The midwife, the priest, and the physician: 
the subjugation of midwives in the Low Countries 
at the end of the Middle Ages 

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Introduction

Among the cultural changes that mark the later Middle Ages was the 
beginning of a decline in the art of midwifery. Medieval midwives 
earned the reputation of being backward, superstitious, and dangerous; 
their activities were increasingly restricted by law; and their office was 
eventually supplanted in large measure by male physicians. Scholarly 
literature dealing with the history of childbirth does not generally 
analyze this decline, but refers merely to the ignorance and primitive-
ness of the "matrons" prior to the end of the ancien régime. In contrast 
to the midwives and their old wives' remedies, their supposed lack of 
hygiene, and their superstitions, physicians are presented as the leading 
representatives of scientific knowledge. The emergence of this new 
breed of competent man is celebrated for putting an end to the repre-
hensible medieval practice of abandoning women in childbirth to the 
tender mercies of ignorant, if not sadistic "witch doctors." As Pierre 
Darmon writes: "French obstetricians had above all the great merit of 
fighting to eliminate the superstitious, barbarous practices that were 
weighing down midwifery. From that fight they came naturally to a 
denunciation of midwives' ignorance, sparking off a bitter dispute 
where historical, philosophical, moral, and theological arguments oc-

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1. See in this connection Pierre Darmon, Le mythe de la procréation à l'âge baroque 
in "Sages-femmes et accoucheurs: l'obstétrique populaire aux XVIIe et XVIIIe siècles," 
naissance dans l'Occident moderne, XVIIe-XIXe siècles (Paris: Fayard, 1984). The best 
review essay about the literature on midwifery is Monica Green, "Women's Medical 
Practice and Health in Medieval Europe," Signs: Journal of Women in Culture and 
cupy an important place alongside purely academic considerations. Contemporary scholarly literature is, in fact, adopting a position current in the Enlightenment and summarized by Jacques Gélis as follows: "The obstetrician is on the side of science and ranged against the obscurantism of the midwives." In 1778, the *Encyclopédie* succinctly noted: "A surgeon is better at attending birth than a midwife."

It would appear that the historians who emphasize the low level of knowledge and practice of medieval midwives are merely projecting the reality of the seventeenth to the nineteenth centuries onto the medieval past. Thus Thomas Forbes, without furnishing any decisive proof, states that "the profession of midwife was in general a lowly one during the fifteenth, sixteenth, and part of the seventeenth centuries... The midwife, particularly in rural areas, was often ignorant and superstitious." This view of the subject has rarely been reexamined. Keith Thomas, author of the famous *Religion and the Decline of Magic*, speaks of midwives with the same disdain. He notes with regret that in the period of the ancien régime, only the wealthiest people could afford to have physicians attend their wives during childbirth. Among the less fortunate, doctors of medicine only intervened in cases of extreme emergency. In his opinion, "there was no shortage of midwives, licensed and unlicensed, but their qualifications were rudimentary." To support this judgment, Thomas quotes the testimony of a midwife who in 1687 maintained that two-thirds of the instances of abortion, infant mortality, and childbed fever were due to the lack of care and the mediocre training of her colleagues. He also quotes the story of a pregnant woman, the wife of a pharmacist from Newark. She was so frightened of midwives that she had her husband promise to shut her in and not permit anyone to enter her room until the completion of her delivery. It is interesting to note that Keith Thomas, whose book treats of traditional and irrational attitudes, beliefs, and superstitions, should himself have adopted such a one-sided opinion, based upon the prejudices of the past.


The time is ripe for a reexamination of the decline in midwifery, to better understand how medieval midwives earned their poor reputation and to judge the extent to which this reputation was justified. The Low Countries, particularly the regions of Flanders and Brabant, offer a particularly well-documented area for such research. We shall try to show that it is unsound and unjustified to cast back late ancien régime judgments onto the midwives of the medieval era. There was indeed a progressive decline in the art of midwifery beginning in the late medieval period. It stems, however, not from the alleged primitiveness of midwives, but from the deliberate action of church and state. This allegation of primitiveness, which has been repeated so often as to become a commonplace, must be revised in the light of the reality that prevailed in the medieval Low Countries.

First of all, the alleged connection between the mediocrity of midwives and the death of women in childbirth must be examined more carefully. The French historian Mireille Laget points out that women died in childbirth as frequently on the eve of the Revolution as under Louis XIV. Her research has proven that the rate of female mortality in and after childbirth changed very little until the end of the nineteenth century, or even later. It did not actually begin to decline until new practices of antiseptic cleanliness were adopted. It is thus only at the time of Louis Pasteur that we find the first discernable decline in the number of deaths, and in fact it was not until the end of the Second World War that the art of medicine dispensed adequate means to fight effectively against infections. Only then did death in childbirth become exceptional. Thus it is hardly rational to attribute a high rate of death in childbirth during the Middle Ages and the early modern period to the deficiencies of midwives, for the entire field of medicine shared in these deficiencies.

The Canadian historian Edward Shorter deserves much credit for examining the question in scientific terms in *A History of Women's Bodies*. In this work he deals with the role, status, and knowledge of midwives from the Middle Ages to the present, noting: "The question whether they were better or worse than the typical male doctor resolves
little, because with the exception of several celebrated individuals, doctors then did not do deliveries. But if it turns out that the midwives fell far short of the knowledge they might be expected to have had, we—two hundred years hindsight—may find them wanting.” However, while acknowledging that urban midwives before 1800 were highly qualified, Shorter attributes their competence to their training and the controls to which they were subject. He regards the growing intervention of the authorities and physicians as an inherently positive phenomenon, regardless of what might have been the midwives’ level of knowledge and skill in earlier times. In his view, the regulations of the fifteenth and sixteenth centuries, the controls of the seventeenth century, and the establishment of midwifery schools in the eighteenth century contributed to the emergence of a new generation of well-trained and competent midwives in the urban milieu.

We do not believe, as Shorter does, that in the Middle Ages and the early modern period, the abilities of midwives in rural areas were so inferior that “they did things the way they had always been done, and without necessarily understanding why,” that their knowledge of anatomy was nil, that “they corresponded more closely to the caricature of the murderous crones that has come down to us in medical literature.” We wish to correct these assertions on the basis of the Flemish example. We can assert that the medieval midwife in Flanders and Brabant had better practical knowledge and skills than the physicians of the time, well before any external control was exercised over her from the fifteenth and sixteenth centuries onwards. In contrast to Shorter, we believe that the role of such factors as town authorities, the church, or the medical profession was not a positive one. In our view, these factors combined to reduce midwives to mere medical auxiliaries, indeed transforming them into the ignorant “matrons” of the seventeenth and eighteenth centuries. This process began in Flanders and Brabant as early as the fifteenth century.

8. Ibid., 36–39.
9. It should be recalled that Shorter centers his research on the modern epoch, not on the Middle Ages, and that he bases it on work confined to certain European regions. His documentation is particularly good for France, Germany, and England.

I. The Monopoly of Midwives in Obstetrical Practice and Care in Flanders and Brabant until the Fifteenth Century

Initially, the only obstetrical techniques in existence were those practiced by midwives: physicians almost never approached women, and their knowledge remained purely theoretical. Whereas historians generally agree with Beryl Rowland that throughout the Middle Ages “women’s health was women’s business,” they offer differing termini ad quern for the breaking of this female quasi-monopoly. Yvonne Kniebiehl and Catherine Fouquet note that “men were kept aloof from childbirth,” and that this did not change until the sixteenth century. The Belgian historian Anna Delva likewise stresses that until around 1550, all aspects of medicine for women were in the hands of women. Other researchers locate the “rupture of this female monopoly” in the Christian West in the seventeenth century. The au-

11. Beryl Rowland, *Medieval Woman’s Guide to Health: The First English Gynecological Handbook* (Kent: Kent State University Press, 1981), xv. We are aware of the fact that this is precisely the “commonplace” that Monica Green proposes to challenge in “Women’s Medical Practice.” However, as we shall try to show, if the sources indeed reveal a male interest in women’s health it is a rather new one, wishing to challenge the existing supremacy of the female practitioners, which they cannot but acknowledge. Similarly, criticizing the midwives’ art allows their monopoly to be an established fact.
13. Anna Delva, *Pratique des soins pendant les maternités* (Bruges: Genootschap voor Geschiedenis, 1981), 205. Mireille Laget has noted a similar evolution regarding France in the late eighteenth century. In her view, the 1780s mark a turning point in the subject of childbirth. In those years, having a surgeon attend a birth became identified with progress and certainty (Naissances, 203).
14. As, for example, Pierre Darnon, who wrote: “Dans l’Occident chrétien, les sages-femmes assuraient la pratique exclusive des accouchements jusqu’à la fin du XVIIème siècle” (Le mythe de la procréation, 183); also Jacques Gélys, Mireille Laget, and Marie-France Morel, *Enfant dans la vie: Naissances et enfants dans la France traditionnelle* (Paris: Gallimard, 1998), 86–88; Shorter, *A History of Women’s Bodies*, 36–40. Paul Diepgen in his *Frauen und Frauenbildende in der Kultur des Mittelalters* (Stuttgart: G. Thieme, 1965), 24–25, asserts that physicians never performed vaginal examinations, using midwives for this purpose. Despite Monica Green’s assertions, the research seeking to prove that male practitioners were involved during the Middle Ages in the care of women’s reproductive health is not yet conclusive. As the author points out herself, social convention is one of the reasons for this sexual division of labor. Nevertheless, we are convinced by Green’s argument that even before men entered this field, “male practitioners were interested in the care of women’s reproduc-
thors of *Entrer dans la vie* consider that it was from the eighteenth century onwards that physicians waged their campaign to impose themselves on women in childbirth. Whatever date one may choose, it was thus very late that physicians intervened.

Society’s reluctance to let men deal with women is largely bound up with the taboos surrounding the “secret” parts of their bodies. In this connection the Belgian historian Louis Théo Maes records a case from the fifteenth century: “One Henne Vanden Damme, for having hid behind a staircase to eavesdrop upon his wife, she being in labour of childbirth, which thing doth not befit a man, for the said eavesdropping was fined 15 livres.” Maes concludes that “the act of spying on a woman during the birth of her child was regarded as an infringement of morals.”

Thus, until a late period, physicians had no practical experience of women’s bodies, and in fact intervened during childbirth only in cases of severe complications. There are many cases where their appearance at a birth “aroused the most dreadful apprehensions in the woman.”

We find illustrations of this female monopoly in various sources. For instance, in medieval depictions of births we see women busy around the bed of the woman in labor—midwives, women helping them, members of the family, friends, neighbors. Birth initially constitutes a ground where women, mistresses of a monopoly founded on experience, exercise their powers without the competition or intervention of men. Many paintings and altar screens convey the same meaning: they show the midwife, often portrayed in the act of setting out the instruments of her profession, the symbols of her qualifications—scissors, linens, a tray which she places in a box or wraps in a large

tive health,” if only for economic reasons. See Green, “Women’s Medical Practice,” 457.


20. Isaac de Meyer, *Recherches sur la pratique de l’art des accouchements à Bruges depuis le XIVème siècle jusqu’à nos jours* (Bruges: F. de Pachtere, 1843), 9–10. In Ghent in 1449, the aldermen asked two midwives to examine a newborn infant found in the Memmenrech, to establish clinical death; Delva, *Vrouwenogengekomen*, 99. Further examples from Delva: in 1455 and in 1456 two midwives were asked to examine a little girl who claimed to have been raped; they each received compensation of four sous de gros. In 1466, four midwives were called upon to examine a woman from Mechelen. Merry E. Wiesner has likewise found numerous mentions of midwives in the city council records (*Ratsbücher*) of Nuremberg. The council called in midwives to give opinions in cases of infanticide, suspected abortions, and examinations of female prisoners claiming they were pregnant (“Early Modern Midwifery,” 94–113).
mony regarding baptism and "other secret matters to which midwives alone have access," since "they alone can penetrate the most secret parts of family life." Ecclesiastical courts also called upon midwives to test virginity in annulment actions, for example, or in cases of impotence. Not only do municipal accounts show that the towns paid the midwives well, the archives also make it clear that they sought to facilitate their work. Thus, according to the Ghent Ordinance of October 1337, the oldest text thus far uncovered from that town mentioning midwives, "Only night watchmen, midwives, surgeons, and priests have permission to be in the streets after the last night bell"—i.e. after the curfew.

Flemish obstetrical literature seems to indirectly corroborate the view that physical examinations of women were generally made by women, and that only midwives practiced the art of delivering babies.22

23. Alexandre Faubert, Les médecins et les chirurgien de Flamande avant 1789 (Lille: Danel, 1863), 112.
24. On the legal practice, see Napoléon De Pauw, De voorgeboden der stad Gent (Ghent: C. Amoort-Bracken, 1885), 6-10. From the criminal records of towns, it would seem that midwives were, as working women, exposed more than any other profession to night attacks. See, for instance, the case of 16 October 1438, Archives de la ville de Bruxelles, cartulaire no. XVI.
25. We are aware of the fact that most medieval obstetrical/gynecological literature presents serious problems of authorship and audience, as Monica Green has stressed in "Women's Medical Practice." In any event, an analysis of these texts points to the fact that these treatises were aimed—infer alia—at the midwives, and indeed recognize the originality of the treatises written in Flemish or translated into that language from the fourteenth century onwards must be stressed. In contrast to contemporary works written in Latin, or in other vernacular languages such as French, English, or German, the Flemish texts, even when they are presented as translations of manuals known all over Europe, generally incorporate a number of different, unknown practical details based on experience. It thus seems that in the Low Countries in the late Middle

Thus, in Der Vrouwen Heimelieckheyt, before describing various difficult deliveries, the author addresses the midwife: "And if you want, midwife, not to make any mistake, / Listen carefully, I shall teach you without waiting, / to be a midwife, exactly like you read and write." The speaker offers his advice directly to the midwives: "You, the midwife, listen carefully about what to do in this situation," or "Put your hand into the woman's uterus." The Flemish translation of the German obstetric manual Der swangern Frauen und Hebammen Rosegarten by Eucharius Roeslin, which was used until the mid-eighteenth century, proposes to overcome the ignorance of "unlearned midwives" ("ongheelereden vro-wvrouwen"). The Flemish version, entitled Den roosengerbaert van de bevruchtte vrouwen, is filled with very direct advice: "And when the moment comes, the midwife must raise the sheet," "The midwife will sit before the woman," "The midwife will move the organ," and so on.26

Apart from transmitted not only empirical information, but also theoretical knowledge, transmitted in a major body of Flemish gynecological and obstetric works. Since some of the authors of these works were indisputably men, it could be suggested here that what was incorporated in their works information drawn from practical experience mostly gained by female midwives. Moreover, it could be suggested that the midwives were the active transmitters of this knowledge, through their daily practice and their cooperation with the male authors of these works. Two of these Flemish versions, both rhymed, date from the fourteenth century. The Secreta Mulierum et Virorum, a treatise written around 1250 and attributed to Albertus Magnus, appeared in many translations and adaptations in Latin and various vernacular languages. Among them was Der mannen ende vrooren beimeelheyt, meaning The Secret of Men and Women (Ghent, Bibliothèque Royale Albert Ier, Ms. no. 15). The anonymous author, freely adapting the work of the pseudo-Albertus, created an essentially medical text (see Napoléon De Pauw, ed., Der mannen en vrouwen heimelichheyt, Middelnederlandsche gedichten en fragmenten, vol. 1 (Ghent: 1893-97), 111-90. Another adaptation, called Der vrooren beimeelheyt (The Secret of Women) (Ghent, Bibliothèque de l'Université de Gand, Ms. 440), is more interesting. The author combines theories known and taught in medical schools over the centuries with other details much closer to the daily practice of obstetrics and gynecology. He addresses the midwives directly, giving them generous advice (see Ph. Blommaert, ed., Der Vrouwen Heimelieckheyt (Ghent: C. Amoort-Bracken, 1861).

15. Der vrooren beimeelheyt, ll. 98-109, 119-40. Similarly, Der mannen en vrooren beimeelheyt exhibits considerable empirical knowledge: it is more a collection of pharmaceutical and therapeutic prescriptions than a treatise of pure gynecology. It contains, for instance, the following description of vaginal palpation: "And when the fourth day has come, you may open her, and having poured cold water on, put two fingers into her secret place" (ll. 1561-65).

16. Roeslin's book is thought to have been printed in Strasbourg by Martinus Flach junior in 1523. The Flemish public seems to have been eager for this type of literature: the Flemish translation by Thomas van der Noot, Den roosengerbaert van de bevruchtte vrouwen, was printed in Brussels by the translator in 1536, only three years later. It
Likewise, a Flemish version of the Liber Trotula, different from numerous other scholarly Latin and vernacular versions, speaks directly to midwives: “Ask all the women who read or hear this. . .” 27 The Flemish Liber Trotula refers once more to the supremacy of the female practitioner when it explicitly deplores the ignorance of physicians with university degrees, who do not perform the necessary examinations and consequently reach faulty diagnoses. It tells how Trotula was called to examine a girl complaining of a swollen womb: “And the physicians said that it was ruptured, and Trotula, who doubted this, had the girl brought to her, and she palpated and auscultated her was so successful that it was reprinted frequently for more than two centuries. For the quotations see fol. viii.”


Since the Flemish translation is principally addressed to the practitioner who will be caring for women patients, an audience of midwives is likely, even if the book is not addressed solely to them. There certainly is some possibility that the book is also directed to women in general; their help to the midwife was essential during childbirth. Here again, the author seems to be adding personal, practical knowledge or direct therapeutic experience which could come from midwives practicing in a northern community. For instance, in the same period, more learned treatises give as average ages of menarche and menopause only theoretical ages: from nine to twenty-five for menarche and from thirty-five to sixty for menopause. The Flemish Liber Trotula adds to these figures what seems to us more practical information reflecting the reality of a geographical area where somewhat late physiological maturation prevailed (sixteen and forty are the ages also mentioned). Anna Delva has published this text in Vrouwengeneeskunde. Delva believes that the Liber was translated into Flemish by a midwife around 146666 (pp. 47–55, 99, 160, 178).

In her edition of a fifteenth-century Middle English work on practical medicine, Beryl Rowland stresses likewise that “women were the sole obstetricians” and that “the debt to the experience of women, whether such material was originally recorded orally or written down, is obvious throughout the work” (Medieval Woman’s Guide to Health, xx–xxi). M. R. Hallard has transcribed another version of this text: The Sekonesse of seywnen: A Middle English Treatise on Diseases of Women, Scriptra: Medieval and Renaissance Texts and Studies, vol. 8 (Brussels: Omirel, UFSAL, 1987), 26–77.

There is a Flemish translation and adaptation of the Liber physionomiae by Michael Scot, which was written for the emperor Frederick II around 1220. Although the original contained three parts, the translator rendered only the first two. Der zwereen nattere ende complextie (Utrecht: Jan Bernsz., 1538; facs. ed. Sint-Niklasm: L. Braekman, 1980).

What were the causes of the condemnation of midwifery and of the confession by men, towards the end of the Middle Ages, of the midwives’ formerly exclusive skills and powers? If, as Knobehler and Fouquet assert, “the history of obstetrics can be told as one of conquest, the conquest of women by men,” 29 then we may ask what were the circumstances and the weapons of that conquest, in which practice and knowledge played only a secondary part? Or again, how did this ideological struggle between an elite and a popular power unfold?

Starting from the premise that the practice of knowledge, specifically medical knowledge, depends largely on the conditions for exercising it, we looked at the status of midwives between the fourteenth and seventeenth centuries in several towns in Flanders and Brabant—Bruges, Ghent, Mechelen, and Brussels—dealing solely with urban midwives (the sources are silent regarding rural ones). 30 On the basis


29. La femme et les médecins, 177.

30. Ghent and Bruges are located today in Flanders, whereas Mechelen and Brussels are part of Brabant (Belgium).
of the texts governing midwives' practice and the legal conditions for their work, we find a definite evolution in the attitudes of lay and ecclesiastical authorities toward them.

II. From Independence to Bureaucratization

The beginning of the fifteenth century witnessed a change in the attitude of the urban authorities toward the midwives. The stage of complete freedom and of women's recourse to midwives as independent specialists shifted to one of control over the profession. Towns promulgated laws aimed at regulating the profession and incorporating midwives within official structures: in other words, at making them functionaries. In principle, the aim was to prevent the delivery of an infant by unqualified people or charlatans. In fact, the cities sought to assume control over the appointment of midwives and over their practices. At the same time physicians began, at the request of towns and the church, to take part in the selection of midwives. This appears paradoxical, since physicians were still foreign to midwifery and were known to have no experience in the field.

To the best of our knowledge, Brussels was in 1424 the first town in Europe to enact detailed regulations regarding the functions of midwives. Both Forbes and Shorter seem ignorant of this fact: the former claims the first regulation of this kind is the Hebammenordnung of Regensburg in 1452, and the latter states that "the first ordinance of this nature on which I am aware is Zurich's in 1554, assigning doctors to reach midwives." We shall consider here only the Brussels ordinance of 1424, though similar measures were enacted in Bruges in 1509 and in Mechelen in 1536.

In the Brussels text, an appointment procedure is set up which introduces both the ecclesiastical authority and the medical profession. The priest of the church of St. Gudula and the chief physician of the town, a paid official, were to nominate five "chief midwives" from among the local midwives. These appointments of chief midwife were for life. The text provides for their replacement upon resignation or death. These women in turn were to choose candidates for the profession of midwife and present them to the priest and to the chief physician. In consequence, no midwife could be admitted to the profession without the agreement of the following authorities: the priest of St. Gudula, the chief physician of Brussels, and the five chief midwives.

In order to follow the evolution of the authorities' attitudes, it is essential to examine the oath of office required of the midwife. Here again, the oldest version is that of Brussels (1424), and it seems to be the prototype of those used in other towns in Brabant or Flanders:

The Brussels "Placard" deplores the abuses and dangers facing women in childbirth, speaking of "numerous horrible things and numberless dangers surrounding women in labor." Some mothers die in labor with their offspring, others are disabled for life. The fetus is sometimes so mishandled that the child is no longer viable at birth. Concern for the mother's and child's well-being seems to be the enactment's primary consideration, but even at that early date, the text is concerned with the ability of midwives to correctly administer baptism. The "Placard" mentions the death of infants at birth, saying: "It sometimes happens that the tender fruit is so mistreated that it cannot be born alive. And sometimes it dies without baptism. And sometimes certain midwives are so coarse and simple that they do not know how to baptize the fruit according to the law and regulations of the Holy Church."

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script. Brussels, Archives de la ville de Bruxelles, III, chap. LVI, "De obstetricibus, medicis et cururgicis," fol. ccclxxix-ccceix. The same law is found in the cartulary "Roodstatuette boek metten taezen," Brussels, Archives de la ville de Bruxelles, fols. 107-108. Similar measures are found in the 1509 ordinance of Bruges in Bruges, Stadsarchief, Hallegeboden, first register, fol. cccl; as well as in that of the city of Mechelen: Stadsarchief Mechelen, Ordonnances des Magistrats, register VIII, fol. 133. It has been printed in J. B. Christiaen, Placaten ende Oordmmencien van de Hertogen van Brabant, 11 vols. (Antwerp, 1698-1777), 2:263-65.

34. For the original text see Appendix 1; see also "Roodstatuette boek metten taezen," fols. 107-108.
35. For the original text see Appendix 1; see also "Roodstatuette boek metten taezen."
I, (name), believe and swear that from the present time on, I shall fulfill and exercise the profession of midwife. And that I shall be ready and willing to help any woman who needs it. And that, when I am sent for, I shall not refuse my services to anyone. And that I shall stay with the woman to whom I have first been called as long as it shall be necessary. I shall observe all these commitments, and shall not betray them, neither because of hatred nor need, neither for family ties nor for those of friendship, or to receive any benefit whatsoever, nor even for fear of death. So help me God and all his saints.36

It will be noted that the text is concerned primarily with moral considerations. This is a fine example of municipal social and economic policy aimed at the welfare of the citizens.37 It should be further noted that the 1424 ordinance contained two elements essential to all official statutes: 1) heavy penalties—six Rhenish guilders—for anyone usurping the title and office of municipal midwife; 2) an official salary insuring the midwife's relative material independence.

The Brussels "Placard" is a crucial document, for it already indicates a certain suspicion of midwives that hints at the main accusations later to be brought against them regarding their practices at childbirth and, no less significantly, the administration of baptism. In fact, all the protagonists of the drama that was to develop were already in place: the midwives, the only ones actually capable of assessing the qualifications of candidates for the post of midwife; the town officials, trying to secure the best medical care for the mother and child during childbirth; the church (through the intermediary of the priest of St. Gudula), involving itself in the admission procedure in order to control baptisms; and the medical profession, on the examining board for entry.

In appearance, the system set up by this first ordinance remained unchanged, but there would be a fundamental, though gradual and subtle shift in the weight of each of the members of the midwives' admissions committee. As the power of experience (the midwives) was opposed to the power of control (town/state, church, physicians), the influence of the latter was to grow uneasily. The municipal authorities who initiated this control were soon to be superseded in this process by the two previously minor and relatively passive agents; the church was to arrogate almost the entirety of the appointment procedure to itself on the basis of religious criteria, and the doctors were to aid this conquest through their own domination of the field of female medicine.

The accumulation of power by the church and doctors was nevertheless to be very gradual. Bruges texts from the fifteenth century and the beginning of the sixteenth century still illustrate the central role of midwives and urban officials in the appointment procedure. For instance, an account from 1485/86 provides the following details: "Item, on 24 March, paid by order of the chamber to Mary, widow of Henri Craps, and two other midwives, for having at the chamber's request questioned and examined a woman seeking to demonstrate her knowledge in that field, in the presence of Lieven Van Viven and Martin Van Cede, aldermen, and Piet Vander Eecke, cleric: twelve gros and three solidi each." Similarly, a law passed in 1509 states: "Henceforth no woman may call herself a midwife and as such attend any delivery and have babies born, if she is not authorized to do so by the law, and has taken an oath to this effect, under pain of a fine of twenty livres parisis to the law, and her illegal conduct is proven by good truth."38 The control is still clearly in the hands of urban officials: the urban midwives as well as the town's law.

We find some evidence of a shift in the balance of power in favor of the "control elements" in an ordinance issued by the town of Bruges in 1551. The licensing procedure no longer depended, as in 1509, on the sole authority of midwives and municipal officials. From then on,

36. For the original text see Appendix I.
37. The social content of the oath perfectly fits Henri Pirenne's observations in his *Early Democracies in the Low Countries*. Dealing with the patriciate of the towns of Flanders, the author notes that "that class did not restrict its energies to politics and public administration, it also made extensive use of its wealth to improve social welfare." The creation of a body of expert and efficient midwives fits in with other measures taken by the urban patricians in the areas of finance, building, the setting up of covered markets, street paving, the establishment of bodies of public officials, etc. For Pirenne, "there is a marvelous display here of intelligence, of unselfing activity and of ability to lead the town's affairs." (Early Democracies in the Low Countries: Urban Society and Political Conflict in the Middle Ages and the Renaissance [New York: Harper & Row, 1965], 119).
according to the ordinance, which is given in the original in Appendix 2 below, “no one may treat or give herself the title of midwife nor set up a sign nor be recognized as such if that person has not previously been an apprentice for three years with a sworn midwife, and afterwards examined by learned physicians, and admitted by the law, and has not taken the normal oath, under pain of the loss of fifty livres parisis and, in addition, an arbitrary punishment set at the discretion of the aldermen.”

On 5 December of the same year, the Bruges magistrates enacted a decree based on this last ordinance and giving us the oath of office to be pronounced by the midwife. This second text is more detailed about the midwives’ new obligations. On the one hand, the edict contains, in substance if not word for word, the same type of purely professional commitments as those found in the oath of office pronounced by midwives in Brussels. The Bruges midwife undertakes to make every effort to preserve the lives of women, whatever their social or economic position; she undertakes further not to abandon a birth before completion, not to use methods aimed at accelerating the birth, to have a replacement if she is not able to be present, to seek help in case of complications, and, should the fetus die, to extract the dead child from the mother’s body.

However, the Bruges oath, like the ordinance it is based on, already paved the way for the intervention of doctors. In case of difficulty, the midwife had to seek the advice of another midwife or of a physician, and her colleagues were forbidden to criticize her for doing so. Above all, the Bruges midwife undertook to give medication only with the agreement of “learned” physicians (an apparent attempt to prevent midwives—inter alia—from preparing potions to induce abortion or speed up birth). We thus see the emergence of an active role for doctors at birth, and the beginning of the process that was to reduce midwives to the status of medical auxiliaries.

We witness, similarly, a strengthened and more codified interven-

tion on the part of the church. In this connection, the last provision of the 1551 decree, which gives instructions concerning the proper procedure for a birth in which the child or the mother dies, is rather macabre: “In case of need, the midwife must withdraw the infant from the mother’s body by pulling out the pieces, or remove the live child by Caesarian section.” Two alternatives are thus advanced: either the child or the mother has died. In the former case, there are techniques for removing the dead fetus from the mother’s womb. In the latter, the midwife must perform a Caesarian section. The law makes a strong point of the necessity of making certain that the child or the mother whom one is about to cut is truly dead before proceeding with the operation. The implicit aim of this paragraph is to guarantee that baptism would be administered to the newborn in all circumstances. The church is well known to have always preferred saving the child to saving the mother. Its priorities would thus eventually come into competition with the preoccupations of the midwives, who were primarily concerned for the welfare of the mother.

Despite this early interference of the church and medical authorities, the midwife still appeared as a municipal official. She swore fealty to the town, its law, and its magistrates. Above all, these early oaths still have an essentially medical content. Their primary goal remains to regulate and control the practice of delivering infants, to preserve the health of mothers and children against quackery. Moreover, there is not yet any question of repression of midwifery.

Flemish sources from the fifteenth and early sixteenth centuries refer to many specific cases that show how midwives were recruited, trained, qualified, appointed, and paid. For instance, the register of the alder-. 40. It seems that, according to obstetric manuals, Caesarian sections were only performed on dead or dying women. In 1581 François Roussé was the first to suggest the use of this operation without endangering the life of the mother or the child in his Traité nouveau de l’obstetrisme moderne ou enfantement caesarien, Qui est extrac-

tion de l’enfant par incision latérale du ventre, matière de la femme grosse ne pouvant autrement accoucher. Et ce sans préjudice à la vie de l’un ny de l’autre, ni empêcher la faconâdité maternelle par après (Paris: Denys Du Val, 1581).

41. About this choice, see for instance Laget, Naisissances, 150: “Quelle pratique engageur pour sauver l’un ou l’autre de la mère ou de l’enfant? Le foetus a toujours traditionnellement été privilégié dans ce choix; d’abord, parce que le sens de la procréation et de la grossesse était de lui donner la vie, donc de le sauver à tout prix au moment de sa naissance; l’Église catholique, dans l’empressement qu’elle conseillait à conférer très rapidement le baptême aux nouveaux-nés a contribué très largement à influencer le choix de l’enfant: elle ajouta à l’opération une autre dimension de salut en exigant pour le foetus le sacrement libérateur; quelques minutes de vie matérielle lui permettront, homme baptisé, d’accéder à la vie éternelle.”
men of Ghent noted on 10 July 1455 that a midwife called Catherine took in a girl, Jehanne Herts, to “train her for two years in the office and duties of midwife.” Jehanne undertook to serve Catherine “as a servant” and do her job to the best of her ability. Catherine agreed to provide her with food and drink and “five ells of cloth and a pair of shoes per year.” When the apprentice had learned her trade, Catherine was to receive one-third of her earnings. Finally, when Catherine’s counsel was no longer necessary, Jehanne would owe her only a quarter of her earnings. These provisions fit with other medieval apprenticeship agreements. We learn that Catherine Andriexx was constantly training new recruits, in full agreement with the town of Ghent. A complaint brought by her before the aldermen shows us that this training could sometimes turn out badly. Having taught the profession of midwifery to a certain Lysbet Gherards, wife of Matthys Vastamandots, Catherine complained that her pupil was stealing customers from her and causing a reduction in her own income! Yet the training period was not even over. In its decision of 1461, the court enjoined Catherine to continue to train her apprentice, and the latter to comport herself loyally.

As for the practice of the profession, a good example is that of Tannekin van Belle, admitted at Bruges in September 1545 to the trade of “vrouwvrouwe ende obstetriche” (midwife and obstetrician). Her task was to assist pregnant women ill with the plague or living in contaminated places. The town paid Tannekin an annual pension of three pounds gros, plus twenty shillings gros for a red cloak for life, to warn passers-by and avoid contagion. She also received official accommodation in a tower on the city walls between the “Mariebrugghe” and the “Boveriepoort.” In the Ghent archives we found more than twenty-five ordinances regarding midwives attending pregnant women ill with plague. These texts often mention the midwives by name, yet none of them—and this shows how purely medical (and moral) con-


44. Gilliodts-Van Severen, Mémoires de Bruges, 380. One could ask what is the meaning of Tannekin van Belle being called “midwife and obstetrician.” It seems to me that the term “midwife” has here a more general meaning than “obstetrician.” The midwife has social obligations and different roles to fulfill beyond the delivery room.

I considerations were still primary—mentions the problem of baptism, crucial though it was for the plague-ridden.

III. From Control to Repression

Towards the second half of the sixteenth century a fundamental change took place: the midwife, hitherto a functionary of the municipal authorities, was gradually turned into an auxiliary of the Catholic Church. The mission previously assigned to midwives—the physical survival of mother and child—became secondary to other objectives. By this time, the church understood that midwives could be an incomparable tool in its struggle to preserve the Christian order and combat all deviation from it. The church, therefore, sought to use midwives, but first it had to subordinate them, both as women and as midwives.

First of all, the church distrusted midwives, as did all women. Christianity itself provided a theological basis for the negative image of women. As Vern L. Bullough sums it up, “Christianity was a male-centered, sex-negative religion with a strong misogynistic tendency. The very fact that it was male-centered and suspicious of sex would lead to a suspicious attitude towards women. . . . These ideas of the early Christian fathers about the evilness of women were carried over into the mainstream of Western thought.”

Secondly, precisely because she was potentially responsible for the baptism of newborns, the midwife found herself in the center of the two most bitter struggles waged by the Catholic Church: the strife against witchcraft that culminated in the witch hunts of early modern Europe and the war against the Protestant Reformation that brought about the Counter-Reformation.

45. I plan to publish these in the near future. The wording of these ordinances did not change much over the years; see for example the ordinance of 26 April 1490 in Ghent, Stadsarchief, Register BB, fol. 13, par. 17: “en omme dat alle vrouwen verbannen moeten meten maken ende der natuur souden moghen gedwongen ende ghescheikt werden, so es tov gheirod was Margrie Goechals vroede vrae wonende te Wannekezandaerde, die telken dienen sal, om redeeliche loon.” On this subject see also the conclusions of Dagmar Birkedahl, Christiane Eisen, and Sabine Lueken, “Zur Entdeckung des Hebammenwesens vom 14. bis zum 16. Jahrhundert am Beispiel der Regensburger Hebammenordnungen,” in Frauengeschichte: Dokumentation der 3. Historikerinnentreffen in Bielefeld, April 1981 (Munich: Verlag Frauenoffensive, 1981), 83-98. The authors believe that the earliest German ordinances were primarily concerned with morals, rather than with medicine.

Amand Danet notes the obsession of the authors of the *Malleus* with midwives: “A European history of the midwife ought to go right into the depths of the unconscious. Sometimes beneficent, sometimes malefic, the midwife always has to do with the magical order of access to the sources of life and death. It is hardly surprising that, in reality and in the *Malleus*, she appears as a power opposed to the potency of man.”

The accusations leveled against witches/midwives by the *Malleus* fall into four main categories:

1. *The witch prevents procreation by causing castration or impotence, and by impeding conception in women.* In the first part of the treatise, Question VIII is entitled “Whether Witches can Hurtle the Powers of Generation or Obstruct the Venerable Act,” and Question IX asks “Whether Witches may work some Prestidigitory Illusion so that the Male Organ appears to be entirely removed and separate from the Body.” In the second part, the sixth chapter deals with “How Witches Impede and Prevent the Power of Procreation”; the seventh with “How, as it were, they Deprive Man of his Virile Member.”

2. *The witch practices abortions and kills infants in utero.* Here, the *Malleus* specifically accuses the midwives, as Question XI of the first part states “That Witches who are Midwives in Various Ways Kill the Child Conceived in the Womb, and Procure an Abortion.” The text emphasizes the menace brought by the midwives, stressing that: “in all these matters witch-midwives cause yet greater injuries, as penitent witches have often told us and to others, saying: No one does more harm to the Catholic Faith than midwives.”

3. *If they do not succeed in bringing about abortion, witch-midwives kill the newborn infants.* An entire chapter is devoted to “How Witch-Midwives Commit Most Horrid Crimes when They either Kill...”

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47. Arnold van Gennep, *Manuel de folklore français contemporain*, vol. 1 (Paris: Picard, 1977), 119-121; Jacques Tournaire, *Le sentiment religieux à la fin du Moyen Age* (Paris: Plon, 1961), 100-101; Thomas, *Religion and the Decline of Magic*, 43: “Radical Protestants were later to blame the ceremony (of purification) itself, which ‘breedeth and nouriseth many superstitions opinions in the simple people’s heart, as that the woman which hath born a child is uncleane and unholy.’”

48. Marie Le Court, “Comment la sagesse vient aux femmes. Ethnologies d’Europe et d’auteurs,” *Civilizations* 36 (1986): 61-66. The accusations leveled against midwives may sometimes have been based on certain actual practices, since there are references in secular medieval courts to midwives being convicted of nefarious or superstitious practices involving childbirth, such as the procuring of infant blood or baby fat to cure leprosy or aging.


51. Ibid., 66.
Children or Offer Them to Devils in Most Accursed Wise” (Chapter XIII). The *Malleus* mentions, among others, cases of murder of newborns in the dioceses of Basel and Strasbourg: “For in the diocese of Basel at the town of Dann, a witch who was burned confessed that she had killed more than forty children, by sticking a needle through the crowns of their heads into their brains, as they came out from the womb. Finally, another woman in the diocese of Strasbourg confessed that she had killed more children than she could count. And she was caught in this way. She had been called from one town to another to act as midwife to a certain woman, and having performed her office, was going back home. But as she went out of the town gate, the arm of a newly-born child fell out of the cloak she had wrapped round her, in whose folds the arm had been concealed... and it was found that a child had died before baptism, lacking an arm. So the witch was taken and questioned, and confessed the crime, and said that she had, as has been said, killed more children than she could count.”

Diverse texts recount the witches’ use of the corpses to make magic potions, ungents, and other preparations necessary to their satanic activities. The *Malleus* relates in addition that the bodies of infants are necessary for the “gift of silence,” enabling sorcerers to withstand questioning by the inquisitors. A certain witch of the town of Hanau “used to obtain this gift of silence in the following manner: she killed a newly-born first-born male child who had not been baptised, and having roasted it in an oven together with other matters which are not expedient to mention, ground it to powder and ashes; and if any witch or criminal carried about him some of this substance, he would in no way be able to confess his crimes.”

In this category of crime, the most extreme accusation is that of anthropophagy: “A third... method of witchcraft is when they have failed to procure an abortion, and then... devour the child.... Certain witches, against the instinct of human nature and indeed against the nature of all beasts, with the possible exception of wolves, are in the habit of devouring and eating infant children.” The authors quote the Inquisitor of Como summoned to hold an inquisition because a child disappeared from his cradle and the father, “finding a congress of women in the night-time, swore that he saw them kill his child and drink his blood and devour it.”

4.) Finally, *if they have not killed the child or devoured it*, the witchmidwives *offer it to the devil, for it be damned*. Question XI of the first part explains how, if they have not succeeded in aborting the fetus, the midwives “offer New-born Children to Devils.” We are told how “when they do not kill the child, they blasphemously offer it to the devil in this manner. As soon as the child is born, the midwife, if the mother herself is not a witch, carries it out of the room on the pretext of warming it, raises it up, and offers it to the Prince of devils, that is Lucifer, and to all the Devils. And this is done by the kitchen fire.”

An essential element in the development of the Counter-Reformation church’s position toward midwives was an overriding concern for the baptism of the newborn. Ecclesiastical legislation imposing “baptism at all costs,” to use Pierre Darmon’s term, was particularly widespread in the Low Countries and appeared very early. The church constantly extended the area of baptism, while simultaneously tightening its supervision and control over the administration of that sacrament.

As early as the first half of the thirteenth century, in the oldest statutes of Cambrai, mention is made of “sortilegia in sacramentis” among the cases reserved to the bishop for absolution. These statutes
relate primarily to superstitious practices and the unorthodox administration of sacraments: the church wished to assure itself of the midwives' knowledge regarding baptism and of their religious orthodoxy. The statutes give directives regarding baptism by the parents or by the midwife. These texts, revised in 1307, retained the force of law until their complete revision in 1556. A list of questions to be asked during parish visits by bishops, dating from 1408, shows the same concern: some of them affected baptism administered by midwives. The bishop might interrogate them to assure himself that they knew the proper words, and teach them the ritual. The Tournai Synod of 1481 insisted on the need for the proper instruction of midwives and reminded them that except in cases of extreme danger, baptism must be performed in church. The Tournai Synod of 1520 dealt similarly with this issue. The Synod of Cambrai in 1567, imbued with the same spirit of the fight against the Reformation and against witchcraft, noted the extreme urgency of the situation. Baptism should no longer be refused to anyone, even an illegitimate child; the ceremony had to be done in Latin with a translation into the vernacular; baptism was always to be given in church except where there was danger of death.

The importance of this synod cannot be overemphasized. Contemporaneous with the Council of Trent, it is representative of the new phase marking the relationship of both ecclesiastical and lay authorities to midwives.

The church soon acted to limit the powers of midwives and use them for its own benefit; it was thus to influence secular legislation profoundly. Under the influence of the church, there was a clear change in the attitudes of municipal and state authorities. An escalation took place: the towns, pressed by the state, enacted a series of measures to ensure the application of the decisions of the Synod of Cambrai.

One indirect proof of this is found in the Flemish chronicle of the Ghent burgheer Philips de Kempenare, who on 28 July 1567 noted the appearance of an ordinance whereby all midwives must notify the authorities of every birth on pain of confiscation of their property. The names of the parents, witnesses, godfathers, and godmothers also had to be registered in the parson's registry. The chronicler well understood the purpose of this ordinance: he writes that these provisions "are against the Anabaptists, who do not have their children baptized until they reach the age of reason." As a paradox, it is worth noting here that the midwife could also be penalized for baptizing a newborn when it was not deemed necessary.

On 20 May 1569, the duke of Alba issued a "royal" ordinance for the whole of Flanders. It stated that midwives would henceforth be admitted to the profession only upon furnishing proof of their religious orthodoxy: "We wish that no midwife be recognized in her office unless previously examined by those whom the Magistrates appoint to do so, and shown to be Catholic and of good name." The latter two conditions are of course linked. Two weeks later, on 13 June 1569, the Chamber of Magistrates of the city of Bruges issued an ordinance calling the midwives together and ordering them to bring "within two or three days to the chamber a certificate from their respective parson, proving that they have been to confession and received the Eucharist last Easter." From this period onward, there was an intensification of measures aimed at insuring the orthodoxy of midwives and at using them in the battle against the Reformation.

60. Philips de Kempenare, Vlaamse kronijk, ed. Ph. Blommaert (Ghent: L. Hesbably, 1839), 32. To avoid unorthodox baptisms or irregularities and enable a better control of the ceremony, the church always preferred the child to be baptized by the competent authority, the priest, in the church. The midwives could even be severely punished for baptizing a baby when it was not deemed necessary. See for instance the ordinances of 1489, 1508, and 1515 cited in notes 61-65 above. On the midwives' duties regarding baptism in Nuremberg, see Wiesner, "Early Modern Midwifery," 106-7.

61. This ordinance bears the following title: "Touchez l'honneur qu'on doit aux Très-Saints Sacraments qu'on porte aux malades," Placards de Flandre, Placersboek van Vlaanderen (Antwerp and Brussels, 1659-1786), III, (1), pp. 1359-60: "Voulez que la sage-femme seront reconnues au fait de leur office, que préalablement elles n'aient été examinées par ceux que les magistrats pourront à ce commettre, si elles sont catholiques et de bonne renommée."


63. De Meyer, Reecherchet, 21, quoting the Secrete resolutie Boek van Burgermeeteren en Schepenen, 1556-1568: "Den XIII dach van Wedemaen XVe LXIX.


66. De Meyer, Reecherchet, 21, quoting the Secrete resolutie Boek van Burgermeeteren en Schepenen, 1556-1568: "Den XIII dach van Wedemaen XVe LXIX.

67. De Meyer, Reecherchet, 21, quoting the Secrete resolutie Boek van Burgermeeteren en Schepenen, 1556-1568: "Den XIII dach van Wedemaen XVe LXIX.
During the same year, 1569, certain Bruges midwives were prohibited from practicing their profession for having refused to obey the new provisions. A resolution of the Bruges magistrates, dated 15 July, barely two days after the appearance of the previously mentioned measures, ordered “Andries Bate and Cathelne the midwife, his wife, to go to confession thrice a year, namely at Easter, at the feast of the Assumption, and at Christmas, and to live in such a way that there be no severe reasons for proceeding against them.”

Likewise, in Ghent, on 15 December 1569, an ordinance banned the practice of obstetrics by any woman not conforming with the obligations laid down by the duke of Alba.68 The text gave two main bases for this new provision: the “usurpation” of the function of midwife by unqualified persons, and “other reasons,” not specified. A midwife had, then, to be legally qualified, to take an oath, and furthermore to display a sign bearing her surname, first name, and notification of appointment by the town. If she did not abide by these regulations, she could receive a fine of twelve carolus guilders. For recidivism, the fine was to be doubled and accompanied by banishment. Apparently not everyone submitted to these measures, for a new ordinance of 1584 repeats the provisions, increasing the penalties. There are no longer fines, but “arbitrary correction” and banishment on the first offense.69

Secular legislation took a further step toward increased repression following the appearance of the Cambrai synodal decree of 1586. The ecclesiastical authorities strengthened the measures taken by the lay authorities: no woman was to be appointed as a midwife unless she had previously been examined by the local curate, and, if necessary, instructed by him. The magistrates were also asked to compel midwives to report the birth of any newborn child who had to be baptized within three days.70

This ecclesiastical decree, translated word for word from Latin into French, was published as a royal placard on 1 June 1587. The baptism of newborn infants now appeared as the central concern: “And since experience has shown several abuses concerning the baptism of children carried out by midwives,” the magistrates were ordered: “not to allow any midwife to carry out her office unless she be first examined, and if need be, instructed by her pastor, and having taken the oath before the said magistrate and faithfully promised to make known to the said pastor the children that she shall bring to baptize in the parish, and this by the third day.”71

One year later, the Ghent authorities issued an ordinance requiring midwives to bring the list of newborn infants to the parish curate every Saturday. The magistrates of Ghent clearly tended toward excessive zeal, for they forbade wetnurses to suckle children before receiving proof of their baptism.72

Throughout the seventeenth century, the constraints imposed upon

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67. De Meyer, Recherche, 33: “Den zij dach van jullie Xvc feix. Item was ghebien Andries Bate en Cathelne de vroevrouwe zyn wyf, te biechte te gaene driewrijf sijnen te wetene te Paeschen, ons Lieve Vrouw half Ouglij en hertemise zelf voort te se levene dat mijn hergen cauze cruygh van jegheens hemelieder te proceedere.”
68. Ghent, Stadsarchief, Register DD, fol. 177v-178r: “Actum XVI: decembris 1569. ... Ende omme te voortienne jegheens doonnehoochelyk usurpiatie bij eenige vrouwen gheatempteert int dien int vanden vrouwen in huerlieder noot ende enede consideratiat ende redene daeroft moemben. So eist dammen ghebiet van wegens al boven dat neghee vrouwen hemienden van nu voort en vervoerdere eenige vrouwen in huerlieder noot al vroevrouwten te diene de zelve en zuilen alvoeren te heere ende wet gheadmitteert den behoorlijke edt gheidend ende don of actie hebbende ende voort dat zij sullen vunt steecken een tweeken met huerlieder name ende toename ende noticie vander selver asumtion up de boete van xii carolus guldenen voor dierste kuse, ende de tweede reuse xiii carolus guldenen ende den bus.”
69. Ghent, Stadsarchief, Register FF, fol. CXV: “Actum den Ven decembris 1584. Voorts zo diversche vrouwen huerlieder onderwinden te doen toffeel van vroevrouwten sonder ertoe van heere ende wet gheadmitteert te zijne. So ghebieten al boven dat voort en nuynant haer en vervoercere den dienst van vroevrouwten te exerceren ofte doen ten sy daer toe alvoeren by heere ende wet gheadmitteert in huerlieder handen eedt gheidend hebbende ende midts vunt steecken een tweeker nuer costuyne up peyne van bannissemente ende andersins arbitraries ghecorregirt te zyne. Boven dien sullen de selfe vroevrouwten gehouden syn telenken saterzadighe by billiette onder tebruyghhe en elleckel vanden paoorts van huerlieder prochiie wat kynders sy die water sullen ontfangen hebben up arbitraries corectie. Endz dat gheene voesters hebben gheene kynderen en sullen anverden sonder verschelte te zyne dat die keersten gheidend syn up gelde peyne.”

70. Placards de Flemeyre, II, p. 56. Bouck I, rubrica II, cap. 11. Titulus VI, de Baptismo. The local curate is expected, among other things, to instruct the midwife how to administer baptism in accordance with ecclesiastical regulations.
71. Ibid., p. 90: “Et pour ce que par experience l'on a remarque plusieurs abus touchant le Baptisme des Enfans faites par les saiges femmes, ordonnons aux Magistrats de ne permettre quelque saigne Femme exercer son Office qu'elle ne soit ete premiere mente examinée, & si besong soit instruite de son pastor, & ait fait le serment e mains dudit magistrat, de demonstrer fidellement auditer Pasteur les Enfans qu'elle aura estre à Baptiser dans la Paroisse, & ce autant le tiers jour.”

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midwives were strengthened. The Synod of Mechelen (1607), for instance, called for the profession of faith to be made before the arch-
priest, no longer merely the parish curate; and again that midwives
should—notwithstanding the obligation to notify the curate of the new-
born—also supply the names of any parents or "friends" that had sought
to prevent them from fulfilling that obligation.73

The primacy achieved on the eve of the eighteenth century by the
service to the church is highlighted by measures introduced in 1607.
These midwives' statutes were promulgated within a few weeks of each
other by the ecclesiastical and lay authorities of Bruges. The legislation
issued by the municipality of Bruges was all-embracing; in effect it
contained almost all of the previous regulations. Once again the text
set out rules for the acceptance of midwives in their posts, and the care
that must be administered during the birth. Moreover, the text of the
Bruges magistrates, published on 16 February, actually recognized the
church's monopoly over baptism, and ordered midwives to conform to
its instructions regarding its administration.74 The edict mentioned
written directives, a reference to the regulation of Guillaume Basserey,
bishop of Bruges, dated 6 April.75 A copy of these was given to every
midwife on entry into municipal service. It explains how baptism
should be administered under various circumstances that may arise
during childbirth, and illustrates yet again the church's obsession with
"baptism at all costs." Once again, changes were introduced into the
procedure for registration with the clergy: the midwife was asked to
produce more than a simple birth certificate for the children she helped
deliver. She had to make a true identification, and she was sworn to
give the parish curate the names of the father and mother of the new-

73. Placards de Flandre, II, p. 101-2, par. 7. "Hortatur huc Synodus et requirit omnes Magistratuum singularum locorum, ne quam ad obstetriciam parvulorum
admittantur, nisi prius ad Curato loci, ubi obstetrix moratur, testimonium sincerum et
catholicae fidei habeat, professionemque fidei coram Archipresbytero suo faciat, ne
non materiam formamque Baptismi testimonio eiusdem Curati probet calceat et ultra
consequentiam iuramentum, iure etiam quod infantes a se exicendiis quatuor, vel
saltem intra tres dies baptismari curabit, aut si obstantibus parentibus vel amicis id
effecerit non possit, max Pastori loci eos denuntiet.

74. De Meyer, Recherche, 32-37, gives the text of the ordinance published on 16
February 1607, as well as its French translation. See Ordonnance ende Reglement vande
Vroe-Vrouwen, article 7.

75. Reglement ende instructie voo de vroe-vrouwen, ende andere personen om
wel ende waarachtelyk te behienen het Heilige Sacrament des Doopsels ende kleine
kinderen in andere nood. . . . Door syn Hooghe Guillaume Basserey, Bischoop van Brugge.
. . . Op den 6 april 1607 (Bruges: Gregorius Clouwet, 1607).

76. Ordonnante ende Reglement vande Vroe-Vrouwen, article 6, in De Meyer,
Recherche, 32-37.
77. Ibid, article XI.
78. Several such oaths are transcribed in the appendix following this article.
79. See the title in Appendix 2 below and the full text in de Meyer, Recherche,
16-19. De Meyer, not realizing that this was an oath of office, made a faulty
transcription that has misled subsequent scholars, since almost all contemporary research
on Flemish midwifery is based on his work.
concerns such as an obsession with orthodox baptism at first, and later, increasing problems with foundlings, as well as the everlasting struggle against abortion and infanticide.

A fundamental change in the oaths appears after the Council of Trent (1563) and the Synod of Cambrai (1567). Whereas previously midwives had taken an oath of a professional character, the ordinance of the duke of Alba (1569) stipulated a second oath of fealty to the ecclesiastical authorities: “And after having been received, they shall swear, in addition to their accustomed oath, that they shall notify the parish curate of every woman’s childbirth within twenty-four hours, on pain of being punished at the discretion of the said magistrate and removed from office.”

In reality there was to be in Flanders, by contrast with Brabant, only one unified oath of office. As it appears in a Ghent text dated 20 December 1569, the oath was divided into two parts: the first and apparently older part (which, it appears, remained most important) referred to the midwife’s traditional undertakings to her town and profession, while the second dealt with the new tasks bound up with allegiance to the church. The Ghent oath of 1569 reads as follows:

[1] Thus you swear, sworn midwife, to comport yourself within this town of Ghent and within the district of Ghent, to fulfill the office correctly and faithfully, and therefore to serve the poor as well as the rich, as a good midwife is bound to do, and to do as well as you can,

[2] and that you shall denounce and declare the delivery of women and the birth of their children within the twenty following hours to the pastor or the ecclesiastical authority of the parish where the aforesaid woman is resident, without omitting this latter task, on pain of arbitrary correction and loss of your office, and moreover, to conform in all points to the ordinance of the Lord and of the law of 17 December 1569, on the penalties laid down in that ordinance. Enacted on 20 December 1569. 81

Thus in Bruges on 11 February 1585, Catheline Van Cauwen was appointed by the town to her new office of midwife: “On 11 February 1585, on the report of masters Frans Rappaert and Robert Sanders, doctors of medicine, having at the request of the aldermen examined Catheline Van Cauwen, wife of Anthémis van de Velde, and seen the attestation of her Catholic faith furnished by her and signed by pastor Heinrick Pindins, the college has permitted the same Catheline Van Cauwen to display the white sign of midwife at the service of the municipality, after having taken the oath bound up with that post.” 82

After the decisions of the Synod of Cambrai in 1566 and the publication of the ensuing royal placard in 1567, the application of the principles and goals of the Council of Trent appear very strikingly in the text of the new oath that was then adopted. A hitherto unknown oath, imposed on Ghent midwives by the Ghent ordinance of 1568, applied the synodal decisions and the royal proclamation mentioned above. The contents of the oath relegate allegiance to the lay authorities to second place and the midwives’ purely professional obligations to third place. The objectives now assigned to the midwife are 1) to be faithful to the church, keep the list of births, and notify the curate of the mother’s parish about any birth within twenty hours; 2) to respect the decisions of the lay authorities; 3) in last place (the text in fact says “hendelick,” i.e. “finally”), and briefly, come the obligations bound up with her profession. The text reads:

[1] So you swear, sworn midwife, to comport yourself in this town and district of Ghent, to fulfill this office correctly and faithfully and to be always ready to serve the poor as well as the rich. To keep good account of the pregnancies and deliveries of the women and their children that you, as midwife, shall assist,

80. This ordinance is entitled “Toucheant l’honneur qu’on doit au Très-Saints Sacrements qu’on porte aux naïades,” Plaerts van Flandres, III (2), pp. 1359-60. “Et après estre reçue elles jureront outre leur serment accoutumé, qu’elles dénonceront au curé de la paroisse l’accouchement de la femme endans vingt-quatre heures à peine d’estre chastiées à l’arbitrage dudit Magistrat et déportées de leur office.”

81. Ghent, Stadsarchief, Register PP, fol. 538v. For a transcription of the original text, see Appendix 3 below.

82. Bruges, Stadsarchief, Register Memoriaal van de Camere, 1581-1589, fol. 92. A transcription is found in Gillibodes-Van Severen, Mémoires de Bruges, 2:95. The display of a white cross was granted (or perhaps imposed) as one of the elements of the professional insignia of midwives. “Den xij duch van sporele xve viven tachtentich was by den college ende up trappot van meester Frans Rapaert ende Robert Sanders diezieren in de medecyne hebende vylt laste van schepenen gheexamineer Catheline van Cauwens huysvrouwe Anthémis van de Velde, ende ghezien dattzeserien van boeren oprechten catholyke gelooove by haer overbrocht gheexcreent Heinrick Pindins pastor, de selve Catheline Cauwens gheconsenteert vylt te steekene het witte swans ende haer vylt te ghevene voor vroo vrouwe ten dienste van den gheemeente, selve doende den eint daerxte staende ende haer in twelv officie draegende gheuauwrick ende gheuauwrick moer den heeche van den dienst doer ja gheleghen.”
and to report these within the next twenty hours to the pastor of
the parish where the woman resides, without neglecting to do so
on pain of arbitrary correction and the loss of your office.

[2] And moreover to conform to the decree of the Lord and of
the city of 17 December 1569, under the penalties enacted therein.

[3] And finally, to do everything a good and faithful midwife
is expected to do. So help me God and all his saints.

In 1608, following the publication of a placard by Archduke Albert
and Duchess Isabelle, a new oath was introduced in Ghent. Not only
was the order of the obligations reversed, as in 1589, but the details
of the obligations toward the ecclesiastical authorities were further
expanded. The changes introduced into the text bind the midwife
still more absolutely to the church. The oath of 1608 in the Ghent
archives is a copy of the oath of 1589 to which a scribe has added in
the margin the new additions. The midwife is no longer merely to
"carry out the office carefully and faithfully," but also "to serve above
all the holy Catholic religion, and give it preference." The predomin-
nance of her duties to the church and obedience to its dogmas and
requests is clear. Only the final sentence returns to the professional
obligations of a good midwife. The oath pronounced by the midwife
Elisabeth Hebbant on 7 September 1609 shows that these measures
were applied in full: "Elisabeth Hebbant in appearing before the
college has declared upon oath that she will be a good and faithful mid-
wife and fulfill that task correctly and faithfully, following the Catho-
lic religion, and she will serve the Lord and the law, and she will faith-
fully report on the children whom she has delivered, to Monsieur
the pastor within three days after the birth and do all that a good and
loyal midwife is called upon to do, may God and all his saints aid me."

81. Ghent, Stadsarchief, Voorlegalen, Reeks 148/1, fol. 33r. For a transcription
of the original text, see Appendix 4.

82. We have found two transcriptions of this oath. The first is in Ghent, Stad-
earchief, Register 148/4, "Register van de respectie veen zoo van neeringhen, of-
ciën als andere van de stede van Ghendt," fol. 47. The text there is continuous. The
second transcription, Ghent, Stadsarchief, Voorlegalen, Reeks 148/1, fol. 33v, is more
revealing because it shows visually how the text of the oath of 1589 was transformed
by more extreme measures. See Appendix 5 for the second of these texts.

83. Ghent, Stadsarchief, Register 148/1, fol. 33v. "Eeet der vroedvrauwen, Elis-
beth Hebbant comparerende in collegie heeft verklaryt eby eede goede en getruwe
vroedvrauwe te syne ende het selbste officie wel ende getruwele te quyen de
catholike religie te onderhouden ende vooren te stane theer ende wet goet en getruwe
le syne over te brighen de kinderen tote geboorte ende welke geroopen sal sy syn
myn heer di pasteur bymen derde daghe vanden geboorte ende behoorlic alles te doen
 wasn een goede ende getrueuwelie vroedvrauwe schullich is als behoort te doene alhoe
met myn God helpen en alle syne Heilighen. Dit is ghe do de Vlle Septembria 1609."
84. De Meyer, Rechthet, 37-38. For the original text, see Appendix 6.

As a last stage comes the oath inserted into the statutes of Bruges
midwives in 1697. They pledged themselves first of all to the church
and to God (the text says that this is the "principal" point) and above
all to administer baptism; then came undertakings toward the town,
its magistrates, and its laws (to be faithful, not to administer potions,
etc.). The only allusion to the profession of the midwife consists of a
laconic phrase at the end: "That finally I shall do all that is incumbent
on a faithful midwife." The circle is closed. In the eyes of the authori-
ties, only the midwife's obedience and religious orthodoxy, her ca-
capacity to administer baptism, and more generally to be an agent of
the church, count henceforth:

I swear as midwife that with the grace of God I shall until my
death remain Catholic, Apostolic, Roman, and that I shall be an
honest midwife, obedient and faithful to the magistrates of this
city: that I shall maintain the ordinances and statutes promulgated
or to be passed by the legislators or the ecclesiastical superiors
concerning the functions of midwives; that I shall, above all, have
the greatest care that infants, whether legitimate or illegitimate,
be presented at the proper time for baptism, in accordance with
the constitution of Our Mother the Holy Roman Church; that I
shall neither abandon any child, nor advise anyone, whether di-
rectly or indirectly, to abandon illegitimate or natural children;
that I shall secretly inform the magistrates if it comes to my
knowledge that someone has abandoned, caused, or allowed the
abandonment of a child; that I shall never give a woman, mar-
rried or not, remedies to make her abort; that I shall never divulge
the secrets that the magistrates may impose on me, but shall faith-
fully keep them without telling anyone whatsoever; that finally,
I shall do all that is incumbent on a faithful midwife. So help me
God and all the saints.

Conclusion

In conclusion, let us note that midwives were not only placed in a
situation of close subjection to the Roman church, but also that a
climate of downright mistrust had developed toward them, as toward women in general, in the same period. Already suspected of witchcraft and demonical practices, or at least of not knowing how to baptize children, of preparing abortive potions and facilitating infanticide, they were soon to be the object of new accusations. A frequent accusation was that of participating in or even organizing the abandonment of children. In the statute issued by the town of Bruges on 5 February 1697, midwives are accused, with “other persons” (no doubt unmarried mothers), of abandoning children; they are said to have helped these worthless mothers by advising them. The text says that frequently “women of loose morals” come to Bruges to abandon their children, while those from Bruges travel elsewhere. The midwives are accused of knowing of or even encouraging this traffic. In other words, they were alleged to be accomplices to one of the most reprehensible acts.

It is not surprising that the climate of suspicion fomented by the authorities was favorable to increased self-interested intervention on the part of the male medical profession. The midwife was to see her active functions reduced to those of a mere medical auxiliary with no authority or power. Thus in Bruges in 1663, the town authorized a physician, Thomas Montanus, to have all midwives, even those already qualified, brought before him to verify their titles and register them. In Ghent, a 1663 ordinance reduced midwives’ functions still further: they were forbidden to even “look after” women except at childbirth (i.e., to practice gynecology). In Brussels, the control of the Collegium Medicum was strengthened, and, on admission, midwives had to pay the latter a considerable fee. The Bruges statute of 1697 in a certain sense marks an endpoint, partly because it makes intervention by the physician obligatory if he so requires (and not only if the midwife regards the operation as difficult), and partly because midwives are henceforth forbidden to give anything whatsoever—medicament, powder, or potion—during childbirth.

This degradation of midwifery by legal means is undoubtedly linked to the disappearance of female doctors in the same period. The practice of medicine by women, which the Belgian historian Fernand Vercauveren has traced as far back as the twelfth century, disappears in the course of the sixteenth and seventeenth centuries. A series of legal texts forbade from that period onward all popular (non-university) medicine, the only kind of medicine that women, who had no access to the universities, could practice.

Finally, women were permitted to practice only functions devoid of any responsibility, as barbers or as nursing attendants. For the Antwerp physician Michel Baudewijns, writing in 1654, women were nursing attendants par excellence: their role was to clean, wash, cook, change, ease suffering, and the like. By contrast, says Baudewijns, a woman is incapable of acting without being under the supervision of a man. And the author concludes, “neither women nor children should understand anything the physician prescribes or what he does.”

This evolution of the attitude against the midwives reveals one of the reasons that could explain why, from the second half of the sixteenth century onward, and especially in the seventeenth century, there was a decline in the quality of the midwives. Moreover, the constraints weighing upon them could prevent the proper exercise of their profession: a complicated admission procedure; certificates of religious

88. See Ordonnanie ende Reglement van de Vrouwen, Article 10, in De Meyer, Recerchebes, 32–37: “Moreover it is forbidden for any person, no matter of what condition or quality, to abandon, within the limits of this city, children born of women who are married or not married, citizens or strangers, under any pretext whatsoever, to cooperate with this practice or to favor it, directly or indirectly, under pain of exposure on the scaffold or any other arbitrary punishment.”

89. On Thomas Montanus, see Isaac de Meyer, Notice sur Thomas Montanus (Bruges: F. de Pachtere, 1849). 89. The 1663 Ghent Ordinance is in Ghent, Staatsarchief, Register no. 108 his, no. 41 (ehirurgien), 17–18. On the Collegium Medicum of Brussels: Collegie der medeene ongerichte door den magistrat der stadte Brusel (Brus-
practice; examination by suspicious physicians who were hardly expert in the field; good conduct certificates; the fee to be paid to the College of Physicians; the obligations to administer baptism even when it endangered mother or child, to inform against unmarried mothers and Protestants, and to supply lists of births to parish curates; the impossibility of administering medication—all under the permanent threat of severe punishment. The exclusion of women from universities as from other guilds must have contributed further to the decline of the midwives' knowledge, power, and status. Among the other causes of this decline is an increasing recourse to physicians and surgeons as a mark of social status.

Let us note, finally, that the reduction in the status and role of the midwives as well as the decline in the perception of their capacities was part of a more general degradation of attitudes toward women, and women in command of some knowledge and power in particular. It certainly has to be ascribed to the severe deterioration in the condition of women at the end of the Middle Ages. As David Herlihy notes, "by most social indicators, women, especially elite women, were losing status, power, and visibility as the Middle Ages progressed." 84

First of all, the degradation of the role of midwives must be placed in its urban context and related to the general decline in women's employment throughout Europe at the end of the Middle Ages. Martha Howell has shed light on a fundamental aspect of this process in noting that one sees simultaneously a decline in most qualified and prestigious female work. The medieval cities offered women new possibilities for work, giving them prestige. However, in their capacity as wives, daughters, or mothers of people who exercised these trades, they generally had only marginal and ephemeral tenure in this type of job. Only a very small number of them held administrative positions demanding outstanding qualities. Their situation worsened at the beginning of the modern period. The weakening of the family as a unit of production and the politicization of most trades reduced access to prestigious jobs for women, often closing them off entirely. 85


According to Natalie Davis, the economic decline at the dawn of modern times, associated with "the patriarchal character of the institutions and values of the past" and with the increased importance of preserving the patrimony, led to the limitation of female activity. As she has shown, the independence of women declined in Lyons as various measures were introduced to limit their access to entrepreneurship and prevent them from raising the necessary capital for vigorous commercial or industrial activity. Women came to meet the emerging need for poorly qualified and cheap labor. They forfeited their place in prestigious jobs, losing power to their male colleagues who possessed, through their political power, control over productive resources, distribution, and consumption. 86 Beginning as early as the fourteenth century, this process of decline was relatively rapid. Excluded from city government, and hence relegated to totally marginal positions with regard to decision making and the exercise of power, women were increasingly restricted in economic activities. This erosion in their position increased during successive periods of crisis from the fifteenth through the seventeenth century. 87 The cities and the state seemed to be in league to strengthen the power of the head of the family, so that in the eighteenth century, women found themselves at the bottom of the economic ladder, with hardly any social prestige. The decline of the art of midwifery was also part of this process.

The subjugation of midwives had nevertheless many other implications and causes beyond the economic sphere. The delivery room was one of the few areas where a wife escaped marital authority and expressed her specific womanliness. As I have mentioned before, a glance at medieval depictions of births strengthens this contention: the delivery room is a bastion of female solidarity, communion, and omnipotence. 88 Around the mother's bed, we sense the continual agitation of women brought together and discussing the facts of life. Everyone has


97. On this subject see the conclusions of Natalie Zemon Davis in her study "City Women and Religious Change," *Society and Culture in Early Modern France* (Stanford: Stanford University Press, 1975), 94: "As it turned out, women suffered for their powerlessness in both Catholic and Protestant lands in the late sixteenth to eighteenth centuries, as changes in marriage laws restricted the freedom of wives even further, as female guilds dwindled, the female role in middle-level commerce and farm direction contracted, and as the differential between male and female wages increased."

98. See note 18 above.
a task to do or a role to play. In this vast network of mutual help, these women know that they all have had or will need this assistance. As we have argued at the beginning of this paper, this was a region closed to men, and thus feared by them, a space which they ultimately neutralized by introducing an element originally foreign to it: the physician.

The introduction of physicians in the delivery room was a means of breaking the monopoly held by midwives and placing them in the service of the state, the church, and the Counter-Reformation. At the same time, it was also a strategy for strangling the network of women's solidarity in order to neutralize an element of popular culture and place it in the service of the authorities.

The decline of midwifery is thus yet another aspect of the battle between popular and elite culture. The subduing of women required the subjugation of midwives, women who as a group wielded charismatic power. The midwife thus fulfilled a ritual and social function that went far beyond her job in delivering infants. She was constantly confronted by death, that of the woman in labor or that of the newborn; her services then became those of an undertaker. This combination of the principles of life and death thus fashioned a very particular aura for her. The perception of the midwife's charisma is quite different depending on the sex of the person who passes judgment on it—whether that person is included in the scenes of birth or excluded from them. Women seem to have shown unlimited confidence in the midwife. She is trusted to take over all the tasks connected with the newborn. She directs or supervises crucial moments: the first suckling, the bath, diapering, the destruction of the umbilical cord, which is thrown into the fire after it falls off, and so on. If the child is dying, she anoints and baptizes it. She carries it to the church on the day of its baptism. This is a task discussed unambiguously by the girls in the *Guirlande des jeunes filles*:

— Où bon ange est auoyée telle troupe & trinée de femelettes que j'avise venantes?

99. Jacques Le Goff has emphasized that "it is vital to reevaluate the elements of magic and charisma in history." Just as Le Goff proposes to "observe the development of the physician and the surgeon, heirs of the sorcerer in our societies," one should do the same for the midwife, who also bore a "professional charisma." The functions of midwives bore a charisma difficult for us to evaluate today. "L'historien et l'homme quotidien," *Pour un autre Moyen Âge* (Paris: Gallimard, 1977), 341-45.

100. For the qualities of the midwife and her relations with the women surrounding her, see Verdier, *Façons de dire, façons de faire*, 107-8. The quotation comes from Gabriel Meurier, *La guirlande des jeunes filles en français et flamand* (Antwerp: Jean Waesberg, 1580), 53. This text echoes the preoccupation with the religious duties of the midwives discussed earlier in this paper.

an exclusive meeting place which aroused fear—the traditional practice of midwives had to be brought to heel.

The church and state by combining their strength led to the creation of the ignorant and superstitious midwife. This victory was only possible because the elites were able to exploit popular beliefs concerning women's bodies and their evil, destructive, and satanic powers. Central to that devouring obsession was the only role conceded to women: procreation. Popular and elite culture thus allied in the late Middle Ages against any exercise of power in that area by women. At the end of this process, women retained only the subordinate tasks of medicine. They were cut off from medical knowledge at the very moment when medicine began to gain momentum. Until the end of the Middle Ages, obstetrics had been the knowledge, techniques, and traditions of mostly learned and independent women. Henceforth, childbirth was handed over to the hands of uneducated and alienated women, ready to serve the church.102

APPENDICES

1 Ordinance of the City of Brussels concerning the Midwives, 1424

Since this is the earliest ordinance concerning midwifery in our region, we give the full text of it as found in Petrus a Thymo, "Brabantiae Historiae Diplomatica," III, chap. LVI, fols. ccclxxix-cccxci (Brussels, Archives de la ville de Bruxelles).

De obsetricibus, medicis et cyrurgicis. Want uyt der roekeloosheit van den vroedvoerwenn ende om dat sommege van den huyden Hen en nemen ende onderwinder niet volcomelie en verstaken noch nut noch orborlic daer toe en sijn vele heribele saenen ende menegerhande peticule voirmas innder.

102. This corresponds in fact to the division into periods proposed by Robert Muchembled, who considers 1550-1600 as years of rupture, with a systematic repression of popular culture; this sheds additional light on the restrictions imposed on women who possessed knowledge. Muchembled, Culture populaire et culture des élites dans la France moderne (Paris: Flammarion, 1978), 216-17. The fate of the midwives in the early modern period reinforces the pessimistic views of Joan Kelly-Gadol, "Did Women Have a Renaissance?" in Renate Bridenthal and Claudia Koonz, eds., Becoming Visible: Women in European History (Boston: Houghton Mifflin, 1977). See the more optimistic opinion of David Herlihy in "Did Women Have a Renaissance? A Reconsideration," 1-12. Herlihy questions Kelly-Gadol's thesis that the Renaissance was a totally negative period for women.

stad van Brussel siin geschiet ende noch dagelixer geschien als dat die vrouwe sommege met ter vrucht bederuen sommege werden alsoz meshandel dat zij van dien dage voirrane ontvruchtbaer bliven ende somge behouden daar af een ewelike quale. Somtijd geboret oic alsoz dat die teeder vrucht wordt soe grosselie meshandel dat zij niet letende te vroitsche en macl commun. Ende som tiir sterft zij sonder doopsel. Ende als die vrucht teeder ende meer es vander naturen, soe siin sommege vanden vroed-
vrouwene soe rugghen ende sober van beschened dat zij die vrucht niet te rechte na ordinancie der heyligelen kerken en commen gedopen.

Soo es om dese ende meer andere pericule te verhuedene die geschiet siin ende in toecomenden tiden proefelic waren te gevallen warer niet op verzien en worde geordineert gestautepte geraen ende gesloten bij den Amman Burgermeesteren Scepenen Raidsluden ende die gemyyn stad van Brussel met wilen rupen ende voirdachtge ten raide dair op gehald tghene dat hier na bescreven steet.

In den iersten dat die prochmien van Sente Goedelen ende die medeciuin meester der stad van Brussel selen kyesen op hueren consciencie viue eermay talweerdegehe vrouwen die hen des Ambachts van vroedvrouwen volcomelie wel verstaen Ende selen die presenteren der wet die van elcker van hen sal nemen den edelt alsoz hier na bescreven volght.

Ick N. gelove ende zweere, dat ic van deser huren voirtane, wel ende ghentrouwelic dat Ambacht van vroedvrouwen, doen ende hanteren sal. Ende dat ic enen vegelichen vrouwen diet behoeye ende begeerte bereet sal wesen. Ende als ic daer toe versocht ben, niemene des weygheren ende sal. Ende also langhe bij der vrouwen dairt ic ierst bij gehaelt sal werden bliven als des van noode wesen sal. Ende dat ic geen vrouw te desen Ambacht kyesen promontuer noch vorderen en sal te come ic en weet na mijn consciencie ierst dat zij daer nut ende orborlic toe es. Ende alle dies begeerende ende die ickc nu toe kenne salie dair toe presenteren sonder argelast. Dit salie houden ende niet laten om haet of om niit, om maechscap, vrienscap om geenerhande goet, noch om de vrees van der doot. Sое moet ni God hulpen, ende alle siin Heyleghen.

Item. Die viue vroedvrouwen aldus gecozen ende geeht selen mogen andere kyesen ende presenteren den prochien ende medeciuin ende als ziise presenteren selen zij nemen opten edelt dien zij gedaen hebben dat zijj nut ende orborlic tot dier officien van den vroedvrouwen in ende dat zijjz niet gecozen of gepresenteert en hebben om miehe, garne, maechscap bede of vrienscap. Ende ose dan de prochien ende medeciuin alsulken vinden soe selen ziische voirt der wet presenteren ende diere selen zij zweren ghelie hier na volght.

Ick N. gelove ende zweere, dat ic van deser huren voirtane, wel ende getrouwelici dat Ambacht ende officie van vroedvrouwen doen ende han-