



“Grandma Gabel, she brought Ralph”: Midwifery and the Lincoln, Nebraska, Department of Health in the Early Twentieth Century

(Article begins on page 2 below.)

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Article Summary: By the early twentieth century most American births were attended by physicians, but Lincoln’s Germans from Russia preferred their traditional midwives. Unable to persuade women to switch to physicians, the local health department instead provided medical training for midwives--an example of a public health agency attempting to work within the value system of a community.

Cataloging Information:

Names: Chauncey Chapman, Hattie Plum Williams, Catherine Wollgast, Maggie Kuckes, Mary Deines, Inez C Philbrick, Violet Lemmons, Anna E Botts, Jennie Fenn, J Lue Sutherland, Henry Schwindt, Elizabeth Wertz, Margaret Sauer, Catherine Bauer, Elizabeth Kildau, Mrs Stoehr, Marie Beatta Dorn, Elizabeth Gabel, George Dering, Anna Giebelhaus, Mary Wolf, Dr Wekesser, Andrew Beltz, Marie Beltz, Augusta Schule, Martha Lahr, Sarah Sapson, Sam Botnick, Katie Reitz, Elizabeth Gabel, Kurt Kinbacher, F D Haldeman, Georgina Grothan, Lena Anderson, Josephine Krizek, J J Solomon, Antonia Stava, Dr Fitzsimmons, Martha Lahr, Anna Schmidt, Dr Spealman, Annie Hawes, Dr Philbrick, L I Bogen, Charles Breuer, Christina Schwartz, Charlotte Borst, Helen Gregory, Mrs Floth, Henry Schwindt

Lincoln, Nebraska, Place Names: North Bottoms, South Bottoms, Russian Bottoms, Little Russia, Little Moscow

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Photographs / Images: Volga German women and their babies in Lincoln, Nebraska, from Hattie Plum Williams’s photographs; Lincoln midwives and their instructors: Margery Simmons, Marie B Dorn, Mary Deines, Mrs M C Lahr, Dr Charles Breuer, Augusta Schule, Katherine Wollgast, Anna E Botts, Katie Reitz, Mary Wolf, Elizabeth Gabel; map of Lincoln, 1924, with North and South Bottoms highlighted; Dr Hattie Plum Williams, 1902; Volga Germans arriving in Lincoln; advertisements from the *Lincoln Daily Star*, *Evening State Journal and Lincoln Daily News*; Volga Germans in Lincoln; Volga German family standing by a summer kitchen; unpaved streets in a Volga German neighborhood; house in North Bottoms where Lincoln midwives met for classes; page from *Hebammen-Lehrbuch* textbook; Lincoln Health Department certificate for midwife Katherine Kucus; North Bottoms looking northwest toward Salt Creek

“Grandma Gabel, she brought Ralph”:

MIDWIFERY AND THE LINCOLN, NEBRASKA, DEPARTMENT OF HEALTH IN THE EARLY TWENTIETH CENTURY

BY REBECCA J. ANDERSON

Eight midwives gathered at Lincoln’s North Side Neighborhood House on a cool and rainy July afternoon in 1915 to meet with Dr. Chauncey Chapman, the Lincoln Department of Health’s newly appointed superintendent. Chapman had officially begun his duties just the day before and one of the first items on his agenda was the organization of the midwives. Earlier in his career, Chapman had worked with Chicago’s health department, which had been regulating and supervising midwives since 1896.¹ Chapman hoped that the Lincoln midwives would voluntarily agree to a similar arrangement. At the time that he called the midwives together, he was aware of nine midwives who had attended one-sixth of all the births registered in Lincoln the previous year. Unfortunately, Dr. Chapman was unaware until shortly before the meeting that most of the midwives could not understand English. So while they were all

“Neighbors.” Volga German women and their babies in Lincoln, Nebraska, from Hattie Plum Williams’s photographs. NSHS RG2824-180







“Lincoln Midwives and Their Instructors.” Back row, left to right: Margery Simmons, clerk, city health department; Marie B. Dorn, midwife; Mary Deines, midwife; Mrs. M. C. Lahr, midwife; Dr. Charles Breuer, instructor; Augusta Schule, midwife; Katherine Wollgast, public health nurse and instructor. Front row: Anna E. Bolts, midwife; Katie Reitz, midwife; Mary Wolf, midwife; Elizabeth Gabel, midwife. *Lincoln Daily News*, November 5, 1916.

gathered together, visiting nurse Catherine Wollgast, whose parents had brought her to the United States from Germany as a young child, did her best to translate Chapman’s message.

This was not the first time that Lincoln’s midwives had dealt with the health department. In 1911, Maggie Kuckes had been brought before the police court on a complaint from then health superintendent Spealman for failure to report births.² When Mary Deines had entered the health department office after running out of birth registration forms in 1914, she soon discovered that she had been unintentionally breaking the law by holding onto the forms until the end of the year. The situation was resolved but not before she had become upset and only when a national guardsman stepped in to help translate, “by mixing what he [knew] of Spanish and German.”³ Unable to get the midwives’ clientele to switch to physicians, the health department’s previous administration had tried and failed to change the midwives’ practices.⁴ However, Chapman made it clear that this time, their participation was fully voluntary, that their input would be considered, and that if they chose not to organize with the health department, there would be no further attempts to organize them in the near future.⁵ The organization of Lincoln’s midwives is an example of a public health agency attempting to work within the value system of a community rather than rigidly adhering to another governmental agency’s interpretation of the law.

This program was a local example of a phenomenon which was occurring all over the United

States as physicians worked to establish control over attendance at childbirth. According to Lincoln physician Inez C. Philbrick, obstetrics was being practiced for financial motives by new physicians trying to build their practice. “Since the taking over of obstetrical practice by male practitioners as an entering wedge in obtaining family practice and a sure source of small income, obstetrics has been the pot boiler of the profession, the chief resource of the young and inexperienced and least trained physician, to be abandoned as soon as possible for a less arduous and rest-disturbing and more remunerative field.”⁶ During the 1800s, Anglo-American women had been increasingly calling on physicians to attend them when they went into labor, so that by the end of the century, midwives were becoming less commonplace. By the beginning of the twentieth century, they were found primarily in immigrant, African American, and isolated rural communities in regions like Appalachia and western Nebraska.

Midwives were often included with the osteopaths, magnetic healers, Christian Scientists and other “quack” physicians whose practices physicians were targeting with tightened medical laws.⁷ The elimination of midwives was proposed as the solution for problems ranging from infant blindness and high infant mortality rates to illegal abortions and poorly trained physicians. Although immigrant midwives were often better trained attendants than the average general practice physician, not every midwife was a safe practitioner. There was a lack of quality educational opportunities. Diploma mills abounded, and many women had to travel away from home for several months in order to attend one of the few respectable midwifery schools.⁸ As a result, some women died needlessly in childbirth, like Violet Lemmons, who bled to death in 1890 under the watch of Christian Science practitioner and “metaphysical obstetrician” Jennie Fenn.⁹ Her demise ignited the push to bolster Nebraska’s medical law. When the immigration surge began in the late 1800s, the midwife became a symbol of all that the immigrant represented—supposedly dirty, ignorant, and responsible for the unchecked reproduction threatening to destroy America’s “racial balance.” J. Lue Sutherland, a Grand Island physician and one of Nebraska’s most vocal opponents of midwifery, made no attempt to hide his nativist sentiments in his attacks on *Hebamme Smutzigfinger*.¹⁰ While some physicians advocated for elimination of midwives, public health officials were more likely to support efforts to regulate and educate them.¹¹ It was in this context that Chapman

conceived his plan for organizing the Lincoln midwives and starting a midwifery school through the Lincoln municipal health department.

Volga German Midwives and Childbirth in Lincoln

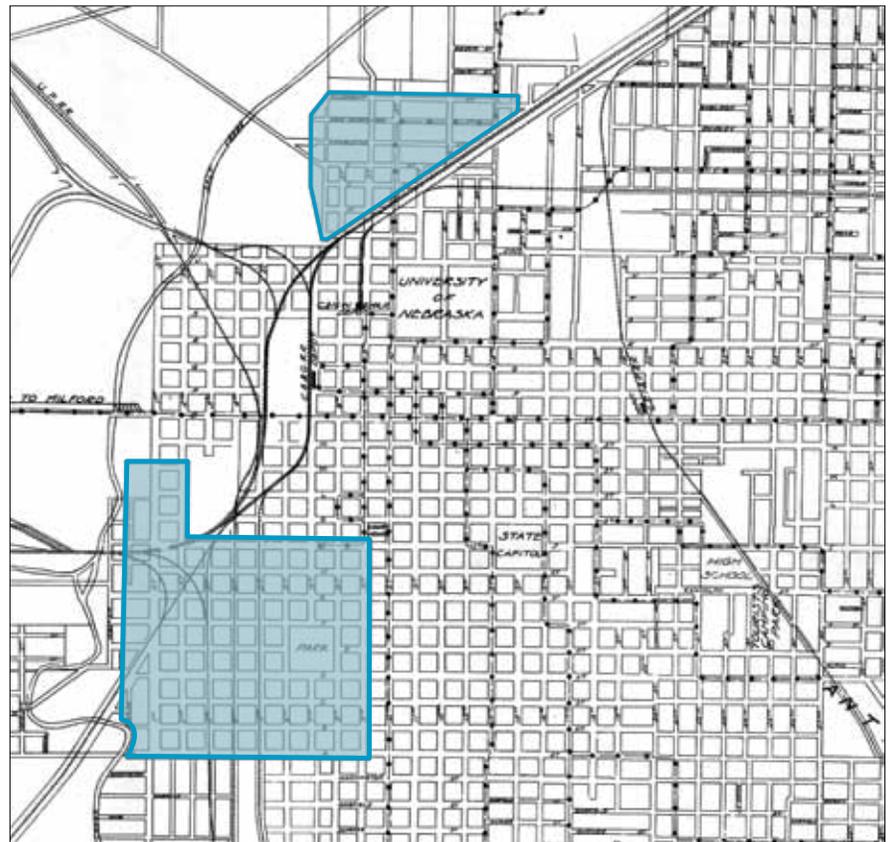
Most of the Lincoln families that were hiring midwives in 1915 were recent immigrants from Russia. Although they came from settlements along the Volga River, primarily in Saratov and Samara, they were ethnic Germans, having left their original Germanic homeland in response to a series of invitations from Catherine the Great beginning in 1762. A century later, facing the revocation of previously guaranteed privileges, many of these “Volga Germans” began leaving for the Americas. While Catholics from the Volga region settled in western Kansas and the Mennonites preferred living in rural regions of Nebraska, Lincoln became a center of Protestant Volga Germans, primarily Lutheran and Reformed. They started arriving in 1870, just eleven years after the city was founded, and moved in along the Salt Creek in the areas north and south of the warehouse district on the western edge of Lincoln, segregated from the rest of the city by the railroads.¹² As these neighborhoods, usually referred to as the North and South Bottoms, became more densely populated with this wave of immigrants, they became collectively and pejoratively known as “Little Russia” and “Little Moscow.”

Childbirth among Lincoln’s Volga Germans was very much a social event in the early 1900s. Henry Schwindt explained how the community rallied around new mothers. “When a woman is looking for a new child, neighbors and friends begin to get together clothing for the newly born. After the child is born and the mother is still in bed, neighbors and friends would bring food for the mother, which was usually chicken and noodle soup.”¹³ Elizabeth Wertz recollected the help that neighbor ladies gave each other. “They’d bring food, prepared and did the washing for you, then when their turn come we did the same for them.”¹⁴ Besides chicken noodle soup, a special cream soup was a common gift for new mothers. “Made of bread, toasted bread with butter and onion and boiling water on it, then sour cream in it, it was supposed to be real good for the new mother to have this rich cream, and then they’d make chicken noodle soup and they’d have these steaming fresh bread and that soup and they tied it in white tea towels and put the four corners together and knotted it and carried it to the home of the lady that had her baby. And they helped each other out that way.”¹⁵

This neighborly assistance extended to help during the birth itself. Three of the four Volga German women living within a block of each other in the North Bottoms who were interviewed as part of the WPA oral history project included assistance during childbirth when listing their community activities. Margaret Sauer kept busy “helping in childbirth.” Catherine Bauer engaged in a “neighborly exchange of work, assisting in childbirth [and] nursing mother and child.” As was common among some Volga German women, she combined midwifery and traditional healing. “I took care of many sick people and helped in childbirth. There was one doctor in each [Russian] community but women neighbors did most of the work for the sick. I liked this work and made up medicine for lots of people . . . Fried onions for a cold. Sour apple juice for fever. Mud for bites . . . We still use many of the home made medicines here.”¹⁶ Elizabeth Kildau, whose name appears as a birth attendant in the Lancaster County delayed birth records, enjoyed “helping neighbors during sickness [and] childbirth.”¹⁷

While there were many women who assisted during childbirth and occasionally acted as the primary birth attendant, only a few of these women

Lincoln in 1924, with the North and South Bottoms highlighted. NSHS M78265 1924 L35o c.3





became known in the community as midwives. In Russia, as in most of Europe, midwives were the traditional birth attendants. In fact, one group of Lincoln's Volga Germans took their midwife with them when they made their annual migration west to work the beet fields.¹⁸ However, unlike many midwives arriving from other areas of Europe in the late nineteenth and early twentieth centuries, Lincoln's Volga German midwives had not received formal training.¹⁹ They still practiced the way their ancestors had when they emigrated from their Germanic homeland to the Volga River basin in the 1760s, shortly before the practice of midwifery in rural German-speaking regions began to change. Selected by the village women themselves from the pool of married and widowed women, rural midwives rarely received formal training at this time. Their knowledge consisted of what they had learned assisting at births and through the oral tradition of folk medicine and superstitions.²⁰

These traditions were carried into Russia and a century later, across the Atlantic Ocean. For example, during the birth, the mother was not allowed to sleep or to drink cold water. After the birth, the baby's eyes were washed with milk and a whiskey-soaked cloth was placed on his head.²¹ The new baby was not allowed to leave the house until it

was taken to the church for baptism, about two to three weeks after the birth, once the mother was up and about.²² It was especially important that the baby's name be kept a secret until the baptism, neither asked nor offered, as sociologist Hattie Plum Williams discovered when she asked Mrs. Stoehr for her baby's name and the mother replied that she didn't know.²³ Answering the question would expose the vulnerable infant to evil spirits and changelings.

Like the midwives who practiced in rural German regions centuries earlier, Lincoln's Volga German midwives were all married or widowed. However, given that the marriage rate in the community was very high and the age of marriage fairly young, 96 percent of Lincoln's Volga German women over the age of 25 met this eligibility requirement.²⁴ Unlike the younger, modern European midwives, the Volga Germans were also similar in age to their precursors, having achieved older middle age and beyond. In 1915, almost all of Lincoln's Volga German midwives were in their fifties. At age 44, the youngest recognized midwife in this community was Marie Beatta Dorn; the oldest was 74-year-old Elizabeth Gabel. With 32 births to her credit the previous year, Gabel was the busiest midwife in the North Bottoms in 1914. Acknowledging their age and wisdom, the community commonly referred to these women as "Grandma." "Grandma Schwartz was the midwife" when George Dering's little sister was born, and Anna Giebelhaus wanted to send for "Grandma Gabel" when her babies came.²⁵

After a century of isolation in Russia, Volga Germans suddenly found no shortage of medical assistance upon arrival in Lincoln. However, the new immigrants preferred to call on their midwives for assistance. They shared a dialect not easily understood by other German immigrants. In addition, the Volga German community was highly segregated by gender. Women and men sat on opposite sides of the church and teachers had difficulty coaxing boys and girls to sit next to each other in the schools. In this culture, a female midwife was much more welcome than a male physician in the birthing woman's bedroom. Furthermore, the families and midwives shared a common understanding of what was required to ensure the safety of mother and child at birth. Unlike the physicians who saw childbirth as purely a medical matter and the clergy who placed the health of the pair in God's hands, Volga Germans and their midwives knew that there were times when a little supernatural assistance was necessary to prevent

the misfortunes which could occur at the hands of demons and malevolent spirits.²⁶

Along with a shared language and culture, economics made the midwife a popular birth attendant among the newly arrived immigrants. The Volga German midwives' fees were considerably lower than those of physicians, ranging from three to eight dollars.²⁷ George Dering recalled one summer when his mother gave birth while the family was working in the Colorado beet fields. There was no midwife available so his father called the local doctor. "He charged ten dollars, and my Dad hit the roof."²⁸ Younger physicians would send the women to the hospital and after the ten-day stay, families were surprised by a large bill.²⁹ In addition to costing less, midwives provided much-welcomed assistance for the entire family, helping to care for the household for several days following the birth.³⁰ This was a significant service which might explain why Mary Wolf, who was childless, and Marie Dorn, whose son had left home, had larger practices than midwives like Maggie Kuckes, who still had children to care for.

It wasn't just the higher price physicians charged that kept the midwives in business. There also appeared to be a lack of mutual respect between Volga Germans and some physicians. Many Volga Germans did not feel that physicians were worth their fee. They had been accustomed to using folk medicine to treat illnesses. Devoutly religious and accustomed to a lack of access to effective medical

care, Volga Germans had a fatalistic attitude about health and were more willing to put their health and money in the hands of ministers than physicians.³¹ On the other hand, Philbrick noted a lack of respect shown to the Volga Germans by physicians who "treat them like dogs."³² This animus was not simply an extension of misunderstandings between immigrants and Anglo-Americans. One Volga German was upset when his countryman, Dr. Wekesser, was said to have asked if he couldn't "find a poorer doctor" when he called on him for help.

Although it wasn't particularly uncommon for married women in the North and South Bottoms to work outside the home, midwives made up a very small segment of working wives in the North and South Bottoms. Williams identified 354 working wives in her 1913-1914 census of Lincoln's Volga Germans. Only five of those 354 women actually offered the occupation of "midwife" to the census taker, despite the ubiquitous nature of childbirth assistance among Volga German women. The large majority, all but ten, did laundry and housecleaning.³³ The mothers of both Andrew and Marie Beltz earned money doing housework and washing for other families. "That's all our mothers ever did, just washing and cleaning," said Andrew Beltz. His wife Marie added "They did the washing on the board, washed the clothes on the board for those people all day long. All kinds, sheets and everything."³⁴

Volga German women were not prepared to enter the skilled labor workforce. The schools they

"That's all our mothers ever did, just washing and cleaning," said Andrew Beltz. His wife Marie added "They did the washing on the board, washed the clothes on the board for those people all day long..."



Volga Germans arriving in Lincoln, undated.
NSHS RG2824-143

DR. SAPSON & DR. DORN, specialty
in confinement cases and treatments for
blood diseases and rheumatism. Electric
and hand massage. Charges reasonable.
405 Fraternity Bldg. B2968. House
Phones: Dr. Sapson, B1250; Dr. Dorn,
L.3648. 4-11

Lincoln Daily Star,
 March 12, 1916

S. SAPSON—Practical Midwife, specialty
confinement cases. Room 21, Liberty
Theater Bldg. L9072. Res. 2525 No.
14th. B6119.

Evening State Journal and Lincoln Daily News,
 May 14, 1928

MATERNITY HOSPITAL—M. M. H.
Sapson, 855 No. 14th. B1250. Two weeks'
professional services for confinement
cases, \$40. 11

Lincoln Daily Star, June 21, 1916

attended in Russia were often church schools. Girls were mainly supposed to learn to do housework. While boys were taught to read and write and do arithmetic, most girls only learned enough in school to read a little bit. It was rare for girls to be taught to write.³⁵ Therefore, it is not surprising that over half of the Volga German midwives were only semi-literate. They could read German, but they could not write it.

These midwives relied on word-of-mouth and family connections for business. With one small exception, I have found no instances of these midwives advertising their services in city directories or newspapers, including German-language newspapers like the *Welt-Post* and *Lincoln Freie Presse*. Sometimes, women chose a midwife based not on their own preferences, but on those of other family members present at the birth. Anna Giebelhaus recounted the conflict which arose with her mother-in-law when choosing a midwife for the birth of her oldest son. "Jake's mother, she was with me then. She had an aunt lived across the street there and she claimed she was a midwife and she was bound that she'd have her come...I didn't want her, I wanted Grandma Gabel." When subsequent children arrived, Anna was able to get her way. "Grandma Gabel, she brought Ralph and Jake."³⁶ In the Volga German community, pregnant women were "looking for" a baby and midwives "brought" them.

Other Midwives

There were a few other midwives besides the Volga Germans working in Lincoln. While this small group of midwives was not homogeneous, they did share certain characteristics which set them apart from the others. They could all speak, read, and write English. They tended to be younger than the Volga German midwives, and they all publicized their services, either through the city directory or in the newspaper classified advertisements or both.

Augusta Schule was the wife of a tailor and a German immigrant. Martha Lahr was the mother of a large, young family and the wife of a laborer. She was the only midwife known to have attended the municipal midwifery school who had been born in the United States. Sarah Sapson was a Russian Jew who came to Lincoln from New York City through a program run through the Industrial Removal Office in an attempt to relieve overcrowding in the city's tenements. She was the most entrepreneurial of Lincoln's midwives. Married to peddler Sam Botnick, she kept her first husband's name for professional reasons.³⁷ She occasionally partnered with other midwives, and at one time even turned her home into a maternity hospital, where she offered two weeks of care for \$40. Partnerships aside, Sapson was the only midwife to keep a separate office and list a telephone number. In 1928, she ran the following ad: "S. Sapson, Practical Midwife, specialty confinement cases. Room 21, Liberty Theater Bldg. L9072. Res. 2525 No. 14th B6119."³⁸ In addition, she offered her clientele pain relief, carrying ether with her to births.³⁹

Separate Spheres

It appears that the two sets of midwives worked in distinctly different social spheres.⁴⁰ Unfortunately, the prohibitive cost of accessing birth records in Nebraska prevents a comprehensive examination of the Lincoln midwives' practice. However, there are other sources which reveal some clues about their clientele. While studying Lincoln's Volga German community, sociologist Hattie Plum Williams counted the number of Volga German births reported by Lincoln midwives from 1905 to 1914. For the last five years of that time period, she recorded the number of births filed by individual midwives. Of the 679 Volga German births attended by midwives, only ten involved non-Volga German midwives. A semi-quantitative analysis of the delayed birth records filed in Lancaster County beginning in 1942 further supports this separation: 364 petitions list the names of a non-physician female attendant



Volga Germans in Lincoln, apparently on their way to church in this undated photo. NSHS RG2824-104

at a Lincoln birth occurring between 1875 and 1930, and 195 of these children were born to at least one parent of Russian birth, and at least 185 of these appear to have been attended by Volga Russian midwives.⁴¹ Likewise, all of the delayed births listing Volga German midwives occurred in families with at least one Volga German parent. Four records name Augusta Schule as the midwife for American-born families (both black and white), and a single delayed birth record for a child born to a Lithuanian couple lists Sarah Sapson Botnick. The nature of delayed birth records is such that they can only be examined qualitatively, due to their inherent incompleteness.

Not only was there a separation between the Volga and non-Volga practices, but there were divisions within the Volga German community as well. Comparing delayed birth records to baptismal records, we discover, not surprisingly, that midwives rarely attended births outside the community in which they lived, i.e. North Bottoms midwives tended to stay in the North Bottoms, and South Bottoms midwives worked in the South Bottoms. Even within the separate communities, it appears that Volga Germans often selected their birth attendant from the church to which they belonged. All of Katie

Reitz's mothers whose church has been identified belonged to Salem Congregational. While Elizabeth Gabel caught babies who were later baptized at Salem Congregational, St. John's Evangelical and possibly also Zion Congregational churches, 72 percent of the women she helped belonged to the same church she did, Immanuel Congregational Church. Thus, selection of birth attendant illustrates a further example of the particularism described by Kurt Kinbacher in his study of Lincoln's Volga Germans.⁴²

Legal Status

The legal status of midwives in Nebraska was ambiguous at the time that Chapman called the midwives together. Midwives had always attended some women in childbirth. However, in 1891, the Nebraska legislature passed a more restrictive medical licensing law. This legislation, which was designed to tighten existing legislation and rid the state of "irregular" physicians, created a State Board of Health and outlined the qualifications of licensure for physicians, reserving what at the time were broad privileges for the profession. The act stated, "It is unlawful for any person to practice medicine, surgery, or obstetrics, or any branches



A Volga German family in Lincoln, standing by a summer kitchen. NSHS RG2824-162

At the time the law was written, there was no clear differentiation between nurse and midwife, and many nurses and midwives had no formal education.

thereof, in this state, without first having obtained and registered the certificate provided for by this act.⁴³ In its interpretation of the law, the State Board of Health determined that nothing in the law gave midwives the right to practice in Nebraska. The Board of Health believed that there was nothing which differentiated midwifery from obstetrics, and that only those with a general medical education were qualified to practice obstetrics. Should the legislature choose to regulate midwives in the future, the Board of Health recommended that any future legislation granting midwives the right to practice should require them to graduate from “recognized schools of midwifery in good standing.” It further recommended that midwives pass an exam before a board of examiners, a prerequisite for licensure, something which was not required of physicians at that time.⁴⁴

Despite the Board of Health’s interpretation, enforcement of the law was uneven. By 1895, Board Secretary F. D. Haldeman of Ord, who hoped to eventually see graduate midwives regulated in the state, had nonetheless sent cease-and-desist letters to fifty-seven midwives (several of whom he knew to be highly qualified) practicing in small Nebraska towns. He suspected that most of them were disregarding the notices, but he had not pursued the matter. None of these women lived in Lincoln or Omaha, where midwives were attending a significant number of births.⁴⁵ In a discussion following Dr. Georgina Grothan’s paper on the legal

status of midwifery in the United States and the problem of women, “so-called midwives,” attending their neighbors during childbirth, Haldeman suggested a strategy whereby recognizing educated midwives would result in the profession policing itself. He stated, “If we had such a law as has been mentioned, but few of those now practicing could pass the required examination, and those who were qualified would be given a standing, and they would assist in suppressing the rest.”⁴⁶

A few midwives in Nebraska had faced prosecution for practicing midwifery, especially in the decade following the passage of Nebraska’s medical licensing law. Lena Anderson of Howells was one of the first to be charged. Although she had graduated from a Chicago midwifery school, she was arrested in 1894 for “practicing midwifery without a permit from the state board of health.”⁴⁷ Attempts to prosecute midwives were often thwarted by a public unconvinced that these women were doing anything illegal. South Omaha midwife Josephine Krizek continued to practice openly for almost two decades after she was arrested for practicing midwifery on a complaint from Dr. J. J. Solomon.⁴⁸ A Butler County judge dismissed the complaint brought against midwife Antonia Stava by Dr. Fitzsimmons. According to one Linwood resident, “the people down there were almost mad enough to mob the Dr. when they learned of the course he had taken.”⁴⁹ Eventually, members of the Nebraska State Medical Society developed a strategy to work around these issues, but midwives continued to submit birth returns to the state, which disaggregated birth attendance by physician, midwife, and other attendant until 1934.⁵⁰

Part of the ambiguity stemmed from the lack of clearly defined medical occupations. Section 17 of the law stated that “this act shall not apply . . . to nurses in their legitimate occupations.”⁵¹ At the time the law was written, there was no clear differentiation between nurse and midwife, and many nurses and midwives had no formal education. The occupations were somewhat interchangeable in the minds of the public and even the midwives themselves. For example, Lincoln midwife Martha Lahr listed herself as a midwife in the federal census but also advertised her services as a nurse for children.

Midwives were practicing openly in many areas of the state. In Omaha and western Nebraska, they were submitting birth returns to city officials.⁵² By the time Anna Schmidt registered with the Lancaster County Clerk in 1881, she had been practicing midwifery in Lincoln for twelve years.⁵³ There had always been a significant number of physicians

attending births in Lincoln, but midwives maintained a steady presence.⁵⁴ When Dr. Chapman called the Lincoln midwives together, officials were aware of nine women who were practicing on more than an occasional basis, because those nine submitted birth returns. The 16 percent of Lincoln births that they had attended the previous year was small in comparison to cities with large immigrant populations, like Chicago and New York City. However, the number appeared to be climbing sharply. According to the previous health superintendent, the city had attempted to reduce the number of midwives, but a segment of the population insisted on continuing to use their services. For this reason, Chapman decided to organize and supervise them despite the Board of Health's interpretation of the medical law. If Lincoln residents were going to insist on midwife attendance, as a public health official, he felt an obligation to make sure they had access to trained attendants.

Goals of the Health Department

By organizing the midwives, the Lincoln Health Department hoped to address several typical Progressive-Era "problems." These included blindness prevention, maternal morbidity, and infant mortality.

The Nebraska State Board of Health had recently instituted a regulation requiring physicians to administer silver nitrate drops in the eyes of any newborn suspected of having been exposed to gonorrhea as a preventative against possible blindness.⁵⁵ Chapman wanted to inform the midwives of the importance of following this procedure and teach them how to administer the solution.⁵⁶

By 1909, there was a growing expectation that women should make it through childbirth in good condition. Previously considered a source of unpreventable debility in women, childbirth was now something that needn't damage women, if they were accompanied through pregnancy and birth by an obstetric specialist. "Nineteenth century women and doctors seem to have assumed that childbirth would leave the woman less healthy than she had been before pregnancy, but now possibilities of preventive medicine and careful supervision and intervention held out the promise that the woman might emerge healthy."⁵⁷ Dr. Spealman, the director of the city health department before Chapman took over, doubted that ridding the city of midwives would affect the infant mortality rates, but he felt that it would improve the health of the mothers.⁵⁸ Thus, another of Chapman's major concerns was decreasing the number of midwives practicing in Lincoln and improving the skills of the remaining

ones. "Considering the fact that the mothers' care and future health is dependent upon the skill exhibited by the attendants, this department has taken up the work and responsibility of bettering existing conditions," he reported in a monthly bulletin of the Lincoln Health Department.⁵⁹

Perhaps the most important goal which the health department hoped to address was what they perceived as a high mortality rate among the Volga Germans.⁶⁰ In 1910, Annie Hawes studied Lincoln's infant mortality rate and found that the poorer areas of the city, including the "Russian Bottoms" had markedly higher infant mortality rates.⁶¹ The Lincoln Charity Organization Society quickly founded a milk station. However it did nothing to meet the needs of this community which had a high breastfeeding rate, and so it was not utilized by the neighborhood families. The midwifery school was a second attempt to lower the rate. Chapman was an expert at publicity, and he interpreted the data to show that the time and money invested in the midwifery school had helped the health department achieve this goal. "A class was organized for the midwives last October which is still carried on. We are hoping through instruction given them by the various doctors and myself to reduce the high infant mortality rate." Chapman had a knack for putting a spin on numbers to get them to say what he wanted them to say. He was able to show how the work the department had been doing with the midwives had been directly responsible for the following decrease in infant mortality, stating "A noticeable reduction in the number of deaths under

Unpaved streets in one of Lincoln's Volga German neighborhoods, undated.



Lincoln midwives met for classes in this house in the North Bottoms. American Historical Society of Germans from Russia



one year of age per 1,000 births each year since 1916 is apparent. This condition is gratifying because we know just why and how this gradual improvement has been brought about," namely, through the work of the department with the midwives:⁶²

1914 – 67 deaths of infants in first year of life/1000 live births
 1915 – 73 (school began in July of this year)
 1916 – 80
 1917 – 77
 1918 – 76
 1919 – 66

A quick glance at these numbers will show that after four and a half years of supervision, the infant mortality rate had returned to the level it was at before the school started. This second attempt had truthfully been no more fruitful than the first. In reality, infant mortality in the Russian Bottoms was no greater than in other areas in Lincoln. Although Williams recognized that there were areas in which Lincoln's infant and child mortality rates could be improved, she found that the infant mortality rate in the North and South Bottoms was artificially inflated due to a lack of reporting of a significant number of births. When she adjusted the number of births in the community by counting the number of baptisms in the Volga German churches, she found the infant mortality in the Russian Bottoms was no worse than in the rest of the city.⁶³

Chapman was able to successfully organize Lincoln's midwives largely due to the mediation of sociologist Hattie Plum Williams and Dr. Philbrick. Williams had taught in one of the neighborhood schools in the Volga German community and later studied the immigrants for her doctoral thesis. She was a strong advocate and worked tirelessly to improve their living conditions and integrate them into the community. Philbrick was on the board of the city health department when the midwifery school commenced. Philbrick was very involved with Lincoln's Volga German community, often coming to their aid at no or little charge to the families. While she wished to see the standard of obstetrics improved in Lincoln, she was also an advocate of midwifery. However, she insisted that midwives should be educated. Dr. Philbrick was familiar with the Lincoln midwives' work. She remarked that Mrs. Wolf was clean and stated that even another midwife who was "subject to legal proceedings" was better than the physicians. In her opinion, the maternal deaths caused by septicemia were only found among the physicians' patients, not the midwives', because none of Lincoln's physicians were specializing in obstetrics and were thus at risk of carrying a sick patient's germs into a birthing room. "The ordinary operations of housekeeping necessitate the frequent cleansing of the midwife's hands; she attends no infectious cases; she performs no unnecessary operations; she attends her cases in homes where, however

dirty and whatever her slips in technique, there is not the danger of contact with virulent germs that there is in the general hospital.”⁶⁴ Philbrick also felt that male physicians did not belong in the birth room because of their impatient nature, stating that “many men get in a hurry and use forceps.”

What the Midwives Gained

By agreeing to organize under the Lincoln municipal health department, the midwives benefitted in numerous ways. First of all, they gained protection for the families they cared for. Midwives were reluctant to call in a physician in difficult situations because they didn’t want their women saddled with a large bill. Chapman offered them the services of the city physician at no charge.⁶⁵ Unfortunately, in reality, this “free service” wasn’t always free. Hattie Plum Williams noted that one city physician had a reputation for demanding a fee from the families he helped, even though he wasn’t supposed to.⁶⁶

Additionally, midwives gained protection for themselves. The current legal situation for midwives was tenuous. There had been run-ins with the law before, due to failure to report births. Midwives hesitated to call in a physician for help because they were afraid of being blamed for the complications which arose.⁶⁷ By agreeing to work with the Department of Health, midwives gained protection from unfounded accusations of malpractice and from prosecution. This was in contrast to Massachusetts, which defined the practice of medicine similarly to Nebraska, and whose State Board of Health had, like Nebraska, interpreted the law to prohibit anyone except a physician from attending a birth for a fee. At the same time that Lincoln was carrying out its midwifery association, Boston physicians were supporting anti-midwife legislation and the prosecution of midwives.

Another advantage to organizing under the umbrella of the health department was access to education. Each month, the midwives gathered together at the North Side Neighborhood House, where they would listen to lectures delivered in German by a local physician. Although Dr. Wekesser, a Volga German, and Dr. L. I. Bogen, like Sapson, a Russian Jew, were speakers early on, Dr. Charles Breuer was the most actively involved with the organization. A Czech physician, Dr. Breuer advertised his obstetric specialty in Lincoln’s German-Russian newspaper, *Die Welt-Post*. Along with lectures, the midwives also received practical demonstrations from Catherine Wollgast, the visiting nurse working for the health department. In addition to teaching them how to administer silver

— 148 —

langsam. Dieses Anzeichen verrät dann die Lebensgefahr für das Kind, d. h. das Kind ist in Gefahr infolge von Sauerstoffmangel zu ersticken.

Die Art des Durchtritts des Kindes durch das Becken.

§ 184.

Das in Schädellage über dem Becken liegende Kind kann nicht in beliebiger Weise durch das Becken getrieben werden, sondern



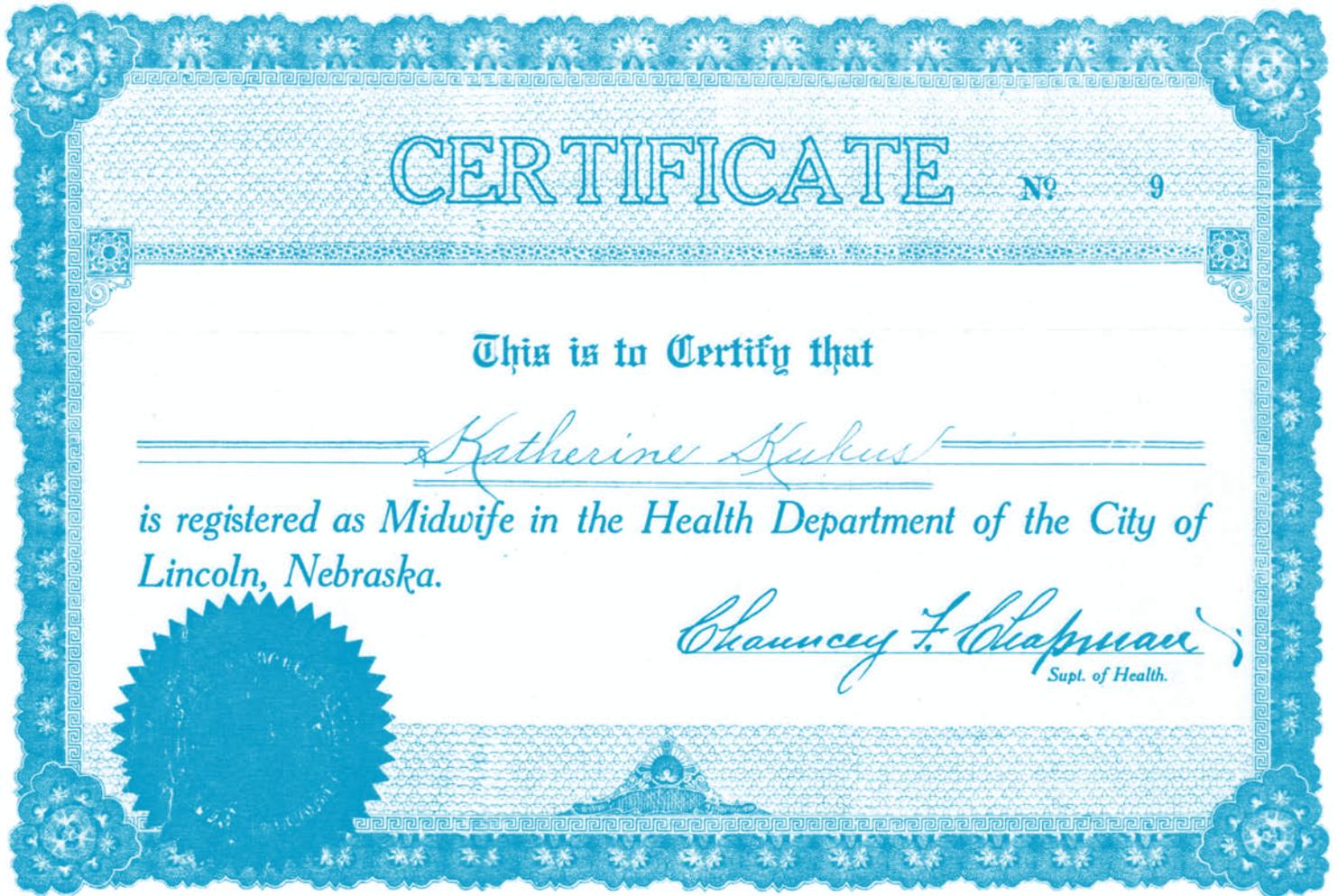
Fig. 45. Erstgebärende. Beginn der Austreibung. Kopf mit gesenktem Hinterhaupt im Becken feststehend.
Nach Bumm.

muß bei der geringen Geräumigkeit des Beckens sich durch bestimmte Drehungen dem Becken anpassen. Dies nennt man den Geburtsmechanismus.

Wir haben gesehen, daß im Beckeneingang der größte Durchmesser der quere, in der Beckenhöhle der schräge, im Beckenausgang der gerade ist. In diesen größten Durchmessern dreht sich der Kindskopf. Er wird also im Beckeneingang mit seinem geraden Durchmesser quer, in der Beckenhöhle schräg, im Beckenausgang

nitrate solution to the newborns’ eyes, Wollgast showed them how to use a thermometer. Furthermore, Dr. Chapman researched and located a German midwifery textbook. He ordered copies for each midwife. Published in 1912, this textbook was commissioned by Prussia’s Minister of the Interior. Williams believed that the care which midwives gave women improved as a result of their work with the department of health. “The grade of their work . . . is being greatly improved because much of the

Published in 1912, Hebammen-Lehrbuch was a midwifery textbook commissioned by Prussia’s Minister of the Interior. It was used in classes in Lincoln, Nebraska.
Author’s collection



Lincoln midwives received certificates from the Lincoln Health Department. Katherine Kukus, also known as Maggie, is mentioned elsewhere in the article. American Historical Society of Germans from Russia

time they act simply under the direction of the physicians and though some cling stubbornly to their old ways, all being elderly women, the more competent follow medical directions, and prove value of them by more successful work.”⁶⁸

By agreeing to organize under the Lincoln Health Department, the midwives may have also gained a sense of community and occupational identity. The midwives within the Volga German community knew each other. Some belonged to the same church, and some helped each other out, at least when it came to handling the paperwork. While studying Volga German birth records, Williams noted that records from three different midwives covering a span of six weeks had all been submitted together, indicating that one midwife was saving a trip for two others. However, once the school was founded, all of Lincoln’s midwives had regular contact with each other, which resulted in a short-lived business partnership between Sapson and Dorn. The pair rented office space, complete with a telephone, in the only case I have been

able to find of a Volga German midwife advertising her services in Lincoln. The midwives also received “ornate certificates” once they agreed to work with the health department. Without accessing Nebraska’s birth records, it is impossible to know how many women joined the association after it began, though the number appears to have been small—just two or three. However, theoretically, the midwives were able to exercise some control on who was allowed into the profession. These midwives, like Lincoln’s physicians, could sign statements of attendance for the fifteen births which any new midwife had to document in order to be registered with the city.

What the Midwives Lost

The greatest concession midwives made was to relinquish their autonomy. Once organized, they were subject to inspections and supervision, and their births could be followed up with nurse visits.⁶⁹ While they did receive an education, they were expected to adjust their practices to meet a

medical model which differed from their traditional customs. As noted earlier, Williams observed that many of the midwives obediently followed doctors' orders after they began working with the department of health.⁷⁰ However, there is evidence that they didn't just all fall right in line. Williams noted that some of the midwives were very complacent and did what they were told but that others insisted on doing things their own way.⁷¹ Also, there is a record of every single Volga German midwife failing to report at least one birth, which indicates that they didn't always do as they were told.

Decline in Midwifery Services

The next decade saw a dramatic drop in demand for midwifery services in Lincoln. Williams first noted the trend. "A growing knowledge of medical aid finds a large number of families discarding their services entirely, although the actual number of cases they handle is not reduced because of the constant incoming of new immigrant families."⁷² An examination of the delayed birth records and baptism records of the Russian Bottoms churches hints that this transition began in the South Bottoms and may have occurred in different churches at different times. Because physicians were filing certificates at higher rates than Volga German

midwives during the early years of this time period, a lower number of delayed birth records associated with a particular church indicates a higher percentage of physician-attended births. Friedens Evangelical Lutheran Church and Zion Congregational Church, both in the South Bottoms, and Immanuel Reformed Church in the North Bottoms all had memberships between 330 and 400 in 1913.⁷³ Friedens did not have a midwife in its membership, and a midwife was listed on only two of the five delayed birth records filed for infants baptized at the church between March 1907 and 1914 (the others include two unknown and one birth attended by Dr. Philbrick). In contrast, midwives were listed for nine of the twelve delayed birth records filed for infants baptized at Zion, where Mary Wolf was a charter member (one unknown and two with Dr. Philbrick). Immanuel had three active midwives until 1910, when Christina Schwartz quit practicing. Twenty-six of thirty-two delayed birth records for infants baptized at Immanuel had midwives listed as birth attendants (three listed none, one unknown, and two physicians as attendants). It appears that the presence of a midwife in the congregation may have slowed the transition to physician-attended birth.⁷⁴

With the drop in Volga German immigration resulting from both World War I and the Russian



The North Bottoms, looking northwest toward Salt Creek. NSHS RG2158-950

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Revolution, the transition from midwife- to physician-assisted childbirth became more apparent to those outside the community. In 1920, the Lincoln Health Department commented on the decreased number of midwives and midwife-reported births, which had dropped from eighteen to eight percent of all births in just four years. "Since 1915, the number of midwives have lessened from 11 to seven and these seven are attending fewer cases each month. Judging from the past few years will see them completely out of business. [sic]"⁷⁵ Indeed, this observation may explain why 1920 was the year that the health department phased out the classes, replacing the meetings with calls on individual midwives. Immigration was restricted even further due to the 1921 Quota Act and the Immigration Act of 1924, which capped total Russian immigration into the United States at fewer than 2,300 persons annually.

According to Charlotte Borst in her study of midwifery in Wisconsin, it wasn't competition from obstetricians which decreased demand for midwives' services, but the availability of immigrant general practitioners who could bridge the culture gap.⁷⁶ Ironically, in Lincoln, it was undoubtedly one of the midwives' strongest defenders, Dr. Philbrick, who accelerated the transition from midwife- to physician-attended childbirth within the Volga German community. Although Philbrick was not an immigrant, by virtue of her gender and charity, she was able to bridge the culture gap. As a woman, she was more readily accepted into the intimate birthing environment of the highly gender-segregated community. Because of her generosity and understanding of the difficult economic situation the Volga Germans faced, she served many in the community for little pay. One woman in the community recounted to Williams that Philbrick had been good to the community, answering their calls countless times, and never charging for more than the medicine she gave them.⁷⁷ Her courageous nature also made her a popular birth attendant, with tales of her assistance achieving near-legendary status. "In the flood of 1908 a woman living in a wretched house on the flats, surrounded by water, was about to give birth to a baby, and no doctor could be found who would take the case. Dr. Philbrick donned rubber boots in the middle of the night, waded thru swirling brown water up to her hips and delivered the baby."⁷⁸

Social workers also facilitated the transition. In her speech, "The District Nurse and the Immigrant," Williams had recommended that the health department work to build a relationship with the

community so that the immigrants would initiate contact with the health department instead of the reverse. She advocated for treating the immigrants with "patience and care." It was also Williams's recommendation that the health department enlist the midwives as community health providers.⁷⁹ One of Helen Gregory's goals, as director of the settlement house, the North Side Neighborhood House, was to convince the community to seek medical care from physicians. "She told amusing anecdotes of the persuasion necessary to overcome in the minds of the Russians their hatred for physicians, medicine and things surgical and of the struggle to get disease and ailments properly treated."⁸⁰

It appears that a spirit of cooperation and understanding, along with restrictions in immigration, were effective in helping the community transition to physician-attended birth. Although midwives continued to charge less than physicians, Volga German women were increasingly turning to physicians for birth assistance. The demand for midwifery services came from the arriving immigrants. However, after hiring midwives for the first few births in their new home, they often switched to a physician. In 1910, Mrs. Floth, a Volga German woman, explained to Williams that every woman used to hire midwives, and Floth did the same for her first two, but that she had hired a physician for her last birth and would do so again.⁸¹ According to Williams, this willingness give up the midwives' services came with time, as immigrants who had been in Lincoln for some time became more comfortable with the care provided by physicians.⁸² Embracing an "American" birth attendant was one more means of achieving the assimilation described by Henry Schwindt and Margaret Sauer. Schwindt noted that since 1920, the younger generation had not been following the older traditions. "The young people are changing fast and act just like any native people," commented Sauer.⁸³

Conclusion

While the actions of Lincoln's health department revealed, on one level, a misunderstanding of midwives, their community and the work they were doing, they also showed a willingness to reach across the cultural divide and acknowledge the choices immigrants were making. By providing families with the ability to give birth in a culturally familiar setting while working under the direction of the health department, midwives helped to ease the transition of Volga Germans from old to new. As new immigration dropped off and the residents of the North and South Bottoms began to adapt to

their new surroundings, midwives were let go along with other customs that no longer served a purpose in their lives. For Elizabeth Wertz's daughter Clara, there was no need to question why that had happened. It was simply how things were. "Mother's mother, they had midwives but then in Mama's age we had doctors to deliver the baby."⁸⁴ 

NOTES

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² *Lincoln Daily News*, July 15, 1911.

³ "Filed Old Birth Certificates," *Lincoln Daily News*, Dec. 22, 1914.

⁴ *Ibid.*

⁵ "To Confer with Midwives," *Lincoln Daily News*, Aug 4, 1915.

⁶ Inez C. Philbrick, "A Municipally Salaried Obstetrical Staff," *The Woman's Medical Journal* 26, no. 8 (August 1916): 191.

⁷ Judy Barrett Litoff, *American Midwives, 1860 to the Present* (Westport, Conn., London: Greenwood Press, 1978), 77.

⁸ *Ibid.*, 32-37.

⁹ "Practice of Medicine," *Omaha World-Herald*, July 12, 1890.

¹⁰ J. Lue Sutherland, "Practical Asepsis in Obstetrics," *Proceedings of the Nebraska State Medical Society, Twenty-eighth Annual Session* (NSMS, 1896): 142. See also J. Lue Sutherland, "Obstetrics as It Is," *Omaha Clinic* 8, no. 6 (September, 1895): 169-75. Roughly translated, "Hebamme Smutzigfinger" means "Midwife Dirtyfingers."

¹¹ Francis E. Kobrin, "The American Midwife Controversy: A Crisis of Professionalization," *Bulletin of the History of Medicine* 40, no. 6 (December 1966): 353-56.

¹² Hattie Plum Williams, "A Social Study of the Russian German," *University Studies* 16, no. 3 (1916): 135-36, 144.

¹³ Henry Schwindt, WPA interview transcript, Oct. 12, 1938, Federal Writers Project (hereafter FWP), RG515, Series 1, Box 37, Folder 264.2, Form C, 2, Nebraska State Historical Society (hereafter NSHS).

¹⁴ Elizabeth Wertz, transcript, Neighborhood Oral History Project (hereafter NOHP), South Salt Creek Neighborhood, RG2831.AU, Box 1, Folder AV1.437.19, 11, NSHS.

¹⁵ *Ibid.*, 12.

¹⁶ Catherine Bauer, WPA interview transcript, Oct. 14, 1938, FWP, Series 1, Box 37, Folder 264.2, Form C, 1.

¹⁷ Elizabeth Kildau, WPA personal history, Oct. 24, 1938, FWP, Series 1, Box 37, Folder 264.2, Form B, 1.

¹⁸ "Planning to Enforce Rules," *Lincoln Daily News*, July 2, 1915.

¹⁹ Williams, "A Social Study of the Russian German," 190.

²⁰ Eva Labouvie, *Beistand in Kindsnöten, Hebammen und weibliche Kultur auf dem Land (1550-1910)* (Frankfurt am Main, New York: Campus Verlag, 1999), 41-43, 90.

²¹ "Folk medicine," T. F. A. Williams Papers (hereafter TFAW), RG451.AM, Box 8, NSHS.

²² Henry Schwindt transcript, 2; Margaret Sauer, WPA interview transcript, Oct. 25, 1938, FWP, Series 1, Box 37, Folder 264.2, Form C, 1.

²³ "Baptizing the Baby," *Socio-Anthropological Notes*, TFAW, Box 8.

²⁴ Williams, "A Social Study of the Russian German," 203.

²⁵ George Dering, transcript, NOHP, North Bottoms Neighborhood, Box 1, Folder AU1.636.02, 3; Anna Giebelhaus, transcript, NOHP, North Bottoms Neighborhood, Box 1, Folder AU1.636.06, 20.

²⁶ Labouvie, *Beistand in Kindsnöten*, 87-88.

²⁷ Anna Giebelhaus, NOHP, 19-20. See also Williams, "A Social Study of the Russian German," 190.

²⁸ George Dering, 3.

²⁹ "Dr. Philbrick," Hattie Plum Williams Papers (hereafter HPW), RG1872.AM, Box 22, Folder 4 (Vital Statistics, German-Russians, 1909-1914), NSHS.

³⁰ Williams, "A Social Study of the Russian German," 190-91.

³¹ "Visit with Rev. Schurr," Mar. 29, 1909, HPW, Box 19, Folder 1.

³² "Dr. Philbrick," HPW, Box 22, Folder 4.

³³ Hattie Plum Williams, "Women in Industry," HPW, Box 16, Folder 3.

³⁴ Andrew and Marie Beltz, NOHP, North Bottoms Neighborhood, Box 1, Folder AU1.636.19, 22-23. See also Gertie Schwindt, NOHP, North Bottoms Neighborhood, Box 1, Folder AU1.636.09, 11.

³⁵ Esther Darnauer, NOHP, South Salt Creek Neighborhood, Box 1, Folder AV1.437.05, 4, 15. See also Labouvie, *Beistand in Kindsnöten*, 39.

³⁶ Anna Giebelhaus, interview, NOHP, North Bottoms Neighborhood, AV641, side B.

³⁷ "Fire in Playhouse Fatal to Two Boys," *Lincoln Evening News*, Aug. 23, 1911.

³⁸ "Personals," *Lincoln State Journal*, May 14, 1928.

³⁹ "Burglars Got Money While Couple Slept," *Lincoln Daily News*, Nov. 7, 1914.

⁴⁰ Beginning in 1941, Nebraskans for whom no registration had been submitted at the time of their birth could file for a delayed birth certificate by submitting supporting evidence and affidavits to the county court. For midwives' Volga-German birth tallies, see "Vital Statistics," HPW, Box 22, Folder 4.

⁴¹ Some of the remaining ten births may have been attended by Volga German women, but their nationality could not be determined. Likewise, while most of the Russian parents were Volga German, a small number may have been Jewish. The incomplete nature of delayed birth records means that they may be used for qualitative research but are limited in their suitability for quantitative research. [This is already stated in text.]

⁴² Kurt E. Kinbacher, "Life in the Russian Bottoms: Community Building and Identity Transformation among Germans from Russia in Lincoln, Nebraska, 1876 to 1926," *Journal of American Ethnic History* 26, no. 2 (Winter 2007): 34-36.

⁴³ Nebraska State Board of Health, *Biennial Report of the Nebraska State Board of Health* (State Journal Company: Lincoln, Nebraska, 1892), 12.

⁴⁴ *Ibid.*, 8.

⁴⁵ Delayed certificates of birth, 1941-1955, registration docket. Lancaster County, FHL 2108279-86 and 2108350, from original records held by the NSHS.

⁴⁶ Georgina Grothan, "Evil Practices of the So-Called Midwife" (discussion), *Omaha Clinic* 8, no. 6 (September 1895): 179.

⁴⁷ *Columbus Journal*, May 2, 1894.

⁴⁸ *Omaha World-Herald*, June 9, 1894. Dr. Solomon claimed there were 73 women working as midwives in the Magic City. Solomon himself had originally been denied a license when he first filed with the Board of Health.

⁴⁹ "County Court," *David City News*, Jan. 3, 1896. See also "Dismissed," *David City News*, Feb. 6, 1896.

⁵⁰ "State of Nebraska Department of Health - Division of Vital Statistics, 1934," FWP, Series 1, Research Files, RG515SG1, Box 47, Folder 375.1, NSHS.

⁵¹ Nebraska State Board of Health, *1892 Biennial Report*, 13.

⁵² Birth Registers, 1869-1907, Douglas County Health Department, RG230, SG4, microfilm, NSHS.

⁵³ Physicians Register, 1881-1894, Lancaster County Clerk Records, Subgroup 4, Series 2, vol. 1, NSHS.

⁵⁴ Delayed certificates of birth, Lancaster County.

⁵⁵ J. W. Kerr, "Ophthalmia Neonatorum: An Analysis of the Laws and Regulations Relating Thereto in Force in the United States," *Public Health Bulletin* 49 (October 1911): 13.

⁵⁶ "Planning to Enforce Rules," *Lincoln Daily News*, July 2, 1915.

⁵⁷ Edna Manzer, "Woman's Doctors: The Development of Obstetrics and Gynecology in Boston, 1860-1930," (dissertation, Indiana University, 1979), 225-26.

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⁵⁹ Lincoln, Nebraska Department of Health, "Midwives and Midwifery in the City of Lincoln, Nebraska," *Bulletin* (September 1915): 10-11, located at Lancaster County Health Department (hereafter LCHD).

⁶⁰ Catherine Wollgast, "Nurse Reports on Infant Mortality," *Lincoln Daily News*, Mar. 3, 1916.

⁶¹ Annie Hawes, "Infant Mortality in Lincoln, An Original Study," Jan. 17, 1911, HPW, Box 31.

⁶² Chauncey F. Chapman, "Health Can Now Be Bought with Money," *Evening State Journal and Lincoln Daily Star*, Apr. 29, 1920.

⁶³ Williams, "A Social Study of the Russian German," 197.

⁶⁴ Philbrick, "Municipally Salaried Obstetrical Staff," 192.

⁶⁵ "Education Quite Important," *Lincoln Daily News*, July 9, 1915.

⁶⁶ Notes, Oct. 15, 1936, HPW, Box 25, Folder 2.

⁶⁷ "Education Quite Important," *Lincoln Daily News*, July 9, 1915.

⁶⁸ "Women in Industry," HPW, Box 16, Folder 3.

⁶⁹ "Health Can Now Be Bought with Money," *Evening State Journal*, Apr. 29, 1920.

⁷⁰ "Women in Industry," HPW, Box 16, Folder 3.

⁷¹ Ibid.

⁷² "Women in Industry," HPW, Box 16, Folder 3.

⁷³ Kurt E. Kinbacher, "Life in the Russian Bottoms," 35.

⁷⁴ Delayed certificates of birth, Lancaster County; Friedens Lutheran Church, records 1907-1985, microfilm, RG4212.AM, NSHS; Zion Congregational Church (United Church of Christ), records 1900-1979, microfilm, RG3981.AM, NSHS; Immanuel Church, records 1891-1981, microfilm, RG4163.AM, NSHS.

⁷⁵ Lincoln, Nebraska Department of Health, "Birth Record," *Bulletin* (December 1920): 3, LCHD.

⁷⁶ Charlotte Borst, *Catching Babies*, 149.

⁷⁷ Notes, Apr. 20, 1908, HPW, Box 19, Folder 1.

⁷⁸ "Emptiness in Many Lincoln Hearts as Dr. Inez Philbrick Leaves to Take Up Residence at Dayton, O.," *Evening State Journal* (Lincoln, Nebraska), Apr. 16, 1937.

⁷⁹ Hattie Plum Williams, "The District Nurse and the Immigrant" (Speeches, 1915-1945), HPW, Box 49, Folder 9.

⁸⁰ "Serves as Social Center, Miss Gregory Tells of Uses of Neighborhood House," *Lincoln Journal*, Nov. 6, 1913.

⁸¹ Mrs. Floth, TFAW, Box 9, Folder: GR Cultural Anthropology.

⁸² "Women in Industry," HPW, Box 16, Folder 3.

⁸³ Henry Schwindt interview, FWP, Form C, 4; Margaret Sauer interview, FWP, Form C, 1.

⁸⁴ Wertz, interview transcript, NOHP, 11.