

‘For women when their monthly period does not occur’: Mennonite Midwives and the Control of Fertility

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A remedy prescribed by Dr. Wilhelm Toews of Rosenthal for women when their monthly period does not occur. Take 1 quart of yellow muscatel wine, 1 nutmeg, 1 loth star aniseed, ½ loth seasoned cloves, 2 solotnick fine cinnamon, 1 loth yellow ginger, 2 spoons horse radish roots. Mix this together in a jar and bury it in horse manure for 24 hours. Then drink 2 kopecke whiskey glasses of it, morning and evening with brandy.¹

For more than a decade I pondered over this peculiar recipe from Russia, found in the Jacob Wall diary. Wall wrote his diary between 1824 and 1860, using the now archaic Gothic script, making it difficult to read even for native German speakers. I pulled it out on occasion to show visitors some of the odd and wonderful things that could be discovered in the archives. The combination of archaic measurements, recognizable ingredients, and the use of the manure pile as source of low and even heat, made the recipe an attention getter. However, I did not really know what to make of it.

What condition was this remedy to treat? Was there an underlying message? After further research in other Mennonite collections and working to contextualize the recipe in both its pre-industrial context and the broader literature on Victorian women, I have been able to determine the purpose of the recipe. Designed within a cultural context where a fetus was believed to constitute a life only after three months in utero, the recipe was intended to induce a miscarriage before the three-month mark—that is, before there was life.

The presence of this recipe, and others like it in handwritten midwifery texts, shows a means through which Mennonite women sought control over fertility during the nineteenth century. These texts share common elements and purposes with centuries old European recipes, which suggest common practises across time and cultures. The increasingly powerful medical establishment's use of science brought about changes that convinced the population that life began at conception.

The midwives were essential to the survival of the Mennonite community. They possessed knowledge that was a unique mix of age-old wisdom and an eclectic assortment of borrowed knowledge. They sought what was best first for the mother and second for the community. Midwives were the front line healthcare workers who acted within their contextual understandings of life and death. With the advent of medicalization, however, sensibilities around life and death changed. How should we evaluate the actions of others who lead lives with significantly different values?

Mennonite Midwifery in the Manitoba Context of Medicalization

In an age before medicalization, the midwife was a common healthcare practitioner. As medicalization was introduced in the late 1800s, however, a growing trust in the scientific methods purveyed by the male-dominated medical profession placed increasing pressure on midwives. Medicalization was a new understanding of healthcare that required society to shift its faith in experience, wisdom, and practice to “objective” science. This shift in allegiances (tradition vs. science) included fundamental changes to how people understood the formation of life inside the mother, prenatal care, and birthing care. The midwives who served the immigrant Mennonite community in Manitoba in the late 1800s and early 1900s were part of the traditional healthcare practice that focused on the mother and child. These midwives were pragmatic in their approach; they continually gleaned knowledge and

expertise from the environment around them. This included the medical profession and other traditional healthcare providers from other cultures.²

In the late nineteenth century, however, the medical profession was undergoing an intense period of professionalization in which the medical establishment tightened up qualifications and increased restrictions on accreditation, establishing standards that were administered by the College of Physicians and Surgeons.³ Medical practices in Manitoba were further institutionalized in 1886, when the University of Manitoba became the sole body to examine potential members of the College, significantly increasing the tracking of trained doctors in the province. The College also pressured healthcare practitioners to become licensed. Between 1887 and 1894, sixty-six healthcare practitioners (self-proclaimed and unlicensed doctors, chiropractors, midwives, etc.) received threatening letters from the College, some two or three times.⁴ The profession sought to highlight its own orthodoxy and distance itself from questionable practises that included electrotherapy, hydrotherapy, homeopathy, and midwifery.⁵ Some healthcare practitioners exploited their political connections to continue practicing. Dr. McTavish, for example, advocated for a private members bill to be passed in the Manitoba legislature in 1888, which ultimately allowed his medical degree from the New York Homeopathic College to entitle him to membership in Manitoba's College of physicians and surgeons.⁶ Few, however, were so well connected.

In birthing, doctors and the growing medical establishment promoted more than pain control medicine and the use of forceps; they were constructing an entirely new birthing paradigm based on science. Historian Wendy Mitchenson argues that using science, doctors claimed that life began at conception, in contrast to "conventional wisdom [that] did not recognize the life of a fetus until the mother felt it move within her at about the 14th week of her pregnancy."⁷ In this construction, midwives represented the "conventional wisdom," where the growing fetus was not recognized as a life until the second trimester. This new scientific understanding that life began at conception took years to be widely adopted. As recently as 1922, articles were published with the aim of convincing the public, and some physicians, that life began at conception.⁸

As doctors tried to establish their profession, they advocated vigorously that their profession was based on science, and was thus the best approach to address illness and health. However, they also argued that their profession upheld the standards of morality within society, such as the "proper" role of women and the immorality

of abortion.⁹ Accordingly, doctors claimed that midwives were ignorant (since they did not have access to specialized scientific knowledge), and began to link midwives to the “immoral” and illegal practice of abortion.¹⁰ Many in the medical establishment appear to have seen midwives as economic threats,¹¹ even as others believed that women were poorly suited for medical work, and discouraged them from becoming trained as doctors.¹² At a time when doctors and society widely understood motherhood as women’s highest calling, then, family planning was not only poorly supported but actively undermined. Indeed, the medicalization of healthcare created a context in which abortion was believed to be immoral, while birth control was considered an unnatural rejection of motherhood.¹³ These realities left some women pregnant more often than they wanted. Some women, including Mennonites, turned to midwives looking for a way to end a pregnancy.¹⁴

The idea that Mennonite midwives not only assisted in birth but in birth control has been advanced by historian Marlene Epp; she writes that one of the functions of Mennonite midwives was to provide counsel to women about “contraception and possibly also inducing abortions.” In an atmosphere of general ignorance around fertility, Epps notes, knowledge of how to control and limit child-birth “was securely lodged in private and informal realms.”¹⁵ Mennonites have traditionally placed a high value on life. When looking for a new home over the centuries, for example, they often negotiated an exemption from military service so they would not have to kill. Why would a people who value life so highly, living in context where birth control was considered unnatural and abortion immoral, be willing to sanction the inducement of a miscarriage? The answer may lie in understanding the mindset and societal norms around pregnancy specifically among the Mennonites of this period, including their perceptions of fetal development, and how “life” itself was defined.

Recipes to Control Fertility

In pre-industrialization and pre-medicalization Anglo-Canadian understandings of fetal development, the fetus was understood to constitute “life” only once the mother could feel it moving inside of her. Within the typical first trimester, then, it was the mother who determined when the life of the fetus began. An early sign that a woman was pregnant was the absence of her monthly period, so if a woman did not want a child, she might attempt to end the pregnancy by making herself “regular” again. Women talked

euphemistically about new pregnancies and their desire to end them. They used phrases like “make regular,” “bring on a period,” or “Doctor I have missed my monthly period and have come to have you give me something to set me right.” According to historian Angus McLaren, using these phrases was a way of hiding the truth from themselves—that they were, in fact, pregnant.¹⁶ But such a claim depends, of course, on what we mean by “pregnant.” For many Anglo-Canadian women of this period, inducing a miscarriage before there were clear signs of life—that is, before the fetus could be felt by the mother—was not understood to be extinguishing a life, or an abortion. If they did not want a child and noticed their period was not regular, then, some were willing to seek help from their community healthcare worker to simply “set things right.” The inducement of a miscarriage before the end of the first trimester was not seen as an abortion in the traditional understanding.

If parallels can be drawn between early Anglo-Canadian understandings of when life began and Mennonite society in early Manitoba, then recipes like the one found in the Wall diary quoted at the beginning of this paper carry new importance and meaning. The recipe comes from the inside front cover of Wall’s diary (1824-1860), which was brought to Canada by his son Johann in 1877.¹⁷ We now can better decode the cryptic recipe entitled, “For women when their monthly period does not occur.” Understanding how women thought about life and pregnancy in the larger Canadian society at this time suggests that this recipe is likely to have been intended to induce a miscarriage. We may never know why Jacob Wall recorded this recipe or for whom—his wife, a daughter, another woman. But from further evidence we can start to see that Mennonite women as a group did appear to have access to knowledge concerning practises for the ending of pregnancy. Women could take steps to assert agency to control their own fertility.

One place we can turn for further insight into the control of Mennonite women’s fertility of this period is a fascinating recipe book written by the Mennonite midwife Anna Toews. Most Mennonite families of this period relied on home remedies for their healthcare, orally passed among friends and relatives and, at times, recorded on the inside cover of a diary,¹⁸ in a letter,¹⁹ on loose pages, scattered throughout a diary,²⁰ or as clippings from newspapers.²¹ At times, recipes for animals and humans were recorded alongside each other. Recipes that were unique, had specialized knowledge, or were used less often were the recipes that tended to be recorded, while the everyday recipes for things

like soup were not generally written down. These remedies often made use of ingredients that were staples in most homes: salt, vinegar, lard, butter, cream, bran, onion, honey,²² and even animal fecal matter²³ were used in poultices, plasters, and oral concoctions. At times, they required ingredients that would need to be brought in from stores miles away, such as turpentine, alum, sulphur, and brandy. If one was “lucky,” patent medicines could occasionally be purchased from peddlers or the town stores, though such medicines was not always to be trusted.²⁴ In cases where the medicine did not come ready for ingesting, the process for preparing these remedies usually consisted of a straight forward mixing of ingredients, and, at times, heating the concoction.²⁵

There is no standard Mennonite home healthcare textbook from the late 1800s, but at least one remarkable collection of Mennonite recipes has survived. The Mennonite midwife Anna Toews had unique opportunities to record specialized recipes, and her fascinating recipe book offers insights into the management of Mennonite women’s fertility in this period. Her midwifery recipe book—unique in creation and content²⁶—was begun at a series of special midwifery training sessions designed to help the community take care of mothers. By the 1890s, the Mennonites had been in Manitoba for about 16 years. The established midwives who received training and experience in Russia were getting ready to retire from their very active community service roles. With high birth rates, the “congregation” (meaning the male leadership) recognized the need for educated midwives, and brought in Dr. Justina Neufeld (1826-1905), a well-known Mennonite doctor from Minnesota, to help educate the local population.²⁷ Dr. Neufeld, also known as Dr. Bergen when she was married to Isaac Bergen, had visited the Mennonite community as early as 1881, providing medical care to her co-religionists. She had apprenticed with her father David Loewen (1796-1865), who had trained as a doctor in Prussia.²⁸

Bringing in a fellow Low German speaking Mennonite immigrant from Russia to provide lessons in child birthing made sense in two major respects. First, midwifery training in Manitoba was not a practical option. The Manitoba Medical Act outlawed the practice of unlicensed midwifery for reward or economic gain. The power of licensing lay in the hands of the powerful Manitoba College of Physicians and Surgeons. The College consisted of Anglo-Canadian doctors who sought to encourage and assert the science of medicine and the careers of the men who practiced it. Doctors, in part, saw the role of the College as an institution that protected their medical “brotherhood.”²⁹ In 1895, on its third attempt, the

College successfully prosecuted the best-known midwife on the Mennonite West Reserve, Katharina Thiessen, for practising without a licence.³⁰ Doctors in Gretna and Morden saw Thiessen as a “quack,” someone who threatened their livelihoods and jeopardized the growth and legitimacy of the licensing program.³¹ Evidently, Low German speaking, female, immigrant midwives were not about to obtain licences from this College to exercise their divine calling in helping women give birth.

Secondly, bringing Justina Neufeld to coach midwives also appealed to the Mennonites because it was a way of maintaining their cultural values in a time of upheaval when accommodation to a new environment was needed. The Mennonites sought to live in close community, largely isolated from the host Manitoba culture. This isolation necessitated midwives coming from within the group, especially at a time when travel was by horse or on foot. Mothers felt the most comfortable with an attendant who knew them, spoke their language, and shared their values. Moreover, birthing was a women’s domain in the late 1800s and early 1900s.³² Even Mennonite men were rarely involved, and only in extreme cases would a woman have allowed a medical man from a neighbouring community who did not speak German or share her cultural values help her give birth.

In 1892, Neufeld arrived on the East Reserve to provide a training course for Mennonite midwives. Her involvement was noted and not welcomed by the male doctors from Gretna and Morden. Dr. F.W.E. Burnham, for example, wrote to the College of Physician and Surgeons about an “alien from Minnesota ... who take[s] considerable money out of our practice,” noting that if they should know “any way of stopping them I will be glad to assist you.”³³ Women from the East and possibly the neighboring Mennonite West Reserve attended the six-week session.³⁴ As part of the course, students recorded recipes.³⁵ The training session was not endorsed or recognized by the Manitoba College of Physicians and Surgeons, nor did the Mennonites seek endorsement. Clearly the Mennonites had concern for mothers giving birth and took measured steps to train new midwives. The derogatory term “granny midwife”—which implied that a woman is well intentioned but untrained, uninformed, and perhaps dangerous—certainly would not have applied to these Mennonite midwives, if indeed it applied to any midwives at all. Dr. Neufeld made more trips to Manitoba, and likely continued to give advice and perhaps even further training sessions.³⁶

Anna Toews was one of the women who attended Dr. Neufeld’s training sessions, and the hardcover notebook she used to record

the recipes discussed during the sessions has survived. In comparison to the average home remedies from this period, the recipes recorded by Toews show a greater degree of sophistication, with a wider array of ingredients and procedures, at times requiring a multi-step process. The earliest portions of the book suggest the recipes were copied from a published source, or perhaps Dr. Neufeld's own handwritten text, as page and paragraph numbers have been included. These references dwindle, however, and by the latter half of the book they are non-existent.

Written on loose pages and tucked in the back, many of the recipes include a complex blend of tinctures. Toews recorded base tincture recipes such as opium tincture, cinnamon tincture, wormwood tincture, fever drops, and rheumatism oil. For example, the opium tincture included opium, Spanish saffron, brown china rind, alcohol, and sulfuric ether.³⁷ These base medicines were important ingredients in many of the recipes that addressed a host of ailments and conditions that arose during childbirth. The recipes were, at times, a two- or even three-step process that might include oral mixtures, external compresses or rubs, sprays, and mixtures to insert into the vagina. Most of the ingredients appear to have been ingredients that Toews was familiar with from Russia and were available in North America as well. Some ingredients could be found in the wild, some she cultivated, while the origin of others remains a mystery. The book also includes recipes used to address conditions outside of pregnancy and childbirth, including common illnesses that might afflict children or adults, women or men. If a patient was suffering from gout, hemorrhaging, or worms, Toews had a recipe to address it.

The midwives were part of a religious community who often felt that midwifery was a calling from God.³⁸ They believed that the birthing process, including their role as midwives, was in God's hands. Toews' recipe book includes some final words of reassurance from teacher Justina Neufeld to her pupil, which begin with a quotation from Psalm 20 ("May the Lord answer you when you are in distress"), and ends with a plea to God ("Answer us when we call").³⁹ Within the Mennonite community, the midwife was in the sacred position of helping the most vulnerable in the tentative time and space between life and death. Complications during and after childbirth were a terrible reality. Some women feared for their lives in the lead up to a birth, and when death did occur, the women often left a young family behind. The maternal mortality rate in Manitoba in the late 1800s is difficult to ascertain, but in 1929 Manitoba's maternal mortality rate was 6.8 per 1000 live births. By contrast, in the small sample size of 884 births some 46 years ear-

lier (between 1881-1883), the maternal mortality rate among the Mennonites on the West Reserve was 11.3 per 1000 births.⁴⁰

Anna Toews' recipe collection was a living book, supplemented with new information as the need arose. At times recipes are duplicated, or for the same ailment, a different remedy is given. There are notes to specific cases, sometimes including the names of clients,⁴¹ as well as notes of advice from the local French doctor, Dr. Demurs.⁴² The remedy referencing Dr. Demurs is within the section most likely copied in the training session with Dr. Neufeld. Was the French-speaking doctor part of the training session with the Low German speaking Mennonites, or was this short piece of advice added later? Either way, the presence of a remedy from Dr. Demurs shows that the midwives' pragmatic approach to healthcare included the lending and borrowing of knowledge between doctors and midwives, as well as between Mennonite and French-Canadian cultures.

Between the pages of Anna Toews' handwritten book are loose sheets of paper with additional recipes, one of which is entitled "For a young woman with who has missed her period," and is of particular interest in the context of this essay.⁴³ The German word used for "young woman" is "*Frauenzimmer*," which can mean "young woman," but can also carry the connotation of sexually deviant behaviour.⁴⁴ Notably, this is the only recipe in Toews' collection that uses the term; elsewhere the phrases *junge Frau* (young woman) or simply *Frau* (woman) are used. If Anna Toews meant to use *Frauenzimmer* in a pejorative way (rather than simply "young woman"), it would suggest that while midwives may have been willing to help, they did not necessarily condone the actions of promiscuity that might lead to an unwanted pregnancy.⁴⁵

Toews' recipe for *Frauenzimmer* includes anise and caraway cooked in wine, to be taken warm before bed. When shown the Toews recipe, Dr. Jamie Falk noted that "caraway or anise is reported to stimulate menstruation," which "would suggest that if implantation has taken place and thus menstruation has not occurred such that the new fertilized egg has a safe home, inducing menstruation would take that safe home away (i.e. make life inhospitable)."⁴⁶ In fact, according to John M. Riddle in his chapter "Contraception and Early Abortion in the Middle Ages," these ingredients have a pedigree of being used to stimulate menstruation that dates back to the eighth century.⁴⁷

A second, more clearly intentioned recipe, can be found in the body of Toews' notebook rather than on an added loose sheet as the recipe above. Entitled *Fehlgebürt*, which is translated as "abortion" or "miscarriage," this complex recipe contains high dosages

of phosphorus (50 drops), opium tincture or liquid extract (60 drops), and cinnamon tincture (100 drops). This was to be mixed together, with five to six drops taken orally, four to five times per day. No other prescription in her recipe book contains higher amounts of these ingredients. Most other recipes call for five to fifteen drops of these medicines. The recipe continues with a salve consisting of tree oil, camphor, vinegar and "koinoel."⁴⁸ Because this recipe appears in the section of the book likely copied during the training session, the control of female fertility was likely a topic of discussion at the midwifery training sessions where Anna Toews and others attended.⁴⁹ Toews' recipe as well as the recipe in the Jacob Wall diary share the ingredient cinnamon, which has a long history as being used as an abortifacient.⁵⁰

As the Toews book shows, the Mennonite midwives had some resources to aid them when delivering a child or providing other healthcare. There were other sources of information, as well. Because midwives enjoyed a privileged status within Mennonite society, midwives traveled more than the average woman and at times crossed ethnic boundaries to help a mother give birth in another community,⁵¹ or to learn from other healthcare practitioners. Mrs. Reimer and the Aboriginal healer, Kookoom Mariah, for example, exchanged medical recipes over meals of headcheese and bannock,⁵² while Katharina Hiebert was introduced to powerful healing medicines by another Aboriginal healer.⁵³ Margaretha Toews, too, had a special relationship, one that included sharing herbal medicines with the Hungarian midwife Mrs. Reichal.⁵⁴ Some midwives had good quality midwifery textbooks from Germany, as well.⁵⁵ Katharina Thiessen used *Lehrbuch der Geburtshülfe für die preussischen Hebammen*, published in 1878.⁵⁶ In 1895, midwife Sara Klippenstein of the village of Alt Bergthal purchased the newly published *Lehrbuch der Hebammenkunst*,⁵⁷ the same text used by midwife Helena Eidse and close friend Justina Rosche in their practises.⁵⁸ In 1897, Sara Klippenstein received training and a certificate from St. Paul Minnesota, stating that she was competent and now a "medically certified midwife."⁵⁹ These resources increased the specialized knowledge of the midwife as she borrowed from old world, Aboriginal, and other medical traditions in an attempt to provide the best care to mothers.

The Subversive Role of Midwives

The midwives were the healthcare practitioners of choice for centuries in the Mennonite communities. In the early Manitoba experience, for example, midwives attended all 884 births in the Mennonite West Reserve between 1881-1883.⁶⁰ On the Mennonite East Reserve, where there were 1324 births during the years 1890-1907, the French doctor Lacombe assisted at only four births, Dr. Demers at two, and the trusted Mennonite “doctor” Isaac Warken-tin at 62 births.⁶¹ In comparison, over just three years between 1881 and 1883 on the West Reserve, midwife Elizabeth Fehr at-tended 128 births.⁶² Midwives were trusted and gave good care to mothers, comparable with or better than the care offered by doc-tors in many hospitals.⁶³

Midwives were especially important caregivers in a time when sex and pregnancy were not topics of public discussion. Up to the mid- to late-twentieth century, sexuality was not openly discussed in most Mennonite communities. In fact, even pregnancy itself was often hidden as long as possible from the public and other family members.⁶⁴ Death was a similarly difficult topic of discussion. Given the high maternal and child mortality rates of this time, childbirth carried with it associations of both sex and death; as such, it was an extremely private subject.⁶⁵ As a result, it is very difficult to ascertain how often these recipes and other methods for controlling pregnancy and childbirth were used.

Marlene Epp suggests that official church discussion around birth control in the 1940s and 1950s arose in reaction to decreasing family sizes in the community. She notes that the official stance of the church was that birth control was not in the best interest of Mennonite society, as it contravened God’s command to be fruitful and multiply.⁶⁶ These were some of the same concerns expressed in the larger Canadian society.

The high birth rate and large families of these Mennonites clearly provided a high demand for midwives, but it also suggests the infrequent use of methods and recipes to control family size. The biblically minded, religious Mennonite communities of the late 1800s likely read biblical passages such as Psalm 139:13—“For you created my inmost being; you knit me together in my mother’s womb”⁶⁷—to mean that taking oral medicines to control childbirth impeded and interfered with a divine work taking place inside a woman’s womb. Certainly, controlling fertility was condemned by the church leadership as obstructing was God’s plan for humanity to multiply, and for women to be mothers.⁶⁸ Even within this con-text, however, where birth control was understood as a violation of

God's will and where doctors were insisting that life began at conception, there appears to be no discussion among Mennonites that understood the ending of a pregnancy before the third month as ending a life.⁶⁹

The existence of these recipes to "set things right" points to the fact that the Mennonite community of the late 1800s and early 1900s did in fact have ways of regulating female fertility and family size. The larger context for these recipes, however, also suggests that by providing medicine to induce miscarriages, the valued midwife may have, at times, acted subversively—not only in regards to the medical profession, but also in relation to the church leadership. The very fact that this knowledge was subversive, however, meant that midwives carried a highly specialized knowledge of life and death. In fact, the American doctor John Stearns, who introduced ergot into the American medical profession in the early 1800s, had learned about its power from a midwife. Ergot of rye is a naturally existing fungus found on rye grains that produces powerful uterine contractions.⁷⁰ Lottie Wiebe remembers being sent out to the rye bin in the mid twentieth century to look for the black fungus growth on the rye seeds for her grandmother, midwife Margaretha Toews.⁷¹ Margaretha was at the same midwifery training session as Anna Toews.⁷²

Under what circumstances would a recipe be used that was designed to impede a pregnancy from following its course to full term? Intense societal instability, poor economic factors, family size, insufficient support or safety for a mother, and rape are all circumstances that could lead a woman to consider limiting the number of children she had. A remarkably frank letter from the 1920s, written by Agneta Klassen, from her new home in Canada to her sister in Russia reveals some of these dynamics. "On becoming pregnant and not wanting another child with all the other work involved during the first difficult years in the new country, she had prayed to God that He take the child away if He so willed." In the end, Agneta did miscarry even though she believed it to be "morally wrong."⁷³ More research into the growing letter collections of Mennonite archival institutions may reveal additional stories on this theme.

Given the high number of births in the Mennonite community, the high demand for midwives, their special status in the community, and the training sessions provided by the church for midwives, one might ask why so few records from midwives have survived. Several factors bear considering. First, because midwifery as a career was illegal (or in a legal grey area at best) in many parts of Canada, midwives may not have kept much evidence of

their activities. Second, because midwives dealt with the sensitive topics of childbirth and pregnancy, and because their textbooks included graphic images of the naked female body unparalleled in any other texts in the Mennonite community, midwives and their families likely had a tendency to quietly dispose of such materials.⁷⁴ Third, as medicalization, hospitals, and doctors became the new norm, traditional healthcare practises became outdated and undervalued, leading to their demise. And finally, because the midwife may have acted outside church norms in providing aid in fertility control, the midwife and family may not have wanted to “fan any flames” of mistrust, and may have quietly disposed of the materials. For these reasons, the records used and created by midwives have been undervalued and may have been seen as a liability in the community, and therefore not deemed important enough to keep or donate to an archive.

Sensibilities around the beginning of life, abortions, and contraception have changed dramatically since the 1800s, and some contemporary readers may be tempted to condemn the midwives’ induction of early miscarriage as a method of birth control. However, how are we to judge the actions of our ancestors when their understandings and contexts were vastly different than ours? Perhaps the best we can do is to contextualize these actions within the medical and ethical understandings of their time, and to measure how people abided by the rules and guidelines they set out for themselves.

Conclusion

The midwives who served the Manitoba Mennonites in the late 1800s and early 1900s were essential to the success of their community. The large families common among the Mennonites of this period ensured high demand for their services. The Mennonite community used the midwife as a means to be self-sufficient, and to maintain their own cultural and religious boundaries, counteracting the influence of outside healthcare practitioners, such as doctors, in the community. While maintaining separation from the host culture was part of the role of these midwives, the recipes they used to bring on menstruation have a more common past. These were not uniquely “Mennonite recipes” at all, but rather examples of long standing recipes in Western civilization. The circulation of such recipes and ingredients by Mennonite midwives shows an important link between this self-isolating community and the broader culture and history of Western civilization. Indeed, it

is the parallels between Anglo-Canadian and Mennonite pre-medicalization understandings of when life began that have helped us recognize veiled writings found in Mennonite diaries and recipe books as medicines designed to interrupt the developing fetus before it grew into a life. Notwithstanding the fact that Dr. Wilhelm Toews shared his recipe “for women when their monthly period does not occur” with Jacob Wall in Russia during the mid-1800s, this knowledge, and the link it represents between the Mennonites and the broader culture that surrounds them, was located and often hidden within the work of Mennonite women.

The position of midwife was a unique one in Mennonite society, offering women specific learning opportunities, prestige, mobility, and specialized knowledge that at times was subversive to the community leaders’ understanding around female fertility. The midwives carried age-old knowledge and borrowed skills and ideas from other traditions, including the medical profession, to strengthen their own expertise and thereby furthering their role as valid and primary healthcare providers for the community. As the scientific-minded medical community grew in its influence, however, a new understanding of when life began emerged, suggesting that life began at conception. In this new context, the use of traditional medicines to “make things right” by inducing menstruation became less common, along with the influence and practice of midwifery itself.

Notes

- ¹ Jacob Wall, “Diary of Jacob Wall 1824-1860,” translated by Edward Enns, 2001, 1. Mennonite Heritage Centre, Jacob Wall fonds Vol. 1086, file 5a. The “doctor” is likely Wilhem Toews, from Rosenthal, Chortitza colony, south Russia (about 1814-1853). See GRANDMA (Genealogical Registry and Database of Mennonite Ancestry, #398743), California Mennonite Historical Society. Transliteration provided by Elfrieda Schroeder, Winnipeg, Manitoba, March 19, 2015. (*Mittel für das Weibliche Geschlecht, wenn die Monatliche Zeit nicht ergeben von Doktor Wilhelm Töws in Rosenthal*). Note that the measurements in this recipe have been arranged to match current recipe conventions. A “loth” is an old German dry weight measurement that varied according to location, but is considered to be about 16 grams. (*Blanzehelkunscht: Deutsch Herbalism - Pennsylvania German Herbal Wisdom*, Web. Accessed 25 Feb. 2015). A “Solotnick” or Zolotnick is an old Russian unit of measure that is about 4.3 grams (“Convert-me.com,” Web. Accessed 8 March 2015).
- ² Wendy Mitchinson, *Giving Birth in Canada 1900-1950* (Toronto: University of Toronto Press, 2002), 298.

- ³ Veronica Strong-Boag, "Canada's Women Doctors: Feminism Constrained." In *Medicine in Canadian Society: Historical Perspectives*, edited by S.E.D. Shortt (Montreal: McGill-Queen's University Press, 1981), 209.
- ⁴ J.B. Morrison, "The Earliest Prairie college of physicians: The College of Physicians and Surgeons of Manitoba." Accessed April 7, 2015, <http://www.dynamiclethargy.ca/earliestcollege.pdf>.
- ⁵ Strong-Boag, 209-210. See also Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991), 139.
- ⁶ J.B. Morrison, "The Earliest Prairie college of physicians: The College of Physicians and Surgeons of Manitoba." Accessed March 1, 2016. <http://www.dynamiclethargy.ca/earliestcollege.pdf>.
- ⁷ Mitchinson, *The Nature of Their Bodies*, 137.
- ⁸ McLaren, 301.
- ⁹ While the early medical profession was set against abortion, there were still doctors who performed them. Around 1908, Toronto had an estimated six doctors who regularly performed abortions, but who were also kept out of the Toronto academy of medicine. See Angus McLaren, "Birth Control and Abortion in Canada, 1870-1920," In Shortt, 296-297. While the profession and doctors generally were against abortions, some doctors would quietly perform an abortion under specific conditions. See Mitchinson, *The Nature of Their Bodies*, 142.
- ¹⁰ Mitchinson, *The Nature of Their Bodies*, 139.
- ¹¹ Mitchinson, *The Nature of Their Bodies*, 139. Mitchinson later states that the economic threat was a psychological threat only (Mitchinson, *Giving Birth in Canada*, 300-301). However, on the Mennonite West Reserve, the doctors felt threatened enough to prosecute unlicensed heal care workers. See Conrad Stoesz, "Mennonite Midwives on the Mennonite West Reserve 1881-1900." *Manitoba History* 75 (Summer 2014), 20. See also Hans Werner and Jenifer Waito, "'one of our own.' Ethnicity Politics and the Medicalization of Childbirth in Manitoba," *Manitoba History* 28 (June 2008). Web. 28 April 2015.
- ¹² Strong-Boag, 210.
- ¹³ Wendy Mitchinson, *The Nature of Their Bodies*, 126. See also Marlene Epp, *Mennonite Women in Canada: A History* (Winnipeg: University of Manitoba Press, 2008), 74.
- ¹⁴ Mitchinson, *The Nature of Their Bodies*, 144.
- ¹⁵ Marlene Epp, "The Transnational Labour of Mennonite Midwives in Siberia, Canada and Paraguay," *Journal of Mennonite Studies* 30 (2012), 210.
- ¹⁶ McLaren, 299-301. See also Mitchinson, 139.
- ¹⁷ Conrad Stoesz, "Johann Wall fonds," Mennonite Heritage Centre, accessed 12 December 2015. <http://www.mennonitechurch.ca/programs/archives/holdings/papers/Wall,%20Johann%20fonds.htm>
- ¹⁸ Wall diary, Vol. 1086.
- ¹⁹ Bernhard and Anna Krahn collection, Mennonite Heritage Centre, Vol. 4864a.
- ²⁰ Jacob Wiens family diary 1787-1959, Mennonite Heritage Centre, Vols. 2252 and 2253.
- ²¹ John L. Dueck diary 1881-1888, Mennonite Heritage Centre, Vol. 4172 file 9.
- ²² Tina Peters, "More Home Remedies," in *Manitoba Mennonite Memories 1874-1974*, editors Lawrence Klippenstein et. al. (Altona: Manitoba Mennon-

- ite Centennial Committee, 1974), 286. See also Royden Loewen, *Blumenort: A Mennonite Community in Transition 1874-1982*, 2nd Edition (Steinbach: Blumenort Mennonite Historical Society, 1983), 221-223.
- ²³ Peter Wiebe, "Mennonite Home Remedies." Klippenstein et. al., 281-282.
- ²⁴ Peters, 286.
- ²⁵ Loewen, *Blumenort*, 221-223.
- ²⁶ Anna Toews, "Herbal Medicine and Midwifery as practised at the end of the 19th century in Rural Southeastern Manitoba," translated by Edward Enns, 2012. Original at Mennonite Village Museum, Accession no. 2003.18.1.
- ²⁷ Katherine Martens and Heidi Harms, eds. *In Her Own Voice: Childbirth Stories from Mennonite Women* (Winnipeg: University of Manitoba Press, 2002), 27. Justina Neufeld was born Justina Loewen, and then married Isaac Bergen. After his death she married Gerhard Neufeld in 1875, and they immigrated to Minnesota.
- ²⁸ Delbert Plett, *Dynasties of the Mennonite Kleine Gemeinde in Imperial Russia and North America* (Steinbach: Crossway Publications, 2000), 349.
- ²⁹ Werner and Waito.
- ³⁰ Werner and Waito. See also Stoesz, "Midwives," 22.
- ³¹ Werner and Waito.
- ³² Epp, "Transnational," 205. See also Werner and Waito.
- ³³ F. W. E. Burnham to J. S. Gray, Registrar, 16 July 1894. Quoted in Werner and Waito.
- ³⁴ Some references record this training session as taking three weeks (see Martens and Harms, 27).
- ³⁵ Cathy Barkman, "Anna Toews (1868-1933): Midwife." *Preservings* 10 (June 1997), 6. See also Martens and Harms, 27.
- ³⁶ The Anna Toews recipe book gives the date 28 September 1892 on page 153 with Dr. Justina Neufeld's signature, but the date 16 October 1893 on page 92.
- ³⁷ Anna Toews, 50.
- ³⁸ Epp, "Transnational," 207-208.
- ³⁹ Anna Toews, 152 (translation p. 49).
- ⁴⁰ Stoesz, "Mennonite Midwives," 18.
- ⁴¹ Anna Toews, 123 (translation p. 40), "For Damage to the womb---- Mrs. Doerksen and Mrs. Peter Toews."
- ⁴² Anna Toews, 134 (translation p. 44).
- ⁴³ Anna Toews, 56.
- ⁴⁴ German-English dictionaries often translate *Frauenzimmer* as a derogatory term: translated as "slut," (Reverso Online Dictionary, Web. 22 March 2015; "hussy," (J.M. Clark ed., *German-English Dictionary* (Toronto: Coles Publishing, 1979), 77; "wench," (Karl Breul, *Cassell's German and English Dictionary* [London: Cassell and Company, LTD., 1934], 209); "dame or broad," (Heinz Messinger, *Langenscheidt's Condensed Muret-Sanders German Dictionary: German - English* [Berlin: Langenscheidt, 1982], 440). Understanding the word *Frauenzimmer* to mean a woman involved in sexually deviant activities lends credence to the understanding of the recipe in the Wall diary as intended to aid in producing a miscarriage because they use some of the same ingredients.
- ⁴⁵ Interestingly, however, even while these recipes did exist, births outside of marriage did happen in the community, suggesting the recipes were not always used or that they did not always work. For example, consider the case

- in 1858 involving Franz Harder and Katharina Doerksen (documented in Chortitzer Mennonite Conference Waisenamt records), wherein Franz Harder agreed to pay 250 rubles to help Katharina raise the child. See also Hans Werner, "A Mild form of deviancy: Premarital Sex among early Manitoba Mennonites." *Journal of Mennonite Studies* 26 (2008): 143-159.
- 46 Email from Dr. Jamie Falk to the author. 29 January 2016. My thanks to Dr. Falk, PharmD. Assistant Professor of Pharmacy, for accessing the medical database *Natural Medicines Research Collaboration*, Therapeutic Research Center, 2016.
- 47 John M. Riddle, "Contraception and Early abortion in the Middle Ages," In *Handbook of Medieval Sexuality*, editors Vern L. Bullough and James A. Brundage (New York: Routledge, 2000), 262.
- 48 Anna Toews, 39.
- 49 Agnaetha Barkman and Margaretha Toews were others who attended. Martens and Harms, 27.
- 50 Email from Dr. Jamie Falk.
- 51 Barkman, 52. See also Mennonite Heritage village, Accession no. 2006.18.1.
- 52 Maria Campbell, "Kookoom Mariah and the Mennonite Mrs." *Journal of Mennonite Studies* 19 (2001), 9-12. The identity of the Mennonite midwife is noted in the forward.
- 53 Regina Doerksen Neufeld, "Katharina Hiebert (1855-1910): Midwife." *Preservings* 10.2 (June 1997), 14-16.
- 54 Lottie Toews Penner Wiebe, "Midwife Margaretha Loewen Toews (1856-1948)." *Preservings* 21 (2002), 91.
- 55 Frances E. Kobrin, "The American Midwife Controversy: A Crisis of Professionalization," in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, editors Judith Walzer Leavitt and Ronald L. Numbers (Madison: The University of Wisconsin Press, 1985), 199.
- 56 Katharine Thiessen fonds, Mennonite Heritage Centre, Vol. 5027.
- 57 Bernhard Sigmund Schultze, *Lehrbuch der Hebammenkunst* (Leipzig: Verlag von Wilhelm Engelmann, 1895).
- 58 Mennonite Village Museum, Accession no. 2006.18.1.
- 59 "Certificate for Mrs. H. Klippenstein of Alt Bergthal, Man," owned by Ben Braun of Winnipeg. Copy in the possession of the author.
- 60 Gemeinde Buch, 1880 - Birth & Marriages & Deaths, Mexico Mennonite Record Collection, Mennonite Heritage Centre, 1881-1883. Compiled by Clara Toews, 2011.
- 61 Clara Toews and Glenn R. Klassen, "Births in the Rural Municipality of Hanover 1890-1907." Compiled from rural municipality of Hanover records at the Mennonite Heritage Centre, 2015. In possession of the author.
- 62 Stoesz, "Midwives," 16.
- 63 *Ibid.*, 18.
- 64 Langford, 149, 165. See also Martens and Harms, 33.
- 65 Epp, *Mennonite Women*, 74, 76.
- 66 *Ibid.*, 91-95.
- 67 New International Version. The German edition likely read by the Mennonites was Martin Luther's German translation, which reads: "Denn du hast meine Nieren bereitet und hast mich gebildet im Mutterleib."
- 68 Epp, "Transnational," 210.

- ⁶⁹ Riddle discusses early Christian debates about when life began inside the womb, noting that part of the debate centered around when the fetus has a soul, rather than when there is life. He astutely points out that what church leadership believed proper and what women may have done may not have been the same.
- ⁷⁰ Barbara Katz Rothman, *Encyclopedia of Childbearing: Critical Perspectives* (Phoenix: Oryx Press, 1993), 70.
- ⁷¹ Lottie Toews Penner Wiebe, "Midwife Margaretha Loewen Toews (1856-1948)" *Preservings* 21 (2002), 91.
- ⁷² Martens and Harms, 27.
- ⁷³ Paul Klassen, *From the Steppes to the Prairies: A History of the Agneta and David Klassen Family in Russia and Canada* (Winnipeg: City Press, 1998), 87. Quoted in Epp, *Mennonite Women*, 92.
- ⁷⁴ In addition to the aforementioned texts owned by Sara Klippenstein and Katharina Thiessen, Sara Thielman's midwifery book includes colour, hand drawn, anatomically correct images of the pregnant woman in various stages of childbirth. See Sara Thieman fonds, Centre for Mennonite Brethren Studies, Winnipeg.