



## Assisted birth in 19<sup>th</sup> century Bahia

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### Abstract

This paper presents the traditions of assisted childbirth in the Brazilian state of Bahia in the 19th Century and develops the hypothesis that two obstetrical traditions coexisted in the capital, Salvador, namely the doctor-midwives – who used technical resources and knowledge acquired from obstetrics as a medical specialty – and the traditional midwives, whose know-how was purely of an empirical-sensorial nature. Despite all efforts employed by the doctors to win over the confidence of Bahian families, the midwives continued to be predominant in the art of ‘delivering’ children and treating female illnesses. The analysis focuses on the social and professional segments that were active in assisted birth; the role of the Bahian College of Medicine (Faculdade de Medicina da Bahia) in the training and certification of midwives and the use of newspapers as a way to legitimize the doctor-midwives; it also discusses the scant coverage of the midwives in these media.

Keywords: Assisted birth; Bahia (Brazil); 19<sup>th</sup> century.

Assisted childbirth is a theme that has been a popular research topic in the Americas, Europe and Asia since the 1970s. This investigation is important for the social history of medicine and science, since it seeks to understand the transformations in midwifery over the course of the centuries, bearing in mind the complexity of the social, professional, religious and scientific segments. It breaks with the monolithic view of history and shows women as important agents of public health, participating in the process of change.

Until a short time ago, midwives were perceived as unclean women, without qualification, abortionists, witches and procurers among other pejorative adjectives (Nava, 2003; Magalhães, 1922; Santos Filho, 1991; Aragão, 1923). In the 1970s and 1980s, the history of women, especially feminist analyses, inverted the negative image associated with midwives to show that deliveries carried out in the home, conducted by a midwife, with the help of other women, didn't cause as many deaths, nor was the practice as harmful to society as the doctors led people to believe.

These studies deal with the conflicts between midwives and doctors and discredit the official versions based on a conflicting ideology between knowledge and ignorance. By treating pregnancy and childbirth as pathologies that should be handled by them, surgeons and later doctors built an ideological base that justified the entry of these professionals into a world of strictly female practitioners and knowledge. Their main argument was their scientific knowledge of the movements and functions of the female body, as well as their technical capacity to use obstetrical skills, instruments and medication associated with childbirth (Arney, 1982; Vidal, Tomás, 2001; Ortiz, 1993; Dahl, 2001; Carneiro, 2005). The importance of the issue in the field of professional disputes reveals that the arrival of surgeons and doctors at the bedside of the parturient woman was the result of the sedimentation and the effort to legitimize the medical profession and thus disrupt the long-held authority of the midwives, regarding the act of childbirth.<sup>1</sup>

Books and papers that have come to light over the last three decades show an intense historiographic production mainly written in English, followed by Spanish, French, Italian, German and Russian.<sup>2</sup> In Brazil there is an increase in research on assisted birth, coming from post-graduate programs, however few works have been published.<sup>3</sup> In 2002 the magazine *Revista Estudos Feministas* published a dossier on Childbirth. Its papers deal with assisted childbirth in Brazil, Japan and France showing the singularities of their medical treatments; revealing specificities of each social background or different regions of the same country clearly indicating the impossibility of making a linear history of parturition.

In 2005 the magazine *Revista Gênero* produced the dossier entitled Childbirth, Midwives and Maternity, giving greater visibility to the theme and adding papers that discussed the role played by women in the field of health and in the labor market in the 20<sup>th</sup> Century. Two years later the same magazine picked up the theme again with the article "The science of childbirth in Portuguese obstetric manuals". The essay confirmed that the manuals for midwives, surgeons and doctors that circulated in the Portuguese empire at the end of the 18<sup>th</sup> Century and beginning of the 19<sup>th</sup> Century included anatomy, pathology, physiology lessons and clinical studies, as well as the discoveries of physics, chemistry and therapeutics. In this way, the obstetrics that was practiced in Portugal and by extension in Brazil in general began to move away from the fanciful and magical concepts of the female body (Barreto, 2007).

The historians who choose to study the history of assisted childbirth normally use documents produced by doctors, such as didactic manuals, the lessons given in obstetrical courses, texts published in scientific journals and newspapers as well as hospital records. Such sources make it possible to understand the values and know-how of doctors concerning pregnancy, childbirth, puerperium and related illnesses. The discrediting of midwives and other professionals in the 'arts of healing' was within the context of the organization of the medical profession and healthcare institutions.<sup>4</sup>

When the historian steps back from the stories contained in the medical texts or reads them with a critical eye and takes the universe of the midwife as the object of investigation – the relation between her and the parturient woman, where she learned the trade, how she dealt with the religious and civil authorities, how powerful she was in her community, how she dealt with the hardships of the profession – the spectrum broadens and multiple images of midwives superimpose themselves on those predominant in academic records.

The book organized by Hilary Marland (1993) shows that in England, Germany, Holland, France, Italy and Spain midwives were missionaries, public figures, defenders of their *status* and their work and played an active role in their communities. Scarlet Beauvalet-Boutouyrie (2002) says that in the Port-Royal Maternity Hospital in Paris between the years 1795 through 1895, midwives sway over the surgeons and doctors, despite the growing importance of the latter in the field of obstetrics and in hospitals in the 19<sup>th</sup> Century.

The study of midwives in Brazil in the 19<sup>th</sup> century shows that they added scientific and technological innovations to their *savoir-faire*, becoming agents of civilization and modernization. They also built solid careers, achieving social credibility and professional success for long periods (Mott, 2005; Brenes, 1996).

In our research into childbirth professionals in 19<sup>th</sup> century Bahia, we concentrated mainly on the records of the Common Council of Salvador, the Fisicatura-mor (Public Health Inspection Agency), the Bahian College of Medicine as well as newspapers and specialized journals.<sup>5</sup> We sought to identify the social and professional segments that played a role in assisted births; the role of the Bahian College of Medicine in the qualification and certification of midwives; and finally the use of newspapers as a way to legitimize the midwife as a professional.

### **Who was the midwife?**

Several names were used to designate a woman that worked with assisted childbirth: midwife, birth attendant and practitioner. The term 'comadre' in Portuguese comes from 'com a mãe' which means 'with the mother'. In English the corresponding term is *midwife* which also means 'with the woman', that is to say, the one that has the job of assisting another woman. In France the trained midwife became known as *sage-femme* or 'wise woman'.

Between the 16<sup>th</sup> century and the beginning of the 18<sup>th</sup> century, it can be affirmed that midwives were usually women who had learned their trade with other midwives or from the experience of giving birth to their own children. The knowledge was of an empirical-sensorial nature, as were the majority of the practitioners in the arts of healing – surgeons,

herbalists, pharmacists, bonesetters and bloodletters. The daughters, daughters-in-law, nieces, granddaughters, sisters and sisters-in-law of midwives were the most common apprentices in the arts of midwifery, which also occurred in other professions reserved to women where the knowledge was transferred through the network of female relationships. The reputation of master-midwife was fundamental and the process of apprenticeship based on active cooperation and shared work, lasted several years. However we cannot overlook the records of the European midwives that went beyond the family-empirical learning by studying obstetrical works, although outside formal schools.<sup>6</sup>

The main activity of a midwife was associated with the stages of birth: pregnancy, childbirth and the puerperium. She would cut the umbilical cord, bathe and dress the newborn, give advice on the diet of mother and child and prescribe medicines based on herbs for puerperal complications. The midwives also cared for female illnesses, especially those related to sexuality and to the genitals.<sup>7</sup> On dealing with irregular menstrual cycles, breast-feeding, sterility, rape, contraception, abortions, running sores and venereal diseases, women sought the advice of a midwife. On many occasions – in periods of plague or when the community didn't have another healer available – a midwife attended all those who sought her counsel with physical or spiritual problems irrespective of gender.<sup>8</sup> It was also their duty to perform *post-mortem* caesarians and to administer baptism to the stillborn.

Midwives were seen as part of the medical *establishment*, in which they were at the lower level of the scale since they had the lowest incomes<sup>9</sup> and depended on the authorization of the surgeon or the doctor to exercise their trade legally – which harks back to the professionalization of medicine. In European illuminist medicine, the doctor treated the body using the intellect while the pharmacist and surgeons used their hands. Therefore, to the minds of the *intelligentsia* of the time, bloodletters, pharmacists and by extension midwives were classified in the lower strata of the arts of healing since they didn't use the intellect in their trade.

The midwives of the European trade were not a homogeneous social group: they came from different social levels and had various degrees of professional recognition.<sup>10</sup> However, they possessed a common profile: they were women of middle-age, married or widows; respected in their profession; with lasting careers; and nearly all had shared the experience of being mothers (Marland, 1993; Beauvalet-Boutouyrie, 2002). Their clients were women from different social levels. The area of influence of each midwife depended on the network of referrals from each client.<sup>11</sup>

In Brazil, the duties of midwives were similar to their European kin: they assisted childbirth, examined wet nurses, cared for the mother and the newborn, carried the children they brought into the world to the baptismal font; were called upon as experts in medical-legal examinations when the matter was virginity; supplied certificates of health and sickness; practiced bloodletting, vaccinated, carried out abortions, offered children up for adoption; treated infertility and female illnesses. But a peculiarity should be added to the regime of slavery of the time in which they lived: the midwives received slaves as boarders and after the birth rented their services out as wet-nurses.<sup>12</sup>

As for qualifications, midwives could be 'part-time' or 'full-time'. The former were only responsible for the birth or acted as helpers sporadically, and didn't consider this activity

as their main or secondary profession. The latter, the midwives of the trade, saw parturition as a profession, being subdivided into three categories: the 'laywomen', the 'qualified women' and the 'graduates'. The 'laywomen' only had empirical-sensorial knowledge. The 'qualified women' were evaluated by surgeons indicated by Fisicatura-mor<sup>13</sup>, the agency responsible for the regulation and inspection of professionals in the arts of healing: after replying to theoretical and practical questions they received a license to practice the arts of midwifery. It should be considered that to answer the questions, the candidate had some contact with the manuals of surgery edited with this aim.<sup>14</sup> Finally, the 'graduate' midwives were those who had attended an obstetrician course at the Bahian or Rio de Janeiro College of Medicine as of 1832.<sup>15</sup>

### **Men present at childbirth: qualification of midwives and regulations of the profession**

In the late 18<sup>th</sup> and early 19<sup>th</sup> centuries, the role played by doctors in childbirth began to change. Some physicians began to spread the idea that childbirth went beyond a phenomena controlled by the laws of nature since its bases were fixed in physiology. Thus, treaties on obstetrics multiplied and speculative explanations about the human body were abandoned. The studies of anatomy, pathology, physiology and general practice as with the discoveries of physics, chemistry and the art of healing were included in the new obstetrics manuals that began to circulate in the 19<sup>th</sup> Century, some of which can be found in the archives of the library at the Bahian College of Medicine. Birth became "the science of childbirth", as Velpeau said in 1835.

In 1737, the English midwife Sarah Stone, in *A complete practice of midwifery* claimed the obstetrical art as a practice specifically for women and highlighted the importance of training midwives to face the competition of surgeons. She warned her kinfolk of the need to dedicate more "to the study of the art" and learn the "difficult part of their trade" since the "decency" of female sex was threatened by these "young gentlemen ... who think that their knowledge exceeds that of any women just because they had attended or were attending a course of anatomy" (Stone, 1737, p.XI).

Influenced by Illuminism, the spheres of political, intellectual and religious power believed that the technical, economic and scientific advancement of the people would be achieved by education. Among the challenges faced by the illuminist nations was the reduction of high mortality, child mortality, attributed in large part to the ignorance of midwives; and to the combat of diseases, especially epidemics. Both concerns strengthened the bonds between government and science that were being established at that time (Filippini, 1993a).

The changes became deeper in the aspects related to childbirth and to the subject of body hygiene. The traditional hegemony of midwives, as being responsible for midwifery and for the care of women and their offspring, began to be questioned by men of science. In the same setting, the State felt compelled to regulate the professions connected to the arts of healing and to demand proper qualifications for the exercise of these trades.

In Europe the regulations of the professions connected to health date back to the 16<sup>th</sup>

century, stipulating that a midwife required a license conferred by a surgeon. Regulation reached Brazil from 1521 onwards, when the Portuguese State, during the reign of D. Manoel I, passed the Master Physician (“Físico-mor”) By-law. This regulation dealt broadly with the arts of healing, carried out by physicans, surgeons, barbers, pharmacists, bloodletters and also midwives and healers, although the reference to these latter two occupations was indirect. The Portuguese law was applied in Brazil until the first decades of the 19<sup>th</sup> century and, while it was in force, those who wished to exercise the ‘art of midwifery’ would have to request a license; this process would begin with ‘a letter of examination’, in which the petitioner answered questions of a theoretical and practical nature. Once approved, the applicant obtained a license to assist childbirths.

We have not yet found documentary proof of the questions used in Portugal and its colonies for the examination of midwives. However it is plausible that they are close to those presented to midwives in the south of Germany (Wiesner, 1993). They began with the training of a midwife and her experience. With whom have you studied and for how long? Have you got children? How many births have you seen or how many have you played a role in? And following that there were theoretical questions: how do food, drink and baths help to make childbirth easier? How do you know if a woman is pregnant and not simply suffering from another type of swelling? How do you know if the fetus will be healthy or sick, alive or dead? What is the normal position for birth and what does one do in case of an abnormal position? What should be done with the umbilical cord and the placenta and especially, how can one be sure that the latter was expelled? Questions were also asked concerning the care that should be given to a primiparous woman and the newborn, and the advice that the midwife should give the mother.

The book by the surgeon Pedro Paulo de Miranda, *Recopilado exame de sangradores* (1745), supplied additional information for candidates of a bloodletting exam in Portugal and its colonies. The work was laid out in the form of a ‘catechism’ with questions and answers and dealt with the use of bloodletting, cupping glasses and scarificators, as well as the application of leeches.<sup>16</sup> The State regulated the therapeutic fees related to the art of obstetrics attributing some to the surgeon-midwife, others to the doctor and still others to midwives. She could not administer medicines, apply leeches or use any instrument during the birth. The midwife was allowed to carry out only normal births; however many of them turned a deaf ear and exceeded the legal constraints of their profession. In some cases, as the Spanish Luisa Rosado for example, disobedience resulted in a lawsuit.<sup>17</sup>

Besides inspecting the midwives work, the State decided it was necessary to ensure that they had basic instruction. They would have to go to school to learn to carry out childbirth with surgeons and doctors, since the new times required much more than just the empirical-sensorial domain of the art. Those who wished to become high level professionals should know how to read and write; they needed to attend classes of anatomy and have the capacity to memorize related information with the help of drawings and models of the body in glass, wood or wax and even an anatomy atlas; and finally, they had to understand the teaching from a scientific point of view.

Numerous interpretations of the nature of men and women, with respect to fundamental capacities of learning, placed the latter in a position of inferiority. Based on these arguments,



surgeons began to argue that 'the nature' of man allows him to acquire obstetrics learning unattainable by the woman. Instead of defending greater training for the midwives, many surgeons preferred to be called when the birth presented complications alleging that they were more qualified to apply forceps and other instruments and surgical techniques. This division of labor was absorbed in such a way that we find it in the laws that regulated assisted birth in Europe and America (Dahl, 2001; Filippini, 1993b; Wiesner, 1993; Ortiz, 1993; Vidal, Tomás, 2001; Pomata, 2001; Sheridan, 2001; Carneiro, 2007).

Among the different courses organized for midwives in Europe<sup>18</sup>, we shall concentrate the French course, since it serves as a model for the two projects set up for the midwife schools in Rio de Janeiro, both of which were unsuccessful.<sup>19</sup> The first systematic experience was applied in the Hôtel-Dieu, in Paris. As early as the 17<sup>th</sup> century this course became a reference as it was the only one to teach dissection and anatomy to the students (Brenes, 1996).

It is worth pointing out the role of Mme. Du Coudray, midwife and teacher of childbirth, who traveled around the French countryside qualifying more than 3,000 students (surgeons and midwives) between 1759 and 1783. She was instructed by King Louis XV to spread the knowledge of obstetrics, in order to reduce the high indices of mortality, in France, attributed to the lack of scientific knowledge of the midwifery professionals (Gelbart, 1993; Brenes, 1996).

In 1795, the Port-Royal Maternity Hospital was founded in Paris: besides attending parturients, it offered a course for the qualification of midwives. During the 19<sup>th</sup> century, the chief midwife was the greatest authority within the hospital, managing the teaching and the service of the childbirths and working shoulder to shoulder with surgeons, despite the conflicts erupting between the two professional categories.<sup>20</sup> Notable in the hospital was Marie-Louise Lachapelle who was responsible for the pedagogic organization of the course for midwives. She extolled learning through 'close observation of the patient', where the apprentice confirmed or not the efficiency of the therapy prescribed in the learning manuals (Beauvalet-Boutouyrie, 2002). The French *sage-femme*, that is to say the qualified midwife, rejected any association however remote with the old *ventrières*, or matrons, as the traditional midwives were known in that country (Brenes, 1996).

Inspired by the cannons of illuminist science, the teaching organization and regulation of the trade meant that the French midwives entered the 20<sup>th</sup> century without any of their traditional standing, as an established position in the community system, sharing childbirth with other women and the transmission of knowledge from mother to daughter (Gissi, 2005).

In Brazil, the setting up of a course for midwives took place in 1832, during the second restructuring of medical learning.<sup>21</sup> The women, who intended to work as midwives would enroll in the Childbirth Course, run by the Colleges of Medicine of Rio de Janeiro and Bahia. To enroll the candidates had to be at least 16 years old, have a certificate of good behavior from the Justice of the Peace of the parish where they lived, know how to read and write properly and pay a 20\$000 reis registration fee.<sup>22</sup>

In 1854, the course was once again modified, introducing new requirements: the age of the candidates was increased from 16 to 21, the good morals of the candidates had to be

certified by the families and authorization to register was given by the father when the candidate was single and by the husband when married. In addition to being able to write and read in Portuguese, knowledge of French and the four mathematical operations was required (Law 1387, April 28, 1854).

The childbirth course was essentially theoretical. Practice of giving birth was taught with manikins, a routine that raised numerous complaints from the professors. The teachers discoursed on the female genital organs, gave oral lessons and examinations and the students had to learn, by heart, concepts from the books used, such as those by Velpeau, Cazeaux, Jacquemier and Mme. Lachapelle, Mme. Boivin (Magalhães, 1922, p.69).

So that the students of the midwife and medical course could make better use of the subject 'Births with illnesses of women and the newborn', the teachers called for the setting up of a specific area for women in different periods of pregnancy, mainly in the last months. In such a setting the students were able to observe in a hands-on manner the changes that take place in the cavity of the uterus during the different months of pregnancy and practice obstetric auscultation (Faria, 1860, p.11-12).

This plea was attended in 1876, when the Santa Casa da Misericórdia da Bahia authorized the setting up of a special delivery and female illness ward in the São Cristóvão Hospital, run by the Sisterhood (Dantas, 1876, p.4-5). The partnership between the Santa Casa and the College of Medicine was mediated by Adriano Alves de Lima Gordilho – the Baron of Itapoan – professor at the College since 1856 and responsible for the chair of Childbirth in 1875.

However, the setting up of the delivery ward didn't draw women to the hospital. During the 19<sup>th</sup> century, the pregnant women who gave birth in this hospital had been interned for reasons other than pregnancy and childbirth. According to Dr. Custódio Moreira de Souza Júnior (1886, p.16), the Santa Casa Hospital delivery ward was a 'morgue', far from attractive for pregnant women. He described the area as a small and unclean room, with no ventilation that constituted a risk to the lives of the woman and child.

The setting up of a delivery and female illness ward, in 1876, divided opinions. Although this alternative was considered ideal in the first half of the 19<sup>th</sup> century, by the end of this period it was labeled as unsatisfactory and 'outdated'. The Bahian doctors wanted to build a maternity hospital on another sanitary base – away from urban settings, in sunny areas and with large airy rooms. A space reserved exclusively for pregnant and puerperal women far from other patients – an impossible procedure at São Cristóvão Hospital. Besides, women in childbirth should be separated from pregnant or puerperal women with any type of infection.

The inauguration of the new Misericórdia hospital – Hospital Santa Isabel – in 1893, with female wards under the management of Climério de Oliveira and the Baron of Itapoan, heeded the requests of the doctors partially but it didn't put a stop to the demand for the construction of a maternity hospital, which led to the foundation of the Climério de Oliveira Maternity Hospital at the turn of the 20<sup>th</sup> century.

The course to qualify midwives at the Bahian College of Medicine began in 1832 and qualified fewer students than the Rio de Janeiro College.<sup>23</sup> During the 19<sup>th</sup> century the Bahian school only qualified two midwives, Joanna Maria Vieira and Maria Leopoldina



de Souza Pitanga, and validated the diploma of two others – Aurora das Dores Leitão and Mathilde Bertelli (General Index..., 1832-1911, sheet 111; Book of Authentication..., 1820-1837, p.37).

In a historical memoir of the year 1871 presented to his colleagues, Dr. Elias José Pedrosa declared that the course for midwives had fallen into disuse, “not due to lack of vocation and capacity” of the Bahians but due to the lack of a delivery clinic, that is to say, the lack of practical classes. He pointed out that neither of the two students qualified exercised the profession until the 1870s (Pedrosa, 1872). The memoirist was unaware of the professional career of Joanna Maria Vieira and Maria Leopoldina de Souza Pitanga who carried out childbirths for several decades after they concluded the course, which occurred in the 1840s, as shown below.

Elias Pedrosa didn't take into consideration other aspects when analyzing the few Bahians attending the midwife course. These included the ability to read and write in the mother tongue, the option for didactic literature in a foreign language, that required the candidates to be able to read in French and English, and the cost of the course. These demands caused many midwife practitioners, coming from the less privileged classes, to be left out, since they didn't have the financial resources for the education and could neither read nor write. Besides these questions, the scientific qualification was not considered indispensable to exercise the profession or acceptance of the competence of the midwife. For these women, childbirth being a social and a natural event did not need to be taught in schools. Many women from the upper and middle classes in Bahia became involved in female education projects from the second half of the 19<sup>th</sup> century onwards<sup>24</sup>, but few felt attracted to the midwifery course.

Despite attempts to enforce ‘the art of childbirth’ regulations, the courses in obstetrics and the technical and pharmacological resources (forceps, anesthetic, asepsis and antisepsis) the quest of men – surgeons and doctors – for a place at the woman's bedside on giving birth didn't proceed without opposition. In part this can be explained by the moral constraint that rejected the idea of men being permitted to touch the body of a woman, and especially her ‘private parts’. Then in 1707, *De l' indécence aux hommes d'accoucher les femmes* (Hecquet, 1990) was published. It is a manifest against the presence of professional men at a woman's bedside, written by the doctor of the religious members of Port-Royal. The profession of the male midwife was a novelty that offended the modesty of a highly religious society.

### **Midwives in 19<sup>th</sup>-century Salvador**

Salvador remained in the mainstream of the changes in mentality and the strengthening of academic knowledge. Besides having hosted medical learning together with Rio de Janeiro, from the 1860s onwards the city sheltered a pioneering scientific movement later called the Bahian Tropicalist School (Escola Tropicalista Baiana).<sup>25</sup> Nevertheless, while in Rio de Janeiro there was a significant movement of midwives seeking to be regulated by the authorities and enrolling in childbirth courses at the College of Medicine, in Bahia the same trend was not observed. The tradition of birth in the Bahian capital remained in

the home, rooted in the network of female solidarity led by neighbors, mothers, aunts, godmothers and by the trustworthy midwives. The obstetrical practices that spread rapidly in the academic world, as part of obstetrics – a specialized branch of medicine – was not reflected in Bahian women, especially the midwives and pregnant women, and did not elicit changes in the traditional rites of childbirth.

Between 1811 and 1826 – before the setting up of childbirth courses – thirteen women requested the *Fiscatura-mor* for their midwifery trade to be recognized.<sup>26</sup> They were Anna Maria do Carmo, Anna Francisca de Oliveira, Anna Roza, Raimunda Nonata de Jesus, Ignacia Francisca de Souza, Anna Maria Joaquina de Sant’Anna, Antonia do Rozário de Moura, Maria da Anunciação, Maria do Rozário, Anna Maria do Sacramento, Clemência Maria da Silva, Joaquina Maria das Virgens and Simoa Maria de Jesus. (Examination Book..., 1825-1828; *Fiscatura-mor*, 1808-1828). Besides the midwives hailing from Salvador and the Bahian Recôncavo, one should note the Portuguese Manoella Benta de Jesus Maria José, examined in Coimbra by the *Protomedicato Junta*<sup>27</sup>, who was held in great respect by the Salvadorian society (*Correio Mercantil*, July 13<sup>th</sup> 1838, p.2).

The examinations took place in the house of one of the surgeons (there were two) in the presence of a clerk. The candidate declared that she had learned the ‘art of childbirth’ as required by the regulations, and answered theoretical and practical questions. If all the requirements were met the candidate received a letter of approval, with which a license would be requested

Induction into the arts of delivery before ‘examination’ indicated that the candidate had learned from another midwife, since in Salvador there is no record of a formal course before 1832. The fact that the candidates answered theoretical questions indicated that they had read or had memorized (in the case of illiterate women) questions presented in the theoretical and practical manuals prepared for those who entered the exams. The *Fiscatura-mor* records are imprecise as to what was asked, but the existence of ‘catechisms’ for the practitioners as we have shown is strong evidence that they were used on these occasions.<sup>28</sup>

Of the 14 midwives licensed by the inspectors only three were Negroes, one of whom was a freed Creole<sup>29</sup>. No slave master/mistress asked for authorization for their slave to work as a midwife, as occurred with the other categories – a bloodletter for example.<sup>30</sup> This particularity shows that childbirth in Bahia was an activity ingrained in cultural tradition, belonging to the network of female solidarity and that the earnings from the trade were of secondary importance. Consequently we do not find ‘working slaves’ among the midwives.<sup>31</sup>

Compliance with the laws avoided problems with the inspection authorities. In Rio de Janeiro between 1834 and 1878, inspectors sought to identify those that practiced healing in the Court, as a way of maintaining control over them. The years 1832, 1835, 1841 and 1842 were noted as being the most zealous in the identification of healing practitioners. From 1850 onwards a new period of inspection with a view to punishment began, and since this time the Central Council of public hygiene demanded that healing practitioners present their respective authorizations. The year 1878 was noted for the rigorous inspection of midwives and also because they disobeyed the prohibition from treating female illnesses. Although the policy of inspections made many midwives apprehensive this did not stop

them from continuing to advertise in the newspapers that were published in Rio de Janeiro (Mott, 1998; Brenes, 1996).

In Bahia, midwives did not suffer from the same pressures that their colleagues in other regions in Brazil experienced. Bahian doctors were concerned with the influence of midwives in providing assistance in childbirth and female illnesses but there is no evidence that the inspection policy seen in Rio de Janeiro was present in Salvador. The clash between doctors and practitioners remained in the rhetorical field. The laws that forbade the activities of midwives and other practitioners in the arts of healing without academic qualification or license went unheeded, which bore witness to the social prestige of this group. This leniency on the part of those who should have 'watched and punished' led the doctors to lambast healers and midwives in the pages of the newspapers and journals and blame the inspectors for inaction.

The Fiscatura-mor (Public Health Inspection Agency) records enable us to establish the matrimonial status of the licensed midwives. Of the 13 women authorized by this agency, four were widows and nine single. That does not mean that these women were celibate, since the experience or being a mother or looking after the children of relatives was a starting point for learning the trade. The study of Kátia Mattoso (1988) on the profile of the Salvadorian family in the 19<sup>th</sup> century revealed that marriage – blessed by the church – was restricted to the elite. The poor and immigrants entered into common law relationships, above all because weddings were expensive. Furthermore, illegitimate wedlock didn't carry any social stigma in Bahia.

Other midwives, possibly laywomen, were found in the death ledgers at the Campo Santo Cemetery. They were: Maria José da Purificação de Andrade, mulatto, native of Bahia, of undeclared Parish, died on July 3, 1878, at the age of 77 from cardiac arrest; Camilla Maria da Silva Dias, mulatto, from São Pedro Parish, died on December 23, 1879, at the age of 70, of a non declared illness; Silvéria Joaquina do Nascimento, white, from the São Pedro Parish, widow, died on July 15, 1883, of "cerebral weakening"<sup>32</sup> at the age of 68; and Bernardina, single, mulatto, from the Parish of Sant'Anna, died on June the 24, 1893, at the age of 50, of pulmonary tuberculosis (Book Registers..., 1878-1893).

As to the color of the lay midwives, the profile is the opposite of those who had passed the examination: only one was 'white' and the others 'pardas'<sup>33</sup>. Most of them were unmarried women, which was the norm among midwives in Bahia. They died at an elderly age and their professional life lasted decades, about the same as the long professional life of the midwives described by Maria Lúcia Mott (2005) in São Paulo and Rio de Janeiro.

As mentioned earlier, the course for midwives at the Bahian College of Medicine didn't attract many students. Only two women received their diplomas and another two validated their diplomas during the whole of the 19<sup>th</sup> Century: Joanna Maria Vieira, graduated on November the 11, 1843; Maria Leopoldina de Souza Pitanga, graduated on November 9, 1847; Aurora das Dores Leitão from Portugal validated her diploma in 1899; and Mathilde Bertelli from Italy.<sup>34</sup> Another foreigner, D. Anna Schurter, graduated at the Bauerberg School enrolled to validate her degree on June 9, 1890 but there is no record of the conclusion of the process (General Index..., 1832-1911, sheet 111; Book of Certification... 1820-1937, p. 7, 37).

The registration of foreign midwives in Salvador was negligible, since the tradition of childbirth was by recognition among the social group, and not by the legitimacy afforded by license or diploma. The Bahian capital in the 19<sup>th</sup> century was the dynamic center of a regional, national and international market. From the second decade of the 19<sup>th</sup> century onwards, with the arrival of the royal family in Brazil in 1808 and the opening up of the ports to international commerce, the circulation of people, goods and capital intensified in Salvador. The presence of foreigners in the city grew, banks and commercial houses controlled by the English, French and Germans multiplied. The apparent discrepancy between the number of foreigners present<sup>35</sup> in Bahia and the low number of foreign midwives led us to the conclusion that they existed but remained on the edge of the profession exercising childbirth occasionally.

The two foreigners who validated their diplomas were women who wanted to establish themselves in the market. The records give us some background information about them. Aurora das Dores Leitão was the daughter of Feliipe Leitão, born in Lisbon on June 10, 1874. She studied at the Medical Surgical School of Lisbon. In order to validate her diploma Aurora was submitted to five evaluations between April 27 and August 1, 1898 when she was fully approved. The Italian Matilde Bertelli, was born on January 3, 1877, daughter of Ângelo Bertelli. She studied at the University of Pisa and was submitted to the same evaluations as Aurora Leitão (Evaluation Book... 1895-1910, p. 04 and 10, overleaf).

The midwives who graduated from the Bahian College of Medicine or had their diplomas certified were white, literate women, who lived by the practice of midwifery, advertising their services and addresses<sup>36</sup> in the Bahian press. In the pages of the daily papers and almanacs we were unable to find the hours of attendance, professional qualifications, services offered, or even 'general information' – changes of address, departures and arrivals on journeys, data declared by the Rio de Janeiro and São Paulo midwives (Mott, 2005). They were introduced with the title of 'Dona', followed by the name, surname and where they could be found. Here is an advertisement of a former student from the Medical College: "D. Joanna Maria Vieira, Maciel de Baixo" (Almanak..., 1854, p.243). The title Dona was sufficient for those few graduated to show that they held a position of respect in Bahian society.<sup>37</sup>

Joanna Maria Vieira, the daughter of José Castanislau Vieira, graduated when she was 21. Her name was in the pages of *Almanak Administrativo Mercantil e Industrial da Bahia* between the years 1855 and 1863. During this period she changed address several times: from Maciel de Baixo, she went to Terreiro de Jesus, then on to Rua Direita do Palácio and finally to Rua do Passo. Joanna's itinerary shows that she lived in the same urban areas as many doctors and surgeons and also lived close to the Medical College in Terreiro de Jesus.

Maria Leopoldina da Souza Pitanga was another midwife whose name was in the *Almanak Administrativo Mercantil e Industrial da Bahia* in the years 1862 and 1863 and could be found at Rua São Bento 4. Maria Leopoldina was born and grew up in the Parish of Santa Anna and was the daughter of João de Souza Gomes Pitanga and Maria Clara de Jesus Pitanga. When she applied for a place in the preparatory exam for the midwifery course, in 1846, her father had already died and she lived with her mother. D. Maria Clara de Jesus requested the Justice of Peace of the Parish of Santa Anna, to provide her daughter

with a good conduct certificate, as required by law at the time. The authorities in question declared that Maria Leopoldina displayed good conduct, was honorable and lived with “all decency” (Registered in the course..., 1843-1846). Graduated at the age of 24, Maria Leopoldina’s profession certainly guaranteed the family income.

The addresses of the graduated midwives were openly available to the physicians and they were well accepted in the circle of health professionals. Furthermore, the streets mentioned above were frequented by those looking for medical assistance, mainly foreigners passing through the city that didn’t belong to any medical assistance group. Also it should be remembered that the Santa Casa da Misericórdia hospital operated in Terreiro de Jesus between 1833 and 1896

Two other midwives appeared in the pages of the newspapers: Francisca Romana de São Pedro, established in Jogo do Lourenço (Almanak... 1863, p.338) and Manoella Benta de Jesus Maria José from Portugal (*Correio Mercantil*, 13 jul. 1838, p.2). The advertisement of the latter was the only one that provided substantial information about her, though unlike the others her address was not listed. It showed where she was examined (Coimbra), the examining body (Protomedicato) and the type of qualification (examined), the cures already practiced (collapsed sternum, stomach), the patient (the young Cazuzza), and the motive (a certificate of ill health of her godson, the young Cazuzza, ‘to be exempt from’ the National Guard). It can be seen from the advertisement that Manoella Benta commanded a position of authority, to the point of producing a certificate that would exempt a patient/godson from joining the troops of the National Guard, sworn *in verbum Sacerdote*. The advertisement also showed the network of solidarity between midwives and their clients and Manoela’s religious option, namely Catholicism. It was common for midwives to carry out emergency baptisms in the case of the stillborn child, as well as leading the newborn children to the baptismal font, thus becoming the godmother of those she brought into the world. This relationship is evidence of the alliance between midwives and the Church, as pointed out by Nádia Fillipini (1993).

The list of midwives who used printed pamphlets to announce their services, as shown above, was very limited. They did not declare their fees or offer free treatment to the poor, as doctors did at the time. There is no proof that they distributed leaflets, not that they shared hospital space with the doctors.

Undoubtedly many of them were already well established in Salvador or in the heart of the communities where they were born or lived, not needing to advertise to draw clients. Mouth to mouth advertising was the main way of advertising midwifery abilities, since their practices were deep-rooted in the custom and beliefs of Bahian society. The midwives kept their position as professional midwives for the whole of the 19<sup>th</sup> century and the first decades of the 20<sup>th</sup> century<sup>38</sup>. During the 19<sup>th</sup> century the Santa Casa da Misericórdia Hospital was the only hospital to attend the population of Salvador and its surroundings or those that were passing through the Bahian capital. We found four female employees on the payroll of the Santa Casa - Joanna Maria da Rocha Dorea, Ana Maria da Encarnação, Maria do Carmo and Maria Constança do Coração de Jesus. They carried out nursing and reception services. General cleaning and cooking services were carried out by female slaves. Literate women, whose signatures appear on the service contracts, were

employed in the female wards.<sup>39</sup> However there was not even one midwife to help the doctors in the female wards at the Misericórdia Hospital (Book 6..., p.4, front; Book of Minutes ..., March 27, 1835, p.7, and August 25, 1836, p.21).

When the service of nursing by laywomen became inconvenient to the doctors and surgeons who worked in the Santa Casa – they complained of ‘confusion’ in the wards and ‘irregularities’ on hospital premises (Book of Minutes..., June 20, 1836) – the employees were replaced by women sheltered in the Santa Casa who could read and write, had a good conduct record and were of working age. But this alternative was provisional, since the Board of Directors decided, in 1847, to invite the nuns of São Vicente de Paula, believing that the religious people, serving as nurses and managers of internal services, would resolve the administrative problems that the hospital faced while at the same time bolstering Christian charity. It was up to the Vicentian nuns to watch over the sick, distribute medicines at the prescribed hours, help to change the dressings, inspect and run the services in the kitchen, inspect the dirty clothing and send it to be washed (Book of Work Schedule..., June 11, 1847, p.23-26). Such measures didn’t appease the discontent of the doctors who dreamed of building a workforce trained by them.

Birth in Bahia had its own particular features that only make sense when interpreted in light of the prevailing cultural traditions. There was a lack of childbirth houses, maternities or hospitals with areas designed for childbirth, a low presence of apprentices in the obstetrics course, little inspection and minimal intervention of the regulatory authorities in the professional activities of the midwives. All this showed that childbirth kept its characteristics as a cultural event restricted to the domestic domain under the care of lay midwives. The scientific culture of childbirth only came to make sense a little later in the first decades of the 20<sup>th</sup> century, based on an alliance between doctors and women.

### **Obstetrics in the pages of the newspapers: the space for doctors**

With the arrival of the Portuguese Court in Brazil and freedom of the press, newspapers, almanacs, gazettes and pamphlets of daily, weekly, monthly and even annual publication began to circulate. Many were aimed at the lay public and carried discussions of a political, religious, moral and informative nature among other themes. Some were aimed at the female public such as *Espelho das Bellas*, *A Chrysalida*, *O Boulevard* and the *Recreio das Senhoras*.<sup>40</sup> There were even those that dealt with issues of specific medical sciences, although some even included literary themes. They were started by doctors who lived in Bahia, or by students of the College of Medicine who sometimes had the support of the professors.

The lay newspapers adopted the European practice of selling space for advertising and other information for the reader and many health professionals used them to announce their addresses, hours of attendance, qualification, service fees and sale of products – many pharmaceutical.

Doctors were those who advertised their services most. Advertisements began to appear in around 1849 and became very common in the 1880s. In 1855 the *Almanak Administrativo Mercantil e Industrial da Bahia* featured the name and address of 20 barbers and bloodletters, 108 doctors and surgeons and one midwife, Joanna Maria Vieira.



Among the advertisements of the doctors in the 135 newspapers researched, we selected those that presented themselves as specialists in delivery and female illnesses. Highlighted were Climério de Oliveira, Baron of Itapoan (or Adriano Alves de Lima Gordilho), Lydio de Mesquita, Virgilio Damazio, Alfredo Brito, Deocleciano Ramos, José Pedro de Souza Braga, Rodrigues Lima, Américo de Souza Marques, Alexandre Affonso de Carvalho, Sátiro O. Dias, Antônio José da Fonseca Lessa, José A. Lopes and Faria Rocha (*Almanach...*, 1889; *Diário de Notícias*, 1888; *Diário da Bahia*, 1883; *Jornal da Bahia*, 1871, 1872, 1874, 1875, 1876; *Alabama*, 1881, 1882; *Tribuna*, 1877; *A Bahia*, 1881; *O Americano*, 1884-1885; *A Ilustração Bahiana*, 1881; *A Lanterna*, 1897).

The abovementioned doctors offered free service to the poor. For Peard (1999), the relationship between doctors and those unable to pay for treatment was a strategy to allow the physicians to broaden their knowledge and evaluate diagnostics, therapeutic and surgery *in loco*. We believe that this is a possibility but it should be remembered that 19<sup>th</sup> century Bahian society was described by Kátia Mattoso (1988; 1992) as conservative in general terms, though flexible in its vertical and horizontal relationships. This society, where wealth did not hold a leading role, cultivated strong ties of Christian piety, making charity a component of social relations. Based on the analysis of the sociocultural premises that gave meaning to the thoughts and actions of Bahians, I contend that free services to the poor was more due to the sentiment of Christian solidarity than to scientific utilitarianism.

In order to attract the elite, different techniques came into play, as the advertisement of Alexandre Affonso de Carvalho shows. It claims that his competence as a midwife was acquired during the time he spent in Europe, working for the main hospitals of Paris and also highlighted the acquisition of modern equipment (*Jornal da Bahia*, 1874).

According to Luiz Otávio Ferreira (1996) medical journals first appeared between 1827 and 1850. The period was marked by material difficulties, lack of reliable collaborators and subscribers among the medical community, the public of these publications being often made up of scholarly laymen who became polemical collaborators. The journals of a political nature were those that most attracted the public's attention. These factors explain the short lifespan of medical journals in Bahia, with the exception of *Gazeta Médica da Bahia* (1866-1931).

The medical journals were a way of affirming academic knowledge in the field of obstetrics and gynecology. The first medical journals in Bahia were published in the 1840s by enterprising students and almost all had a short-lived existence. They were: *O Musaico* (1844-1847), *O Horizonte* (1849, mentioned in *O Atheneo*, 1849, p.116), *O Atheneo* (1849-1850), *O Prisma* (1853) and also *O Crepúsculo* (1845-1847). From 1860 to 1880 – the period characterized by the dynamization and diversification of medical journals – we find the *Gazeta Médica da Bahia* (1866-1931), *O Acadêmico* (1872), *o Instituto Acadêmico* (1873-1874), *O Incentivo* (1874), *O Norte-Acadêmico* (1875), *A Evolução* (1879) and *O Século* (1880).

These journals sought to impart updated information to the reader on the discoveries in the different branches of medicine in Europe and the United States, as well as to discuss Brazilian diseases. They also sought to make advances in Bahian medicine by reporting cases of surgery, diagnosis and treatments, and also report and discuss the academic

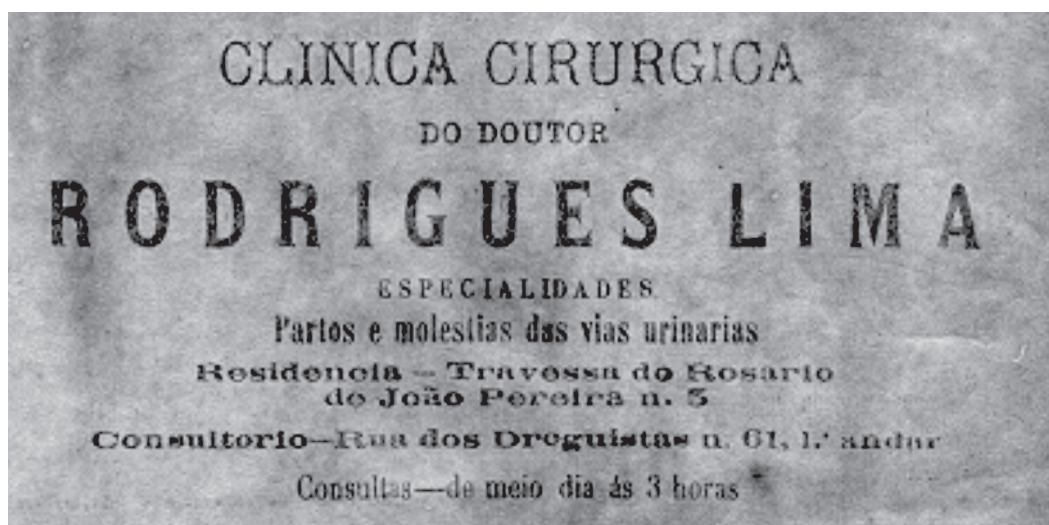


Figure 1: An advertisement for the clinical services of Dr. Rodrigues Lima, published in the *Diário da Bahia*, on December 19, 1883 (p.4).

production of Bahia. The medical journals also reported on social and academic events, for example the death of teachers and students as well as the beginning and end of the academic year. Almost all of them set aside space for discussion regarding childbirth and female illnesses. Thus they helped to bring out into the open topics that until that time had been restricted to the female world.

The doctors proudly proclaimed their skills in the face of difficult births and female illnesses, turning into harbingers of their own knowledge. In this way they attempted to overcome the lack of trust of the families and broke taboos in a society where the social gender roles were clearly defined.

Julyan Peard used *Gazeta Médica da Bahia* for his book *Race, place, and medicine: the idea of tropics in nineteenth-century Brazilian medicine* (1999). The author dedicated a special chapter entitled "Physicians and women in Bahia" to the activities of the Bahian *tropicalistas* tackling female illnesses. Peard noted the leading role of the midwives in assisted birth. She pointed out that this made it hard for doctors to enter in fields in which female know-how was prevalent. The Bahian *tropicalistas* claimed that reproduction and maternity were central to any efforts to build a healthy nation and believed they had the scientific authority to define this alternative path. It was necessary to find a way to oust the midwife from her role of giving assistance to women and to childbirth and substitute her with a doctor. The superiority that the *tropicalistas* attributed to their professional group was ingrained in positivist ideas, as well as advances in science, medical techniques and technology that would enable 'modernity' – symbolized by the doctors – to overcome 'backwardness' – represented by the midwives.

However, the efforts to show that doctors were the best option for childbirth and female illnesses were unsuccessful in the 19<sup>th</sup> Century. Peard (1999, p.124-134) listed a set of elements to justify the limited access of doctors into the field of assisted growth and female illnesses, namely the inadequate training of the doctors that left the Bahian College

of Medicine, and the fact that the women were satisfied with the midwives. She also included the prevalence of the traditional values of society in Bahia with respect to the gender roles, meaning that birth and the female body were considered female matters.

The *Gazeta Médica da Bahia* was neither the first nor the only medical journal to enter into questions related to obstetrics and gynecology – nor were the *tropicalistas* the pioneers in the practice and recording of gynecological surgeries, as Peard (1999) claimed. The academic José Cândido da Costa (June 1, 1849) described in *O Atheneo*, the illnesses that most affected Bahian women, among which he listed uterine cancer, ulcers of the uterine colon, polyps, hysteria, convulsion fits, palpitations and melancholy.

*O Crepúsculo* (1845-1847) set aside a special section for obstetrics. A recurring theme in it was childbirth, the practice of Bahian doctors in assisted birth and the lack of skills of the midwives. In May 1846, Dr. Baraúna wrote a long article on artificial premature birth, basing his conclusions on European literature and his own clinical practice. For this doctor, the techniques that accompany pregnancy – i.e. fetal auscultation – and intervention in birth indicated that science “shed light on the murky depths of error” (Baraúna, May 25, 1846). The argument that doctors were the emissaries of science and modernization underpinned all articles written by them.

Months after the article signed by Baraúna, *O Crepúsculo* came out in support of “the need for the man-midwife during childbirth”, in a long article by Dr. Carrão (December 25 1845), originally published in *Arquivo Médico Brasileiro*. The feature writer affirmed that the man-midwife was, in truth, “the doctor who dedicates himself to help women that are on the verge of giving birth”. He stressed that men had carried out this “service” since the 17<sup>th</sup> century and reiterated the inaptitude of midwives who used “unwise, ridiculous and even barbaric” methods. The author even cited the need to protect the Brazilian nation to justify the supremacy of doctors, namely men trained by their studies and able to “alleviate the sufferings of women, who were often the victims of harm caused by ignorance and perpetrated by credulity” (p.152). The argument would eventually be used by the Bahian *tropicalistas* in the pages of the *Gazeta Médica da Bahia*, as pointed out by Peard (1999).

In 1875, Dr. Pacífico Pereira accepted the invitation of the editorial staff of the *Norte-Acadêmico* to describe a case from his private clinic. Pereira decided to discuss the “pre-placenta”, as in his opinion it was “one of the most interesting matters in obstetrics, which incidentally is very inadequately treated in a large number of textbooks for childbirth and that ... requires a ready and decisive intervention of the man-midwife” (Pereira, September 1875).

The student Amancio Caldas published an article in *O Acadêmico* on umbilical depression presented by a woman in the last month of pregnancy (August 15, 1872). In *O Instituto Acadêmico*, student Antônio de Siqueira wrote about abortion and its treatment (September 1, 1873). In another issue of the same journal, graduate Romualdo Seixas Filho described in detail the removal of the left breast of a woman due to a cancer at the clinical operating theater of the College. The student commented that it was not the first time that he had seen an operation of this kind.

The presence of doctors in the lay or specialized journals caught the attention of Bahian society, providing an opportunity to build a discourse based on position of authority. It

also initiated the process of affirming the knowledge and competence of doctors in the field of obstetrics and gynecology, which caused fissures in the social conventions of the traditional Bahian family. Nevertheless, these medical specialties faced barriers of a cultural, moral and religious nature by dealing with matters until that time restricted to practices and knowledge of women, namely pregnancy, childbirth, puerperium and female illnesses.

## NOTES

<sup>1</sup> On this question see Sheridan, 2001, Dahl, 2001 and Donnison, 1993.

<sup>2</sup> About America see the works of Charlotte G. Borst (1999), Susan L. Smith (1999), Judith W. Leavitt (1986, 1999), Kobrin (1985), Paul Starr (1982), Deborah Kuhn McGregor (1998), María Soledad Zarate C. (2001, 2007) and Isabel Morant (2006). For Europe see Michelle Denbeste-Barnett (1999), Doreen Evenden (1993), Nadia Maria Filippini (1993a), Montserrat Cabré and Teresa Ortiz (2001), Jacques Gelis, Mireille Laget and Marie-France Morel (1978), Mireille Laget (1982), Paulette Meyer (1997, 1999), Ornella Moscucci (1993), Àlvar Martínez Vidal and José Pardo Tomás (2001), Merry E. Wiesner (1993), Adrian Wilson (1995) and Scarlet Beauvalet-Boutouyrie (1999).

<sup>3</sup> See the commented bibliography on assisted birth in Brazil (1972-2002) organized by Maria Lúcia Mott (2002).

<sup>4</sup> For Brazil see the work of Maria Lúcia Mott (1999). Vidal and Tomás (2001) who worked with surgical literature of the XVIII Century written in Spanish, or that circulated in Spain as well as the manuals written for midwives. In all these sources 'midwives' are considered "women who are extremely ignorant of the art". Candice Dahl (2001) worked with similar sources for England, also in the 17<sup>th</sup> Century and arrived at the same conclusions.

<sup>5</sup> We carried out research in series at the National Archive, in the *Fiscatura-mor* documents (1808-1828), surveying all the professionals in the 'art of healing' that were authorized to operate in Bahia state, both in the capital and in the countryside. In the Municipal Historic Archives of Salvador we worked with the Examinations of Surgery and Bloodletting books (1825 to 1828) from where we listed all the health professionals with an emphasis on midwives. In the Historic Archives of the Bahian College of Medicine we went through all the graduation Registry books, called the General Index of Graduates, to identify the midwives who graduated from that institution, as well as those that revalidated their diplomas. Nevertheless, the greatest research efforts were put into newspapers and specialized journals – 135 – as we considered this source would be highly enlightening on the professional trajectory of midwives and doctors. But surprisingly, contrary to other main cities in 19<sup>th</sup> century Brazil, Bahian midwives advertised little in these media, a singularity we show in the course of the text.

<sup>6</sup> This was the case of the Frenchwoman Louise Bourgeois, wife of a barber-surgeon with the French army, who read the works of Ambroise Paré and, after five years of attending poor and middle-class women, applied for the exam to obtain a license to practice her trade (Sheridan, 2001, p.145-147). The same is true of Sarah Stone (1737, p.XV), who claimed to have seen dissections of the female bodies and had read books on anatomy.

<sup>7</sup> For Brazil see the works of Barreto, 2000, Martins, 2004, Mott, 1998 and Marques, 2005.

<sup>8</sup> In the Middle Ages and in modern times, the religious forms of healing were predominately performed by women. Famous midwives such as Luisa Rosado and Louise Bourgeois carried out their trade with divine invocation (Cabré, Ortiz, 2001; Ortiz, 1993). Gianna Pomata (2001) studied under the mystical Italian nuns, including the noteworthy Caterina Vigri.

<sup>9</sup> In Spain in the 18th century, the midwives were paid less than the doctors and the surgeons (Ortiz, 1993). And, in the south of Germany, during the 16th and 17th centuries, they earned less than the surgeons and pharmacists, making it impossible to live on their earnings (Wiesner, 1993).

<sup>10</sup> From one extreme to another, we have examples of midwives from the south of Germany and France. The former were low level municipal employees or daily workers and did not earn enough to provide sustenance for their families, continuing to be dependent on their husbands or public authorities (Wiesner, 1993). While in France, the civil servant Mme. Du Coudray attracted fame, prestige and fortune with the trade of midwife and teacher (Gelbart, 1993).

<sup>11</sup> According to Doreen Evenden (1993), many women found midwives through recommendations from their husbands who heard about allusions to the competence of a given midwife in the workplace.

<sup>12</sup> See the article by Maria Lúcia Mott (2005) concerning midwives as a professional group, their attributions and responsibilities and their inclusion in the labor market in Rio de Janeiro and São Paulo between 1830 and 1930.

<sup>13</sup> On *Fiscatura-mor*, see the article by Tânia Salgado Pimenta (1998).

<sup>14</sup> In Portugal, from the 18<sup>th</sup> century onwards it was already possible to find literature in the mother tongue that dealt with female anatomy, childbirth and female illnesses, for the learning of midwives and surgeons. They were the obstetric manuals produced by Drs. Domingos de Lima and Mello (1725), by the surgeons Manoel José Affonso and José Francisco de Mello (1772), as well as the translation of the works of the Frenchmen Joseph Raulin (1772) and Jean Louis Baudelocque (1785). Other manuals were published during the 19<sup>th</sup> century and had some circulation in Brazil. Teresa Ortiz (1993) found the book by Dr. Antonio Medina, published in Madrid in 1750, which was specifically designed to prepare midwives for the 'Protomedicato' exam.

<sup>15</sup> Maria Lúcia Mott (2005) identified conflict, in the 19<sup>th</sup> century, between these various categories of midwife in São Paulo and Rio de Janeiro.

<sup>16</sup> The questions were: What talents should the bleeder have in order to be perfect? What is the art of bloodletting? What is bloodletting? What parts and veins of the human body are bled? What parts and veins of the head are bled? What parts and veins of the arm are bled? What parts and veins of the hand are bled? Which humors are released by bloodletting? What is an artery and how does one recognize it? What is a nerve and how does one recognize it? What is a vein? How many tunics make up a vein? What differentiates the artery from the vein? How does one look for the vein to bleed? If the vein that the doctor ordered to be bled cannot be found or it may not be pricked as it is beside an artery, nerve etc., what does one do? Under what circumstances may a bloodletter bleed without a doctor's orders? How does one bleed the veins in the feet? What is a cupping glass? What are the most common parts where one uses the dry cupping glasses? How long does it take to apply the cupping glass? How does one do the incision with cupping glasses? What are leeches? In which parts does one apply leeches to? How many leeches are applied? (Miranda, 1745).

<sup>17</sup> Concerning this case, see the article by Tereza Ortiz (2001).

<sup>18</sup> On the midwifery course offered by Universidade Real de Cirurgia de Barcelona, see Ortiz (1993).

<sup>19</sup> I refer to the projects of the French-Brazilian Le Masson and of the midwife Mme. Berthout. For details, see Brenes, 1996 and Magalhães, 1922.

<sup>20</sup> See the article by Beauvalet-Boutouyrie (2002) on this topic.

<sup>21</sup> The arrival of the Portuguese Court in Brazil in 1808 caused political, cultural, economic and scientific changes. Among these changes made by the Prince Regent, was the founding of the Surgeon Schools of Bahia and Rio de Janeiro, through the Carta Régia of February 18, 1808. The Bahian school began in the Jesuit College, at the time occupied by the Military Hospital. On December 29, 1815 medical learning went through its first reform and the school of surgery became known as Medical Surgeon Academy. On October 3, 1832 it was reformed for the second time, being renamed the College of Medicine of Bahia and Rio de Janeiro. To read more about the changes in medical learning, see Edler, 1992.

<sup>22</sup> Acts of the Legislative Power of 1832, law of October 3, 1832, art. 22, p.92-93. See also Aragão, 1923 (p. 31).

<sup>23</sup> Between 1832 and 1876 the Medical College of Rio de Janeiro awarded diplomas to 13 midwives. On the subject, see Mott, 1998.

<sup>24</sup> Recent historiographic studies show Bahian women from different social levels experiencing and experimenting with educational practices and calling for educational programs. On this matter, see Leite, 2005 and Rago, 2007.

<sup>25</sup> On this question, see the works by Flavio Edler (1999, 2002), Peard, 1999 and Coni, 1952.

<sup>26</sup> The administrative records clearly expose aspects relating to the petitioner, to the examiners and to the judicial apparatus. As for the candidates, it discloses the nationality, the color and legal status (free, slaves or emancipated) and matrimonial status.

<sup>27</sup> Between 1782 and 1808 the Protomedicato Junta carried out its duties examining and inspecting the practitioners who did not have academic qualifications.



<sup>28</sup> On the obstetrical manuals in Portuguese in the XIX Century, see Barreto, 2007.

<sup>29</sup> In the Brazilian slave regime 'crioulo' referred to a slave born in Brazil and 'forro' the slave that had received emancipation or a letter of liberty.

<sup>30</sup> The Fiscatura-mor records in the National Archives show that many masters sought to legalize the trade of their slaves. See Pimenta, 1998, concerning barber, bloodletting and healer slaves in the first half of the 19<sup>th</sup> century.

<sup>31</sup> 'Working slaves' were those who worked on the street or both on the street and in the house. This provided a complex network of services in Salvador such as transport of people and goods, sale of foodstuffs and the like and the trades of tailor, cobbler, wet-nurse, barber, bloodletter among others. On this matter see Reis, 1993 and Mattoso, 2004.

<sup>32</sup> An illness with the following symptoms: gradual loss of intellectual capacity, sensation, movement, reduced memory, speech difficulties, headaches and in the more serious cases general paralysis (Chernoviz, 1878).

<sup>33</sup> The term 'pardo' denoted the individual who was almost a mulatto. Technically, it means the descendent of a European father and an African mother (Azevedo, 1996).

<sup>34</sup> The process of certification of Mathilde Bertelli's diploma began in March 1900 and was completed the following year (Book of Certification...1820-1937, p. 10, overleaf).

<sup>35</sup> Commercial center.

<sup>36</sup> The address given in newspapers and almanacs was the place where the midwife could be found. The records do not allow us to infer that they received their clients at home, although it is probable that they had a room that could be used in emergencies or to guarantee the anonymity of a pregnant woman.

<sup>37</sup> In São Paulo and Rio de Janeiro midwives often used different titles in their advertisements such as Madame, *Veuve* or Widow (Mott, 2005).

<sup>38</sup> The folklorist Hildegardes Vianna (1988) worked with several midwives in Salvador and from the countryside of Bahia in the first half of the 20<sup>th</sup> century. She outlined the professional profile of these women, and investigated their reactions to academic medicine. Hildegardes showed that the midwives knew a lot about pregnancy and childbirth and were only ill informed when the topic was 'child care'.

<sup>39</sup> Concerning the Misericórdia Hospital and its workings, see Barreto, 2005.

<sup>40</sup> On this matter, see the work by Leite (2005).

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