

## The emergence of professional obstetric aid in Smolensk province in the 19th – early 20th century

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With the use of interdisciplinary approach, the history (the origins and the development) of professional obstetric aid in Russian provinces (as exemplified by Smolensk Governorate) in 19th – early 20th century is reviewed. Professional obstetric aid was provided by learned midwives whose main activity consisted in assisting home delivery. In rural areas aid of this kind was provided by local midwives, who lacked special training.

The establishment of clinical obstetric aid in Russian provinces is connected with the emergence of *zemstvos* (local government bodies) in the 1860s. Newly opened maternity wards were not autonomous and functioned in local hospitals. In provinces, clinical obstetric aid was associated exclusively with pathological labor. Since the end of the 19th century, the number of maternity wards patients has been increasing, and their social make-up changing. The medicalization of clinical obstetric aid manifested itself in the increase in the number of surgical interventions. In the 1910s, more miscarriages and premature deliveries are registered, caused by a growing number of illegal abortions. In this regard, despite its criminal liability, even provincial doctors started to procure abortions on therapeutic grounds.

The sphere of obstetrics was not considered a priority. However, at the beginning of 20th century the authorities and philanthropic organizations have developed low budget forms of social aid in this sphere.

**Keywords:** *history of obstetrics, social history of medicine, history of social aid, obstetricians, midwives*

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Formation and development of professional (childbirth) obstetric care is an interdisciplinary subject holding a particular importance not only for the history of medicine. On the one hand, it gives us an idea about the changes occurring in medical science, but on the other hand, it enables understanding of how scientific knowledge can contribute to the solution of non-medical issues (related to social policy, the welfare of different

social and gender groups, the formation of urban lifestyle, and how the traditional ways of life were transformed). This topic can be discussed from two academic points of view: as an important page in the history of scientific knowledge development (when obstetrics became an organized discipline), or as a stage in the social and cultural practice (traditional midwifery as part of folk medicine). By organized obstetrics we mean the birthing process supervised by professionals (obstetrician doctors, assistants, learned midwives) and based on scientific concepts and knowledge. Separately,

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we emphasize the clinical obstetrics, which was a part of professional obstetrics and exercised in maternity wards and specialized shelters.

Various aspects of obstetrics development (from numerous general works on obstetrics history to birth control studies) can be found in Western European and North American historiography [1]. In modern Russian historical science, traditional birthing culture is sufficiently studied by ethnographers, using various Russian regions and social groups as an example [2–7]. History of clinical obstetrics in Russia is represented in a few works based on data obtained from sources in the capital region [8–10].

The purpose of this work is to reveal the peculiarities of the formation of professional obstetrics in Smolensk province in 19th – early 20th centuries. For this purpose, we have conducted a comparative analysis of the trends typical for a provincial town and the capital region. History of obstetrics is considered by the authors as a field which allows to compile the complete picture of the development of social assistance to one of the population groups – women. Development of obstetrics in Russia had to do with official medicine taking over the reproductive sphere and pathologization of the delivery process. The research task is to demonstrate how the development of scientific knowledge affected the obstetric care field, to discover the specifics of clinical obstetrics development in Russian provinces, to conduct a comparative analysis of professional obstetrics development both in the capital and in a provincial town, identify the main activities of state and local authorities as well as community groups in this area. The study was based on a multidisciplinary approach [11], which allowed to combine the principles used in medical and social history.

Our research was based on findings from the Smolensk region state archive (collections of the medical board, F. 754, the Town Council, F. 65, the governorate council, F. 2, the order of public charity, F. 54, the Governor's Office, F. 1, charities, F. 575) and the Central state archive of St. Petersburg (Physicians Council collection, F. 185), as well as on previously published materials (reports of the governorate hospital, the charitable society, governorate and parish zemstvo (district council) assemblies, publications in local periodicals, i.e. "Smolensk Bulletin").

### **The origin of professional obstetrics in Russian provinces: from midwives to obstetricians**

Professional obstetrics in Russia can be discussed as such starting from the second half of the 18th century. The demand for this type of medical help depended on the territorial factor (urban / rural, the capital / province), social and economic conditions, folk traditions. By the early 19th century in Moscow and Saint Petersburg the first obstetrics colleges were opened (midwife schools, The Midwifery Institute), as well as maternity shelters (at orphanages and the Institute), obstetrics became a university-taught course [12], the activity of learned midwives in the capital was subject to regulation. At the same time, in the governorate of Smolensk professional obstetrics was virtually absent: birth assistance was provided by uneducated women ("village midwives", "old women"), whose knowledge was usually passed down from generation to generation, based on years of experience.

The beginning of formation of professional obstetric care in the provinces was legislated in 1797 after the implementation of medical boards in governorates and inclusion of an obstetrician in the medical ranks.<sup>1</sup> The implementation of this decision was impeded by two factors. Firstly, obstetric specialization among doctors was not only rare, but extremely unpopular, midwifery course at the medical faculties at the end of the 18th century was considered of secondary importance, physicians did not have sufficient clinical material. The first authors of obstetrics textbooks, N.M. Maksimovich-Ambodik and V.M. Richter were forced to prove that birth assistance is a special subject in medical science. Secondly, another serious obstacle was the rejection of a man's presence (even a doctor) at birth (the same applies to the gynecological examination), which was characteristic of the Russian society. The space of birth was perceived exclusively as a female one.

Considering these points, lawmakers have relied on the promotion of professional obstetrics as a part of the proliferation of teaching midwifery to women. According to the regulation of 1797, "The statutes of midwives" of 1789 and 1816, learned midwives

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<sup>1</sup> PSZRI. Vol. XXIII (1796–1797). January 19, 1797. No 17743. Pp. 287–297.

№ 111. *февраля 16 числа 1824 года*

Въ Санкт-петербургскій Физикатъ,  
Извѣдатель о родахъ, при помощи Городоваго Акушера  
Громова и припомощствованныхъ Васильевской части  
подвальныхъ бабокъ съ 1<sup>го</sup> Января по 1<sup>е</sup> Февраля  
сего 1824<sup>го</sup> года совершившихъ.

Всѣхъ вообще родовъ было	18.
Родовъ головною впередъ	17.
—    Задницею	1.

Всѣ сіи роды были простыи или одиночны,  
воспослѣдовали въ свое надлежащее время и со-  
вершились силами самою Природы.

Родилось младенцевъ:

Мужеская пола	5.
Женская " "	13.

Всѣ сіи младенцы родились живы и здоровы:  
исходъ родовъ и для самихъ матерей или роже-  
ницъъ былъ такъ же вообще благополученъ.

Городовый Акушеръ  
Спасскій Волыковъ и Кавалеръ Сергій Громовъ

Figure 1. A report on deliveries from the Vasileostrovskaya [Basil's Island] part of Saint Petersburg in January 1824.<sup>2</sup>

TsGIA SPb. F. 185. Op. 1. D. L. 1112. L. 1.

<sup>2</sup> Text on the picture:

To the Saint Petersburg Physicians Council.

A statement on births conducted with the help of the city obstetrician Gromov and the privileged midwives of Vasilevsky part from January 1 to February 1, 1824.

Total births – 18

Birth with head forward – 13

Buttocks forward – 1.

All the mentioned deliveries were simple or single, followed in due time and were accomplished by the forces of nature itself.

The children delivered:

Male – 5

Female – 13.

All these children were born alive and well: the outcome of birth for mothers or women in delivery was also positive.

Signed by: city obstetrician.

State Councilor and Chevalier Sergey Gromov.

(senior and junior, “tested in their rank”, who took an oath and were the bearers of certain moral standards) had to be in the service of the medical board, not only in governorate capitals, but also in uyezd towns.<sup>3</sup> Thus the professional hierarchy worked: town and uyezd midwives reported to town obstetrician / physician, who reported to the medical board, which, in turn, reported to the Ministry of Internal Affairs (since 1803).

The sources indicate that, in spite of the attempts which were made to stimulate the development of professional midwifery in the provinces,<sup>4</sup> clinical obstetrics, for example, in the province of Smolensk, was not widespread until the Zemstvo reform and was not seen as a priority in the medical and social outreach. Maternity wards have not been opened there. Professional obstetric care could only be provided by learned midwives. In our opinion, this was due to lack of local government funds for the opening of maternity shelters, the fact that charity was underdeveloped in the provinces until the second half of the 19th century, medicalization of the field was weak and traditional midwifery prevailed.

Midwife was one of the first female occupations in the Russian provinces. They dominated the field of obstetrics due to stable traditional ideas about childbirth being an exclusively women’s zone, a ban on male presence during childbirth, and the unpopularity of this specialization among male physicians. The work of learned midwives was coordinated by an obstetrician, who, as a rule, was the only one in the governorate bearing the appropriate title. Analysis of Smolensk governorate formulary lists of obstetricians in the first half of the 19th century suggests that the title of Obstetricians could be received by former surgeons after passing the relevant examination.<sup>5</sup> Unlike the way things were in the Western Europe till the early 20th century, in Russia the obstetricians did not try to put the midwives out of professional childbirth (which was typical of Anglo-Saxon history of obstetrics) [13–15].

<sup>3</sup> PSZRI. Vol. XXIII (1796–1797). January 30, 1797. No 17773. P. 312; PSZRI. Vol. XXXII (1815–1816). November 13, 1816. No 26515. Pp. 1085–1086.

<sup>4</sup> PSZRI. Vol. XIII (1825–1881). 1 April 1838. No 11109. P. 224; PSZRI. Vol. XXVI (1825–1881). 26 December 1851. No 25850. P. 181.

<sup>5</sup> State Archives of Smolensk Region (GASO). F. 2. Op. 42. D. 145; F. 754. Op. 1. D. 4, 93, 100.

The formulary lists of the Smolensk governorate midwives allow to highlight certain features typical of the representatives of the profession.<sup>6</sup> All of them were educated in the capital’s schools, mainly in the Midwifery Institute at the Moscow Orphanage. They were usually about 30–35 years old. Most of them were unmarried / widowed and childless women. At the same time, they could belong to different classes. Salaries for the midwives in the service of the medical board was low – 40–45 rubles per year (twice less than in Moscow and Saint Petersburg<sup>7</sup>), while the salary of midwives and doctors in the governorate amounted to 300–600 rubles. At the same time, the legislator imposed strict requirements on midwives: they were supposed to “at any time, day or night, no matter who’s calling, without any preference, be on her way”<sup>8</sup> to women in childbirth. They were forbidden to take additional fees for their services. Every month, they were required to provide the “report” to the obstetrician on the work done.

In the absence of maternity wards midwives were working “at home”, appearing on call from women in labor or their families. In the case of difficult deliveries (“when 12 hours after breaking of waters the child is not born, or the bleeding is severe, or convulsions during labor, inability to remove the newborn by “manual aid”) the midwife had to call the obstetrician, and in his absence – a local healer.<sup>9</sup> Otherwise, she could be fined or even sued.<sup>10</sup> The city obstetrician was called for special surgeries – for turning breech babies, for applying forceps or ensuring the release of placenta. Later, these operations could be conducted by a midwife.

Reports of district midwives, unlike the town ones, suggest that people rarely turned to those for help, trusting uneducated rural midwives.<sup>11</sup> If the

<sup>6</sup> GASO. F. 754. Op. 1. D. 4, 71, 100, 119, 148, 373, 499; GASO. F. 2. Op. 42. D. 38, 51, 110, 127, 1359, 1418, 1642; F. 670. Op. 1. D. 35.

<sup>7</sup> PSZRI. Vol. XXIII (1796–1797). 30 January 1797. № 17773. P. 312.

<sup>8</sup> PSZRI. Vol. XXXII (1815–1816). 13 November 1816. № 26515. P. 1086.

<sup>9</sup> PSZRI. Vol. XXXII (1815–1816). 13 November 1816. No 26515. P. 1086–1087.

<sup>10</sup> PSZRI. T. XX. 15 August 1845. No 19283. P. 1089–1090.

<sup>11</sup> Central State Archives of Saint Petersburg (TsGIA SPb). F. 185. Op. 1. D. 1112. L. 1.



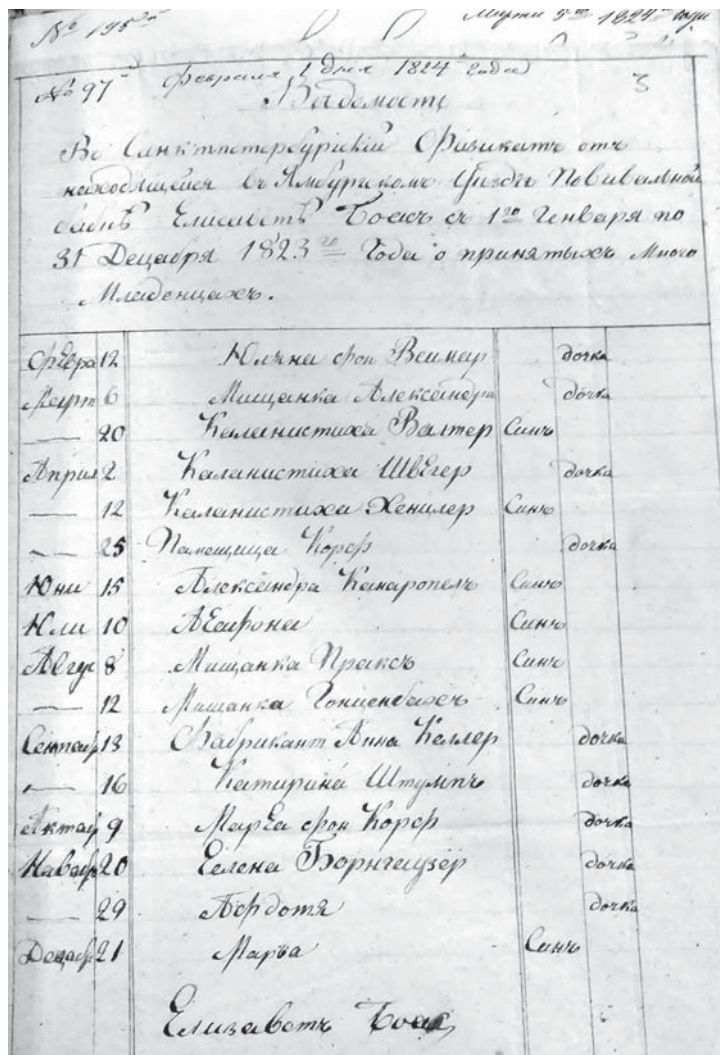


Figure 2. The report from the midwife Elizabeth Boas (Yamburg County) about the deliveries she assisted in, 1823<sup>12</sup>  
TsGIA SPb. F. 185. Op. 1. D. L. 1112. 3.

<sup>12</sup> Text on the picture:

February 1, year 1824.

To the Saint Petersburg Physician Council from midwife Elizaveta Boas of Yamburg uyezd, on babies delivered by me from Jan 1 to Dec 31, 1823.

February	12	Julianna von Weimar	daughter
March	6	Alexandra (bourgeois)	daughter
	20	Walter the kalinist (German Protestant branch)	son
April	2	Schweger the kalinist	daughter
	12	Henzler the kalinist	son
	25	Corf the landlady	daughter
June	15	Alexandra Kanaroppel	son
July	10	Aerona	son
August	8	Prax the bourgeois	son
	12	Gonzenbach the bourgeois	son
September	13	Anna Keller the fabricant	daughter
	16	Katarina Shtump	daughter
October	9	Martha von Koror	daughter
November	20	Helena Bornhauser	daughter
	29	Eudoxia	daughter
December	21	Maria	son
		Elizaveta Boas	

urban midwife of the Vasileostrovsky part of Saint Petersburg reported about her “aiding” 18 labors in January 1824 (Fig. 1), then her colleague from Yamburg county was called for 16 deliveries altogether through all of 1823 (Fig. 2).<sup>13</sup> In 1830, in a letter to the medical board, the midwife of Dorogobuzh uyezd of Smolensk governorate complained that because of the “many ordinary midwives” she received no calls.<sup>14</sup> Labor was considered a natural practice by peasants, one that did not require professional medical intervention. In midwives’ reports we rarely encounter mentions of lethal outcome for either mothers or children. Most deliveries were “committed by the very forces of nature” and “had a successful outcome.” Analyzed reports by city obstetrician of the Vasileostrovsky part Sergey Gromov in St. Petersburg for 1824–1825 show that the number of stillbirths did not exceed 5% of all births.<sup>15</sup>

The midwives came to be regarded as an important link of the state medical and social policy in their struggle with abortions, infanticide, as well as “deprivation of virginity” and “illicit relationships with minors”. They were instructed to report to the authorities any suspicions on women performing “premature miscarriages” and infanticide. Hiding this information, as well as the abortions by midwives, was punishable by hard labor.<sup>16</sup> The discovered archival materials indicate the complexity of the investigating such a case (Fig. 3 a, b, Fig. 4). The suspect had to undergo repeated gynecological examinations, usually conducted by a midwife.<sup>17</sup>

In 1860’s in connection with large-scale reforms affecting local government, educated midwives entered the service of the Smolensk zemstvo. Governorate and uyezd towns implemented positions of town midwives. With the opening of maternity units and medical-obstetric stations, midwives were officially employed, but, as before, had to do house calls to women in labor.<sup>18</sup> The question of the “correct

organization of obstetric care among the peasants” was raised by Smolensk local boards in the 1880s. Local doctors reported about the “extremely harmful”<sup>19</sup> activities of uneducated midwives and complexities of proliferation of professional obstetrics.<sup>20</sup> It was decided to significantly increase the number of local educated midwives. Every year, the Smolensk zemstvo council would send students on scholarship for studying at the Obstetrics Institute. But this practice was a burden financially (200 rub. per year, which corresponded to a medic salary). In connection with this, the provincial zemstvos began to train midwives at local maternity wards.<sup>21</sup> Students who have been trained throughout the year, and stood the theoretical and practical exam, obtained the title of rural midwives. After receiving their education, local students were obliged to serve the Zemstvo community for at least 5 years. Since the late 1880’s the doctors of Smolensk governorate district entered into a confrontation with metropolitan doctors who were convinced that midwives should be trained in major professional educational institutions.<sup>22</sup>

Since the 1890s “midwives” disappeared from medical records, and the name “obstetricians” [feminine] finally caught on. “Midwives” were still used in relation to “skilled country ladies” who had no special education. Professional obstetric system, developed by the local boards, began to include three links: obstetrician, an educated midwife, rural midwife.

A detailed study of journals of the local council of Dukhovshchina community allowed us to have an idea about the organization of obstetric care in the uyezds of Smolensk governorate. By 1880 the Duhovschinsky uyezd [county] was divided into four medical districts, only two of which had women trained as obstetricians.<sup>23</sup> Local doctors continued to note the reluctance of people to

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<sup>13</sup> TsGIA SPb. F. 185. Op. 1. D. 1112. L. 3.

<sup>14</sup> GASO. F. 754. Op. 1 (1830). D. 4. L. 168–168 rev.

<sup>15</sup> TsGIA SPb. F. 185. Op. 1. D. 1112. L. 1–22.

<sup>16</sup> PSZRI. Vol. XX. 15 August 1845. No 19283. P. 1090–1091.

<sup>17</sup> TsGIA SPb. F. 185. Op. 1. D. 1134; GASO. F. 754. Op. 1. D. 220, 327, 344; TsGIA SPb. Ф. 185. Op. 1. D. 284, 708.

<sup>18</sup> Journals of XXXXIII Regular community assembly of Dukhovshchina for 1907. Dukhovshchina, 1908. P. 382.

<sup>19</sup> Journals of XX Smolensk Zemstvo Assembly. 15–23.01.1885. Smolensk. 1886. P. 343.

<sup>20</sup> Journals of Dukhovshchina community assembly, 25–28 September 1870. Smolensk, 1870. P. 55.

<sup>21</sup> Medical activity report of Smolensk Governorate Zemstvo Hospital for 1879. Smolensk, 1879. Pp. 9–11.

<sup>22</sup> Journals of the XXXIV Smolensk Governorate Local Council. 4–19 December 1898. Smolensk, 1899. P. 33.

<sup>23</sup> The journals of the Dukhovshchina district zemstvo assembly, October 1879. Smolensk, 1879. P. 14.

Во Смоленскую Врачебную Управу  
 Порученной повивальной бабки Федосии  
 Петровой  
 Репортъ.

Во исполнение предписания Краеугой Управы отъ 25<sup>го</sup>  
 Октября за № 1782<sup>нб</sup> имѣю честь довести, что при  
 свидѣтельствѣ въ моей квартирѣ, дающей Устиньи  
 14<sup>ти</sup> лѣтней дочери вольно-отпущенной женщины Кри-  
 сковны Ефремовны, нашла признаки лишней въ девствѣ  
 Сегодущей: на дугоронныхъ частяхъ ва: рукавъ ма-  
 тотныи узкой, сжатой, чрезвычайно морщиноватой и  
 об:ужень; отверстіе матки твердо, упруго и плотно  
 хрящ:вато; поперечная разн:ца пряма; губы  
 маточныи тверды, и садки безъ всякихъ рубцовъ и скла-  
 докъ; шикъ кругла и тверда; опухоль наружная;  
 указательный палець въ труднѣ в:содитъ и она чув-  
 ствовала боль, снаружи волосъ нѣтъ, и груди начина-  
 ютъ только обнаруживат:ся.

2<sup>го</sup>, по не нахожденію Врака въ городѣ, я его не призва  
 но ему по в:слу пр:д:ст:у  
 маю. Городничему о сдѣланномъ законномъ распоряженіи сообщила  
 3<sup>го</sup>, когда пришла управленію та же женщина съ вольно отпущенной  
 кр:матъ въ квартиру, то при сущившихъ в:дѣто время  
 по заказу имѣю въ первомъ репортѣ свидѣтельствъ  
 действительнѣ объявил: что 26<sup>го</sup> Сентября сего года  
 Письмоводитель Городническаго Прав:енія Осипъ Медведовъ

Федосія Петрова

Fig. 3a. A report to the Smolensk medical board from midwife Theodosia Petrova on “deprivation of virginity” of 14-year-old Ustinia.<sup>24</sup>

Smolensk Regional Archives. F. 754, Inv. 1. D. 344. L. 12.

<sup>24</sup> Text on the picture:

To the Smolensk Medical Board.

Smolensk midwifery Theodosia Petrova.

Report

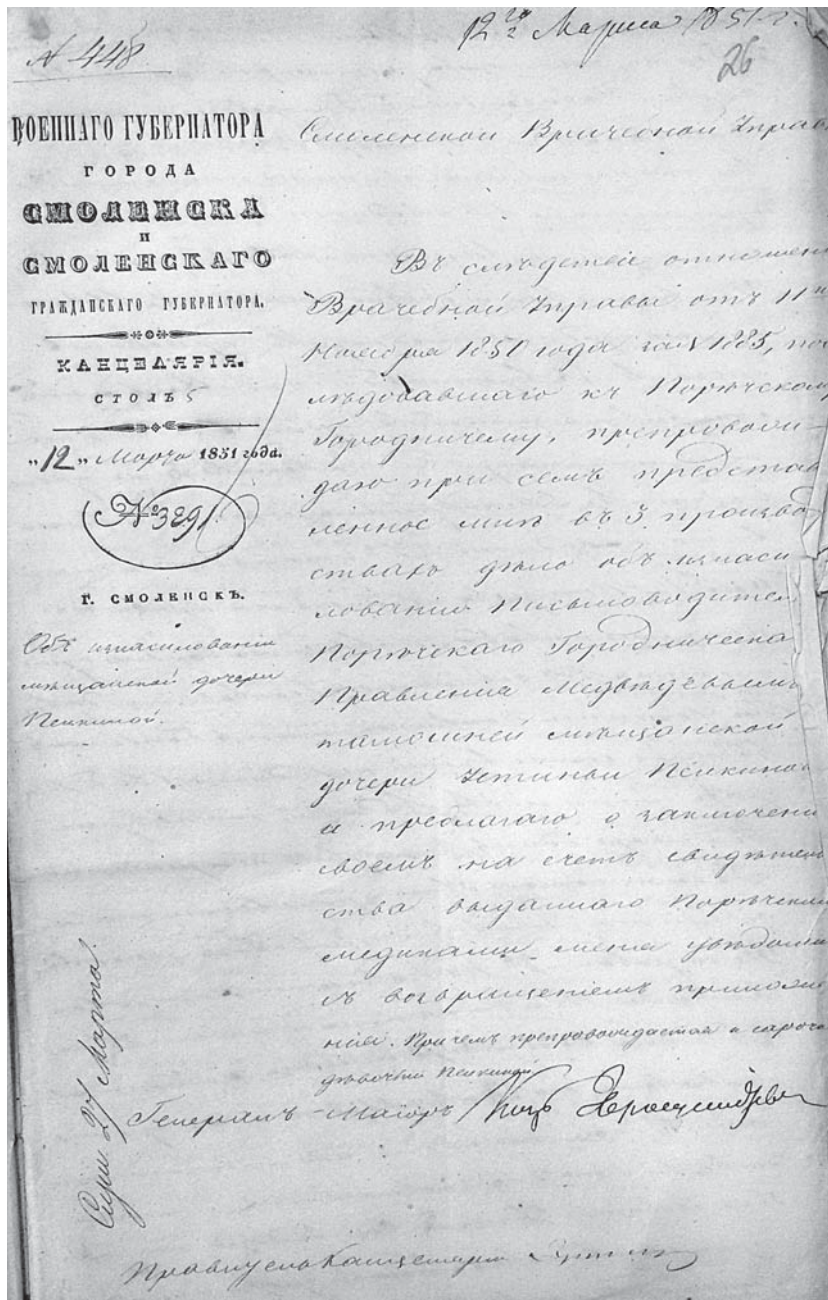
In pursuance of the Medical Board order of October 25, No. 1782, I have the honor to inform you that: first on observing in my apartment the girl Ustinia, the 14-year-old daughter of the freed woman Praskovia Efremova, I have found following signs of deprivation of virginity: on her private parts – the uterine sleeve narrow, compressed, extremely wrinkled and narrowed; the uterine hole is firm, resilient and almost cartilaginous; transverse cleft straight; uterine labia firm, smooth without any scars and folds; cervix round and firm; external swelling; the index finger was hard to insert and she felt pain, no hair on the outside, and breasts were only beginning to show up.

Second. As the Doctor was not in the city, I did not invite him, but I did report to the city officer on this subject.









**Fig. 4. Letter of the Governor to the medical board of receiving the case of “deprivation of virginity” of the 14-year-old Ustina<sup>26</sup>.**

Smolensk Regional Archive. F. 754, Inv. 1. D. 344.

<sup>26</sup> Text on the picture:

12 March 1851

Military Governor of Smolensk and Smolensk Civil Governor

To the Smolensk Medical Board

Due to the message of the Medical Board of November 11, 1850, No. 1885, addressed followed to the town mayor of Porechie, I forward herewith the case submitted to me in the 3rd trial concerning the rape of the petty bourgeois daughter of Ustinya Pelkina by the Letter-writer of the Porechie Municipal Government, Medvedev, and I propose about my verdict concerning the testimony issued by the doctors of Porechie, I have been notified me with the return of the application. See the undershirt of the girl Pelkina enclosed.

Major-General (The signature is illegible: it may be the Military Governor of Smolensk, Prince Z. S. Kherkheulidzev)

use the services of professional obstetricians.<sup>27</sup> Thus, in one of the medical centers, the midwife assisted no more than 20 and sometimes 10 deliveries for a year. This situation was one of the reasons for the lack of maternity units at the county Zemstvo hospitals.<sup>28</sup> In addition to local obstetricians, the counties had privately practicing rural midwives (who received the certificates having graduated from short-term courses and passed an examination). Their activities were virtually unregulated. At the same time, the local boards have developed a scheme to encourage their work. Rural midwives turned to the Zemstvo for their remuneration after childbirth, which was 2–5 rubles depending on the complexity of the work performed.<sup>29</sup>

Social security of the local community midwives was better than those of midwives of the public charity. Their payment was 250–400 rubles per year, they received money for room, current expenses and an annual vacation of thirty days. In addition to providing obstetric care, they were obliged “to visit the mother and baby during the first days as they find possible, giving advice on proper hygiene”.<sup>30</sup> In their free time midwives were supposed to perform a variety of physician’s orders, often unrelated to their duties. A short absence could be a reason for intradepartmental proceedings.<sup>31</sup> Women obstetricians were eligible for retirement, if necessary (even after the termination of service), they could apply to the district council for financial assistance. Obituaries in local newspapers devoted to local midwives were written in warm tones and expressed great appreciation to the women for their work.<sup>32</sup>

By the 1910’s the number of midwives in the counties grew twice, almost all the local hospitals opened maternity wards, emergency delivery

rooms worked at medical stations in rural areas, and the number of births per female obstetrician has doubled. Organizers of professional obstetric care sought to answer the needs of the population. In addition to hospital work, the obstetricians had to make house calls for deliveries. The term “apartment birth” entered the medical vocabulary, the number of which, according to the local data, was equal to the number of hospital births.<sup>33</sup>

Only in case of severe pathology did the peasant population seek professional help. The local newspaper describes the typical pattern of involving medical staff during childbirth. Upon the start of regular contractions, the peasant woman called upon the village midwife, who, according to the author, only whispering “prayers unconsciously” and “did nothing but harm”, saying: “I guess that is God’s will, dovey... If God wills not, the doc won’t help”.<sup>34</sup> The obstetrician who was at a medical station 10 miles away, was sent for only on the sixth day of the woman’s suffering, “when the poor martyr half-froze, the ‘pushes’ stopped and the baby stopped moving”. The obstetrician woman, realizing the severity of the situation, called the doctor, who “found a cold corpse of a woman with a baby in her womb.” The overall figures for professionally-assisted deliveries were miniscule. Peasant population was reluctant to seek help from doctors and women obstetricians.<sup>35</sup> Home births involving uneducated “old ladies” continued to prevail.<sup>36</sup>

### Clinical obstetrics in maternity wards

Clinical obstetrics was intended to unify the process of childbirth, regulate the procedures of medical and social care for pregnant women and those in labor. Its development was protecting the interests of both patients and doctors alike. At the same time there were significant differences between the capital and the provinces. In Moscow and Saint Petersburg maternity wards were opened at educational institutions

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<sup>27</sup> The journals of the Dukhovschina district zemstvo assembly, October 1881. Smolensk, 1882. P. 127.

<sup>28</sup> Journal of the XXX Dukhovschina district zemstvo assembly, October 1894. Smolensk, 1895. P. 112.

<sup>29</sup> Journal of the Dukhovschina district zemstvo assembly, 1884. Smolensk, 1885. P. 210.

<sup>30</sup> Journals of the XXXXIII Dukhovschina district zemstvo assembly for 1907. Dukhovschina, 1908. P. 382.

<sup>31</sup> Journals of the XIII Dukhovschina district zemstvo assembly, October 1907. Smolensk, 1878. P. 16–18.

<sup>32</sup> Correspondence. Znamenskoe village, of Yukhnovo uyezd. (Obituary). Smolenskiian Bulletin. 1917. No 6, 8 January. P. 3.

<sup>33</sup> Journals of Gzhatsk local zemstvo council. 27–29 September 1914. Smolensk, 1915. P. 6.

<sup>34</sup> Observer. Regional news (From our correspondents). *Smolensk Bulletin*. 1897. No 4–5 January. P. 3.

<sup>35</sup> Journals of the XXXXIII Dukhovschina local zemstvo council meeting for 1907. Dukhovschina, 1908. P. 398.

<sup>36</sup> Journals of the 51 Dukhovschina local zemstvo council meeting. 24.06.1915. Dukhovschina, 1915. P. 133.

that specialized in training midwives, or at the Obstetrics Departments at medical universities, as the doctors needed a clinical base and practice for the promotion of their academic status. In most provincial towns there were no corresponding educational institutions, in the local communities maternity wards were considered primarily as a place for “abnormal cases requiring surgical care”,<sup>37</sup> clinical delivery space was equaled to pathological.

Maintaining maternity hospitals was not included in the estimate of public expense; their existence depended on public and private charity. The weakness of charity initiatives in the Russian provincial society initiatives in the first half of the 19 century prevented the opening of maternity clinics and shelters. The situation has changed significantly since the establishment of governorate and uyezd zemstvo communities, which were charged with implementing the social and medical policy through organizing local (“zemstvo”) hospitals.

The first maternity ward in the province of Smolensk was opened in 1866 at the Smolensk governorate district hospital. The city midwives serving the local medical board were attached to the maternity ward and were transferred to the local zemstvo service.

Initially, an eight-bed shelter was opened and was intended to assist in the complicated delivery, and for impoverished women in labor who were unable to invite the midwife home. Up until the mid-1880s the number of pregnant women did not exceed 100 people per year. A significant increase in the number of clinically assisted deliveries was observed in the 1890s (towards the early 20th century there were 369 patients per year).<sup>38</sup> The ward was serving both town women and uyezd county population, which accounted for about half. Medical reports suggest that the ward served a considerable number of single women: illegitimate births at the beginning of the 20th century exceeded one-third of all births in the hospital.<sup>39</sup> Childbirth was considered as seen as a natural process that did not require medical

intervention. This is confirmed by birth rate in the governorate. During 1900, according to the parish books in Smolensk and the Smolensk district, 6993 births were registered, while the share of clinical childbirth accounted for only 2.6%.<sup>40</sup>

The sharp increase in the number of attended births was observed in 1908–1911. One thousand seventeen births were recorded in the last reports of 1915. The increase in the number of patients in the department was observed since the beginning of the First World War and was associated with the lowered welfare of the people (many could not afford the services of private midwives), and the emergence of refugees. In addition, it was influenced by factors such as the emancipation of women and desacralization of sexuality. The social profile of pregnant women has changed too: if in the first decades of its existence the ward mostly treated the poor, “the insolvent working strata”, then in the 1910s the patients were women from the well-to-do families, spouses of officials and officers<sup>41</sup> (Fig. 5).

Records of the ward, as well as the minutes of the zemstvo meetings indicate financial problems. The question of closing the ward was raised repeatedly.<sup>42</sup> In 1904, the governor vetoed those discussions.<sup>43</sup> Local philanthropists and charity organizations did not provide any support. Due to a lack of funding, on the backdrop of the rapidly growing number of patients, since the early 20th century the number of beds in the ward has halved.<sup>44</sup>

The provincial maternity ward was a far cry from the similar one in the capital. The basic principle of placing the patients in hospitals at the capital was isolation (depending on the social status of women and their health). Inside the shelters were legal patients wards (for married women), “secret” (unmarried, seeking to hide

<sup>37</sup> Journals of the XXXIV Smolensk governorate assembly. 4–9 December 1898. Smolensk, 1899. P. 33.

<sup>38</sup> Medical reports of Smolensk Governorate for 1900. Smolensk, 1901. P. 30.

<sup>39</sup> Smolensk governorate medical report for 1900. Smolensk, 1901. P. 30.

<sup>40</sup> Information on the movement of population in the parishes in the Smolensk province. Smolensk, 1900. P. 9–10.

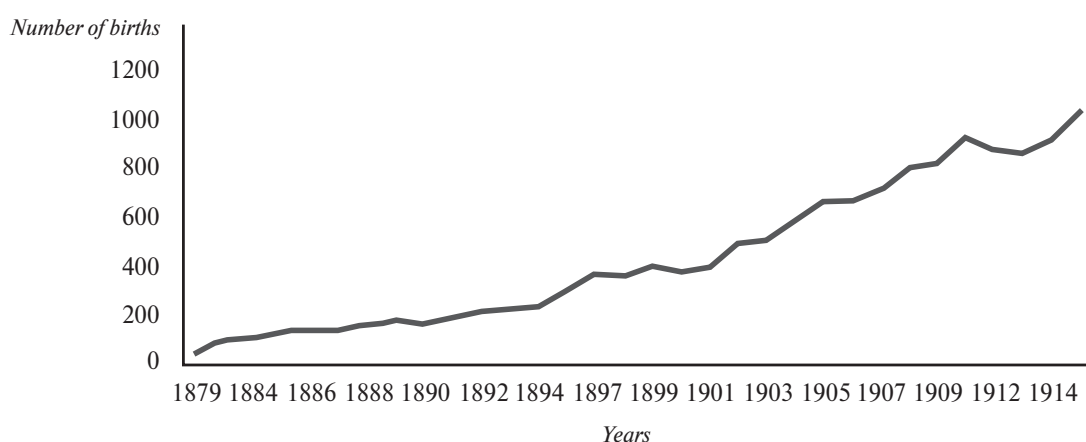
<sup>41</sup> Smolensk governorate medical report for 1915. Smolensk, 1917. P. 53.

<sup>42</sup> Smolensk governorate medical report for 1901. Smolensk, 1902. P. 40–0; Smolensk governorate medical report for 1903. Smolensk, 1904. P. 39–0; GASO. F. 65. Op. 2. D. 1511. L. 1–17.

<sup>43</sup> Journals XL(50) of the Smolensk governorate assembly. 7–8 December 1904. Smolensk, 1905. P. 38.

<sup>44</sup> Smolensk governorate medical report for 1903. Smolensk, 1904. P. 40.





**Fig. 5. The number of births in the maternity ward of the district hospital of Smolensk.**  
 According to the medical records of the Smolensk district hospital (1879–1915).

any information about themselves), as well as the infected women ward. In each one of those the work was coordinated by a team of doctors and educated midwives. The maternity wards in the provinces looked nothing like it. Reports indicate that the healthy women were not even separated from the infected ones due to lack of special facilities.<sup>45</sup> The doctors reported unhygienic conditions in the department: overcrowding, lack of full-fledged operating theatres, post-delivery rooms, or adapted water-closets.<sup>46</sup> All attempts to expand or restructure the establishment were unsuccessful, the ward was funded with whatever was left.<sup>47</sup>

The acute shortage of funding led to the fact that the entire department staff consisted of a midwife and a doctor who rarely assisted in delivery. The woman obstetrician actually had to be constantly present in the ward. To do this, her flat was in the same hospital, next to the patients' rooms.

The maternity ward suggests that the medicalization of childbirth increased. The hospital was originally designed for complex deliveries, but until 1890 no more than 10% of those involved surgery. In the following decades, their share has increased steadily, and by 1915 had reached a quarter of all births. At the beginning

of the 20th century, 45% of patients had been diagnosed with some form of pathology.<sup>48</sup>

Maternal mortality, according to the statistics, was low. From 1879 to 1915 48 deaths during childbirth were recorded, which is less than 1% of the number of accepted delivery. Local community hospital reports confirm low maternal mortality as well.<sup>49</sup> However, a careful examination of the gynecological department reports we identified a way which allowed lowering the statistics on maternal mortality. Thus, when the complications developed, the patients were often transferred to the gynecology department, and in the case of death, they “fell” in the reports on the gynecological, not maternity department, without cause of death indicated.<sup>50</sup> It looked like the women were dying as a result of gynecological surgery. Another important aspect of the problem is that in scattered reports of midwives who delivered babies at home, mentions of lethal outcomes were rare. This indirectly confirms that the risks of mortality were not associated with wherever the birth took place – in a hospital or at home.

The maternity ward data shows a significant increase in the number of stillbirths / miscarriages, which in 1915 reached 26% of all the deliveries and were five times higher than the late 19th century figures. The similar situation is shown

<sup>45</sup> Smolensk governorate medical report for 1896. Smolensk, 1897. P. 11.

<sup>46</sup> Smolensk governorate medical report for 1891. Smolensk, 1892. P. 102.

<sup>47</sup> Journals of the Smolensk Governorate Zemstvo Assembly, no. L (50), February 1915. Smolensk, 1915. P. 2.

<sup>48</sup> Smolensk Governorate medical report for 1908. Smolensk, 1909. P. 37.

<sup>49</sup> GASO. F. 1. Op. 6. Vol. 2. D. 7. 1915. L. 17.

<sup>50</sup> Smolensk Governorate medical report for 1912. Smolensk, 1913. P. 17.

in the data on Viazemsky district hospital, where in 1915 miscarriages accounted for 16% of all births.<sup>51</sup> The doctors realized that the true causes had to do with the increase in the number of illegal abortions.<sup>52</sup> Women would often seek help after failed independent attempts to terminate a pregnancy which resulted in complications. Smolensk zemstvo doctors were fairly liberal. They noted that the issue of abortion should be moved from the moral plane into healthcare. In their view, non-governmental organizations and government agencies should have been making greater efforts providing skilled healthcare.<sup>53</sup> No data on abortions at the maternity ward was found until 1890. Subsequently, despite the ban on terminations, abortions for medical reasons were carried out legally. Each year 2 or 3 abortions were performed, and in 1910 their number doubled. In view of the problem of illegal abortions and the increase in the number of miscarriages, in 1913 the district council planned to open a special operating room for abortions.<sup>54</sup>

The issue of opening the maternity ward by the city authorities was raised only in the 1910s, which was due to the increase in the population's need in professional obstetrics care. Given the limited funding, the town council has proposed a low-budget version of the emergency medical assistance during childbirth. In 1914, in a private apartment of the obstetrician-midwife A.M. Grigorieva both day and night obstetricians were put on duty, where mothers-to-be could turn for help.<sup>55</sup> The obstetricians' work was adapted to the needs of the population: they either saw patients in their quarters or went to their homes.

### Private professional obstetric services

In the period under review learned midwives and obstetricians had private practice. From the auto-documentation belonging to the privileged strata of the population, it is known that the women of this circle turned to privately educated midwives [5]. Up until the 1860s, foreign women obstetricians were considered skilled professionals

in the field. But with the development of obstetric education in Russia and appearance of educated midwives in the provinces, the domestic midwives have replaced the foreign ones. Ads placed in provincial newspapers lead to the conclusion that since the end of the 1870s professional midwives were widely advertising their services. Ad text suggests that women obstetricians often rented apartments and conducted a private practice, seeing women in labor for a fee.<sup>56</sup> They specialized in the secret births ("can see in her home the ladies who for whatever reason are not inclined to give birth in their home"),<sup>57</sup> and for a fee they offered "childcare".<sup>58</sup> It is hard to establish how the "child care" was implemented, how the issue was regulated, and could the obstetricians place children in orphanages or keep them at home. In some regions of Russia criminal cases there were criminal cases involving midwives-obstetricians.<sup>59</sup> Mainly unmarried women used to turn to an obstetrician to hide the fact of birth.

In 1880's provincial charities have for the first time pointed out the importance of providing medical and social assistance to the population in relation to childbirth. Individual doctors who were part of the Smolensk Charity Society and the free-practicing doctors began to have free weekly appointments for poor women in childbirth.<sup>60</sup>

In 1880's philanthropists in Smolensk had an idea to systematize the medical aid to women in childbirth. In 1888, on the initiative free-practicing of Dr. V.A. Chudovsky, the Smolensk Charitable Society opened a maternity shelter for poor future mothers.<sup>61</sup> The board of trustees included the prominent ladies of the governorate – the Governor's wife, E.P. Sosnovskaya, and Princess E.I. Suvorova-Rymnikova.<sup>62</sup> The shelter was run by the senior town obstetrician V.I. Lebedeva.<sup>63</sup> The system of assistance implied the patient

<sup>51</sup> GASO. F. 1. Op. 6. D. 7. 1915. L. 17.

<sup>52</sup> Smolensk Governorate hospital medical reports for 1915. Smolensk, 1917. P. 48.

<sup>53</sup> Ibid. P. 49.

<sup>54</sup> Journal of the XLIX Smolensk governorate local assembly. 7–8 January 1913. Smolensk, 1914. P. 23.

<sup>55</sup> GASO. F. 65. Op. 2. D. 1801. L. 129–130, 95.

<sup>56</sup> Advertising. *Smolensk Bulletin*. 1882. No 73. P. 4.

<sup>57</sup> Advertising. *Smolensk Bulletin*. 1882. No 107. P. 4.

<sup>58</sup> Advertising. *Smolensk Bulletin*. 1882. No 63. P. 4.

<sup>59</sup> Skublinsky in Vilno. *Smolensk Bulletin*. 1890. No 46. P. 1–2.

<sup>60</sup> GASO. Ф. 575. Op. 1. D. 50. L. 2; Report of the Smolensk Charitable Society Board, 1881, Smolensk, 1882. P. 5.

<sup>61</sup> GASO. F. 575. Op. 1. D. 49. L. 34; Report of the Smolensk Charitable Society Board, 1891. Smolensk, 1892. P. 10.

<sup>62</sup> GASO. F. 575. Op. 1. D. 4. L. 8.

<sup>63</sup> Maternity shelter. *Smolensk Bulletin*. 1890. No 125. P. 3.

paying the doctor's fee (from 50 kopecks to 1 rub. per 1 day of stay in the hospital), and these costs were reimbursed to future mothers by the charity society. The shelter was available for legitimate and illegitimate births, but the unmarried ones enjoyed the advantage, being the most socially unprotected ones, according to the organizers. Reports indicate that the "aid" was received by representatives of different classes and ranks, many children were left in the ward (later they were sent to orphanages or given for adoption). Despite the authoritative board of trustees, the shelter received insufficient annual funding, it was repeatedly transferred to different parts of the town, the midwives' work was often unpaid. Six years later, in 1894, it was closed.

In the 1910s, the charitable public of the city has put forward the idea of targeted childbirth assistance: women before or after giving birth could apply to the charity society of Smolensk with a written request to allocate funds for paying the obstetrician. They were provided an opportunity to determine the place of delivery (home or hospital), choose a midwife or a doctor. According to reports, in 1914, the charity society has allocated 1025 rubles for obstetric care (136 women turned for assistance), while only 728 rubles was meant for the treatment of various types of diseases, which indicates that this type of aid was in demand.<sup>64</sup>

Smolensk philanthropists, who actively supported the development of education for the people, donated funds for the benefit of the needy, opened orphanages at their own expenses, but showed little initiative to provide obstetrical assistance. The only benefactor was a well-known entrepreneur of the governorate S.A. Baryshnikov, who personally financed a medical station in the village of Nicolo-Pogorely where an obstetrician woman was present.<sup>65</sup>

Thus, educated midwives, and later women obstetricians, were the main professional medical personnel, to assist in childbirth in the Russian provinces. The official midwife position at the medical boards in the province of Smolensk existed since the late 18th century, it was taken

by midwives who were received their education in the capital. The obstetrics was an opportunity for women to carry out professional activities and to find employment. Since the first half of the 19th-century midwife activity was regulated, and from the 1860s they were serving the zemstvo communities. In the absence of a network of maternity institutions in Smolensk province until the 1880s, midwives mostly assisted at home birth. The Russian obstetrics developed gradually: the lower unit consisted of rural midwives who have passed a year-long training with educated midwives, in the middle there were the educated midwives (trained in traditional birth schools and institutions; subsequently renamed obstetricians), the last link were obstetric doctors, who coordinated the activities of midwives.

In contrast to the UK, Germany and US, in Russia there was no confrontation between obstetrician doctors and educated midwives / obstetrician assistants, neither in the capital nor in the provinces. The population of the country, in contrast to the population of the major cities, was wary of professional obstetrics and follows the traditional practices up to the early 20th century. Farmers mostly turned to uneducated village midwives' services. Medical aid stations, at which obstetric assistants started functioning, could not change the situation radically.

The only authority that developed clinical obstetrics in the provinces, was the zemstvo (district council). So, for example, in Smolensk governorate only the zemstvo hospitals had maternity wards. Clinical obstetrics in the provinces developed as a form of medical care during pathological childbirth. The growing number of maternity patients, especially in the early 20th century, has not led to the dominance of hospital births, the share of which even in the city had no more than 3%. The difference in funding determined significant differences in the organization of maternity shelters in the capital and provincial cities. Pathologizing of labor from the early 20th century in maternity wards had to do with the development of surgical obstetrics, which led to an increase in surgical procedures. On the one hand, the doctors provided medical care to women with pathologies, on the other, they were polishing their surgical skills.

The mortality rate of women in childbirth was masked as deaths during gynecological

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<sup>64</sup> Smolensk charitable society council report, 1914. Smolensk, 1915. P. 2.

<sup>65</sup> Journals of the XLV Smolensk governorate zemstvo assembly. 9–8 January 1910. Smolensk, 1910. P. 30.



surgery, which allowed to conceal the actual high mortality. The discussion about abortion issues which unfolded since the end of the 19th century not only in the medical community, but also in the society as a whole, was typical not only for the metropolitan society. In Smolensk, the fight against illegal abortions was also reflected

in regulating the termination of pregnancy for medical reasons.

The bodies of municipal government, public and private charity did not consider the field of obstetrics as a priority. Only since the 1910s it became obvious that the system of professional obstetric care should be reformed.

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