“Removed”: American Midwives in the Nineteenth Century and Civil War

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In April of 1865, almost four years to the day after the Battle of Fort Sumter, the American Civil War finally came to an end. The narrative surrounding the years in between these dates are familiar to most as being defined by military victories and major political decisions which culminated in abolition. The history of the Civil War period was traditionally viewed as the history of the war itself, giving preference to traditional military history, but focusing very little on cultural history which was viewed as only being tangentially related to the war. Starting in the early 1990’s after Maris Vinovskis published his “call to arms” of sorts, social and cultural historians began looking to study the war years from new perspectives in an attempt to glean new information about “everyday life in the United States.”¹ The story of the war has now been relayed many times over and has shed light on a plethora of facets of life in this period.

Although social and cultural historians have gained footing in providing insight into many aspects of daily life during the nineteenth century and, more specifically, the Civil War period, the topics of reproductive history and of childbirth practices during the war has widely been avoided.² Generally the Civil War is used as a marker tracking “before” and “after” periods in the field of reproductive health, and most of the medical history written about the Civil War period has focused specifically on Civil War doctors, nurses, and wartime medicine. This leaves a gap that provides relatively little information on childbirth and almost no information about midwives. The narrative of reproductive history that spans the eighteenth into the nineteenth century focuses on the change from traditional midwifery practices which were centered around a female social sphere to the scientific medical study of women’s health dominated by male

² Albeit a brief analysis of the topic, Margaret Humphreys attempts to remedy this gap in Marrow of Tragedy: The Health Crisis of the American Civil War and does discuss the war’s impact on women’s health.
physicians. This idea is even evident in book titles such as *From Midwives to Medicine* by Deborah Kuhn McGregor which implies a shift in which midwives were no longer relevant.

Perhaps because of texts like McGregor’s which focus on the accolades of male doctors like J. Marion Sims, midwives have been largely removed from the history of women’s health and childbirth practices after the early/mid-nineteenth century, giving the impression that female midwives were no longer central in women’s childbirth experiences. This version of events presents a reductionist account that removes the Civil War period from the history of midwives in the United States and only represents the childbirth experiences of a minority of women. What is most interesting about this trend in historiography is that many historians acknowledge that midwives continued to be present at the majority of births up until the early twentieth century. If that is the case, why have most publications about nineteenth-century reproductive health not focused on the continued use of midwives, some even arguing that there was a “gradual disappearance of women from the practice of midwifery”?

The answer to this is twofold. First, from the perspective of the twenty-first century, it is easy to look back on the nineteenth century and focus solely on the major changes that occurred especially since the nineteenth century was the setting for crucial changes in general medical practice. Studying change is central to the study of history in general, therefore historians’


5 Wertz and Wertz, 46.

6 I say “changes” instead of “advancements” because not all medical discoveries and practices were bettered as they evolved. There were areas of advancement and betterment, however that does not disqualify the fact that many people suffered due to poor medical practices. See discussion in Wertz and Wertz, xvii-xviii.
minds are programmed to seek out change, to compare the beginning of an era to the end, and to focus on the differences. Unfortunately, this tendency to identify change overlooks aspects of history that may have stayed the same.

Second, this gap in the historiography potentially identifies a gap in available records. It is always easier to write about a topic with records prevalent in archival collections. In this case, accessible records illuminate the lives of prominent male physicians, certain female physicians, and literate upper- to middle-class families who provided written records. The impact of these subjects on the understanding of medical history and cultural practice is paramount. However, as is often the case in archival records, the prevalence of documents from certain groups should not be taken as evidence of a singular version of historic events. This idea is reflected by Martha Verbrugge in her article on nineteenth century medicine when she states:

On the one hand, medicine lends itself to the study of how various factors interact in different people’s lives; on the other hand, the historiography of medicine has just begun to reflect that complexity. Historians of medicine have traditionally focused on intellectual and professional developments, or medicine as seen through the lives of its most renowned practitioners. The resulting picture is compartmentalized and linear; medical history becomes an account of advances in theory and practice as influenced by scientific changes but insulated from social conditions. 7

Even forty years after the publication of this article, the writing of medical history has a long way to go to portray a full picture of women’s, and more specifically midwives’, continued influence in the nineteenth century.

This paper will attempt to argue that amidst the changes that were taking place in reproductive healthcare in the nineteenth century, there was also continuity in the childbirth practices amongst most women. This continuity would be most evident amongst lower class

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women, women of color, and women in rural communities. It will be argued that the majority of women preparing for childbirth during the Civil War probably had more in common with women in 1800 than what may be assumed because changes in medicine had not yet been widely accepted and they continued to fall back on tradition as they prepared for the birth of their children. There certainly were advancements in medical science which helped bring about the fields of obstetrics and gynecology, but these changes did not alter the actual experiences of most American women until at least 1900. In addition, the years of the Civil War may have actually seen an increase in women who may have otherwise used male physicians instead of using midwives. In order to better understand reproductive practices in the years surrounding the Civil War period, it is necessary to have background on this field which came out of the eighteenth century.

Like so many traditions in American history, the colonial American midwife followed the precedence of their English predecessors. In seventeenth and early eighteenth-century America, midwives’ responsibilities included more than assisting women with their deliveries. In many cases, midwives had larger social obligations such as being required to testify in court regarding paternity of the babies of unwed mothers. Many would have had to question mothers in the midst of their labor regarding the identity of their child’s father in order to help prevent financial dependence on the government. American midwives performed medical tasks unrelated to

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8 Wertz and Wertz state that “male birth attendants...gradually became the preferred attendants at middle- and upper-class births” which does not account for the rest of the childbearing women who did not fall in this demographic. Wertz and Wertz, 44. Emphasis added.
9 See chart in Leavitt, 12.
childbirth as well such as making herbal medicines and calling on sick members of the community, especially in locations where doctors would not have been easily accessible. Colonial midwives were considered the primary caregiver at a birth and only when intervention was needed would a male surgeon or physician be called to a woman’s bedside. Surgical procedures such as cesareans and use of tools like forceps or crochets were not generally used by midwives and, prior to male physicians becoming more heavily involved in birth practices, were not used unless birth was not proceeding naturally. Early American midwives and physicians had a cooperative relationship that intersected when necessary to deliver babies, however this relationship did not persist and over time more male physicians began to assume responsibilities from midwives.

In the late eighteenth-century, there was a feeling of foreboding present amongst midwives. The past fifty years had seen the introduction of a new category of birth attendants that had previously been barred from the lying-in chamber: male midwives. Initially using the term “midwife” just as the women accoucheurs that presided over births before them, male physicians began to offer childbirth services to women in the colonies in greater numbers nearing the turn of the century. This increase in men attending women in travail created a fear over the potential disappearance of the traditional midwife. In the pages of diaries written by women

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14 Ulrich, 54, 255.
15 Female midwives, both male and female physicians, as well as members of the public published essays and voiced concerns regarding the perceived dangers of using male physicians as midwives. This was not only common in America but also in England. For an example of this, see *The Danger and Immodesty of the Present Too General Custom of Unnecessarily Employing Men-Midwives* published in London in 1772 which can be accessed via https://archive.org/details/b30789424_0001/mode/2up; Wertz and Wertz, 43.
16 Leavitt, “‘Science’ Enters the Birthing Room,” 281.
17 Wertz and Wertz, 29, 66.
such as Elizabeth Drinker of Philadelphia, the records of male physicians attending the births of women are revealed.\textsuperscript{18}

Drinker’s journal chronicles a prominent Philadelphia family and their choices regarding regular medical care. In addition, the diary provides information regarding the male practitioners chosen to attend the births of Drinker’s grandchildren. It has been argued that Drinker’s diary illustrates the increased use of physicians in lieu of midwives which has been associated with late eighteenth century childbirth practices.\textsuperscript{19} Instead, it would be more accurate to argue that Drinker’s diary is evidence of a trend amongst middle- to upper-class women in a certain geographic region to make more use of male physicians for childbirth.\textsuperscript{20} While it is true that many women with circumstances similar to Drinker began to make use of male physicians as their childbirth attendants, midwives remained the prevailing choice for American women and their families. While Elizabeth Drinker was recording the use of male doctors as midwives in her family, Martha Ballard was practicing as a midwife for the families in her corner of Maine. Her diary helps illustrate the roles of midwives in colonial communities.

Martha Ballard has become synonymous with early American midwifery due to Laurel Thatcher Ulrich’s text \textit{A Midwife’s Tale}. In many ways, Martha Ballard was an ordinary colonist of Maine in the eighteenth century. What makes her extraordinary is that in a time when most women, or people in general, were not leaving extensive records Martha recorded hundreds of entries that describe her experiences as a mother, a wife, and as a midwife. Ballard’s diary, which encapsulates her daily life between the years of 1785 and 1812, reveals details of her life.

\textsuperscript{19} Ibid, 427.
\textsuperscript{20} Wertz and Wertz, 44; Leavitt, ”‘Science’ Enters the Birthing Room,” 281.
that at one point had been dismissed as being trivial and boring.\textsuperscript{21} The diary describes many of the responsibilities discussed above and in the almost thirty-year long record, Martha attended hundreds of births. Her record also provides documentation of midwifery from the perspective of the midwife. Martha’s diary shows her continued impact on her community and that at that time male physicians had not become “preferred” in Hallowell, ME. The “obstetrical revolution” brought about by male physicians continued into the nineteenth century, but still did not dominate childbirth practices.\textsuperscript{22}

As noted above, the nineteenth century was a period of critical changes in medicine, especially in the nascent fields of obstetrics and gynecology. Beginning in 1828, male physicians began using the term “obstetrician” in relation to their practice with women in childbirth differentiating their work from the field of general medical practice and also from traditional midwifery.\textsuperscript{23} Medical schools in the 1800’s offered varying degrees of education and clinical practice which created a pool of physicians with levels of experience and knowledge that differed vastly. This was perhaps most painfully true in obstetrics and in any area relating to women’s health due to the prevailing Victorian ideals regarding modesty. Beliefs surrounding female modesty stunted the ability of male physicians being able to gain practical experience with childbirth which often led to doctors attending their first birth when they were called to a woman’s bedside. Wertz and Wertz state that “doctors handled the problem of modesty by the rituals against exposure…by cloaking themselves in cultural roles promising that doctors were not only blind but asexual as well.”\textsuperscript{24}

\textsuperscript{21} Ulrich, 9.
\textsuperscript{22} Ibid, 28; Wertz and Wertz, 44.
\textsuperscript{23} Wertz and Wertz, 66.
\textsuperscript{24} Ibid, 49, 50, 66, 92.
There were a few male physicians that gained prominence in the early years of obstetrics and are still associated with developments in women’s healthcare today. Most famous of these physicians is Dr. J Marion Sims who made his medical discoveries while objectifying enslaved women for clinical practice. Known as the “Father of Modern Gynecology,” Sims spent years working on the cure for vesicovaginal fistulas, a terrible malady caused by prolonged labor. In modern day Sims has become an infamous contributor to medical discovery due to his unanesthetized, repetitive surgeries on Anarcha, Betsey, Lucy and many other enslaved women to further his research. These women were, as argued by Deidre Cooper Owens, “central to gynecology’s birth,” for without unimpeded access to their bodies Sims could not have made advancements in gynecological surgery.

Some women were also able to obtain medical degrees in the years prior to the Civil War. Elizabeth Blackwell became the first woman to earn a medical degree from an American college in 1849 and was followed by Marie Zackrzewska in 1856. Both women went on to found medical institutions which both treated and trained women. Among her many achievements, Elizabeth Blackwell is also known for her contributions to the war effort through her creation of the Women’s Central Relief Association and the U.S. Sanitary Commission. Blackwell identified a need and in 1861 “called meetings of like-minded women” and began the plans to assist the Union’s cause. The war also created a demand for thousands of women to contribute as nurses and help nurture injured soldiers back to health. While less attention has been given to female physicians of the mid-nineteenth century than their male counterparts, countless sources discuss

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27 Wertz and Wertz, 59-63; Humphreys, 49, 54, 58-59
28 Humphreys, 69.
the contributions of female nurses during the war. Women’s efforts in relation to medical
practice during the Civil War have almost exclusively been associated with these few female
physicians and female nurses leaving aside the home front contributions of female midwives.
While the war did have major domestic repercussions, the need for midwives did not cease.

Historically it has been illustrated that wars have a significant impact on birth and
marriage patterns, and the Civil War was no exception. Louis Dublin discusses this issue in his
article “War and the Birth Rate – A Brief Historical Summary.”

In our own country, the Civil War provides the first opportunity to observe the effect of
war upon the birth rate. Unfortunately, birth records on a national scale for that time are
not available. Looking through the records of Massachusetts, it is found that the birth rate
fell from a level of 29 per 1000 in 1860 and 1861 to 25.9 in 1862; the decline continued
throughout the war and immed[i]ately thereafter, reaching a low point of 23.2 in 1866.
There was a sharp recovery to 26.2 per 1000 in 1867.29

Many women in the North and the South found themselves in the position of waiting for the war
to be over before they were able to start or continue building their families. Southern women
probably saw the most extreme effects of the war on their marriage and childbearing patterns, but
“it is impossible to determine year-to-year variations in marriage during the war itself.”30 There
were a greater number of Confederate casualties during the war which created a reduction in the
number of men available to marry or have children with, however this did not seem to have a
lasting post-war impact on either.31 Even while thousands of marriages were delayed and
countless women, both North and South, waited for word on their husbands’ return home, babies
continued to be born throughout the war years creating a demand for accoucheurs to assist in the
process.

31 Ibid, 41; Dublin, 316.
Two months after the start of the war on June 17, 1861, Omar Bundy was born in New Castle, Indiana. Little can be gleaned from available records regarding the circumstances surrounding his birth, however it is possible for limited inferences to be made. Having given birth to ten children in the years between 1840 and 1861, his mother Amanda Elliott Bundy was aware of what to expect in the spring of that year when her last child was born. Her husband, Martin joined the Union forces as a paymaster for the volunteer army of Indiana just three months after the birth of Omar. It is unknown whether Martin’s military service is the reason why Omar was the Bundy’s last child, but like so many other American families the war may have had an impact on their future family plans.

Unfortunately, there are no records that provide details surrounding the birth of Omar that spring and it cannot be known whether Amanda called on a midwife or a physician. It is possible that Amanda Bundy used a local midwife to attend to her labor, however there are no advertisements in any Indiana newspapers in 1861 listing the services of midwives. In fact, there are no advertisements for midwives in Indiana during the entirety of the war. The last ad for a midwife prior to the war was published in 1857 for a Mrs. Pinckard (see fig. 1) who offered midwife services and noted her twenty years of experience and references from London. It is possible that no midwives in Indiana advertised after this because they found that word of mouth was just as successful in gaining clientele, but that is merely conjecture. Perhaps, as Margaret Humphrey’s argues more women were using midwives during the war due to lack of access to physicians which also created a demand which did not require additional publicity.

References:
33 All biographical information about the Bundy family was accessed via Ancestry.com.
34 This is not to say a record does not exist, only that it has not been located at the time this paper was written. More research would need to be done to determine if anything can provide additional details.
35 Humphreys, 71.
It is also possible that the family may have made use of a local physician who was not serving as a surgeon for the military. There are ads for physicians offering obstetric services in Indiana throughout 1861, including that of a female doctor named Mary Thomas (see fig. 2) who practiced about thirty miles from the Bundy home. In the case of Omar Bundy’s birth, the list of what is unknown is much longer than what is known. Amanda Bundy is only one of many women whose choices in childbirth attendants have been lost to history. As the war went on, more women across the country gave birth under varying wartime circumstances, leaving no records. Additionally, the lack of both primary and secondary sources on midwives needs to be remedied to create an accurate portrayal of birth during the Civil War.

Figure 1 Accessed via Newspapers.com from Ancestry, the Evansville Daily Journal (Evansville, Indiana), Saturday, August 1, 1857, pg. 3, https://www.newspapers.com/image/321636280.

Figure 2 Accessed via Newspapers.com from Ancestry, the Richmond Weekly Palladium (Richmond, Indiana), Thursday, March 7, 1861, pg. 4, https://www.newspapers.com/image/465171729/.
What is most devastating to our understanding of midwives in the nineteenth century is the fact that there seems to be no Martha Ballard for this period. That is not to say that there was no midwife in the nineteenth century who played a large role in the health of their local community like Ballard, their record may not have yet been found or has been lost due to lack of preservational foresight. What is more realistic is that most midwives of the 1800’s did not leave a written record, leaving a gap and a silence in the historical record which has become dominated by records from male physicians. Based on the many references from historians noting that midwives continued to attend most births until the early twentieth century, there were plenty of women who attended births whose records would be beneficial to a better modern understanding of midwifery practices that remained central to women’s health throughout the nineteenth century. In addition, according to the Occupational Report from the census in 1900, there was an increase in the number of midwives in the years following the Civil War.\(^{36}\) This statistic deserves additional attention to determine more about this growth in the profession.\(^{37}\)

Perhaps the best source in helping to identify midwives for additional research will be newspaper advertisements. In searching a newspaper database using “midwife” as the keyword and limiting results to the years between 1861 and 1865, over one thousand results are populated. Mrs. Hardie (fig. 5) of Salt Lake City who is identified as a midwife published an ad in 1862 noting that she had moved from her prior location. Mrs. M. A. Easley (fig. 6) is listed in The Democrat of Huntsville, Alabama in 1861 as a “practical midwife” who can offer “a valuable remedy for delicate females.” Madame Mazeaux (fig. 7) offered “comfortable apartments at her

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\(^{37}\) Midwifery is generally not identified as a profession in part due to the varied training and lack of professional organization. Based on the variety of medical degrees in the nineteenth century it seems fair to give midwives the same recognition. See Wertz and Wertz, 47.
“residence” in her 1862 ad which notified readers she had “removed.” These are just a few of the results identified in a search only using one resource. These women may be the key to answering many questions regarding midwives in the nineteenth century, and more specifically during the Civil War.\textsuperscript{38}

In 1983, Judith Walzer Leavitt published an article discussing the transition from female midwives to male physicians in which she argues that during the nineteenth century “social childbirth” and “medical childbirth” “vied for supremacy.”\textsuperscript{39} This essay has attempted to argue that there was no struggle for “supremacy” between doctors and midwives. Midwifery continued through the nineteenth century and potentially even saw growth in the number of women who followed the traditional practice. The nineteenth century saw many cultural changes, groundbreaking medical discoveries, and a war that forever changed American history. American midwives persisted throughout these changes, assisting women in their times of need, and delivering the next generation of Americans. The historiographical gap on these women does not reflect a shift to male obstetric dominance in childbirth, just a silence in the records that needs to be remedied.

\textsuperscript{38} All advertisements were accessed via Newspapers.com from Ancestry. See appendix for images and links.

\textsuperscript{39} Leavitt, “‘Science’ Enters the Birthing Room,” 304.
Bibliography


Appendix

Figure 3 Accessed via Fold3 from Ancestry, https://www.fold3.com/image/305282632.
Figure 4 Accessed via Fold3 from Ancestry, https://www.fold3.com/image/305282626.

Figure 5 Accessed via Newspapers.com from Ancestry, The Desert News (Salt Lake City, Utah) Wednesday, June 18, 1862, pg. 7, https://www.newspapers.com/image/286320864/.
Figure 6 Accessed via Newspapers.com from Ancestry, The Democrat (Huntsville, Alabama), Wednesday, June 12, 1861, pg. 2, https://www.newspapers.com/image/607094053/.

Figure 7 Accessed via Newspapers.com from Ancestry, https://www.newspapers.com/image/624041259/.