

*The Family  
in Imperial Russia*

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NEW LINES OF HISTORICAL RESEARCH

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*Childbirth and Culture:  
Midwifery in the Nineteenth-Century  
Russian Countryside*

"We must see to it that children are born properly. This is real revolution—of this I am quite sure."

—Issac Babel, "The Palace of Motherhood" (1918)

Almost half of the children born in rural Russia during the late nineteenth century died before they were five years old.<sup>1</sup> The Empire as a whole, with a population over four-fifths rural, had the highest infant mortality rate in Europe. The reasons are to be found primarily in Russia's economic and cultural backwardness. For most of the rural population, diet was unbalanced and insufficient, housing overcrowded, and clothing inadequate. The most elementary hygienic and sanitary measures were for the most part ignored, and there was little popular understanding of their significance. Disease flourished in such an environment, taking a disproportionately large toll among infants and young children. Medical care, when it could be obtained at all, was often poor in quality, and in many cases the limitations of contemporary medical knowledge rendered even the best physicians powerless to do more than supervise the inevitable.

Although childbirth itself was not the primary occasion for infant death, it did involve considerable danger for mother and child

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1. The infant mortality rate varied significantly from province to province. For figures and a discussion of regional variations, see V. I. Grebenshchikov and D. A. Sokolov, *Smertnost' v Rossii i bor'ba s neiu* (St. Petersburg, 1901), pp. 20-24.

alike. The absence of adequate obstetric care made these dangers particularly acute during complicated deliveries and contributed to a high rate of infection during the post-natal period. In the middle of the nineteenth century there were virtually no rural midwives with any sort of modern medical training.<sup>2</sup> Peasant women usually gave birth either alone or with the assistance of a *povitukha*, an older peasant woman without formal medical education who was experienced in delivering babies. The infant and maternal deaths which resulted from the *povitukhi's* incompetence were especially intolerable to physicians and medical reformers because they seemed unnecessary. The reduction of such deaths through the improvement of obstetric care seemed a practical possibility which could gradually be realized, despite the expected persistence of Russia's more general backwardness. The task as reformers of the 1860s and 1870s envisioned it was to train a competent corps of rural midwives (*sel'skie povival'nye babki*) to replace the older *povitukhi*. If nothing else, it was argued, such trained midwives could reduce the instances of infection and eliminate the "barbaric" practices for which *povitukhi* were renowned in cases of difficult delivery. It was hoped that rural midwives, together with the physicians with whom they were expected to cooperate, would be able to provide modern obstetric care for the Russian peasantry.<sup>3</sup>

These arguments received a practical implementation. Whereas until the 1860s the only institutions in the Empire which trained a

2. For the Ministry of Internal Affairs' recognition of this, see *Tsentral'nyi Gosudarstvennyi Istoricheskii Arkhiv (TsGIA)*, f. 1297, op. 142, d. 292, pp. 6-6 ob.

3. *Ibid.*, p. 6 ob. According to nineteenth-century Russian law there were three titles for obstetric personnel: *povival'nye babki*, *sel'skie* or rural *povival'nye babki*, and *povitukhi*. The first were distinguished by having completed training in an urban midwife institute. The second had graduated from a school for rural midwives, and were not entitled to practice in urban areas without passing a special examination. The third had no formal training at all, but were required to pass qualifying examinations. They were allowed to practice only when there were no trained midwives available. In practice, so many rural midwives qualified for urban practice that it is useful here to speak of midwives as a single group. Their skills varied enormously, but in the countryside the principle dichotomy was between the *povitukhi* and any midwife with training. Despite the law, many *povitukhi* had no license whatsoever and most practiced in competition with trained midwives. The term *akusherka* ("midwife," from the French *accoucheur*), while frequently used in general discussions, did not exist in Russian legislation except when appended to the term *fel'dsheritsa*—i.e., *fel'dsheritsa-akusherka* (*fel'dsher*-midwife). *Spisok statei Svoda Zakonov i pravitel'stvennykh rasporyazhenii o povival'nykh babkakh, sel'skikh povival'nykh babkakh i povitukakh* (St. Petersburg, 1885), pp. 2-3. In 1900 the titles of *povival'naia babka* and *sel'skaia povival'naia babka* were replaced by those of *povival'naia babka* of the first and second order, with no appreciable effect on the problem of obstetric care. *Sobranie uzakonenii i rasporyazhenii pravitel'stva* (St. Petersburg, 1900), p. 1160.

significant number of midwives had been the Imperial Foundling Homes in St. Petersburg and Moscow, by the late 1870s there were over twenty schools in provincial cities especially devoted to the training of such women.<sup>4</sup> By 1905 the total number of schools for midwives had grown to over fifty, with an enrollment of nearly 4,000. The majority, located in the larger cities and sponsored by either charitable organizations or city governments, had no particular commitment to the countryside and trained midwives legally qualified for urban practice. But a number of provincial governments (*zemstva*) and some private organizations continued to support over twenty provincial schools for midwives whose primary orientation was to the countryside.<sup>5</sup>

The same survey of 1905 records over 10,000 trained midwives already in practice, as contrasted to 15,000 physicians and 20,000 *fel'dshers*, or paramedics.<sup>6</sup> The numbers in all these cases are small, considering that the population was over 125 million, but significant progress had been made in the training of midwives. Nevertheless, available statistics indicate that as late as the turn of the century only 2 percent of rural births were attended by trained midwives.<sup>7</sup> The local governments' attempts to provide trained obstetric care for the peasantry would thus appear to have failed almost entirely. How can this be explained?

The central problem, predictably, was not simply a shortage but an uneven distribution of trained midwives. On the whole, these midwives tended to settle in urban areas, despite the fact that many of them had been recruited from the peasantry and trained with the peasantry in mind. This had a positive result in that by the turn of the century access to a trained midwife, and if necessary to a physician, was as readily available in the major cities of European Russia as it was in the capitals of western Europe. But this achieve-

4. *Otchet meditsinskogo departamenta ministerstva vnutrennykh del za 1876 god* (St. Petersburg, 1877), pp. 162-163. These first schools were established in Astrakhan, Vol-ogda, Voronezh, Viatka, Kamenets-Podol'skii, Kishinev, Mitau, Mogilev, Moscow, Penza, Samara, Saratov, Simbirsk, Tambov, Tula, Khar'kov, Kherson, Chernigov and Iaroslavl'.

5. *Otchet o sostoianii narodnogo zdравиia i organizatsii vrachebnoi pomoshchi v Rossii za 1905 god* (St. Petersburg, 1907), pp. 176-187.

6. *Ibid.*

7. D. A. Paryshev, *Rodovspomozhenie v Rossii po dannym vserossiiskoi gigenicheskoi vystavki 1913 g. v S.-Peterburge* (St. Petersburg, 1914), p. 1. An absolutely accurate figure is impossible here, and the extent of effective obstetric care varied from province to province. Scattered checks of provincial physicians' reports tend to confirm the general statistic.

ment had come at the expense of the rural population, and as of the turn of the century no dramatic change in this urban concentration seemed imminent.

Trained midwives preferred the city to the countryside for obvious reasons. There were, in the first place, comparatively few salaried positions in the countryside. If local governments failed, it was less in the training than in the support of midwives for rural areas. In 1905, for example, the *zemstva*, which were the chief rural employers, provided only 2,200 positions for the more than 10,000 midwives in practice.<sup>8</sup> The situation in the non-*zemstvo* provinces was even worse.<sup>9</sup> There were a number of reasons why the *zemstva* and other local governments did not provide more salaried positions for midwives. Funds were limited, and the need for physicians and *fel'dshers* (who could be pressed into service as midwives)<sup>10</sup> seemed more compelling. Equally important was the fact that the rural population itself did not share the physicians' perception that trained midwives were needed, and those actually trained were only infrequently called upon. The cost per birth of providing trained midwives was thus relatively high, and the *zemstva* generally acquiesced in this peasant indifference. Local governments devoted little planning or funding to the organization of obstetric care per se until the 1890s.<sup>11</sup>

The majority of trained midwives (over 6,000 in 1905) were in private practice, and most of them worked in cities.<sup>12</sup> There was a demand for their services there, and the proximity of large numbers of reasonably affluent clients allowed at least some of them to support themselves by practicing—something almost impossible in the countryside, for a midwife without a salary, because of infrequent demand and peasant poverty. The competition among urban midwives was fierce, and many were in fact unemployed, but the

8. *Otchet o sostoianii narodnogo zdравиia*, p. 180.

9. For most of its history, the *zemstvo* existed only in the provinces of European Russia. The western borderlands, Siberia, Central Asia and the Caucasus continued to be governed through institutions of the central administration.

10. Those concerned with obstetric care were disturbed by the casual (and common) notion that a *fel'dsher*, or even a physician, was an adequate substitute for a trained obstetrician. Until late in the century *fel'dshers* were not given any obstetric training at all, and there is abundant testimony that a large proportion of physicians was incompetent in assisting at birth.

11. B. B. Veselovskii, *Istoriia zemstva za sorok let* (St. Petersburg, 1909-11), I, 412-413.

12. *Otchet o sostoianii narodnogo zdравиia*, p. 181.

possibilities for supplemental income either as hospital aides or in non-medical jobs were greater. However difficult life was in the city, private practice in the countryside did not appear as a practical alternative to most trained midwives.

For those able to maintain a practice, the city also provided more attractive working conditions. An urban midwife did not have to travel far to practice her trade, as her rural counterpart frequently did, and it was easier to call upon a physician in unusually difficult cases. While a rural midwife was supposed to refer all complicated deliveries (anything involving the active interference of the midwife) to a physician, and was in fact required by law to do so,<sup>13</sup> distances and poor communication in the countryside often rendered this a practical impossibility, placing upon the rural midwife's shoulders a medical responsibility which exceeded her training and skills.

The concentration of midwives (indeed, of all trained medical personnel) in cities was an old story, and the first sustained efforts to alter the balance coincide with the Great Reforms of the 1860s. During this era the Ministry of Internal Affairs, along with the local governments which it prodded, began for the first time to consider seriously how better obstetric care could be provided for the peasantry.<sup>14</sup> The solution advocated by the ministry involved establishing schools for rural midwives in conjunction with the maternity wards of provincial hospitals. These schools, at least ideally, would train girls in the hospital for one or two years before sending them to work in rural areas. In its circulars the ministry asked local physicians in its service to poll their peasant communities to determine the viability of such schools, and then to render their own opinions. Public awareness of the ministry's initiatives elicited a number of projects from physicians and concerned laymen on the question of how rural midwives should be trained and how their success as practitioners could be best assured.<sup>15</sup> The projects differed in many ways, but they shared a number of ideas which are of interest

13. *Spisok statei svoda zakonov i pravitel'stvennykh rasporyazhenii o povival'nykh babkakh, sel'skikh povival'nykh babkakh i povitukakh*, pp. 2-3.

14. The ministry's first circular "Ob uchrezhdenii pri bol'nitsakh Prikaza Povival'nykh uchilishch" is dated November 3, 1863. *TsGIA*, f. 1297, op. 142, d. 292, pp. 6-6 ob. For responses, see pp. 11-361.

15. Many of these projects are bound together with other answers to the Ministry's circular in *TsGIA*, f. 1297, op. 142, d. 292. See also the important project for the improvement of standards for midwives written in 1870 by N. I. Kozlov, N. F. Zdekauer, and A. Ia.

because they shed light not only on the problems involved in improving obstetric care, but also on the attitudes of contemporary physicians toward those problems.

The first (and most unequivocal) attitude was that rural midwives should be recruited from the peasantry and, insofar as possible, sent back to work in the areas from which they had come. (This emphasis on the importance of peasant origin should be noted, since by the turn of the century most medical professionals would cease to regard the social origin of medical personnel as a matter of primary importance.) The physicians of the 1860s recognized that peasant girls were not ideal students. Most were not literate when they began their studies, and their way of life in the village had not prepared them for study focused on the written word. Hence, most reformers recommended that schooling for rural midwives be practical, not theoretical, with emphasis on oral instruction and demonstration. Such training demanded an adequate supply of pregnant and parturient women who could be used as teaching material. Even in provincial hospitals it was difficult to maintain this supply at the low level considered sufficient (100 births per year) because of the novelty of maternity wards,<sup>16</sup> the understandable suspicion with which both urban dwellers and peasants viewed the hospital, and the very process of teaching, which violated the privacy in which most women preferred to give birth.

Almost all physicians consulted were in agreement that it was important not only to recruit peasant girls, but to structure life in the school so that they should remain peasants, culturally undifferentiated from the population they were to serve. Thus we find arguments for the maintenance of an austere regime, for the retention of peasant dress, for a ban on any luxuries which urban existence might provide, and for the use of students as service personnel in the hospital during non-school hours so that they "would not grow unused to being peasants."<sup>17</sup> The justification for these arguments was twofold. Reformers wanted to make sure girls returned to the countryside and feared that any pampering would cause them

Krassovskii, a project which quickly abandoned the exclusive consideration of midwives and in fact used the issue of midwifery as a means of opening up the discussion of women's medical education before the Medical Soviet. *TsGIA*, f. 1294, op. 6, d. 54, pp. 11-23 ob.

16. The estimate of the minimum number of births sufficient to support a midwifery school is that of Nikolai Mandel'shtam. *TsGIA*, f. 1297, op. 142, d. 292, p. 137.

17. *Ibid.*, p. 335 ob.

to reject their rural calling. Moreover, they argued that only women who had retained the outward manifestations of peasant culture could win the confidence of the people they would serve. To be effective with peasants, reformers insisted, midwives would have to be "their people" (*svoi liudi*). Insofar as possible, they should be peasants from the local area who were familiar with its customs and known to its people. It was even more important that they not see themselves as superior to the peasantry, that they appear "neither as privileged persons nor as some kind of reformers."<sup>18</sup>

While arguments that students should retain a peasant way of life made sense on one level, they were incompatible with the other mission of midwifery schools—namely, to transform young peasant girls into capable representatives of modern medicine who would alter, rather than conform to, obstetric practices which prevailed in rural areas. The authors of the projects involved were to an extent aware of this contradiction but resolved it only weakly by implying that trained midwives in the countryside would essentially have to serve as cultural emissaries in disguise.<sup>19</sup> This resolution rested on the common assumption that medical authority among the peasantry was primarily personal in nature and that peasants, if not confronted with an open attack on their whole way of life, would ultimately believe in results. To suppose, however, that a significant number of peasant girls could maintain this sort of dual identity was clearly unrealistic, as experience would show.

If the physicians of the 1860s had no other solutions, it was partly because their imaginations were restrained by the funds available for rural obstetric care. The question of how midwifery schools should be financed was one to which they all directed their attention, and there was a considerable amount of agreement on several basic questions. Almost all the physicians polled by the Ministry of Internal Affairs in 1863 and 1864 agreed that no schools for rural midwives could succeed if the costs of training were put directly on the peasantry.<sup>20</sup> According to the physicians, the peasantry saw no need for such schools; given a choice, the local peasant community would refuse to pay tuition for one of its members to study, and the

18. *Ibid.*, p. 326 ob.

19. *Ibid.*, pp. 330-31.

20. *Ibid.*, *passim*.

community could not provide her with a salaried position after graduation. (Several physicians reported no volunteers for study in a midwifery school, even with the guarantee of tuition and room and board).<sup>21</sup> Because of this peasant indifference, most physicians recommended that provincial governments support students and hire trained midwives out of funds not specifically designated for midwifery.

There were some exceptions, the most noteworthy being that of Nikolai Mandel'shtam, the chief obstetrician in Mogilev Province. Ignoring the arguments of other provincial physicians, Mandel'shtam accepted the ministry's original recommendation that local communities (*sel'skie obshchestva* or *mirovye uchastki*) should select and support their own candidates as students and later provide jobs for them. Arguing on the basis of his own efforts in Mogilev, he emphasized both the feasibility of such an approach and the extent to which expense could be minimized by more thorough utilization of existing facilities.<sup>22</sup> The ministry ultimately accepted Mandel'shtam's project as a model for other provinces. It seemed more likely than others to achieve the desired goal, and it "did not demand any special expenditures."<sup>23</sup> The central government's decision to rely on peasant support of midwifery schools, a decision reached in the face of evidence that it would be disastrous for the schools, meant from the outset that the role of such schools would be limited.

The graduates of these early provincial schools did not fare well as rural midwives. Many went to the countryside for a year or two and then, unless supported by a fixed salary, either gave up their profession or retreated permanently to the city. By the turn of the century, according to one account, 90 percent of the graduates with the title of "trained village midwife" quickly passed examinations entitling them to an urban practice and moved to the city.<sup>24</sup> A year in school evidently did alter the expectations of graduates, and even peasant girls often experienced loneliness and social isolation upon returning to the countryside. The culture of the city—and, perhaps

21. *Ibid.*, p. 258.

22. *Ibid.*, pp. 136-136 ob.

23. *Ibid.*, pp. 239-239 ob.

24. Dmitrii Ott. *Proekt organizatsii akusherskoi pomoshchi sredi sel'skogo naseleniia (Doklad sektsii akusherstva i zhenskikh boleznei VII s'ezda russkikh vrachei v pamiat' N. I. Pirogova)* (St. Petersburg, 1899), p. 15.

more important, its higher material standard of living—were difficult to forget. As one inspector critical of Mandel'shtam's school in Mogilev reported, its graduates "no longer like to live in the countryside, and don't remove their city clothes. They go very unwillingly to visit peasants in their simple carts, and sometimes even refuse. They are so alienated from the peasants, and the latter from them, that the peasants almost never turn to them for help, continuing as before to use simple, untrained women."<sup>25</sup>

The problem was not only that peasant girls trained as rural midwives were attracted to the city because of their training or their difficult experiences. The fact was that, despite initial efforts to recruit midwives among the peasantry, an increasing proportion of the girls trained as rural midwives came from the city to begin with. At the Nadezhdin Obstetric Institute in St. Petersburg, all but three of the 419 girls in training as rural midwives in 1861 were peasants. In the same school during the decade 1881-90 peasants made up only 16.3 percent of all students. Of the others, 27.8 percent were from the nobility, 27.7 percent were children of townsmen (*meshchane*), 15 percent were from clergy backgrounds, and 14 percent were from various lower ranks of society (*raznochintsy*).<sup>26</sup> By virtue of its location in St. Petersburg, the Nadezhdin Institute cannot be regarded as typical of schools specializing in the training of rural midwives, but the trend is representative. Table 1 indicates the 1910 enrollments in centers of midwife training in the Empire.<sup>27</sup> Of all midwives in training, less than a quarter were of peasant origin. Even in the schools for rural midwives, students of peasant background constituted only 38 percent of the total. Thus by the eve of World War I (and, by all indications, much earlier) the city had become the main source of Russia's trained midwives, even of those preparing for rural practice. This was occasioned in part by the limited success that peasant midwives had achieved, which invalidated earlier claims made on their behalf. Furthermore, as we shall see, most Russian physicians had by then abandoned the almost exclusive earlier emphasis on social origin in favor of developing the best possible system of medical care.

25. TsGIA, f. 1297, op. 142, d. 292, pp. 427-427 ob.

26. V. Zhuk, "Shkola sel'skikh povival'nykh babok," *Zhurnal akusherstva i zhenskikh boleznei*, 4, nos. 7-8 (July-August, 1890): 507.

27. TsGIA, f. 1298, op. 1, d. 1754, pp. 3-9.

TABLE 1. ENROLLMENTS AT CENTERS OF MIDWIFE TRAINING, 1910, BY SOCIAL ORIGIN OF STUDENTS

	Peasants	Townsmen ( <i>meshchane</i> )	Nobility	Children of bureaucrats, teachers, doctors	Clergy	Military	Merchant	Honored citizens	Foreign	Misc.
Women's schools for <i>fel'dshers</i> with midwife training	652	1,575	270	215	268	120	94	111	19	215
Schools for <i>fel'dshers</i> with midwife training (coed) <sup>a</sup>	209	604	92	67	37	15	29	26	—	57
Obstetric institutes (urban midwives)	185	569	108	73	36	27	15	23	12	15
Schools for rural midwives	735	948	137	56	53	25	22	32	2	44
Total	1,781	3,696	607	411	394	187	160	192	33	331
Percentage of total	22.8	47.4	7.7	5.2	0.5	2.3	0.2	2.4	0.4	4.2

<sup>a</sup>As of 1910 there were only 210 men studying to become *fel'dshers* with midwife training.

Perhaps more important in explaining the increasing dominance of the city is the general testimony that most of the girls who were eager to become midwives were urban, and were better prepared to enter a course of medical training than their rural contemporaries. It should be recalled that for many girls, rural as well as urban, training as a midwife was a way of escaping the confines of a traditional way of life. For Jews, and a highly disproportionate number of midwives were Jews (25 percent of those in training in 1910),<sup>28</sup> it meant freedom to live outside the Pale of Settlement. For peasant girls, however they happened to be chosen, midwifery meant emancipation from the patriarchal structure of the village. For the idealistic and politically committed among the educated youth, it offered a skill with which they could serve the people.<sup>29</sup> For all women it was a profession which offered at least the possibility of an autonomous life.

The urban preferences of most midwives, like the failure of efforts to provide trained midwives for the peasantry, cannot be understood without some reference to the peasants themselves. The fundamental and unpleasant fact facing physicians and medical reformers alike was the peasantry's reluctance to call upon the midwives who had been trained for them. The rural midwives themselves, of course, found this reluctance not only economically ruinous but also detrimental to their professional skills. How can the rural population's persistent preference for local *povitukhi* be explained?

In answering this question, it is necessary to consider the broader problem of childbirth in Russian peasant society. Customs differed from area to area, and no absolute rules can be offered; however, a number of generalizations seem both valid and germane. First, for the peasant woman parturition was a private, almost secret act surrounded with a great deal of custom and superstition.<sup>30</sup> Pregnancy itself was considered a particularly vulnerable time for a woman, and parturition even more so. One of the great fears was that a stranger would "give her the evil eye" (*sglazit' ee*), causing

28. *Ibid.*, p. 8 ob, 9.

29. For an excellent memoir recording the experiences of such a woman, see Anna A., "Na zemskoi sluzhbe. Iz zapisok fel'dsheritsy," *Vestnik Evropy*, 25, no. 12 (December, 1890): 549-593.

30. For a more detailed discussion of peasant attitudes toward childbirth, see Antonina Martynova's essay in this collection.

harm to her child. In many cases peasant women gave birth without any assistance at all. Birth could occur in a number of places, but ideally it did not take place inside the peasant house (*izba*) itself. The *bania* or peasant sauna was preferred, where one existed, and birth frequently took place in the cattle shed or grain storehouse. Since peasant women usually worked right up until delivery, childbirth in the fields was not unusual during the summer months.<sup>31</sup>

Most women gave birth with the help of a *povitukha*. This *povitukha* (or in some cases *znakharka*, or medicine woman) was generally an older peasant woman known in the local area. Often she was a widow, and in most cases she had borne children herself. For her, as for most peasants, birth was not simply a medical phenomenon but the beginning of a life, a mystical event to be accompanied and eased by the appropriate rituals, prayers, and sayings (*zagovory*). There seems little reason to doubt that such *povitukhi* were also capable assistants in cases where birth was normal. In addition to providing the practical and religious support just described, the *povitukha* generally took over household chores for the family for two or three days, allowing the mother to recuperate. This service was highly valued by the peasantry and was more important in accounting for the *povitukha*'s popularity than adherence to tradition, if we are to judge by physicians' reports. Someone had to continue the operation of the house—cutting wood, bringing water indoors, firing the stove, preparing meals, caring for other children, feeding and watering the livestock, milking the cow, and so on. The father or relatives might assume some of these tasks, but frequently their own work did not allow them to do everything. For the mother, the performance of arduous tasks immediately after giving birth, particularly in inclement weather, could bring great harm, causing post-natal complications which could maim and even kill.<sup>32</sup>

Because of the need to relieve the mother, the *povitukha* was often a necessity even in cases where a trained midwife was invited to assist at birth. To invite both was usually more expensive, so peasants contented themselves with the *povitukha*, resorting to trained midwives only in emergencies. In reform proposals, physi-

31. G. E. Rein, *O russkom narodnom akusherstve* (St. Petersburg, 1889).

32. Zhuk, *Shkola sel'skikh povival'nykh babok*, p. 511. See also A. G. Arkhangel'skaia, "K istorii razvitiia rodovspomozheniia v zemskikh guberniakh," *Zhurnal akusherstva i zhenskikh boleznei*, 12 (April, 1898): 456.

cians repeatedly insisted that trained midwives should be willing to assume the chores which the *povitukhi* saw as an integral part of their work. In all likelihood the peasants themselves were not willing to accept the performance of chores by urban women, even those who did not see themselves as being above it. Lack of skills in rural tasks is another possible problem which should be kept in mind.

The cultural proximity of the *povitukhi*, the practical services they performed, and their relative cheapness were important reasons for their popularity among the peasantry, but there were other reasons as well. The *povitukhi* had the advantages of age, experience, and tradition over the younger, newly trained midwives of the 1860s and 1870s. It does not seem unreasonable, or even unenlightened, that the peasantry should have valued these traits. It is also clear that the *povitukhi* themselves were not disinterested bystanders, indifferent to the appearance of professional competitors. They ridiculed their rivals, sensing correctly that the midwives' youth (some were not mothers themselves) and their neglect of religious custom were serious disadvantages before a traditional audience. And there is no reason to doubt that they believed their own arguments.<sup>33</sup>

The most important single reason for the *povitukhi's* sustained popularity is that midwives trained for the countryside were rarely able to demonstrate their purely medical superiority and win confidence through results. Doubtless the stories of the *povitukhi's* barbaric, even grotesque, efforts in cases involving difficult births have some basis in fact. But the trained midwife, confronted with the same cases, could do no better. She could of course take no action at all, summoning a physician instead (a procedure which both her training and the law required). But the condition of the expectant mother and the remoteness of the nearest physician did not always make this alternative practical. Her efforts to proceed on her own might be no more successful than those of a *povitukha*, but her inability or refusal to act was, in the peasants' eyes, an admission of incompetence greater than the *povitukha's* failure, and it controverted any claims she might have to superior knowledge. In cases where birth occurred without complications, the *povitukha* seems to have been as competent as a trained midwife.

33. For a good description of this conflict, see I. A. Larin, "Narodnaia meditsina Astrakhanskoi gubernii," *Russkii meditsinskii vestnik*, 6, no. 17 (September, 1904): 583-86.

The trained midwives' inability to demonstrate their medical superiority, and the peasantry's coincidental inability to perceive that superiority, was grounded in the fact that such superiority was marginal where it existed at all. Physicians' low assessments of rural midwives' abilities tend to confirm this. Surveying the state of midwife training in Russia in 1870, Dr. I. M. Tarnovskii reported to the Ministry of Internal Affairs that "midwives with their present education satisfy neither the demands of society nor those of physicians."<sup>34</sup> This view would be echoed throughout the rest of the century. The local and provincial governments' refusal to create more positions for trained midwives and to pay them better was directly connected with this generally shared view of their limited abilities. Such governments found it more rational to invest what funds there were in the hiring of physicians, *fel'dshers*, and female *fel'dshers* with training as midwives.

When turn-of-the-century physicians contemplated the failure of efforts to provide modern obstetric care for the countryside,<sup>35</sup> several alternative solutions were offered. The first was the possibility of training the *povitukhi*, since these women already enjoyed popular confidence. Actually, this frequently occurred in an informal way, with either physicians or trained midwives giving *povitukhi* advice on techniques of delivery, and particularly on the need for antiseptic precautions.<sup>36</sup> There had also been at least one formal attempt to recruit *povitukhi* for a one-month crash course in modern obstetrics. The results of that training session, conducted in Saratov Province in 1888, had not been promising, although physicians there did not exclude the possibility of renewed attempts. Ironically, formal study tended to undermine rather than enhance the authority of the *povitukhi* who participated. The physician in charge, A. I. Sukhodeeva, reported that on their return to the village the population faulted them because, "having

34. Tarnovskii did go on to state that "in spite of the extremely limited nature of their knowledge and a very inadequate system of instruction there can still not be the slightest doubt that trained midwives render society a much greater service than rural *povitukhi* who have studied nothing." *TsGIA*, f. 1294, op. 6, d. 54, pp. 2-3.

35. The most significant meeting devoted to this subject was held at the ninth congress of the Pirogov Society in 1906. For papers delivered and discussion as well, see volume 6 of the *Trudy IX-go Pirogovskogo s'ezda* (St. Petersburg, 1906). This was also published separately by G. E. Rein as *Rodovspomozhenie v Rossii (Sbornik dokladov na IX Pirogovskom s'ezde)* (St. Petersburg, 1906).

36. Arkhangel'skaia, "K istorii razvitiia rodovspomozheniia," pp. 461-68.



studied a whole month, they still couldn't cure diseases, and tended to call for a physician at births more frequently than their untrained counterparts."<sup>37</sup>

Because of its author's prominence and the nature of the debate it generated, the most significant proposal was one made in 1899 by Professor Dmitrii Ott, the director of the Imperial Clinical Obstetric Institute in St. Petersburg.<sup>38</sup> Chairman of a special Pirogov Society committee charged with making recommendations on rural midwifery, Ott essentially reiterated the basic positions advocated by reformers during the 1860s. He urged a renewed effort to recruit peasant girls to study obstetrics for eight months in a provincial hospital, after which they would be returned to the countryside. He recognized that this suggestion was not new, but insisted that earlier attempts had failed not because they were wrong in principle, but because they had not been properly implemented.

Ott argued that the existing state of rural obstetric care in Russia demanded some departure from the medical ideals which he assumed all physicians shared. "At the present time," he wrote, "we have a choice. We can either leave things in the sad condition which obtains everywhere, making our peace with the horrible mortality rate among parturient women. Or, without rejecting the ideals we all have in our minds, we can seek through a temporary measure to decrease popular suffering."<sup>39</sup> The reaction of most physicians to Ott's project was negative, indicating that a change had taken place since the 1860s in their attitude toward the importance of recruiting rural midwives from among the peasantry. Most thought it impossible to train a competent midwife in only eight months, pointing to the unsatisfactory qualifications even of those who had been trained for two years.<sup>40</sup> To accept Ott's proposals, they argued, would only serve to legitimate and entrench dangerously incompetent personnel. Moved by these arguments, the Seventh

37. *Gubernskie s'ezdy i soveshchaniia zemskikh vrachei i predstavitelei zemskikh uprav Saratovskoi gubernii s 1876 po 1894 god. (Svod postanovlenii)*, ed. P. A. Kalinin and N. I. Teziakov (Saratov, 1894), p. 53.

38. Ott, *Proekt organizatsii*.

39. *Ibid.*, p. 6.

40. For a local response, see *Vrachebnaia khronika Khar'kovskoi gubernii*, 3, no. 5 (Khar'kov, 1899): 315.

Congress of the Pirogov Society rejected Ott's proposal as "one which contradicts the basic tasks of *zemstvo* medical organization."<sup>41</sup> Underlying this rejection was not only a different estimate of the extent to which certain ideal standards would have to be placed temporarily in abeyance because of Russia's backwardness, but also a clear emphasis on expertise as the exclusive legitimate criterion in the choice of medical personnel. Not all physicians shared this view, of course, and the argument that only peasants would be able to penetrate the countryside was one that retained many proponents. Nevertheless, at the turn of the century the problem, as it was conceived by most physicians working in local governments, involved not the recruitment of peasant girls but the placement in the village of the increasing numbers of talented urban girls who were already studying midwifery. Their commitment to their profession and their overall intellectual superiority made a return to the programs of the 1860s an unacceptable solution for most physicians.

An increasing number of *zemstva* sought to place such urban women in the countryside by training them not only as midwives, but as *fel'dshers* as well, giving them the title of *fel'dsher*-midwife (*fel'dsheritsa-akusherka*).<sup>42</sup> The *fel'dsher* had a broader general preparation in medicine than the midwife, generally four years and sometimes five. Prior to their medical educations, all *fel'dshers* had completed at least four years of gymnasium or its equivalent. Female *fel'dshers* tended to have more general education than their male counterparts, and physicians considered them to be the best-trained auxiliary medical personnel in pre-revolutionary Russia.

Combining *fel'dsher* and midwife in one person had several practical advantages. For the rural employer, whether *zemstvo* or otherwise, hiring a *fel'dsher*-midwife served two purposes at the same time. Moreover, experience showed that the combination also tended to promote the obstetric practice of the female *fel'dsher*, thus making real inroads on the territory of the *povitukhi*. The midwife's limited obstetric practice had, in a sense, been

41. A. P. Artem'ev, "Kak trudno byt' sostavitel'm proekta organizatsii akusherskoi pomoshchi v Rossii," *Zhurnal akusherstva i zhenskikh boleznei*, 14 (February, 1900): 1.

42. The Medical Soviet had recognized the superiority of schools which combined *fel'dsher* and midwife training as early as the 1880s. A combined course was allowed for the first time in 1879 in a school in Kishinev. I. V. Bertenson, "Vrachebno-professional'noe obrazovanie zhenshchin v Rossii," *Vestnik Evropy*, 25, no. 11 (November, 1890): 224-225.

self-reinforcing. Called only periodically to assist at peasant births (often to those which were already beyond any medical help), they had little opportunity to win popular confidence by exercising their trade. The female *fel'dsher*-midwife, in her first role, was able to ingratiate herself with the peasantry through the successful treatment of minor illnesses and injuries. Having established herself as a healer in a large number of cases, her reputation grew more rapidly, and the personal relationship and confidence important to peasants at childbirth were created. There were arguments against the growing emphasis on the training of *fel'dsher*-midwives, primarily that the all-consuming nature of the *fel'dsher's* general medical practice would not allow her the time to function effectively as a midwife. These arguments were not validated by experience, however, and the growing tendency was to provide all medical personnel, male as well as female, with courses in obstetrics and gynecology. In critical cases, the peasantry understandably turned to whatever medical care was at hand, so most *fel'dshers*, whatever their training, assisted at births from time to time.

The problems which beset medical reformers interested in rural obstetric care were much the same as those in other areas of development. As in the more obvious fields of education, or even political reform, obstetric reform was but a chapter in the conflict between the rational and secular culture of the West, which had taken root in the city, and the more tradition-bound world of the Russian village. The central question of Russian development—that is, the extent to which Russia was different from the countries of western Europe, and the extent to which solutions adopted there were applicable to Russia—was mirrored in almost all discussions of rural obstetric care. It was posed exactly in Professor Ott's terms: To what extent should the highest possible medical standards be sacrificed temporarily in order to meet the peculiar and desperate needs of the Russian countryside?

There is no reason to expect a country's general approach to its medical problems (in this case, those of obstetric care) to differ radically from its attempts to solve other problems. In the case of medicine, of course, there is a body of specialized scientific knowledge which differentiates it from other areas of public life; however, the social and economic difficulties encountered in applying that

knowledge are, not surprisingly, similar to those encountered by others interested in development. The interrelated character of such problems as education and health care suggests that any major change in one area would affect and be dependent upon changes in others. In the case of obstetric care, it was impossible to alter customs concerning something as intimate as childbirth until the cultural assumptions of the society being affected had themselves been changed. Physicians of the 1860s were aware of this, despite their understandable efforts to isolate the problem of obstetric care from the broader problems of cultural backwardness. As one of their number put it, "As long as the idea of having rural midwives is not a popular one, attempts to introduce them will be unsuccessful."<sup>43</sup> The midwife herself was not a passive observer in this drama, and if she was to be anything but a *povitukha*, she had to become a cultural missionary as well as a medical practitioner. The number of midwives who were able to perform such a role was small, and regular access to qualified obstetric care became a reality only well into the Soviet period.

43. *TsGIA*, f. 1297, op. 142, d. 292, p. 337.