

City Midwives in Thorn and Danzig

Hebammeneide and Hebammenordnungen in 17th- and 18th-century Polish Prussia

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Abstract *This study explores the role of city midwives in early modern urban healthcare, examining their professionalization, regulation, and social status in Polish Prussia. It investigates municipal policies governing midwifery, training practices, and the evolving perception of childbirth assistance. By analyzing historical sources, the paper highlights the significance of midwives in shaping maternal care and public health in urban settings in early modern Thorn (Toruń) and Danzig (Gdańsk).*

Introduction

In the broader landscape of the history of reproduction, the exploration of midwifery in early modern Western Europe stands as a well-established research topic, offering rich insights into the practices and regulations surrounding childbirth. However, a notable gap persists in scholarly inquiry when it comes to the Polish-Lithuanian Commonwealth. While much attention has been directed towards the institutionalization of obstetrics and gynecology in the 19th and 20th centuries by Polish researchers,² the discourse surrounding midwifery in the region during the early modern period remains conspicuously unexplored. This gap not only challenges prevailing narratives in

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² Cf. Stawiak-Ososińska, Położnicza, 2019. Stawiak-Ososińska, Kształcenia akuszerek, p. 157–171. Kurkowska, Akuszerka, p. 219–238. Mataniak, Akuszerki rządowe, 2017, p. 162–181. Kolka, Klinika Położniczo-Ginekologiczna, 2001. Kuźma-Markowska, Walka z "babkami", 2017, p. 189–215.

medical history but also perpetuates misconceptions regarding the regulatory frameworks for midwives in the early modern Poland-Lithuania.

The absence of comprehensive studies on midwifery in the Polish-Lithuanian Commonwealth has left a void in understanding of reproductive practices and healthcare dynamics in East-Central Europe. While some attention has been given to printed materials from the 16th and 17th centuries, offering glimpses into pregnancy, childbirth, and maternity care,³ and to medical publishing of the late 18th century, when Polish medical nomenclature started to form,⁴ the daily practices of midwives and the legal regulations governing their profession in back then Poland have remained largely unaddressed. Moreover, the neglect of early modern handwritten records by historians further exacerbates the perpetuation of stereotypes and myths regarding midwifery in these territories. One of them is the recurring opinion that in the Polish-Lithuanian Commonwealth there were no regulatory measures for midwives, which, in turn, were common in the West.⁵

This paper aims to address these research gaps by focusing on the role of city midwives (*Stadt-Hebammen*) in Thorn (present day Toruń) and Danzig (present day Gdańsk) during the late 17th and 18th centuries. By looking into archival records, it aims to shed light on the multifaceted responsibilities of sworn midwives (*vereidigte Hebammen*) and the evolving regulatory frameworks governing their practice. Through a comparative analysis of juridical documents from Thorn and Danzig, it seeks to reveal the nuanced evolutionary trajectory of midwifery in Polish Prussia, highlighting the progress towards formalization and professionalization witnessed in both cities. Furthermore, it aims to contextualize the gendered framework underpinning healthcare provision and (medicalized) policy of reproduction in German-speaking territories of back then Poland, wherein midwives, despite their essential roles

3 Węglorz, *Poradniki medyczne*, in: Justyniarska-Chojak, Konarska-Zimnicka (eds.), *Per mulierem* 2012, p. 412–432. Trzpiot, Stan in: ibid., p. 433–449. Justyniarska-Chojak, Trońska, in: ibid., p. 407–420. Zaborowska, *Pomoc przy porodach*, in: Andrzej Karpiński (ed.), *Wśród córek Eskulapa*, 2009, p. 279–312.

4 Kocela, *Sztuka babienia*, 2020.

5 Cf. Wrześniowska, Bąk, *Historia*, 2012, p. 95. Matuszewska, Zarys historii, 2012, p. 49–50. Waszyński, *Historia położnictwa*, 2000, p. 56–58; Brzeziński (ed.), *Historia medycyny*, 1988, p. 463–464; Łapiński, *Stan położnictwa*, 1976, p. 1597–1599. Adamski, Rozwój położnictwa, in: *Pielęgniarka i Położna* 3/29 (1961), p. 14–15; and 4/29 (1961), p. 17–18.

in maternal and infant care, remained subordinate to male medical practitioners. By exploring the transition from character-based midwifery oaths to ordinances prioritizing medical skills and collaboration with city authorities, it also illuminates broader trends in medicalisation, moralization, and population policy.

The Organisation of Midwifery in the Polish-Lithuanian Commonwealth

In the Polish-Lithuanian Commonwealth, both unlicensed and licensed midwives offered their services to pregnant women. They also provided care and assistance during labor, delivery, and the postpartum period.⁶ Nevertheless, only city-based sworn midwives formed the prominent female occupational group. Consequentially, they continuously straddled the line between the public and the private, being active in the large cities of former Poland. Shortly before the partitions of the late 18th century, the growing number of town councils in the Crown and the Grand Duchy of Lithuania began to draft specific regulations for licensing local midwifery. In the meantime, Polish Prussia, a very unique province of the Polish Crown, moved much more quickly than the other parts of the Commonwealth toward developing a regulated corps of midwives with specified professional duties and competencies.

In handwritten historical records from Polish Prussia, midwives working under oath (*vereidigte Hebammen*) started to appear at least from the second half of the 16th century. The first information about a licensed city midwife in Polish Prussia paid by the municipal authorities comes from the year 1581.⁷ It was likely at that time that a city midwife office (*Stadt-Hebamme*) was established in Danzig, although as early as 1450 of one midwife working at a chamber for pregnant women in St. Elisabeth's hospital is mentioned in the sources.⁸ In Thorn, in turn, sworn city midwives were contracted starting from

6 Kuklo, Badania nad historią kobiet, 2020, p. 26–27. <https://doi.org/10.18778/0208-6050.107.02> (05.06.2025).

7 Pękacka-Falkowska, Arzneibuch, 2022, p. 187–189, 202–204.

8 Szarszewski, Proces medykalizacji, 2007, p. 193.

1601.⁹ Nevertheless, as early as 1600, a plague midwife (*Pest-Hebamme*) was also employed.¹⁰

Over the next two centuries, city councils (*Stadträte*) of both cities put much effort into regulating and overseeing maternity care along with its female providers. Thus, the city councilors issued not only lists of duties for local midwives along with their oaths, but they also worked on comprehensive *Hebammenordnungen*. Such ordinances for city midwives along with their *Eiden* provide researchers with numerous pieces of information about how town councilors, municipal physicians, surgeons, jurymen, etc., fitted the female practitioners into their understanding of gender roles and divisions of labor. Because the city archives of Thorn burnt in 1703, and the medical files of Stadtarchiv Danzig vanished during WWII,¹¹ in this paper I will focus only on legal provisions for city midwives in the two aforementioned towns in the late 17th and 18th centuries.

Midwives' Oaths and Ordinances in Thorn

From the early 17th century onward in Thorn, city midwives as medical practitioners took oaths which first and foremost defined their duties. As civic officials, midwives were also regularly paid for their services. For instance, in 1601, the quarterly wage of the city's midwife (*Stadthebamme*) in Thorn was no less than 20 florins, whereas in 1700 – at least 25 florins. They were also offered free accommodation and the reimbursement of travel expenses.¹² During the late 17th and early 18th centuries, staple food items in Thorn such as bread were priced at 1.5 groschen per loaf, while a serving of meat (for an individual in a local plague hospital) cost 3 groschen.¹³ Given the conversion rate of 1 florin to 30 groschen,¹⁴ it becomes apparent that a city midwife's annual income could sustain her the purchase of approximately 400 loaves of bread or 200 servings of meat. Furthermore, the provision of lodging and the opportunity for additional earnings through private consultations enhanced the socioeconomic

9 Pękacka-Falkowska, *Dyscyplinować i pomagać*, 2013, p. 71.

10 Praetorius, *Thorn*, 1832, p. 391.

11 Pękacka-Falkowska, *Miedzy Gdańskiem a Toruniem*, 2020, p. 118–119.

12 Pękacka-Falkowska, *Dyscyplinować i pomagać*, 2013, p. 75.

13 Pękacka-Falkowska, *Dżuma w Toruniu*, 2019, p. 253.

14 Bär, *Grundbesitz*, Leipzig 1911, p. 91.

status of city midwives, establishing them as relatively affluent members of the commonalty (*pospółstwo*) – a lower stratum of the local middle class.

The oldest known midwife oaths in Thorn date back to the late 17th century.¹⁵ And indeed, before an aspiring midwife could receive a license to practice in Thorn, she had to apply to the city council, take an exam, and swear an oath of office to obey the rules of conduct laid down by the city authorities. These rules at first had little to do with the medical skills of the female practitioner, as they were mostly concerned with her character and intent. For instance, in the 17th century, a midwife in Thorn was first and foremost intended to be pious, honest and decent. She also pledged under oath to faithfully serve both wealthy and impoverished women with godliness and diligence. Her commitment centered on promptly assisting women in childbirth and ensuring their safety, irrespective of their social standing. She also stressed her obligation to handle cases of premarital conception diligently, ensuring neither the mother nor the child suffered neglect. Moreover, the midwife vowed to report such cases to city authorities impartially, demonstrating her dedication to transparency. This commitment extended to the examination of pregnant women suspected of premarital conception or abortion. Furthermore, the midwife promised to uphold these principles steadfastly, seeking divine assistance to maintain her integrity in the face of external pressures.¹⁶

The subsequent, early 18th century midwife's oath from Thorn referred to the character of a female practitioner as a person who should be pious, kind, loyal, hardworking, and sober. Once more, it standardized behaviors of midwives as an agent of moral control, although at the same time, unlike the former document, it also imposed on her the obligation to contact a city physician (or city surgeon) in cases of difficult deliveries. The new list of duties included, among others, the provision that the city midwife 'in serious cases [...] will consult the [...] municipal physician for advice and strive for the utmost discretion in all matters', etc.¹⁷

A significant change in the surveillance of midwives in Thorn took place in the second half of the 18th century. In the late 1750s or early 1760s there were

¹⁵ State Archives in Toruń (shortened as ATP going forward), AmT, Kat. II, I-64, f. 56, 104–106; APT, AmT, Kat. II, I-95a, f. 697–698.

¹⁶ The full German original is to be found here: Pękacka-Falkowska, *Dyscyplinować i pomagać*, 2013 p. 93.

¹⁷ The full German original is to be found here: Pękacka-Falkowska, *Dyscyplinować i pomagać*, 2013 p. 94.

plans to introduce a special *Hebammen-Ordnung* on the lines of the Russian edict *O porjadochnom uchrezhdenii babich'eva dela v pol'zu obshhestva* (On decent establishment of midwifery for the benefit of society), developed by Panajota Condoidi (1710–1760),¹⁸ a doctor of Greek origin and the head of the *Medicinskaja kanceljarija* (Medical Office). On the basis of the decree issued in 1754, the first Russian schools of the 'midwifery profession' were established in Moscow and St. Petersburg.

In Thorn, the person responsible for presenting councilors with the draft of the new midwifery ordinance along with the translation of the Russian decree into German was the city physician Johann Thomas Sömmerring, a graduate of the University of Leiden and a former student of Herman Boerhaave and Bernhard Siegfried Albinus. While presenting the Russian document, he discussed, i.a., the scope and character of training midwives, the language competences required from them and the scope of rights granted to female practitioners after completing their education and taking the oath. Unlike the earlier documents, the project of a new ordinance for the midwives (*Hebammen-Ordnung*) suggested that local female practitioners should be examined not only in terms of their character, but also in terms of their skill. If they lacked skills, they ought to be educated by city surgeons and municipal physicians. Consequently, it indicated the need for official representatives of the profession to acquire rudimentary anatomical and surgical knowledge, especially with regard to the use of simple surgical instruments (e.g., clippers, cups) and medications (mainly analgesics), etc. In fact, some of these recommendations were implemented by Sömmerring, who regularly invited local midwives to the autopsies of still-borns and infants who had died suddenly and unexpectedly. Such autopsies were carried out either by himself or by his collaborators – namely, city surgeons.¹⁹

However, it must be remembered that owing to Sömmerring, only a part of the provisions of *O porjadochnom...* by Condoidi could have been implemented in Thorn, as the decree was developed for the needs of the Russian Empire. Moreover, we do not have enough historical data to assess which articles were actually introduced in Thorn in the late 18th century.

¹⁸ Cf. Heine, *Medicinisch-Historisches*, 1851, p. 61, 130–132. Tsvelev u.a., "O poriadocznom uczriezdenii babczyjewa diela w polzu obozczestwa" (k 250-letiju ukaza pravitelstwujuszcze sienata), "Zurnal akusherstwa i zenskich boleznej" 2004, vol. 53, no. 1, p. 130–133.

¹⁹ Pękacka-Falkowska, *Dyscyplinować i pomagać*, 2013, p. 84–89.

Midwives' Oaths and Ordinances in Danzig

The oldest oath of the midwives (*Hebammeneid*) from Danzig dates back to ca. 1600. This juridical artifact provides insights into the initial responsibilities of sworn midwives in safeguarding maternal and infant health within the largest city of the Polish-Lithuanian Commonwealth. During the late 16th and early 17th centuries in Danzig, female practitioners initially demonstrated a steadfast dedication to the well-being of expectant mothers and their offspring. However, they were also mandated to report any instances of misconduct, including premarital pregnancy, abortion, infanticide, and other related offenses committed by pregnant or delivering women, and young mothers, to the municipal authorities.²⁰

The aforementioned oath was changed on July 22, 1662, one year after the issuance of a new ordinance for city physicians in Danzig.²¹ Under the revised oath, the local city midwives affirmed their readiness to provide immediate assistance to pregnant women, irrespective of the time or circumstances. This commitment extended to offering compassionate and impartial care to all expectant mothers, regardless of their social or economic standing. Additionally, sworn midwives pledged to safeguard against deceptive practices such as the substitution of infants and to prevent any form of harmful abortion. In cases of emergency, they vowed to collaborate closely with religious and medical authorities to ensure the safety and well-being of both mother and child.²²

Comparable to contemporaneous developments in Thorn, where sworn midwives assumed multifaceted roles encompassing moral duties, those in Danzig were likewise entrusted with such vital responsibilities. However, it is noteworthy that despite their pivotal role in maternal and infant care, *vereidigte Hebammen* in both cities remained subject to the authority of male medical practitioners, highlighting the gendered dynamics within the domain of healthcare provision during this period.

20 The full German original is to be found here: Pękacka-Falkowska, Drzewiecki, Projekt porządku akuszerskiego, 2019, p. 64. <https://doi.org/10.4467/12311960MN.19.015.11834> (05.06.2025).

21 Pękacka-Falkowska, Siek, Gdańskia ordynacja, 2020, p. 137–168. <https://doi.org/10.12775/KLIO.2020.064> (05.06.2025); Pękacka-Falkowska, Drzewiecki, Projekt porządku akuszerskiego, 2019, p. 64–65.

22 The full German original is to be found here: Pękacka-Falkowska, Drzewiecki, Projekt porządku akuszerskiego, 2019, p. 64–65.

The next legal regulations concerning the functioning of sworn midwives in Danzig were introduced at the beginning of the 18th century, when, in 1703, the *Medicinal-Ordnung E.E. Rath der Stadt Danzig* was published. This time, the emphasis was placed by the city councilors also on few issues related to the formal education and medical skills of female practitioners. The ordinance repeated the obligation for candidates to be examined by city physicians, which was first underlined in the *Ordnung der Physicorum Ordinariorum bey der Stadt Dantzig* in the 1660s. It also ordered midwives to cooperate with city physicians, city surgeons, and apothecaries and to follow their recommendations and guidelines. They were also to abandon female individual pharmaceutical treatments, etc.²³

Only 70 years later, on March 2, 1781, the city council of Danzig issued a stand-alone *Hebammen-Ordnung* and, for the first time in history, appointed a local *Hebammenmeister*, that is, a physician employed and paid by the municipal authorities to preside over obstetric matters. And indeed, in the late 1770s, on the rising tide of medical enlightenment and numerous changes related to the tasks and goals of the so-called medical police, the Danzig Society of Natural Sciences (*Naturforschende Gesellschaft in Danzig*, NFG), with its director Christian Sendel, made the first attempts to reform local midwifery. In 1779, the city authorities asked the members of the NFG to draft the project of a new ordinance. Due to financial constraints, lengthy discussions on the possible content of the document, and other inconveniences, the draft of the *Hebammen-Ordnung* was presented almost two years later, in March 1781. It pointed to the urgent need to combine the teaching of theory and practice while gaining of hands-on experience. Moreover, these postulates were to be carried out thanks to the establishment of a *Hebammenmeister* office, i.e., a teacher and supervisor for aspiring midwives.

The city authorities accepted the proposed document, and thus the NFG was granted the exclusive right to nominate three candidates for the newly established *Hebammenmeister* office. The physician appointed to this position was

²³ Ibid. p. 62–63.

to receive an annual salary of 400 thalers,²⁴ 3/4 of which was to be transferred to him by the city treasury (*Kammerei*), while 1/4 by the NFG.²⁵

The basic duties of a *Hebammenmeister* were grouped into five categories: training midwives and candidates for the profession (§ 1), assistance in difficult births (§ 2), expertise in the case of stillbirths or the death of a newborn (§ 3), in the winter months, conducting dissections as a part of training process (§ 4), and admitting young women to study (§ 5). Physicians appointed to the office of *Hebammenmeister* were obliged to fulfill these obligations by taking an oath.²⁶ Thus, the authors of the first volume of the journal 'Archiv der medizinischen Polizei und der gemeinnützigen Arzneikunde', were very enthusiastic about the newly created office.²⁷

However, the situation in Danzig was not as optimistic as it might seem. According to the testimony of Franz Christian Brunatti, who returned to his native city in 1796 after an almost seven-year *peregrinatio medica*, the first *Hebammenmeister* in Danzig, doctor Martin Jacob Kubas, was disappointed with his office. The reason was that he was obliged to limit his previous professional activities as a physician in order to focus on his new teaching duties. He was also required to regularly visit poor pregnant women together with his mentees; and was forbidden to accept remuneration from pregnant women and their family members for help in childbirth.

Thus, due to his insufficient salary, he was very reluctant to carry out his duties. Moreover, he also complained about other working conditions. For instance, female students of the *Hebammenmeister* were to be instructed by him in physical examinations and the anatomy of a woman's body. In the latter case, the teacher was obliged to conduct anatomical demonstrations on the bodies of deceased women who had died in local hospitals. However, the basic training cycle lasted six months, and sometimes no women in labor died within

24 In the 1780s, within the city of Danzig, the exchange rate was approximately one thaler to 144 groschen. During this period, common goods held varying price points: for instance, one pound of butter typically cost 15 groschen, while one pound of coffee was priced at 39 groschen. Additionally, a set of 15 eggs could be acquired for 10 groschen. Further details on prices during this time period can be found in Furtak, *Ceny w Gdańsku*, 1937.

25 Brunatti, *Entbindungs-Lehranstalt* 1904, Bd. XI, H. 1/2, p. 41–47.

26 Pękacka-Falkowska, Drzewiecki, *Projekt porządku akuszerskiego*, 2019, p. 57–59.

27 *Kurze Nachrichten* (Nr. 23), *Arzneikunde*, 1783, Bd. 1, p. 351–352.

that time-span.²⁸ Moreover, in 1781 no birthing center (*Gebäranstalt*) was established in Danzig in which the *Hebammenmeister* could have conducted practical classes.²⁹

The list of the duties of local midwives was more extensive than the list of the *Hebammenmeister*'s obligations. It was also published in March 1781. Firstly, the new Danzig instruction tried to regulate the behaviour of female practitioners in relation to the *Hebammenmeister* (§ 1), themselves (§ 2), other midwives (§ 3), and pregnant women, women in labor and those in the postpartum period (§ 4, 5). In addition to the numerous procedures for dealing with difficult births (§ 5), the new document also defined the procedures in cases of the apparent death of a newborn and in situations when surgical intervention was needed (§ 6, 8). It defined the ways for using internal medications (§ 7), caring for the mother and her newborn (§ 9), dealing with the births of so-called monsters, i.e. fetuses with developmental defects (§ 10), participating in classes given by a midwife master (§ 11, 12, 13), and providing emergency baptism to newborns who were in danger of death (§ 14). Another group of provisions referred to the occupational structure of Danzig midwifery, distinguishing between sworn midwives (*geschworene Hebamme*) and the so-called ordinary midwives (*gewöhnliche Hebamme*) (§ 15); they also defined the duties of sworn midwives to their mentees (*Lehrtochter*) (§ 16) and vice-versa (§ 17). The instruction also discussed the entrance requirements for *Lehrtochter*, including the necessity to pay a fee (§ 18), the organization of training, examinations, and obtaining qualification attests (§ 19, 20, 21, 22), the obligation to take an oath after passing the final examination (§ 23), and the need for further education for the next three years after obtaining the patent (§ 24).³⁰

Conclusion

The examination of midwifery in Polish Prussia reveals a complex evolutionary trajectory influenced by intricate interactions among social and medical dy-

²⁸ Yet, women who wanted to become sworn city midwives, had to participate in *Hebammen-Meister* classes for three years or longer. During that time, they were obliged to take exams every year. However, every four years after taking up the city midwife office, they had to repeat a six-month course several times.

²⁹ Pękacka-Falkowska, Drzewiecki, *Projekt porządku akuszerskiego*, 2019, p. 54–55.

³⁰ Pękacka-Falkowska, Drzewiecki, *Projekt porządku akuszerskiego*, 2019, p. 59–62.

namics. A comparative analysis of Thorn and Danzig highlights the emergence of licensed midwives and the gradual establishment of regulatory legislative frameworks governing their practice in both cities.

Notably, Thorn and Danzig demonstrated rapid advancements towards formalizing the midwifery profession during the early modern period, as evidenced by the formulation of specific regulations by their respective city councils to supervise maternal healthcare. In contrast, other major cities within the Polish-Lithuanian Commonwealth experienced delays, with similar processes unfolding only at the turn of the 18th and 19th centuries.

An important aspect illuminated by the cases of Thorn and Danzig is also the gendered framework underpinning healthcare provision, wherein midwives, despite their roles in maternal and infant care, remained subordinate to male medical practitioners, namely municipal physicians and surgeons, reflecting entrenched societal norms regarding gender roles and labor divisions. This phenomenon, however, was not unique to Polish Prussia but characteristic of broader trends across early modern Western Europe.

Furthermore, the evolving regulatory legislative frameworks in Thorn and Danzig mirror broader trends in medicalisation, moralization, and population policy. The transition from character-based midwifery oaths to ordinances prioritizing medical skills, proficiency, and collaboration with municipal physicians and city surgeons indicated a shift towards the professionalization and standardization of midwifery practice. Initiatives such as the establishment of the *Hebammenmeister* office in 18th-century Danzig reflect early efforts by local authorities towards transforming midwifery into profession, albeit accompanied by numerous infrastructural and economic challenges.

It is important to recognize that city midwives in Polish Prussia throughout the entire analysed period also assumed the role of monitoring and enforcing reproductive norms among local women, effectively serving as 'moral officers.' This multifaceted responsibility demonstrates the complex societal expectations placed upon midwives beyond their medical duties as moral experts.

In conclusion, the examination of midwifery in Thorn and Danzig offers numerous insights into the interplay of gender, medicalized reproduction policy, and society within German-speaking regions of the Polish-Lithuanian Commonwealth. Nonetheless, further exploration of archival records and historical documents is essential to fully comprehend the complexities of midwifery practice and its impact on (female) healthcare. Thus, of particular interest are the legal dimensions of midwifery within Danzig, Thorn, and other cities of Polish Prussia, and the broader Polish-Lithuanian Common-

wealth, including midwives' roles as expert witnesses in legal proceedings related to rape, premarital conception, infanticide, and abortion. Additionally, analyzing cases of alleged medical negligence and errors by midwives, as well as discussion their actual position within the contemporary medical hierarchy, warrants scholarly attention.

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