



## Outline of the history of obstetrics until the 20<sup>th</sup> century

### Zarys dziejów położnictwa do XX stulecia<sup>1</sup>

<https://doi.org/10.34766/fetr.v4i52.1098>

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**Abstract:** The profession of midwife is one of the oldest professions in the history of mankind. Its background has been shaped by instinctive human behavior since ancient times, gradually enriching itself thanks to the constant demands of life in a slow process of mastering and observing the surrounding nature. This knowledge was constantly deepened and disseminated more and more widely, giving oral instructions to subsequent generations. It should be emphasized that the first fruits of obstetrics are the midwife–self-taught, who devoted herself to this activity spontaneously. She rushed to the aid of a woman in labor and passed on the experience gained to her successors, often daughters, through demonstrations and oral transmission. It must not be forgotten that these were women with inborn abilities, who, learning in the school of life, through accurate and correct reasoning, achieved extensive experience and proficiency in obstetrics. The aim of this study is to outline the history of the profession, or rather the vocation, of a midwife, from antiquity, through the Middle Ages, to the beginning of the twentieth century of modern time. Today, in civilized countries, children are born in hospitals where they are given special care. However, there are countries where this hospital care is lacking and the help of a female midwife is absolutely indispensable.

**Keywords:** motherhood, midwife, midwifery, midwifery schools, midwifery literature.

**Abstrakt:** Zawód położnej jest jednym z najstarszych zawodów w dziejach ludzkości. Jego techniczna strona kształtowała się na gruncie instynktownych zachowań człowieka od czasów najdawniejszych, wzbogacając się stopniowo dzięki bezustannym wymaganiom życia w powolnym procesie opanowywania i podpatrywania otaczającej przyrody. Wiedzę tę nieustannie pogłębiano i coraz szerzej rozpowszechniano, udzielając ustnych wskazówek kolejnym pokoleniom. Należy podkreślić, że u pierwocin położnictwa stoi właśnie położna – samouk, która oddawała się temu zajęciu samorzutnie. Spieszyła ona z pomocą kobiecie rodzącej i przekazywała zdobyte doświadczenia swoim następczyniom, często córkom, drogą demonstracji i przekazu ustnego. Nie można przy tym zapomnieć, że były to kobiety o wrodzonych zdolnościach, które pobierając naukę w szkole życia, drogą trafnego i poprawnego rozumowania, osiągnęły duże doświadczenie i biegłość położniczą. Celem niniejszego opracowania jest przybliżenie w ogólnym zarysie dzieje zawodu, a raczej powołania, położnej, począwszy od starożytności, poprzez średniowiecze do początku XX stulecia czasów nowożytnych. Dzisiaj w krajach cywilizowanych dzieci przychodzą na świat w szpitalach, gdzie są otoczone szczególną opieką. Istnieją jednak kraje, gdzie brakuje tej opieki szpitalnej i pomoc kobiety-akuszerki jest wprost nieodzowna.

**Słowa kluczowe:** macierzyństwo, akuszerka, położnictwo, szkoły położnicze, literatura położnicza.

## Introduction

In the Book of Genesis, after the original sin of Adam and Eve, we read: “To the woman [Yahweh] said the words: “I will greatly multiply your pain in childbirth. In pain you will bring forth children.” (Genesis 3:16). When giving birth to offspring, a woman-mother needed the help of another person, and that was a midwife, also called an accoucheuse. She not only supported the future mother’s spirits, but also made sure that the birth of the child went without complications. There is a perception that

assistance in childbirth was an activity prior to the treatment itself and that it was provided by women (Caus, 2003).

H. Jordan wrote in 1872 about how beautiful and difficult the profession of midwife is in the introduction to his textbook Science of obstetrics for the use of midwives: “The profession of a midwife is as beautiful as it is difficult. In the midwife’s hands lies the lives of two and sometimes even more people—by diligently performing her duties, she contributes to

<sup>1</sup> Artykuł w języku polskim: <https://www.stowarzyszeniefidesetratio.pl/fer/2022-4-Mandz.pdf>

maintaining the happiness of the family and protects it from misfortune. For a midwife to be worthy of her task, she must possess fine qualities of heart, mind, and body” (Jordan, 1872). Other textbooks emphasized that the midwife’s profession was very difficult, requiring sharpness and presence of mind, good health, sound senses and considerable physical endurance.

In the Catholic Church, midwives were included in the church service, which consisted of: a sacristan and an organist. After picking up the newborn, the midwives often performed water baptism, because the concern for the child’s baptism was deeply rooted in people’s consciousness, and it was deepened by the enormous infant mortality rate. They were under the control of parish priests, who were obliged to teach them and check their ability to baptize newborns if necessary (Mandziuk, 2013).

## **1. Ancient times**

According to the oldest sources, the first medical activity was limited to helping with childbirth. In folk tales, in ancient epics, the role of “superb” and “healers” was played by women. Their knowledge was limited to information obtained from older, experienced women who were engaged in midwifery. The form of transferring obstetric experience had to be the simplest and most likely boiled down to observation and assistance during childbirth, which contributed to gaining own experience. Women of that time gave birth in secluded places, relying only on the forces of nature and help from others (Piotrowski, 1984).

The oldest information on female fertility is provided by the famous Kuhan papyrus, called the “gynecological papyrus”, discovered in 1889 by the British archaeologist Flinders Patri. It dates from about 2,000 years ago. years BC and contains descriptions of women’s diseases, measures for diagnosing and preventing pregnancy, and treatment tips. An important source of information on obstetrics is the Ebers papyrus from the 16th century BC and the Brugsch papyrus from the 14th century BC (Brzeziński, 1988).

We find mentions of the first midwives known by name in the Bible, and they relate to the story related to the birth of Moses, when the Israelites were in Egyptian captivity.

They reproduced despite persecution, and for this reason the pharaoh ordered the midwives, one named Shifra and the other Pua, to kill the male child after giving birth. “But the midwives – we read in the Book of Exodus – however, feared God; they did not do as the king of Egypt had ordered them, but let the boys live. [...] God dealt well with the midwives [...] and because they feared God, he built up families for them (Exodus 1, 17, 20-21). This message shows that ancient midwives were guided by a basic ethical norm: to help a mother and her child, always, regardless of the circumstances.

Much information on the state of obstetric and genecological knowledge in antiquity is provided by the Talmud. Among the causes of miscarriages are the “scare” of the woman and the “south wind”. According to the Talmud, pregnancy lasts 271-273 days, with an eight-month-old fetus considered non-viable. A certain curiosity was the belief of the Talmudists that girls are born face up and boys face down. The obstetrics of the Jews, like the obstetrics of China and Japan, also knew the rotation of the fetus. In the event of his death, the midwives performed procedures enabling him to be extracted from the inside of the woman in labor. In the event of the death of the mother, the belly was cut and the baby was taken out. They also knew how to lead the puerperium. For Jews, this period lasted 40 days after the birth of a boy, and 80 days after the birth of a girl.

An outstanding place in medicine was occupied by obstetrics in ancient Egypt. It rested in the hands of women, headed by one of them as chief. The Egyptians were familiar with complicated childbirth techniques, e.g. some kind of forceps were used by them. They also performed a caesarean section on the dead mother in order to extract a live child. They used boiled water for treatments, which was the beginning of asepsis. Obstetric fisticuffs used by skilful midwives in the event of complications were also known. In practice, birthing chairs were used. It was known that the nourishment of the fetus occurs through the vessels of the mother. Local

recipes for contraception and abortion were in use. The prognosis of the newborn's condition was drawn from the first cry and the position it assumed. Births took place in birthing houses or in temples, in the existing birthing rooms. Later, "birth homes" began to be organized. Childbirth was induced with incenses. The name of the Egyptian doctor is known – the healing, "omnipotent Polidamna" (Brzeziński, 1988).

Ancient Greece was characterized by enormous progress in medicine, especially during the period of activity of the father of medicine, Hippocrates (460-377 BC). His views on the process of conception, childbirth, the formation of sex, the causes of the inability to get pregnant, the causes of miscarriages and women's diseases were included in two works: *On sperm and the nature of the child* and *On women's diseases*. In the writings of Hippocrates, there is also mention of abortion for medical reasons, which was in line with the principle of his oath, stating that "I will not recommend to anyone abortions, unless there is a necessary reason" (Waszyński, 2000). In ancient Greece, women experienced in childbirth assisted in childbirth. Doctors' wives or daughters, called doctors, who also delivered deliveries, probably had a greater range of knowledge. They also gave advice on children's and women's diseases. They also made love potions, and some of them secretly made abortifacients with him. We learn about a midwife named Fainareta, the mother of Socrates, from Plato's writing, partly devoted to this great philosopher. Well, in a conversation with Theaetetus, Socrates talks about his mother and her profession, about the skills of midwives, comparing their work to the work of a philosopher. He said: "have you heard that I [Socrates] am the son of the midwife, the brave and wonderful Baba Fainareta, and that I am engaged in the same art? So my art, by the way, is the same as the art of those women, and differs in that it helps men, not women, to give birth and that it looks after their birthing souls, not their bodies. The excellent philosopher also spoke about the knowledge and skills possessed by midwives. In addition, he believed that these classes, i.e. both philosophy and midwifery, require special preparation, talent and a specific gift, because they are art. "He continued the art of obstetrics in

a conversation—me and my mother were inherited from God—she helped women, and I helped young, brave and beautiful people" (Krońska, 1989).

In ancient Rome, women trained in this profession were engaged in delivering childbirth. Births took place in birthing houses, and a birthing chair was known to be used. The work of Soronas of Ephesus (2nd century) entitled: *A Practical Treatise on Midwifery*, intended for midwives of the time, shows that they had a certain amount of general knowledge and extensive professional knowledge. The author recommended the birthing chair, but was opposed to such obstetric methods as shaking the birthing woman's body. He also wrote a treatise on the care of infants. He praised the physical and mental qualities of midwives, placing the profession of midwife very highly. Hence, it can be concluded that midwives of that time had a certain amount of general knowledge and extensive professional knowledge. They did not limit their activities only to delivery. They also took care of newborns and postpartum women, dressing their wounds. The authors Pliny and Aetius gave in their works the names of women famous in the ancient world who practiced midwifery, such as Aspasia, Olympia of Thebes, Elephantyna, Laisa, Sotira, Elefantyda and Filista (Malinowska, 2007). Very high demands were placed on midwives. They treated women with gynecological diseases. They were advised to keep their morale high. It was their duty to take care of their hands. It was noted that they did not ask for payment. Among the desirable character traits in them was self-control and not succumbing to superstition. Some of them were even forensic experts. However, not all of them enjoyed a good reputation, because some of them were famous for giving women abortion-inducing drugs (Waszyński, 2000).

It should be noted that Galen, one of the most eminent Roman physicians of Greek origin, although he did not perform any autopsies of human corpses, described the physiology of the fetus (Zaręba, 1970) with descriptions of embryotomies.

Let's take another look at obstetrics in other ancient countries. In the ancient Indian culture, the source of knowledge of medicine are the Vedas, the holy books of Hinduism, constituting the entirety of the then knowledge about the world of people and

gods. One of the Vedas Ayur-Weda meant “knowledge of long life”. One should also mention Sushruta, one of the most famous physicians (surgeons) of ancient India, the author of the work entitled: *Sushruta samhita*. He believed that the fetus is nourished by the mother’s blood, and twins are born by sperm division “as a result of air intrusion”. He saw the cause of miscarriages in the shaking of the woman’s body, in the diseases of the mother and fetus. In his work, he gave dietary recommendations during the postpartum period. He recommended feeding a newborn with mother’s milk, also with wet nurse’s milk, as well as goat and cow milk (Sejda, 1977).

In China, a child in labor was placed in a wooden pelvis, and the woman in labor was given painkillers and antispasmodics.

Among the Aztecs, labor was induced with a steam bath or prepared drinks. The midwife uttered war cries, because the woman in labor was compared to a warrior, and the death of a woman giving birth to death on the battlefield. The puerperium was skilfully managed, paying great attention to hygiene to avoid puerperal infections.

In Mesopotamia, women in labor inhaled “copper dust” to speed up labor. Abnormal fetal position was corrected (Brzeziński, 1988).

It can be said that in antiquity assistance in childbirth rested mainly in the hands of midwives. These people were well prepared in practice, while their theoretical knowledge was derived from textbooks, whose authors were mostly medics. Undoubtedly, the activities of midwives enjoyed high social prestige.

## 2. The role of the midwife in the Middle Ages

Compared to the antiquity, the level of obstetric knowledge in the Middle Ages was lower. Only women—midwives, who in Poland were called “dziecioborki” or “poporzeczki”, dealt with childbirth. They were based mainly on their own experiences and simple folk medicine. Witches and superstitions, as well as faith in the intercession of the saints, played a large role in various ailments. For example, it was believed that in the presence of a pregnant woman, one should

not talk about dishes to which the woman had no access. It was feared that she might then feel an insatiable craving for food, which would result in a miscarriage. A pregnant woman was forbidden to eat hare meat, so that the child would not be born timid and had bulging eyes. Births took place in the presence of several women, and the entrance to the room where another member of the community was born was strictly forbidden for men. An exception was made for doctors or clergy if the mother’s life was in danger. The woman was under enormous pressure, because her position in the marriage depended on whether she would produce an offspring.

In the early Middle Ages, a famous physician was Paul of Aegina (635-690), active in Alexandria. He was credited as the first man to practice midwifery. His work entitled *On women’s diseases* has not survived to our times. His second work was a *Treatise on Medicine* in 7 books, containing a collection of all the medical information of that time. In *women’s diseases*, he relied on the well-known authorities of antiquity. Because he did not propagate the obstetric grip on the fetal leg, and at the same time was a great authority for generations, the use of this grip was abandoned for 1000 years. As a result, the number of procedures during which the fetus was damaged has increased. Thus, his theory in this respect had a negative impact on obstetrics at that time (Waszyński, 2000).

Among the Arabs, the development of obstetrics was particularly difficult, because everything that concerned a woman’s sexual life was kept secret. The great authorities of the time: Avicenna, Rhases, Abulcasis introduced the use of a loop to extract a large fetus. Abulcasis was the first to recommend placing the woman in labor with her legs hanging off the bed to facilitate a difficult delivery. He also criticized the induction of miscarriages and premature births in order to avoid difficulties with carrying the fetus to term. Avicenna, based on Hippocrates, described childbed fever (Brzeziński, 1988).

In the 11th century, Ali Abbas, the Persian court physician, reported that in Persia the art of obstetrics was mainly done by women. Physicians only had an advisory role. He noted that births took place in birthing houses (Ullmann, 1978).

In Christian Europe, the world's first medical school was established, based in the south of Italy in Salerno. Its origins date back to the 9th century, and its heyday was in the 11th-13th centuries. In 1231, Emperor Frederick II Hohenstauf decreed that only graduates of the Salernian school who had a relevant document were allowed to practice medicine. In 1280, Charles III of Anjou adopted the school's statutes, making it a general medical school.

With the foundation of the university in Naples, the rank of the school began to decline, and medical schools in Montpellier, Padua and Bologna gradually gained fame. In Salerno, women, called *mulieres salernitanae*, could study medicine on an equal footing with men (Glusiuk, 2020). The graduates of this institution were successful in gynecology, cosmetics, ophthalmology, as well as in the field of skin diseases. The most famous was Trotula de Ruggiero, the 11th-century author of a book on obstetrics entitled: *On the suffering of a woman before, during and after childbirth*. She was also familiar with issues related to the care of newborns and childhood diseases. She was a supporter of a balanced rich diet and light physical activity. In addition, she promoted caring for the cleanliness of the body, especially the hands. The main area of her interests was the care of women during pregnancy and the postpartum period.

In Europe, from the 12th century, church regulations forbade doctors, especially clergymen, from performing bloody procedures. Accordingly, they were also not allowed to attend births. From then on, women working in midwifery had to fend for themselves and were dependent only on themselves and their knowledge (Matuszewska, 2012).

From 1371, there was a law in Paris that required all women working in midwifery to take part in a service in the church of St. Cosmas every first Monday of the month, after which they were obliged to visit the poorest women in need of obstetric assistance.

In the 15th century, midwives gained official status, and the scope of their competence and preparation was defined by a papal edict. They could practice only after obtaining a master's or bachelor's degree. From then on, midwives began to be referred to as "midwives". Under the statutes of various cities (Regensburg 1452; Ulm 1491), midwives had to swear

a special oath that they would fully submit to a given statute. In addition, they had to pass a theoretical exam in front of the city medic. Local authorities also controlled the methods used by midwives. Care was also taken to ensure that the specialist present at the birth did not abuse alcohol and was controlled by a serious woman. In addition, it was noted that midwives should take care of blessed women, regardless of their social status and wealth. In 1483, the issue of a disrespectful attitude towards poor pregnant mothers was raised by Jan Widman from Strasbourg, a German economist and mathematician.

In England, the more enlightened doctors demanded better education and higher wages for midwives. They denounced women who, because of their poverty, "set down" to give births to earn a living. They, having no preparation, characterized by ignorance, were most often the cause of the tragedy of many women giving birth (Łapiński, 1976).

In Poland, the first hospital in which obstetric care was provided was the hospital in Kraków, founded by Bishop Jan Prandota in 1244. However, it did not fulfill the training tasks in the field of obstetrics, but was only a shelter for pregnant women, foundlings and sick women. In the 13th and 14th centuries, more and more shelters of hospital brothers, called "dachaki", were built throughout the country. The women who stayed there helped each other in childbirth. Over time, a midwife from the city began to be brought to the women giving birth there. Unfortunately, the obstetric literature lacks data that would allow to determine how in Poland in the autumn of the Middle Ages "baby" (midwives) took care of a woman in childbirth and a child (Matuszewska, 1997). It should be noted, however, that the first medical book by an unknown author was published in 1423, in which book XII deals with "On childbirth, or how a fetus comes into the world from the mother's womb" (after: Adamski, 1963).

### **3. Obstetrics in modern times**

From the 16th century, the interest in obstetrics and the calling of midwives grew, which was observed in the increasing number of textbooks for

midwives and regulations regulating their work. Such items appeared, among others, in Paris (1560) or in Frankfurt am Main (1573), because the mere dexterity and talents facilitating the practice of the profession at the end of the 16th century were no longer sufficient in the work of midwives. Theoretical knowledge became necessary. However, the lack of reading and writing skills did not allow midwives to use the increasing number of textbooks.

Already at the end of the 16th century, the names of midwives appeared, who gained recognition in the medical community and society thanks to their extensive knowledge and excellent work. One of them was the French woman Louise Bourgeois vel Boursier (1563-1636), who obtained the right to practice in 1598. Thanks to her extensive knowledge and skills, she became the court midwife of Maria de Medici, from whom he delivered six deliveries. In recognition, the Queen granted her the right to wear a red hood and gold chain. In 1609, she published a textbook for midwives in Paris, the subsequent editions of which appeared in 1618, 1626, 1642 and 1674, and in Latin in 1619 (after: Grabowiecka, 1959).

Until the middle of the 17th century, candidates for midwives continued to learn alongside an experienced midwife, and drew theoretical knowledge from textbooks as far as possible. A novelty in the existing regulations was the order for midwives to maintain professional secrecy.

An important event was the organization in Paris in 1640 at the Hotel Dieu hospital of the first school of midwives, intended exclusively for women (after: Dzierzanowski, 1983). In connection with the establishment of the school, a maternity ward was established, which allowed some talented midwives to take a privileged social position. Among them was Margaret de Marche, head of midwives and lecturer in obstetrics, who published in Paris a textbook entitled: *A popular and very easy instruction, in the form of questions and answers, about the essential things that a midwife should know to be able to practice her art* (Pillar, 1955).

The meritorious German midwife Justyna Siegemündi (1630-1705) contributed to the improvement of obstetric knowledge in the 17th century. She was the first in history to describe the

manual removal of the placenta and the complicated fetal turn on the legs, the so-called “The rotation of Siegemündi De la Motte”. As proof of her merits, she was appointed superior of the court of the Brandenburg elector, Frederick William, and then of the Prussian king, Frederick I, in Berlin (after: Grabowiecka, 1957).

An outstanding French midwife in the 18th century was the midwife-pedagogue Angela Małgorzata Le Bursier du Coudray (1722-1769), the author of an obstetric phantom, which she presented to the Academy of Surgery in Paris in 1758. For her teaching activity in the field of obstetrics in the provinces she received.

In 1767, the monarch of France awarded the title: “Mistress of the art of obstetrics throughout France” (after: Grabowiecka, 1958).

Another French midwife worthy of attention was Maria Louise Lachapelle (1769-1821), who at the age of 26 was appointed senior midwife at the Hotel Dieu hospital in Paris and a teacher and demonstrator of obstetrics. In 1816, her work entitled *Remarks on Abnormal Birth Complications* was published in the “Yearbook of Hospital Physicians and Surgeons”, and in 1821 her first volume of obstetrics was published, entitled *Obstetric Practice, or Descriptions and Remarks on the Most Important Points of Art obstetrics* (Malinowska, 2007).

Lachapelle’s most famous successor was Maria Anna Wiktoria Boivin (1773-1841), whose activity was a series of scientific and professional successes, although she died in poverty in Paris of a stroke. In 1826, she received the title of Doctor of Medicine honorary degree from the Faculty of Medicine of the University of Marburg and was a member of several medical societies. She has published many publications, including a work on moles, internal pelvis, and in 1812 in Paris, a textbook of obstetrics for medical students and midwives. It has been translated into several European languages. In addition, she published articles on her own inventions in the newsletters: “De la faculta de Medicine” and “Academie Royale de Medicine de Paris”. Considered one of the most important women in 19th-century medicine, she made German universities more open to admitting women to gynecological surgery classes (Filar, 1955).

More and more schools of midwives and maternity centers in France were called *Hospice de la Maternite*. They provided thorough preparation for future midwives and were a model for other schools emerging in Europe. Following the example of the school in Paris, the School of Midwives and the Midwifery Hospital were established in Strasbourg in 1727.

Midwives were active in England. In 1738, the midwife Elizabeth Blacwell published *Herbarium*, and a year later a midwife's manual written by midwife Sarah Stone was published. The first maternity facility was established in London in 1739.

In the 16th century, there was an increase in interest in obstetrics also in the Polish-Lithuanian Commonwealth, and the proof of this is the increasing number of works on obstetrics, intended for doctors and midwives. Here you can mention e.g. Stefan Falimirz's *Herbarium* (1534), Andrzej Głober's *Science of Maternity and Rescue* from 1541, and the *Herbarium* supplemented by Hieronim Spiczyński (1556). From Falimirz's instructions to the midwives (*babs*) in his *Herbarium*, it follows that some of the women delivering childbirth had to be able to read, because it was his desire that the advice and instructions given would be usefully used by midwives of the time, sometimes called "dochtorki" or "wise women". These names imply that they had a sharp mind and this distinguished them in society (after: Matuszewska, 1997). We know the name of the first Polish midwife from the 16th century, who was the wife of Jan Ull, a councilor from Kraków.

Traces of organized obstetric assistance existed in Gdańsk in the mid-sixteenth century, where in 1568 the position of city midwife was established, paid from city funds. She was not only supposed to provide obstetric assistance, but also acted as an expert witness in court. Before starting work, she took an oath, which contained a precisely defined scope of her duties.

The seventeenth century brings more and more interest in obstetrics and women giving birth. Midwives were noticed, although there was no legal regulation defining this profession yet. The measure of this interest were textbooks published in print at that time. At the beginning of the century, a book by midwife Małgorzata Fuss, written in German and

Polish, was published in Brzeg n. Odra, entitled: *Simple advice for pregnant women and women giving birth also in other weaknesses, especially in the countryside for use*. In 1624, Piotr Ciechowski, the court physician of Sigismund III Vasa, published a manual on obstetrics entitled: *On cases of white pregnant heads*.

The next century also brought new positions in the field of midwifery, which could be used by future midwives. One of them was the book entitled: *The Art of Grandmothering towards the inevitable children in childbirth deprived of the need, and nevertheless for the pleasant benefit of those who give birth, briefly and perfectly collected, by Jakub Kostrzewski*, which appeared in print in 1774. As the author writes, most of the midwives of the time they were honest, modest, sensitive women who realistically assessed their knowledge and skills, although there were also people among them who often overestimated their skills. The obstetric knowledge was also shared by the physician and monk–Bonifater Ludwik Perzyna, publishing in Kalisz in 1798 a short collection of midwifery science, which was very necessary for the obstetric surgeon, as well as for women in childbirth (after: Matusiewicz, 2010).

In Silesia at the beginning of the 18th century, almost every village had its midwife. She was invoked not only at the birth of a child, but also for various ailments. The visitors asked parishes if there were "certain midwives" who knew how to baptize. The woman was chosen by the parish community headed by the village head, and the election was confirmed by the parish priest. The selected person, after receiving the baptism instruction, swore an oath that he would bring help at every call, not only to the wealthy, but also to the poorest families. Sometimes the choice fell on people interested in herbal medicine, and even healers, which aroused the vigilance and fears of the inspectors. Thus, the midwife was a kind of church person (after: Mandziuk, 2011).

In the eighteenth century, midwives continued to conduct childbirth in the mother's home. It was a time when medics began to show more and more interest in obstetrics. They published textbooks, brochures, dissertations and articles, which were a significant source of knowledge for midwives of the

time. Surgeons began to deal with obstetrics more and more often, with whom midwives undertook cooperation. Over time, surgeons were replaced by obstetricians (Matuszewska, 1997).

Midwifery training flourished throughout Europe during the Age of Enlightenment. Schools of midwives were established, e.g. in London (1724), Vienna (1748), Göttingen (1751), Berlin (1751), St. Petersburg and Moscow (1757). At the request of 40 Parisian midwives, in 1747, lectures on anatomy were conducted at the school of midwives, led by well-known professors of the Sorbonne—Jan Astruc (1664-1766) and Józef Exupere Bertin (1712-1781). In the 1730s, the positions of “master midwives” began to be appointed, entrusting them with, among others, management of midwifery schools. In most countries, these schools have been extended to two years.

As in all of Europe, schools of midwives began to be established in Poland as well. In 1773, Empress Maria Teresa established the Collegium Medicum in Lviv with a school for pharmacists, surgeons and midwives. In Grodno, in 1775, thanks to Jan Emanuel Gilbert, a school for midwives was established at the Royal Medical School with a house for women in childbirth. After the reform, Fr. Hugo Kollątaj of the Jagiellonian University, in 1780 the Department and Clinic of Obstetrics was established, under whose wings the training of midwives began in Krakow. Another so-called The “grandmother’s school” was founded in Siemiatycze in 1783 by Anna Jabłonowska, voivode of Braclaw, where the education lasted four months. The school probably existed until the establishment of a school in Białystok in 1804/1805. Despite the difficulties, the Białystok school survived until 1837. Midwifery, whose science was then combined with barbershop, was taught from 1781 also in Vilnius and Poznań, where the beginning of education dates back to 1799 (Dzierzhanowski, 1983).

In the 19th century, an increasing number of doctors demanded that midwives be deprived of the right to practice midwifery and entrust women giving birth only to medical care. However, this case has not been settled. Midwives continued to deliver deliveries, and doctors were called in for difficult and complicated deliveries.

In the Polish territories after the partitions, despite the difficult situation, at the beginning of the 19th century, new schools appeared, educating midwives. In 1808, a school for midwives was established in Krzemieniec under the name of the Institute of Midwives and Rural Surgeons. Its founder was Tadeusz Czacki, author of a number of economic reform projects, co-founder of the Society of Friends of Science in Poland. In August 1802, the “babienia” school in Warsaw began its activity, which was located at ul. Marszałkowska in a building belonging to the buildings of the hospital. Baby Jesus. After the establishment of the Faculty of Medicine at the University of Warsaw in 1817, this school was incorporated into it under the name of the Acoustic Clinic (after: Bień, 1985). On January 9, 1840, the Administrative Council of the Kingdom of Poland issued an act for the Institute of Obstetrics in Warsaw, which expanded the training of midwives and extended it from one to two years. Following the example of other European countries, regulations and regulations defining the rights and duties of midwives were published in the 19th century. A city midwife position was also introduced. In the mid-nineteenth century, in Galicia, attempts were made to launch midwife schools at hospitals in Rzeszów and Stanisławów, which would educate “country grandmothers”. Unfortunately, this case ended in a fiasco, probably due to the lack of staff and appropriate conditions for education (after: Urbanek, 2004).

From the 19th-century Polish obstetrics textbooks appeared: Learning the art of obstetrics for women in 1818, by Mikołaj Mianowski, professor of the Obstetrics Clinic of the Faculty of Medicine of the Vilnius University, A collection of all information needed by a midwife, published in Warsaw and written by Dr Ignacy Fijałkowski, and Obstetrics for use midwives of Henryk Jordan from 1872 (after: Marek, 2004).

In the 19th century, most European countries already had regulations and regulations precisely defining the rights and duties of midwives. Along with the regulations, the position of city midwife was introduced in large cities, whose task was, among others, to deliver 8 to 10 births per year to poor women, report each birth of a child using it to the parish office or other office where birth records of children were kept.



At the beginning of the 20th century, the overwhelming number of midwives in Europe and North America had diplomas of completing midwifery schools. The number of hospitals and maternity

wards where only certified midwives were employed also increased. Things were different in third world countries.

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