

Adam Blumenberg
December 15, 2008 [DRAFT]
“The Female Body in Medieval Europe:
Theories of Physicality versus Practical Gynecology”

During the late Middle Ages, the high intellectual formulation of female physicality as morally neutral was incongruous with the observed anxiety that arose from imagining men having even professional contact with women’s genitalia. Using the internal logic of their fields, male theologians and scientists seemingly exculpated the female body from sinful connotations. Nevertheless the actual practice of midwifery did not reflect a gender-neutral stance. An excellent example of how the actual practice of gynecology diverged from theories about the female body is the manuscript Sloane MS 2463, which was written in England in the early 1400s as an advice book for midwives. The introduction reads,

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 before they bring them into this world. 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.¹

The passage relates three key points that bear tension when compared with the notion of bodily neutrality. Women are allegedly afraid of being rebuked, taken advantage of sexually, and having their illness not taken seriously if treated by a man. These concerns appear dissonant with an uncharged assessment of the female body.

The natural philosophy of the Middle Ages, first articulated by the ancient Greeks, declares that nothing natural is shameful, no physical object is evil unto itself. In the twelfth to fifteenth centuries, intellectuals knew the human body to be composed of

¹ Anonymous. Sloane MS 2463. trans. Beryl Rowland Kent: The Kent State University Press, 1981, p. 59

the same elements as trees, birds, stone and earth.² Nonetheless society regarded the female form in health as well as sickness as highly problematic. Scholars of diverse disciplines including medicine, astrology, natural science and theology independently came to the conclusions that the physical state of a woman's body does not imply her moral condition, and that a woman's bodily functions themselves are morally neutral. Regardless of these apparent exculpations of corporal sin, there was great tension about a male doctor treating female maladies. This is because there was too great a social taboo about a man touching the genitals of a strange woman; he might become sexually aroused, and is more likely to harbor the non-rational belief that a woman is morally responsible for the state of her body. As a result of these concerns, a man would be less competent at providing adequate medical care.

The scope of this apparent disjunction can be distilled into the social role of women in medicine, the actual arguments of scholars regarding female physicality, and the rationale for sequestering the practice of obstetrics away from men.

The Role of Women as Healers

During the High Middle Ages in England and on the continent, hiring a private physician was seen as costly and often ineffective. Doctors' primary role when interacting with patients was to give prognosis, not necessarily to cure the affliction.³ Rather, female family members usually cared for the sick in their own homes.⁴ Thus

² Abū 'Alī al-Husayn ibn 'Abd Allāh ibn Sīnā' (Avicenna). The Canon of Medicine. trans. Oskar C. Gruner, M.D. London: Luzac & Co., 1930. Reprinted by New York: AMS Press, 1973. p. 34

³ Alvarez-Millan, Cristina. "Practice versus Theory: Tenth-century Case histories from the Islamic Middle East." *Social History of Medicine* 13 (2000): 24

⁴ Cabré, Montserrat. "Women or Healers? Household Practices and the Categories of Health Care in Late Medieval Iberia" *Bulletin of the History of Medicine* 82.18 (2008): 25

female practitioners, the home's centrality and non-professionalism typify the initial view of healthcare. However the adequacy, and perhaps prestige, of such care was thought to be less than that of a qualified physician. Since certified practitioners were public figures whereas mothers and daughters were private, it is more useful in understanding societal perceptions of healing to examine professional healthcare.

Healers in general can be divided into roughly two specialties: medicine and gynecology. Gynecology, obstetrics and midwifery are synonymous terms when referring to healthcare prior to the fifteenth century.⁵ Practitioners of the field were responsible for both childbirth and the unique illnesses of women, i.e., vaginal, uterine or pelvic diseases. This distinction fell largely on gender boundaries, both of the practitioner and of the patient. Medicine dealt with female genitals while gynecology did. Therefore both men and women could see a physician for non-gender-specific health issues such as broken bones, rashes, eye problems, etc. However a woman with a pelvic inflammation or a uterine prolapse could only seek professional treatment from a midwife. While general physicians were almost universally men, a few notable exceptions give greater insight into a precise comparison between medicine and gynecology.

One of the ramifications of the thirteenth century Fourth Lateran Council banning the clergy from performing surgery was the secularization of medicine within Christendom.⁶ This in turn led to formalized medical training in universities.⁷ Since women could not officially enroll in a university, the distinction between male and

⁵ Gynecology is the term in the Greek tradition, literally translating to "the study of women." Obstetrics is derived from Latin, meaning "to stand in the way," referring to a midwife in the path of the birth. Midwifery is an Old English word which continues to hold its meaning today. The words have different etymologies but equivalent meanings during the Middle Ages.

⁶ Hughes, Muriel Joy. Women Healers in Medieval Life and Literature. Freeport: Books for Libraries Press, 1968, p. 63

⁷ Hughes, "Women Healers," p. 63

female healers was automatically sharpened. The academic degree of “doctor” certified those who received it to be ordained experts of medicine. In contrast “empirics” were unlicensed physicians who understood the principals of medicine but were without official training.⁸ The intellectual difference between a doctor and an empiric was not so much a matter of functioning as a healer, but rather in knowing the fundamentals of philosophy, logic and medical theory.⁹ That is to say the remedies and therapies an empiric actually prescribed were likely the same as those called for by a doctor.

The thirteenth century saw a proliferation of empirics, many of whom were women. Although uncommon, female physicians are not very difficult to find in the extant sources. Most women with the necessary desire and the financial means learned medicine by reading medical literature and through discussion with trained doctors.¹⁰ Ladies with monetary resources, such as Christine de Pisan in fifteenth century Italy, queen of Byzantium Anna Comnena and Jacoba Felicie in fourteenth century France took it upon themselves to learn medicine and become de facto physicians.¹¹ Each of these individuals surpassed the basic meaning of empiric in that they were versed in theoretical medicine as well as just knowing tables of curative recipes. Furthermore society saw these three women were seen as regular doctors, not as midwives.

Comnena, de Pisan and Felicie serve as remarkable examples because they are able to transcend the differences between midwife and doctor. Felicie explained that women should treat women, however in her own time she was also an esteemed general

⁸ Hughes, “Women Healers,” p 64

⁹ Hughes, “Women Healers,” p 64

¹⁰ Hughes, “Women Healers,” p 20

¹¹ Hughes, “Women Healers,” pp. 37-39 and 89

practitioner.¹² Although she did not specialize in obstetrics, there was no social proscription forbidding her from performing those duties as well. In this manner she provides an important frame of comparison. A male physician, equivalent to Felicie in all ways other than his gender, was absolutely prohibited from gynecology. This demonstration of how a female doctor could perform the duties of a midwife whereas a man could not shows the relevance of gender to the doctor patient relationship.

While by no means ideologically unique, the Sloane document encapsulates the tension within gendered healthcare. Although the bulk of the manuscript simply lists symptoms of diseases and the recipes for cures, certain passages give advice on the medical ethics of gender. The preamble clearly places midwifery under the domain of women. It states women are reluctant to reveal their sickness to men for fear of reproof, exposure and sexual objectification. What is unique about this document however is that it was intended to be read by women and was mostly likely written by a woman.¹³ Gynecological treatises written by men give subtly different reasons for why men must be excluded from obstetrics. For example, Hippocrates explains in his book *On the Diseases of Women*, that women are ashamed of their bodies and thus would be reluctant to provide a male physician with sufficient information for diagnosis and treatment.¹⁴

Herein lies the problem: men expect women to be ashamed of their malady and shy away from a male practitioner. Conversely, women expect men to see the disorder as cause for shame. Such a disjunction led to the problem of which gender could be freer from bias when treating feminine disease. Perceiving guilt to be a factor of disease puts

¹² Hughes, "Women Healers," p. 90

¹³ Although the author is anonymous, the conjecture of scholars such as Beryl Rowland and myself is that a woman authored the text.

¹⁴ Hippocrates. *Diseases of Women 1*. trans. Ann Ellis Hanson. Chicago: The University of Chicago Press, 1975.

the treating physician in a less effective position; an expectation of this sort hinders diagnosis, prognosis and therapy. The idea that male physicians were more likely to consider female disorders sinful of course begs the question, should there be any shame regarding female corporality at all? Contrary to the observed reality of bodily shame, scholars of logical disciplines including theology, astrology and medicine concluded that sin is not an element of physicality.

The Moral Neutrality of Female Physicality

The ideas within specific fields were able to proliferate and be known to other polymaths via written treatises. Since literate individuals often read beyond the scope of their own specialization, physicians would be aware of the tenets of astrology, anatomical explanations would be available to churchmen, etc. In this fashion, intelligentsia had access to the conclusions of sciences which they were not necessarily dedicated to.

Due to religious anxieties about sexual praxis and organs, intellectuals considered it necessary to determine the extent to which bodily qualities were under the mind's control. If an article is beyond an individual's command, that person is not morally responsible for it. To find precise answers regarding physicality, scholars in diverse fields used the internal logic of their respective disciplines to distinguish which qualities were determined by nature, and which were functions of free will. Such qualification was vital because of the close relationship between sexuality and sin. Since certain elements of sexuality are natural and others were considered manifestations of the psyche, differentiating these facets of corporality was paramount to articulating definitions of sexual transgression. Theorists primarily regarded the morality of fluid emissions, carnal

pleasure, physical desire and bodily characteristics. These issues were addressed and explicated differently by secular intellectualism than by theology. Theological analysis inquired as to whether certain physical features were part of God's divine plan or sinful aberrations. Natural sciences such as astrology and anatomy sought to understand whether these attributes of the body existed independently of the soul, or were under its direction.

The inherent physical order of the world was seen through the lens of natural philosophy. The ancient Greeks formulated this set of theories in the effort to explain the condition of the universe. These ideas were put forth in both physical and metaphysical terms. For example, natural philosophy alleged that all objects were composed of four fundamental elements, earth, air, fire and water.¹⁵ This Aristotelian characterization of the material sphere was highly preserved throughout the Middle Ages, however it is the supposed manner of interaction between the physical and spiritual realms that is most relevant to the conceptualization of the female body.

The regard for the relationship between soul and body during the Middle Ages was based on the Church's interpretation of neo-Platonism.¹⁶ Although there are physiological differences between men and women, Plato regarded the eternal soul as without gender. To be precise, men and women were considered morally and psychologically equivalent.¹⁷ Centuries after Plato, Paul's letter to the Galatians 3:28 echoes this sentiment when he writes, "There is no...male or female for you are all one in

¹⁵ Avicenna, "Canon," p. 34

¹⁶ Bullough, Vern L. "Sex Education in Medieval Christianity." *The Journal of Sex Research* 13.3 (1977): 185

¹⁷ Jacqueline Murray, "Thinking about Gender: the diversity of medieval perspectives," *Power of the weak: studies on medieval women*, ed. Jennifer Carpenter and Sally-Beth MacLean. (Urbana : University of Illinois Press, 1995): 4

Jesus.” Thus both philosophical and religious authorities concur that the connection between body and soul is not simply linear. It follows that the mental and physical components of a woman do not have a direct moral relationship. While this sort of argument does not effectively comment on the status of the gendered bodies, equating the supernatural qualities of men and women implicitly contradicts the notion that a person’s physique is determined by her soul.

However even more basic than natural philosophy when discussing physiological determinism was astrology. While there was no real consensus among scholars on the extent to which celestial bodies directly controlled individuals’ actions, both Arabic and Christian scholars accepted that the stars affected the makeup and development of the human body.¹⁸ More specifically, the movement of the planets established the sexual traits of the fetus.¹⁹ This was an important point since sexual behavior was among the most important discussions within astrological treatises.²⁰

Some astrologers argued that human action was verdict of the cosmos. However this stance was untenable within the free-will-dependent matrices of Christianity and Islam. Therefore this view could not be held by the faithful. Instead, the utility of astrology was derived from its alleged ability to discern factual data and infer the stars’ influence over the material world. That is to say reading the heavens could reveal the sex of a child presently within an expectant mother, but not a person’s future fate. One of the more common uses for the science however, was to find out whether a young woman

¹⁸ Lemay, Helen. “The Stars and Human Sexuality: Some Medieval Scientific Views.” *Isis* 71.1 (1980): 129

¹⁹ Lemay, “The Stars,” p. 128

²⁰ Lemay, “The Stars,” p. 127

were sexually corrupted.²¹ This aspect of astrology sought merely to assess the truth value of certain questions. The other component of the discipline attempted to calculate the construction of the physical body.

As previously stated, the movement of the planets acted on the gestating fetus at certain stages of development and imparted the baby with specific characteristics. For example certain movements of a planet were thought to craft the child's feet while those of another produce the various fluid ducts. Some astrologers even believed that a person's material desire and propensity for specific pleasure, such as sexual orientation, were manifestations of the cosmos.²² While the stars were not alleged to control a human's fate or soul because of religious conflicts, there was no inconsistency in the idea that stars mould parts of the human body. In this fashion, the specific physical characteristics of male and female bodies, including the sexual organs and functions, antecede birth and even consciousness.

This is a very important point because regardless of the notion of Original Sin, no child in the womb could actively commit moral wrongdoing.²³ Yet each infant is ineluctably bound to eventual pubescence.²⁴ Therefore the certainty of sexual development a priori indicates the future sexual body of a blameless infant must also be without blame. By this logic physicality precedes morality; the state of the body is not equivalent to the condition of the soul, ergo good and evil are not reflected in the natural

²¹ Lemay, "The Stars," p. 130

²² Lemay, "The Stars," p. 131

²³ There is great concern in medieval literature over babies dying prior to baptism. As a result of the taint of Original Sin these children would not be admitted to heaven. A different handbook for midwives describes such infant death in the following way "poor suffering babies are wronged and cut off short/ so that they are robbed of holy baptism and eternal joy" Implied by the language is that the dead infant had no sin other than Original Sin. In a sense, these children lose out on heaven because of a technicality. Rösslin, Eucharius. The Rose Garden for Pregnant Women and Midwives. trans. Wendy Arons. Jefferson: McFarland & Company Inc., 1994. p.38

²⁴ This of course assumes a healthy child without an early demise.

sexual body. The sexual organs of man and woman are simply objects; they are neither sinful nor pernicious in and of themselves.

This uncoupling of mind from sexual body within natural philosophy and astrology is a vital component of medicine as well.²⁵ Canonical Arabic physicians such as Rhazes, Ridwan and Avicenna discussed astrological effects on health and sexual development.²⁶ In his seminal text “The Canon of Medicine,” Avicenna delineates one of the mechanisms by which the stars can factor into human health.

The changes dependent on celestial bodies, such as the stars, are thus :– if many luminous stars are in one region of the sky, and the sun approaches towards that region, the people living directly or nearly directly under the suns rays are exposed to greater heat...the rising and setting of the stars alters the nature of the atmosphere because when the sun approaches them or they it, the air becomes hotter. Under contrary conditions, the air becomes colder.²⁷

According to contemporary medical theory, the state of the body was a function of humor balance. These fluids were in turn modified and regulated by the four “primary powers...heat, cold, moisture and dryness.”²⁸ As Avicenna explained, the celestial bodies could alter the levels of the primary powers and thus directly interact with an adult’s health or the development of a fetus. It is nature, not virtue, that affects health. In fact the influence of the stars on an individual’s physicality was seen as a step removed from the actual controlling elements. That is to say the stars imparted direction to the primary powers, which in turn exert control over the four humors, which give the body its characteristics. Thus physicians deemed astrology as just one of many natural factors that sculpt a human’s corporality.

²⁵ Lemay, “The Stars,” p. 127

²⁶ Lemay, “The Stars,” p. 127

²⁷ Avicenna, “Canon,” p. 195

²⁸ Avicenna, “Canon,” p. 58

While the stars influenced the substances and qualities that determined sex, humoral theory explained the primary physiological distinction between the sexes as a disparity between levels of coldness and moisture. Consistently interpreting the medical difference between the sexes in this morally neutral manner spans nearly two thousand years. Avicenna around the year 1000 A.D. explains “the female is of colder temperament...the female is also moister [than the male].”²⁹ This follows the reasoning of Hippocrates who around 400 B.C. wrote “the woman’s body draws moisture both with more speed and in greater quantity from the belly than does the body of a man.”³⁰ The same explanation is reproduced in the English midwife’s handbook in the 1400s A.D., “women have less heat in their bodies than men and have more moisture.”³¹ This formulation explains not only the obvious differences between the bodies of men and women (such as breasts and difference in genitalia) but also more subtle characteristics such as “the accumulation of excrementitious matters in the female,”³² and the corresponding “purgation once every month.”³³

The matter of menstruation is one of the most crucial medical divisions between the sexes. While menses could be perceived as intimately linked to female sexuality and thus possibly a result of sexual praxis (either normative or deviant), physicians considered woman’s monthly bleeding to be integral of health. It is important to note that the construal of any bodily function as “healthy” automatically signifies not only its endorsement by God, but that it is part of God’s creation and therefore divinely good.

²⁹ Avicenna, “Canon,” p. 75

³⁰ Hippocrates, “Diseases of Women,” p. 572

³¹ Sloane MS 2463, p. 59

³² Avicenna, “Canon,” p. 75

³³ Sloane MS 2463, p. 59

Monica Green explains that women were told not to be ashamed of their monthly period “because it is a natural purgation, given by God.”³⁴ This conclusion was derived from the understanding that cyclic purgation was fundamental to a healthy woman’s body. The logic is that over time toxins accumulate in and corrupt the humors. These poisons were thought to be the consequence of environmental factors such as atmosphere, diet and sedentary lifestyle.³⁵ Soranus was an ancient Greek canonical physician attributed with greatest authority on gynecology. When discussing the physiological need for menstruation, he explains “women accumulate [surplus matter] in considerable quantity...when menstruation is impeded, there follows heaviness of the head, dimness of vision, pain in the joints, sensitiveness at the base of the eyes, [and several other health problems].”³⁶ He further notes that one of the words for menses is “katharsis,”³⁷ which can be rendered as a cleanse that elicits renewal. Soranus depicts the menstrual cycle as vital to fitness; it decontaminates the body of substances which would otherwise cause pain and ailment.

The idea of monthly purgation as the body’s natural system of renewal proliferated as integral to a physician’s knowledgebase. During the Middle Ages, doctors regarded menstruation as functionally similar to how bloodletting promotes health. The Sloane handbook itself states that women “have [monthly] bleeding which makes their bodies clean and whole from sickness.”³⁸ This demonstrates how millennia of gynecology correlate menses with wellbeing. Theorists concurred that menstruation was

³⁴ Green, Monica. “From “Diseases of Women” to “Secrets of Women”: The Transformation of Gynecological Literature in the Later Middle Ages.” *Journal of Medieval and Early Modern Studies* 30.1 (2000): 14

³⁵ Avicenna, “Canon,” p. 201

³⁶ Soranus. *Gynecology*, trans. Owsei Temkin, M.D. Baltimore: The Johns Hopkins Press, 1956. p. 23

³⁷ Soranus, “Gynecology,” p. 16

³⁸ Sloane MS 2463, P. 59

a bodily function as natural and as healthy as any other. Similar to evacuation of the bowel or bladder, a woman's monthly bleeding was thought to simply remove toxic substances from her body. Not only is such a function natural and therefore morally neutral, but it is actually crucial to bodily integrity and therefore beneficial.

In the thirteenth century, Albertus Magnus wrote "because of menstruation – consequence of the Fall though it may be – women alone are enabled periodically to purge the poisons from their humors in a monthly effusion of blood."³⁹ This statement contains a powerful tension; Albertus indicates that menses primarily cleanses the body of dire toxins, yet he also alludes to the sin of Eve, a subject closely associated with menstruation. Such an affirmation embodies many of the topics covered by theologians in debates regarding female physicality. He thereby references both medical and theological assessments of the female body.

It is a truism to state that churchmen were anxious about how to approach sexuality; many Christians believed sexuality lay at the heart of sin.⁴⁰ However intercourse is a requirement of God's mandate to reproduce. In that case, under what circumstances are sexual acts and traits endorsed by God and when are they despicable? Some questions had simple answers, for example adultery is explicitly denounced in the Ten Commandments, whereas sex under wedlock for the specific purpose of producing a child is acceptable. However the issue becomes far more complicated when dealing with sexual desires and gendered organs as possibly out of the realm of an individual's control.

³⁹ Wood, Charles T. "The Doctor's Dilemma: Sin, Salvation, and the Menstrual Cycle in Medieval Thought." *Speculum* 56.4 (1981): 724

⁴⁰ Wood, "Doctor's Dilemma," p. 711

For example while every component of the Virgin Mary's body is ideal, those same parts of an adulteress carry a highly different moral significance. In fact this is the sort of logic used by theologians when discerning the morality of the female form. For the most part sinfulness was determined using comparisons between the bodies of the Virgin Mary and Eve.⁴¹ Mary was seen as the archetype of feminine perfection, the quintessentially divine incubator of God. Therefore modeling investigation on Mary provides a theologically sure baseline for the meaning of womanly "goodness." However the question of Eve is much more complicated. Clearly she was a woman both before and after the Fall, yet this event marked her transition from blessed to outcast. Thus theologians pondered the following question, since her pre-Fall physique was by default moral, to what extent were the post-Fall changes in her body coterminous with sin?

Thirteenth century Dominican theologian Thomas Aquinas grappled with this difficult problem. He primarily approached the issue from the perspective that Eve's physicality before the Fall must have been pure. The argument is that Eve was a direct creation of God, therefore both she and her body were in a state of sinlessness before her fruity transgression. Aquinas investigates the bible passage Genesis 2:18 which states "The Lord God said 'It is not good for him [Adam] to be alone. I will make a helper suitable for him.' " Shortly thereafter, God fashions the woman Eve. Aquinas argues that Eve was created instead of a male friend for the purpose of sexual companionship because "in all other respects a male helper clearly would have been preferable."⁴² His perspective is that since men allegedly make better helpers, comrades and partners, the only reason to have a woman around is for sex.

⁴¹ Wood, "Doctor's Dilemma."

⁴² Thomas Aquinas. Summa Theologica. Question 92, Article 1

This explanation is key in understanding the assessment of the sexual act and sexual organs. In Aquinas' mind, there is no manner by which a woman out-competes a man in terms of companionship, except as a sexual partner. Since God has chosen a woman to be the first man's perfect companion, it follows that God has deemed it proper for Adam and Eve to copulate at will. By this reasoning Aquinas explains that before the Fall, God must have endorsed sexual intercourse, and implicitly genitalia. Saint Augustine corroborates this argument by claiming that the physical act of intercourse was never evil, only the lust and concupiscence that came after the Fall.⁴³ Therefore, to preserve divine consistency, moral meaning must be preserved after the expulsion from Eden. Thus sex being good before the Fall continues to be good afterwards. However here the theology begins to stutter. Supposedly menstruation was a feature of the female body that developed after Eden.

Menses carries dual connotations within theology. Briefly stated, it represents both Eve's punishment and also God's implied forgiveness within the mandate to be fruitful and multiply.⁴⁴ Charles Wood characterizes this paradoxical interpretation in his description, "menstruation was both a mark of that sin – the curse of Eve – and the necessary companion of [women's] fertility."⁴⁵ That is to say Eve's sin was sufficient to revoke her immortality but not so great as to cause humanity's extinction. Thus menses is better rendered as a reminder of the first transgression and the conditions for its forgiveness. In turn the act of menses itself does not carry a moral charge.

Nevertheless theologians debated menstruation under another lens as well. If the Virgin Mary menstruated, of course it could not be shameful. Mary was immaculately

⁴³ Augustine, Saint, Bishop of Hippo. On Marriage and Concupiscence Book I. Chapter 24

⁴⁴ Genesis 9:7

⁴⁵ Wood, "Doctor's Dilemma," p. 713

conceived and therefore without Original Sin.⁴⁶ As a result reason indicates that Mary ought to have been amenorrhetic since she is free from association with Eve. However, this logic would also release Mary from her obligation to bear a child. The notion of a childless Mary obviously contradicts the very foundation of Christianity. In this fashion Mary posed a challenge to medieval medico-theological theories about the nature of the reproduction.⁴⁷ If the solution to this problem were simply attributed to the catchall of God's omnipotence, it would deny Jesus' inherent humanity.⁴⁸ Rather, Dominican theologians severed the direct connection between menstruation as consequence of Original Sin, thereby allowing Mary fully human reproductive capabilities.⁴⁹ The ramifications of this explanation exonerated monthly bleeding as a sinful act and greatly reduced its association with Eve's sin.

However such rationalization takes a broad view over all female bodies. It does not regard the souls of individual women. Pope Gregory the Great approached the subject of menses with the perspective that the condition of the soul must be taken into account. He poses the question, "if no food is impure to him whose mind is pure, why should [menstruation] which a pure-minded woman endures from natural causes be imputed to her as uncleanness?"⁵⁰ Gregory's quandary is rhetorical, his meaning is that the natural state of a woman's body does not correlate with the purity of her mind. In the statement he alludes to Paul's epistle to Titus 1:15 which reads, "unto the pure, all things are pure." In the letter, Paul urges potential converts not to let stringent kosher laws deter them from

⁴⁶ Wood states, "It was generally accepted that Original Sin had necessarily to be transmitted in the act of conception itself." Wood, "Doctor's Dilemma," p. 718

⁴⁷ Wood, "Doctor's Dilemma," p. 719

⁴⁸ Wood, "Doctor's Dilemma," p. 720

⁴⁹ Wood, "Doctor's Dilemma," p. 721

⁵⁰ Bede, Saint, The Venerable, *Bede's Ecclesiastical History of the English People*; edited by Bertram Colgrave and R. A. B. Mynors. (Oxford, Clarendon Press., 1969) [Reprinted with corrections]. (Oxford ; New York: Clarendon Press, 1992.). Chapter XXVII, Pope Gregory's Answer to Augustine's 8th question.

following Jesus. He asserts that the physical nature of food is no longer relevant to religious transgression. Gregory takes this idea a step further and claims that the physical nature of the female body no longer signifies her purity.

Gregory's logic is steeped in the aura of the early Christian break with Jewish customs. His moral justification of menstruation also recalls the gospel of Matthew 9:20-22 which reads, "just then a woman who had been subject to [vaginal] bleeding for twelve years came up behind Jesus and touched the edge of his cloak....Jesus turned and saw her. 'Take heart, daughter,' he said, 'your faith has healed you.' And the woman was healed from that moment." What is notable is that both in Gregory's comparison to dietary laws and the biblical story about the sick woman, the construal of vaginal bleeding as high ritual impurity is shifted to a stance of moral irrelevance. This denotes the metamorphosis of Jewish institution into a Christian theological matrix. Transgression as fleshy, external and apart from the soul's discretion is discarded; by Christian definition, only the spirit can commit sin.

In fact Gregory described sin in these terms; he gives a three part mechanism for the emergence of sin, "Suggestion is occasioned by the Devil, delight is from the flesh, and consent from the mind."⁵¹ By this formulation the devil and the flesh are merely actors encouraging evil within the heart. It is the heart itself which consents, thereby committing sin. While this reasoning disqualifies the existence of sin within corporality, it does paint the body as passively complicit with the devil.

The theologians Gregory, Thomas Aquinas and even Jesus himself deny the moral culpability of vaginal bleeding. Furthermore secular disciplines explain sexual corporality in terms of natural forces and elements. Sexual organs and practice were construed as

⁵¹ Bede, "Ecclesiastical History," Chapter XXVII, Pope Gregory's Answer to Augustine's 9th question.

merely bits of God's creation; elements of the material world as banal as elbows, birds and grass. While such a reading of sexuality submits to the strictest internal logics of the natural sciences and theology, such a cerebral and rationally perfect view of the subject was by no means normative. Whereas theologians absolve the feminine physique in one dissertation, women were still seen as objects of temptation to be sequestered away from chaste male clerics in another. While astrologers and natural scientists described the female body as conforming to the more perfect laws of materiality, male physicians who would have read these very texts were still forbidden from practicing obstetrics. It is in the actual practice of medicine the rift between the academic formulation of the female body and its practical significance becomes most apparent.

The Observed Connotations of Female Physicality in Medicine

To this point, it is apparent that logical assessment of corporal femininity under the principles of various scholarly fields leads to the same conclusion. The female body is a material entity, removed from the rubric of moral judgment. Nevertheless midwifery as actually practiced was a terrain impenetrable by men. Somehow the logistics of a male obstetrician were seen as too bizarre, too inappropriate and too dangerous to overcome the rationale of physical neutrality. Gynecology was sequestered along the boundary of gender; men could read about it, perhaps even write about its theories, but throughout the Middle Ages until the sixteenth century a man could not be a midwife.

Prior to the 1500s, manuals for obstetricians contained introductions which explicitly articulated the necessity for midwives to be women.⁵² The language of these documents contrasts with earlier treatises such as Soranus' *Gynecology*. Soranus

⁵² Hughes, "Women Healers," p. 19

discusses at length the specific qualities of a good midwife, “A suitable person will be literate, with her wits about her, possessed of a good memory, loving work, respectable and generally not unduly handicapped as regards her senses, sound of limb, robust, and, according to some people, endowed with long slim fingers and short nails at her fingertips.”⁵³ The discussion continues for dozens of lines however does not actually explain why a midwife should be a woman. Rather the full extent of the midwife’s gender is encapsulated in the pronoun “she.”⁵⁴ This is an important point because other than this pronoun, none of the descriptives denote gender. Therefore Soranus does not actually give reason for why midwives must be women, just that this was always the case.

However the language of medieval midwife manuals is markedly different. That is to say, while it was still taken for granted that an obstetrician must be a woman, precise explanations of why were provided. The arguments are usually in the negative, as in why men cannot function adequately as midwives. The English manual explains that males could be “discourteous men who love women only for physical pleasure and evil gratification...such men despise [women] and fail to realize how much sickness women have.”⁵⁵ This account asserts that men might bear latent interest in women for sexual pleasure and are incapable of properly assessing the extent of a woman’s illness. These two points are the crux of the rationale for midwifery being a domain of women; men

⁵³ Soranus, “Gynecology,” p. 5

⁵⁴ Soranus actually gives a very brief discussion of whether midwives should have experienced birth themselves so as to be more compassionate regarding the plight of their patient. He explains that this is not necessary because “<to have sympathy> is <not> more characteristic of a person who has given birth to a child.” Therefore he does not give a reason for why a midwife must be a woman. Soranus, “Gynecology,” p. 6

⁵⁵ Sloane MS 2463, p. 59

have the potential to only be involved for the despicable perversion of gaining access to women's genitalia, and are less likely to take women's health seriously.

In addressing the Sloane handbook, Green notes that some copies of the manuscript were produced with modified introductions clearly intended for men.⁵⁶ Furthermore, she argues that the text was shared or even fought over by men and women.⁵⁷ However the meaning of a gynecological handbook is markedly different depending on the gender of the reader. Simply put, a man could learn and grapple with the text intellectually; a woman could actually put the knowledge into practice. It is very important to precisely discern how men were academically involved in midwifery. Green poses the question, how much of what was written about obstetrics was simply "armchair gynecology?"⁵⁸ That is to say, how much of the written knowledge regarding midwifery was conjecture of those who had perhaps never even closely examined female anatomy, and how much of the information was derived from lived experience?

To begin answering this question, it is important to look at the authors of obstetrical handbooks. We find that both men and women contributed to the greater body of knowledge, however the authorial evidence indicates a dichotomy within the gynecological corpus. Simply stated, information derived from theoretical medicine, such as humoral explanations of disease, are usually the product of male physicians. Conversely, a description of how to handle birth or a recipe for a folk remedy are knowledges resultant from actual experience. In this fashion handbooks for midwives can be seen as containing an amalgamation of medical sources. For example, much of the

⁵⁶ Green, Monica. "Women's Medical Practice and Health Care in Medieval Europe." *Signs* 14.2 (1989): 464

⁵⁷ Green, "Practice and Health Care," p. 466

⁵⁸ Green, "Practice and Health Care," p. 460

English handbook is derived from translations of the Trotula manuscripts.⁵⁹ In fact Sloane MS 2463 is titled with the phrase, “hic incipit liber Trotularis,”⁶⁰ which translates to “Here begins the book of Trotula.” The original Trotula texts were written in the twelfth century by a female physician with an excellent reputation for knowledge of medicine and gynecology.⁶¹ These various documents were translated into vernaculars so as to supplement the training of midwives.⁶² The Sloane manual is a prime example of the Trotula knowledgebase being brought into practical use. Yet the handbook also contains information which can be specifically traced to male authorship. For example there are multiple allusions by name to both Rhazes and Avicenna.⁶³ In spite of these references, Arabic physicians such as Rhazes and Avicenna were not trained to deal with childbirth and were dependent on women to carry out the actual operations and treatment.⁶⁴ Thus the handbook is comprised of information based on both first hand experience and abstracted theory. Both the practical knowledge of Trotula and the more removed opinions of male physicians are deemed credible and reliable.

Recalling the notion of “armchair gynecology,” it is important to investigate men’s actual participation in obstetrics. Men’s physical involvement in midwifery was largely limited to the concern of husbands and fathers.⁶⁵ However the male contribution to gynecological theory was quite elaborate. Although the principal purpose for making knowledge of women’s diseases “public” in the medium of writing was to disseminate

⁵⁹ Rowland’s introduction to Sloane MS 2463, p. 35

⁶⁰ Rowland’s introduction to Sloane MS 2463, p. 48

⁶¹ Rowland’s introduction to Sloane MS 2463, p. 35

⁶² Green practice and healthcare 462

⁶³ Sloane, Avicenna on 85, 123, 105 Rhazes on 121, 137, 155

⁶⁴ Rowland 22

⁶⁵ Green, “Practice and Health Care,” pp. 472-473

this information among women who will treat other women,⁶⁶ around the thirteenth century the semantics of gynecological treatises shifted as a result of increasing male interest in the literature.⁶⁷ That is to say whereas obstetric texts traditionally used fairly neutral descriptives of sexual organs such as “genitalia membra,” these phrases were replaced by terms like “loca secreta,” and “pudibunda.”⁶⁸ However the term “secretum” and its cognates did not denote a moral implication, but rather were used establish privacy around the *practice* of women’s medicine.⁶⁹

The rationale for intellectual secrecy is analogous to the romance and curiosity of alchemy, which was also a hidden body of knowledge.⁷⁰ There are two types of secrets most prevalent within medieval literature, the deliberate esotericism of information sequestering it from outsiders, and the “secrets of nature” which are beyond the perception of any mortal.⁷¹ Both notions are vividly applicable to the rationale of men engaging in theoretical gynecology but abstaining from its practice. On the one hand obstetrics is an abstruse field, of which one cannot become a casual expert. On the other hand, the body of one sex is fundamentally mysterious to the other. Herein lies the primary basis for male interest in theoretical midwifery. Since male physicians could not actually treat the pains and sufferings of women, they sought to understand the female body as the inexplicable site of reproduction.⁷²

However the intellectual dissertations and endless theorizing by men is a different world from the obstetrics as actually performed. That is to say whereas there was

⁶⁶ Green, “Diseases of Women,” p. 11

⁶⁷ Green, “Diseases of Women,” p. 5

⁶⁸ Green, “Diseases of Women,” p. 11

⁶⁹ Green, “Diseases of Women,” p. 10

⁷⁰ Green, “Diseases of Women,” p. 6

⁷¹ Green, “Diseases of Women,” p. 14

⁷² Green, “Diseases of Women,” p. 6

minimal prohibition regarding a man's theoretical engagement in gynecology, the social taboo restricting men from the actual practice of midwifery came about on the basis of three problems. If a man were a midwife, sexual temptation could put his soul in jeopardy. These circumstances would also place the patient in a state of sexual corruption under the ideals of society, and the quality of her healthcare would be in question.

One reason for the impossibility of a male midwife within Christian society is that in obstetrics there is no observable difference between a sexual and a non-sexual touch. That is to say a midwife must manually examine the external and internal genitalia of the patient. Whereas it is conceivable that a man be completely free of prurient thought during this procedure and that he never remember it with lust, there is absolutely no way to confirm the purity of his thoughts. The Council of Arles affirmed, "No cleric shall bring a girl, whether freeborn or slave, into his personal chamber."⁷³ Forbidding private interaction of a woman and priest in this manner indicates utter distrust of their intentions. Under this logic it would obviously be unacceptable for a man to directly interact with the vagina of any woman other than his wife. Such an evaluation corroborates the English handbook's warning that some men only love women for sexual gratification. It presumes that men are capable of being sexually tempted by female genitals, whereas women are not. However when this discussion is tied in with the assessment of female physicality, the vagina becomes not an article of sin, but rather an object of temptation.

Evidently that there was so much concern over men deriving sexual arousal from obstetrics that some manuscripts cautioned against letting emotionally or temporally

⁷³ *Corpus Christianorum, Series Latina*, Vol. 148: *Concilia Galatiae*, ed. C. Munier (Turnholt, 1963).

immature men so much as see the text.⁷⁴ If so little as verbal descriptions of vaginal suppositories, instructions on childbirth and diagrams of the uterus were thought to induce sinful desires, it follows that actually performing gynecological procedures must lead to even greater lust. Thus the practice of midwifery might actually lead a man to the perdition of his soul. Even if the thought were never acted upon, the sexual temptation brought about by his career would cause the man's damnation. Therefore from the point of view of deadly sin, gynecology could stimulate otherwise good men into a state of eroticism and destruction.

It follows that the value judgment seeks to define the relative worth of a woman's health versus a man's soul. Since health and bodily wellbeing are earthly matters, their importance is greatly overshadowed by the ideal of spiritual purity. Weighing a soul's access to heaven against a body's access to health gives preference to the spiritual argument. The comparison also has to factor in the availability of female midwives, who presumably could not be sexually tempted by obstetrics. Since women could take care of other women's health without fear of damnation, it makes sense to exclude men altogether for their own safety. When assessing the costs and benefits, it is simply not worth the risk to allow men to be midwives.

Medieval society possessed so much anxiety over immoral sexual contact that even a state of ill health was vastly preferable to sinful sex. The English handbook describes a certain medical condition for which the best treatment is "relations with a man." However the text specifically warns, "the relations must be lawful, such as with her husband and no other; for certainly 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

⁷⁴ Green, "Diseases of Women," p. 28

other deed against God's commands."⁷⁵ The author takes an extremely hard line on this issue, clearly stating that it is better to be diseased on earth than anger God and be sent to hell. The clear moral impossibility of a woman having sex with a man not her husband indicates the priority of the soul versus the body. The medieval handbook itself asserts it is better to be physically ill than spiritually damaged.

However it was not concern for souls alone that prohibited male obstetricians. In fact the very touch of a man's hands could potentially corrupt a woman's purity or even virginity. The simplest contact between a vagina and a man was considered enough to violate the woman. This sullying was especially outrageous if it led to a bodily reaction such as the "ejaculation of seed."⁷⁶ The importance of feminine chastity during the Middle Ages is beyond argument. For the purposes of gynecology however, it is important to examine this social value insofar as it affects childbirth and disease. During most obstetrical procedures the practitioner is required to manually inspect the woman's genitals; furthermore the examination often includes the insertion of digits into the vagina. However this is quite literally an act of penetration by another person; it is a de facto sexual incursion. There is no dilemma when a woman performs these duties because such an event does not contain any possibility of sexual innuendo. However the implications of a man putting any part of his body inside a woman are extremely troublesome.⁷⁷ One concern raised by sexual violation is the woman's value as a prospective wife.

⁷⁵ Sloane MS 2463, p. 91

⁷⁶ Lemay, "The Stars," p. 131

⁷⁷ See discussion on "practices that involved access to the genitalia of 'other men's' women." Green, Monica. Making Women's Medicine Masculine. Oxford: Oxford University Press, 2008.

Marriage records such as *The Roll of Ladies and Boys and Girls* is an important source which indicates the desirable qualities of potential spouses in twelfth century England. The text attributes the relative values of women according to age and whether or not they have been married.⁷⁸ For example the list indicates that within the same age group, a woman who has never been married is worth more on the marriage market than a formerly wedded woman. The understanding is that unmarried ladies are significantly more likely to be virgins than those who have previously engaged in matrimony. The fact that a sexually experienced woman is less desirable for marriage is a prime example of the social ideal of sexual naiveté. The justification for valuing literal virginity can be distilled into two important motives, biological and religious.

The former revolves around the Telemachaeon issue of irresolvable paternity;⁷⁹ that is to say if a woman has had recent sexual contact with more than one man and becomes pregnant, it is impossible to determine the father. A matter like this raises diabolically unanswerable questions of legitimacy, inheritance, legal status and dignity. Since legal authority, land and assets were transmitted along the paternal line, the identity of a child's father must be known beyond reasonable doubt. Without such sureness inheritance claims would be at the mercy of contest. Since the identity of the mother is automatically ascertained by the visibility of her pregnancy, the social burden of abstaining from adultery falls on her. As a matter of powerful custom, any situation that could even remotely lead to unacceptable sex was to be avoided; any form of sexual touch between a woman and a man not her spouse was positively forbidden.

⁷⁸ *Rotuli de Dominabus et Pueris et Puellis de XII Comitibus*, ed. John Horace Round (London: The Pipe Roll Society, 1913; repr Kraus 1996).

⁷⁹ The problem of not being able to know paternity to a degree of certainty was articulated by Telemachos in the *Odyssey*. The absolute determination of paternity was not possible until the advent of DNA technology in the late twentieth century.

While such a taboo is pragmatic within a paternally linear property transmittance system, it was nevertheless independently fortified religious institutions. The theology of anti-adultery is repeated multiple times in the bible. For example the Sixth Commandment,⁸⁰ and Paul's numerous condemnations of sexual incontinence explicitly condemn sexual misconduct. These arguments are repeated in the writings of the church fathers. Among these texts was Augustine's *Confessions*, which was influenced by Augustine's own adoption of asceticism.⁸¹ He thanks God for freeing him from sexual indecency, "now I will tell and confess unto thy name, O Lord, my helper and my redeemer, how thou didst deliver me from the chain of sexual desire by which I was so tightly held, and from the slavery of worldly business."⁸² In the passage Augustine formulates adultery as high sin by emphasizing his redemption from it.

However there is a friction between theological definitions of sin and their respective transmission to the laity. This sort of communication of ideas was not one to one. Rather, the religious objection to sexual deviance was articulated to the common person through the local priests, penitence literature and confessional.⁸³ Insomuch confessors investigated what was regarded as decadent morality and sinful activity.⁸⁴ In this fashion written censure of lust and concupiscence was transformed into internal guilt over illicit sexual behavior. This in turn became societal consciousness of inappropriate conduct and adverse emotional reaction to sexual misbehavior.

⁸⁰ Sixth Commandment according to Catholic tradition, Seventh Commandment according to other religions which regard the Pentateuch as scripture.

⁸¹ Bullough, "Sex Education," p. 185

⁸² Augustine, Saint, Bishop of Hippo. *Confessions*. trans. Albert C. Outler (Philadelphia, 1955), Ch. 6

⁸³ Bullough, "Sex Education," p.187

⁸⁴ "Probing" changed to "probed." Bullough, "Sex Education," p.187

The result of such ideological prohibitions to certain types of sex becomes a stark distinction between the tolerable and the wicked. If the intimate act were public knowledge, that is to say the doings of husband and wife, or midwife and patient, the action must withstand the community's scrutiny. Although the above two examples are not literally visible to the public, by the nature of the relationship of the two actors involved, the society must presume that the actual actions are taking place. Following this inference, it is the community's active decision to condone or chastise those that participate in the sort of sexual contact being considered. The result was that such touching between husband and wife, and female gynecologist and patient were not condemned.

Implied by society's tacit approval of female gynecologists is its appraisal as asexual. I.e., one woman touching another woman in this manner for the purpose of healing was seen as inherently sexless. From the secular standpoint this makes sense because it is a biological impossibility for one woman to impregnate another. Therefore a female introduces no dilemma regarding a child's parentage. The religious perspective is also sensical, although it is predicated on the assumption that women do not sexually desire other women.⁸⁵ The argument is that since there is no possibility for latent sexual desire between two women, there is no potential for temptation and therefore no gambling of the soul.

The greatest deterrent from allowing men to practice gynecology perhaps, was their alleged inability to discern between spiritual and physical diagnoses of disease. The English handbook warns that men are more likely to regard a feminine malady as the

⁸⁵ A discussion on perceptions of female homosexuality and lesbian desire in the Middle Ages would be interesting but beyond the scope of this paper.

result of the woman's moral failing. The incorrect presumption that disease of certain organs arises from sexual sin attributes illness causation to metaphysics. This sort of medical analysis is incompatible with the highly grounded tenets of humoral anatomy. The practitioner might waste time searching for a spiritual treatment when the actual prescription should be a humor-balancing potion. Ever more detrimental to the patient, if her disease is thought to be caused by her own sinfulness, the practitioner may refuse to provide treatment altogether on the grounds that she deserves poor health.

Precedents for sickness as a form of divine punishment exist in the Bible as tales about lepers. The book of Kings and Chronicles in particular are filled with instances where God punishes evildoers with leprosy. An example is Kings 15:5, which states "the Lord afflicted the king with leprosy until the day he died." Rationalizing disease as God's punishment appears numerous times in the Old Testament. However the gospels repeatedly tell of Jesus healing lepers and cleansing them. One example is Matthew 8:3, which reads, "Jesus reached out his hand and touched the leper...he said 'be clean!' immediately he was cured of leprosy." There is a clear distinction between how the Old Testament and New Testament regard illness. The former considers the disease to be divine justice. The latter sees leprosy as a malady which must be driven out by goodness. Although by default Christianity should follow the New Testament wherever it diverges from the Hebrew Bible,⁸⁶ there was no guarantee individual Christians would strictly abide by this rule. It follows that even though Jesus absolved the infirm of their sins, certain people might still consider disease to be the result of immorality. Whereas the general bodily symptoms of leprosy cannot be connected with any particular type of sin,

⁸⁶ One of the principle reasons the Christian scripture is called the "New Testament" is because it is meant to restructure the contract between God and humanity. The terms of the old agreement, contained in the Hebrew Bible, are replaced by the new covenant.

it is conceivable that someone may intuitively associate a disease of the genitals with sexual sin.

Regardless of why some individuals might arrive at the judgment that sickness of the genitalia is the product of sexual malpractice, the Sloane document is conscious of how such an opinion can adversely affect female patients. The handbook claims that men are prone to this irrational belief and therefore only women should be midwives. This argument falls on the alleged variance between the intuitions of men and women. Men are seen as more likely than women to associate sexual illness and sexual misdeed. It is impossible to discern the precise rationale for this expectation, but it probably has to do with how women's bodies are implicitly mysterious to men. A woman is presumed to know that an infection or other disease is not moral punishment. This is because she is simultaneously aware of her mental status and the condition of her body. Also, since women are more susceptible to minor venereal infections,⁸⁷ it is conceivable that women would see such small maladies as an ordinary part of life. A man cannot see into the soul of the woman and therefore cannot judge whether there is any connection between her physical and psychic conditions. Ignorance of the woman's moral state and a lesser regard for the frequency of genital infections could induce a man to be less objective about sexual diseases. This sort of supposed ignorance on the part of males bolstered the argument for women-only midwifery.

⁸⁷ Since women have a shorter urethra than men, women are more prone to urinary tract infections. A large percentage of women will experience a UTI in their lifetime. Walter E. Stamm, Mary McKevitt, Pacita L. Roberts and Nicholas J. White, "Natural History of Recurrent Urinary Tract Infections in Women," *Reviews of Infectious Diseases*, Vol. 13, No. 1 (1991), pp. 77-84

Conclusions

The practice of gynecology as exclusive to women seems to contradict the concept of a morally uncharged female body. While astrologers, physicians and theologians generally agreed that there should not be any shame attached to genitalia, a state of ill health or menstruation, it was still considered inappropriate for a man to attend to feminine health. By reductive reasoning, if the female body is not considered sinful or aberrant, then the problem must somehow reside in the interaction between her genitalia and the man. As Gregory stated, it is the soul that commits sin by consenting to the temptation of flesh. In the context of a man as midwife, the possibility for such temptation can only result from his latent lust being excited by an object of desire. Because of this possibility, the question of allowing men to practice obstetrics demands a value judgment between a woman's health and a man's soul. Under the precepts of Christianity, the choice must be the latter. This religious argument is corroborated by secular social prohibitions which simply cannot tolerate contact between a woman's genitals and a man who is not her husband.

The English handbook for midwives is an exemplar of the problems within gendered healthcare. It is based on the complicated theories of humoral medicine, amalgamated from the works of authors who would have surely been aware of astrological, theological and philosophical justifications for bodily neutrality, yet the very first lines of the text still give reason for why men must abstain from gynecology. The explanation does not imply shame on the part of the female form. Rather the very possibility of an individual's mental duplicity precludes men from the situations demanded by a profession in obstetrics. It is the argument that the soul is uncoupled from

the body that bars a man from being a midwife; the procedures the practitioner must perform may not register on his face. If a male were disposed towards 'discourteousness,' or liked women only for his own 'evil gratification,' his mental turpitude can be hidden from view. A man could brim with sexual sin and veil it, without so much as a sign on his countenance. In turn, whereas the body is without intrinsic sin, the soul can be corrupted by corporal temptation without seeable symptoms. The mere chance of this happening disallows male midwifery.

Bibliography

Abū 'Alī al-Husayn ibn 'Abd Allāh ibn Sīnā' (Avicenna). The Canon of Medicine. trans. Oskar C. Gruner, M.D. London: Luzac & Co., 1930. Reprinted by New York: AMS Press, 1973.

Alvarez-Millan, Cristina. "Practice versus Theory: Tenth-century Case histories from the Islamic Middle East." *Social History of Medicine* 13 (2000)

Anonymous. Sloane MS 2463. trans. Beryl Rowland Kent: The Kent State University Press, 1981

Aquinas, Thomas. Summa Theologica.

Augustine, Saint, Bishop of Hippo. Confessions. trans. Albert C. Outler (Philadelphia, 1955)

Augustine, Saint, Bishop of Hippo. On Marriage and Concupiscence Book I

Bede, Saint, The Venerable, *Bede's Ecclesiastical History of the English People*; edited by Bertram Colgrave and R. A. B. Mynors. (Oxford, Clarendon Press., 1969) [Reprinted with corrections]. (Oxford ; New York: Clarendon Press, 1992.).

Bullough, Vern L. "Sex Education in Medieval Christianity." *The Journal of Sex Research* 13.3 (1977)

Cabré, Montserrat. "Women or Healers? Household Practices and the Categories of Health Care in Late Medieval Iberia" *Bulletin of the History of Medicine* 82.18 (2008)

Corpus Christianorum, Series Latina, Vol. 148: *Concilia Galatiae*, ed. C. Munier (Turnholt, 1963).

Green, Monica. "From "Diseases of Women" to "Secrets of Women": The transformation of Gynecological Literature in the Later Middle Ages." *Journal of Medieval and Early Modern Studies* 30.1 (2000)

Green, Monica. Making Women's Medicine Masculine. Oxford: Oxford University Press, 2008

Green, Monica. "Women's Medical Practice and Health Care in Medieval Europe." *Signs* 14.2 (1989)

Hippocrates. Diseases of Women 1. trans. Ann Ellis Hanson. Chicago: The University of Chicago Press, 1975.

Hughes, Muriel Joy. Women Healers in Medieval Life and Literature. Freeport: Books for Libraries Press, 1968

Lemay, Helen. "The Stars and Human Sexuality: Some Medieval Scientific Views." *Isis* 71.1 (1980)

Murray, Jacqueline, "Thinking about Gender: the diversity of medieval perspectives," *Power of the weak: studies on medieval women*, ed. Jennifer Carpenter and Sally-Beth MacLean. (Urbana : University of Illinois Press, 1995)

Rösslin, Eucharius. The Rose Garden for Pregnant Women and Midwives. trans. Wendy Arons. Jefferson: McFarland & Company Inc., 1994.

Rotuli de Dominabus et Pueris et Puellis de XII Comitibus, ed. John Horace Round (London: The Pipe Roll Society, 1913; repr Kraus 1996).

Soranus. Gynecology. trans. Owsei Temkin, M.D. Baltimore: The Johns Hopkins Press, 1956.

Walter E. Stamm, Mary McKeivitt, Pacita L. Roberts and Nicholas J. White, "Natural History of Recurrent Urinary Tract Infections in Women," *Reviews of Infectious Diseases*, Vol. 13, No. 1 (1991)

Wood, Charles T. "The Doctor's Dilemma: Sin, Salvation, and the Menstrual Cycle in Medieval Thought." *Speculum* 56.4 (1981)