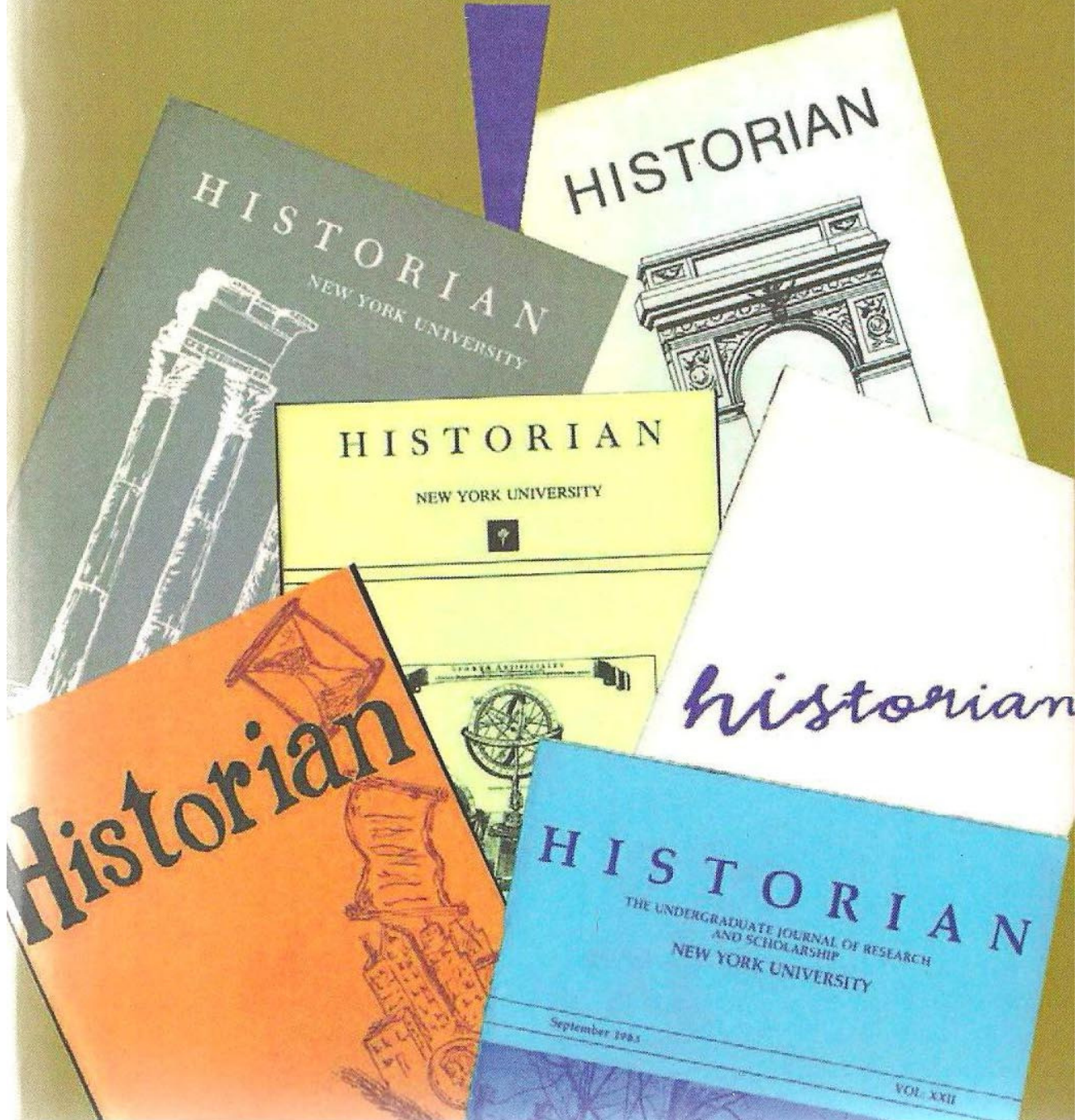
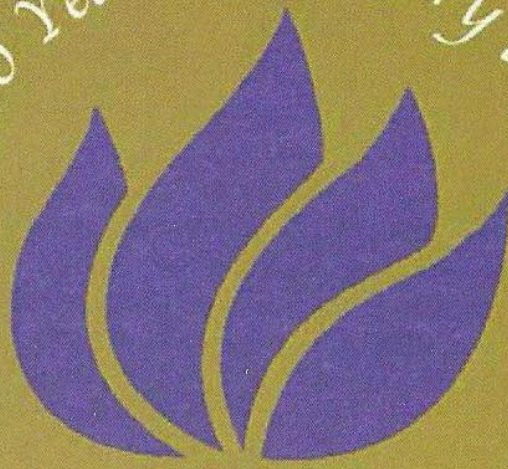


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## **Medieval Obstetrics, or How I learned to Stop Worrying and Love the Womb**

ADAM BLUMENBERG

The medieval conception of anatomy was founded in a highly logical and systematic structure. Ignoring the facticity of the humoral medicine's predicates, the process by which conclusions were drawn from observed particulars and "known" universals was sound.<sup>1</sup> That is to say regardless of whether the precepts of humoral theory were themselves correct, the diagnoses and treatments actually performed by medical practitioners conformed to a strict syllogistic system.<sup>2</sup> Humoral theory was established by Greek physicians such as Dioscorides, Hippocrates and Galen.<sup>3</sup> This body of knowledge was preserved and transmitted to medieval Europe via Muslim Spain and the Middle East. While the Greek masters delineated the foundational elements of humoral anatomy, it was further developed and complicated by Arabic physicians such as Avicenna and Rhazes.<sup>4</sup> By the time the medical corpus reached England, it had accumulated a millennium of redaction and complexity.

The practice of gynecology<sup>5</sup> was a unique branch of medicine, which drew stark boundaries based on the gender of both practitioner and patient. Midwives were responsible for the treatment of feminine maladies and the care of expectant mothers. Although the basis for such medicine was founded on humoral theory, it was considered unnecessary and inefficient to train midwives in theoretical medicine. Therefore the greater body of medicine was often abbreviated and compartmentalized into specialized compendia for midwives.

Although several medieval physicians wrote dissertations on gynecology, such documents were intended to further the general knowledge of the subject. Therefore texts on the matter were generally crafted so as to impart only practical knowledge to the reader. The manuscript Sloane MS 2463 is one such text. The text was written in the early fifteenth century for the purpose of teaching midwives how to identify and remedy various gynecological diseases.<sup>6</sup> The book consolidates and combines a great deal of medical knowledge and presents it in a manner that makes theoretical understanding unnecessary. Rather than explaining the mechanism of treatment or cause of disorder, the prescription is simply asserted. In this fashion the text is intended to provide simple and immediate reference to questions of a patient's health.

While the humoral qualities of a remedy are occasionally presented, they are in passing and not intended to provide a theoretical structure for analysis of disease. Instead of detailing medical theory, which would hypothetically give the reader the ability to construct novel treatment, the tried and true methods are simply listed. While such discourse is overly-simplistic for a fully trained doctor, the allusions to known medical authorities such as Rhazes and Avicenna implies the reader was expected to have at least a partial knowledge of the medical canon. What makes this medical handbook unique however, is its stated intent to exclude men from obstetrics and gynecology.

The anticipated reader of the manual is a female midwife or obstetrician. The author takes a strong stance on the idea that patients with female-specific health issues must be cared for by women. This is rationalized by the allegation that men would misconstrue a woman's maladies as shameful or as the result of sin. Therefore, for decent healthcare to be available, the practitioner must be free of undue moral prejudice against the patient. This is strongly reflected in the opening lines of the text which state:

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Because there are many women who have numerous and diverse illnesses – some of them almost fatal – and because they are also ashamed to reveal and tell their distress to any man, I therefore shall write somewhat to cure their illnesses.... And although women have various maladies and more terrible sicknesses than any man knows, as I said, they are ashamed for fear of reproof in times to come and of exposure by discourteous men who love women only for physical pleasure and for evil gratification. And if women are sick, such men despise them and fail to realize how much sickness women have.... And so, to assist women, I intend to write of how to help their secret maladies so that one woman may aid another in her illness and not divulge her secrets to such discourteous men.<sup>7</sup>

The introduction presupposes the fact that a male physician would be more harmful to a female patient than a female practitioner. This is because men are allegedly more likely to sexualize a female patient or to conclude that a woman bears moral fault for her sickness. Therefore, the author sees the female practitioner as less influenced by such presumed bias and more likely to give effective care to sick women. Such an attitude appears to be the main reason why the author advocates gynecology should be a field operated by women.

This line of reasoning elucidates many qualities about the MS 2463. Women in the fifteenth century rarely received a liberal education. It is unlikely that even an expert and knowledgeable midwife would read and understand Latin. Therefore it is not surprising that the handbook is written in Middle English, the vernacular, which suggests that medieval midwives would have had minimal access to more advanced medical texts existing only in Latin, Arabic or Greek. This corroborates the notion that sophisticated theoretical expertise was not expected from a gynecologist due the subordination of obstetrics to medicine. As a result, there is a paucity of allusions to medical theory in the gynecological handbook.

What is somewhat unexpected however is that the text reveals certain indications of the wealth and class of the obstetricians using it. That is to say the manuscript is a particularly luxurious document; it contains pictures, is written on vellum, is decorated with many expensive dyes and small portions are even illuminated with gold.<sup>8</sup> Furthermore, some ingredients for a certain medication are pomegranates, plantains and white sugar.<sup>9</sup> These goods were imported from the East and were extremely expensive and rare. Consequently a midwife utilizing this cure would have to be employed by a very wealthy client.<sup>10</sup> However medications this expensive in the handbook are rare. Most prescriptions call for simple herbs and commonly available items such as parsley, fennel, celery, linseed, juice of snails, and marshmallow.<sup>11</sup>

Since the actual text of the handbook includes both expensive remedies and cheaper alternatives, it is a very robust guide to health. That is to say it is meant to be read by midwives serving both rich and poor. Since Sloane MS 2463 itself is an elaborately decorated tome, but also intended as a resource for those of more modest means, it was likely used both as a reader and as an exemplar. Cheaper copies could be made on parchment with few colors so as to help educate those that could not afford access to the original. There is evidence that this occurred. For example, some extant manuscripts written on parchment with minimal decorations contain similar or identical passages to Sloane 2463. Examples include Sloane 249 and MS 129a.i 5 at the Royal College of Surgeons and BL Royal 18.<sup>12</sup> All three of these documents contain largely the same text. Since they postdate Sloane 2463, either all of these documents were copied from an earlier non-extant source, or more likely Sloane 2463 served as their exemplar.

Since many inexpensive copies of the manuscript were produced, it seems likely that it was intended to allow relatively easy access to useful knowledge, which is especially seen in the fact that the book consolidates theory into a reader's digest thereby

substitute for the entire medical canon. For example, the general format of the gynecological handbook is chapters devoted to specific illnesses. The chapters are arranged by particular family of sickness, i.e., disorders of the uterus, disorders of birth, etc.<sup>13</sup> Each section describes symptoms which are used in order to diagnose a particular illness. Following this is a cure for the disease, usually a medicinal concoction or light surgery. Although each of these diseases and cures has a hypothetical rationale under humoral theory, they are explained descriptively and not causally. Rather than explicating the agent of the disease, the author addresses only the practical issue of how to recognize it. The author performs the intellectual work of deducing a cure for a particular disease. In this fashion a great deal of material is condensed into a highly utilitarian format.

Breaking down the chapters by disease allows the handbook to be consulted for rapid reference. This is important because the document incorporates a great deal of past medical literature, most of which would have been inaccessible. Portions of the manuscript paraphrase treatises of such canonical writers as Trotula, Soranus, Hippocrates, Rhazes and Avicenna.<sup>14</sup> The ideas of these authors are synthesized into a practical, easy to follow guide. Such a digest is a palatable summary of these writers' most important points. Thus the question of whether the handbook guides a gynecologist to heal her patient effectively is more important than whether she understands why what she is doing works.

As a result the manual rarely describes the underlying operation of diseases or cures. For example if the text is discussing a disease of excessive yellow bile, it will describe methods of diagnosing the disease and prescribe certain herbs which supposedly counteract the production of yellow bile. However the entire concept of yellow bile is omitted from the discussion. Instead of explaining the logic of diagnosis and treatment, the reader is instructed on identification of malady and regurgitation of cure.

There is a notable exception to this generalization however. When describing hemorrhagic disorders such as excessive or endless menstruation, both cause and cure for the problem is explained in humoral terms:

Excessive discharge of blood at the vagina comes in many ways: through the great amount of blood that is in the woman; or through the fierceness of the blood that through its strength destroys veins; [or a list of other perturbations in the blood]...

Cure: And if there is a great quantity of blood, *dehydrate her with food and drink that produce only a little blood*, such as fruit and herbs, and have her bled at the vein of her arm and be cupped under her nipples and about the kidneys and loins, and scarified on her legs *to draw the blood away from the uterus*.<sup>15</sup>

This clause explicates the causality of both disease and cure. Disease is caused by an overabundance of blood in the uterus. As a result the blood damages its container and forces its way out of the body via the vagina. There are two treatments to treat this problem at its source. The first is to reduce the total amount of blood in the body by reducing the intake of blood-producing foods. The second is to draw blood away from the uterus by allowing it to escape from a distant body part. Explaining this humoral concept while excluding rationalization for other treatments demonstrates the importance of blood letting to medicine. Even if a medical practitioner does not understand the function of any other cure, she must comprehend the theory behind redistributing blood.

While the author of the gynecological handbook is very knowledgeable of medicine, there is still an expectation of a certain level of learning on the part of the reader. This is shown not only in the explanation of phlebotomy,<sup>16</sup> but also in occasional allusions to important medical authorities. The text gives several examples of medications prescribed by the esteemed canonical physicians Avicenna and Rhazes,<sup>17</sup> implying that readers would be familiar with these names. Regardless of whether the



midwives had actually read the treatises of Rhazes or Avicenna, they would have recognized the doctors' importance. It follows that to be a midwife, one must possess at least a rudimentary education in the greater field of medicine.

Yet perhaps even more important than technical knowledge is a set of ethics. The introduction to the book affirms a strong stance that in gynecology a woman makes for a more impartial healer. Although this position is asserted immediately and as a justification for the rest of the book, the text is infused with moral advice. The plainest examples are in discussions of potentially immoral treatments. For example, a common instance of ethical discussion is the matter of abortion.<sup>18</sup> Hippocrates himself wrote "I will not give an abortive."<sup>19</sup> Nonetheless the issue has been historically controversial. Some physicians agree with Hippocrates and denounce medically induced abortions, while others appreciate that circumstances may necessitate the procedure. The handbook tells that there are times when an abortion is not only acceptable but even required. It encourages that, "when the woman is feeble and the child cannot come out, then it is better that the child be killed than the mother of the child *also* die."<sup>20</sup> This demonstrates a weighing of morality. That is to say although the passage is reluctant to entirely condone abortion; it admits that it is better to lose one life than two. As a result the text itself assumes an ethically judicial role; the handbook concludes that abortion is morally sound when the alternative is death of both mother and child.

Another assertion of morality revolves around a certain uterine condition which is best cured by sexual intercourse with a man. Yet the implications of this in a Christian society are stark. An unmarried woman such as a nun or a widow must choose between her physical and spiritual well-being. If she has sex with a man she is committing adultery and sinning against God. Yet if she does not, she jeopardizes her health. Advice on such a treatment is ultimately to be decided by the individual midwife according to her discretion. Nevertheless the handbook takes a hard line: "it is better for a man or woman to have the greatest physical illness while they live than to be healed through a deed of lechery or any other deed against God's commands."<sup>21</sup> Here the superlative state of bodily harm is preferable to sin. Thus the entire practice of medicine is subordinated to spirituality.

This notion is further illustrated in a section of the text that describes treatments for the prevention of sex. Even though no physical disorder is described as requiring sexual abstinence, several medications "*ad restringendum coytum*" are listed.<sup>22</sup> For example, one medicine "makes an erection impossible for seven days," while another "quietens lasciviousness and the desire for intercourse," as a third "extinguishes heat, erection, and lust."<sup>23</sup> Yet there is no indication of why such a result would be desired; the medications are made available with no explanation of medical necessity. Clearly there is a demand for such drugs, as their formulation would not otherwise be recorded. However it is difficult to surmise exactly what occasions would call for medical repression of sexuality. It is conceivable that these preparations were asked for by clerics, pious laymen or possibly women who wished to abate their husband's libido. Such possibilities are speculative however. The only real conclusion that can be drawn is that midwives were expected to be knowledgeable about sexuality.

The first lines of Sloane MS 2463 affirm the necessity for women to have female advisers. The introduction regards a woman's health to be jeopardized by a man's bias towards her sex. The text demands a great deal of its expected readers, however its primary concern is not to synthesize the greater medical corpus. Rather it is meant to answer practical, real-world problems. The handbook explains how to identify disease and what to prescribe for that disease; more information is irrelevant. The manual also allows for application across wealth distinction indicating the ubiquitous demand for obstetrics. Perhaps most relevant to the actual role of midwives is the advice imparted about ethics and sexuality. The social implications of sexual morality cannot be as easily assessed as a logical system such as medicine. Nevertheless the handbook indicates the extent to which midwives had to engage with issues of morality and the practicality of

obstetrics and gynecology. And ultimately, in view of these characteristics, it is clear that Sloane MS 2463 stands as a symbol of medieval beliefs regarding anatomy, gender, and religion: women themselves were best suited to deal with women's health.

## Notes

<sup>1</sup> A predicate is an accepted value within logic. Predicates can be "universal" arguments, which state a general proposition such as "all dogs drool." Alternatively, predicates can be "particular" arguments, which state situation specific information such as "Fletcher is not a dog."

<sup>2</sup> It is confusing to many people that a system such as medieval medicine could be logical when modern science has irrefutably discredited its foundation. Logical deduction is not necessarily a means to ascertain absolute truth; it is simply a system by which known information implies unknown information. That is to say: if " $A \rightarrow B$ " is given, and " $A$ " is given, then  $B$  is concluded. Although  $A \rightarrow B$  may be understood as "true," it may be an inaccurate statement. For example, "if a dog bites you ( $A$ ), then you will get rabies ( $\rightarrow B$ )" is not a true statement. However if  $A \rightarrow B$  is given and condition  $A$  is observed, then under this system  $B$  must be true. Correct implementation of a logical syllogism is possible even with incorrect predicates.

<sup>3</sup> Humoral theory states that a healthy body is the result of the proper balance of four bodily fluids, or humors. The humors are blood, phlegm, black bile and yellow bile.

<sup>4</sup> Michael Dols, *Medieval Islamic Medicine*, (Los Angeles, 1984), 3.

<sup>5</sup> The terms "gynecologist," "obstetrician," and "midwife" are essentially synonymous during the Middle Ages. The role of the midwife encompassed obstetrics and gynecology. Furthermore, the words "midwife," "obstetrician," and "gynecologist," have the same original meanings however are etymologically derived from different languages: Middle English, Latin and Greek respectively.

<sup>6</sup> "Translation of Sloane MS 2463 and Introductory Essay," *Medieval Woman's Guide to Health*, trans. Beryl Rowland, (Kent, 1981).

<sup>7</sup> Ibid., 59.

<sup>8</sup> Ibid., 46-47.

<sup>9</sup> Ibid., 77.

<sup>10</sup> It is also possible that such ingredients could not be acquired at all. In this case their appearance in the recipe served to bolster the text's prestige with exoticism and mystique.

<sup>11</sup> Marshmallow is made by beating egg whites and would not be difficult to prepare. Ibid., 177.

<sup>12</sup> Ibid., 47.

<sup>13</sup> Ibid., 61.

<sup>14</sup> Ibid., 39.

<sup>15</sup> Ibid., 75-77, emphasis mine.

<sup>16</sup> Bloodletting

<sup>17</sup> Ibid., 85, 105, 121, 123, 137, 155.

<sup>18</sup> The concept of abortion during the Middle Ages was nowhere near as controversial a topic as today.

<sup>19</sup> Fourth passage of Hippocratic Oath. It should be noted that there is debate whether Hippocrates took this stance for moral reasons or because an abortion was considered too dangerous to the mother's health.

<sup>20</sup> Sloane, 97.

<sup>21</sup> Ibid., 91.

<sup>22</sup> "For the purpose of restraining coitus" Ibid., 156-157.

<sup>23</sup> Ibid., 157-159.