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HISTORICAL RESEARCH

From virtuous woman to childcare nurse

Da mulher de virtude à enfermeira puericultora
De la mujer de virtud a la enfermera puericultora

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Abstract

Context: Life and professional experiences have lead the author to question who the amateur «midwives» were. Were they seen as virtuous or wise women or, on the contrary, did they have a more sombre profile? Could their assistance in childbirth and with the newborn could have coexisted with the exercise of midwives certified by the Public Health Board and graduates of the School of Medicine of Coimbra University and the Medical and Surgical Schools of Lisbon and Porto?
Objectives: To construct the profile of the amateur «midwives» from testimonies by privileged informants, to verify whether there was co-existence in the assistance rendered by trained and untrained midwives.
Methodology: To establish three great periods, with the conviction that they overlapped and coexisted. This article focuses on the periods: *from virtuous woman/amateur to childcare nurse*, using semi-structured interviews and by consulting legislation.
Results: The analysis of the information points to the profile of virtuous and wise women, although they were not highly educated and had not received formal training, who coexisted with certified midwives.
Conclusion: The study confirms the initial assumptions and opens various research perspectives.

Keywords: virtuous woman/amateur, midwife, childcare nurse.

Resumo

Contexto: As experiências de vida e profissionais levam a autora a questionar-se sobre quem eram as «parteiras» curiosas. Vistas como mulheres de virtude, de sabedoria ou pelo contrário com um perfil mais sombrio. Se a sua assistência ao parto e recém-nascido teria coabitado com o exercício de parteiras certificadas pela Junta de Saúde Pública e diplomadas pela Faculdade de Medicina da Universidade de Coimbra e Escolas Médico-Cirúrgicas de Lisboa e Porto.
Objectivos: Construir o perfil das «parteiras» curiosas a partir de testemunhos de informantes privilegiados; verificar se coexistem a assistência prestada por parteiras sem e com formação.
Metodologia: Estabelece três grandes períodos, convicta que se interpenetram e coexistem. Este artigo foca os períodos: *da mulher de virtude/curiosa à enfermeira-puericultora*, utilizando entrevistas semiestruturadas e recorrendo a legislação.
Resultados: A análise da informação aponta para o perfil de mulheres de virtude, de sabedoria, apesar da pouca instrução e de não terem recebido formação formal, coexistindo com parteiras diplomadas.
Conclusão: O estudo confirma os pressupostos iniciais e abre várias perspetivas de investigação.

Palavras-chave: mulher de virtude/curiosa, parteira, enfermeira-puericultora.

Resumen

Contexto: las experiencias vitales y profesionales llevan a la autora a cuestionarse sobre quiénes eran las «matronas» curiosas. Estas eran vistas como mujeres de virtud, de sabiduría o, por el contrario, con un perfil más sombrío. Si su asistencia al parto y al recién nacido habría cohabitado con el ejercicio de matronas certificadas por la Junta de Salud Pública y diplomadas por la Facultad de Medicina de la Universidad de Coímbra y las Escuelas Médico-Quirúrgicas de Lisboa y Oporto.
Objetivos: construir el perfil de las «matronas» curiosas a partir de testimonios de informantes privilegiados, y verificar si coexiste la asistencia prestada por matronas sin y con formación.
Metodología: establece tres grandes períodos, convencida de que se mezclan y coexisten. Este artículo se centra en los períodos: *de la mujer de virtud/curiosa a la enfermera-puericultora* y, para ello, utiliza entrevistas semiestruturadas y recurre a la legislación.
Resultados: el análisis de la información apunta hacia el perfil de las mujeres de virtud, de sabiduría, a pesar de la poca instrucción y de no haber recibido formación formal, coexistiendo con matronas diplomadas.
Conclusión: el estudio confirma los presupuestos iniciales y abre varias perspectivas de investigación.

Palabras clave: mujer de virtud/curiosa, matrona, enfermera-puericultora.

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Introduction

The study conducted for this article does not intend to be presented as historical research, in the true meaning of this concept. We have neither the strenght nor the resources to carry out a study of that type, as we envisaged it. Its aim, however, is to make a serious contribution to future research, allowing us to foresee various paths that have been little explored amongst us.

There are three sections, covering three historical periods: *from virtuous woman to midwife*; *from midwife to childcare nurse* and from childcare nurse *to a nurse specialist in maternal health and obstetrics,* with a specialised post-graduate course. This article, *From virtuous woman to childcare nurse,* encompasses the first two sections. However, as may be seen in the development of these sections, the different realities co-existed in Portugal for various reasons. This question was what first awakened our interest in the study. Currently in the EEC/EC/EU, there are Member States where midwife training does not fit into the framework of specialised nursing. This is considered as a basic course, as we shall see in a next article.

For the first section, our life and professional experiences were very important, as well as the testimonies obtained informally, but intentionally, based on narratives of mothers and grandmothers and what was said about the issue; the circumstances regarding our own birth, told by mothers and grandmothers, and in seven formal interviews: three with women who were assisted by «amateur midwives», as they said, three women and one man who told what they had heard from their mothers and grandmothers and/or had knowledge by other means. We also used archive files and bibliographic research.

The second is based on legislation we read, from which we built summary tables on the information they contained along with other documentary and bibliographic sources.

What people witnessed and lived, over sixty years of nursing, was very useful to guide us in the research. We feel it is our responsibility to share what we discovered and the results obtained in the studies, even when they are modest. For example, what we witnessed while working at the Hospitals of the University of Coimbra (HUC) led us to seek data regarding neonatal tetanus (umbilical) and tetanus derived from abortive manoeuvres (sprig of parsley and others), in the archives of the Intensive Medicine Services of those Hospitals, and in the Intensive Care Unit of the Paediatric Hospital, both of which now belong to the Coimbra Hospital and University Centre (CHUC) and to seek statistical data on the issue.

We have the advantage that this is not our area of specialisation, thus we could observe the facts from a bit further away distance and with less passion.

We should clarify that the study is focused on Portugal, especially the central region, although there are occasional references to what is happening in other countries, through the EEC/EC/EU Directives and our professional contacts.

We use the first person singular when dealing with information of a personal nature.

Methodology

For the first section – from virtuous woman to midwife –, besides information obtained from informal contacts and our own experience, we held seven semi-structured interviews, four in person (E1, 3, 4, 5) and three by phone (E2, 6, 7). With previous contact, four women (E2, 3, 4, 5), without previous contact one man (E1) and two women (E6, 7). Their ages were (years): 60, 72, 80, 82, 85, 95 and 101. The initial contacts with the four women were made through family members and, in one case, through a friend, in whose home she lived. The interviews were conducted in their own homes, except for the youngest person and the only man (E1). This first interview resulted from an informal conversation, in his workplace, when one of our visitors asked us: «So what are you doing now?» In light of the response, he said that his mother and grandmother had told him about his own birth, and that his «midwife» had been an «Old mother». We did not recognise this term, which reminded us of Northeast Brazil, and awakened our curiosity. He accepted our request for help and we immediately held an interview. One person interviewed moved from her village to a city which had a maternity ward. She was monitored during pregnancy and her children were born in this maternity ward, the Casa da Mãe (Mother's House), created by Bissaya Barreto (E3). The information provided comes from what occurred in her village of birth, and what was transmitted to her by her family.

Both she and her brothers were delivered by amateur midwives. In fact, the other women interviewed spoke about more than just their personal experience.

In light of the results, which were different from what one would think in a hospital setting, we made a series of phone calls (CT), broadening the research to confirm or annul the results. They told us what occurred in the villages of the following regions: Between the Douro and Minho, Beira Interior, North, Beira-Litoral, Trás-os-Montes and Alto Douro, covering the districts of Porto, Braga, Leiria, Coimbra, Castelo Branco, Aveiro and Guarda.

Table 1
Persons interviewed and characteristics of the interview

Interview No.	Who	Year of Birth person interviewed	Where/ type	Previous Contact	Children/ Siblings	Region*	Source of information
E1	Son, 2nd of the siblings	1955 – 60 Yrs.	Workplace In person	No	4	Between the Douro and Minho	Mother, grandmother, others
E2	Self	1933 – 82 Yrs.	Home Telephone	Yes	2	Beira Interior	What she went through and witnessed
E3	Daughter	1943 – 72 Yrs.	Home In person	Yes	4	North	Mother and others
E4	Self	1920 – 95 Yrs.	Home In person	Yes	4	Beira Interior	What she went through, witnessed
E5	Self	1914 – 101 Yrs.	Home In person	Yes	3	North	What she went through, observed/ witnessed
E6	Daughter, 1st of the siblings	1935 – 80 Yrs.	Home Telephone	No	9	Beira Litoral Leiria	What she observed, heard
E7	Daughter, 1st of the siblings	1930 – 85 Yrs.	Home Telephone	No	13 12 midw.	Trás-os-Montes and Alto Douro .	Mother, aunt, others observed

*All information relates to villages.

No interview was tape recorded. Recording could be intimidating to older people. We opted to take brief notes, and then prepare a report, according to the logic of the sequence of issues and not the order of responses, validating it with the persons who were interviewed, by phone or direct contact.

Although open in nature, a script was prepared, whose items with regard to aspects to be explored served to glimpse issues from the answers, to clarify them or ask others on items not approached. The interview would be like a conversation, very flexible and hopefully pleasant for both parties. The person being interviewed would be helped, if necessary, but not pressured. After greetings and explanation of the issue under study and the contribution we were looking for, thanks for welcoming us and helping us, we told them their confidentiality and anonymity would be respected. What will be published will not include their names, addresses or other identifying aspects. The information provided will be worked and presented so that the source cannot be identified.

After a brief social conversation the first question is asked, one which is open, broad, and asked politely and in a register appropriate to the age of the person interviewed. The later ones shall be linked to the first one flexibly, returning to the first if necessary. Some people, after the interview, added data, since they remembered facts or spoke with other family members, expressing gratitude for having triggered this need.

We certified that there was no constraint to their free collaboration, and sought to have this also clarified. We felt they were doing this freely and willingly. They did not place any reservation on confidentiality, with regard to the information provided.

We used the archives of the Intensive Medicine Services of the Coimbra Hospital and University Centre (CHUC) and of the Intensive Care Unit of the Paediatric Hospital, which is now also part of the CHUC, with the authorisation and collaboration of its directors and head nurses, respectively, Prof. Jorge Pimentel, Dr. Farela Neves, Nurse Eulália Ribeiro,

Nurse Helena Mendes (Retired) and Nurse Conceição Capaz, which we very much appreciate.

For the second section, the consultation of Portuguese legislation was vital, as well as the bibliography we selected. It arose from the creation of a midwife course in the different counties, by the Public Health Board (1821), from the courses for midwives of the School of Medicine of Coimbra University (FMUC) and the Medical and Surgical Schools of Lisbon and Porto, later Schools of Medicine (1911). We used the archives of the Coimbra Municipal Library, the Bissaya Barreto Documentation Centre (CDBB), Internet and even contacted Maria Renilda Nery Barreto (Br.), a researcher in the area of history and author of a very interesting work. She was kind enough to send us a document from the work by Mazarém. It was not possible to consult the documentary archive of the School of Medicine of Coimbra since they were in the process of moving facilities and were handling the documents. Summary tables were constructed, which were very helpful, but they will not be presented for space reasons.

From virtuous woman to midwife

The origins of the art of childbirth are lost in the mists of time, certainly when a more experienced woman helped another to give birth, and provided first aid to her and the being who had just arrived in the world. Later, with sedentism, this role was entrusted to wise women, virtuous women as Collière (1989) tells us, thus starting the specialisation of the practice of midwifery.

These women, mothers and grandmothers themselves, who helped other women «give birth», had a practical knowledge transmitted by others or that they knew intuitively, which Barreto (2008) calls empirical-sensory, reached our days and coexisted with midwives with formal training. They also referred to them as «midwives», adding «amateurs», as did the persons interviewed, except for the first interviewee who referred to her as «Old Mother». In these isolated villages, with no means of communication or access to professional care, with scarce economic resources, births occurred at home, with the help of family or they resorted to these «midwives», whose knowledge was accepted by public opinion. Their successes or failures spread quickly through the villages. In the second half of the last century, there were still various meeting points in the villages: the small businesses that sold everything, from groceries in bulk to ironmongery, thus they were known as «sales», «shops» or «groceries»; the fountains, the washing tanks, the church yard after religious services; the spaces of artisans, who often also had apprentices, there were masters (shoemakers, tailors, seamstresses…), the forge, the pottery…, all places to socialise. This is where news was spread, where virtues were exalted or reputations were ruined. These «midwives», were not immune to this popular judgement, with their services more or less requested, according to this judgement.

In the case of our interviewees, the «midwives» all had good reputations, in a context that went beyond the village where they lived and were characterised positively. Here are some examples: "she birthed the women where she lived and six or seven villages…" (E1), "and the surrounding villages" (E2, 6); "the women of the family and outside" (E7), "it was always the same midwife, in my three births" [loyalty] (E5).

Even when they were ill or got old (grandmothers and great-grandmothers), they still delivered babies (E1, 2, 6, CT_1). "The Lady …, very old … they came from other villages to get her and bring her to the house, on mules…" (E6), adding that she helped many births, the women had many children.

They are said to be people with little schooling, some could not read or write, but "well respected …, women with wisdom" (E1, 6), "the mothers spoke of her very tenderly…", she knew how to handle herself: "very distinct, very careful in her presentation and manners" (E1); "she was very skilful, she was good [in the art of childbirth], good women, friends of goodness" (E5), speaking of her midwife and of others; " skilful. Good people" (E4); " very neat, very poised" (E7). "very responsible and wise" (E2); "a discrete posture, when at gatherings the women started gossiping, they stayed out of it" (CT_2, E7). In relation to hygiene: "very tidy" (E1); "she was from very high quality people, clean, tidy" (E5); "careful with hygiene, … she believed in boiling water" (E7).

They are seen as being surrounded by a halo of mission, always available, leaving their household tasks or the comfort of their bed, regardless of the weather conditions, to help a woman in labour, as Valente (2013, p. 39) so well describes a birth that occurred on 19 January 1954. This characteristic is mentioned in all of the interviews and non-formal contacts. From what I heard from the grandmothers and mothers of our and other villages, they could be

well represented as being wrapped in a black wool shawl, as narrated by Valente (2013; E6, CT_4), holding a lantern, with olive oil or kerosene, which lighted trails and paths on dark nights; in the clear nights, the stars shined and the moon projected ghostly shadows. Generally, they were accompanied on the journey by the pregnant woman's family man, who came to request her services or simply communicate that «the time had come», in cases where there was some prior contact and even some details about the pregnant woman, telling her about the frequency and intensity of the contractions, and what she needed to have prepared.

In all the narratives, interviews and non-formal contacts (phone calls) it was noted they did not charge for their services, "she did this work with a spirit of mission" (E1), "but people had consideration, they gave what they wanted, in kind" (E2, 3), "there was always consideration, but there were people who did not even have enough to eat, so they could not repay" (E4); "we gave her things for the home, food, since she was poor. In our house we worked the land a lot, but there was abundance" (E5);

> the mothers treated her with tenderness, when there was something new (fruits, vegetables, killing of a pig…), they did not forget to give her a little something … When she became more disabled, there was always someone to take her to mass or wherever she needed, in the carts. In my village, two families who had carriages also took her. (E6)

They focused on the relationship with the doctor: "she was respected by the doctor" (E1); "the doctors held her in high regard" (E6, CT_2).

When the birth was difficult, they "called for the doctor, for a fee" (E3); "they called for the doctor …, a man would go on horseback for him …" (E7)", they called for the doctor … who was of a different speciality (CT_1). We perceived, in various informal contacts, a certain complicity between the doctor and the «midwife».

The term «to help to give birth» is interesting and full of symbolism, but they also said *aparar* (to deliver). Several times I heard: «Ms. (name) who delivered my children». My mother told me several times, with regard to my birth (25/04/1934), "Ms. … who delivered you, realised that the birth of your twin sister was beyond her ability and sent for the doctor...". Indeed, in many cases it was just delivery, nature took care of the birth. In my case it was not even that, as I was so «thin» that I was born «so quickly I fell into the bedpan», according to the testimony of my mother, grandmother and others. I never asked if she had given birth standing up. My mother, despite the very difficult birth of my twin sister, and losing her, always referred to the «midwife» with respect and gratitude. From what I was told, the «midwife» never abandoned her and collaborated with the doctor, preparing the «forceps». In the attic of my grandparents' house where the birth occurred, there was a big white enamel pot, and when I asked why it was there my grandmother said: "because it was used to boil the «forceps», that removed your twin sister, and was never again used for the purpose for which it was intended". I am the first of the siblings. The second birth occurred at the Clínica Obstétrica Daniel de Matos (abbrev. CO), commonly known as Maternidade Daniel de Matos (MDM). The third (1940) and the fourth (1942) births occurred at home, assisted by the same midwife (of good reputation), the fifth and sixth births at the MDM. I do not know why since the previous ones had gone well.

The terms *comadre* and *aparadeira* (Barreto, 2008), were not used but I think I have heard the term comadre in our villages. The term comadre is also interesting and significant (*cum* + *mater* = with the mother). In the United Kingdom and Ireland they still use the word «midwife»/with the woman, in France and Luxembourg, they use «sage-femme»/wise woman or having wisdom (EC, 2005, Dir. 36).

All of the births reported in this study occurred at home, in the period from 1930 (E7) to 1961 (E2). In this period in Portugal, there were midwives trained by the schools of medicine and the maternity institutes. In the contacts after the interviews, it was noted there was a «midwife»/amateur in a town in the district of Guarda, whose profile corresponds to that reported by those interviewed, who still attended childbirths in 1974.

Births occurred day and night. Midwives were called by husbands, mothers, neighbours…

Childbirth had its ritual: washing the hands (E1, 2, 4, 5), rolling up the sleeves and carefully washing the hands, forearms to above the elbows (CT_3); They had prepared sheets, two white linen (E1, 7, $CT_{3,4}$) or terry towels (E2, 6), one to give birth to the baby and the other to dry it after the bath (E1, 2). However, not all mothers had these towels, some used two nappies made from used cloth, since they were softer (E5),

"they had clean towels, even if they were rags, due to the extreme poverty of some families" (E4), the bands, the clothes for the child, also of used cloth, "the disinfection of the scissors to cut the umbilical cord" (E2), "boiling the scissors (E7), "they brought the material to cut and treat the umbilical cord" (E1, E2, E7). "The bath in the special enamel basin" (E1), when available" (E6). They described in detail the care taken by the mothers in preparing the bands and other items needed for the birth, which they saved from one child to the next (E6, 7, CT_3).

The birth: the three women who went through the experience of being assisted by amateur «midwives» (E2, 4, 5) said that the birth occurred lying in bed and the midwife «helped push» [external help in the expulsion period?]. Asked: «Did the midwife put her hands inside you to help the baby come out?» The answers were negative, including E2, in which the first birth was harder because the baby was huge, "it even tore a bit" (E2).

After the birth, they first took care of the mother and then the child: "she took care of me, put me to bed and after the bath, brought the little boy to me" (E2), "she took care of me and after the bath brought the children to me" (E4). This woman had four children, in different locations and four different midwives, to accompany the husband where he had work. The expression of E5 is interesting "and snuggled the children to us" (E5). The following description of the birth is both detailed and interesting (E7):

> A large pot was prepared to boil the water, since they used a lot of water and very well boiled. Everything was boiled, the scissors, the linen thread to tie the *envide* [the portion of the cord that was connected to the newborn], the protective bandage, and water for the baby's bath was also boiled.
>
> Normally, babies were not born in bed. The woman knelt/squatted on the floor, on top of a blanket covered with a linen sheet. After the birth, she tied the cord, laid the mother in bed, took care of her, and only then took care of the child, gave it a bath, cut the cord, protected it with a bit of boiled linen cloth and placed the band, also made of very used linen cloth, dressed it, used the swaddling clothes, wrapped it and placed it next to its mother, snuggling it to her. And a chicken broth had already been prepared for the mother. In the following days, until the *envide* fell, she came to bathe the baby and change the dressing. She used a little doll made of more threadbare linen, boiled and dipped in warm water to clean the stump. The lying-in lasted at least one week (with chicken broth).

What this woman observed in relation to the birth of her younger siblings was that the mother began to work right away. She recalled that the mother had promised to make a dinner for a group of hunters, the baby was born, but she made the dinner anyway, covering her stomach with a shawl so the hunters would not know that the birth had occurred. With the first child, the midwives came to bathe the baby, as described above; with succeeding children the mother, who was now more confident, did this herself. In relation to the postpartum period, the term used was lying-in, in a period of 30 days for girls and 40 for boys (E2), although with her second birth, a girl, she went back to her chores after a few days. And the other two women had identical stories. In relation to this when I again contacted E2, to check what was written, she said she forgot to tell me one woman had acted as her own midwife. "But, you told me, she was your midwife". "That too. She was from here in the village. She prepared everything when the time came, after the birth, she took care of the children, wrapped them, put them to bed, then washed the clothing from the birth and only then laid down with the children. It was like this with her five children". "A brave woman", I answered. "And she was just a skinny little thing".

To the question: did they use the term lying-in *resguardo* or *regimento*? All the answers confirmed that the term used was lying-in. This question arose because when I was young I heard the term *regimento* in a mountain village near Fátima, with the 30 and 40 days. I found it again in Art. 5 of the regulation for midwife aspirants (*DG*, No. 156, 1870 of 16 July). The exam is public and covers the following subjects: I…; II…; III. *Dequitadura* (third stage of labour) and regimento; IV…;

Holding the baby by its feet and the slap on the buttocks (*nalgas* as some of the old folks say in my and some other villages) to make it cry and thus open the lungs, was not mentioned in the interviews.

The ritual of baptism, if it seemed that the child would not survive, was also not mentioned. One of the interviewees (E5) had a premature birth, "the blood cord broke" [placenta praevia?]. It was a girl,

seven months gestation, and was not baptised since she was born dead. She had no funeral ceremony but was buried in the cemetery, in a shoe box, since she was so small. This data goes against what is taught in catechism, «in case of doubt baptise conditionally».

Related with the baptism, some midwives took the child to be baptised «taking the child to the font», they said. "The midwife was invited out of respect and gratitude" (E4, 5).

Prayers that the parturient would have a «small hour» and the child come well, although they admitted saying them since they were very religious, were only mentioned explicitly in two cases

> She was very religious, she blessed herself and made a series of prayers. She managed to incorporate the mystical side in her knowledge. She knew how to calm the parturient. For instance, first-time births and those who through fear or other reasons, were out of control. (E1)

"They blessed themselves, prayed to the Father in Heaven for a quick birth" (E4).

Stories and legends are told of this mystical halo, related to other powers than childbirth, such as Pythagoras (570 B.C. - 490-500 B.C.), whose name is said to mean *altar of Pythia* or *announced by Pythia*, since his mother, when she went to consult Pythias learned that the child would be exceptional (Biography, Internet). And the story of footballer Pelé, the King, actually called Edson Arantes do Nascimento. The «midwife», when she smacked him to make him cry, said: "this will be king", we did not find this data in consulting the biographies of Pelé, on the Internet.

There was a certain secrecy regarding the birth keeping it from the other children, giving them a justification later for the appearance of the child (E6 and CT_5).

Unfortunately, the rituals of hygiene referenced above, although rudimentary, were not always carried out, because the birth occurred without any assistance or because the person assisting was not strict in their compliance and especially, due to the deficient sanitary methods of vaccination. Neonatal tetanus existed and persisted into the second half of the 20th century. We witnessed this hard reality in our hospital exercise in the Hospitals of the University of Coimbra (HUC), especially in the rotations with a leadership position, on shift from 8 p.m. to 8 a.m. the next day, from 1958 to the end of 1967. The head nurse was in charge of all the female services, the Paediatric Service, the Emergency Assistance and the Intensive Medicine Service (*Serviço de Medicina Intensiva* - SMI), from its opening in 1960, known then as the Reanimation Service.

In consulting the archives of the SMI-CHUC, we found a study on *Terapêutica do Tétano* (Tetanus Therapy) by Carrington, Gomes e Oliveira (1969), which presents statistical data provided by the General Directorate of Health (DGS), for 1960, 1965, 1966 and 1967, in a total of 1,377 cases, with 887 deaths (65.14%). In relation to the former Reanimation Service 78 cases are referenced, 9 neonatal and 3 *post-abortum*, with 23 deaths (29.47%). The reason for not showing the years 1961/62/63/64 in the DGS data, nationally, is not given, nor to what year the Reanimation Service refers (1967/68/69?). This Service began operating in very precarious conditions, with just two beds and a ventilator, in an insufficient space, therefore there could not have been total coverage of all serious cases of tetanus.

In the second decade of that Service's operation (1970-1979, included), the record books show 29 cases of neonatal tetanus in children aged between 4 and 13 days at the date of admission. This data is important, since it is likely to correspond to the incubation period for tetanus and we know that the shorter this period, the more serious the prognosis. The year with the most cases is 1975, with seven cases, followed by 1971 with six. With the opening of the Paediatric Hospital (PH) on 1 June 1977, three children were transferred to the hospital (out of danger) and in 1979 one serious case was transferred from PH to SMI-HUC. The Intensive Care Unit of PH opened in 1980. In this decade, no case is referenced for obstetric tetanus and abortive manoeuvres, although cases are recorded of fertile women. The director of the services is convinced, as so am I, that there were some cases. We can assume that they may have been included, but not specified, in fertile women, as a way to protect women from the law in force at the time.

We requested collaboration from the PH and specifically from the head of the Intensive Care Unit. Our request was well received, both by the Supervising Nurse Eugénia Morais, and by Head Nurse Conceição Capaz who carried out the work of consulting the record books for us, with the authorisation of the Unit Director. In November 1979 there is a record of a 15-day-old child, and up until the end of 1985 there

were a total of nine cases, with ages from 6 to 28 days, and four with 10 days. In the 1990s, two cases, one child in 1991 aged 13 days and another in 1995, referenced as newborn. Thus, a total of 11 children with tetanus.

Notification of tetanus only became mandatory in 1958, which explains the lack of statistical data before this date. Correia (1937) provides the statistical date for other infectious-contagious diseases of the 1930s, but not tetanus. It also does not appear in the long list of infectious-contagious illnesses that must be declared, included in Decree 13:031, from the Ministry of the Interior, which replaces Decree No. 10:169/1942 (*DG*, No. 4, of 5/01/1950). The activities inherent to the requirement for anti-tetanus vaccination are only established by Decree-Law No. 44198 of 20/02/1962 and Decrees 19058 of 3/03/62 and 19045 of 18/01/1963 (Carington, Gomes & Oliveira, 1969).

Asked whether mothers and children had died as a result of failures from these midwives, the answers were negative. As described above, there was one premature stillborn, arising from a risk situation, but it was not attributed to ineptitude by the «midwife».

E6 gives the following explanation "the women worked a lot in the fields and to the end of the pregnancy, perhaps that facilitated birth". The narrative of E2 concurred: "on the day my daughter was born I still brought 22 bushels of corn home from the field". E7 had a twin sister who died, but not at birth. The issue was never gone into. E4 had a little boy who died at 14 months and a girl at 10 months from tuberculosis transmitted from the father-in-law. I had these experiences on rounds. I remember a very unpleasant case of a months-old child who contracted the disease from her grandparents and it was the second one that the mother lost to tuberculosis. The statistical data of the DGS, reported by Correia (1937) in relation to tuberculosis, is astonishing. The annual average of deaths was: 1902-1910: 6533; 1916-1925: 9024; 1930-1933: 12,310, with rates in relation to 10,000 inhabitants of 11.4; 14.9 and 18, respectively. The author notes deaths due to unknown causes that the distribution by district assumes to include those from tuberculosis (p. 264 to 267). The situation was even darker for Bessa (1986), affirming that in the 1930s there were at least about 150,000 cases of tuberculosis, of which about 40,000 were contagious. Primary infection of children and adolescents was frequent, as well as tubercular meningitis and every year about 30,000 Portuguese died (p.15). The Work of Protection of Pregnant Woman and Defence of the Child (Obra de Protecção à Grávida e Defesa da Criança -OPGDC) by Bissaya Barreto was based on the deplorable state of Mother-Child Assistance and abandonment of children, as well as his fight against tuberculosis and that Prof. Luís Raposo, first Director of this work (1931), Dr. José Santos Bessa, Clinical Director (1986) and Prof. Bissaya Barreto himself recount in various writings.

The interview ended with the question "from what you told me, can I conclude that these amateur «midwives» were well regarded and held in esteem?" The response was affirmative, both in the formal interviews, and in other contacts. The E2 woman answered that there was one from… (she said the name of the village) who was known to do abortions. People talked about that at the shop and the names of the women who resorted to these practices. «They stayed home two or three days and when they appeared they were no longer pregnant». Also, E3 said when she was a girl she heard the workers at her parents' farm say: "so-and-so sent one more down the river". She asked the maid what that meant and was told it had to do with abortion. Later there was a very sad case in which the woman did it without telling her husband and he went into depression…No one knew who helped them with that and what they did.

It should be noted that it was not only in isolated mountain villages that these «midwives» operated. Some yes, others very close to the district capitals, e.g., 8 km from Leiria, in my case 17 km from Coimbra, half the distance from the district capitals.

From midwife to childcare nurse

Providing midwives with some formal training goes back to the start of the 1820s, with the General Public Health Regulation (18/10/1821), submitted to the courts by a group of deputies. This integrated the Public Health Board under the new law into a central administrative body (Art. 1). It includes midwives in the group of health employees, although at the end of the chain: doctors, surgeons, pharmacists and midwives. It proposes the creation of two regular schools of Surgery, one in Lisbon and the other in Porto, and the reform of the School of Medicine of the University of Coimbra, so that «one could there make a complete study of Surgery». In relation to midwives it proposes the creation of a course, in the

counties, where there would be a surgeon instructed in the art of Obstetrics, the Public Health Board would grant a license to open an annual course for women who wanted to be midwives, which required they could read and write (Carneiro, 2007). It is not the purpose of this article to enter into great detail on the progress that was made. Marinha Carneiro, in her doctoral thesis (2003), leaves a wealth of information in the social and political contexts, from which we perceive the empowerment of the obstetric surgeons in her articles (2005 and 2007). Also, Maria Renilda Nery Barreto in her articles (2007, 2008), Master's dissertation (2000) and doctoral thesis (2005). The articles by these authors should be of mandatory consultation, both for their extensive consulted bibliography and for their own productions.

With the aforementioned reform, in 1836, the General Plan of Studies of the School of Medicine of the University of Coimbra (FMUC) was approved, and the "Course of the Art of Obstetrics" was created, designed for midwives, directed by the Professor of the 7th Course "Births, Birth Ailments in Women and Newborns" (Carneiro, 2007, p. 330), and Decree of 5 December 1836 (*DG*, No. 295, 5/12/1836). The Secretary of State for Affairs of the Kingdom (SENR) by the Decree of 29 December 1836, transformed the Royal Schools of Surgery of Lisbon and Porto, created in 1825 (Charter of Surgical Schools, signed by King João VI, on 25 June), which would now be called Medical and Surgical Schools of Lisbon and Porto (*DG*, No. 3, 4/01/1937). Among other aspects, this Decree creates the 5-year Course of Medicine, with 9 subjects and the 2-year Course of Midwives, with the 6th subject, with the designation of the 7th subject of the FMUC. Articles 140 to 144 refer specifically to the Course of Midwives, thus:

> Art. 140 - The course lasts two years, is theoretical and practical, designed specifically for the instruction of midwives;
>
> Art. 141 - The theoretical course shall be read by the Professor of Births and include lessons designated by him;
>
> Single paragraph - The practical course shall be held in the respective infirmary, under the inspection and direction of the same Professor;
>
> Art. 142 - The aspirants shall have a separate registration in the delivery classroom and a decent place therein, where they can hear the lectures by the Professor, as articulated above;
>
> Art. 143 - At the end of the two-year course, the aspirants will be examined by a special jury of these exams, consisting of the Professor of the year, Professor of operations and one of the surgeons in service at the hospital, named by the Council of the School:
>
> Paragraph 1 - The exam shall cover theory, practice, accidents…
>
> Paragraph 2 - Approval depends on the absolute plurality of the votes in which case the aspirants shall be issued a Midwife Licence, free of charge, by the Secretary, signed by the Director and sealed with the seal of the School. The licence shall always contain a clause prohibiting the use of surgical instruments without the assistance of the Professor;
>
> Art. 144 - When registering, the aspirants shall produce a certificate proving they know how to read and write, issued by a public teacher, preceding the exam.

We should note the term aspirant [for a midwife], while for the course of medicine the term 'student' is used. Also the classes are led by the Professor and require nothing more than the ability to read and write, while students require a more demanding academic background.

On 3 April 1840, SENR endows the Medical and Surgical Schools (*DG* No. 289, 23/04/1840) with a more detailed regulation than the one in the Decree of 1836. With reference to Title II – Course of Midwives, Art. 191 to 205, besides some particularities, we should note:

> Art. 193 - The requirement to add to the request to the Director for registration a certificate of age of 20 years and statement of good life and habits, maintaining that she knows how to read and write.
>
> Art. 197 - The practical exercise in the infirmary shall be done by classes of aspirants. Each class shall stay in the infirmary for 24 hours, and may not leave until replaced by the next shift.
>
> Art. 198 - The aspirants on duty shall be under the responsibility of the Head Midwife on duty that week, who shall require them to assist at births, monitor the parturients, provide aid … and any other service relative to pregnant women, parturients or post-partum…
>
> Art. 199 - The aspirants … will prepare daily journals of the most significant events that occurred with the women entrusted to their

care and vigilance, writing in the respective book the parentage of the pregnant women who have just entered the infirmary and shall note the presentation, position of the foetuses that were born, gender, weight and height, as well as noting how long the birth lasted.

Art. 200 - Absences by the aspirants shall be counted the same way as the students of the Medical and Surgical School and the pharmacists.

Art. 201, 202, 203 - Describe the requirements for admission to the exam at the end of the two-year course, the exam to be made by groups of four aspirants, issues on theory and practice and time for the examiners and examinees.

Art. 204 - Refers to the Midwife Licence to be given to the aspirants who passed the exams, maintaining the earlier prohibition clause. A new particularity arises: "Any aspirant who fails once may be admitted to a new exam, after attending another year. Anyone who fails a second time shall not be enrolled again or admitted for exam".

Art. 205 - Refers to the fact that the course is free-of-charge. The entire Course of Midwives is free-of-charge, aspirants shall pay nothing for registration, exam, or for the licences (Ministry and Secretary of State for Affairs of the Kingdom, 3 April 1840 – The Queen – Published in *DG* No. 289 of 23 April 1840).

The focus is clearly placed on the practical exercise, in clinical teaching as it would be called nowadays, in 24-hour shifts of aspirants, under the supervision of the Head Midwife, while in the previous one this figure is not mentioned, but spoke about the inspection and direction of the Professor of the Course. This is understandable since there were no graduate midwives. The major change introduced is the explicit requirement of record-keeping, specifying what must be recorded. It also unequivocally affirms that the entire course is free-of-charge, from registration to midwife licence.

Certainly the work «Recompilation of the art of births, or elementary obstetrical chart for the instruction of candidates who frequent the course of births» by Joaquim Rocha Mazarém (1838) was not indifferent to this innovative emphasis, as well as all the practice by its author. Mazarém, after his teaching experience in Brazil (Schools of Medicine in Rio de Janeiro and Baía), returned to Portugal in 1821. Besides being Surgeon of the Fleet and the Royal House (Royal Chamber), he was Chief of the Santa Bárbara Infirmary at S. José Hospital, Director and Professor of the Royal School of Surgery of Lisbon (4th subject) and Professor of the Medical and Surgical School (6th subject) of Lisbon until his death in 1849 (Barreto, 2007). The author, in this article, analyses this work, in the format of a paperback, easy to handle and transport, in the type of language used to its content, in the light of the national and international circumstances. In it, Mazarém clearly shows that he does not include midwives in his affirmation: "the shame of ignorance should fall on those who have prevented them from acquiring the necessary, and at least indispensable, education for the exercise of their art" (Barreto, 2007, p. 7). The author stresses that the guidelines and recommendations he leaves reveal that Mazarém is sensitive to the anguish of the woman in childbirth, her fears, i.e., her emotional and psychological reactions, while highly reputable manuals, written by English surgeons, contain no references to the issue (p. 14). In this aspect it is innovative, since it also points to the educative role of the midwives in relation to the mothers, even concerning the aspects to bear in mind in the choice of wet nurses.

Starting with this law (regulation of 1840), others were important such as the Law of 18 September 1844 that reorganised the Public Health Council, created by Decree of 3 January 1837, giving it the framework of «Superior Authority» (Carneiro, 2007), which explains some of the later determinations, such as that of 13 January 1851 (was not found), which regulates its functions for granting licenses, establishing two ways:

1. Midwife aspirants in Lisbon, Porto and Coimbra had to be accredited by the delegates of the Council of Public Health, and could only be admitted by exam, to be taken in hospitals, if they could prove regular attendance of the Medical School courses, and they would then be issued a licence to carry out the activity.

2. Midwife aspirants wishing to exercise their activity only in places where there is no midwife accredited by the Medical Schools may do so, without depending on the requirement for the two-year course, by sitting an exam before the Public Health Council; these exams shall be of the same type cited above, and the licences they grant shall have a new clause, to wit, designating the exclusive place where she is permitted to exercise her profession (Carneiro, 2007, p. 336).

The Public Health Council was terminated by Decree of 3 December 1869. Thus on 13 July 1870, The Ministry of Affairs for Public Instruction, 1st Division (*DG* No. 156 of 16/07/1870) establishes the programme for the midwife exam:

> Art. 1 - … they may be taken at the School of Medicine of the UC or the Medical and Surgical Schools of Lisbon, Porto and Funchal and Health Delegates in the districts that do not have headquarters of the Faculty or School.
>
> Art. 2 - The aspirants shall submit their requests to the Dean of the University or the Director of the Medical-Surgical schools where they wish to take the exam or to the Delegate of Health of the District where they have resided for more than one full year, under the terms of the preceding article.
>
> Art. 3 - …attach the following documents to their application:
>
> I Certificate being aged 21 or over;
>
> II - Declaration of good conduct, issued by the parish priest and the administrators of the municipalities or neighbourhoods where they have resided the last two years;
>
> III - Optional Certificate proving that they have no contagious illness or others that prevented them from exercising the profession for which they were training and that they had been vaccinated or had had smallpox;
>
> IV - Primary education pass certificate, taken at any official or free school of primary or secondary education;
>
> V - Certificate that they have passed midwife exams in the last six months in any of the schools designated in Art. 1 or before health delegates.
>
> Single paragraph – Besides these documents the applicants may add others they deem beneficial.

Arts. 4 to 10 cover verifying the legality of the process, the exam (public) and the materials covered, constitution of juries and how to take the exam (time for the examiner and person being examined), pass or fail, recording in a special book… and advise that if she does not pass she may not be admitted for a new exam until six months have elapsed.

> Art. 11 - The pass certificate is issued by the University, by the Medical and Surgical Schools or by the Health Delegates where the exam is held, declaring the prohibition from using instruments, of manually provoking the birth and prescribing treatment for anyone in the state of pregnancy, birth and the postpartum period;
>
> Art. 12 - The midwives approved by the health delegate shall be issued a temporary license to exercise their profession for one year in their district and only then will they be issued with the medical licence after proving their aptitude in practice;
>
> Art. 13 - These licences and those of the School of Medicine and the Schools, pursuant to Art. 11, expressly declare that they may not practice in municipalities where there is an accredited midwife with proven attendance and exam in the School of Medicine and Medical and Surgical Schools.
>
> Art. 14 - The dues and fees for the exam and licences are established by a Decree of 3 January 1837.

We should note, out of curiosity, the Medical and Surgical School of Funchal. We did not find any legislation on the creation of this school. Art. 2 brings the interesting and advanced innovation for the period, that the aspirants submit their requests to the Dean of the University or the Director of the Medical-Surgical schools where they want to take the exam. However, when the requests are directed to the Health Delegate for the District, they have to have lived in the district for more than a year. The prohibition against the use of surgical instruments remains in the licence, for Mazarém the forceps and the lever (in Barreto, 2007, p.14), adding others (Art. 11), besides the restrictions contained in Arts.12 and 13.

In 1901, the Decree reforming the UC, based on Art. 18 of the Law of 12 June 1901, in relation to the School of Medicine (FM), Ministry of Affairs of the Kingdom, establishes (Art. 114) the General Course of the FC, with 15 subjects. And the Course of Obstetrics, which consists of two years of attendance of the 12th subject - Obstetrics, post-partum illnesses and newborns of the School Course, establishing the requirement that during these two years the students are required to attend all births that occur in that infirmary (Art. 119). At the end of two years the students take a theoretical and practical exam, before a jury consisting of three members, chaired by the professor of the obstetrics department… (Art. 120). In Art. 121, there is the warning that «attendance is especially for this course and may not be considered for the general course». It should be noted that the term 'students' is used for this course and for the general course, and not

aspirants (The President of the Council of Ministers, Minister and Secretary of State for Affairs of the Kingdom, have thus understood it and caused it to be signed, 24/12/1901). Published in the *DG*, No. 294 of 28/12/1901.

In 1903, the regulation of the midwife course by the same Ministry dated 28 October (*DG*, No. 248, of 4/11/1903), expressed the following:

> Art. 1 - The midwives course taught at the UC and Medical and Surgical Schools of Lisbon and Porto lasts two years.
>
> Paragraph 1 - Supervision of the Course, in the 1st year shall be given to a substitute professor from the surgical section, named by the School Council, in the 2nd year it shall be governed by the chair of Obstetrics.
>
> Paragraph 2 - The school Councils shall prepare programmes to be followed in the teaching of each year. The 1st year shall be restricted to the most elementary … pregnancy and normal births, leaving the study of complications, the exercises on the mannequin and clinical assistance for the second year.
>
> Art. 2 - No 1st year midwife course student shall be allowed to enrol in the 2nd year without passing the exam.
>
> Single paragraph – This exam shall cover the rudiments of the theoretical materials of the course and shall be as elementary and easy as possible.
>
> Art. 3 - Student midwives who fail four exams may not register in a new midwife course.
>
> Single paragraph – No midwife course candidate shall be admitted without presenting the negative certificate proving she does not fall under the conditions of this article.
>
> Art. 4 - 2nd year student midwives cannot renew their registration after four exams. This number includes interim and final exams. It explains these conditions and, in its single paragraph, the cases of drop outs which shall be considered for all purposes as failures, except for cases of force majeure, proven and evaluated by the School Council, with information from the jury.
>
> Art. 5 - No student shall be allowed to re-registration after five years counting from the first registration and gives examples.
>
> Art. 6 - It shall be standard practice that re-enrolment in the 1st year shall be denied after an absence of greater than 3 years and it shall be explained how this calculation is obtained.
>
> Art. 7 - Two years after the date of publication of this regulation, registration shall only be permitted in the 1st year of the midwife course to candidates who apply with a certificate of passing the subjects contained in the 2nd level of primary education, as established in the law of 24 December 1901.
>
> Any provisions to the contrary are revoked (Secretary of State for Affairs of the Kingdom, 28 October 2010).

The analysis of this Regulation of the Midwives' Course reveals the concern with unification of the language and requirements between the two formative structures: School of Medicine of Coimbra University and the Medical and Surgical Schools of Lisbon and Porto. The term students is used for the two types of educational structure, with the disappearance of the term midwife candidate. The programme becomes the responsibility of the School Council and not that of the subject head. The 1st year is focused on the most elementary theoretical aspects and the second on the more complex, as well as the clinical. Then there is the passing exam. The provision of the standards that impede repetition of registration of the year and reinsertion in the course are described in minute detail and with (negative) examples.

The Medical and Surgical Schools became Faculties in 1911, thus, for example, in 1919 the Ministry of Public Instruction, by Decree No. 6192/1919, approved the Regulation of the Midwives' Course of the School of Medicine of Lisbon (*DG*, No. 222 of 30/10/1919).

In Coimbra, in the Work of Protection of the Pregnant Woman and Defence of the Child, Bissaya Barreto, as President of the General Board of the District, created the Escola Normal Social (ENS), which included the training of visiting infant childcare nurses. The ENS began operating in 1937, although only in 1939, by Decree-Law 30135 of 14 November, was it made official and the general plan of studies and programmes approved. This issue is handled in another document.

As shown in the previous section, amateur «midwives» continued to operate for a long time after this formal training, and not just in the country villages. Did this situation arise from the acceptability and credibility that was achieved, from the lack of economic resources that would allow the services of

an accredited/graduate midwife or was it due to their insufficient coverage? The results of the statistical research by Carneiro (2007) point to this latter cause (charts inserted in pp. 350, 351 and 352).

Correia (1937) presents, according to an enquiry by the General Directorate of Health of 1931, more than a century after the instigation of the midwife by the Public Health Board, a total de 703 midwives, of which 42 were municipal and 661 graduates. This distribution by district is very asymmetric, e.g, Bragança with zero midwives in each category, Guarda with one municipal and two graduates, Coimbra zero municipal and 15 graduates, as opposed to Lisbon with 363, of which five midwives are municipal and 358 graduates, and Porto with no municipal midwives and about 200? graduates, with question mark, followed by Setubal with 24, of which five are municipal and 19 graduates. This data is crossed with the number of births, which in Lisbon, data from 1933, totalled 12,803, with 11,995 live births and 808 stillbirths, i.e., fewer than 3 births per month for each midwife; in Porto 6,258, with 5,903 live births and 355 stillbirths, i.e., fewer than Three births per month for each midwife (p. 315). The number of births would not allow them to live from the profession, since most had an «open door» policy, as they called it. The author concludes:

> The title allows many of them access to other professions, from the illegal exercise of medicine to abortionists, from which their class has never defended itself with serious arguments and proof, which are so easy to provide when desired. The lack of repression of these practices is an evidence complicity. (p. 315, 316)

Perhaps this is why they came to be called abortionists (Barreto, 2008) in Brazil and amongst us.

With the creation of the Maternal Institute and its Branches, by DL No. 32651/43 (*DG*, No. 26, Series I, of 2/02/1943) we shall enter another paradigm, the subject of the following section and another publication.

Table 2
Legislation - From Midwife to Childcare Nurse

Year Legislation	Content	Conditions admission	Professional title Responsible entity
1836 – Ministry of Affairs of the Kingdom. State Secretary (MNRSE) Decree of 5-12-1836, Art. 85 *DG* (295), 5-12-1836	Approves the General Plan of Studies of the School of Medicine (FM) of the University of Coimbra, creates the Course of Obstetric Arts (7th Subject. Duration 2 years.	Know how to read and write	**Midwife** University of Coimbra (UC)
1836 – MNR-SE Decree of 29-12-1936, Art. 140-144. *DG*.(3), 4-01-1837	Determines there will be at each Medical and Surgical School a two-year, theoretical and practical course, especially designed to train midwives. Duration 2 years.	Know how to read and write	**Midwife** Letter with prohibitions Medical and Surgical Schools of Lisbon and Porto
1840 – MNR-SE 3/04/1840 Regulates Medical and Surgical Schools, Title II - Course of Midwives, Art. 191 - 205. *DG* (289), 23-04-1840	In more detail than the decree of 1936, it specifies the Art. 197 practical exercise, 198, the aspirants shall be delivered to the Head Midwife …, 199 on the records, the daily journal and books, 205 gratuity of the Course (registration, exam, letter). Duration 2 years	Certificates: age 20 yrs.; Ability to read and write. Statement of life and good habits	**Midwife** Letter with prohibitions Medical and Surgical Schools (EMC) of Lisbon and Porto
1870 – Ministry of Affairs for Public Instruction (MNIP) *DG* (156) 16-07-1870	Establishes the programme of the midwife exam. They may be taken at the FMUC, EMC, at the choice of those taking the exam, to the Delegate of Health of the District where they have resided for more than one consecutive year.	Certificates: age 21 yrs.; Elementary Education; Has not failed the last 6 months of the course; Statements: Does not have Infectious-Communicable Disease, is vaccinated or have smallpox, good habits.	**Midwife** Conditional licence and with prohibitions UC, EMC Lisbon, Porto and Funchal, Health Branches

1901 – Presidency of the Council of Ministers, MNR, General Direction IP Decree of 24-12-1901, Reform of UC, FM. *D.G*. (294) 28-12-1901	The obstetrics course of FMUC. Two years of attending the 12th subject (Obstetrics,...), is only for this purpose and cannot be used for the General Course. The students must attend all births in their respective infirmary.	Elementary education	**Midwife** University of Coimbra
1903 – MNR Approves Regulation *DG* (248) 4-11-1903	Regulates the course of midwives, FMUC and MC Schools. Uniform. of language and requirements Exam passing from 1st to 2nd years Duration 2 years.	Elementary education Proof she is not included in the preventive conditions	**Midwife** University of Coimbra, Medical and Surgical Schools of Lisbon, Porto
1919 – Ministry of Public Instruction Decree No. 6192 *DG* (222) 31/10/1919	Approves the Regulation of the Midwives' Course of the University of Lisbon School of Medicine		**Midwife**
1943 Ministry of the Interior? DL No. 32651/43 *DG* (26) 2/02/1943	Creates the Maternal Institute (IM), its organisation and functions, the intern course of Childcare Nurse, the operation in the IM and its Branches. Regime of internship, especially female.	CEG "…nurses shall be admitted wishing to obtain specialisation".	**Childcare Nurse** IM, Branches

Conclusion

From the information obtained there emerges the profile of the amateur «midwife» as an experienced woman, mother, grandmother or great-grandmother, with little education, but with wisdom. With a dignified and discrete posture, sombre appearance, carefully dressed, neat, respected and well regarded, including by doctors. Always available to assist a woman in childbirth at any hour of the day, without charging for her services. In the birth and care of the newborn she used basic hygienic measures for the era. Of good reputation, in public judgement, therefore she operated in her village and its surroundings. She is not blamed for deaths of mothers or newborns. This profile agrees with the study by Barreto, taking into account the different spacial and temporal horizons. In summary, the «midwives» in this study are seen as virtuous women.

The «midwife», an experienced woman, mother and grandmother, mature or even elderly, gives way to an inexperienced midwife in the maternal role, a young woman who attends a formal course, who is given a licence as a midwife, with prohibitions, but at the same time this licence may be obtained by exam, without having attended a course, the licence is issued with conditions, besides the prohibitions of not being able to use surgical and other instruments.

Therefore, the starting assumptions are confirmed.

The first section of the study did not cover the territory to the south of the district of Leiria, due to our conditions and resources, continuing it is a challenge.

It would be interesting to do more profound studies, in more wide-ranging universes, disclosing the forces that led to natural birth being institutionalised, making it so frequently a pathological birth, a surgical act. What is the rate of births with surgical acts?

In relation to the legislation consulted, we opted to construct a summary table, in chronological order, presented below.

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