

# English Summary til Fortid og Nutid

*Niklas Thode Jensen:*

“To the Advantage of the Plantation Owners, and to the Advantage of Humanity.”

## **The Struggle for Control over Midwives and Births on the Island of St. Croix in the Danish West Indies 1803-1848**

Maternity care occupies a central position in the discussion of the efforts of the Danish colonial administration for the health and growth of the slave population. During the period 1803-1848 the administration endeavoured to extend and improve the hierarchically structured midwife service in the Danish West Indies, in order to reduce infant mortality. The model for the structure as well as for the improvements was the efficient midwife service in Denmark. However, the endeavours of the administration did not meet with success, probably because the initiatives were not supported by legislation. The training and examination of plantation midwives seems to have been neglected in the economic strategy of the plantation owners, possibly because of problems with integrating the European practices of the educated plantation midwives with the cultural standards of the slaves. Governor General Peter von Scholten's proposal for educated district midwives foundered on the poor economy of the 1830's and the prospect of an imminent slave emancipation. Thus, it was not that the administration overlooked the possible perspectives of an efficient midwife service. Von Scholten's proposal demonstrates that the colonial administration was aware of the relation between infant mortality and the decline of the slave population. When, at long last, the proposed reform was introduced 50 years later, the result was precisely that desired by von Scholten, viz. an increase in population.

Because the initiatives of the administration came to nothing, a large proportion of the maternity care in the Danish West Indies continued in the hands of the untrained plantation midwives. The interests of the untrained midwives on the one hand and of the physicians and royal midwives on the other clashed in several related areas. For one thing, there was economic competition between the two groups, and secondly there were professional and cultural conflicts. The physicians' criticism of the lacking abilities of the plantation midwives were not merely an expression of professional self-esteem and jealousy, but also of the cultural incongruity of the two groups. The cultural discrepancies between the royal midwives and the plantation midwives were displayed in the distrust shown by the slave women towards the former, and the confidence they placed in the latter. The plantation midwife shared the Afro-Caribbean culture of the women in labour, and she was familiar with traditions and practices and with the Anglo-Creole language spoken by the slaves. The royal midwives, on the other hand, were cultural and linguistic strangers to the world of the slaves, so it was almost inevitable that they were not trusted by the slave women to assist in something as intimate as the act of giving birth. In between these cultural extremes were the trained and certified plantation midwives, who were both born into the culture of

the slaves and educated in the European obstetric practices. Unfortunately, it has not been possible to discover the attitude of the slave women towards this group.

The slave women's distrust of the royal midwives was countered by a corresponding professional and cultural distrust on the part of the physicians. They criticized the birth practices of the slaves as being harmful superstition which caused a high infant mortality rate and thus imposed a check on the important growth of the slave population. The physicians wanted slave births to be subjected to European medical ideas and practices on health and disease, and thus, in the last instance, the control of the physicians themselves. They tried to enforce their ideas by confining the women in labour to special maternity wards. The existence of such wards in the plantation hospitals may indicate that the physicians were successful to some degree in this conflict between the two health philosophies as to the control over the place for the birth. However, maternity care in the narrow sense was still provided by untrained plantation midwives. The reason for this was probably not only economic considerations, but also the "dissatisfaction" that would have ensued in the slave population of the plantation, if the physician were to take charge of the birth.

In a comparative Caribbean perspective it is clear that the maternity care of the Danish West Indies was subject to a higher degree of control, organisation and training than in both the British and French West Indies. Whilst it is true that the majority of the plantation midwives of the Danish West Indies were untrained, just as their counterparts in the British and French West Indies, the Danish administration exercised its control via the Country Medical Officer, the physicians and the royal midwives; and time and again it tried to enforce a better training of the plantation midwives. In the British West Indies, there seems to have been a total lack of efficient training and control over the midwives. Conditions in the French islands of Guadeloupe and Martinique do not seem to have been much better, but at least their authorities repeatedly attempted to introduce a training scheme for midwives, and they were successful in the last years of the period under review.

The reason for the differences between the colonies should probably be found in basic differences in the development of the mother countries and the ways in which they organised their midwife services. In Britain, a development took place from the middle of the 18th Century, whereby physicians and surgeons gradually assumed control of the maternity care from the midwives. No formalized midwife training scheme, legislation or control in this field existed before 1902, and physicians considered midwives generally ignorant. France, on the other hand, had a hierarchical system of state-controlled midwives since the 18th Century. As has been related, similar systems were found in Denmark and in a number of other Continental and North European countries, such as the Netherlands and Sweden. Here, there were formalized training schemes for midwives, upheld by state control and authorization. In Denmark, professional tradition and low frequency of physicians meant that physicians did not begin to compete with midwives until the second half of the 19th Century. In the Danish West Indies, however, the frequency of physicians was far higher than in Denmark, and so it would not have been unnatural for the physicians, of whom the majority belonged to the British professional tradition, to have assumed control of the maternity

care after the British model; but this did not happen. The reason for this was probably the economic strategies of the plantation owners, since a plantation midwife, trained or untrained, always came cheaper than the physician; but the perpetual attempts of the Danish colonial administration at regulating the area may also have exercised some influence. In colonies elsewhere in the world, where the Continental European medical tradition existed side by side with the British, a similar type of problems is encountered. The common problem for the "midwife systems" of the Caribbean sugar colonies seems primarily to have been consideration for the economy of the plantation owners. In those instances, where the respective administrative systems had a tradition for governing the midwife service, as in the cases of France and Denmark, control, organization and training often foundered because of a lack of means (and purpose) of the local economic and political elite: The plantation owners.

Finally, maternity care was a field, where not only different European administrative traditions clashed, but where, as has been related, a continuous struggle or negotiation between European and Afro-Caribbean ideas and practices took place. Because of this conflict it is possible that the Danish colonial administration would in any case have faced problems in establishing a successful midwife service in St. Croix, regardless of the economic strategies of the plantation owners, because the slaves did not accept Euro-Caribbean interventions in the field of reproduction as a matter of course.

*Translated by Jørgen Peder Clausager*