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Midwives as expert witnesses in the 18th-century Finnish courts of justice

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ABSTRACT

In this article, I will explore how legalized Finnish midwives acted as expert witnesses in court hearings before 1809, how they worded the statements they gave in court, on what grounds they decided a woman was pregnant or had given birth, and what signs they considered as indicating a miscarriage or the birth of a full-term infant. Their work as expert witnesses relied on their midwifery training as well as their learned knowledge of the anatomy of the female body and the physiology of birth. Ultimately, their knowledge was supported by contemporary guidebooks on midwifery and forensic medicine. As expert witnesses, the trained and legalized midwives of the eighteenth century can be seen as having been legally literate women, who had a duty to provide oral or written evidence to the court and other instances who demanded it. Midwives were capable of using understandable medical and legal terminology in terms of the processing of the court case in their testimony. The forensic examinations carried out by legalized midwives and the expert witness statements they gave also demonstrate the professional skills and expertise of these women. Their testimonies also show that they were familiar with the characteristics of infanticide referred to in the Swedish medical and forensic literature.

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Literacy was a key skill for professionally ambitious women in early modern Europe. The requirement of full literacy meant that these women were from middle- and upper-class families, because lower-class women could possibly read but were seldom able to write. For instance, to be accepted to early modern midwifery training, a woman had to be fully literate. Another line of acquiring professional competence consisted of practical skills that could be learned through years of training. Midwives were trained and worked under guild regulations already in medieval Europe, and they had to take a professional oath – as any guild artisan would.¹

In the Kingdom of Sweden, professional midwives were trained in Stockholm from 1711. In their training, they learnt the various aspects of midwifery by listening to lectures, reading textbooks, watching dissections of women's bodies, and by watching and assisting experienced midwives at births. Finally, they completed their midwifery qualification and swore a professional oath as midwives at the Royal College of Medicine, Collegium Medicum, in Stockholm. In Finland, a part of Sweden at the time, 89² women are known to

have completed their midwifery qualification before 1809. In the Kingdom of Sweden as a whole, 682 women qualified as midwives in the period 1761–1808, almost 12% of whom, i.e. 83 women, worked in what is now Finland.³ Finland becoming part of the Russian Empire as a Grand Duchy in 1809 meant the end of midwifery training for Finnish women in Stockholm, and so a new midwifery training began in Turku (Åbo) in 1816.

In the eighteenth century, in Sweden and elsewhere in Europe, semi-scientific training in midwifery began to be developed as a result of the challenges in population policy, with the aim of reducing the number of deaths of women and children in childbirth. In the Netherlands, women could gain a midwifery qualification in the surgeon's guild, at the College of Medicine (*Collegium Medicum*) or the College of Obstetrics (*Collegium Obstetricum*). In Spain, midwives were able to receive medical training and gain a qualification from 1750, and in the second half of the eighteenth century, after which specialist schools of midwifery were founded in Madrid and Barcelona. In France, the first publicly funded midwifery courses were also organized in the 1750s. In Denmark, the first school of midwifery was founded in 1787 in Copenhagen, but midwives were offered training by physicians from as early as 1714, and in Norway, then part of the same kingdom, from 1764. In the German Duchy of Brunswick, an order was issued in 1757, under which midwives had to learn theoretical and practical skills, female anatomy, and physiology, and practising under the guidance of an experienced midwife. In Northern Italy, midwifery students had to be able to read and write, and they were also to attend anatomy lectures. Their studies ended with the completion of a midwifery qualification.⁴

For a long time, licenced midwives were the only professional women in Europe who after their formal education – uncommon as such for women in that time – were expected to be fully literate. From 1711, Swedish professional midwives were required to be able to read, and from 1777 to read and write, as they had to be capable of reading professional literature in their own field and, as professional women, be able to write themselves or at least attest testimonies presented to the courts and the parishes with their own signature. The midwifery training also required reading textbooks and listening to lectures, whereby new information was understood, accepted, absorbed and adapted in a rational manner for the midwife's own use – rather than the rote learning associated with religious faith and religious texts. Midwifery studies thus demanded of women a new and rational way of thinking about the importance of education, from the perspective of benefit on earth rather than relying on religious rewards in heaven and divine providence.⁵

For training purposes, professional literature for midwives was written and published in the vernacular from the sixteenth century onwards, since, unlike university-educated physicians, they could not be expected to know Greek or Latin. Educated midwives also wrote and published these books themselves, and the literature underwent frequent reprints over the decades. In recent years, in different parts of Europe, there has also been a new interest in the early professional midwives, the sources that mention them and the texts they wrote. Nowadays, researchers have started to translate into other languages and study the content of the publications produced by the early modern midwives.⁶

The work carried out by trained midwives in Europe was not only limited to care during pregnancy and birth. Besides their expertise being required during childbirth, midwives were also called on as expert witnesses by the courts of Europe. They were familiar with female bodies, the processes of pregnancy and childbirth, and the stages of child

development. For centuries, trained midwives were consulted on female maladies, irregular menstrual cycles, breastfeeding, infertility, rape and sexually transmitted diseases. In the source material, this is particularly seen in the context of criminal proceedings. Midwives were often present as witnesses in court cases concerning infanticide, rape or abortion. In early modern German cities, the municipal authorities considered sworn midwives to be the most competent in providing testimony and making diagnoses when the courts were investigating illegal abortion and infanticide.

The midwives' professional skills were also needed in cases of adultery and complex inheritance disputes when attempting to resolve paternity, determine whether a newborn infant had entered the world living or dead, or ascertain whether the child of a widow also was that of her late husband and, thus, his legal heir. Sometimes, courts asked for the midwives' opinion in cases of disputed pregnancy and virginity or mandated them to examine a married couple suspected of being impotent, the latter being grounds for divorce in several European countries. All over Europe, midwives took oaths as medical practitioners and expert witnesses just as men did, and were paid for their efforts by the courts.⁷

In this article, I explore how, before 1809, legalized Finnish midwives acted as expert witnesses in court hearings; how they worded the statements they gave in court, on what grounds they decided a woman was pregnant or had given birth, and what signs they considered as indicating a miscarriage or the birth of a full-term infant. How did midwives' observations correlate with the information in the midwifery guides and forensic literature at the time? Were they capable of using understandable medical and legal terminology in terms of the processing of the court case in their testimony? In which way were the legalized midwives legally literate, that is, how familiar were they with the legislation on infanticide, for example, and knowing what matters they would be empowered by the courts to investigate? How did the courts treat the evidence and testimony provided by midwives? Earlier researchers have admitted that in early modern Europe, even women could have many kinds of legal expertise, but these skills have never been examined in the context of professionalism. For instance, the English and Irish courts of justice could utilize the so-called jury of matrons, but as witnesses, these women relied on their own experience of giving birth, not on a professional midwifery education or contemporary medical research.

The content of the article is divided into two main parts. The first part examines how the contemporary eighteenth-century Swedish guidebooks on midwifery and forensic medicine describe the anatomy of the female body, the physiology of birth and causes of death. This information forms the highest thinkable level of midwives' gynaecological and forensic expertise. The second part examines the work of the legalized midwives as expert witnesses in the Swedish courts of justice, and asks how the midwives mastered in practice the legal arguments based on the professional literature.

The primary sources for the first part of the article are physician Johan von Hoorn's Swedish midwifery guides, published in several editions at the end of the seventeenth and in the eighteenth century, and physician Jonas Kiernander's Swedish guide to the forensic investigation of causes of death, published in 1776.⁸ The second part of the article relies on the eighteenth-century court records of the town courts of Turku (Åbo in Swedish) and Helsinki (Helsingfors in Swedish), Finland's largest towns at the time – the lower town court (in Swedish *kämnärsrätt*), the town court (in Swedish *rådhusrätt*) and the

court of appeal (in Swedish *hovrätt*) – in cases where the courts relied on a legalized midwife, particularly in the investigations of infanticide. The comparative material is predominantly Swedish legal history research which highlights eighteenth-century Swedish court cases, such as Eva Bergenlöv's *Skuld och oskuld. Barnamord och barnkvävning i rättslig diskurs och praxis omkring 1680–1800*, Helena Hagelin's *Kvinnovärldar och barnamord. Makt, ansvar och gemenskap i rättsprotokoll ca 1700 – 1840*, Maria Kaspersson's *Dödligt våld i Stockholm på 1500-, 1700- och 1900-talen*, Inger Lövkrona's *Annika Larsdotter, barnamöderska. Kön, makt och sexualitet i 1700-talets Sverige, as well as* Mona Rautelin's *En förutbestämd sanning. Barnamord och delaktighet i 1700-talets Finland belysta genom kön, kropp och social kontroll*.⁹

The concept of *legal literacy* serves as the theoretical starting point for the article. Originally, the concept was associated with training in the law and trained lawyers. Initially, only lawyers were deemed to be legally literate, i.e. possessing the ability to read and write legal documents, decisions and judgements, and to add their own input to legal language. Today the term *legal literacy* is used more broadly. Judges, lawyers and laypeople may, should they wish, have the legal expertise and they may command, or at least be familiar with, legal language – albeit at different levels and in different ways. Laypeople may also understand how legal terms are used in a legal context, how the legal system works, and how they can make use of this information. Even women were allowed to have legal expertise, although in the earlier days, they were legally subordinate to their parents, guardian, or husband. People were capable of obtaining legal information and expertise, and gaining skills in processing legal documents and managing legal affairs, irrespective of their sex.¹⁰

Law researcher Archie Zariski has summarized the information and skills that are needed for a person to be capable of dealing with legal issues. Information about the law, rights, and legal aid is essential, as is familiarity with legal processes and their end results. Skills in identifying legal problems and planning one's own legal actions are also important. It is important to be able to communicate with different officials and legal instances both orally and in writing. People's own attitudes are also important; people need to have the trust, persistence and skills to seek solutions to legal problems.¹¹ Legal historian Mary Sarah Bilder sees *legal literacy*, above all, as cultural practices. She relates the concept to the skills of reading, writing, speaking and thinking in a legal way. Bilder's definition covers both trained lawyers and lay experts in the law. Legal historian Mia Korpiola has defined the *legal literacy* of laypeople 'as comprising knowledge of and skills in law'.¹² These concepts include a familiarity with legal terminology and legal procedure as well as an ability to draft legal documents and a capacity to counsel others on the law. In this article, legal literacy is mostly associated with the legal expertise of midwives in court cases connected to infanticide, divorce and rape, in the context of early modern professional midwifery.

The anatomy of the female body and the physiology of birth

Physician Johan von Hoorn (1662–1724), who reformed the Swedish midwifery education, broadly addressed the female anatomy and the physiology of birth in his numerous works published in the early eighteenth century. In his works published in Swedish, *Den Svenska Wäl-öfwade Jord-Gumman Hwilken Grundeligen underwijser huru med en Hafwande handlas/en Wändande hielpas/en Barna-Qwinna handteras/och det nyfödda Barnet skiötas*

*skal*¹³ in 1697 and *Twenne Gudsfruchtige/I sitt Kall trogne/och therföre Af Gudi wäl belönte Jordegummor SIPHRA och PUA, Hwilka uthi enfaldiga Frågor och Swar En längirig Barnmorska troligen underwisa*¹⁴ in 1715, in particular, von Hoorn taught midwifery students new practices and techniques for care in childbirth, so as to reduce the injuries and deaths associated with birth. The popularity of the books is demonstrated by the number of times they were reprinted over the course of the eighteenth century.¹⁵

Von Hoorn's works have no illustrations, but the text is written in a straightforward style and the books are highly practical guides for midwifery students, providing an understanding of the different stages of pregnancy and birth. The midwives' level of literacy and language skills are also taken into account, in that von Hoorn avoids the use of Latin terms. In his books, designed for both men and women, he talked, for example, about 'the womb' [*livmoder*] in Swedish rather than using the word *uterus* in Latin. Correspondingly, the woman's *pelvis* was not described thus in Latin, and instead, the Swedish word *beckenet* was used. This is how von Hoorn guided midwives in carrying out the internal examination necessary prior to birth:

*When the womb is sufficiently open and the waters are still present she inserts her fingers, at a time when the wife is free of labour pains, carefully inside the womb to feel the lie of the foetus and if any limb, apart from the head, is protruding outwards, she slowly pushes it backwards, and turns the foetus, if it is lying wrongly, into the right [position]; since as long as the foetus is swimming in water, it can easily be moved and aligned correctly.*¹⁶

Medical counsellor Jonas Kiernander's (1721–1778) *Utkast til Medicinal-Lagfarenheten. Domare til uplysning, läkare til hjelpreda och barmorskor til underwisning i ämnen som röra människo-kroppen*,¹⁷ published in 1776, was the first work of forensic science published in the Swedish language. More than 700 pages long, the book was intended for those professionals who found themselves conducting or forming opinions on forensic investigations, in other words, physicians, surgeons and professional midwives, in addition to judges. From the point of view of midwives, the guide contains information on women's physiology during pregnancy and the course of pregnancy, complications associated with pregnancy and birth, and factors associated with the death of newborn infants. The initial assumption was that, as people with the ability to read and write, midwives would also be capable of reading this medical guide-book themselves. Kiernander's text was, however, more challenging for women to read than von Hoorn's guides for midwives because Kiernander littered his text with Latin terms and quotations. Of course, it is possible that trained midwives would have been familiar with the Latin names of parts of the body connected with childbirth, but they would not under any circumstances have known Latin.

In his work, Kiernander provides detailed descriptions of different miscarriages and premature births. Especially in cases of infanticide, the experts and the courts had to be capable of establishing the age of the foetus in each case, how a miscarriage in early pregnancy differed from a miscarriage in late pregnancy, what caused the miscarriage and whether the miscarriage was possibly a self-inflicted illegal abortion. Similarly, experts had to know the signs of having given birth, how to calculate the correct due date and the risks associated with birth and other possible complications. Infanticide and rape each have their own long chapter in the book. In these cases, it was most important to establish whether the child had been born living or dead and to be aware of different methods of infanticide. Judges, physicians and midwives also had to be familiar with the identifying

signs of rape. The internal examinations of women who had been raped were usually carried out by a midwife. In this context, Kiernander also tells his readers what virginity is and about the problems and challenges associated with determining it.¹⁸

The archive material preserved in the Collegium Medicum archive in Stockholm contains references to how, in the late eighteenth century, both the midwifery training and the home libraries of legalized midwives particularly relied on Johan von Hoorn's work *Siphra och Pua*, republished in 1777, and Jonas Kiernander's *Medicinal-Lagfarehheten*, published in 1776. When the law and the authorities demanded that also rural parishes hire midwives with a formal education, the localities struggled to fulfil this requirement, and so the provincial and city physicians also worked to disseminate and sell this kind of medical literature. In 1780, e.g. Johan Sahlberg, the town physician in Sundsvall in Northern Sweden, reported that he had managed to sell copies of the above-mentioned works to midwifery students who were intending to start working in the local parishes. However, marketing these works was not always easy, for even legalized midwives could be indifferent to improving their skills, and the physicians reported that midwives mainly bought guides on childbirth. Nils Adler, the town physician for the remote Swedish town of Filipstad, stated that there were only three [trained] midwives within a radius of nine Swedish miles 90 km, and that they were 'difficult to encourage to read'.¹⁹

Investigations of infanticide

In the eighteenth century, forensic investigation was a rapidly developing field, as forensic medicine started to establish its position in different parts of Europe. Forensic medicine research gained a foothold in universities, especially in Italy, France, Scotland and the German-speaking areas of Europe.²⁰ In Sweden, the victims of crime were ordered to undergo a forensic examination, as did the cases of sudden death, suffocation, alcohol poisoning or death by lightning strike. At the same time, all the universities in the realm were obliged to build premises for conducting dissections and autopsies. Generally, the deceased had to be examined in good light, in the daytime, and as soon as possible after death. However, autopsies were associated with many sensible social conventions. Ordinary people, especially, found the dissections of human bodies and removing body parts frightening, especially as body parts could be used in magical practices and witchcraft.²¹

The investigations of infanticide also changed. The experts previously used by the courts were lay members of the local community, wives who had given birth, untrained midwives, lay jurors in district courts, or people in a religious position of trust. Where examinations were conducted, a child's body would be examined externally and no autopsies would be carried out.²² In the eighteenth century, the courts increasingly called in trained professionals as witnesses, physicians, barber-surgeons and legalized midwives. Autopsies carried out by barber-surgeons as part of the legal process also became more common. Eva Bergenlöv, who has studied the history of infanticide in Sweden, has emphasized the increasing role played by educated men in these investigations. According to Bergenlöv, the Swedish infanticide investigations were largely masculinized from the second half of the eighteenth century onwards.²³

However, for some reason, Bergenlöv makes little mention of the agency of midwives, visible in court documents. In infanticide cases, not only the victims were examined but also the possible perpetrators, the women who had given birth. Several researchers who

have studied the history of professional midwives in Europe emphasize that the role of trained midwives in investigating different legal cases, cases of domestic dispute and sexual misdemeanour, rape, incest, infanticide or physical abuse, grew in the early modern period and especially during the eighteenth century, when the courts began to seek testimonies on medical factors regarding the sexual organs of a woman who had given birth or been physically or sexually abused.²⁴ The first Swedish guide to inquests, written by Jonas Kiernander, emphasized the importance of midwives in examining women who had given birth: 'Therefore [above all] a wise midwife should examine her body closely', both the breasts and the sexual organs.²⁵

As Bergenlöv has suggested, professionals in the health sector, physicians and barber-surgeons but also midwives, increasingly began to participate in infanticide investigations in the eighteenth-century Kingdom of Sweden. This was partly a result of the new Law Code of 1734, whose provisions on infanticide required greater medical expertise on the part of investigators. These provisions required the court to establish whether a dead infant was born prematurely or was full-term, whether the case was a question of a natural miscarriage or whether a live-born baby had been killed, and whether the death was a question of abortion or was due to failure to care for a newborn infant.²⁶

There was generally a clear and very similar division of work between expert witnesses in different parts of Europe. Physicians and barber-surgeons largely concentrated on the victim. Barber-surgeons conducted the autopsy and examined the injuries to the body under the supervision of a physician, but the physician had the right to make the final decision on the cause of death. The job of midwives was to examine the perpetrator of the crime, i.e. the woman, who was suspected of having given birth to an illegitimate baby, now dead and possibly even murdered. In some cases, they also examined the victim, the baby itself, but usually only when there was suspicion of murder. Merely the suspicion of pregnancy in an unmarried woman could cause a request for an examination. Then, either a midwife or another reliable woman had to examine the condition of the suspected woman and ascertain whether or not she had been pregnant.²⁷

From the early eighteenth century onwards, in addition to the legal changes, attention was paid to the legal responsibilities in Swedish midwifery training and in many midwifery guides. Trained midwives had to know how to conduct internal gynaecological examinations, know the anatomy of the female body, and learn, by name and appearance, all the parts of the internal and external reproductive organs. Thus, a midwife was capable of carrying out the investigations ordered by the courts where necessary and 'adequately' answering and clearly naming the parts of the woman's reproductive organs that were in a damaged state, if a physician or another official asked her for that information.²⁸

Back in the Middle Ages, killing a live-born baby was murder and punishable by death, regardless of whether or not the baby had been baptized. Both men and women could be accused of infanticide. In Swedish medieval law, a conviction for infanticide always required the murderer's confession. A Royal Edict issued in 1655 sought to steer the courts of appeal, which imposed and confirmed death sentences, in a new direction. According to the Edict, a female murderer of a child could also be sentenced to death without her confession if she had become pregnant through an illegal sexual union, concealed the pregnancy, given birth to the child in solitude and hidden the dead infant. The unmarried mother might only evade punishment if the dead child had clearly been born prematurely.²⁹ In practice, the majority of women convicted under this legislation

had only concealed the body of a newborn infant born in secret and they had not observed any signs of life. Acts that we would consider to be murder, such as deliberately suffocating or strangling the baby, were clearly rarer.³⁰

As a phenomenon, cases of infanticide addressed by the courts appear to be very similar in Early Modern Northern and Western Europe. The woman having given birth was typically a maidservant, aged about 20, who had become pregnant due to intercourse with another servant, or, in some cases, with the master of the house. She had concealed her pregnancy and given birth alone. The child had been born and died either at the home of the mother or close by. The mother usually claimed that the child had been born dead or died at birth. In child murder cases leading to a conviction, the most usual cause of death was suffocation.³¹

In his work on forensic medicine, Jonas Kiernander summarized the Swedish definition of infanticide (in Swedish *BarnaMord*, in Latin *De Infanticidio*) in his own era. According to Kiernander, an act in which the life of the child was 'snatched' when it was either in the womb, during birth or after it had been born could be termed infanticide. An investigation needed to establish whether the baby had entered the world alive or dead and whether the infant had been killed by violent means. The investigator also had to assess whether the child was born full term, which according to Kiernander could be determined by the baby's size, hair and nails, the condition of the umbilical cord, whether it was firm, healthy and white, or whether it was warm or moved at birth, whether a pulse had been felt in the umbilical cord and whether the placenta was healthy.³² According to medical professor Pehr Afzelius (1760–1843), a newborn infant was full term if it opened its eyes immediately, if its head had down-like hair, if it had nails and if its skin was smooth and free of wrinkles.³³ Johan von Hoorn defined the signs that highly probably indicated the mother's innocence in the early eighteenth century. The child was already dead in the womb if it did not move its tongue when the midwife pressed her finger on the head of the foetus as it was being born, if the midwife could not feel the foetus' pulse or if no pulse was felt in the umbilical cord. After the birth, the midwife could declare the child dead if it had not breathed and its heart had not beaten.³⁴

Pregnancy and childbirth – true or false?

A large number of men and women participated as witnesses, examiners, jurors and judges in court cases involving infanticide and sexual crimes. These included the family of the accused, servants and neighbours, midwives, lay jurors, priests, physicians, barber-surgeons and judges. A woman who had murdered her newborn child underwent an oral examination and an internal gynaecological examination, and it was checked whether her milk had come in. Although checking the woman's breasts for milk was not laid down in the law, the procedure had been part of Swedish legal practice since the Middle Ages. The decree on midwifery issued for the city of Stockholm in 1686 stated that, on the order of the court, a midwife should investigate those matters that were part of her profession. From 1754 onwards, midwives or other trustworthy women were namely given the right to examine the breasts of suspected women and obtain evidence for the legal process by this means.³⁵ Apparently, actual internal examinations of the accused were rarely carried out,³⁶ as there were no midwives or physicians trained in performing such examinations, particularly in rural areas.

Cases of infanticide were difficult to investigate. The eighteenth-century courts often had difficulties proving that a dead infant had in fact been born alive. Sometimes it was also

difficult to ascertain whether the suspect had been pregnant or not, if there was no actual evidence of the birth, such as the body of a baby. The fertilization of the egg and the development of the foetus were merely conjecture until the nineteenth century. All that was known was that intercourse between the two sexes was necessary for the woman to conceive. Medical professionals and laypeople shared the opinion that the foetus did not become a living human being at the moment of conception. Even at the end of the eighteenth century, a foetus was only defined as being 'an outline' of a human being once its limbs had developed and it moved. The general belief was that the child 'quickened' and gained a soul only once the mother was able to feel its movements in her womb. Although women generally knew they were pregnant before they felt the child's movements, foetuses in the initial stages of pregnancy were not yet considered to be human beings. In early miscarriage, the woman was considered only to have been 'cleansed', to have secreted only congealed blood, skin material or tumours. In a legal sense, abortion was only considered to be possible once the foetus had gained a soul, in other words in at least the fourth or fifth month of foetal development.³⁷

Besides murders carried out with intent, negligent homicides of the foetus and the neglect of newborns were also investigated under the name of infanticide. Only some of the women admitted to having strangled their baby, having suffocated it with clothing, pillows, or covers, or having left it to die. The majority of those accused generally denied murder and the courts also finally found that some of the babies had died at birth or been miscarried. In some of the cases, the baby's body was never found, while some other cases proved impossible to resolve for other reasons.³⁸

If the woman had just given birth, a trained professional midwife in the eighteenth century was generally able to swear to it under oath, even if the child could not be found. This is evident from an infanticide case in Turku in the spring of 1780, in which town midwives Catharina Renaut³⁹ (1709–1787) and Maria Rosenberg (Lizelia)⁴⁰ (1732–1781) conducted several internal gynaecological examinations on a woman who denied even having been pregnant. Murder investigations were carried out in the lower courts of the Kingdom of Sweden and, subsequently, always confirmed by the court of appeal. In this case, the Turku court of appeal justified its ruling on the evidence provided 'under the midwife oath' by trained midwives. The town midwives were charged by the Turku court of appeal with reaching an opinion on whether the woman had 'lain with [a man] and given birth to a child, and the kinds of signs on her body that could provide evidence thereof'.⁴¹ The court of appeal's processing of the case also relied on the records of the lower court, *kämnärsrätt*, which showed the factors on which Catharina Renaut based her statement, the torn vagina of the accused and the stretch marks of pregnancy on her stomach:

*[...] so wife [midwife] Renaut placed her in the chair usually used for birth and during the examination [Walborg] was shocked and trembling. When wife Renaut had examined Walborg, she told the witness and widow Helsing the signs that showed that Walborg Henriksdotter had given birth to a child: that Walborg's vagina was still ripped or torn, and how according to wife Renaut this happened in violent births or such births where there was no assistance and that Walborg had blue stripes and veins on her stomach.*⁴²

Renaut's assistant was her student, sailor's widow Stina Nordvik, who also told the lower court that the breasts of the accused had blue veins indicating that her milk had come in, and that her nipples were darker than was usually the case in young women. Both Jonas

Kiernander and several physicians cited by him considered the factors mentioned by Nordvik as identifying signs of pregnancy.⁴³ The court of appeal stated that, being merely a trainee midwife, Stina Nordvik was not a sworn midwife and that therefore she had not, like Catharina Renaut, carried out an internal examination of the accused, and also that, as she was not a fully trained midwife, she could not provide reliable information about these signs that a birth had taken place. In this case, the Turku court of appeal convicted the accused, its ruling only being based on the testimony of the sworn town midwives Catharina Renaut and Maria Rosenberg (Lizelia). Although the body of an infant was never found, the court of appeal considered the truth shown that the woman had been pregnant and according to the midwives given birth to a 'large and full-term' child. According to the law, infanticide was punishable by death, but in this case, the Turku court of appeal ordered the woman to receive 72 lashes. The Infanticide Act of 1778 had abolished the death penalty for infanticide carried out without a firm 'intention'.⁴⁴

Four years earlier, in October 1776, Maria Lizelia and her colleague Catharina Renaut had gone to Turku town prison to examine a woman named Brita, who was accused of infanticide. Following the examination, she admitted 'her crime' and showed where she had hidden the dead child. In conjunction with the examination, Lizelia had, however, noted that another woman, Caisa, who lived in the same house as Brita and was present at the examination, had apparently also been pregnant and given birth. The city court ordered Lizelia and Renaut to examine Caisa too and testify as to her condition under oath, although the location of the putative baby was not known. Both midwives also testified that Caisa had had a child and 'ordered' the court to 'send Caisa to prison'. The wording of the statement underlines the power of legalized midwives in the preliminary investigation of the case in that they were namely able to 'order' the court to send a suspected woman to prison:

*The female Caisa Johansdotter, who had lived in the same house as Brita, had also been pregnant and given birth to a [secret] child, regarding which wife Lizelia had reason to state that Caisa, who had been present at the examination of [the accused Brita] at the town prison, had sought, when wife Lizelia drew the conclusion from the condition of Brita's breasts that Brita had been pregnant, to voluntarily show [her own] small breasts, stating that they were in the same state as Brita's breasts, seeking on this basis to defend Brita and claim that Brita had not been pregnant or given birth; but wife Lizelia had at the same time noticed such signs [of pregnancy] in Caisa that confirmed her aforementioned suspicions; thus the court ordered both wife Lizelia and wife Renaut to examine Caisa's condition, whereby the said wives testified under oath and ordered Caisa [also] to be sent to prison.*⁴⁵

Professional midwives possessed information about the female anatomy, gynaecological examinations and the process of childbirth that untrained midwives did not. In the early eighteenth century, internal gynaecological examinations of women were still such an unknown phenomenon that the developer of the Swedish midwifery training, physician Johan von Hoorn, who had studied in the Netherlands and France, had to invent a Swedish term: 'examine a wife' (*undersöka en hustru*), for this unfamiliar act. Von Hoorn instructed Swedish midwives to use this procedure and was apparently himself the first physician in the kingdom to carry out internal examinations of women.⁴⁶ Midwifery guides especially emphasized the command of four things: correctly conducted internal examinations, the skill of assisting the baby's head to be born properly, care of the afterbirth, and turning foetuses that presented in a difficult position. Of these skills, the

first and the last in particular were acts that untrained midwives or barber-surgeons who had received a craftsman's education did not know and did not traditionally carry out. It would be a long time before they pressed a finger into a woman's vagina for examination purposes.⁴⁷

To legalized midwives, internal examinations were a routine professional practice as early as the second half of the eighteenth century. In 1776, Turku town midwife Catharina Renaut described in the records of the Turku city court (*rådhusrätt*) how she had pushed her finger into the vagina of a suspected woman and felt her cervix ('the mouth of her womb'). The cervix of the woman, whose name was Anna, was tender but not that of a woman who had given birth to a full-term baby. According to Kiernander's guidelines, the cervix of a woman who had just given birth was open, larger than normal and soft. If the cervix was flat, smooth and closed, the woman had not given birth.⁴⁸

Anna was the servant of Turku hatter Lundberg, who, when his maid fainted, suspected she was pregnant and asked the town midwife to investigate. Anna was accused of having lain with a schoolboy named Kellman but she subsequently denied the whole thing. Renaut examined Anna twice. The first time, she claimed to have felt the bones of a foetus through Anna's stomach, and so asserted that the woman was pregnant. The second time, the end result of the examination was more uncertain, especially regarding the cervix. Renaut also admitted that when speaking to Anna during the first examination she had bent the truth so as to encourage a confession of pregnancy:

*Language master Renaut's wife, midwife Catharina Aspelin [states]: that she at [the hatter] Lundberg's request, examined Anna [the first time] and observed her stomach to be completely hard and rocking, as is usual in people who are pregnant who have no more than about ten weeks remaining before giving birth. That when the witness examined Anna at home with her mother on the second occasion on the orders of the fiscal, there were four pink spots on her clothing, the kind that women in childbed usually have when birth is over. That [Anna's] cervix was then sore but not in such a state that a full-term foetus could have been born, and that Anna then denied having been or being pregnant, but only swollen because she had not had her monthly time and that when the witness examined Anna for the first time, she felt only bulges as if of an early foetus, but no bones, although the witness [Renaut] had previously so pretended merely to persuade Anna to confess.*⁴⁹

A trained midwife had great authority in matters of pregnancy and birth. As far as Catharina Renaut was concerned, however, it became evident that this expert power should be used with caution and with due consideration to avoid errors and incorrect interpretations. The aforementioned Anna was released because the rumours that she was pregnant were not found to be correct. Midwife Renaut had given conflicting evidence in the case in stating that when she was examining Anna for the first time she felt bulges in Anna's stomach similar to that of an early foetus. The court considered that Anna had been gossiped about through the unfounded claims of midwife Renaut and that this had made her the subject of suspicion. The court gave Renaut an official warning whereby she was to be more cautious and more accurate in similar cases in the future.⁵⁰

In August 1780, Turku town midwives Catharina Renaut and Maria Lizelia were invited to the neighbouring rural parish of Nousiainen (in Swedish Nousis) to examine Anna, the unmarried daughter of a freeholder, who in the opinion of the local people had 'suddenly grown thinner'. Both midwives found Anna to bear the signs of having given birth to a full-term child, although no body was found. The legal process escalated to what was then

the highest court, the Privy Council's justice department in Stockholm, who asked the opinion of the Collegium Medicum on the matter. Reading Maria Lizelia's written evidence and examining the oral statements given by Lizelia and Renaut in the district court, the officials of the Collegium Medicum agreed with the opinions of the midwives.⁵¹

Sometimes the officials found the death of the child to be entirely accidental. In October 1733, Helsinki town midwife Catharina Winter (d. 1735) examined a case of this kind. Anna, who had had an illegitimate child, had been paid by the family of a Helsinki official to act as a wet nurse. She told the court that at ten o'clock at night she had bathed the nine-month-old baby boy and then gone to bed with the restless and crying baby. The baby had slept at her breast, after which the wet nurse had moved him to sleep on a pillow on the other side of the reasonably wide bed. When Anna woke in the morning and listened for the child's breathing and sounds, she found the boy was dead. The body of the baby was examined first by the city barber-surgeon and then, at the request of the court, also by midwife Winter. Both stated consistently that the body showed no signs of physical harm or signs of suffocation. Winter also stated that the child had been very restless and sickly at birth. The decision of the court was to acquit; no crime was involved in the case.⁵²

Searching for dead newborns

In Early Modern society, unmarried women were keenly watched for the signs of a secret birth. Sudden illness, bloodstained clothing and sheets, or 'a very visible alteration' might be signs that there was a woman in the community who had given birth and disposed of her baby. If the suspect refused to admit she had been pregnant or given birth, representatives of the community might interrogate her and search her home or place of residence. Sometimes the courts authorized midwives to carry out this kind of 'secret police work'.⁵³

In the summer of 1775, Helsinki town midwife Anna Ekman⁵⁴ took part in searching a home linked to a case of a strangled baby. The case was heard in both of the lower courts, the *kämnärsrätt* and the *rådhusrätt*, and Ekman gave evidence to both courts of having observed signs of the suspect Beata having given birth, both in her body and on her breasts. Besides Ekman, the court also called in the provincial physician, a regimental barber-surgeon and Beata's master, restaurant keeper Fischer, and his wife. Under examination, Beata claimed that she had thrown the baby in the sea, but in the end the midwife found the body in the attic, where it had been hidden under clothing in Beata's chest. In examining the small body in the Fischers' kitchen, Ekman found a garter tied around its neck apparently for the purpose of strangulation. As stated in the protocols:

When asked by Ekman [the accused Beata] said she had thrown [the child] in the sea, but the maid Maria told the midwife that Beata had carried a bundle to the attic, Ekman went there with Fischer's wife and Beata, who had gone ahead and opened her chest and was searching for the baby, but then, when Beata did not find it, the midwife searched the chest more carefully and finally found [Beata's] denied infant in the chest underneath other clothes; Beata said she had wrapped the baby in rags, and when Ekman examined the baby in the kitchen and took the rags off, she found a garter tied around its bare neck.⁵⁵

Turku town midwife Catharina Renaut investigated a very similar case in the winter of 1773. According to the court, the accused, Stina, was 21 years old and had lived in the town for 2 years. She was healthy, of average size and in good physical health. She had not

previously been punished for any crime. However, her master and mistress had speculated that Stina was pregnant and had given birth in secret because she had become thinner, but there was no child anywhere to be found. Stina's master, assistant clergyman Monselius asked town midwife Renaut to investigate the situation. Monselius and Renaut demanded that Stina open her chest, in which the dead baby, the afterbirth and the umbilical cord were indeed found. Although Monselius was both a man and a priest, he apparently did not consider himself capable of seeking confirmation of his suspicions and investigating the matter alone or only with his wife, in other words without professional support. Under examination, Stina admitted to having killed the baby, which was born alive, deliberately by covering its mouth with her hand. As the protocol states:

When Stina, the night before the 15th day of January, gave birth to the baby in question, which happened in Mr [clergyman] Assistant Monselius' nursery, in which no-one else was present at the time, and only Assistant Monselius and his wife and child and wet nurse Caisa Sigrifidsdotter were sleeping in another, adjoining chamber, Stina stated that she herself had helped the infant to come out, however she could not remember or explain which part of the baby's body she had held; and all she otherwise knew was that the baby had been born with the umbilical cord round it's neck, [she had] put everything together in a chest that was in the chamber, from which one night she had carried it into her own chest in the kitchen, intending at some suitable time to throw the body away, but when Assistant Monselius and wife [midwife] Renaut started the investigation she was forced to take [it] out and show [it] because she had not previously had an opportunity to dispose of it.⁵⁶

When examining the accusations of infanticide in the investigation of these cases, many witnesses and courts focused their attention on several specific factors. The place of birth was usually close to the woman's home, her bed or some other place in the house in which she lived, but women also gave birth in outbuildings, fields and meadows or outhouses.⁵⁷ In Stina's case, for instance, the place of birth was an empty nursery. The dead child was usually hidden in the outdoor privy, in the sea, river or lake, under a mattress, in a cupboard or in the chest of the mother.⁵⁸ Both Beata's and Stina's babies were found in the chests in which servant women kept their own property when moving from one job to another and which could thus be considered to be their most private places, places that no-one else had reason to open.⁵⁹ If the woman had used violence, the child was usually smothered, strangled or drowned.⁶⁰ Under examination, Stina admitted she had smothered her newborn infant, while Beata had strangled hers with her own garter.

Investigating a dead newborn

Forensic medicine required the person who examined the body of a dead newborn infant to search for and pay particular attention to things that were abnormal and deviant. Investigating clearly observable shooting injuries, puncture wounds, and bruises caused by blows and hits, as well as strains, fissures and bleeding was a simpler matter than the less visible causes of death. Observations of the size, shape, structure and colour of the body could provide aid. In examining a dead newborn infant, Kiernander urged attention to be paid to its length, weight, skin, head, fontanelle, limbs and nails. Was the skin of the body 'full of life (*frodig*) or not, were the limbs 'fragile' (*späda*) or was the skin wrinkled, easily detached, yellowish or pink as in a live baby? The condition and colour of the umbilical cord and placenta were also to be examined in detail, if they could be found.⁶¹

A good example of the medical expertise of the midwife is provided by the case in which Turku town midwife Catharina Renaut examined a miscarried foetus found in the dung heap of Turku hospital in December 1768. The midwife paid keen attention to the size of the body and the developmental stage of the skin and the bones and on the basis of these signs estimated that the age of the foetus was 7 months. According to the midwife, the skin of the foetus was already 'full of life' and it 'already had bones'. She also judged that the child had died before birth because its skin, although already full of life, was however 'torn and shrunk in size':

[-] midwife Catharina Aspelin or Renaut was invited [-] That the foetus born to the woman Lindberg [-] was seven months old that its skin was more full of life, not as little as that of a six-month foetus, and that it already had bones and not cartilage as a six-month-old foetus is known to have.[-] And wife Aspelin thought that this foetus, whose skin was torn and shrunken in size, in a manner that could not be caused by briefly lying on a dung heap, had apparently not been without life for long, but it had died in the womb before birth.⁶²

From a forensic medicine point of view, the most important thing was to distinguish possible signs of external violence, marks, bruises, fractures and wounds from among the spectrum of colours on the skin of a body that had already started to decay. Renaut stated that, in her examination, she had found blackened skin around the neck of the foetus, which was exactly as if 'scratched' with a fingernail. The injury might have arisen in conjunction with birth when the mother helped the infant into the world. Renaut also examined the mother's reproductive organs. From the tears to the mother's vagina and the degree of swelling in the external genitals, Renaut judged that the question was one of a sudden and rapid miscarriage.⁶³

Helsinki town midwife Anna Ekman also examined the bodies of dead babies and provided statements on these to the courts. In October 1769, she examined the dead child of a woman named Maria. Ekman stated that a difficult unassisted breech birth had apparently sealed the baby's fate, but that Maria had also carelessly torn off the baby's umbilical cord and left it untied.⁶⁴ Maria Ekman also stated that the child of the aforementioned Beata was 'in every respect full-term' and the umbilical cord torn off, although the child's stomach bore part of the 'membrane' that accompanied the umbilical cord.⁶⁵ According to the forensic guidance, a torn off and untied umbilical cord was seen as one of the signs of infanticide: 'The most common means of murder is when they do not tie the umbilical cord and instead allow the blood to drain from the child'.⁶⁶ Mona Rautelin, a historian who has studied infanticide has however shown that an untied umbilical cord by no means always indicated a deliberate act. A young woman giving birth to her first child alone might be in such a poor state, or unconscious, or generally unaware of her pregnancy that she was therefore incapable of looking after her newborn infant.⁶⁷ Even in normal births, the women assisting at the birth took care of the wellbeing of the baby, washing it and tying the cord, and this was not the job of the mother.

Witnesses in divorce cases

People's sex lives and women's pregnancies and births could even lead to investigation and court cases in conjunction with divorce. Under the 1734 Code, divorce was possible in the Kingdom of Sweden but it required court proceedings. Divorces were rare, as courts granted

divorce decrees only on the basis of adultery and malicious desertion, i.e. if the spouse had disappeared without trace 'of their own free will'. Adultery always required sexual contact with someone other than the spouse. In addition, evidence of this illegal intercourse had to be provided before the court. Any eyewitness whatsoever was able to testify in court but sometimes the court might need to call in the expertise of a midwife.

When, in 1775, the 'lame' Thomas Ragvaldsson from Turku suspected his wife Maria Johansdotter of committing adultery with their lodger Johan Flodmarck, the court examined several witnesses who lived in the immediate vicinity of the couple. Flodmarck's maid had, for example, seen her master in his dressing gown and Maria Johansdotter lying undressed in the clerk's bed. However, there were no eyewitnesses of Maria and Johan's actual sexual relationship. According to the husband, adultery had taken place in any case and the evidence of this was the child Maria had borne, which her husband refused to acknowledge as his own.⁶⁸

After this, the court wanted to examine town midwife Catharina Renault, who had assisted when Maria Johansdotter gave birth, as a witness. This time, her testimony was reliable as to the mental state of the mother and especially that of the mother's purported lover. Renault told the court how, instead of the spouse, there had been a completely unknown man in the birthing chamber, who, according to the midwife, had shown such great love for the woman in childbirth, as greater there could not be even between a married couple. Renault also stated in great detail how clerk Flodmarck had eased the labour of the mother in many ways. Finally, he had, with the midwife, helped the baby out of the mother's body with his own hands. The midwife had not wondered at the man's presence in the room, only that the husband of the married Maria was not present. As stated in the protocol:

The witness had gone that winter at Thomas Ragvaldson's request one morning to the childbed of his wife Maria Johansdotter in which circumstance Maria had lain in clerk Flodmarck's chamber and bed and the latter had been praying beside the bed. It was not yet time for the birth so the witness had left and in the afternoon that same day was asked again to come to the house and assist Maria Johansdotter in which circumstance Flodmarck had cared for the mother: not only bringing her a chamber pot but also supporting Maria on his knee during the birth, following the progress of the birth and together with the witness helping the baby out of Maria's body. This had seemed to the witness even more strange as in his behaviour in the aforementioned circumstances Flodmarck had shown Maria Johansdotter such great love as greater there could not be even between a married couple.⁶⁹

On examining many other witnesses, the *kämnärsrätt* finally ruled that the couple be divorced. Thomas Ragvaldsson told the court that he did not want to forgive his wife for adultery and Maria Johansdotter also said that she was unable to reach a mutual understanding with her husband and that she for her own part was prepared to accept a divorce. Thomas then for his own part requested a divorce from his wife with whom he had not had sexual intercourse since she last became pregnant. Maria Johansdotter lost her marital rights to the shared property and she was not permitted to marry again until Thomas Ragvaldsson died or remarried himself of his own free will.⁷⁰

Conclusions

As legal historian Mia Korpiola has defined it, the legal literacy of laypeople includes a familiarity with legal terminology and legal procedure as well as an ability to draft legal

documents and a capacity to counsel others of the law.⁷¹ In this context, as expert witnesses, the trained midwives of the eighteenth century can be seen as being legally literate women, who had a duty to provide an oral or written evidence to the court and others who required it. They were capable of using understandable medical and legal terminology in terms of the processing of the court case in their testimony. In giving these testimonies, they were familiar, in lay terms, with the legislation on infanticide and rape, for example, and knew what matters they would be empowered by the courts to investigate. However, their observations were founded on the training they had received, the medical and forensic literature they had studied as well as their experience. Even though they were not professional lawyers, they were nevertheless medical experts in their own field. Thus, they could not be considered only laypeople in the true meaning of the word.

Trained midwives' were obstetrical professionals in their own right and their professional skills can be exemplified by the essential features of their training and their professional work. The training and work of midwives' were prescribed by law, and these women worked independently. The importance of both the training and the work was founded on the common good, and improving the health of women in childbirth and newborn infants. The expertise of the midwives was based on theoretical knowledge and practice, and offered an opportunity to gain a qualification. The midwives themselves also emphasized their professional status and sought to drive away the untrained midwives from their territory. And, indeed, they had official support in doing so.⁷²

The forensic examinations carried out by legalized midwives and the expert witness statements they gave also demonstrate the professional skills and expertise of these women. In these statements, the midwives depict the anatomical and physiological features of the women and babies examined in detail and in their testimonies they present possible reasons and interpretations for the things they have observed. Their testimonies also show that they were familiar with the characteristics of infanticide referred to in the Swedish medical and forensic literature and regarding the woman in childbirth and the baby, and that they paid attention to the existence of these characteristics, or their absence, in the testimonies they gave.

The courts placed as much emphasis on the testimony of midwives as they did on that of the opinions of other medical experts, physicians and barber-surgeons. In Finland in the second half of the eighteenth century, there were many times more legalized midwives, i.e. more than 80, than there were university-trained physicians, i.e. about 10.⁷³ Therefore, it was natural for the courts to base their decisions even solely on the testimony of midwives. Also the highest court, the Privy Council's justice department, could rely solely on the testimony of midwives, especially when the body of a baby had not been found and when the judgement in that case was based only on the conclusions drawn from an examination of the breasts and the reproductive organs of the accused woman regarding the secretion of milk, bleeding after birth, the state of the cervix, and any tears to the vulva and perineum.

Notes

1. Ilmakunnas, Rahikainen and Vainio-Korhonen, "Women and their professional ambitions in Northern Europe: 1650–1850."
2. More detailed information about legalized Finnish midwives before 1809 can be found in Vainio-Korhonen, *De frimodiga*, Matrikel över legitimerade barnmorskor i Finland fram till 1808.

3. Vainio-Korhonen, *De frimodiga*, 37.
4. Blom, "Den haarde Dyst", 24; Djurberg, *Läkaren Johan von Hoorn*, 21; Filipponi, "The Church, the State and childbirth," 163; Hunt, *Women in eighteenth-century Europe*, 101–2; Lindemann, "Professionals? Sisters? Rivals?," 179–80; Marland, "The 'Burgerlijke' Midwife," 197; and Ortiz, "From hegemony to subordination," 99–101.
5. Filipponi, "The Church, the State and childbirth," 163; Jackson, *New-born child murder*, 70–1; Lindemann, "Professionals? Sisters? Rivals," 180; Lindemann, *Health and Healing in Eighteenth-Century Germany*, 197, Ortiz, "From hegemony to subordination," 104; Vainio-Korhonen, "Skrivande barnmorskor, passim"; and Wiesner, "The midwives of south Germany," 197, 201.
6. For instance, Hunt, *Women in eighteenth-century Europe*, 102; Höjeberg, *Helena Malhiems barnmorskelära år 1756*; Perkins, *Midwifery and Medicine in Early Modern France Louise Bourgeois'* Phelps Walsh, "Marketing Midwives in Seventeenth-Century London"; *Siegemund, Justine, The Court Midwife*; and Ulrich, *En jordemoders berättelse*.
7. Brockliss and Jones, *The Medical World of Early Modern France*, 264; Filipponi, "The Church, the State and childbirth," 155; Harley, "Provincial Midwives in England," 33–4, 36–41, 50; Harley, "The scope of legal medicine in Lancashire and Cheshire," 45–59; Hess, "Midwifery practice among the Quakers in southern rural England," 49–50; Jackson, *New-born child murder*, 70–3, 91; Marland, "The 'Burgerlijke' Midwife," 195; Marland, "Stately and dignified, kindly and God-fearing," 276, 284, 295; Ortiz, "From hegemony to subordination," 102; Perkins, *Midwifery and Medicine in Early Modern France Louise Bourgeois*, 5; Rublack, *The Crimes of Women in early Modern Germany*, 176–7; Watson, *Forensic Medicine in Western Society*, 40–3; and Wiesner, "The midwives of south Germany and the public/private dichotomy," 86–9.
8. Especially von Hoorn, *Twenne Gudsfruchtige/I sitt Kall trogne/och therföre Af Gudi wäl belönte Jordegummor SIPHRA och PUA* and Kiernander, *Utkast til Medicinal-Lagfarenheten*.
9. Bergenlöw, *Skuld och oskuld*; Hagelin, *Kvinnovärldar och barnamord*; Kaspersson, *Dödligt våld i Stockholm på 1500-, 1700- och 1900-talen*; and Lövkrona, *Annika Larsdotter, barnamöderska*; Rautelin, *En förutbestämd sanning*.
10. Korpiola, "Introduction," 1–6, 12; Zariski, *Legal Literacy*, 13, 21–2; and White, "The Invisible Discourse of the Law," 143–4.
11. Zariski, *Legal Literacy*, 14.
12. Korpiola, "Introduction", 6; Zariski, *Legal Literacy*, 14.
13. Translated into English, the name of von Hoorn's work is 'The Swedish well-trained midwife who thoroughly instructs how a woman who is with child is treated, a woman in labour is aided, a mother is tended and a newborn infant is cared for'.
14. Translated into English, the name of von Hoorn's work is 'Two god-fearing midwives SIPHRA and PUA, faithful to their calling and therefore well-rewarded by God, who teach a midwife eager to learn by use of simple questions and answers'.
15. Paulsson Holmberg, *Onaturlig födelse*, 14, 286–8.
16. När livmodren är nogsamt öppen, och wattnet än står, så förer hon fingrarna, den tiden som Hustrun är fri af Barnwärcken, med försigtighet, uti Lifmodern, at känna, huru Fostret ligger, och om någon lem, med hufwudet, sig uti Slutet wil intränga, hwilken hon sagtelligen tillbaka förer, och länker Fostret, om det ligger illa, til rätta; ty så länge Fostret simmer i wattnet, kan det lätteligen flyttas och ställas i skick. von Hoorn, *Twenne Gudsfruchtige/I sitt Kall trogne/och therföre Af Gudi wäl belönte Jordegummor SIPHRA och PUA*, 53.
17. Translated into English, the name of Kiernander's work is 'Draft in forensic medicine, for the information of judges, the assistance of physicians and the education of midwives in matters concerning the human body'.
18. Kiernander, *Utkast til Medicinal-Lagfarenheten, Innehållet*.
19. Sveriges riksarkiv (National Archives of Sweden), Collegium Medicum's arkiv, Inkomna handlingar E2:36, The letters of Johan Sahlberg 14.8.1780 (Sundsvall), Johan Otto Hagström 7.10.1782 (Linköping) and Nils Adler 16.10.1782 (Filipstad).
20. Crawford, "Legalizing medicine," 89–116.

21. Bergenlöv, *Skuld och oskuld*, 367–86; and Koskivirta 'Parantaja, "kuolinsyynytukija ja syynäkeeton murhaaja," 296–305.
22. Bergenlöv, *Skuld och oskuld*, 359–60, 364, 366; Brock and Crawford, "Forensic medicine in early colonial Maryland," 1633–83, 39; Forbes, *Surgeons at the Bailey*, 27; Jackson, *New-born child murder*, 69–70; and Kilday, *A History of Infanticide in Britain c. 1600 to the Present*, 74.
23. Bergenlöv, *Skuld och oskuld*, 374–86; and Jackson, *New-born child murder*, 72, 84–104.
24. *The Art of Midwifery*, 6–7; and Jackson, *New-born child murder*, 72, 60–74.
25. Kiernander, *Utkast til Medicinal-Lagfarenheten*, 185–6.
26. Gustafsson, *Läkaren, döden och brottet*, 81.
27. Kongl. Hofrättens Bref ... då dödt Foster finnes, men obekant är, hwilken det framfödt och å lön lagt 12.2.1755; Gustafsson, *Läkaren, döden och brottet*, 84–5; Harley, "The scope of legal medicine in Lancashire and Cheshire," 38, 40; Jackson, *New-born child murder*, 70–2; Kaspersson, *Dödligt våld i Stockholm på 1500-, 1700- och 1900-talen*, 144, 149–60; and Wiesner, *Dödligt våld i Stockholm på 1500-, 1700- och 1900-talen*, 87–8.
28. von Hoorn, *Twenne Gudsfruchtige/I sitt Kall trogne/och therföre Af Gudi wäl belönte Jordegummor SIPHRA och PUA*, 2–5; see also Höjeberg, *Helena Malhiems barnmorskelära år 1756*, 41 and Paulsson Holmberg, *Onaturlig födelse*, 174–5.
29. Kaspersson, *Dödligt våld i Stockholm på 1500-, 1700- och 1900-talen*, 132–5; and Lövkrona, *Annika Larsdotter, barnamöderska*, 176–8.
30. Rautelin, *En förutbestämd sanning*, 95.
31. Kaspersson, *Dödligt våld i Stockholm på 1500-, 1700- och 1900-talen*, 137.
32. Kiernander, *Utkast til Medicinal-Lagfarenheten*, 123–8.
33. Blomqvist, Jonsell, and Oreländ, *Om barns sjukdomar i början av 1800-talet*, 20.
34. von Hoorn, *Twenne Gudsfruchtige/I sitt Kall trogne/och therföre Af Gudi wäl belönte Jordegummor SIPHRA och PUA*, 29; and Kiernander, *Utkast til Medicinal-Lagfarenheten*, 132–3.
35. Hagelin, *Kvinnovärldar och barnamord*, 66–72, 97–100; Kaspersson, *Dödligt våld i Stockholm på 1500-, 1700- och 1900-talen*, 150; Lamberg, *Med mjölk i spenarna men utan man*, 503–4; Lövkrona, *Annika Larsdotter, barnamöderska*, 165–8; and Ranta, *Lappeenrannan kaupungin historia*, 485.
36. Rautelin, *En förutbestämd sanning*, tabell 7.
37. Jackson, *New-born child murder*, 3, 7, 77–8, 103–4; Johansson, *Synderskan och lagen*, 72–5 and Tabel 4:1; Kiernander, *Utkast til Medicinal-Lagfarenheten*, 52; McClive, "The Hidden Truths of the Belly"; and Wiesner, "The midwives of south Germany and the public/private dichotomy," 94.
38. Rautelin, *En förutbestämd sanning*, Tabels 4 ja 5; Rautelin, "Cryptic Pregnancies and their Legal Consequences in Pre-Modern Finland," Figure 1 Convicted Categories of Infanticide in Finland 1702–1900.
39. Catharina Renaut completed her midwifery qualification on 11.9.1746 and was legalized in Turku (Åbo) 4.4.1752. Vainio-Korhonen, *De frimodiga*, 221.
40. Maria Rosenberg (Lizelia) completed her midwifery qualification and was legalized in Turku (Åbo) 9.6.1759.
41. Vainio-Korhonen, *De frimodiga*, 220.
42. [– –] så skall hustru Renau[t] satt henne i en vid förlossningar brukelig stol, och under förrättningen varit häpen och skälvvat. Under det hustru Renau[t] besiktat Walborg har hon för vittnet och änkan Helsing uppgivit till tecken, som skulle utmärka det Walborg Henriksdotter fött barn: at moderslidan å Walborg åt ano vore sliten, eller brusten, och vilket hustru Renau[t] föregivit hända vid våldsamma och hjälplösa förlossningar, samt at Walborg skulle haft blå senor eller ådror å magen. Rautelin 2009 Register över barnamordsbrott no. 121 and material collected by Rautelin, Sveriges riksarkiv (National Archives of Sweden), Justitierevisionen (The Privy Council's justice department), Utslagshandlingar (Verdicts) 24.11.1780 including Åbo hovrätts diskussionsprotokoll 14.3.1780, midwife Rosenberg's testimony in the court of appeal on 22.5.1780.
43. Rautelin, *En förutbestämd sanning*, Register över barnamordsbrott no. 121 and material collected by Rautelin, Sveriges riksarkiv (National Archives of Sweden), Justitierevisionen

- (The Privy Council's justice department), *Utslagshandlingar (Verdicts)* 24.11.1780 including Åbo kämnärsrätts protokoll 25.4.1780.
44. Kiernander, *Utkast til Medicinal-Lagfarenheten*, 10.
 45. Rautelin, *En förutbestämd sanning*, Register över barnamordsbrott no. 121 and material collected by Rautelin, Sveriges riksarkiv (National Archives of Sweden), Justitierevisionen (The Privy Council's justice department), *Utslagshandlingar (Verdicts)* 24.11.1780 including Åbo kämnärsrätts protokoll 25.4.1780, midwife Rosenberg's testimony in the court of appeal on 22.5.1780 and court of appeal's decision of 22.5.1780.
 46. Qwinspersonen Caisa Johansdotter, som med Brita bodt i ett hus, hafwa warit rådd och barn framfödt, hwartil Hustru Lizelia upgifwit den anledning, at Caisa som wid nemnde undersökning warit tilstådes i Stads häcktet, skall, enär hustrun Lizelia af beskaffenheten med Britas bröst welat sluta, at Brita warit rådd, sielfmant framwijst små bröst, med utlåtelse, at de boda lika beskaffade med Britas bröst, samt på den grund sökt förswara Brita och påstå at hon icke warit rådd eller barn fram födt; men Hustru Litzelia likwäl märckt sådane teckn hos Caisa, som styrcko henne i ofwannemde misstancken; Så har Kämnerns Rätten låtit, så wäl Hustru Lizelia, som Hustru Renaut undersöka om Caisas tilstånd om hwilcket alt bemälte Hustru edeligen hadde blifwit, samt Caisa i hächte inmant. Turun kaupunginarkisto/Åbo stadsarkiv (Turku/Åbo City Archives), Åbo rådstugurätts protokoll 16.10.1775 s. 1559–1560.
 47. Djurberg, *Läkaren Johan von Hoorn, 170–171*; and von Hoorn, *Twenne Gudsfruchtige/I sitt Kall trogne/och therföre Af Gudi wäl belönte Jordegummor SIPHRA och PUA*, 10.
 48. Rautelin, *En förutbestämd sanning*, 270.
 49. Kiernander, *Utkast til Medicinal-Lagfarenheten*, 71–3.
 50. Språkmästaren Renaus hustru Barnmorskan Catharina Aspelin: at hon, som på Lundbergs begiäran, besichtigat Anna, har funnit hennes maga warit hel hård och gungat, såsom thet är wanligt med hafwande personer, hwilcka icke hafwa mer än ungefär tjo weckor öfrige til dess de föda: at då wittnet på Fiscalens föranstaltande andra gången försökt Anna hemma hos hennes moder, å hennes Lintyg skal synts fyra blekröda fläckar, sådane som en barnsängs hustru plägar hafwa, enär barnwåndan är förbi: at Modermunnen då äfwen warit sjuk, men ei af sådan beskaffenhet at ett fullgångit foster kunnat framkomma: och at Anna då nekat sig warit eller ware rådd, utan endast theraf swullen, at hon icke skal haftt sin tid: samt at wittnet då hon första gången visiterat Anna, wittnet då sålunda skall kändt alenast kuglor, såsom tidig foster, men inga ben, ehuru föregifwit endast at förmå Anna ther genom til beskänneelse, huru med henne rätteligen tillstod. Turun kaupunginarkisto/Åbo stadsarkiv (Turku/Åbo City Archives), Åbo rådstugurätts protokoll 23.1.1762 s. 99–100. Turun kaupunginarkisto/Åbo stadsarkiv (Turku/Åbo City Archives), Åbo rådstugurätts protokoll 23.1.1762 s.101.
 51. Rautelin, *En förutbestämd sanning*, Register över barnamordsbrott no. 116 and material collected by Rautelin, Sveriges riksarkiv (National Archives of Sweden) Justitierevisionen (The Privy Council's justice department), *Utslagshandlingar (Verdicts)* Collegium Medicum's betänkade 16.10.1780.
 52. Helsingin kaupunginarkisto/Helsingfors stadsarkiv (Helsinki/Helsingfors City Archives), Helsingfors kämnärsrätts protokoll 6.10.1733.
 53. Hagelin, *Kvinnovärldar och barnamord*, 92–100; Jackson, *New-born child murder*, 61–70; and Kilday, *A History of Infanticide in Britain c. 1600 to the Present*, 72–6.
 54. Anna Ekman had completed her midwifery examinations and was legalized in Helsinki 1759. Vainio-Korhonen 2016, 216.
 55. [–] at hon [Beata] framfödt et foster, som hon på Ekmans tilfrågan sagt sig kastat i siön, har Barnmorskan, efter den berättelse pigan Maria giordt at Beatha burit et knyte på winden, gådt dit tillika med Fischiers hustru och Beatha som godt först då wittnet fölgat tätt efter henne, och har Beatha sedan hon kommit på winden och öpnat sin kista samt låddats eftersöka barnet utan at säga någonting eller tilstå at Barnet warit där men sedan Beatha det ei funnit, har Barnmorskan nogare eftersökt i kistan och under andre Kläder som warit i kistan endteligen hittat på fostret nekadt; de slarfwor som Beatha sagt sig hafwa omlindat Barnet med, hwilket Ekman sedan undersökt i kökiet och ther tagit utur slarfworne samt funnit strumpe bandet

tillknutit å des blotta hals. Rautelin, *En förutbestämd sanning*, Register över barnamordsbrott no. 108 and material collected by Rautelin, Helsingin kaupunginarkisto/Helsingfors stadsarkiv (Helsinki/Helsingfors City Archives), Helsingfors kämnärsrätts protokoll 19.7.1775 and Helsingfors rådstugurätts protokoll 26.7.1775, s. 897–898.

56. Då Stina, natten emot den 15: nästwekna Januarii framfödt berörde thes foster, hwilcket skiedt i Herr Adjuncten Monselii barnkammare och derwid ingen annan warit tilstüdes, utan har herr Adjuncten jemte des Fru och barn, samt amman Caisa Sigfridsdotter, legat i en Cammare näst intill, förmälte Stina sig hafwa sielf hulptit till at skilja fostret ifrån sig, dock, utan at hon kan minnas, eller utreda, å hwad ställe af barnets kropp som fattat, äfwen som hon icke eller annat wet, än at barnet blifwit födt med nafwelsträngen om halsen. [– –] lagt alt sammans uti en kista som stått i Cammaren, derifrån hon widare om en qwäll burit det i sin kista i köket, hwarifrån hon warit sinnad, at på något lämpeligit sätt aldeles kasta fostret undan, men wid anställd wisitation, för adjuncten Monselius och hustru Renaut, måst framtaga och upwisa, så wida hon desförinnan ei fått tillfälle at det undan skaffa. Turun kaupunginarkisto/Åbo stadsarkiv (Turku/Åbo City Archives), Åbo rådstugurätts prptokoll 8.3.1773, s. 456–457.
57. Kasperson, *Dödligt våld i Stockholm på 1500-, 1700- och 1900-talen*, 169.
58. *Ibid.*, 170.
59. Vainio-Korhonen, “Kaupunkilaispiikojen elämä 1770-luvun Turussa,” 127.
60. Kaspersson, *Dödligt våld i Stockholm på 1500-, 1700- och 1900-talen*, 171.
61. Gustafsson, *Läkaren, döden och brottet*, 231–6; Kaspersson, *Dödligt våld i Stockholm på 1500-, 1700- och 1900-talen*, 157; and Kiernander, *Utkast til Medicinal-Lagfarenheten*, 124–9.
62. [–] inkallades Jordgumman hustru Catharina Aspelin eller Renaut [–] Att det af Qwinnan Lindberg framfödde foster [–] wara siu månader gammalt, att det haft frodigare hud och icke så små som det, h:ket är sex månader gammalt, jämwäl det redan haft ben, och ej bråsk som sex månaders finnes hafwa. [–] Och trodde hustru Aspelin at detta foster på hwilket huden warit sprucken och hopdragen som af des korta liggande i dynghögen ej kunnat förorsakas, wäl icke långt förut haft lif, men innan födseln warit dödt i moderlifwet. Turun kaupunginarkisto/Åbo stadsarkiv (Turku/Åbo City Archives), Åbo rådstugurätts protokoll 7.12.1768, s. 2041–2042.
63. Turun kaupunginarkisto/Åbo stadsarkiv (Turku/Åbo City Archives), Åbo rådstugurätts protokoll 7.12.1768, s. 2041–2042.
64. Rautelin, *En förutbestämd sanning*, Register över barnamordsbrott no. 86 and material collected by Rautelin, Helsingin kaupunginarkisto/Helsingfors stadsarkiv (Helsinki/Helsingfors City Archives), Helsingfors kämnärsrätts protokoll 13.10.1769.
65. Rautelin, *En förutbestämd sanning*, Register över barnamordsbrott no. 108 and material collected by Rautelin, Helsingin kaupunginarkisto/Helsingfors stadsarkiv (Helsinki/Helsingfors City Archives), Helsingfors kämnärsrätts protokoll 19.7.1775.
66. Kiernander, *Utkast til Medicinal-Lagfarenheten*, 125, 170–5, 183.
67. Rautelin, “Female Serial killers in the Early Modern Age?”; and Rautelin, “Cryptic Pregnancies and their Legal Consequences in Pre-Modern Finland”.
68. Suomen kansallisarkisto/Finlands riksarkiv (National Archives of Finland), Åbo kämnärsrätts protokoll 11.5.1775.
69. Att wittnet uppå Thomas Ragwaldssons anmodan förledne Winter om en eftermiddag infunnit sig hos hans hustru Maria Johansdotter i afsigt att förlösa henne, hwar wid Maria legat i Cancellie Skrifwaren Flodmarcks Kammare och Säng, Hwilken sidstnämnde hållit bön wid Sängen. Födslo tiden har då ännu icke warit för hwid, Hawarföre wittnet gådt bort och samma dag eftermiddag på bud åter instält sig, då Maria Johansdotter blifwit förlöst, Hwarwid Flodmarck wijst sig ganska måhn om henne medelst det han ej allenast betjent henne med nattbäcken, utan och wid sielfwa födslen hållit Maria i knä, samt åsedt födslen och lika som wittnet med handen tagit ei mindre å Marias kropp än fostret wid dess utgång från underlifwet. Detta har förekommit wittnet så mycket mera besynnerligt, som at Flodmarck genom sitt förhållande wid omnämnde tillfälle utmärkt så stor kärlek för Maria Johansdotter, at ei större kan wara emellan äkta makar. Suomen kansallisarkisto/Finlands riksarkiv (National Archives of Finland), Åbo kämnärsrätts protokoll 10.6.1775.

70. Ibidem.
71. Korpiola, "Introduction," 6.
72. Milton, *Folkhemmets barnmorskor*, 28–32, 93.
73. Vainio-Korhonen, *De frimodiga*, 36–7.

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