

## Book Reviews

**Helen King**, *Midwifery, obstetrics and the rise of gynaecology: the uses of a sixteenth-century compendium*, Women and Gender in the Early Modern World series, Aldershot, Ashgate, 2007, pp. x, 228 illus. £55.00 (hardback 978-0-7546-5396-7).

At the centre of Helen King's ambitious new work is the *Gynaeciorum libri*; a massive mid-sixteenth-century Latin compendium of texts, both ancient and modern, on the medical treatment of women. Focusing on the reception of the compendium from the sixteenth to the nineteenth century, King uses a number of case studies to tackle issues in the history of gynaecology and midwifery, and the history of the body.

Throughout the study, King focuses on two main research areas. Firstly, she addresses the rise of man-midwifery; both in the significance of the "male takeover" of childbirth and in how man-midwives were able to create a space for themselves within the medical marketplace. Her case studies were thus chosen to represent two "dramatic stages" within this narrative. Secondly, King is interested in medical conceptions of the female body and the understanding of sexual differences. Citing the existence of Hippocratic texts devoted to the female body and the *Gynaeciorum libri* as examples, King argues that there was "intense interest in the diseases of women" in the sixteenth century which stressed the difference of women from men. Classical passages, in particular passages taken from the Hippocratic treatise *Diseases of women*, were used to argue for gynaecology as a separate branch of medicine "on the grounds that there is not one sex, but two" (p. 14). Women's bodies were seen as wetter than those of men and thus their flesh was of a "softer and more spongy texture". This, argues King, 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" (p. 12). King's examination of the *Gynaeciorum libri* demonstrates the importance and reception of these ideas within medical discourse throughout the sixteenth to nineteenth centuries and thus challenges Thomas Laqueur's narrative of the shift from the "one-sex" to "two-sex" model during the eighteenth century.

King's study begins with a focus on the owners and readers of the *Gynaeciorum libri*. Starting with close readings of the prefaces to all three editions of the work, she situates the creation of the compendium within each compiler's own intellectual and personal agendas. From her examination of the annotations and marginalia left by past readers in a number of copies of the compendium, King suggests that early modern readers, mainly medical men, were most interested in the sections of the work which dealt with menstruation and sterility. The remainder of King's work is centred upon two case studies of particular readers: William Smellie, the eighteenth-century Scottish man-midwife, and James Young Simpson, the nineteenth-century professor of midwifery at the University of Edinburgh. These two case studies highlight King's central theme—the creation of medical history. Demonstrating how ancient texts and ideas were utilized by later authors and medical practitioners to further their own agenda and arguments, King argues that Smellie and Simpson used past medical writings for their own means. Smellie drew on his readings of the *Gynaeciorum libri* to defend man-midwifery against its critics and to justify the use of forceps in delivery; Simpson used his reading to present ancient and classical precedents for the need to alleviate pain in childbirth and the use of anaesthesia. As a specialist in ancient medicine, King is well placed to trace both origins of early modern medical ideas and to dissect subsequent readings of ancient texts.

Her study highlights how ancient medical ideas were selectively adopted and used for particular purposes by early modern authors, and illustrates well the fruits which examination of the selection criteria and reading process of ancient texts might bear.

While the work showcases King's exemplary research, the wide scope of both its subject matter and its interdisciplinary methodologies seem to be somewhat bounded by the short length of the book. There were several places where this reader yearned for the additional details and elaborations which were no doubt uncovered by King during her investigations. For example, within the section dealing with annotated copies of the *Gynaeciorum libri*; King argues that there is a substantive difference between the annotations left by sixteenth- and seventeenth-century readers, and the later ones focusing more on "practical use of the texts rather than scholarly debates within them" (pp. 50–1). She provides short descriptions of a copy annotated by a German physician, Wolfgang Waldung (1554–1621), and a further "heavily annotated" copy associated with R Freeman and John and Thomas Windsor. Fascinated with this comparison and her arguments, this reviewer would have welcomed further details and illustrations of the two types of annotations.

Engaging and well-written, *Midwifery, obstetrics and the rise of gynaecology* is an important contribution to the field and is an indispensable source for those researching the history of medicine and the history of the body and sexuality.

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**Monica H Green,** *Making women's medicine masculine: the rise of male authority in pre-modern gynaecology*, Oxford University Press, 2008, pp. xx, 409, £65.00 (hardback 978-0-19-921149-4).

At the end of the thirteenth century, a group of physicians had a heated discussion about

female physiology. Do women have a seed necessary for generation? as Galen had it; or do they not? as Aristotle claimed, meaning that female pleasure is of little or no consequence for conception. As tempers rose and arguments fused, a woman "who knew and understood Latin" suddenly chimed in. What could men possibly know about such matters, she asked, showing her baby as proof that Aristotle was right. The story, reported by Giles of Rome, a scholastic theologian and author of a treatise on embryology, who allegedly heard it from a famous physician, is not mentioned in Monica Green's excellent new book, but would seem to exemplify her argument about the implications of gender for medieval women's medicine.

As signalled by Giles of Rome, the anonymous woman's literacy in Latin was both exceptional and the prerequisite for her engagement in learned medical debate. It allowed her to claim a specifically female knowledge about women's bodies. Giles, however, clearly recognized this experience-based competence only because it bolstered his own carefully argued Aristotelian stance.

Monica Green shows that medieval women did practise medicine and surgery, treating both men and women. Their numbers tended, however, to decline at the end of the Middle Ages because of the increasing effectiveness of licensing practices and the growing power of male-controlled guilds. More importantly, since most women, and more women than men, lacked basic reading skills even in the vernacular, they never had equal access to the new medical learning that developed from the twelfth century and that was grounded in texts and theory. Hildegard of Bingen and Trota of Salerno were the exceptions that confirm the rule and they were both only marginally implicated in the new scholastic medicine. Because of medieval conceptions of theoretical learning as intrinsically more valuable than hands-on knowledge, women could never enjoy the same authority as men, even in the field of gynaecology.

Between the twelfth and fifteenth century, men successfully took control of women's