

Heroes or villains? Midwives, Nurses, and Maternity Care in Mid-nineteenth Century Australia

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Commonly accepted narratives of nineteenth-century maternity care history in Australia report that all female midwives were uneducated and incompetent, and that professionalised nursing replaced these dangerous maternity attendants. Recently, this perspective has been questioned by a reinvigorated midwifery profession, which argues that midwives were unjustly maligned by the nascent profession of nursing in its professionalisation and by the medical profession to reduce competition in the lucrative marketplace of maternity care. This paper examines the veracity of these disparate readings, by reconsidering some of the evidence on maternity attendants and midwifery in nineteenth-century Australia.

RECEIVED AND REVISIONIST ACCOUNTS: A CONTEST

It is fair to say that commonly held accounts of nineteenth-century Australian maternity care history have condemned the role of female midwives in the care of women while lauding the nursing profession as having transformed that arena. As the story goes, the discipline and education of the trained nurse elevated midwifery from old women's work into a special branch of modern nursing practice, under the steerage of the profession of nursing.¹ In keeping with their triumphal style, received accounts tend to apply a broad brush to decry any form of care attendance that might have existed in the colonies prior to the much celebrated introduction of the Nightingale scheme. Thus, nineteenth-century midwives have been portrayed as ignorant and incompetent, and the absorption of midwifery into the profession of nursing positioned as necessary for the protection of women and babies.

A text from 1980 by Hobbs, *But Westward Look: Nursing in Western Australia 1829 to 1919*, is an example of this genre of maternity care history. Hobbs writes that 'Until a system of hospital instruction was introduced, one could say that all nurses practised midwifery in the course of their nursing duties and like Mrs Gamp went with equal zest to a lying in and a laying out.'² Hobbs' reference to Mrs Sarah Gamp, a disreputable character from Charles Dickens' 1843 serialised novel *The Life and Adventures of Martin Chuzzlewit*, is notable.³ In the novel, this ignorant, drunken, lumpen woman acted as a midwife, sick nurse, and monthly nurse to the lower classes of London, not infrequently defrauding them and certainly not 'caring' for them as one might have expected. With Dickens' work very popular in Australia,⁴ Sarah Gamp's caricature soon became representative of the composite nurse, midwife, and sick-bed attendant in the colonies. The figurative Mrs Gamp was a convenient yardstick, against whom attendance on the sick and childbearing women could be compared.

The narrative of colonial midwives as members of the Sarah Gamp genus has endured as a factual record in histories of maternity care, unchallenged even in histories penned by midwives themselves, most of whom were educated also as general nurses.⁵ Recently, however, that accepted history has been challenged, owing to a worldwide movement that contests midwifery's status as a specialist branch of nursing practice.⁶ This international movement argues that education

in nursing is inappropriate preparation for the practice of midwifery, because nursing involves the care of the sick. The central tenet of this argument is that pregnancy and birth are normal physiological processes that have become medicalised in Western maternity care systems.⁷ As an active participant in this international resurgence, Australian midwifery aspires to have midwifery recognised as a profession, independent of, and distinct from, nursing.⁸

A corollary of those local professional aspirations has been a revisiting of midwifery's history, especially that of the nineteenth century, a period when midwifery in most parts of Australia was not subject to statute. In contrast to received accounts, the revisionist view concurs with perspectives elsewhere throughout the Western world, that the professions of medicine and nursing wanted to extinguish independent midwifery.⁹ Focusing on power and gender relations, these narratives reject the view that midwives were incompetent villains, instead seeing them as hard-working heroines who were unjustly maligned.¹⁰ An Australian example of this genre comes from a midwifery history recorded in the late 1980s, which argues that 'the experience of the pregnant woman in Victoria was one of an uninterrupted, valued and rational service from midwives who cared for them and their children without trumpeting their glory.'¹¹ Another example comes from a prominent midwifery academic who celebrates midwifery's expected separation from nursing as a return to what she calls 'the wisdom of original midwifery without encumbrances,' that hindrance being nursing.¹²

Given that received and revisionist accounts are so disparate, what veracity do they have? Is one factual and the other fictional? This article re-examines the arena of nineteenth-century Australian maternity care history, reappraising some of the evidence on maternity attendants and midwifery practice. Constructing a more 'contextualised' history of early maternity care is not without its difficulties. Birth in Australia's nineteenth-century society was an ordinary and unremarkable event, with few accounts of the episode recorded for posterity. The 'secrecy' concerning birth has meant that, to gain insights into the arena of birth attendance, historians have relied on fora in which birth was discussed, such as professional medical association meetings and conferences.¹³ These exchanges, published in the *Australian Medical Journal* and similar journals, naturally enough emphasise medicine's perspective of the

arena of maternity care.¹⁴ Recently, the emergence of other primary sources, the correspondence and writings of women coupled with the digitisation of newspapers, has made it possible to shed new light on this contested history. Instead of finding the extremes of heroes or villains, the result is a more realistic and tangible history of midwifery and maternity care than currently exists.

NINETEENTH-CENTURY ATTENDANTS AT BIRTH

Female midwives command considerable attention in received histories, yet this was only one of many categories of maternity attendant in what was a very pluralist arena. Without any workable statutes regulating the care of the sick and childbearing women, there was no restriction on who could attend a birth. In mid-nineteenth century Australia, sickness and childbirth were private matters, not for government oversight unless people were housed in government institutions such as jails and female factories.¹⁵ A range of men and women were engaged in attending at childbirth, either for gain or sometimes as a community gesture, especially in geographically isolated localities. Female midwives, male midwives, nurses, druggists, dentists, herbalists and surgeons are just some of those associated with nineteenth-century birth attendance.¹⁶ As settlements sprang up overnight in the rush for gold, demand for maternity attendants around Australia surged. Leaving aside the men who practised in this arena, women were popular as attendants because they reportedly saved the indelicacy of being seen by a man, and demanded a lesser fee than doctors.¹⁷

In Victoria, for example, the number of registered births rose from 1000 in the year of 1842 to 23,000 by 1860.¹⁸ Mid-nineteenth century Australian society was a youthful populace, with few women having older family members to perform the duties of a midwife. One woman, Mrs Emily Skinner, whose baby was born in far north-east Victoria's gold diggings in the 1850s, recalled her relief at having obtained the help of a 'good elderly woman for a nurse' at her confinement, because experienced women were 'very rare' at the time.¹⁹ Another observer of nineteenth-century Australia, Mrs Ada Cambridge, recognised that women wanted someone to help them in childbirth, even when the only available women were 'peripatetic Gamps'.²⁰ Doctors, however, reported that

pregnant women did not seem to care that old women attended them. One doctor, writing to the *Australian Medical Journal* on the Ballarat goldfields, declared that the majority of midwives there were illiterate drunks. One female midwife he described as ‘a feminine accoucheur [who] keeps a sly grog shop, and sells nobblers [drams of spirits] when not obstetrically employed’, adding that the midwife unashamedly spruiked for maternity business.²¹ Studies by Strachan²² and Peel²³ confirm that a range of women in nineteenth-century rural communities attended births in varying capacities. What preparation for practice these individuals had varied. Some women had no experience of birth whatsoever, while others had borne and raised their own families.²⁴ That diversity in attendants later came to be perceived as a lack of standardised education on the part of all women practising midwifery, hence the generalisations that all midwives were ignorant. But is this a factual assessment?

A search of digitised newspapers shows that some midwives held qualifications in midwifery. For instance, three women who arrived in Tasmania between 1824 and 1836 advertised their formal credentials in newspapers. Mrs McTavish, Mrs Barfoot and Mrs Miller each claimed to hold a Diploma in Midwifery, awarded by Dr John Thatcher whose Edinburgh Lying-in Institution, or maternity hospital, catered for poor women in confinements.²⁵ Another woman, Miss Field, the ‘late midwife of the City of London Lying-in Institution’ and later Mrs Barrett, also advertised in Tasmanian newspapers from 1822, claiming that her midwifery qualifications were certified by doctors and the matron of the same London institution.²⁶ While these individuals’ certificates have not surfaced as evidence of credentials, Thatcher and other doctors in Edinburgh conducted lectures in midwifery four times each year; these were sanctioned by the civic authorities of the City of Edinburgh and widely advertised, and the lectures were open to men and women.²⁷ Examples of midwifery diplomas from the same period have survived too. One, held at the Royal Women’s Hospital Archives in Melbourne dates from 1779.²⁸ Other certificates and testimonials, similarly dated, are held in Scotland.²⁹ Clearly some midwives were educated, having received theoretical instruction as well as practical experience of home confinements and ward work in lying-in institutions.³⁰ Similarly Mrs Scott, a Scotswoman of Hobart, advertised her credentials in the newspaper in 1841, offering testimonials and

references as to her qualities and qualifications, with one referee being Lady Jane Franklin, wife of the then lieutenant governor of Van Diemen's Land.

Education in the practice of midwifery was not just an imported phenomenon, but was also available in mid-nineteenth century Australia. In 1843, Mrs Mary Gordon announced her skills and certification to the community of Maitland via a newspaper advertisement. Formerly the midwife at Paramatta's Colonial Hospital, Mary Gordon claimed that she had attended the births of more than 900 women there; her conduct and qualifications were certified by Surgeon Anderson with whom she had worked at the hospital.³¹ In Tasmania, doctors advertised lecture schemes in newspapers similar to those in Edinburgh.³² Lectures for would-be nurses were also conducted in Victoria; however, education in the form of lectures only lacked the practical tuition acquired in a lying-in institution, a deficiency which attracted censure from other doctors who argued that such 'certificated' nurses were only half-educated.³³ Proponents responded to this criticism, saying that some education was better than none when it came to cases of pregnancy and birth, especially in isolated parts of Australia.³⁴ As well as these forms of 'private' tuition, institutional training in midwifery nursing was also available—at least in Victoria—as early as 1859 at Melbourne's Lying-in Hospital and Infirmary for Disease Peculiar to Women and Children (MLIH), an establishment not dissimilar to Dr Thatcher's Edinburgh Lying-in Institution.³⁵ The MLIH scheme was formulated at the same time as Florence Nightingale's supporters were establishing the Nightingale Fund's nurse training school at St Thomas' Hospital in London, but unlike the accolades awarded to the English scheme, the Melbourne 'model' generally escapes attention in received histories of maternity care as indicated earlier in this paper, or even in recent revisionist views, such as that by Fahy.³⁶ Training at the Melbourne Lying-in Hospital was initially one month in length, and in 1861 was structured and extended to combine theory and practical tuition over three months.³⁷ But this model, too, was perceived to be deficient. It lacked an 'outdoor department', a feature of English, Scottish, and Irish institutions in which pupils gained important practical experience in home confinements. The local model had a fine reputation according to its promoters but can have had only a small impact in the colony of

Victoria, with a grand total of 33 midwifery nurses certificated in the twelve years from 1861 to 1872, a period in which 281,788 births were registered.³⁸

While the existence of the MLIH scheme generally has been ignored by received accounts, it attracts criticism in particular revisionist histories of midwifery.³⁹ Nomenclature is the problem here, and specifically the term *nurse* because, as indicated earlier in this paper, contemporary midwifery sees itself as separate from nurses and nursing. Thus, the title awarded to successful pupils of the mid-nineteenth century scheme, being 'Ladies Monthly Nurse and Sick Nurse', is positioned as making these women nurses, not midwives. However, the contemporary rejection of the word *nurse* in this case is misguided, because it inappropriately transposes contemporary meanings of terms to the past without consideration of their context. To understand why, it is useful to consider what the concept of *nursing* conveyed in the foundational arena of settler society. Nursing in mid-nineteenth century Australia carried a vastly different nuanced connotation from the pejorative meaning invested in it by contemporary midwifery. Nursing was the everyday care performed by others for those who could not administer self-care. In confinement cases, nursing was not just about bedside attendance; it entailed cooking, feeding, washing, assisting with ablutions, and sometimes sewing clothes for the infant.⁴⁰ Moreover, the inclusion in the MLIH's midwifery scheme of training as a 'sick nurse' was entirely relevant, because complications of pregnancy and birth were not unusual. Anaemia, prolapses, haemorrhages, rupture of the perineum and damage to soft tissues were very debilitating, and many women required expert *nursing* before confinement to improve their nutritional state and thereby their general health, or after birth to regain their pre-pregnant state of health.⁴¹ Nursing in mid-nineteenth century indeed involved the care of the sick, as many women were far from well.

Another aspect of contemporary midwifery's disapproval of the title 'Ladies Monthly Nurse and Sick Nurse' concerns what is now termed the individual's 'scope of practice'. According to historian Jean Donnison, the monthly nurse role in Britain was a subordinate one, created by doctors to reduce the number of midwives being trained and thereby buttressing doctors' status in the marketplace of maternity.⁴² Donnison writes of the British monthly nurse that

she watched and cared for the mother during and after labour, but importantly did not perform the delivery of the baby. That important role was for the doctor, not only guaranteeing his fee but encouraging women to believe that they needed a doctor attending at births. Revisionist histories of midwifery and maternity care assume that the Ladies Monthly Nurse in Australia was a similarly subordinate role,⁴³ but this is not borne out by the evidence. Of the certificated monthly nurses having left the MLIH, a hospital surgeon wrote in 1869 that they were trained to attend labours *and* to deliver babies, *and* to know enough about complications to seek medical help. The surgeon observed that the MLIH's Ladies Monthly Nurses were highly skilled practitioners, being 'allowed to conduct (under supervision) accouchments [sic] for herself' after observing 100 labour and after-care cases.⁴⁴ This was indeed a very capable attendant, equipped with a constellation of skills in the care of women.

The few examples provided here show that received and revisionist histories of maternity care have applied a broad brush to their interpretations of mid-nineteenth century midwifery care by women. Australia certainly did have at least *some* midwives with education, obtained prior to their emigration or on Australian shores. How many women held 'formal' qualifications in midwifery may never be known, and there may be disagreement about what 'qualified' means but, given the snapshot of evidence presented here, assertions that no nineteenth-century midwives in Australia were educated can be refuted. Likewise, the evidence provided here confirms that the educational scheme in operation at the MLIH from the 1860s deserves to be acknowledged in Australian histories of midwifery. From the matter of education and qualifications, this discussion now moves to another thorny issue in nineteenth-century maternity care history: what female midwives did or did not do—that is, their behaviours and practices.

MIDWIVES AND THEIR PRACTICES

According to received histories of nursing, which portray nursing as superior to nineteenth-century midwifery, there is a direct correlation between educational backgrounds and behaviours. In this view, with Australian midwifery practised by those of the Sarah Gamp genus, received history holds those lowly midwives responsible for

malpractice and criminal activity. Of course, that view has been countered by revisionist histories, also described earlier in this paper, which find that such claims of midwives' lack of self-regulation have been exaggerated by the profession of nursing. Unravelling disparate perspectives of nineteenth-century behaviours is no less difficult than is unpacking the notions of 'qualified' and 'trained'. A dearth of primary sources describing midwives' 'behaviours' means that the very worst examples of midwifery practice have been preserved for posterity in inquests and newspaper reports. While records of maternal deaths are indeed shocking and grim cases to consider, a re-reading of some inquest cases offers surprising insights into behaviours, conventions and the complex terrain of maternity care as 'turf'. In the period from 1850 to around 1870, records of inquests vary in the quality and quantity of information they feature. After 1870, inquests are far more detailed, recording minutiae about what went on in labour cases: the length of time women were attended; what happened at each point; who saw the events occur, and so on.⁴⁵ The role of the expert witness became important, too, in determining whether criminal charges should be laid against the maternity attendants.

An 1869 case of maternal death in the city of Melbourne illustrates that coroners as overseers of the enquiries into suspicious deaths were acutely aware of territorial disputes between midwives and doctors. It also highlights concerns that midwives might not be treated fairly in such disputes. To summarise this case, in April 1869 Mrs Margaret Bardon was attended in labour by a female midwife, who relinquished the case when the help of doctors was sought.⁴⁶ Graphic reports of this grim case in the Melbourne newspapers left no doubt that the midwife was ignorant and incompetent, and the only person who had a case to answer.⁴⁷ However, the inquest case notes in their entirety tell a rather different story. The coroner for the Melbourne District of Richmond, Curtis Candler, having been alerted to the death and unsure of its circumstances, issued instruction for the doctors in attendance not to perform or arrange a post-mortem owing to a potential conflict of interest.⁴⁸ Despite that instruction, the doctors involved found two colleagues who performed an autopsy on the deceased woman. Candler set aside the findings of that anatomical investigation and ordered a second post-mortem. This was an unusual step, but Candler later explained

why he felt there was a conflict of interest in this case, when he complained about the doctors' behaviour in correspondence to the Chief Justice of Victoria's Supreme Court. Curtis Candler wrote:

the medical practitioner may have, or may be wrongly suspected of having, an animus against a midwife in his own neighbourhood:... he may possibly be equally to blame with the midwife;... he may be solely responsible for the death: and... the midwife may altogether be innocent of the fatal termination of the case.⁴⁹

The inquest's jury concluded that the deceased woman had a ruptured uterus, that the unborn baby was large, and that it would not have been delivered without instruments that were not commonly used at that time. However, the midwife was found guilty by the coronial jury of 'culpable neglect' in not sending for medical aid in time to save the mother, and having abandoned her when a doctor was sought.⁵⁰ Culpable neglect was a lesser charge than manslaughter which, the coroner pointed out, did not attract a custodial sentence. Instead, the midwife received his severe censure. Notation on the inquest file accurately sums up what happened in this case. It reads: 'This is a difficult labour case... The Midwife is found guilty of "culpable neglect". It appears to have been a most difficult and protracted labour case to which the rupture was perhaps an almost inevitable result.'⁵¹

A subsequent inquest conducted in 1872, known as 'the Byaduk case', further demonstrates that confinement cases were not always clear-cut, and that midwives attending women affected by complications faced real dilemmas. In the Byaduk case, a local experienced midwife was charged with manslaughter when a woman died from haemorrhage a day after the delivery of a stillborn baby.⁵² It transpired that, after many hours of labour, the distressed and exhausted woman was said to have begged her midwife to get the baby out. The baby was lying transversely in the uterus, usually an indication that the baby was too large to fit through the birth canal or that the placenta was covering the cervix, in effect inhibiting the natural process of labour. When the midwife was unable to deliver the baby, a doctor was subsequently called from the town of Hamilton in western Victoria, twenty miles away from Byaduk. The doctor eventually extracted the deceased infant with great difficulty,

but the woman died. In retrospect, without the benefits of modern obstetrics and caesarean section, the midwife and doctor between them had done what was recognised practice at that time. At the mother's request, the midwife amputated one of the baby's arms; it was the only part of the body accessible. Later, the doctor forcibly removed the remainder of the body, but in pieces. Local newspapers took the sides of their respective constituents: the *Belfast Gazette and Portland and Warrnambool Advertiser* supported the midwife, while the town of Hamilton's newspapers argued for the doctor. At the trial, two local experienced medical practitioners judged the midwife's actions to be appropriate, not criminal. Both midwife and doctor were found to be blameless.

Not all inquests, then, denigrate midwives, although some newspapers do. However, other cases from inquests and fora discussing maternity care demonstrate that midwives and doctors⁵³ lacked an understanding of rudimentary anatomy and knowledge about the usual progress of labour, as well as what to do when common complications such as haemorrhage arose. It was not uncommon for midwives to pull on the placenta before it had separated from the uterus or to push on the woman's abdomen to progress labour.⁵⁴ Midwives are on record as having said to women that the perineum needed to be torn early in first births.⁵⁵ These actions each precipitated haemorrhage and injury to internal organs, and resulted in lifelong disabilities. Midwives also were reported to examine the cervix after each contraction, predisposing women to infection from which women died a miserable death.⁵⁶ According to nineteenth-century medical orthodoxy, the safest birth was that with the least intervention but, even so, there are numerous examples in which some basic and simple intervention was required of a midwife to prevent death, but none was implemented.⁵⁷

An unsavoury element in nineteenth-century midwifery is that female midwives were known to provide abortions.⁵⁸ Received histories tactfully refer to these instances as 'criminal' activities. Few revisionist histories have tested these waters, although one account of the English arena rejects the view that abortion or infanticide by female midwives was widespread.⁵⁹ With our modern sensibilities, it is a rather distasteful notion that a midwife might facilitate abortion or infanticide. In Victoria, however, the work of Swain and Howe confirms that several midwives in the city of Melbourne combined

midwifery attendance with abortion ‘services’. Nineteenth-century government enquiries and newspaper reports illustrate that these nefarious activities occurred.⁶⁰

While inquests and newspaper reports illustrate the worst cases of practice, with the benefit of hindsight it is worth reflecting on the facts: that care in most circumstances was provided by candlelight, without clean running water and sewerage, without reliable clocks, and often with help another world away. An 1827 death notice in a Launceston newspaper is a reminder that skilled midwives were well regarded by their communities. It reads: Mrs Dore, the ‘midwife of that place, [was] a very worthy and industrious person.’⁶¹ Such accolades are few and far between. The nature of birth being ‘unremarkable’ in this era means that there is no record of the thousands of cases that occurred without dire consequences, in which midwives and Ladies Monthly Nurses in local communities attended others—and successfully so—day in, day out, sometimes in conjunction with a doctor and sometimes on their own merits. Historian Laurel Thatcher Ulrich aptly titled her 2007 book *Well Behaved Women Seldom Make History* to highlight that the ordinary and mundane activities of women who were not famous, or even infamous, are almost invisible in the annals of history. This sensibility is worth bearing in mind, particularly when reading accounts of Australian maternity care history that dismiss any efforts at care before the period of so-called Nightingale nursing. Also worth bearing in mind is that maternity care has come a long way since the nineteenth century. The Byaduk, the Bardon and other cases of this nature are a salutary reminder that in natural childbirth, nineteenth-century style, seemingly perfectly healthy women died even when in the best of hands. The reality was that, with or without an attendant, nineteenth-century maternity was very risky. Diarists reflected on the possibility of mother and baby not surviving the ordeal of birth.⁶² Prayers were said, and thanks given for deliverance, when women were freed from their trials and survived birth relatively unscathed.⁶³

CONCLUSION: WHY DOES THIS MATTER? PROFESSIONALISING AND HISTORY

Earlier in this article, I posed questions about received and

revisionist accounts of maternity care history: what is their veracity? Is one perspective factual and the other fictional? The answer is, of course, that each is partly fictional and partly factual, but both are characterised overwhelmingly by a desire to denigrate the other as an enemy to overcome. To have such polarised points of view of exactly the same era in maternity care history is unsurprising, given the positioning and motivations of their proponents in writing their respective interpretations. A view of midwives as lowly ignorant women buttressed the aspirations of nursing in the late-nineteenth and early-twentieth centuries, as it sought to gain the status of a profession. Revisionist accounts similarly bolster Australian midwifery's current professionalising aspirations, justifying midwifery's efforts to become a profession in its own right and to return to its origins without the encumbrance of nursing. What we have in received and revisionist perspectives is a sweeping generalisation of a complex and nuanced history.

Graeme Davison writes that an understanding of history can provide insights into our identity as individuals or as a collective, such as members of a profession.⁶⁴ Historians of nursing and midwifery agree that a sense of history is important for nurses, midwives and their collective professions to have, so that they can understand the development and evolution of their profession and to help direct their future paths.⁶⁵ However, existing and contesting interpretations of midwifery's history, written to bolster professionalising processes, have not done justice to the nuanced and complex history of nineteenth-century Australian maternity care. As Davison notes, history written to forge identities can not only reinforce divisions in groups where groups wish them to be, but can restrict history's focus to one of identity as if that is the most important element in the history of the group. Nursing's mantra of the Nightingale myth as triumphant over untrained midwives and nurses has been seductive. A complete focus on that teleological tale has meant that the real complexities of nursing's struggles for reasonable conditions of work, and the lengthy path to tertiary education for nurses, have been unexplored by historians until very recently. Hancock's 'original midwifery', as a purer and more natural concept and a better place for women and midwives, is also a seductive notion. But just as received history's conviction that all midwives were villains is a distortion of past reality, so too is the idea that an 'original midwifery' without the

encumbrance of nursing is a better option for parturient women. The problem is that if the mantra of 'original midwifery' is repeated often enough, it will become accepted as fact.

Midwifery in Australia has honourable traditions but an unrecognised history replete with heroes, villains and uncomfortable truths. Among these truths are that midwives were involved in abortion and infanticide and, in some cases, very questionable practice. But the history of midwifery also includes narratives, awaiting investigation, of the remarkable and invisible women who attended to others in the most difficult of circumstances in Australian settler society. Like the recent re-visioning of nursing by historians, the history of midwifery in Australia deserves further examination with a critical eye, to develop a sophisticated and palpable understanding of its complexities. ❖

ENDNOTES

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- 13 Janet McCalman, *Sex and Suffering: Women's Health and a Women's Hospital*, Melbourne University Press, Melbourne, 1998, 35.
- 14 Madonna Grehan, 'Professional Aspirations and Consumer Expectations: Nurses, Midwives, and Women's Health', PhD thesis, The University of Melbourne, 2009, 120.
- 15 Mrs Sims was the midwife appointed by government to the General Hospital in Sydney from 1811 to at least 1813. See *The Sydney Gazette and New South Wales Advertiser*, 1 February 1811, 2.
- 16 Madonna Grehan and Sioban Nelson, 'Visioning the future by knowing the past', in Sandra Speedy, John Daly and Debra Jackson (eds), *Contexts of Nursing*, Elsevier, Sydney, 2006, 19.
- 17 Grehan, 129.
- 18 Grehan, 129.
- 19 Edward Duyker, *A Woman on the Goldfields: Recollections of Emily Skinner, 1854–1878*, Melbourne University Press, Carlton, Victoria, 1995, 53.
- 20 Cambridge, 104.
- 21 Grehan, 136.
- 22 Glenda Strachan, 'Present at the birth: "handywomen" and neighbours in rural New South Wales 1850–1900', *Labour History*, vol. 81, 2001, 13–27.
- 23 Dawn Peel, *Year of Hope: 1857 in the Colac District*, privately published, 2006, 134.
- 24 Peel, 134–136.
- 25 See *Hobart Town Gazette*, 17 September 1824, 3; *Hobart Town Courier*, 14 October 1836, 3; *Hobart Town Courier*, 11 November 1836, 3.
- 26 *Hobart Town Gazette and Van Diemen's Land Advertiser*, 21 September 1822, 1.
- 27 See Barbara Mortimer, 'The Nurse in Edinburgh c. 1760–1860: The Impact of Commerce and Professionalisation', PhD thesis, University of Edinburgh, 2002, 83.
- 28 Mrs Muir's Midwifery Certificate, 26 April 1779, held at the Royal Women's Hospital Archives, Melbourne, Accession Number RWA2007_12_001.
- 29 A certificate of the same period as Mrs Muir's is held in the office of the Professor of Obstetrics and Gynaecology at the University of Edinburgh. The Royal College of Nursing in Edinburgh holds examples of testimonials from this period.
- 30 Mortimer, 188.
- 31 *Maitland Mercury and Hunter River General Advertiser*, 16 December 1843, 3.

- 32 *Hobart Town Gazette*, 29 March 1844, 1.
- 33 Grehan, 141.
- 34 Grehan, 141.
- 35 Grehan, 142–3.
- 36 Fahy, 2007.
- 37 Grehan, 142–4.
- 38 Grehan, 144.
- 39 Donnellan-Fernandez and Eastaugh, 4.
- 40 Grehan, 310.
- 41 McCalman, 35–6.
- 42 Jean Donnison, *Midwives and Medical Men: a History of Interprofessional Rivalries and Women's Rights*, Heinemann Educational Books, London, 1977, 62.
- 43 Donnellan-Fernandez and Eastaugh, 4.
- 44 *Argus*, 9 April 1869, 9.
- 45 For example, some inquests from the 1850s feature less than two pages in total as a record. Some later inquest files contain correspondence between coroners, police, and others involved in cases. For a summary of five nineteenth-century inquests into maternal deaths which involved midwives, see Grehan, 399–402.
- 46 Inquest into the death of Margaret Bardon, Public Record Office of Victoria (PROV), VPRS 24/Po, unit 232, 1869/119.
- 47 *Age*, 7 April 1869, 3; *Argus*, 8 April 1869, 4.
- 48 Memorandum from C Candler to Sergeant Grant, Richmond Police, 3 April 1869, PROV VPRS 24/Po, unit 232, 1869/119.
- 49 Letter from C Candler, Coroner, to the Honourable Minister for Justice, 13 April 1869 PROV, VPRS 24/Po0000/232, 1869/119.
- 50 Findings of Inquest into the death of Margaret Bardon, PROV VPRS 24/Po, unit 232, 1869/119.
- 51 File note. Inquest into the death of Margaret Bardon, PROV VPRS 24/Po, unit 232, 1869/119. The midwife, Anne Patten, continued to work and is listed in the alphabetical (p.534) and trade (p.760) listings of the 1877 *Sands & McDougall Melbourne Directory*.
- 52 Grehan, 401.
- 53 McCalman, 17.
- 54 Grehan, 146.
- 55 *Australian Medical Journal*, July 1861, 224.
- 56 Grehan, 146.
- 57 Grehan, 399.
- 58 Grehan, 156.
- 59 Nicky Leap and Billie Hunter, *The Midwife's Tale: An Oral History from Handywoman to Professional Midwife*, Scarlett Press, London, 1993.
- 60 For evidence about abortion in government inquiries, see *Evidence to the Zox Royal Commission into Charitable Institutions*, Victorian Parliamentary Papers Legislative Assembly, 25 July 1890, Q.3904. Swain and Howe report that some midwives were serial offenders in the provision of abortion as they were frequently in the courts owing to women having provided depositions on their deathbed. These authors also report that some midwives were associated with baby farmers and methods of infanticide.
- 61 *Colonial Times*, 1 June 1827, 3.

- 62 Grehan, 128.
- 63 Marion Quartly, 'Making male and female worlds', in Patricia Grimshaw, Marilyn Lake, Ann McGrath and Marion Quartly (eds), *Creating a Nation*, McPhee Gribble, Melbourne, 1994, 79–106.
- 64 Graeme Davison, *The Use and Abuse of Australian History*, Allen & Unwin, Sydney, 2000, 264.
- 65 Katy Dawley, 'American nurse-midwifery: a hyphenated profession with a conflicted identity', *Nursing History Review*, vol. 13, 2005, 147–170; Sandra B Lewenson, 'Integrating nursing history into the curriculum', *Journal of Professional Nursing*, vol. 20, no. 6, 374–380; Peter G McCaffery, 'The politics of midwifery: introduction', in Edwin R van Teijlingen, George W Lewis, Peter G McCaffery and Maureen Porter (eds), *Midwifery and the Medicalization of Childbirth: Comparative Perspectives*, Nova Science, New York, 2000, 287–299; Mavis Kirkham and Elizabeth Perkins, 'Introduction', in Mavis Kirkham and Elizabeth Perkins (eds), *Reflections on Midwifery*, Bailliere-Tindall, London, vii–xiv.