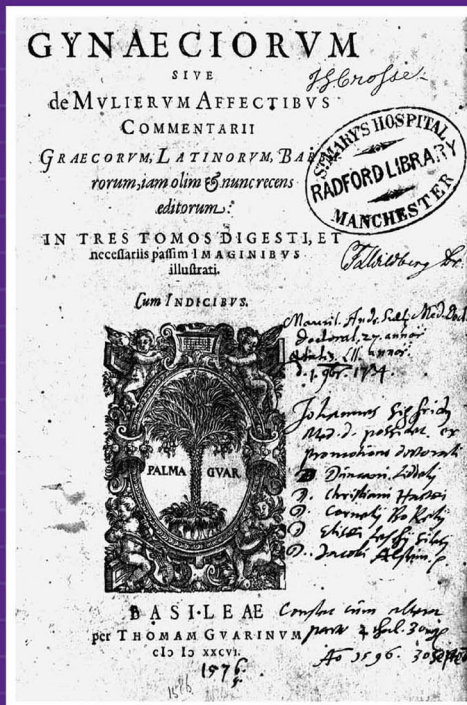


Midwifery, Obstetrics and the Rise of Gynaecology

The Uses of a Sixteenth-Century Compendium

HELEN KING



WOMEN AND GENDER IN THE EARLY MODERN WORLD

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THE RISE OF GYNAECOLOGY

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Midwifery, Obstetrics and the Rise of Gynaecology

The Uses of a Sixteenth-Century Compendium

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Introduction

Towards Gynaecology

‘Why can’t a woman be more like a man?’

Henry Higgins, *My Fair Lady*

How far does female difference from men extend, and to what degree does the decision that gynaecology is necessary – that the difference is so great that women require their own medical field – relate to specific historical and cultural views on the nature of woman? In the late nineteenth century, Dr. Ludovic Bouland, a physician who also founded the French society for collectors of bookplates and artistic bindings, rebound a 1663 collection of five texts in Latin on virginity and on the diseases of women; looking for ‘a binding appropriate to the subject’, he chose a piece of female human skin, tanned by himself, decorated with gilt on the spine, borders, and cover ornaments.¹ For him, skin – the wrapper of the female body – was also the most appropriate container for material on female difference. His decision implied that, even in its skin, the female body differs from that of the male.

The *Gynaeciorum libri*

Extracts from two of the works included in this 1663 collection had also featured in versions of an earlier and far more extensive Latin compendium of ancient and contemporary texts on the medical treatment of women, first published in Basle in 1566. Edited by Hans Kaspar Wolf (1532–1601), but conceived by the great humanist scholar Conrad Gesner (1516–64), the full title of this compendium was

¹ The book, now held at the Wellcome Library (shelfmark EPB Bindings 14), is I. Sever. Pinaei, *De integritatis & corruptionis virginum notis: graviditate item & partu naturali mulierum, opuscula*. II. Ludov. Bonacioli, *Enneas muliebris*. III. Fel. Plateri, *De origine partium, earumque in utero conformatione*. IV. Petri Gassendi, *De septo cordis pervio, observatio*. V. Melchioris Sebizii, *De notis virginitatis* (Amsterdam, 1663). A handwritten note at the front of the title page reads *Ce curieux petit livre sur la virginité et les fonctions génératrices féminines me paraissant mériter une reliure congruente au sujet est revêtu d’un morceau de peau de femme tannée par moi-même avec du sumac*. The skin came from a woman who died in the hospital in Metz when Bouland was a medical student. For a discussion of the early history of bindings made with human skin, see John Symons, <http://www.wellcome.ac.uk/doc_WTX024047.html> (accessed 28 December 2005).

*Gynaeciorum, hoc est, de mulierum tum aliis, tum gravidarum, parientium, et puerperarum affectibus et morbis, libri veterum ac recentiorum*² aliquot, partim nunc primum editi, partim multo quam antea castigatiores; ‘Of matters pertaining to women, that is, concerning both the affections and diseases of pregnant women, those bringing forth and those in labour, and other [conditions] of women, some books of ancient and more recent [authors], partly now edited for the first time, others more carefully revised than before’. Here I will refer to this compendium as the *Gynaeciorum libri*, the ‘Books on [the diseases of] women’; the Latin *gynaecia*, like the Greek *gynaikēia*, has many meanings, extending from ‘women’s matters’ to ‘women’s diseases’, to the female genitalia, and also covers ‘remedies for women’s disorders’.³ A second, enlarged, edition followed in 1586/8 under the editorship of Caspar Bauhin (1560–1624) and a third, running to 1097 folio pages, was produced by Israel Spach (1560–1610) in 1597.⁴

Although the title page to Spach proudly claimed that the work was *necessariis IMAGINIBUS exornati*, ‘embellished with indispensable illustrations’, it contained very little beside text. The short extract from Felix Platter, which opened the collection from the second edition onwards, had some anatomical illustrations based on Vesalius, while instruments were shown in Ruf, Paré and Albucasis, and Ruf’s text also included fifteen foetal positions. Other than the full-page illustration of the ‘stone infant’ of Sens, which will be discussed in detail in chapter 3, this was the extent of the images used in the collection. Far from being an accessible work on the nature of the female, this was a confusing and intellectually challenging volume.

Both the later editions of the *Gynaeciorum libri* stated in their titles the multiple origin of the works included – Greek, Latin and Arabic – here using not only the term *Arabori* (1597) but also, as a synonym, the derogatory *Barbari* (1586).⁵ In Greek, the collection included from its first edition the text of the sixth-century writer Muscio translated into Greek from what was believed to be its original

² Ian Maclean, ‘The Diffusion of Learned Medicine in the Sixteenth Century through the Printed Book’, in Wouter Bracke and Herwig Deumens (eds), *Medical Latin from the Late Middle Ages to the Eighteenth Century* (Brussels, 2000), p. 105, points out that ‘recentior’ could at this time mean any writer after 1300.

³ Helen King, *Hippocrates’ Woman: Reading the Female Body in Ancient Greece* (London and New York, 1998), p. 23.

⁴ Once the 10-year privilege granted to the previous, 1586/8, edition ran out; Ian Maclean (pers. comm. 29 December 2000) says the 10-year privilege granted to Spach in 1597 still survives in Vienna. See his chapter, ‘The Diffusion of Learned Medicine’, p. 103, on how decisions were taken to reprint books. Online access to all three editions is provided by the Biblioteca Digital Dioscórides at the Universidad Complutense Madrid; see <http://cisne.sim.ucm.es/search*spl~S4>.

⁵ Israel Spach (ed.), *Gynaeciorum sive de Mulierum tum communibus, tum gravidarum, parientium et puerperarum affectibus et morbis libri Graecorum, Arabum, Latinorum veterum et recentium quotquot extant, partim nunc primum editi, partim vero denuo recogniti, emendati* (Strasbourg, 1597).

language, Latin, edited by Gesner and Wolf and, from the second edition, the text (with Latin commentary) of the first book of the Hippocratic *Diseases of Women*; in Greek, *Gynaikeia*, or ‘women’s matters’.⁶

When I began to study these collections, my initial research question was simply ‘Why?’: why were these different texts on women’s medicine put together and printed at this time (Table 1)? A further question followed from this one: of the works available on women’s diseases and on childbirth in the second half of the sixteenth century, why were some texts selected for these compendia, and others left out? The *Gynaeciorum libri* offered a pan-European group of texts, the authors of the contemporary works included being the Spaniard de Mercado, the Italians Bonacciuoli, Mercuriale, Bottoni and Trincavelli, the German-speaking Platter, Ruf, and Bauhin, and the French Akakia, de la Roche, Paré, Dubois, Rousset, le Bon and de la Corde. Some of the treatises included had already been available for a few years; some moved rapidly from publication as a separate volume, to inclusion in the compendium, while one was published without authorization in the *Gynaeciorum libri*, and appeared separately a year later.⁷ The production of the collection in Latin is a further aspect of its pan-European status. When Peter Murray Jones studied medical libraries in early sixteenth-century Oxford and Cambridge, he found that there was still very little that was not in Latin, even among non-professional owners, but by the mid- to late sixteenth century vernacular works were available in many European languages.⁸ For the *Gynaeciorum libri*, however, work which existed in French was translated into Latin so that the international learned community would have greater access to it; François Rousset’s treatise on Caesarean section, *Hysterotomotokia*, had first been published in French in 1581, but was translated into Latin for the 1586 *Gynaeciorum libri*, while the treatises on menstruation and generation by Jacques

⁶ Muscio translated Soranos’s (Greek) *Gynaikeia* into Latin, possibly in the sixth century AD; it was then translated back into Greek again later in the Byzantine period, before being translated into Latin once more early in the Renaissance. See further Ann Ellis Hanson and Monica H. Green, ‘Soranus of Ephesus: *Methodicorum Princeps*’, in *Aufstieg und Niedergang der Römischen Welt* 37.2 (1994): 968–1075, esp. pp. 1042–43, 1046, 1053–57. The text in the *Gynaeciorum libri* reprints the separate publication of Wolf’s edition (Basle, 1566).

⁷ Maurice de la Corde’s commentary on the Hippocratic *Diseases of Women* 1 appeared separately in 1585 and entered the compendium in 1586, while Girolamo Mercuriale’s treatise appeared separately in 1587, the year *after* its inclusion.

⁸ Peter Murray Jones, ‘Medicine and Science’, in Lotte Hellings and J.B. Trapp (eds), *The Cambridge History of the Book in Britain*, vol. 3, 1400–1557 (Cambridge, 1999), pp. 446–7.

Table 1 The contents of the three editions of the *Gynaeciorum libri*

Author	Short Title	First Publication Outside This Collection	First Entry into <i>Gynaeciorum libri</i>
Caspar Wolf (ed)	Harmonia Gynaeciorum		1566
Albucasis	Gravissimorum aliquot affectuum muliebrium ... curandi ratio		1566
Trotula	De mulierum passionibus		1566
Nicholas de la Roche	De morbis mulierum curandis liber	1542	1566
Luigi Bonacciuoli	Muliebrium liber	1505*	1566
Jacques Dubois	De mensibus mulierum et hominis generatione	1555	1566
Muscio	De passionibus mulierum liber		1566
Felix Platter	De mulierum partibus generationi	1583	1586
Jakob Ruf	De conceptu et generatione hominis	1554	1586
Girolamo Mercuriale	Muliebrium libros IV	1587	1586
Giovanni Baptista da Monte	De uterinis affectibus	1554	1586
	Consilia de affectibus muliebribus	1554	1586

Vittore Trincavelli	Consilia III muliebria	1586	1586
Albertino Bottoni	De morbis muliebribus	1585	1586
Jean le Bon	Therapia puerperarum	1571/7	
Ambroise Paré	De hominis generatione	1573	1586
François Rousset	Hysterotomotokia	1581 (F)	1586
Maurice de la Corde	Gynaeciorum in quo Hippocratis Coi,... Liber prior de morbis mulierum	1585	1586
Luis de Mercado	De morbis mulierum communibus	1579	1588
Caspar Bauhin	Libellus variarum historiarum	1579	1597
Martin Akakia	De morbis muliebribus		1597

* Dated on the grounds that the dedicatee, Lucrezia Borgia, is referred to as the Duchess of Ferrara, a title she only took in this year. I owe this point to Monica Green.

Dubois had appeared in Latin in 1555, then in French translation in 1559, and entered the 1566 *Gynaeciorum libri* in a revised Latin version.⁹

Other questions raised by this compendium concern its specific cultural contexts. How significant is it that a collection on the female body, emphasizing its distinct nature, was created during the Reformation, and in a period identified by some scholars as one in which – at least in England – masculinity began to undergo

⁹ The printing history of Dubois's work will be discussed further in chapter 1. As Jones points out, John Caius similarly published his work on the English sweat in Latin in 1552, but then produced a Latin version for the European market. However, here there was a clear reason for choosing the vernacular first. See Peter Murray Jones, 'Medical Libraries and Medical Latin 1400–1700', in Bracke and Deumens (eds), *Medical Latin from the Late Middle Ages to the Eighteenth Century*, p. 119. On translation into Latin see also Maclean, 'The Diffusion of Learned Medicine', p. 93 and n. 1.

a ‘crisis’?¹⁰ This sixteenth-century interest in women in which, as I shall show, Hippocrates came to be seen as the expert on the sex, may be related to the ‘crisis in patriarchy’ identified, at least in England, by scholars including Anthony Fletcher. As I have documented elsewhere, all over Europe there was considerable interest in issues of menstruation, virginity and marriage, perhaps linked to the rise of Protestantism, in which virginity was seen as problematic, or to the issues of women in power posed by queens such as Mary and Elizabeth I.¹¹

At this time, what was thought to constitute a ‘woman’, and what did the texts in the *Gynaeciorum libri* take to be the main differences between the sexes? How were a woman’s physical characteristics thought to affect her mental capacity, and what were the implications for her life? Did the publication of these texts as a compendium have any effect on the medical treatment of women? The editor of the third edition, Spach, maintained that his enlarged volume was needed because of continued demand for these texts devoted to the diseases of women; he described the publisher, Zetzner, as being ‘influenced by the common good’, embarking on this project because the books were so sought after.¹² Was that statement merely part of the rhetoric of medical publishing, or something more? Certainly, it was not only publishing on the diseases of women that took off in the second half of the sixteenth century. All three editions came out during a period in which the production of medical books was increasing rapidly; Ian Maclean has identified the years from 1565–1625 as ‘the heyday of the Frankfurt Book fair’, an event held twice a year and a key forum for publicizing, as well as selling, books.¹³ From 1590 onwards, the first specialist bibliographies of medical works were also published; Israel Spach was responsible not only for the 1597 *Gynaeciorum libri* but also for the first bibliography of medical books organized by subject, the *Nomenclator scriptorum medicorum* published in 1591, which included the work of a total of 1436 authors.¹⁴

But as I continued to study the *Gynaeciorum libri*, I could not help but be aware of its subsequent uses, and it is on these that the present book will concentrate. In its three editions, these were not particularly rare volumes; as the definitive works on the diseases of women, they were a ‘must have’ in the medical

¹⁰ E.g. Anthony J. Fletcher, ‘Men’s Dilemma: The Future of Patriarchy in England 1560–1660’, *Transactions of the Royal Historical Society*, 6th series 4 (1994): 61–81; *ibid.*, *Gender, Sex and Subordination in England, 1500–1800* (New Haven, 1995); Anthony J. Fletcher and John Stevenson (eds), *Order and Disorder in Early Modern England* (Cambridge, 1985). Mary Fissell locates in the late seventeenth century a crisis of both paternity and maternity; *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford, 2004), p. 46.

¹¹ Helen King, *The Disease of Virgins: Green Sickness, Chlorosis and the Problems of Puberty* (London, 2004), pp. 80 and 140.

¹² Spach (ed.), *Gynaeciorum libri*, preface: *Nunc autem cum eorundem desiderarentur exemplaria: tam precibus aliorum, quam etiam utilitate communi adductus et permotus.*

¹³ Maclean, ‘The Diffusion of Learned Medicine’, p. 95.

¹⁴ See Jones, ‘Medical Libraries and Medical Latin 1400–1700’, pp. 132–3.

libraries of individuals and institutions, into the Victorian era.¹⁵ Copies of the three editions, and in particular of the large folio single-volume edition of 1597, were owned by doctors all over Europe, and handed down in their families; Ian Maclean has argued that publication in folio may be about an ‘externalization of knowledge’, if the book is to be displayed in the workplace, but was also ‘a matter of the physical expression of the excellence of the contents’.¹⁶ The folio publication of the 1597 Spach edition could therefore be seen partly as recognition of the worth of the compendium. In its later history, the collection was long regarded as being of far more than antiquarian interest. In 1891 Howard Kelly, Professor of Gynecology and Obstetrics at Johns Hopkins Hospital (1889–99), and subsequently Professor of Gynecology (1899–1919), was still able to write of it:

This book is peculiarly interesting as one of the earliest special works, and as being the largest old collective work ... it contains much of value, much in common with the teaching of today.¹⁷

As I will explore in chapter 1, many surviving copies, particularly of the first two editions, have some level of annotation, as owners interpreted the text, compared the different treatises collected in this compendium, studied the earlier sources from which the writers of the treatises supported their statements, and tried to find in their own countries plants equivalent to those recommended by the texts they read.

In studying this long history, I was struck by two particular owners and users of the compendium, neither of them from a time when I would have expected much interest in either sixteenth-century medicine or the classical, medieval and Arabic treatises that make up the remainder of the *Gynaeciorum libri*. One of these users was the eighteenth-century Scottish man-midwife, William Smellie, responsible for training a generation of men-midwives in London; the other was another Scot, Sir James Young Simpson, Professor of Midwifery in Edinburgh from 1840 and most famous for discovering the anaesthetic properties of chloroform in 1847. Both were also book collectors, whose collections survive at least in part; in the case of Smellie, his library is almost intact.¹⁸ Although both lived in times when ancient medicine remained a part of medical education – even in the nineteenth century, it was normal for medical exams to include the requirement to comment on one of

¹⁵ Ibid., p. 121, comments usefully on the conservatism of those who collected a medical library; their ambition was ‘to put together as representative a collection as possible’ regardless of their individual specialist interests.

¹⁶ Maclean, ‘The Diffusion of Learned Medicine’, pp. 106–7.

¹⁷ Howard Kelly, ‘Israel Spachius’s Gynecology’, *Johns Hopkins Hospital Bulletin* 2, 1891, p. 164, cited in I.S. Cutter and H.R. Viets, *A Short History of Midwifery* (Philadelphia and London: 1964), pp. 29–30 n.3.

¹⁸ Smellie’s library is held at Lanark in the Lindsay Institute: much of Simpson’s collection is in the library of the Royal College of Physicians, Edinburgh. See below, chapter 2.

the aphorisms of Hippocrates – I found it surprising that the compendium was still being read and used. The authority of ‘the classics’ had begun to wane, being replaced by commitment to observation and to the new values of the scientific method. In an important essay review published in 1996, Irvine Loudon characterized as the most striking features of eighteenth-century medicine ‘the surging spirit of enquiry, the faith in personal experience and powers of observation, and the rejection of “ancient authority”’.¹⁹

Both Smellie and Simpson went to grammar schools, where they received a classical education. Smellie used Latin translations of Greek medicine, although – as we shall see in chapters 2 and 3 – his competence to do so was questioned by his contemporary, the York man-midwife John Burton. Simpson, a keen antiquarian, often assembled classical authorities to back up his points, but eventually came to challenge the place of the classics in the school curriculum, regarding them not only as being of marginal importance in a scientific education, but also as morally dangerous. The portrait of Simpson by Norman Macbeth, now hanging over the stairs of the Royal College of Physicians of Edinburgh, shows him turning away from reading his 1597 Spach *Gynaeciorum libri*, which is open at the title page, towards the viewer. On the table is also a clearly labelled bottle of chloroform, while beside the table are an ancient inscription and a Greek vase. The items selected clearly represent his interests, and the grounds on which his reputation was based; for example, in 1856 he had published a piece entitled *Notes on Some Ancient Greek Vases for Containing lykion*.²⁰ In the portrait, the red letters of ‘ISRAEL SPACH’ and the year of publication are shown larger than they really are, to make it even more obvious what Simpson has been reading, and thus making the book a clear statement of medical authority. [Plate 1]

The significance of gynaecology

The origin of gynaecology is usually dated to within Simpson’s lifetime; for example, Roberta McGrath traced the use of the word to between 1820 and 1850, while Jeanne Peterson and Ornella Moscucci have shown that the institutional expression of the discipline, through specialist hospital departments and subject diplomas, did not occur until the second half of the nineteenth century.²¹ In the nineteenth century, the claim that gynaecology was necessary – that women were

¹⁹ Irvine Loudon, ‘Essay Review: The Making of Man-midwifery’, *Bulletin of the History of Medicine*, 70 (1996), p. 512.

²⁰ *Notes on Some Ancient Greek Vases for Containing lykion: and on the Modern Use of the Same Drug in India* (Edinburgh, 1856).

²¹ Roberta McGrath, *Seeing her Sex: Medical Archives and the Female Body* (Manchester and New York: 2002), p. 34; M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley, CA and London, 1978); Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England, 1800–1929* (Cambridge, 1990).

sufficiently 'different' to need a medical specialty – could have economic as well as theoretical implications; the treatment of women had become a contested field between surgeons, physicians, and the emerging hybrid of the gynaecologist.²²

But what happened before Simpson's lifetime? Michael Stolberg has traced an earlier use of the word 'gynaecology' in Latin, citing the German physician Johann Peter Lotichius's work, advocating the education of women to the same level as men, entitled *Gynaecologia, id est de nobilitate et perfectione sexus feminei* (1630).²³ This is a positive work on female difference, arguing not for exclusion but for equality; but gynaecology, in the sense of a separate branch of medicine, usually carried a far more negative charge. I will be arguing here that the intense interest in the diseases of women in the second half of the sixteenth century, stressing the difference of women from men, and noting the implications of this difference for their effective treatment, should make us revisit attempts to place the origin of gynaecology – in anything other than a narrowly institutional sense – as late as the nineteenth century.²⁴ Furthermore, although Simpson's portrait of a nineteenth-century Professor of Midwifery with a sixteenth-century compendium on gynaecology links these two historical periods in which the 'invention' of gynaecology can be situated, neither was the first time in Western medicine that women were considered so different from men as to warrant a separate branch of medicine. That claim was first made in fifth-century Greece, in the texts of the Hippocratic corpus; indeed, sixteenth-century writers on the diseases of women looked to Hippocrates as the man who had finally tied down into categories the shifting body of the female.²⁵ By bringing these ancient texts into the debate, we can consider the explanations proposed for the nineteenth-century 'origin' of gynaecology – economic, social, political – more generally. Of course, the explanation of the emphasis on female difference does not have to be the same in every case, and it is valuable to take the long view while simultaneously looking for what is culturally specific.

The existence of Hippocratic texts exclusively devoted to the female body, and the publication of three editions of a compendium of gynaecological texts in the sixteenth century, should therefore make us think again about the origin of

²² King, *Hippocrates' Woman*, p. 2.

²³ Johann Peter Lotichius, *Gynaecologia, id est de nobilitate et perfectione sexus feminei* (Rinteln, 1630) cited in Michael Stolberg, 'A Woman Down to her Bones: The Anatomy of Sexual Difference in the Sixteenth and Early Seventeenth Centuries,' *Isis*, 94 (2003), p. 288. See also Winfried Schleiner, 'Early Modern Controversies About the One-sex Model', *Renaissance Quarterly*, 53 (2000), pp. 189–90.

²⁴ Stolberg, 'A Woman Down to her Bones', pp. 288–9.

²⁵ Helen King, 'Hippocratic Gynaecological Therapy in the Sixteenth and Seventeenth Centuries' in Ivan Garofolo et al. (eds), *Aspetti della Terapia nel Corpus Hippocraticum* (Atti del IX^e Colloquio hippocratico, Pisa, 25–29 settembre 1996) (Firenze, 1999), pp. 499–515.

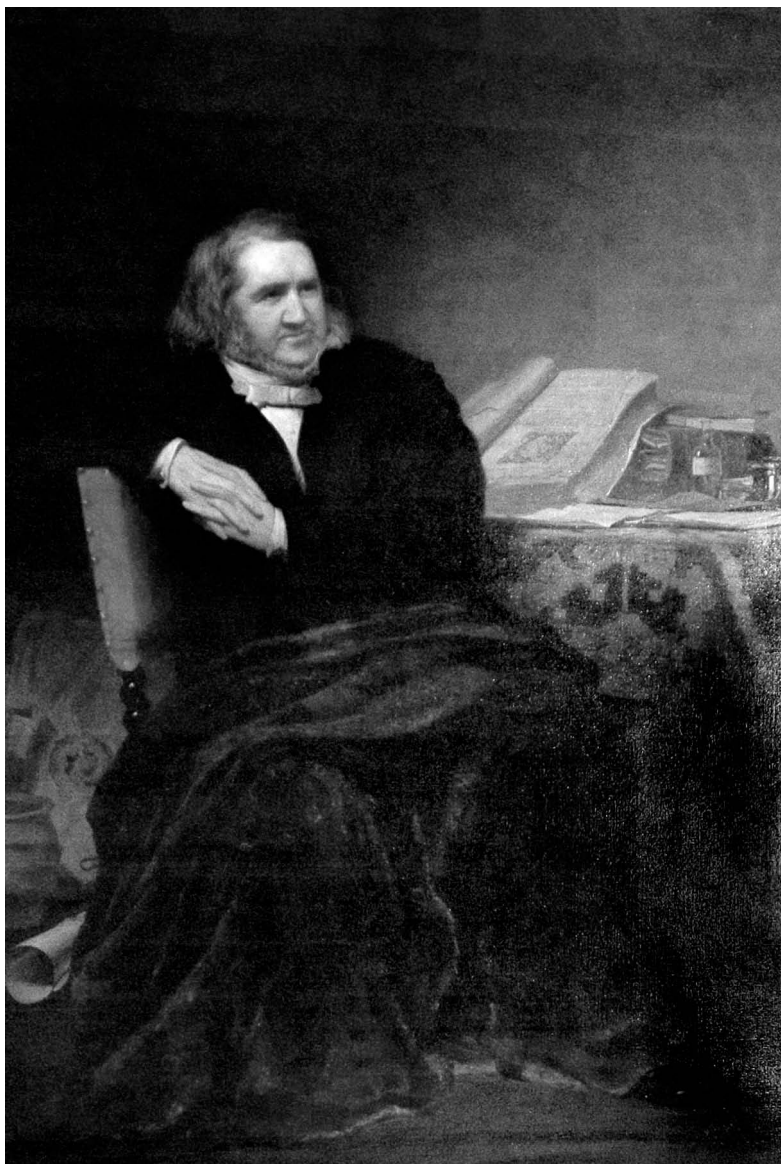


Plate 1 Sir James Young Simpson, by Norman Macbeth. Photograph by Iain Milne. Reproduced with permission of the Royal College of Physicians, Edinburgh.

gynaecology. One of the ways in which the model of female difference was given authority in the sixteenth century was through the selection of appropriate classical passages to cite on the title page of a new work, or to discuss in the preface; two passages, in particular, taken from Hippocratic treatises were used in this context. The first of these was *Places in Man* 47,²⁶ which stated that ‘the womb is the cause of all diseases of women’ and was cited, for example, in Caspar Wolf’s *Harmonia Gynaeciorum* of 1566, a question-and-answer work based on several medieval texts that was included in all three editions of the *Gynaeciorum libri*.²⁷ The same Hippocratic reference was also used as a key reference in Wolf’s dedicatory epistle included in both the 1566 and 1586 editions.²⁸ The second passage used in these claims for greater attention to female difference was the Hippocratic *Diseases of Women* 1.62, which probably derives from the fifth century BC. It warned that women should not be treated as if they were men, because ‘the treatment (*iêsis*) of the diseases of women differs greatly from that of men’.²⁹ This statement, suggesting that gynaecology should form a separate area of medicine, and which Paola Manuli memorably described as the founding act of ancient Greek gynaecology,³⁰ appeared, for example, on the title page of Maurice de la Corde’s commentary on the text *Diseases of Young Girls*, published in 1574, and was discussed at length in 1597 in Israel Spach’s preface to the third edition of the *Gynaeciorum libri*.³¹ While the first passage suggests that the medical focus should rest on one organ – the womb – the second is more radical, arguing for a more extensive degree of difference, spreading throughout the female body.

For sixteenth-century medical writers, these two Hippocratic passages suggested that women were particularly difficult to treat, and therefore needed a separate branch of medicine. While *Places in Man* concentrated the difference into one organ, *Diseases of Women* went further by claiming in addition that the diseases of women are difficult to recognize, because they are experienced only by women; these women do not understand what is wrong with them, if they lack experience of ‘the diseases coming from menstruation’, but ‘time and necessity’ teach them the cause of their diseases. Spach’s preface summarized this passage. Women who fail to understand the origin of their illness call in a healer too late,

²⁶ Loeb VIII, ed. Paul Potter (Cambridge, MA, and London, 1995), p. 94; Elizabeth Craik (ed.), *Hippocrates*, *Places in Man* (Oxford, 1998), p. 86.

²⁷ The text has been translated into Italian: see Gino Fravega, *Harmoniae gyneciorum: epitome di Gaspare Wolf su Moschione, Cleopatra e Teodoro Prisciano* (Genova, 1962).

²⁸ Caspar Wolf 1564 and 1586 *Epistolaria dedicatoria: Atque hoc illud est, quod omnium bonorum autor Hippocrates, Laconica brevitate usus: UTEROS MORBORUM IN MULIERIBUS CAUSAM EXISTERE, alicubi commemorat*.

²⁹ Ed. Emile Littré (Paris, 1839–61), 8.126.

³⁰ Paola Manuli, ‘Donne maschiline, femmine sterili, vergini perpetue. La ginecologia greca tra Ippocrate e Sorano’ in Silvia Campese, Paola Manuli and Giulia Sissa, *Madre Materia. Sociologia e Biologia della Donna Greca* (Turin, 1983), p. 154.

³¹ Maurice de la Corde, *Hippocratis Coi libellus Peri Partheniôn, hoc est, De iis quae virginibus accidunt* (Paris, 1574); Spach, preface to 1597 *Gynaeciorum libri*.

while those who do understand are reluctant to talk to a healer. The healer must always bear in mind that the cause of women's diseases is different, and therefore the treatment must also be different.³²

Although the concept of 'gynaecology' – a medical approach focused on female difference – was thus invented in the Hippocratic *Diseases of Women*, there were no 'gynaecologists', as all physicians were supposed to have this knowledge in order to treat their female patients. Nor was belief in women's difference a novel medical idea. Instead, it expressed deep-rooted cultural views on women, as the Greeks regarded them as a late creation, having their origin in the deceptive body of the first woman, Pandora.³³ The Hippocratic corpus is a collection of treatises from different dates, their authors or compilers holding a range of theoretical positions on the nature and treatment of the human body; this variety was probably adaptive, as the Hippocratic healer was 'materially dependent on a public with the broadest possible spectrum of religious and philosophical beliefs, and the less clearly he expressed himself about such matters, the better for him'.³⁴ Nevertheless, common to many of these treatises was the idea that women are wetter than men, and that this in turn results from the flesh throughout their bodies being of a softer and more spongy texture, absorbing more fluid from their diet.³⁵ *Glands* 16 explains that women's bodies retain moisture because they are loose-textured (*araios*), spongy (*chaunos*) and like wool (*eirion*).³⁶ In addition, social factors come into play; because women do not take as much exercise as men, they cannot use up any accumulated excess.³⁷ Here the social is natural, because it was believed that women are specifically designed to live sedentary lives at home, while men are made to deal with the 'things outside'.³⁸ Women's fluid collects in the body and eventually comes out as menstrual blood; the menstrual function is the evidence for, as well as the direct result of, the different texture of flesh throughout the female body. Hippocratic gynaecology, performed by men whose practice also included the diseases of men, therefore covered far more than the organs of generation, because every inch of female flesh was thought to be different to male flesh. This is not 'the same' flesh with different levels of moisture: it is 'different' flesh, which is why it responds to moisture in a different way.

³² *DW* 1.62, Littré 8.126.

³³ King, *Hippocrates' Woman*, pp. 23–7.

³⁴ Volker Langholf, *Medical Theories in Hippocrates: Early Texts and the 'Epidemics'* (Berlin and New York, 1990), p. 239.

³⁵ *Diseases of Women* 1.1, Littré 8.10–14; Ann Ellis Hanson, 'Fragmentation and the Greek Medical Writers' in Glenn W. Most (ed.), *Collecting Fragments* (Göttingen, 1996), p. 307.

³⁶ *Glands* 16, ed. Paul Potter (Cambridge, MA, and London, 1995), Loeb VIII, p. 124.

³⁷ *DW* 1.1, Littré 8.14.

³⁸ Ps-Xenophon, *Oikonomikos*, 7.22–23; 'I believe that the god arranged that the work and supervision indoors are a woman's task, and the outdoors are the man's.'

The womb was seen as the collector of menstrual blood accumulated by the spongy texture of female flesh, but it was also believed capable of moving around the body to exert pressure on other organs. In such a situation, in addition to the local problems caused by the incorrect location of the womb, the blood would not be able to leave the woman's body. Although the *Diseases of Women* treatises ascribe many disorders to the movement of the womb, the source of all diseases in women remains the accumulation of menstrual blood in the flesh, in contrast to *Places in Man* 47, where it is the womb itself. But the idea that the womb is the main problem found later support in the philosopher Plato, whose *Timaeus* (91c4) – written in around 360 BC – described the womb as wandering around the body if not impregnated. Tobias Smollett, who assisted William Smellie in editing his midwifery treatises, was still stressing the influence of the womb over the whole female body in 1760; he also sought support from the Anglo-Saxon 'womb-man', regarded as the origin of the word 'woman'.³⁹

It is also important to realize that the position we find in the Hippocratic *Diseases of Women* treatises was not the only one taken in the ancient world. Galen, writing in the second century AD and the first decades of the third, most famously considered that women and men had the same genital organs, but with women's on the inside and men's on the outside, due to the greater innate heat of the male, which is 'Nature's primary instrument'.⁴⁰ This is the classical model best known to cultural historians today, due to its appearance in Thomas Laqueur's *Making Sex* (1990), which argued for a shift from what he called a 'one-sex' to a 'two-sex' model. Following Galen, Laqueur argued that the dominant model from antiquity into the early modern period stressed not the difference, but the similarity, between male and female bodies. In this one-sex model, there was no such thing as the female body; instead, there was just one body, which if it was cold, weak and passive was female and if it was hot, strong and active was male. The reason why my model differs so radically from that of Laqueur – the strengths and shortcomings of whose work I have discussed in detail elsewhere – is that his model is based so heavily on Galen and, to a lesser extent, on a specific strand of the Hippocratic corpus.⁴¹ He used only the Hippocratic treatises *On*

³⁹ [Tobias Smollett] 'Review of Mrs Nihell, *Answer to the Author of the Critical Review*', p. 39, reproduced in Philip Klukoff, 'Smollett's Defence of Dr. Smellie in *The Critical Review*', *Medical History*, 14 (1970): 33–41. This originally appeared in *Critical Review* 9, pp. 187–97 for March 1760. The *OED* gives the standard etymology of 'woman' as derived from the Old English 'wifmon' (wife-man), which became 'wimman' in Middle English. 'Womman' emerged in the late thirteenth century; as the double 'm' was simplified to a single letter, the preceding vowel was lengthened, although in the sixteenth and seventeenth century both pronunciations existed.

⁴⁰ Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA, 1990), pp. 25–6; Galen, *Use of Parts*, 2.630, cited Laqueur, p. 28.

⁴¹ Helen King, 'The Mathematics of Sex: One to Two, or Two to One?' *Studies in Medieval and Renaissance History: Sexuality and Culture in Medieval and Renaissance Europe*, 3rd series, 2 (2005): 47–58.

Generation/Nature of the Child, and *Regimen*, which share a 'two-seed' theory suggesting that gender is a continuum, the degree of maleness or femaleness of the child depending on the balance between the seeds each parent contributes.⁴² The Hippocrates of *Diseases of Women* is absent from Laqueur's story. However, the history of medicine from the sixteenth century onwards suggests that, for the female body, it is this Hippocrates who has always been invoked by those claiming radical difference from the male body and calling for a separate branch of medicine to treat women, on the grounds that there is not one sex, but two. I would therefore locate the sixteenth-century compilers of the *Gynaeciorum libri* within this tradition of the female body that could exist alongside a one-sex model, but which saw women as radically unlike men, their bodies so different that they demanded different therapies.⁴³

In the creation of 'gynaecology', the advantage that the Hippocratic corpus had over Galen was that it contained works exclusively devoted to the female body. Galen, despite his extraordinary productivity, did not write a work on women. But Hippocrates and Galen did not represent the sum of ancient knowledge on sex and gender, and one other writer should be mentioned here, not least because he preserved, at least in outline, the different views of several ancient writers whose work would otherwise be unknown to us. Soranos of Ephesus, active in the second century AD, wrote a treatise on the diseases of women in which he explicitly considered the question 'whether females have conditions that are specifically their own' in order to decide whether they also needed 'therapy specifically their own'.⁴⁴ He looked at both 'conditions according to nature', such as childbirth and the production of milk, and 'conditions contrary to nature' such as illnesses.⁴⁵ According to Soranos, writers of an empiricist slant – believing that medicine could never be a scientific discipline, as it could only be based on knowledge accumulated from experience – together with Diocles, Athenion, Miltiades, Lucius and Demetrius of Apamea believed that women have diseases specific to their sex. Erasistratos, Herophilos, Apollonios Mus, Asclepiades, Alexander Philaethes, Themison and Thessalos disagreed, although Soranos noted that not all his contemporaries agreed with placing Erasistratos, Herophilos and Asclepiades in

⁴² Laqueur, *Making Sex*, p. 39. Karen Harvey's recent book, *Reading Sex in the Eighteenth Century: Bodies and Gender in English Erotic Culture* (Cambridge, 2004), p. 81, also wrongly refers to 'the Hippocratic vision' of a two-seed theory of conception in which both sexes produce seed of similar quality; within the Hippocratic corpus, this is found only in *On Generation/Nature of the Child*. A similar assumption that this was the only 'Hippocratic' model of gender is made in Ruth Gilbert, *Early Modern Hermaphrodites: Sex and Other Stories* (Basingstoke, 2002), pp. 35–6.

⁴³ Karen Harvey, 'The Century of Sex? Gender, Bodies, and Sexuality in the Long Eighteenth Century', *Historical Journal*, 45 (2002): 899–916 has recently argued for a coexistence of the one- and two-sex models in the eighteenth century.

⁴⁴ Soranos, *Gynaecology* 3.1.3–5 and 18–20 (Budé). On Soranos, see Hanson and Green, 'Soranus of Ephesus'.

⁴⁵ In Greek, *para physin* or *kata physin*.

this list.⁴⁶ Soranos noted that those arguing for conditions specific to women would argue that ‘we call some physicians “women’s physicians” because they treat the conditions of women’; this suggests a degree of specialization in the early Roman Empire. He describes others arguing for this position, who claimed that the fact that only women have a womb must mean that they have their own conditions related to that organ.⁴⁷ Soranos himself followed the third-century BC writer Herophilos in arguing that even the wombs of women were made of the same material as the bodies of men, meaning that the only conditions specific to women are those ‘according to nature’ concerned with conception, pregnancy and lactation. Even for these conditions, the treatment of women will proceed on the same principles as that for men, because problems such as excess constriction or relaxation of the parts will be comparable in their effects.⁴⁸

Although the text of Soranos’s *Gynaecology* was in circulation until the sixteenth century, it was then lost until the nineteenth century; while his name continued to be used, his ideas therefore played little part in the period under discussion here. There existed a body of writings composed in Latin, and attributed to Soranos, but these were composed much later. A set of letters placing Soranos at the time of Cleopatra was written by the book collector and notorious composer of forgeries, Melchior Goldast (1578–1635), in around 1606; in these, Mark Antony consults Soranos in order to manage Cleopatra’s insatiable lusts.⁴⁹ The popularity of the name of Soranos as an authority on all matters concerning women, despite the absence of his authentic work, also appears in Jacques Guillemeau’s 1609 treatise on midwifery, translated into English in 1612 as *Child-Birth or, the Happy Deliverie of Women*. Here Guillemeau quoted from ‘la complaincte des femmes recitee par Soranus’: in English, this became ‘the complaints of Women, related by

⁴⁶ Soranos, *Gynaecology* 3.1.21–30 (Budé). On Diocles, see Philip J. van der Eijk, *Diocles of Carystus: A Collection of the Fragments with Translation and Commentary. Volume One: Text and Translation; Volume Two: Commentary*, Studies in Ancient Medicine, vols 22 and 23 (Leiden and Boston, 2000–01); on Herophilos, Heinrich von Staden, *Herophilus. The Art of Medicine in Early Alexandria* (Cambridge, 1989); on Erasistratos, Ivan Garofolo, *Erasistrati Fragmenti* (Pisa, 1988). The other figures mentioned in this list are discussed briefly in the notes to the Budé edition, pp. 62–3.

⁴⁷ Soranos, *Gynaecology* 3.1.31–3, 39–41 (Budé). I am grateful to Rebecca Flemming, ‘On Taking Pluralism Seriously: Sex and Sectarianism in Classical Medicine’, paper delivered at the Thirteenth Berkshire Conference on the History of Women, Claremont, CA, 3 June 2005, for elucidating the relationship between the sections of this chapter; see also Owsei Temkin, *Soranus’ Gynecology* (Baltimore, MD, 1956; reprinted 1991), p. 130, n. 5.

⁴⁸ Soranos, *Gynaecology* 3.1.86–100 (Budé).

⁴⁹ Ann Hanson, ‘The correspondence between Soranus, Antonius and Cleopatra’, unpublished paper. Hanson points out that Spach’s *Nomenclator* (Frankfurt, 1591) does not include Soranos as a gynaecological writer; it is noteworthy that this seems to change only at the beginning of the seventeenth century. On Goldast, see also Anne N. Baade, *Melchior Goldast von Haiminsfeld. Collector, Commentator and Editor* (New York, 1992), p. 37 dates the Cleopatra correspondence to 1608.

Soranus'.⁵⁰ Yet the passage he cited, an attack by women on men who 'fill whole Libraries with large volumes and writings of everie light and triviall disease of your owne making little or no mention at all, of our cruell and insupportable torments', is not from Soranos's genuine works. Only in 1830 did Dietz find a fifteenth-century manuscript that combined chapters of Soranos with others from the later writer Aetius. The first publication of the genuine Soranos material took place in 1838, after Dietz's death, and in the second half of the nineteenth century other editors also worked to disentangle the text of Soranos from the manuscript. While the existence of Soranos' text would have answered the need for a manual exclusively dedicated to conditions affecting only women, its loss meant that the Hippocratic *Diseases of Women* treatises were the sole resource available to medical writers looking for such a work.⁵¹

Authority over the womb

Bouland chose to rebind a book about the female body in female skin. In a rather less literal way, the line between the book and the body was constantly elided by sixteenth-century humanists, who regarded their activities with the Greek and Latin texts on which they worked in terms of the heroes of classical myth. In the preface to the separate edition of the Muscio treatise included in all editions of the *Gynaeciorum libri*, Wolf described Gesner's efforts to establish the correct text as being like the fifth labour of Heracles, the cleaning of the Augean stables; this would suggest an apparently impossible task carried out in a very short time.⁵² They also used analogies with bodily processes, regarding discovering new manuscripts as 'bringing into the light' classical knowledge, terminology also applied to childbirth in the early modern world.⁵³ In his preface to the 1597 edition

⁵⁰ Jacques Guillemeau, *De l'heureux accouchement des femmes* (Paris, 1609); *ibid.*, *Child-Birth, or, the Happy Deliverie of Women* (London, 1612), 'An Introduction to the Reader'. I have not been able to trace the source of this passage.

⁵¹ The manuscript, BN Par. Gr. 2153, was apparently copied in two sixteenth-century manuscripts, Barberinus 1, 49 and Vossianus Graecus 8^o, 18. The earliest editions are those of Friedrich Reinhold Dietz, *Sorani Ephesii de arte obstetricia morbisque mulierum quae supersunt* (Königsberg, 1838); Frans Zacharias Ermerins, *Sorani Ephesii liber de muliebribus affectionibus* (Utrecht, 1869); Valentin Rose, *Sorani Gynaeciorum vetus translatio Latina* (Leipzig, 1882). See further Paul Burguière, 'Histoire du texte' in *Soranos d'Éphèse: Maladies des femmes 1.1* (Paris, 1988), pp. xlvii–lxv; Ann Ellis Hanson and Monica H. Green, 'Soranus of Ephesus', pp. 970–72.

⁵² Caspar Wolf, *Moschionis medici Graeci de morbis muliebribus liber unus: cum Conradi Gesneri viri clarissimi scholiis et emendationibus, nunc primum editus opera ac studio Caspari Wolphii Tigurini medici* (Basle, 1566), preface: *quem quasi in Augiae stabulo repurgando subiit*. The reference is to Apollodorus, 2.5.5.

⁵³ Guillaume de Baillou, *De Virginum et Mulierum Morbis liber, in quo multa ad mentem Hippocratis explicantur* (Paris, 1643), title page: *in lucem primum editus*.

of the *Gynaeciorum libri*, Israel Spach used this image in both senses, writing of the proper time for a child to come ‘into the light’ as well as describing this third edition as enabling the books to once again ‘gaze upon the light’.⁵⁴ One of the treatises included in the compendium from the 1566 edition onwards, Nicholas de la Roche’s *De morbis mulierum curandis liber*, described its dedication to his wealthy patron Catherine d’Ambroise as being *ne ancephalos in lucem prodiret*, ‘lest a headless child should come forth into the light’.⁵⁵ As well as being textual midwives, the humanists were also textual physicians. They described their emendations in terms of moving the text from damaged to complete, ‘purging’ the Greek manuscripts of the errors introduced by Arab translators, and thus converting textual ‘illness’ into ‘health’. In their professional lives, too, they combined the practice of medicine and the detailed study of classical texts in a way which to us may seem extraordinary; for example, Wolf, the editor of the 1566 *Gynaeciorum libri*, was Professor of Physic at Zurich, and later became Professor of Greek Language there. More surprising combinations of academic subjects were also found; Caspar Peucer, Professor of Mathematics in Wittenberg since 1554, was appointed to the medical faculty there in 1560, and at his death owned over 1400 titles, 29% of them being medical works.⁵⁶

The present study concerns the relationships between texts and bodies in a rather different sense. I am aware that my decision to examine the reception of this sixteenth-century compendium and its classical, and other, contents may seem odd; in a climate in which medical history is increasingly done from the ‘bottom up’ and the patient’s voice is given priority, I am instead looking at the texts of learned medicine and at ‘great men’. But great men too saw patients, and interacted with the often grim realities of those patients’ lives, while texts were read by practitioners at all levels, as well as by those who were not medical professionals, and such texts often bear the marks of their readers’ engagement with their words. Although this is a book about books, and their users, it is not my intention to lose sight either of the practical uses of the material the books contained, or of the real debates in practice that continued to send people back to the historical texts. By looking in detail at the mid-eighteenth and mid-nineteenth century uses of the *Gynaeciorum libri* compendium, as slices through the historical process, I hope to show that, for midwifery and gynaecology, this period was not a straightforward ‘rejection of “ancient authority”’. I intend to provide a fresh perspective on four important questions in the history of medicine and beyond.

The first concerns the creation of medical history itself. In the mid-eighteenth century, men argued that they were the best midwives, thus taking over an area of medicine traditionally controlled by women: normal childbirth. How did man-

⁵⁴ Spach, 1597, preface; *tempus quo in lucem edi deberet and atque sic rursum lucem aspicerent*. Cf. *in lucem prodierit* for childbirth in Bonacciuoli, Spach 1597, pp. 122–3.

⁵⁵ De la Roche, Wolf 1566, p. 317.

⁵⁶ Robert Kolb, *Caspar Peucer’s Library: Portrait of a Wittenberg Professor of the Mid-Sixteenth Century* (St Louis, 1976), pp. 1 and 5.

midwifery, a new branch of medicine, create a space for itself in the medical market place? William Smellie was writing at a critical point in the evolution of the man-midwife; he looked to both Hippocratic medicine and the *Gynaeciorum libri* in order to graft this apparently novel development on to the medical family tree. As I shall demonstrate in chapter 2, he and his fellow men-midwives created different versions of the medical past, with different implications for present practice.

A hundred years later, proposing another novelty – childbirth without pain – James Young Simpson had to engage with the claims of his opponents that this pain was not only natural, but also essential to the success of the process. In rendering the parturient woman unconscious, Simpson could be seen as reducing her to an object from whom he could then produce a living child; one of the aspects of anaesthesia in childbirth that the women involved found so disturbing was that they would wake up with no memory of the process. This brings me to my second question: in terms of women's history, what was the significance of these two dramatic stages in the male takeover of childbirth? By treating the woman as an object on whom the male operator performs his work, the introduction of anaesthesia recalls the earlier criticism that Smellie taught his students from 'machines' made from real women's bones dressed up in clothing, from which the student would produce a doll-baby; Simpson, too, called his fake foetuses 'dolls'.⁵⁷ In both cases, the male practitioners could be seen as regarding the female body as a machine, with consciousness as an inconvenience. Could the sixteenth-century treatises, or the Hippocratic texts, provide any authority for this view?

The use of drugs in childbirth also introduces a third question to which this book will return: who claimed authority over the female body in the period from the sixteenth century? In 1525, Marco Fabio Calvi published a Latin translation of the complete Hippocratic corpus, which brought the full text of the *Diseases of Women* treatises – only isolated chapters of which were known in the Middle Ages – to a new audience.⁵⁸ This audience already admired Hippocrates for texts such as the *Aphorisms*, but had not previously thought of him as a gynaecologist. One exception to this was Luigi Bonacciuoli, who in his 1505 *Enneas Muliebris*, or 'Nine Books on [the Diseases of] Women', had managed to construct a Hippocratic gynaecology from *Epidemics* 5 and the *Aphorisms*. Bonacciuoli stressed his authoritative source by repeating in the text phrases such as 'Hippocrates taught...', 'As Hippocrates confirmed...' and 'as noted down by

⁵⁷ RCPE JYS 14, pp. 37 and 44.

⁵⁸ Marco Fabio Calvi, *Hippocratis Coi medicorum omnium longe principis, Octoginta volumina...* (Rome, 1525). The Aldine Greek edition of the text followed a year later; see Paul Potter, 'The *Editiones Principes* of Galen and Hippocrates and their Relationship', in Klaus-Dietrich Fischer, Diethard Nickel and Paul Potter (eds), *Text and Tradition: Studies in Ancient Medicine and its Transmission Presented to Jutta Kollesch* (Leiden, 1998).

Hippocrates'.⁵⁹ At the point of the rediscovery of the Hippocratic gynaecological works in 1525, in practical terms gynaecology was however already gendered as 'male'. Soranos had mentioned 'women's physicians' in the second century AD. As Monica Green has shown, following a decline in the involvement of male physicians in women's medicine from late antiquity to the twelfth century, from then until the fifteenth century there was a gradual return to something resembling the level of male activity in women's medicine seen in the ancient world.⁶⁰ It is therefore misleading for Lisa Forman Cody to state that 'By the sixteenth and seventeenth centuries, European physicians had begun specializing in gynaecology – a medical field that reached back to ancient practice, but one that offered enterprising early modern physicians routine access to female clients'.⁶¹ Gynaecology had intermittently been an area of male practice, theorizing, and indeed specialization, over many centuries.

What was new in the sixteenth century was not the male physician treating the diseases of women, but rather this image of Hippocrates as a gynaecologist. Calvi's Latin Hippocratic corpus not only filled a gap that was perceived to exist because Galen had left no work devoted entirely to the diseases of women, but also provided a further rationale for the existing male control of gynaecology: namely, that the Father of Medicine had himself devoted several specialized works to the topic.⁶² Although it took many years for the implications of the specific practical and theoretical contents of the *Diseases of Women* texts to filter through into medicine, a process assisted by the publication of the commentary on the first volume by Maurice de la Corde in the 1580s (included in the *Gynaeciorum libri* a year after its first publication), the association of the *name* of Hippocrates with gynaecology was rapidly made.⁶³ From the 1550s onwards, he was described as the expert guide to gynaecology; as the fullest authority on the diseases of the womb; and as more knowledgeable on the diseases of women than any subsequent writer.⁶⁴ At the same time, a surge in publication of newly composed works on gynaecology began. As I shall show in chapter 2, in the eighteenth century Smellie

⁵⁹ Luigi Bonaccioli, *Enneas muliebris* (Ferrara, 1505): *Hippocrates edocuit, Quod Hippocrates ita sanxit, Hippocrate exaranto, Idque ab Hippocrate ita sancitum est*, etc.

⁶⁰ Monica Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Premodern Gynecology* (Oxford, 2008).

⁶¹ Lisa Forman Cody, *Birthing the Nation. Sex, Science, and the Conception of Eighteenth-century Britons* (Oxford, 2005), pp. 41–2.

⁶² Galen does not appear to have written a text devoted to women, making the reconstruction of a 'Galenic gynaecology' a difficult task; see Rebecca Flemming, *Medicine and the Making of Roman Women: Gender, Nature and Authority from Celsus to Galen* (Oxford, 2000).

⁶³ E.g. Vivian Nutton, 'Hippocrates in the Renaissance,' in Gerhard Baader and Rolf Winau (eds), *Die Hippokratischen Epidemien: Theorie–Praxis–Tradition*, Verhandlung des V^e Colloque international hippocratique, Berlin 10–15.9.1984, *Sudhoffs Archiv*, Beiheft 27 (Stuttgart, 1989), pp. 420–39.

⁶⁴ King, *The Disease of Virgins*, p. 44.

also invoked Hippocrates, but this time in defending man-midwifery against its critics, through the visual imagery of the certificates he gave to his successful students as well as in his lectures and published work.

The Hippocratic texts suggested that the female body was the natural domain of the physician. However, in early modern terms, the Hippocratic physician was also both apothecary and surgeon. His assistance to the female body included drugs and surgical intervention; for example, in the short treatise *On the Excision of the Foetus* methods are described for removing in parts a foetus that cannot pass through the birth canal.⁶⁵ In sixteenth-century England, the lines of demarcation between physicians (who were concerned with internal conditions, and who diagnosed disease), surgeons (who treated external conditions, and who used the knife) and apothecaries (who made up medicines) had been emphasized by the creation of separate Colleges. But, in practice, there was always overlap between their spheres; those famous cases in which the College of Physicians prosecuted those whom they considered to have broken their monopoly over internal medicine only serve to show how fragile that monopoly really was.⁶⁶

Meanwhile, although the role of licensing her practice passed between the ecclesiastical and civil authorities in the early modern period, the work of the traditional female midwife knew no such restrictions in its scope. Handbooks directed at such midwives show that their role could extend far beyond birth and the care of the newborn child. For example, writing in 1671, Jane Sharp included in her *The Midwives Book, or the whole art of midwifry discovered* a section on women's diseases in general, including those unique to virgins, aiming to give 'as perfect an enumeration as may be of *all* diseases incident to our sex' [my italics].⁶⁷ Certainly from the seventeenth century onwards, midwives were paid for their services, although at that time 'few women publicly sold medical drugs or advice'.⁶⁸ While Doreen Evenden has argued that, in practice, the activity of London midwives in the seventeenth century was mostly restricted to childbirth, Adrian Wilson has found examples of midwives elsewhere in England in the seventeenth and eighteenth centuries practising surgery and blood-letting, and attending women suffering from a range of conditions unrelated to pregnancy as

⁶⁵ Littré 8. 512–18.

⁶⁶ See, in general, Hal Cook, *The Decline of the Old Medical Regime in Stuart London* (Ithaca, NY and London, 1986); Margaret Pelling, *Medical Conflict in Early Modern London: Patronage, Physicians, and Irregular Practitioners* (Oxford, 2003), esp. pp. 152–3 and n. 57 for the four midwives, and other female 'irregulars', whose ventures into the area of medicine controlled by men are recorded in the Annals of the Royal College of Physicians, London.

⁶⁷ *The Midwives Book, or the Whole Art of Midwifry Discovered* (London, 1671), ed. Elaine Hobby (New York and Oxford, 1999), p. 190. On Sharp's uses of, and particular spin on, male authorities, see also Hobby, "'Secrets of the Female Sex': Jane Sharp, the Reproductive Female Body, and Early Modern Midwifery Manuals", *Women's Writing*, 8 (2001): 201–12.

⁶⁸ Cook, *The Decline of the Old Medical Regime*, p. 33.

well as acting as their confidantes.⁶⁹ Evenden concentrates on the 'realities of midwives' lives and practices', using detailed archival research to uncover the names of over 1200 midwives in seventeenth-century London, and to reconstruct their training, fee structure and esteem.⁷⁰ Wilson's book concentrates instead on the men-midwives who entered this field at the end of the period which Evenden has illuminated, tracing their political affiliations and groupings and showing that, in London, whigs were generally opposed to the forceps while tories supported instrumental delivery; the lying-in hospitals founded from around 1740 onwards were whig initiatives and retained a female midwife for normal births, using men only in difficult deliveries.⁷¹ Again, outside London, the situation was very different. Like physicians, midwives would diagnose diseases in their patients; like surgeons, they would use instruments (in particular, the hook known as the crotchet, and a small knife) in childbirth; and they would recommend remedies to those they treated. The midwife could send out to have these made up by an apothecary, but many would often involve materials readily available in the home.⁷² Sharp includes details of numerous remedies, ranging from powders and fomentations to baths, oils and injections into the womb. One seventeenth-century writer mentions the 'midwife's powder', used to help expel the child; this suggests that midwives carried some drugs ready-mixed.⁷³

I shall argue in chapter 2 that one important effect of the rise of the man-midwife was its further challenge to the divisions that still existed, at least in

⁶⁹ Doreen Evenden, *The Midwives of Seventeenth-Century London* (Cambridge, 2000), pp. 171–2; Adrian Wilson, *The Making of Man-midwifery. Childbirth in England, 1660–1770* (Cambridge, MA, 1995), pp. 37–8.

⁷⁰ Evenden, *The Midwives of Seventeenth-Century London*, p. 170.

⁷¹ Wilson, *The Making of Man-midwifery*, pp. 72–4, 151. On p. 83, Wilson provides a table of the political affiliations of the most prominent men-midwives of this period.

⁷² T.C., I.D., M.S., T.B., *The Compleat Midwife's Practice* (London, 1656), p. 124, a compilation by four midwives and claiming to be 'Published with the approbation and good liking of sundry the most knowing Professors of Midwifery now living in the city of London, and other places' (title page), presents a midwife advising her daughter in the art 'You ought to give order for things to be had from the Apothecaries'; cf. R.C., I.D., M.S. and T.B., *The Compleat Midwife's Practice Enlarged... The Second Edition Corrected* (London, 1663), p. 28. Evenden, *The Midwives of Seventeenth-Century London*, pp. 9–10 identifies two of the authors of the 1656 edition as the midwives Dina Ireland (licensed in 1638) and Catherine Turner (licensed in 1632). 'Professors' is here used in the sense of those 'having a profession', and is therefore a reference to these female midwives. The second edition has a different title page, foregrounding not women's experience, but men's knowledge. It refers to 'the experience of our *English*' and names 'Sir Theodore Mayern, Dr Chamberlain, Mr Nich. Culpeper, and others of Foreign Nations'. However, the material of its preface is identical, including a condemnation of Culpeper's 'imperfect Treatise', *The Directory for Midwives*, 'the most desperately deficient' of all previously published works on midwifery.

⁷³ Percival Willughby, *Observations in Midwifery* (Wakefield, 1772; reprint of Warwick, 1863), pp. 60 and 82.

theory, between medical *men*. In the classes William Smellie taught in London, members of all three professional groups were present. Surgeons had been involved with difficult childbirth from the classical world onwards, as their skills were needed in labours which would otherwise be fatal to the mother, in order to perform craniotomy; the puncturing and reduction of the foetal head that made its manual extraction possible. In 1555, Jacques Dubois wrote that damage only rarely occurred to the vessels of the womb, and when it did so it was due to the unskilled hand of a midwife, or the extraction of a dead child by a surgeon.⁷⁴ From the seventeenth century onwards, an increasing number of surgeons also had access to the forceps. Many men-midwives were not surgeons, but physicians, often opposed to the forceps, but nevertheless wanting to extend their practice into childbirth. The fact that physicians, long associated with gynaecology, were also dealing with childbirth may have contributed to the view that it was a 'disease'; for example, in the mid-eighteenth century Brudenell Exton stated that, during pregnancy, the woman 'is to be considered as a sick Person', recalling the early seventeenth-century English translation of Jacques Guillemeau's manual for midwives, which announced that 'the greatest disease that women can have is that of the nine Months, the Crisis and cure whereof consists in their safe deliverie'.⁷⁵

This brings me to the fourth question that this book will address, which is in many ways the most difficult to grasp: the changing relationship between the categories of midwifery and gynaecology. Gynaecology, in the sense of *gynaecaea* or γυναικεία, implies radical disjunction between the sexes; it suggests that men are normal, and women are 'different'. Childbirth is clearly an area in which this 'difference' is very obvious. But where do the borders of gynaecology with midwifery lie? The Royal College of Obstetricians and Gynaecologists currently defines the two areas it covers as follows: 'An obstetrician deals principally with the management of pregnancy and childbirth; a gynaecologist deals with disorders of the female reproductive system excluding matters relating to pregnancy'.⁷⁶ This forms a striking contrast with the title to the Wolf edition of the *Gynaeciorum libri*, quoted at the beginning of this Introduction, in which those diseases experienced outside and during pregnancy, as well as in labour, are combined into a single area: for the sixteenth-century compendia, what a gynaecologist deals with is, quite simply, the category of 'woman'.

But what makes a woman? Where is sex difference located? As I have already indicated, in one 'Hippocratic' view of gynaecology, such difference was seen not

⁷⁴ Jacques Dubois, *De mensibus mulierum, et hominis generatione, Iacobi Silvii medicae rei apud Parrhisios interpretis Regii, commentarius* (Paris, 1555), p. 9^v: *Vasa autem ad uterum pertinentis raro vulnerantur, nisi ab imperita manu obstetricis, aut chirurgi foetum mortuum extrahentis.*

⁷⁵ Brudenell Exton, *A New and General System of Midwifery in Four Parts* (London, 1751), p. 19; Jacques Guillemeau, *Child-Birth or, the Happy Deliverie of Women* (London, 1612), p. 81.

⁷⁶ Definition on <<http://www.rcog.org.uk/index.asp?PageID=626>>, accessed 28.9.05.

as being concentrated in the organs of generation, but as more widely dispersed throughout the body and its spongy, water-retaining flesh. In the eighteenth century – the first of my detailed slices through history – such a generalized sex difference was largely being denied. In Laqueur's terms, a 'one-sex' model dominated. For example, in 1764 Philip Thicknesse wrote that: 'There is very little difference, except the sex, between men and women',⁷⁷ while lecture notes taken from one of Thomas Denman's courses on midwifery stated that 'it is not proved that there is any essential difference in those diseases of women to which men are equally subject, though there is some variety in the symptoms'.⁷⁸ If women are not really all that different, then it could be argued that there is no need to go to a special person – whether midwife, or gynaecologist – if they are ill. This could suggest that all aspects of a woman's life, including childbirth and its complications, should be dealt with by the surgeon or physician. If difference is thought to exist, but is seen as being restricted to the womb and sexual organs rather than extending all over the body, then what is needed is a specialist in the womb and its functions; but, since a major function is childbirth, this makes it difficult to distinguish such a specialism from 'midwifery'. A further option would be the one taken now by the Royal College of Obstetricians and Gynaecologists, with gynaecology being concerned with the female reproductive system outside pregnancy, and midwifery with women in their pregnancy and labour, and its immediate aftermath.

Can we map any of these alternatives on to the ancient world? The term 'obstetrics' was not used – *obstetrix* is simply the normal Latin word for a 'midwife' – but, as I have already mentioned, the extraction of a dead foetus was included in the normal range of an ancient physician's work. Cody looks to the beginning of the eighteenth century as when gynaecology and obstetrics 'began to meld';⁷⁹ but in fact the practices had been 'melded' in the classical world, overlapping in personnel as well as in content. On the personnel involved, Nancy Demand has argued that ancient Greek midwives worked alongside Hippocratic physicians, and that the status of the women rose as a result of being seen to collaborate with such men.⁸⁰ But did the men also work with women, in what was considered their sphere, that of normal childbirth? In the Hippocratic corpus, there is very little on normal birth, although *Diseases of Women* does contain a description of the beginning of labour and of the problems that may arise during the process.⁸¹ Yet Lesley Dean-Jones argued that the silence is simply due to it being 'so routine that the Hippocratics did not bother recording those [births] they

⁷⁷ [Philip Thicknesse], *Man-midwifery Analysed: and the Tendency of that Practice Detected and Exposed* (London, 1764), p. 18. On Thicknesse, see Philip Gosse, *Dr. Viper: The Querulous Life of Philip Thicknesse* (London, 1952).

⁷⁸ Denman lecture notes ms. KCL TH/PP5, pp. 103–4 on the uterus.

⁷⁹ Cody, *Birthing the Nation*, p. 43.

⁸⁰ Nancy Demand, *Birth, Death, and Motherhood in Classical Greece* (Baltimore, MD and London, 1994), p. 66.

⁸¹ *DW* 1.34 (Littré 8. 78–80).

observed', and Ann Hanson has also supported Hippocratic involvement in normal birth, pointing to those case histories in the *Epidemics* giving information about the birth or the events immediately after it.⁸² For the early Roman Empire, Hanson has also shown the way in which childbirth could become a 'crowded scene', with male practitioners entering while female midwives remained at the bedside. This is not the picture of ancient childbirth that many modern scholars expect to see; for example, Cody alleged that 'For millennia, midwives and other women were the only sex allowed access to a mother's childbearing body, with men invited into the birth room only in extreme medical emergencies'.⁸³

In ancient Greece, therefore, it seems that some men claimed authority over the female body, extending the range of their 'gynaecology' to the whole of that body. Any symptom in any part of the body could prompt them to question their female patient about her menstrual cycle. This could include not only the treatment of pregnant women – since pregnancy was believed to be the best use of the same excess blood that formed the menses – but also labour itself, especially as the process of giving birth was seen in terms of a 'purge' very similar to that of menstruation.⁸⁴ As for midwives, their activity was not restricted to the process of childbirth. Soranos, who as we have seen considered that the bodies of men and women suffered from the same general conditions, noted that the empiricists argued for women's difference on the grounds that people tended to call in midwives when women are sick with 'something unique to them, which they do not have in common with men'.⁸⁵ Far from limiting midwifery to the management of childbirth, this suggests that the natural response of many lay people in the early Roman empire was to go to midwives for all disorders of the womb, the menstrual function, and the breasts, in both pregnant and non-pregnant women, because – regardless of Soranos' personal opinion, which reflected his particular medical position as a follower of the 'Methodist' medical sect – women were still regarded as very different from men.⁸⁶

Male gynaecology and female midwifery therefore covered almost identical ground; but how did they differ? I would argue that they differed firstly in the sex of the practitioner, and secondly in the level of explanation offered to the patients, with male gynaecology able to present itself as based in various theories about the

⁸² Lesley Dean-Jones, *Women's Bodies in Classical Greek Science* (Oxford, 1994), p. 212; Ann Ellis Hanson, 'A Division of Labor: Roles for Men in Greek and Roman Births', *Thamyris*, 1 (1994), pp. 158, 171–2.

⁸³ Cody, *Birthing the Nation*, p. 3.

⁸⁴ *DW* 1.1 (Litré 8. 12–14); *Nature of the Child* 30 (Litré 7. 538); King, *Hippocrates' Woman*, pp. 32 and 72.

⁸⁵ Soranos, *Gynaecology* 3.1.33–6 (Budé).

⁸⁶ On Methodist medicine and its implications for gynaecology, see Paola Manuli, 'Elogia della castità: La *Ginecologia* di Sorano', *Memoria* 3 (1982): 39–49; Danielle Gourevitch, 'Situation de Soranos dans la médecine antique' in *Soranos d'Éphèse: Maladies des femmes 1.1* (Paris, 1988), pp. vii–xlvi. The 'Method' consisted of identifying a condition as due to tension/dryness, relaxation/wetness, or a mixture of the two.

operation of the body, and female midwifery being more firmly grounded in practice.

In his lectures delivered in Edinburgh in the 1770s, Thomas Young changed the terms of the debate by dividing 'midwifery' into two. He said that

Midwifery is taken in two different senses, in a limited sense or in one more extensive, and it was very long taken in the former signifying the simple operation of delivering a pregnant woman, while the latter comprehending all that a *man knows* with regard to this branch, was not at all cultivated but long experience has now convinced mankind of the usefulness of this study ...[my italics]⁸⁷

He therefore contrasted a past in which midwifery was limited to normal deliveries with a present, covering difficult labours as well, for which a 'more extensive' use of the term was appropriate. His use of 'man' in 'all that a man knows' reveals the underlying assumption that women performed the limited midwifery of the past, while men control the more extensive midwifery of the present, a present beginning – for him – only in the mid-seventeenth century. His lectures, which will be discussed in more detail in chapter 2, also described the many centuries before this in which 'ignorant women' 'blundered on' repeating the same errors.⁸⁸ For Young, both activities were 'midwifery', but the later male version was by far superior. His use of 'knows' here also recalls the point that women's activity was thought to be based on experience, but that men's theories were based on knowledge.

But how extensive was Young's vision of 'all that a man knows'? His own title was Professor of Midwifery – presumably he thought of it in the 'extended' sense – but in 1824 the name of the Chair he had held was changed to 'Professor of Medicine and Midwifery and of the Diseases of Women and Children'.⁸⁹ In the seventeenth century, it therefore seems that the term 'midwifery' itself (as performed by women like Jane Sharp) could be understood as covering medical conditions of women who were not pregnant, and also the care of newborn children; but when men became involved in normal childbirth, while initially 'midwifery' was understood in this sense, it became narrowed down to assistance in childbirth, both normal and abnormal. This childbirth-focused midwifery then split into two: a basic midwifery, appropriate only for normal births, and still

⁸⁷ Wellcome ms. MSL 105; ms. 5108, p.1 is almost identical. Very little biographical information is known about Young, and his lectures – many copies of which still survive – were not published. See Christopher Hoolihan, 'Thomas Young, M.D. (1726?–1783) and Obstetrical Education at Edinburgh', *Journal of the History of Medicine*, 40 (1985): 327–45. My thanks to Monica Green for adding additional nuances to my initial reading of this passage.

⁸⁸ Wellc. ms MSL 105, 'Lectures on Midwifery', p. 1^v.

⁸⁹ Allen D. Simpson, 'James Hamilton's 'Lying-in' Hospital at Park House and the Status of Midwifery Instruction in the Edinburgh Medical School', *Book of the Old Edinburgh Club*, 3 (1994), p. 138. I owe this reference to Alison Nuttall.

considered within the abilities of women, and a more extensive form covering all births. By the 1820s, the label no longer automatically included all the areas of the diseases of women and children that had once been the domain of the 'female' midwifery, so these were once again combined with it in the revised name of the Chair.

A 'century of change'?

While the first chapter of this book looks at the origins of the *Gynaeciorum libri* and at the reasons why sixteenth-century writers wrote about women's diseases, the final chapter will return to the changing definitions of midwifery and gynaecology in the nineteenth century. At the centre lie two chapters on the rise of the man-midwife in the eighteenth century. Since the publication of Laqueur's *Making Sex*, the eighteenth century has been seen as 'the century of change': a watershed in gender relations and in the understanding of the body.⁹⁰ For my argument, too, this was the critical period, but in different ways. Believing that the one-sex model was dominant from Greco-Roman antiquity to the eighteenth century, both Schiebinger and Laqueur have argued that it was not until the end of that century that the sexuality of the body was thought to extend to all its parts, not only to all aspects of anatomy, but also to the mind.⁹¹ Only then did the two-sex model emerge, and the uterus cease to be an internal analogue of the penis, becoming instead an organ with no male counterpart. Sexuality came to be seen 'as penetrating every muscle, vein, and organ attached to and molded by the skeleton'.⁹²

I disagree: already in the *Diseases of Women* treatises of the Hippocratic corpus we find a woman, every part of whose body is gendered female. Michael Stolberg has also shown that it was in a sixteenth-century text from which extracts were included in the two later editions of the *Gynaeciorum libri* – Felix Platter's *De corporis humani structura et usu* (first published in 1583) – that differences between the male and the female skeleton were first systematically listed and illustrated, although the *Gynaeciorum libri* versions omitted the illustration of the female skeleton included in the original edition.⁹³

To argue for the centrality of menstruation in women's health, or to trace one's professional roots to Hippocrates, as William Smellie did, are equally to support the two-sex model. If, as I am suggesting here, we accept a two-sex model as something existing, from antiquity, as a resource to be drawn on by those who wanted to stress female difference, then that will lead us to challenge explanations

⁹⁰ Harvey, 'The Century of Sex?', p. 900.

⁹¹ Londa Schiebinger, *The Mind has no Sex? Women in the Origins of Modern Science* (Cambridge, MA and London, 1989), p. 189.

⁹² Schiebinger, *The Mind has no Sex?*, p. 191; cf. Laqueur, *Making Sex*, pp. 4–5.

⁹³ Stolberg, 'A Woman down to her Bones', p. 277.

for its 'rise' in the modern period. For example, Roberta McGrath attributed the rise of the two-sex body to a renewed interest in women as 'different' because of the need of an industrializing society to increase the population of workers.⁹⁴ Certainly, one version of the two-sex body, by focusing on the womb as the locus of difference, does bring reproduction to the fore, but this version was not 'new' in the nineteenth century. Similarly unsatisfactory is Laqueur's claim that the longevity of the one-sex body was due to the dominance of the male in the public sphere: the two-sex body could send just as strong a message about the superior merits of the male.⁹⁵

One further point needs to be made about the men who, from the sixteenth century onwards, used a Hippocratic two-sex model in order to support their right to treat the female body. Lisa Forman Cody, a pupil of Laqueur, has argued that, by showing 'that women's reproductive bodies and their maternal emotions were not inaccessible to men, but actually available', the eighteenth-century men-midwives were responsible for a 'revolution in western ideas about the differences and similarities between the sexes'.⁹⁶ She claims that, by combining the traits of reasoning and accurate observation (gendered masculine), with those of sympathy and sensitivity (gendered feminine), such men transformed gender relations by suggesting that men and women are not in fact very different, at least with respect to their emotional lives.⁹⁷ In many ways, Cody is going too far here; women's reproductive bodies had been available to men, and had been the object of their authoritative pronouncements, since ancient Greece. But her analysis of the man-midwife as a hermaphrodite figure is highly relevant to my theme; as I will show in this book, there are many aspects of the man-midwife that drew on, and overturned, gender stereotypes. This was not, however, something restricted to the eighteenth century and, in my final chapter, I will also be arguing that James Young Simpson's early interest in the medical understanding of hermaphrodites relates to the ambiguous gendering of the man-midwife; indeed, he later urged medical graduates to embrace the features of both genders in order to benefit their patients.

By concentrating on my two main 'slices through history' – Smellie's use of the *Gynaeciorum libri*, creating Hippocrates not only as the founder of gynaecology but also as the first man-midwife, and Simpson's defence of painless childbirth – I therefore intend to show the role played by the early history of medicine in supporting innovations within the modern period. While demonstrating how a new branch of medicine could establish and defend itself, this discussion will also make it possible to approach issues of changes in authority over the female body, and shifting boundaries between midwifery and gynaecology, from a new perspective.

⁹⁴ McGrath, *Seeing her Sex*, pp. 31–2.

⁹⁵ Laqueur, *Making Sex*, p. 61.

⁹⁶ Cody, *Birthing the Nation*, p. 14.

⁹⁷ *Ibid.*, pp. 12–15.

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