was] unthinkable to give birth without the help of a ‘wise woman,’ who was an expert in gynecology even though she was suspected of messing around with the devil.”⁵⁷ Even though the deeply religious society feared the immorality of the midwives, having one present during a birth was crucial in guiding the mother through her labour. Accusations of witchcraft and questions of morality were added to the countless issues female midwives had to deal with when carving their own professional path in a male-dominated medical field. Women continued to answer the call for midwives as they passed their knowledge down onto their daughters and young apprentices.

Women in the early modern era faced numerous challenges when pursuing a career in the medical field. Their gender and status in society hindered their attempt to have the occupation of female midwife recognized as a profession. As Mendelson and Crawford state, “[m]idwives attempted to sustain women’s control over their own physiology, but their efforts were undermined by the rise of the man-midwife, part of the general movement towards male medical professionalism.”⁵⁸ Despite having natural knowledge of the female anatomy, female midwives were still subordinate to their male counterparts, due to the rise of all-male universities and formal apprenticeships. Men in the medical field feared the idea of women forming a professional group and resented the

⁵⁶ Ibid, 71.

⁵⁷ Ibid, 70.

⁵⁸ Mendelson and Crawford, 435.

idea of an organized female unit.⁵⁹ Many guilds called for regulations to be enacted in order to subdue the rising female presence in the professional community. With the rise of secular control over midwives, ecclesiastical powers also set out to undermine the authority of female midwives by converting the profession into an act of charity. With secular and ecclesiastic control shaping the perceptions and portrayal of midwifery, midwives needed to persevere in presenting their occupation as a profession and exemplify their knowledge of the female anatomy in order to thrive in the medical field.

⁵⁹ Ibid, 316.

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