MEDDLING MOTHERS AND MEDIATED MIDWIVES: GENDER, CLASS AND
PROFESSIONALIZATION IN MATERNITY CHARITIES OF EIGHTEENTH-
CENTURY LONDON

By
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(Under the Direction of Jennifer Palmer)

ABSTRACT

Midwifery scholarship relies heavily on early modern medical or ecclesiastical sources, which limited what historians can know about the other half of the midwives’ story: the women who gave birth. This article examines the records of several different maternity and lying-in charities to better understand the experiences of poor women and partition mid-eighteenth century. The maternity charities’ records revealed the complex relationships between midwives, their patients, and the charity that reinforced emerging ideas about the scientific categorization of women, while also providing continuity within obstetric care during the professionalization of midwifery during the Georgian period.

INDEX WORDS: Maternity Charities, Royal Maternity Charity, Midwifery, Childbirth, Eighteenth-Century London, British Lying-in Hospital
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B.A., The University of Georgia, 2015

A Thesis Submitted to the Graduate Faculty of The University of Georgia in Partial Fulfillment of the Requirements for the Degree

MASTER OF ARTS

ATHENS, GEORGIA

2017
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CHAPTER 1

MEDDLING MOTHERS AND MEDIATED MIDWIVES: GENDER, CLASS AND PROFESSIONALIZATION IN MATERNITY CHARITIES OF EIGHTEENTH-CENTURY LONDON

During their meeting at Wills Coffee House in Cornhill, London on November 25, 1768, the Committee of the Royal Maternity Charity for Delivering Poor Married Women in their Own Habitation heard a complaint from an “Object” of the Charity:¹

Then appeared Eleanor Owen of Golchester street, White Chapel and laid a complaint against Mrs. Willis for ill usage in her Delivery, but appearing upon examination and Dr. Ford’s audit that was a difficult case in which the midwife has as far as she was able acted conformable to her instruction and had sent for Dr. Ford who actually safely delivered the woman. The affair was dismissed and Mr. Heckford undertook to report the case for the satisfaction of the governor who recommended Mrs. Owen to the Charity.²

Complaints like Mrs. Owen’s fill the Minute Books of the Royal Maternity Charity; these records uncover the internal organization and daily operations of a maternity charity in eighteenth-century London.³ This episode in particular demonstrated how various interests intersected within the organization: the expectations of pregnant women, the duties of the midwives, the responsibilities of the physicians and men-midwives, and finally, the motivations of benefactors and

¹ When referring to the women the charity aids, the committee frequently refers to them as “objects.” Other charitable institutions such as the London Foundling House also used this terminology to refer to its inhabitants during the same period. See Tanya Evans, “‘Unfortunate Objects’: London's Unmarried Mothers in the Eighteenth Century.” Gender & History 17, no. 1 (April 2005): 131.
² “Lying-in Charity for Delivering Poor Married Women at their Own Habitations” was an earlier name for this charity. See The Royal Maternity Charity Royal Maternity Charity Minute Book: 1765-1768, GB 1538 S60/A/1, Records of the Royal Maternity Charity, Royal College of Obstetricians and Gynaecologists Archives, London, England.
³ An official complaint occurred when a beneficiary, husband or another representative on her behalf appeared before the company. The committee arbitrates, investigates and resolves the claims of each woman. Though complaints often appear in the records of monthly meetings, the 59,739 women delivered from 1757-1780 testifies to the success of the charity. See “An Account of the Lying-In Charity for Delivering Poor Married Women at Their Own Habitation Instituted 1757” (1780) MST.314.2, Wellcome Library Archives, London, England.
committee. In her complaint, Ms. Owen accused the midwife, Mrs. Willis, of “ill usage during her delivery” indicating not only her difficulty during labor but also her expectation of the midwife to alleviate those travails. Mrs. Owen’s grievance revealed the relationship between the midwife and her patient during this time period: the average pregnant woman depended on a midwife to deliver them with a certain level of care and skill, despite the emergence of professionalized obstetric medicine and the increasingly fashionable use of man midwives among the well-to-do.\textsuperscript{4} However, Mrs. Owen’s assumption about midwives’ skills exposed the restrictions placed on eighteenth-century midwives: the exclusion of women from advanced medical education. According to Dr. Ford, Mrs. Willis “acted conformable to her instruction,” which affirmed the limitations of midwives’ knowledge about “difficult” cases that required advanced medical training. Additionally, Mrs. Owen’s testimony revealed the relationship between midwives and medical men: the defense of the of Mrs. Willis’ performance by Dr. Ford, and, even more importantly, Mrs. Willis’ decision to send for the physician illustrated the professional cooperation that existed between the midwives and physicians of the charity.\textsuperscript{5} This complaint reveals how the maternity

\textsuperscript{4} At this time, most women were still delivered at home by midwives. For many women in London, as with the rest of Europe, the midwife and other attending women created an exclusive female space for the impending delivery. Preparations often included shutting windows and doors, using candles to illuminate the room, providing nourishment in the form of a broth or mulled wine, and finally, spiritual support through specialized religious prayers or relics. Maternal and infant mortality was always a risk during labor, therefore an expecting mother placed much of her hope and confidence in the midwife she chose to deliver her.

However, by the 1760s, upper-class women preferred using men-midwives’ services during childbirth. Men midwives emerged in the seventeenth century, and, at the beginning, shared a similar knowledge and training backgrounds with urban midwives through the public circulation of medical texts. Eventually, men midwives’ education surpassed that of their female counterparts through women’s exclusion from formalized medical training such as classes on anatomy. Consequently, middle and upper-class women began using men midwives because the male practitioners were seen as “fashionable” and “modern.” See Lisa Forman Cody, \textit{Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britons}, 190.


\textsuperscript{5} Historian Donnison argued the decline of midwives’ professional status correlated with the rising prestige of male medical practitioners. Professional universities, societies and publications helped solidify the male control over the medical profession through excluding female voices. The increasing professionalism of medicine and the simultaneous exclusion of women from the professional fields drastically atrophied the medical authority of the midwife. See Jean Donnison, \textit{Midwives and Medical Men}, 62.
charity contributed to the professionalization of obstetrics; however, the organization also provided continuity in childbirth for poor women during the eighteenth-century in London by codifying the traditions of midwifery through education, though with obvious gender limitations.

In addition to describing the professionalization of midwifery, the Owens’ complaint provided insight on how the committee governed the maternity charity’s operations; by investigating and eventually dismissing Mrs. Owens' claim, the committee inserted itself into this narrative by adjudicating conflict between the mother and midwife. After the committee’s verdict in Mrs. Owen’s case, the secretary reported the committee’s decision to the “governor who recommended Mrs. Owen to the Charity.” The benefactors of the charity actively participated in securing both staff and patients for the lying-in charities, which created a patronage system that regulated class and gender expectations through its rules and orders for both the patients and the midwives. At the charity’s monthly meeting, the committee mediated the expectations of obstetric care between the governors, midwives, and patients by determining the outcome of each complaint.

Through the intervention of the committee during the complaint process, the previous centuries’ power dynamics between midwives and mothers shifted: now the patients helped regulate the midwives through the complaint system of the maternity charities. The establishment of organizations such as the Royal Maternity Charity exposed the repurposing of midwifery from religious care to medicalized poor relief in eighteenth-century London. As a reaction to infant mortality becoming “alarmingly high” in the first half of the eighteenth century, London’s lying-in charities took over the

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6 Governors received a certain number of “tickers” to refer “objects” to the charity based on their financial donations. When hiring midwives, the committee required the applicant to have a recommendation from a governor.
regulatory authority of midwifery from the parish churches starting in the 1750s.\(^7\) Whereas the parish oversight of midwives focused on performing proper religious rituals such as baptism in childbirth, the transition to maternity charities’ regulations emphasized the administering of proper medical care and comfort to women.\(^8\) With this transition, midwives no longer enforced the parish interests like they did in previous centuries. Instead during the Georgian period, the middle and upper classes established new systems of poor relief through charitable institutions and benevolent societies, which were aimed at alleviating the suffering of the lower classes.\(^9\)

Indicated by the names of the various organizations, maternity charities specifically provided relief and medical care to impoverished pregnant women during parturition. Despite the limitations of being authored by the upper-class male committee members of the maternity charities, the records from Minute Books of Royal Maternity Charity, along with various other publications circulated by the other London lying-in hospitals, revealed the experiences of middling and lower-class women during pregnancy. While medical knowledge concerning obstetrics and


Midwives served an important religious role for the London parishes by performing baptisms and last rights during emergencies in childbirth. Also see Doreen Evenden, *The Midwives of Seventeenth-Century London*, 50.

\(^8\) Past scholarship emphasized the critical role midwives performed in the community during the sixteenth and seventeenth centuries. Doreen Evenden’s book used ecclesiastical licenses and wills to affirm midwives’ good standing in the communities of seventeenth-century London. In her work, Evenden revealed the respectability and high social status of the midwifery profession. Through her detailed investigation of the training, social, and professional expectations for women who became midwives, Evenden challenged previous scholarship that claimed midwives failed to compete with man-midwives due to a lack of training and status. Most women had years of training before acquiring a license according to ecclesiastical licensing records. Not only did London midwives have formal training, but they also served as pillars of the parish. The parish expected midwives to adhere to a moral and religious expectation and establish competence through training and experience. See Doreen Evenden, *The Midwives of Seventeenth-Century London*, 50.

\(^9\) In her article “Pleasing Spectacles and elegant Dinners,” Sarah Lloyd argues that these charities and their fundraising efforts, such as anniversary sermons and feasts, expanded upon older systems of religious and civic obligations. Charities became fashionable and provided a platform of “ritualized activities, marked out materially, aesthetically, spatially, and temporally from other philanthropic business, and with a correspondingly increased capacity to represent social relationships and create authority.” See Sarah Lloyd, “Pleasing Spectacles and Elegant Dinners: Conviviality, Benevolence, and Charity Anniversaries in Eighteenth-Century London.” *Journal of British Studies* 41, no. 1 (2002): 26.
gynecology did become more institutionalized through the professionalization of medicine as noted by previous scholars, the records of Royal Maternity Charity revealed how women associated with the charity navigated social expectations of their class and gender to receive proper medical care during pregnancy.

The complaints recorded in the Royal Maternity Charity minute books illustrated the patients’ expectations of care, the midwives’ assumption of their duties, and finally, the committee’s judgment of both parties’ presumptions. These charities regulated midwives through medical instruction and defined what medical care female patients deserved. Within London’s maternity charities, physicians and philanthropists determined the medical and social boundaries placed on the reproductive bodies of middling and lower-class women in the eighteenth century. Nevertheless, through the instruction and regulation of midwives, the maternity charities ensured a continuity of traditional obstetric assistance given by midwives. In addition to maternity care, the charity provided its patients with a voice: the committee’s mediation of complaints created a space for female patients to assert, often successfully, their grievances, which held the charity accountable for administering proper obstetric care.

**Gender and Sexuality in Georgian London**

Georgian concepts of sexuality and gender influenced the maternity charities’ mission by emphasizing women’s primary roles as mothers through irrevocably linking the female identity to her reproductive biology. According to Thomas Laqueur, before the eighteenth century, many ascribed to the ‘one-sex’ model, which held that female anatomy contained the same reproductive structures and functions as the male, except that the female reproductive organs were internal.\(^{10}\) Tim Hitchcock expanded upon the work of Thomas Laqueur and Londa Shiebinger to argue that the transition in

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the eighteenth century from the anatomical theory of the ‘one-body’ model to the ‘two-body’ model in gender distinction resulted in female sexual passivity.\textsuperscript{11} The new ‘two-sex’ model emphasized the role of men as the primary instigator and participant during intercourse; Hitchcock argued that “the increasing phallo-centric and penetrative sexual culture of the late eighteenth century both encouraged and made possible the denigration of female sexuality and perceived passivity.”\textsuperscript{12} The ‘two-sex’ model became the dominant theory during the eighteenth century. This theory provides the basis for the separation of gender roles in the modern period; the ‘two-sex’ model described the male and female body as opposites and stated that biology was the origin of gender differentiation.\textsuperscript{13} In the eighteenth century, scientific theories and medical discoveries redefined the female body, which began linking women’s role in society to their reproductive biology.

Historians of gender recognize that a transition occurred in early modern period that began relegating women to domestic and maternal work based on biological concepts. In her book, Eve Keller established a link between the popular publications of medical texts and early modern ideas of sex differentiation. Keller identified that the mass publication of health and anatomy treatises increasingly linked female personhood to their bodies' biological functions, particularly during pregnancy.\textsuperscript{14} These medical publications characterized women through their reproductive biology, thus establishing a scientific basis for female identity becoming

\textsuperscript{12} Hitchcock, “Redefining Sex in Eighteenth-Century England,” 80.
\textsuperscript{14} Keller, Eve, Generating bodies and gendered selves: the rhetoric of reproduction in early modern England, (Seattle : University of Washington Press, 2007) 89.
linked with reproduction and motherhood during this period.\(^{15}\) Now branches of medicine like gynecology and obstetrics began explaining female biological functions in distinctly gendered terms.\(^{16}\) New theories in medicine explained the emergence of scientific sexism: “Notions of biological maternity and of female physiology justified the association of women with nature in opposition to culture, they designed woman’s place with the family, the most basic biological and social unit.”\(^{17}\) With the establishment of scientific sexism, Georgian society, including charitable societies, began defining womanhood through gendered biological and sexual terms.

In the eighteenth century, charities for women operated with a clear understanding of contemporary gender paradigms, and, in doing so, these institutions became a system in which society defined and regulated poor women’s personhood. In an illustrative example, in his sermon benefiting the Magdalen House for Penitent Prostitutes, Reverend William Dodd demonstrated Georgian ideas about female sexuality in his explanation of the occupation: “every man who reflects on the true condition of humanity, must know, that the life of a common prostitute, is as contrary to the nature and condition of the female sex, as darkness to light: and however, some may be compelled to the slavery of it.”\(^{18}\) Dodd emphasized the polarity of prostitution and the nature of women by comparing “darkness to light”; this metaphor established


\(^{18}\) Dodd, William. *A sermon on St. Matthew, chap. IX. ver 12, 13. Preach’d at the parish church of St. Laurence, near Guild-Hall, April the 26th, 1759, before the president, vice-presidents, treasurer, and governors of the Magdalen House for the reception of penitent prostitutes. By the Reverend William Dodd, Lecturer of West-Ham, Essex, and St. Olave's, Hart-Street, London. Published at the Request of the President, &c.*, 2nd ed. London: printed by W. Faden, for the Charity: and sold by L. Davis and C. Reymer, opposite Gray's-Inn, Holbourn, [1759]. *Eighteenth Century Collections Online* (accessed August 21, 2017), 4-5.
prostitution in direct opposition to the “nature” of women. Prostitution indicated active female sexuality, which directly contradicted society’s expectations of female passivity. Now for the first time, existence of prostitution extended beyond a social and a moral disturbance – the women in sex work deviated from their true “nature.” By invoking “nature,” Dodd used ideas about female biology to support Georgian gender expectations of women’s sexual passivity. To explain away visible reminders of overt female sexuality, Dodd characterized the prostitutes as “compelled” and “enslaved.” Dodd repeatedly stressed involuntary position of the prostitutes by repeating the paradigm of urban seducers planning “to entrap innocent and unwary girls…to ruin and enslave.”19 The sermon reinforced the subjugation of women’s sexuality by characterizing women in sex work as coerced victims. By relegating prostitutes to “enslaved” women forced into their occupation, Dodd’s sermon redeemed prostitutes for violating the social and biological order. However, the women’s absolution came at a price: these attitudes absolved these women through stripping them of their sexual autonomy.

While Georgian ideas of biology reflected an increasing adherence to the classification of women as sexuality passive, urbanization and industrialization further contributed to the stratification of gender. By the end of the Georgian period, Londoners had witnessed their city transform into Industrialized global power. While many young people from across Britain flocked to the city for employment, the economic opportunities were dispersed unevenly between the sexes. During this period, women saw their employment options become limited to unskilled and poorly compensated labor such a domestic service, needlework, laundry or street selling.20 In addition to these economic and demographic changes, new social concerns,

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19 Ibid, 6.
particularly issues of poverty and crime, emerged. Now issues like prostitution became more visible and worrisome in London’s crowded urban environment. Charities, like the Magdalen House, were established mid-century to address the problems of urbanization and industrialization.

The Magdalen House defined the validity of penitent prostitutes as proper “objects” of charity to the community by emphasizing their economic value to society in addition to categorizing the women as victims of London’s urbanization. In his speech supporting the charity, Dodd urged parishioners to support “the thousand victims [prostitutes], which are annually offered up in this metropolis.” Here again, the charity defined women as passive victims of their circumstance. However, this time their exploitation was not at the hands of a particular seducer, but, instead, the women became consumed by the “metropolis”. When a woman becomes a prostitute, Dodd noted “a useful member cut off from the community.”

However, these same women can regain their utility to society through the Magdalen House, where they will be reformed and employed. The work done by the women included spinning, making caps, shirts, winding silk, and embroidering gloves. Now, the “disgraced” woman may reenter the community by becoming economically beneficial in a more appropriate female work. In addition to employment, the charity provided religious instruction its effort to reform prostitutes and, eventually, the goal being to integrate them back into society in more proper roles such as “useful and faithful wives.”

Similarly, the maternity charities also wished to aid women in their proper roles as wives and mothers. The Magdalen House’s employment of prostitutes revealed how

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22 Dodd, William. A sermon on St. Matthew, 10.
23 Ibid, 9.
24 Ibid 47.
Georgian charities enforced gendered stereotypes of women's nature and utility to society.

The associational charities for women defined who and who was not worthy of aid based on assumptions of female passivity and helplessness. By progressively linking women’s biology to social expectations of gender these charities created a narrative of female victimization. The concepts of female sexuality mirrored in Dodd’s Magdalen House sermon reinforced and emphasized Georgian heterosexual power relations: men in the role of seducers and women the objects of seduction. In his sermon Dodd claimed that sexual misdeeds “abundantly [demonstrate] to us, that men, for the most part, are the Seducers…and consigns [the woman] to contempt and disgrace!” Dodd's sermon captured the implicit inequality of this gender model: “While the author of their distress may triumph in his villainy: and – shame to human nature – not to be branded with on mark of reproach for the ruin of a fellow creature.”

The male sexual aggressor acted with impunity, while the sexually subjugated woman bore society’s censure, sometimes quite literally if she became pregnant. Dodd gravely concluded that after sexual impropriety the “soul and body [of the women] are lost at once.” In contrast, the male transgressor, ultimately “triumphs” through his sex, which does not betray his sexual improprieties through parturition. The implication that the female body irreparably changed after a sexual impropriety demonstrates how Georgian society bound a woman’s personhood to her physiology - making the female body a perpetual victim of its own anatomy in the eighteenth century. Maternity charities adopted these same assumptions when they characterized women as victims of partition, which provided the justification for charitable intervention.

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26 Ibid, 10.
27 Ibid, 10.
Maternity Charities of Georgian London

Georgian views on female sexuality and biology played an important part in establishing the mission and principles of lying-in charities. In similar terms to the Magdalen house sermon, an account published by the Royal Maternity Charity justified the organization's charity through reducing female corporeality to reproductive functions:

“It was the appointment of God in consequence of the first transgression, that in Sorrow Women should bring forth Children. Accordingly, Terrors, Pains, and Dangers are the inseparable Attendants of Labor. A Child is not born into the World, but at the Hazard of that very Life, to which, under God, it is indebted for its own.”

The charity’s rhetoric described the female body as a manifestation of women’s celestial victimization instead of parturition being a naturally occurring biological function. The publication invoked Judeo-Christian tradition that portrayed women as casualties of Eve’s indiscretion and made the experience of childbirth a divine punishment. The account went on to argue that pregnant women, divinely cursed, should become objects of earthy compassion: “at the very time that he [God] decried woman to multiply her sorrow and her conception, [God did] design, in order to mitigate that sorrow, to impress upon the human heart a strong commiseration of her sad condition.”

The publication’s allusion to Genesis 3:16 demonstrated how old structures of religious misogyny were reused in the Georgian period to provide two rationales for the charity’s obstetric intervention. First, the passage reinforced scientific concepts of women’s bodies being passive objects acted upon by both natural and divine forces. Second, by citing the heavenly mandate linking women to

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28 The maternity charities outlined their organization’s mission, history, and general operations in accounts, which they would then publish and circulate to benefactors or potential benefactors. See “Account of the Lying-In Charity for Delivering Poor Married Women at their Own Habitations” 1780. MST314.2 Wellcome Library, London, 3-4.

the “sorrow” of conception, the publication provided a religious legitimacy to the emerging Georgian ideas that relegated female identity to her biological role in reproduction. By depicting the travails of childbirth in biblical terms, the charities built upon old gender archetypes to support new concepts of scientific sexism that redefined women as victims of parturition. An account from the British Lying-in Hospital noted why poor pregnant women were in particular need of aid: “How great is the Hazard that the helpless mother, or the child, or perhaps both, may by their deaths become melancholy instances of the Evils of real Poverty?” These women suffered twice over: first, due to their sex; second, due to their social standing. Thus, the charities’ religious motive “to mitigate [women’s] sorrow” validated the medical intervention into the lives and the bodies of working-class women.

The published accounts of the Royal Maternity Charity and British Lying-In Hospital illustrated how society viewed and then ultimately dealt with reproduction within the poor relief systems of eighteen-century London. Between 1747 and 1757, various benefactors founded four lying-in hospitals and one maternity charity that delivered women in their own homes. The establishment of maternity charities indicated the middle- and upper-class interest in managing poor women’s parturition. Wealthier upper classes became concerned with the health of poor pregnant women from 1739 onwards due to a perceived decline in population. Through intervening and managing the pregnancies of poor pregnant women, the benefactors of maternity charities hoped to improve the health of the general population for economic and nationalistic prosperity. The mid-eighteenth century was a period of early industrialization and expanding empire, both of which were thought to require a

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32 Ornella Moscucci, The Science of Woman, 12.
healthy and growing population to continue. Therefore public concern over morality rates of mother and infants encouraged the foundation of various maternity charities.\(^{34}\) Physicians, civic leaders, ministers, and wealthy sponsors, called governors and governesses, all took part in forming these institutions to aid poor women during their pregnancies.\(^{35}\) Through these philanthropic organizations, the middle and upper class defined ideas of poverty and gender by selectively aiding working-class women.

The account of the charity published in 1780 described eligible patients as the “sober and industrious poor.”\(^{36}\) This distinction made by the charity demonstrated the varying social circumstances of London’s impoverished citizens, and, more interestingly, whom the charity considered worthy of their specific aid.\(^{37}\) Repeatedly in their account of the Royal Maternity Charity, the authors emphasized the “industriousness” of their patients: “The industrious poor are the support of the community. Consequently, every expedient that tends to the preservation of their lives and health is of general utility.”\(^{38}\) The account highlighted the “utility” of the poor by emphasizing their communal benefit, and revealing the conditional terms of the charity: the objects’ provide the community with an economic benefit through their “utility” and “industriousness.” The language the charities used by the ruling classes of Britain to describe the work ethic of their beneficiaries emphasized the anticipated economic value of not just the mother, but also the family unit as a workforce. Through specifically targeting the “industrious” poor, the Royal Maternity Charity encouraged economic productivity of the lower classes.

The account of the Royal Maternity Charity Hospital emphasized a similar theme of

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\(^{34}\) Ornella Moscucci, *The Science of Woman*, 11.

\(^{35}\) Lisa Forman Cody, *Birthing the Nation*, 177.

\(^{36}\) “An account of the Lying-in Charity for delivering poor married women at their own habitations: instituted 1757” (London, 1780) 5.

\(^{37}\) Poor relief charities established during the mid-eighteenth century focus on specific relief such as maternity care or education for the “settled” poor, who held steady employment and belonged to a parish. These charities contrast with other efforts of poor relief such as parish workhouses, who usually admitted the most destitute and migrant poor. See Tim Hitchcock and Robert Brink Shoemaker. *London Lives: Poverty, Crime and the Making of a Modern City, 1690-1800*, (2015) 258.

Acts of Parliament established and expanded on the Act of Settlement in the eighteenth century, which defined “who was settled where.” To receive under settlement law, the poor must prove their residency in a certain parish through birth, marriage, apprenticeship, regular employment, or renting a home of a certain value. A certificate of settlement system was established in the 1690s, further regulating the poor’s movements and what aid they were to receive, if any, from the parishes. See J. S. Taylor, “The Impact of Pauper Settlement 1691-1834”, *Past and Present*, 73 (1976), pp. 42-74.

aiding the impoverished, but economically beneficial “objects”:

While the wife continues at home, the husband may pursue business abroad. Her presence, will all the disadvantages of her situations, will yet be of very beneficial Influence to her Family. Though able to little or nothing herself, she may give directions to a child or a nurse conquering the most material affairs: she may be up, and able to do things thing for her children long before the customary time of discharging women from the lying-in hospitals.”39

The Royal Maternity Charity framed its work as not just a philanthropic good deed, but also a necessary provision to encourage more efficient use of time. By allowing the mother to stay at home during the birth, instead of being removed to a hospital, the woman could continue running the household via a child or servant, so that the husband “may pursue business abroad.” The economic benefit emphasized by the Royal Maternity Charity illustrated the changing expectations of both gender and social status of London’s middling and poor women.40 By delivering women in their own homes, the mission and organizational structure of the Royal Maternity Charity emphasized women’s central role as a domestic counterpart to her husband’s “business abroad.” The beneficiaries and organizational structures of maternity charities revealed the governors’ vision of working-class woman’s role in society. During parturition in the eighteenth century, women’s authority over their bodies became limited both physiologically, in the act of giving birth itself, and symbolically, through society’s expectation of motherhood; scientific explanations of gender during the period emphasized the link between women’s biology and childbearing, increasing relegating women within the home. By providing obstetric care to middling and lower classes, the charity used the medicalization of pregnancy to establish and encourage

40 Historian Lisa Forman Cody argued that benefactors and male physicians used the maternity charities to reinforce “middling and elite ideals of family, church, and community.” Cody also argued the benefactors of the maternity charities viewed working-class women as a national resource: “the design was to serve women who ultimately supported propertied benefactors’ vision of the British Isles as a productive, expanding, mighty, and moral beehive.” See Birthing the Nation, 154, 177.
that a pregnant women’s place within the home. Now instead of being an exclusive parish responsibility, their institutions redefined poor relief as an issue of both gender and social assimilation, in addition to an economic concern.41

Like the Royal Maternity Charity, the British Lying-in Hospital also created a system which reinforced gender and social expectations: “Women are received into this hospital, on producing a Letter of Recommendation from a Governor, and making an affidavit of their marriage and their husbands’ settlement.”42 Through designating potential beneficiaries as married and “settled,” the charities purposely exclude unwed and very poor mothers.43 In 1753, English passed a law regulating marriage by requiring a formal ceremony to be properly wed, which increased the stigma of unwed mothers and illegitimate marriages.44 The charity classified married women with documentation of their communal ties as the “respectable poor.” Through this exclusion, the charities reinforced the legitimacy of child born within marriage, and thus became an enforcer of contemporary social and gender boundaries.

In contrast, the governors defined any women who failed to meet these standards as “improper objects.” Marital status was not the only deciding factor in whom the charity aided:

And as the Intention of this charity is to relieve the wives or widows of sailors and soldiers, whose husbands are abroad; of persons who have been reduced from affluent or easy, to indigent circumstances; of distressed housekeepers; and of the laboring and industrious poor... It is also thought expedient, both for the Reputation of the Charity, and the ease and comfort of the more decent sort of patients, that no women, who do not come clean in their clothes and free...

41 During the eighteenth-century, the cost of poor relief tripled in London, which also coincided with the bureaucratization of the parish relief and the criminal justice system. During this period, Parishes began taking care of the poorest members of London’s population, while specialized charities targeted specialized groups for aid. In addition to the rising cost and specialization of poor relief, there also was an emphasis on charities preventing “idleness” through various ways such as education or training. For example, the Marine Society supported Navy recruitment, which would “relieve London ‘from the burden of Idle and useless Boys.’” See Tim Hitchcock and Robert Brink Shoemaker. London Lives, 9-10; 257.
42 T150 Account of the British lying in Hospital, pub. 1771, 11.
43 The “settled” poor held steady employment and belonged to a parish. The maternity charities exclusion of unmarried and unsettled women left the local parish and workhouses to take care of the “less established” and most impoverished populations in London. See Tim Hitchcock and Robert Brink Shoemaker. London Lives: Poverty, Crime and the Making of a Modern City, 1690-1800, (2015) 256-258.
44 Ibid, 255.
from vermin, or any contagious distemper, be admitted into this hospital. And
the Weekly Committee have a Power of rejecting such Patients as appear. To
them to be improper objects."\textsuperscript{45}

The description by the charity expanded upon the charities’ ideal patient to
include either the occupation of her husband or the explanation of an absent husband,
origins from a middling social status such as a “housekeeper” and a clean, healthy
appearance. Through these terms, maternity hospitals managed the maternity care of
working-class women by defining who and what a “proper object” of charity looked
like. Through their administrative policies of the maternity charities, the upper classes
enforced their economic and social expectations on pregnant working-class women by
either granting or denying them obstetric care.

The charities institutionalized a ticketing system that tied the working-class
women to the patronage of the wealthy sponsors. The amount of the governors’
donations directly corresponded to the number of women they could sponsor. “It
having been hinted by several Governors that they would be glad to increase their
subscriptions as provided they could thereby be entitled to recommended a greater
number of objects.”\textsuperscript{46} Within the charities, Governors performed two critical roles for
the charities: First, they provided financial support, and secondly, they recommended
specific women to the charity. In addition to financial donations and patient
recommendations, Governors could directly serve the charity by holding a position on
the committee that oversaw the daily operations or participate through voting on
elected positions within the administration.\textsuperscript{47} To receive aid from these societies, the
“sober and industrious poor” relied on their wealthier connections to nominate or
petition on the poor’s behalf before the charity.\textsuperscript{48} The social relationships established

\textsuperscript{45} T150 Account of the British lying in Hospital, pub. 1771, 11.
\textsuperscript{46} Royal Maternity Charity Minute Book: 1770-1780, GB 1538 S60/A/4.
\textsuperscript{47} T150 Account of the British lying in Hospital, pub. 1771, 11.
through the charity’s structure highlighted a transitioning away from rural poor relief that depended on the vestiges of feudalism to a system of wealthy, urban patronage.

The patronage system of the maternity charity did more than just sponsor women; the charities also guaranteed the quality of the medical care the patients received through the benefactors’ active participation in the charities. The Royal Maternity Charity Minute Books revealed that the benefactors ensured their beneficiaries received the proper aid through the committee: “The Secretary having informed the committee, he had, in consequence of a letter from Mrs. Londale, a Governor, summoned Mrs. Stevenson and Mrs. Loveless Midwives on the Complaint of Martha Wright of Vincent Court Silver Street, who was likewise summoned.” Mrs. Londale was a female governor who provided financial support to the charity in return for the privilege to sponsor patients through a ticketing system. Mrs. Londale’s interjection on behalf of her “object” reveals the social contract between a wealthy benefactor and their “object” within the system of poor relief. In the account of the Royal Maternity Charity, the authors ensured that “any Failure of Duty could hardly have escaped the Knowledge of the Governors, who strictly watch, and take every precaution to be well informed of the conduct of the midwives.” Both the governor and patient had expectations of what services the charity should provide, and in cases where the expectations were not met, either the the governor or patient could demand a committee hearing. In addition to providing charitable benefits for beneficiaries, the patronage system of the maternity charity established a framework in which its working-class patients were entitled to quality medical care or, if expectations of care were not met, the ability to seek restitution.

49 “the Midwives attending accordingly, but no complainants appearing against them. Resolved that the said complaint be dismissed.” See Royal Maternity Charity Minute Book: 1770-1780, GB 1538 S60/A/4
50 “An account of the Lying-in Charity for delivering poor married women at their own habitations: instituted 1757” (London, 1780) 19.
Professionalization of Midwifery

Historians argue that the role of the man-midwife and the establishment of maternity hospitals contributed to the subjugation of midwives to patriarchal authority during the eighteenth century.51 The subversion of the midwife’s status coincided with the institutionalization of medicine, during which time man-midwives rose to prominence in the field of early obstetrics.52 Early feminist historians saw the male intervention into female medicine as an incursion on female agency over their bodies and reproduction. Feminist scholarship wanted to reclaim and remake midwives as feminist historical figures fighting the patriarchal restrictions placed upon them by society. Jean Donnison was one of the first feminist scholars to argue this narrative in her book, *Midwives, and Medical Men: A History of Inter-professional Rivalries and Women's Rights* published in 1977.53 Many of the subsequent studies on midwifery and the history of gynecology in Europe emphasize midwives’ loss of autonomy over their profession in conjunction with the exclusion of women from the professional practice of medicine. Historians argue that this exclusion also restricted women from the knowledge of their bodies, as women’s medicine became masculinized.54 In the sixteenth and seventeenth centuries the figure of the “man-midwife” emerged, who competed against female midwives for their business and position in society; eventually, by the end of the eighteenth century, the “man-midwife” successfully pushed women out of the profession.55

More recently, historian Laura Gowing revised earlier scholarship on childbirth by using court records to reveal tensions between women during childbirth, instead of

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51 Lisa Forman Cody, *Birthing the Nation*, 162.
54 *Midwives and Medical Men*, Ibid, 60.
55 In *Midwives and Medical Men*, female midwives did not gain a foothold in the profession until the twentieth century, when they successfully lobbied efforts to gain legislative recognition. Donnison’s book argues that doctors’ misogyny, fear of professional competition, and views of midwives as socially inferior almost destroyed the occupation. Jean Donnison, *Midwives and Medical Men*, 62.
a collective female community that previous scholars had claimed occurred.\textsuperscript{56} Throughout her book, Gowing argued that matrons and midwives’ ability to examine other women established “one of the controlling mechanisms of early modern society and one of the most intimate instruments of patriarchal regulation.”\textsuperscript{57} The parish church licensed and regulated midwives, thus instructing midwives to fulfill their obligations to the parish as well as the laboring mother. In addition to aiding a mother in labor, the church charged midwives with preventing “counterfeit” births and infanticide. Thus, midwives served as the primary enforcer for the parish’s interests during labor. A century later, the maternity charity became a medium in which these women navigated the gender and class power hierarchies. The minute books and various other records of the Royal Maternity Charity pick up where Gowing and Evenden’s sources stopped. Midwifery scholars noted the masculinization of medicine in their work with little mention of how these changes affected the personal and professional experiences of the women involved in the birthing process.

The records and publications of the Royal Maternity Charity and British Lying-in Hospital captured the restructuring of gender dynamics within midwifery as result of the masculinization of the profession. The internal organization within these charities reflected changing trends concerning gender and professionalization of medicine. The medical staff of the charities included physicians, men-midwives, midwives and nurses who carried out the daily responsibility of providing care for patients.\textsuperscript{58} The British Lying-in Hospital description of primary employee positions included: consulting Physicians for “extraordinary cases,” two physicians and two surgeons “practicing

\textsuperscript{57} Also see Wilson, Adrian \textit{The Making of Man-Midwifery: Childbirth in England, 1660-1770}, (Cambridge, Mass. Harvard University Press, 1995) for more information about “female collective culture” 6-7.
\textsuperscript{58} T150 Account of the British lying in Hospital, pub. 1771.
Midwifery, who visit occasionally and by rotation deliver women in difficult cases."\(^{59}\)

The hospitals’ descriptions emphasized the male practitioners’ role during difficult labors or "extraordinary cases," thus highlighting their medical proficiency. The expectation of the hospital shifted in the description of the Matron’s position; she should be “well skilled in midwifery, who delivers women in easy natural labors, superintends the nurses, and sees that everything necessary for the Women and Children, be provided, accordingly to the direction of the physicians and surgeons.”\(^{60}\) In contrast with physicians and surgeons, the Matron delivered “easy natural births.” In addition to attending easy labor, the matron also managed the daily operation of the hospital staff, including other midwives, and attended to the patients’ needs; though when dealing with the patients, the matron deferred to the “direction of the physicians and surgeons.” Maternity charities established a structure that emphasized medical authority based on an advanced education at a university that excluded women.\(^{61}\) The charity midwives’ reliance on the physician’s medical expertise and skill with difficult labors highlighted the transition of obstetric authority from midwives to university-educated physicians during the eighteenth century.

Both the British Lying-In Hospital and the Royal Maternity Charity exemplified the complicated gender politics of eighteenth-century medical culture: the maternity charities reinforced medical authority based on the male-exclusive medical education of physicians, while simultaneously affirming midwives’ role in childbirth through the establishment of training programs and continued use of midwives for uncomplicated deliveries. The distinction made by the hospital illustrated differences in the medical profession based on gender: the advanced medical knowledge of male practitioners may encompass the subject of midwifery, but his expertise extends far beyond that of

\(^{59}\) 150 Account of the British lying in Hospital, pub. 1771, 9.
\(^{60}\) 150 Account of the British lying in Hospital, pub. 1771, 10.
\(^{61}\) Midwives and Medical Men, Ibid, 60.
even a skilled midwife, who was contained by her sex to learn the limited medical knowledge of one subject. The hospital required the matron to be “well skilled in midwifery,” while only requiring the two physicians and two surgeons to “practice” midwifery. Similarly, the Royal Maternity Charity also created system that institutionalized patriarchal restraints on midwifery: “In all common cases, the patients are supplied with honest, skillful, and humane Midwives, and with necessary Medicines: In all difficult or dangerous cases they are attended by able and approved physicians and men-midwives; who is to deliver them if necessary.”62 Here again, institutions differentiated midwives from male practitioners through medical expertise. Dr. Ford, the consulting physician of Royal Maternity Charity, instructed midwives until a time in which he informed the committee the women can now practice midwifery for the charity. As a part of instruction, he “ordered that they severally are supplied with books, medicines, and other requisites and with the Rules and Order as usual.”63 Then, the midwives trained and delivered women for a two-year probation period after which they would receive a certification from the Royal Maternity Charity.64 Despite employing competent midwives and supplying them with medicines, the Royal Maternity Charity relied on physicians to take over deliveries in need of advanced medical skills, thus establishing a gendered hierarchy in the medical profession. However, women were not the only ones excluded from advanced educations based on gendered connotations: the Royal College of Physicians in London excluded any candidate who practiced midwifery from admission until 1783.65 The establishment of a gendered division of labor within the maternity hospitals signified a growing

63 Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1
64 Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/4
assumption of physicians’ skills and education, which simultaneously devalued midwives’ less expansive training. Midwives became subordinated as wage laborers, and deferred to physicians and men midwives’ medial expertise in difficult cases.

Historians argued that Georgian maternity charities played a central role in the shift in the medical authority of parturition from female to male.66 However, while the professional structure of these charities seemingly reflected previous historians’ claims of stripping away midwives’ authority over childbirth, the charity records indicated that instead of subverting traditions of childbirth, they actually institutionalized and regulated customs of midwifery. The charities’ instruction of midwives codified and standardized the profession:

“They [midwives] have been carefully instructed in their art by consulting physicians at the sole charge of this charity, and are not employed by the society until the physician has made a report to the committee of their being duly qualified for the office. On account of the future benefit to themselves, they stand engaged to serve this charity at a low price for two years great care is taken to know the characters of the women recommended for this trust.”67

The educational structure of the charity provides a snapshot of midwifery during a period that according to historians the profession gave over all control to medical men.

Maternity charities continued to train midwives to serve as the primary practitioner for delivering women in “natural” labors, not men midwives. In fact, the British Lying-In Hospital did not even permit men to be instated in midwifery until the early nineteenth century, as stated in the charity’s account: “No pupils of the Male Sex are permitted to attend this Hospital.”68 During this time, midwives of the Royal Maternity Charity’s delivered a quarter of London’s families.69 Though the British Lying Hospital increased

66 Lisa Forman Cody, Birthing the Nation, 3.
68 T150 Account of the British lying in Hospital, pub. 1771, 7.
69 Also, Cody note in her book, “Male pupils were entirely prohibited from three of London’s five maternity philanthropies until 1830, and probably not allowed easy access at the other two.” See Lisa Forman Cody, Birthing the Nation, 176.
69 Lisa Forman Cody, Birthing the Nation: 184.
Also see deliveries from 1757-1780: 59,739.
policing, bringing the patients and midwives under their supervision within a physical space of the hospital, the position of Matron at the British Lying-in Hospital and the coexistence of the decentralized patient care provided by Royal Maternity Charity illustrated that midwives were granted a degree of autonomy in the daily operations. The act of instructing midwives in of itself propagated the role of women in midwifery and reinforced the presence of a female medical practitioner during labor. Midwives of the Royal Maternity Charity delivered 59,739 women between March 1757 to January 1780.70 From 1749 to December 1770, the midwives at the British Lying-in Hospital delivered 91,108 women.71 The charities’ midwives practiced and learned their art while being excluded from a university medical education, which secured the role of women in the profession for the following decades.72

Though past scholarship argued the midwifery was dying occupation, the demand for midwives frequently appeared in the committee records; this demand was readily met by midwifery apprentices, who hoped to be instructed and employed through the charity. When searching to hire more midwives, the Royal Maternity Charity received such a response that a waitlist was established:

“A great number of women have applied to him as candidates for midwives to this charity then there is room to at present to admit. Agreed unanimously that for the future every woman be admitted in turn as they stand on the Doctor’s List, if their character and other qualifications are approved of by the treasurer and the Doctor.”73

The popularity of the position demonstrated that women of the period saw a demand for midwives, and they considered the occupation as stable. Records from the Royal Maternity Charity reveal the vetting process for hiring midwives was selective. After the committee approved the hiring of additional midwives, Dr. Ford, the consulting physician, presented “the four best persons who appeared best qualified in print and

70 Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1
71 T150 Account of the British lying in Hospital, pub. 1771, 5.
72 Lisa Forman Cody, Birthing the Nation, 176.
73 Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1
age, all other circumstances for that [...] and whose character having been particularly inquired after by the Treasurer of several persons approved.” This record not only discloses the charity’s concern over the “character” for their midwives, but also the hiring process itself has wider implications for the profession of midwifery. The search for the “best qualified in print and age” indicated a formalized standard for candidates in the midwifery profession - essentially a job market exists for midwives in the eighteenth century contrary to previous scholarship. The charity records reveal that midwifery candidates went through a thorough reference check by the committee:

On Friday, Aug. 26, 1768, “The Dr. Then presented Hester Saunders living at Mrs. Moores Trinity Lane, as a proper Person to become a midwife to the charity, who referring for her character to Mr. Martin… and to Mr. Taylor. The Treasurer was desired to inquire Mrs. Saunders character of the said Gentlemen with which provided he be satisfied. Resolved that the Doctor proceed to instruct her in the art of midwifery for her service of the charity.”

The multiple references and an investigation into the character of Hester Saunders by the Treasurer indicated a formalized and codified process of hiring midwives. Much like the seventeenth-century parish, the eighteenth-century maternity charity required midwives to be upstanding members of their communities.

The Wilkins episode on October 28, 1768, highlighted the professional conflicts of the charity’s midwives faced during the latter half of the eighteenth century. The minute book recorded Mrs. Mary Wilkins accusing Mrs. North “for leaving her at the time of her delivery to go to a pay patient of her own. The parties being examined and Mrs. North acknowledging she did leave but not before she has sent to Mrs. Hooker to supply her place.” The Royal Maternity Charity hired midwives “on the lower rungs of the social ladder” as wage laborers. Through closing analyzing Wilkins’ incident and

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74 Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1
75 Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1
77 Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1
other similar complaints from the Royal Maternity Records, a tableau emerges about the class of the midwives and their economic concerns. Mrs. North leaving Mrs. Wilson for a “pay patient” illustrates an economic strain on the profession and in particular the midwives of the charity.\textsuperscript{79} In some cases, the midwife served as the primary provider for her family; as indicated by a minute book entry on April 7, 1769: Mrs. Jones petitioned the committee to pardon her dismissal, and asked to be reinstated to the charity “in consideration of her large family of 5 children unprovided for.”\textsuperscript{80} Ultimately, the committee denied her petition due to the extreme nature of her misconduct- she falsely claimed to attend a delivery and charged the charity for the delivery. In hindsight, the low wages and the economic strain of providing for five children motivated Mrs. Jones’ deceitful actions against the charity.

Mrs. North and Mrs. Jones were not alone in shirking their obligations to the charity; on another occasion, the committee reprimanded Mrs. Wood for refusing to attend a patient because she was expecting a gentleman to lodge at her house. In response, the committee resolved to fine Mrs. Wood five shillings.\textsuperscript{81} The fines placed upon negligent midwives by the committee become particularly harsh in context of the midwives’ wages: In the July 1766 minute book entry, the committee listed the “Rules for Midwives," which included midwives’ compensation: one shilling and sixpence for each delivery.\textsuperscript{82} In comparison, the independent midwives who served similar

\textsuperscript{79} While midwives came from various backgrounds and economic situations, midwives lost their hold on the more lucrative positions in aiding wealthy women to the more “fashionable” men midwives. Historian Lisa Cody argued that by the 1760s, upper-class women preferred using men-midwives, who charged between £5 or £10 per delivery. See Lisa Forman Cody, \textit{Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britons}, 190.

\textsuperscript{80} Royal Maternity Charity Minute Book: 1765-1768, GB 1538 S60/A/2

\textsuperscript{81} Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1.

\textsuperscript{82} The economic status of the midwives was not always desperate; records indicate the women work as midwives to supplement their husband's income. For example, record show on April 28th, 1769, Rebecca Calland, wife of a butcher on Marylebone Lane was presented to and approved by the charity committee to serve as a midwife. Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1

locations as the Royal Maternity Charity charged anywhere from five shillings to ten shillings and sixpence. On February 26, 1773, a complaint concerning Mrs. Judd: “Mrs. Smith and other persons present strongly solicited her to stay, but she declared she would not…it was not worth her while to stay a whole night for the beggarly pay of the charity.” In addition to meager pay, the midwives’ work itself was strenuous. One account records Dr. Ford going to fetch Mrs. Stephenson, a midwife, to attend one of her patients again, but her husband answered told the doctor, “He would not suffer his wife to come out as she had been up three nights.” The husband then directed Ford to another Midwife. Similar grievances repeatedly appear in minute book entries, which highlight the long hours kept by the midwives. In another entry, a patient complained that when Mrs. Day was approached to attend a delivery, she responded by refusing the summons and declaring “[she was] at a labor all night and [having] no refreshment [in that time], that she would die.” These incidents illustrate midwives’ low pay and an exhausting work schedule. The maternity records reveal the strained economic standing of the midwives in addition to that of the charity’s patients; this discovery also explained actions of Mrs. North, Mrs. Jones, Mrs. Wood and other “misbehaving” midwives. These actions reveal how midwives chaffed at the regulations and low pay of the charity. The low pay of the charity forced some midwives to supplement their

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83 This information appears in two complaints: The first claim was made at the monthly meeting in April 1770 by Mr. Diggins against Mrs. Banks the midwife. After attending Mrs. Diggins for some time, Mrs. Banks left women to turn home, but then the labor came on suddenly and forced Mrs. Diggins to use the assistance of her neighbor who happened to be midwife. The committee resolved the complaint by reimbursing Mr. Diggins for the midwife’s fee. The second complaint occurred in November. A patient, Mary Huckett, went into labor and, unable to obtain aid from a charity midwife, was delivered by an outside midwife. This midwife immediately demanded payment, which greatly distressed the mother. The committee resolved that the midwife assigned to Mrs. Huckett would pay them for the other Midwife’s services. See Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1.

84 The same entry notes, “she was reprimanded accordingly.” See Royal Maternity Charity Minute Book: 1770-1780, GB 1538 S60/A/4.

85 See Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1.

86 See Royal Maternity Charity Minute Book: 1770-1780, GB 1538 S60/A/4.
income in various other ways, which conflicted with governors’ assumption that these women were not primary wage earners for their families.

The wage gap becomes even more noticeable when compared to the charity’s consulting physician. The same year the committee sent wages for the midwives, they also gave a raise to the Dr. Ford, the primary physician: “Ordered that for the future Dr. Ford be paid one shillings and sixpence for every woman delivered by this charity instead of his salary of 50 pounds per annum and the 10 guineas hitherto allowed for the instruction of each midwife.” Dr. Ford got paid the same rate as an attending midwife and “every woman delivered by this charity”- this is despite being present only at difficult deliveries. Dr. Ford’s salary indicates a clear hierarchy within the maternity charity based on gender. In addition to divulging a gendered pay scale, records note the committee compensating Dr. Ford for the “instruction of each midwife.”

**Beneficiaries’ Use of Maternity Charities’ Structure**

Instead of being “objects” acted upon by wealthy philanthropists, low-income pregnant women utilized maternity charities to ensure proper obstetric care. The lying-in charity records revealed the impetus of these disadvantaged women, which disputed the characterization of these women as passive due to their sex and class by their contemporaries. The minute books revealed how the Royal Maternity Charity enabled poor women to negotiate the medical professionalization surrounding childbirth by appearing before the committee to make a complaint. Therefore, impoverished women demanded accountability and continuity for their obstetric care by utilizing the maternity charity’s institutional procedures to voice their grievances and demand redress.

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87 Royal Maternity Charity Minute Book: 1765-1768, GB 1538 S60/A/2
On October 28, 1768, the committee held their monthly meeting at Will’s Coffee House, where the members discussed separate complaints made against two of the charity’s midwives. First, Mrs. Anne Bell laid a complaint against the midwife Mrs. Allen: "Mrs. Allen was sent for on 17 Aug last at 7 o’clock in the morning to attended Mrs. Bell’s labor, but that she did not come to her until 2 o’clock in the afternoon. Whereupon the parties were examined and a difference arising about the time Mrs. Allen’s arrival at Bell House."[88] After further investigation by the committee, the members “Resolv’d that Mrs. Allen is not culpable and that said complaint be dismissed.”[89] Mrs. Bell’s claims regarding Mrs. Allen’s arrival time to her delivery demonstrates a pattern of complaints made by patients towards the charity. The patient or her representative appeared before the committee to make an allegation against a midwife, and consequently, the midwife in question responds to the accusations, before the committee. The committee consequently investigated the claims and then resolved the issue by declaring the midwife either “not culpable” or “culpable.” The monthly grievances heard by the committee exemplify how the committee served as both a mediator and judge between the midwives and their patients.[90] Bell’s account captured three relationship patterns found in the charity’s recorded complaints: the patient’s expectations of care, the charity’s regulation of the midwives and mother’s relationship, and the professional challenges of the midwives.

In the second complaint heard by the committee on October 28 demonstrated the second possible outcome for a patient; this time the patient did successfully achieve redress against the midwife. In the previously mentioned complaint by Mrs. Mary Wilkins, the midwife Mrs. North did not enjoy the same outcome as Mrs. Bell.

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[88] Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1
[89] Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1
[90] Though wealthy women were governors of the charity, the members of the committee serving the Royal Maternity Charity during the years in question were exclusively upper class and male. See Royal Maternity Charity Minute Book: 1768-1780, GB 1538 S60/A/1-4.
After hearing from both parties, the committee determined, “Mrs. North was culpable and that she be fined five shillings.”\footnote{Previously mentioned on pages 24-25, Mrs. Mary Wilkins accused Mrs. North of prematurely leaving her delivery to attend a “pay patient.” See Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1.} Though still delivered by a charity midwife, the complaint illustrates Mrs. Wilkins’ dissatisfaction with how Mrs. North treated her during labor. Complaints like Mrs. Wilkins indicate that patients had preconceived expectations about the standard medical treatment they would receive from the charity, and if their expectations were not met, they had the right to seek indemnity by appearing before the committee. In the minute book, a clear pattern emerges concerning patients’ expectations of care.\footnote{This subject will be analyzed further at a later point in this article.} These records revealed how the poor women expected to be treated, which in turn outlined preconceived ideas about professional standards in the midwifery.

By coming before the committee to make a claim, the patients actively attempted to hold the midwives, and to an extent the charity itself, accountable to the institution’s standards of medical care. On July 26, 1771, Mrs. Ann Carr appeared before the committee to air a grievance against Mrs. Pincott “for denying herself when sent for, afterward leaving her upon her delivery without putting her to bed and for never visiting her afterward.”\footnote{The committee also sided with the plaintiffs in cases mentioned above. See Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1} With a similar grievance, Mrs. Morris appeared before a meeting in April of 1774 to make a complaint against the charity’s midwife for not checking up on her and providing medicines.\footnote{Royal Maternity Charity Minute Book: 1765-1768, GB 1538 S60/A/2} Both complaints made by the patients reveal that new mothers held standards for post-partum care that they expected to be carried out by the midwives.\footnote{During a typical delivery, the midwife catches the baby as they emerged, deliver the placenta and swaddle the baby after a wash. The midwife also attended the mother by “washing and bundling” the mother as well. From there, various other customs occurred depending on the region. See Lisa Forman Cody, Birthing the Nation, 37.} The relationship between the midwife and mother extended well after the delivery. The expectation of post-natal visitations and
medications signified the continued role of the midwife as both caretaker and pseudo-physician. In the minute book, the charity transformed custom into regulation. In the "Rules for midwives" recorded in the minute book in July of 1766, the committee mandated: “That the midwife shall attend every woman she delivered at least twice during her lying-in and the first visit shall be paid within three days …after she is brought to bed at which time she shall open and dress the child as it is customary for midwives to do.”

While mandating the charity’s midwives to fulfill common delivery customs may seem inconspicuous, the committee nevertheless institutionalized a tradition - thus inserting their authority over the midwives' professional obligations. By setting expectations of professional decorum regarding the midwives’ relationship with the mother, the charity inserts itself as the regulator of the relationship between both the midwife and mother.

The committee's decisions in these complaints regulated not only the professional conduct but also established a continuity of maternity care from female midwives by codifying communal and personal traditions. The charity’s regulation over the relationship between mother and midwife extended into public spaces. Also included in the "rules for midwives," the charity required “That after delivery the midwife is recommended to return thanks for the woman to the almighty God and afterward give her a printed blot be put up at her usual place of public worship for the same purpose.”

Here again, the committee reinforced and regulated traditional midwifery duties such as religious rituals. In previous centuries, midwives’ concerns centered around the physical and spiritual wellbeing of both the mother and child. Midwives often held the responsibility of baptizing or granting last rights in difficult births. By including this stipulation in the "rules for midwives," the charity imposed continuities of old parish practices through ordering the midwives to “return thanks for the woman to
the almighty God." The stipulation set by the charity, while expected, reveals an important social and cultural transition. While religious connotations and customs played a role in childbirth for centuries, this time, midwives answer to the request of the charity, not a parish. The regulation also reinforces social and cultural rituals in the public sphere, as indicated by the placement of the birth announcement, "give her a printed blot be put up at her usual place of public worship." The maternity charity’s regulation of the placement of the birth announcement reinforced the positions of both the mother and midwife status within a community, while also emphasizing the organization’s role in childbirth.

While the “rules for midwives” outlined the professional obligations for the charity’s midwives, the committee enforced and, even imposed new expectations in response to patient complaints. Eliz. Tubman appeared before the committee, “alleging that on the 5th of December last the said Mrs. Judd attended her in her labor [and] that she during that time was very ill-natured, unfeeling and show’d a great want of tenderness.” In response, the committee, “Resolved that Mrs. Judd be reprimanded and cautioned to use more tenderness to patients in the future.” Eliz. Tubman’s account demonstrates that the charity not only regulated what care the patient should receive from the midwives, but also in what manner the midwife performed the task. The committee took it upon themselves to judge and, through their resolution, control the midwife’s touch. The experiences of Mrs. Ann Carr, Mrs. Morris, and Eliz. Tubman illustrated the way in which the charity managed the midwives' professionalism. In addition to Eliz. Tubman, Mrs. Wilson’s case heard on October 28, 1768, demonstrated how the patients of the charity contributed to the regulation of the midwives.
Consequently after reprimanding Mrs. North for prematurely leaving Mrs. Wilson’s labor, the committee then went on to establish a new regulation:

“Order’d that no midwife being with a patient recommended to this charity, presume upon any account to leave her to any patient of her own under such penalty as the committee shall think proper to inflict and that a copy of this (so here confirmed) be delivered to each midwife.”

Here the committee does not merely pass a new regulation but also asserted the right to “inflict” the “proper” punitive damages against the “culpable” midwife. The episodes reveal how the midwives employed by the charity became subject both regulatory body and, to a degree, their patients. The committee’s order revealed a precedent in which the patients themselves could demand accountability and action. The grievance procedure provided an opportunity for the patients to impact policy change: Mrs. Wilkins’ complaint directly influenced the committee to establish an official policy to prevent any other similar incidents in the future.

The interactions that occurred during the monthly meetings of the Royal Maternity Charity committee established patterns of how poverty and gender intersected within the medical culture of the period. In addition to setting the professional obligations for midwives through organizational rules or complaint resolutions, the committee mediated class tensions between the midwives and patients. Complaint made by Eliz. the wife of Lewis Saberg against Mrs. Cecil illustrated these tensions: “Mr. Seberg went to Mrs. Cecil who came with him and upon entering the room said the place was very mean,” In response the complaint, the committee reprimanded Mrs. Cecil, and they “cautioned [her] not to say anything to the disparagement of the Poor and that might deter them from calling for her assistance.” Despite being disadvantaged by their class and sex, charity accounts like Mrs. Saberg revealed how poor women coped with their circumstances.

101 Royal Maternity Charity Minute Book: 1768-1771, GB 1538 S60/A/1
102 Royal Maternity Charity Minute Book: 1770-1780, GB 1538 S60/A/4.
103 Royal Maternity Charity Minute Book: 1770-1780, GB 1538 S60/A/4.
Complaints made before the Royal Maternity Charity committee exposed how these women maneuvered within gender and class restrictions to demand accountability and redress from institutions controlled by upper classes. The sources uncovered how poor women and midwives negotiated the solidifying gender binary and class stratification. Ironically, working-class women used the social structure within the organization to assert their own authority over their bodies by holding both the medical staff and the charity accountable for the care they provided to their patients.

**Conclusion:**

During their meeting at Wills Coffee House on Sept 25 1778, the Committee of the Royal Maternity Charity heard two complaints, while a third complaint was postponed due to illness.\(^{104}\) The minute book recorded the following descriptions:

“Dorothy Jell of Black Alley complained against Mrs. London for neglect of duty in not calling upon her after delivery.”

“Husband complained midwife refused to attend wife in delivery “She was at the time very ill and unable to attend... but having neglected to send word to the Dr. Resolved she be reprimanded from the chair.”\(^{105}\)

These three complaints are emblematic of the patterns established in the minute book records. The maternity charities of London regulated midwifery by subordinating midwives to university-educated physicians within the charity’s organizational structure. At the same time, these charities perpetuated the traditional duties of midwives by codifying the responsibilities of maternity care such as postpartum visitations. Emerging ideas about science and poor relief encouraged these institutions to redefine pregnant women of the middling and lower-classes. These women now became “proper objects” of charity through the victimization of the female body.

Interestingly, however, this system enabled patients to demand accountability for their

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\(^{104}\) The final complaint against Mrs. Burr was postponed due to her claiming illness. See Royal Maternity Charity Minute Book: 1770-1780, GB 1538 S60/A/4.

\(^{105}\) See Royal Maternity Charity Minute Book: 1770-1780, GB 1538 S60/A/4.
obstetric care.

The maternity charity became a medium in which patients, midwives, medical men, and benefactors negotiated emerging ideas about gender, professionalization and social status, which expands upon and complicates previous scholarship on midwives, medicine, and class in eighteenth-century London. Though historians argue that the Royal Maternity Charity contributed to the increased regulation and professionalization of midwifery, the accounts within the minute books exposed a complex transformation of midwifery during the eighteenth century; while the maternity charities used science and medical knowledge to regulate the obstetric care of middling and poor women, they also provided a continuity of maternity care by training midwives and codifying lying-in traditions.
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