

**Midwives, Medicine, and the Reproductive Female Body
in Manosque, 1289-1500**

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AUTHOR'S DECLARATION

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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ABSTRACT

This paper examines midwives and their practice in the criminal and notarial records from the later-medieval Provençal town of Manosque. This town counted amongst its 5,000 Jewish and Christian inhabitants a relatively high number of medical practitioners; these practitioners appeared frequently in the criminal court to offer testimony and to petition for professional protection. Although the apparent absence in Manosque of midwifery regulation like that present in northern France makes it more difficult to define midwives' exact responsibilities, their appearance in court alongside other medical practitioners suggests that they possessed an acknowledged expertise of the reproductive female body. This paper situates midwives within the socio-medical milieu from which they are often separated in current historiography.

A consideration of cases involving women's reproductive bodies within the broader context of Manosquin medicine reveals that gender dictated the production and application of knowledge about this subject, but not on the grounds of biological essentialism. Rather, as cases of conception, abortion, and postmortem caesarean sections reveal, the masculinized professionalism of later-medieval medicine granted male practitioners increasing authority in the realms of reproduction and pregnancy. Although this granted men access to "women's secrets," prevailing notions of feminine propriety prevented their theoretical knowledge from transforming into practical application to, or examination of, women's "secret places." This placed uncomplicated childbirth, and its attendants, on the margins of the medieval medical. It also made midwives indispensable not only to the women whom she attended in childbirth, but also to the institutions that sought to extend their authority over these concerns to which society otherwise denied them access. The cases from Manosque of adultery, illegitimate pregnancy, and virginity in which midwives appear reveal that the concept of feminine propriety simultaneously granted midwives' authority over women's *physical* reproductive bodies and rendered them instruments in the courts regulation of the female body. These cases, then, illustrate the court's ability to legitimate and regulate through a symbiotic relationship between institution and society.

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INTRODUCTION

Despite the significant role that midwives played in medieval society, surprisingly few studies have sought to discern who they were and what they did. Although this historiographical negligence could be attributed to sparse extant sources, I believe that the problem is more qualitative than quantitative; it is a problem of classification: to which realm do midwives belong? Historians have considered them infrequently in the context of women and medicine, and even more infrequently in the context of women and work. Yet, as this paper will demonstrate, they belonged to both. More often, however, scholars have composed regional histories of midwifery. In France, these studies are largely limited to fifteenth-century licensing records from Parisian archdeaconries, with the result that midwives appear primarily as a religious figure. Through their baptismal responsibilities, midwives undeniably served a religious function. But childbirth was as cultural and physical as it was spiritual.

Through an examination of the criminal and notarial records from late-medieval Manosque, located in the often overlooked south of France, this paper illustrates the significance of considering the midwife within the broader socio-medical milieu of the Middle Ages in order to render and situate her person and practice. By considering cases concerning age, adultery and illegitimacy, pregnancy, and virginity, it seeks to establish two points regarding the midwife's place in the socio-medical dynamic of medieval Manosque. First, medicine was usually not divided along gendered lines in Manosque. The records reveal that the growing medicalization of Manosquin society, coupled with the ideological (though not always actual) exclusion of women

from the medical discourse, granted male physicians authority even in reproductive concerns. Nevertheless, one domain remained outside of male physicians' *practical* jurisdiction, and therefore out of the medieval 'medical' proper: the inspection of, or application to, women's 'secret places.' Thus, although midwives' primary responsibility as birth attendants fell outside the jurisdiction of authoritative medicine, her role as an *expert of the body* placed her on the periphery of the medical sphere.

Second, the gendered dictates of medieval medicine that granted midwives authority over women's physical (though not theoretical) reproductive bodies rendered them simultaneously legal experts and instruments. Katharine Park has demonstrated how 'women's secrets' became increasingly the subject of (male) medical inquiry;¹ I suggest that 'women's secrets' were also the subject of juridical inquiry. The female body was an object of great social and, thus, legal significance in the Middle Ages. It was the field upon which questions of honour, inheritance, and salvation played out. Like other experts of the body in Manosque, then, midwives gained legitimacy, at least in part, by the same institution that employed them as agents of social regulation: the court. Their integral role in Manosquin social regulation illustrates not only the procedural shift that came to rely on experts of the body for testimony, but also the various cultural spheres in which they performed. By examining the practising midwife, we gain rare insight also into the domains of childbirth and reproduction in the Middle Ages.

Chapter one outlines the sources and methods used. The first part emphasizes the historiographical tendency either to place midwifery on the periphery of women in medicine and women in work, or to consider it from a regional perspective which, in France, is limited to northern ecclesiastical licensing records. Although these studies are integral to an understanding

¹ Katharine Park, *Secrets of Women: Gender, Generation, and the Origins of Human Dissection* (New York: Zone Books, 2006).

of French midwifery, they provide only one, primarily religious, illustration of the profession.

This chapter emphasizes the rich details that the Manosquin records possess on the often-elusive subjects of reproduction, childbirth, and midwifery that situate them firmly within the socio-medical milieu of the later Middle Ages.

Chapter two illustrates the increasing medicalization of Manosquin society that placed reproduction and childbirth, subjects of the following chapter, on the ambiguous border between the medieval medical and non-medical. This section relies heavily on the conclusions drawn by Joseph Shatzmiller,² and examines the professionalization of medicine in Manosque, evidenced by medical contracts and financial compensation, and the significance of this profession within Manosquin society. A consideration of women as both patients and practitioners in this medical context demonstrates that the ability to heal most often transgressed the medieval gender divisions, though there were notable and essential exceptions.

The third chapter focuses on these exceptions. By examining specific cases of conception, contraception, childbirth, and caesarean sections, it illustrates the ambiguous place occupied by the reproductive female body. Women approached male physicians for conceptive and contraceptive potions and amulets, while childbirth remained an entirely female ritual overseen by midwives. Medical assistance for complications in childbirth, however, such as the performance of *sectio in mortua*, was administered by a male surgeon.³ These cases demonstrate that, although the ideological masculinization of medicine granted men authority in non-physical concerns of reproduction and delivery, cultural notions of feminine propriety relegated childbirth assistance to midwives – experts of the body, though not of learned medicine. Male surgeons

² Joseph Shatzmiller, *Médecine et justice en Provence médiévale : documents du Manosque, 1262-1348* (Aix-en-Provence : Publications de l'Université de Provence, 1989).

³ See Steven Bednarski and Andrée Courtemanche, "Sadly and with a Bitter Heart: What Infant Death *Meant* in the Fifteenth Century," Forthcoming.

maintained authority in *sectio in mortua*, however, since cutting remained the preserve of licensed (male) individuals.

The final chapter draws on the cases from the previous chapter to highlight the midwife's role in Manosquin society. By drawing comparisons with licensing records from fifteenth-century Paris, midwifery illustrates how, although no documentation of Provençal midwifery regulation has been discovered, it was nevertheless a recognized profession in Manosque as early as the fourteenth century, one legitimized by medical, legal, and financial discourses. Identification by, admittedly ambiguous, occupational titles evidences the tacit external acknowledgement that constructed professional identities. Notarial records reveal that, by the mid-fifteenth century, midwives received legally-contracted financial compensation for their services. Furthermore, the secrets of women's bodies to which midwives had privileged access demanded that medical and legal discourses acknowledge, and thereby legitimate, their authority. In doing so, the very legal processes that validated midwives' practice also transformed them into instruments for the regulation of the female body.

CHAPTER I SOURCES AND METHODS

1.1 Genesis of the Research: Survey of Existing Corpus of Work

1.1.1 Women and Medicine in the Middle Ages

The turbulent atmosphere of early-modern witch trials and Reformations has proven a more popular setting for the historiography of pre-modern midwifery than the medieval foundations from which it evolved. Nevertheless, it is possible to trace a sparse and fragmentary historiography of midwifery in medieval France that emerges as the focus of a handful of regional studies and on the periphery of two broader histories – women and work, and women and medicine in the Middle Ages. This section prefaces the historiography of regional studies with the two more peripheral historiographies, from which it has remained isolated, in order to establish three points. First, that the regional studies have been largely limited to ecclesiastical licensing records in northern France and have generally overlooked the extant secular sources from Provence. Second, that these geographical and methodological limitations have constructed a unidimensional image of the midwife as a religious figure. And third, that an examination of the secular registers for Provencal towns such as Manosque offers a detailed picture not only of who the midwife was expected to be, but of who she was and what she did; they reveal an individual who performed in diverse spheres of medieval society, one more completely rendered by a conversation between histories of regions, professions, and medicine.¹

I will first consider midwives within the historiography of women and medicine in the

¹ I have excluded studies on women's bodies as the subject of medical treatises (most notably, gynaecological texts) in order to maintain this paper's primary focus on the social history of medicine. Certain exceptions have been incorporated where the historiographical approach is more integrative. Such exceptions include the more recent works by Monica Green and Katharine Park, which consider medical texts within their immediate intellectual and social contexts in order to emphasize the cultural construction of medicine through the intersection of learned ideology and social custom. I have also excluded histories of medieval medicine that entirely overlook female practitioners (though there are many), and have, instead, chosen to limit the historiography to works that address directly women and medicine.

Middle Ages. In an article from 1994, Monica Green observed that “virtually every study of the social context of practitioners of medieval medicine omits or marginalizes midwives.”² Most often, scholars’ methodological parameters resemble those outlined by Joseph Shatzmiller in the introductory paragraph of his article on women and medicine, where he qualifies that “il ne s’agit pas ici de sage femmes ou de charlatanes, mais de femmes détenant des titres professionnels (*magistra, medica fisica* ou *chirurgica*), titres qu’elles ont obtenus après avoir passé des examens officiels.”³ Still, historians have, occasionally, employed a more inclusive definition of medical practice that encompasses midwifery. Since the early twentieth century, such scholarship has undergone three transformations that parallel broader methodological evolutions in the broader discipline. The first phase arose from the first-wave feminism of the early-twentieth century and sought to replace women in the past by chronicling formerly overlooked female medical practitioners. This phase transformed in the 1970s under the reformative agenda of second-wave feminism. Medical histories from this period argued, on an essentialist biological basis, that women were the rightful practitioners of women’s medicine; often these histories idealize the medieval midwife for her alleged authority, one that early-modern male practitioners sought to usurp by targeting midwives in the witch hunts. The third, and current, phase, which began in the 1980s, re-examines women’s medical history from a gendered perspective. Such scholarship extends the view of medicine to include women as *patients* as well as practitioners, and argues that the gendered dynamics of medieval society precluded women’s monopoly of women’s medicine.

The first phase of historiography on women in medicine, developed in the wake of

² Monica Green, “Documenting Medieval Women’s Medical Practice” in *Women’s Healthcare in the Medieval West: texts and contexts* (Burlington: Ashgate: Variorum, 2000), 337.

³ Shatzmiller, “Femmes médecins au Moyen Ages : Témoignages sur leurs pratiques (1250-1350),” in *Histoire et société . Mélanges offerts à Georges Duby, vol. 1 : Le couple, l’ami et le prochain* (Aix-en-Provence : Publications de l’Université de Provence, 1992), 167.

nineteenth-century feminist movements, and conducted the foundational chronicling and classifying upon which later histories would build. In 1900, Mélanie Lipinska completed what has become recognized as the foundational work in the field, her *Histoire des femmes médecins depuis l'antiquité jusqu'à nos jours*.⁴ Lipinska's chronicle, broad both temporally and geographically, traces the healing roles that women occupied in various societies since Antiquity. Her study, which assumes an almost anthropological perspective, contextualizes female practitioners within the socio-political ideals of their cultures to explain their significance within their societies. Lipinska devotes the greatest attention to midwifery in her study of classical Rome, where she clearly differentiates between the female physician and the midwife, two professions conflated in later histories. She states that "les recueils d'archéologie surtout sont une véritable mine des documents relatifs à l'existence des femmes médecins à Rome ... Ces collections d'inscriptions lapidaires témoignent nettement que la médecine était exercée par des femmes, qu'il ne faut pas confondre avec les ornatrices ou avec les accoucheuses désignées sur plusieurs monuments par le nom d'*obstetrices*."⁵ Lipinska's distinction between the two practices places midwifery clearly outside of the pre-modern "medical" that her study seeks to chronicle.

In 1938, Kate Campbell Hurd-Mead similarly chronicled women's medical practice since Antiquity, in her work *A History of Women in Medicine*.⁶ Although, like Lipinska, Hurd-Mead makes geographical distinctions, unlike Lipinska, these distinctions do not serve as her primary method of organization. In her chronicling, Hurd-Mead more consciously categorizes women's medical practice, and midwifery clearly comprises one of these practices from the fourteenth

⁴ Mélanie Lipinska, *Histoire des femmes médecins depuis l'antiquité jusqu'à nos jours* (Paris : Librairie G. Jacques & C., 1900).

⁵ Lipinska, *Histoire des femmes médecins*, 72.

⁶ Kate Campbell Hurd-Mead, *A History of Women in Medicine* (Haddam: The Haddam Press, 1938).

century onward. She views obstetrics as solely women's domain throughout the pre-modern period. She writes of the fourteenth century that "it is indisputable that midwifery ... was left to women who had been more or less trained to care for women in labour. The men sat at their desks and wrote, or rather translated text-books from the Latin, for the use of these midwives;"⁷ of the fifteenth century that, "it is not surprising to find that with the bans against women physicians, and the witchcraft mania, women became afraid to undertake even midwifery, although men were not particularly interested in it,"⁸ and texts continued to be "written by a man for women doctors, or midwives;"⁹ and of the sixteenth century that "there is no doubt that, generally speaking, the women doctors of the sixteenth century made as little attempt as men to rise above the dead level of mediocrity. If there were exceptions, it was in the field of obstetrics, where women showed, as usual, the greater interest and efficiency."¹⁰ Hurd-Mead thus espoused a view that women maintained uncontested authority not only over midwifery, but over even the theoretical knowledge of obstetrics, which was reproduced for women by men who had little practical interest in it. This assertion of women's monopoly served as the basis for the second phase of the historiography on women in medieval medicine.

The foundational works by scholars such as Lipinska and Hurd-Mead were transformed, in the late 1960s and 1970s, under the recuperative objectives of second-wave feminism. The relatively neutral assertion by previous scholars that women held sole jurisdiction over obstetrics transformed, in some works, into a defensive call for reclamation of past ideals. In the process, this rightful jurisdiction expanded to include all women's healthcare, not just obstetrics.¹¹ The

⁷ Hurd-Mead, *A History of Women in Medicine*, 280.

⁸ Hurd-Mead, *A History of Women in Medicine*, 315.

⁹ Hurd-Mead, *A History of Women in Medicine*, 315.

¹⁰ Hurd-Mead, *A History of Women in Medicine*, 355.

¹¹ See, for example, Beryl Rowland, *Medieval Women's Guide to Health: The First English Gynecological Handbook* (Kent: Kent State University Press, 1981).

works of Barbara Ehrenreich and Deirdre English exemplify the often reformatory agenda of this second phase. In their pamphlet *Witches, Midwives, and Nurses*, Ehrenreich and English present female patients and practitioners as victims of professionalization. Their pamphlet approaches the subject from the female practitioner's perspective. In it, they argue that, until the late Middle Ages, women monopolized women's healthcare, but that later conflicts deprived women of this biologically-determined authority. They identify "two separate, important phases in the male takeover of health care: the suppression of witches in medieval Europe, and the rise of the male medical profession in 19th century America."¹² The medieval witch-hunts allegedly targeted midwives because of their medical methods. The witch, like the midwife, "was an empiricist: she relied on her senses rather than on faith or doctrine, she believed in trial and error, cause and effect... The Church, by contrast, was deeply anti-empirical. It discredited the value of the material world, and had a profound distrust of the senses."¹³ Ehrenreich and English thus cast the targeting of midwives as a struggle for authoritative methods in which the Church prevailed. As society began placing more faith in the medical education from which women were largely excluded, university-educated physicians displaced women from their traditional healing roles.¹⁴ Ehrenreich and English conclude that "the present system was born in and shaped by the competition between male and female healers. The medical profession in particular is not just another institution which happens to discriminate against us: It is a fortress designed and erected to exclude us."¹⁵ Their agenda is as recuperative as it is analytical. Although their work draws on historical precedents, their use of the pronoun "us" situates it firmly in the present with the call to fight against the patriarchal power structures that have displaced women throughout

¹² Barbara Ehrenreich and Deirdre English, *Witches, Midwives, and Nurses* (Old Westbury: The Feminist Press, 1973), 5.

¹³ Ehrenreich and English, *Witches, Midwives, and Nurses*, 14.

¹⁴ Ehrenreich and English, *Witches, Midwives, and Nurses*, 31.

¹⁵ Ehrenreich and English, *Witches, Midwives, and Nurses*, 41.

history. Although historians granted a great deal of authority to the Ehrenreich and English thesis, finding in it (unsubstantiated) affirmation of contemporary progressive objectives, it ultimately manipulates the past to serve a reformative thesis. In the 1980s, a gendering of the past sought to refute this thesis.¹⁶

The historiographical trend of the 1980s, which marks the third and ongoing phase, reconstructed the medieval midwife by situating her practices within the gendered social context of medieval medicine. In her work on the gendering of women's healthcare, Monica Green challenges theses such as those propounded by Ehrenreich and English on both theoretical and methodological grounds. Green rejects the notion that "women's health was women's business" and that "midwives were the sole providers of women's health care, and they maintained an unchallenged monopoly on this specialty of medicine until it was gradually wrenched away from them by so-called man-midwives in the course of the seventeenth and eighteenth centuries."¹⁷ She argues, instead, that "there are crucial elements of this history we have overlooked by focusing too exclusively on women and not seeing the ways in which the creation of epistemologies on the female body are not limited to those who inhabit female bodies."¹⁸ According to Green, Ehrenreich's and English's thesis focuses too exclusively on women as entitled practitioners and neglects entirely the intellectual sphere from which notions of authority derived. She further contests such emphatic focus on women as midwives because it incorrectly assumes that "'midwife' is synonymous with 'caretaker of all of women's health care.'"¹⁹

¹⁶ I have considered Ehrenreich's and English's thesis in a similar context in an essay from 2009, "Women's Medicine as a Cultural Artifact: Methodological Parallels in the Historiography of Modern and Medieval Childbirth and Contraception."

¹⁷ Monica Green, "Women's Medical Practice and Health Care in Medieval Europe," *Signs* 14.2 (1989): 434.

¹⁸ Monica Green, "Gendering the History of Women's Health Care," *Gender and History* 20.3 (2008): 508; Green, "Women's Medical Practice and Health Care in Medieval Europe," 434.

¹⁹ Green, "Women's Medical Practice and Health Care in Medieval Europe," 434.

Katharine Park's 2006 monograph *Secrets of Women: Gender, Generation, and the Origins of Human Dissection* similarly examines the reproductive female body as a point at which the medical theory of universities and popular social practices interacted. Park traces how the concept of "the secrets of women" transformed in the late Middle Ages from the secrets of reproduction that women exchanged among themselves to the secrets of the reproductive female body that male physicians sought to unlock. The womb, according to Park, became *the* focus of medical dissection in the early modern period. Like Green, Park emphasizes that women's medicine and reproduction were not strictly women's domain in the Middle Ages. This third phase of the historiography, then, conceives of medieval Europe as "a battleground for all medical practitioners – women being caught in the crossfire – and it is here, not in the seventeenth or eighteenth centuries, that the foundations were laid for the eventual (though hardly inevitable) exclusion of women from independent medical practice."²⁰ Scholars of this phase gender medieval epistemologies to illustrate the marginal role that midwives played in the construction of knowledge about women's bodies. This gendered perspective displaces the earlier historiographies that either exclude midwives from, or conflate them with, female medical practitioners more generally.

Midwives appear only occasionally in these social histories of women and medicine; they appear even less frequently in historiographies of women and work. Although, as I will argue below, midwifery did constitute a profession in late-medieval France, midwives have been significantly overlooked by researchers in this field. Two scholars are worth noting in this section, and even this requires a deconstruction of the artificial periodization that divides medieval and early modern Europe: David Herlihy and Merry Wiesner. Midwives receive half a page in David Herlihy's *Opera Muliebria: Women and Work in Medieval Europe*, in which he

²⁰ Green, "Women's Medical Practice and Health Care in Medieval Europe," *Signs* 14.2 (1989): 447.

acknowledges that “women empirics and, of course, midwives were especially important in gynecology. The conviction was widespread that only women could decently inquire of another woman about their feminine complaints.”²¹ This is far less attention than he devotes to other professions such as spinning and weaving. Merry Wiesner, on the other hand, has dedicated two more complete studies to midwifery as a profession in Germany,²² arguing that “the most important occupation in which women were involved during the medieval and early modern period, in terms of impact on society as a whole and recognition by government and church authorities, was midwifery. The midwife’s vital role is often overlooked by modern historians, however, as they consider her only in passing while focusing on other developments.”²³ Wiesner examines the regulation, financial compensation, and practice of midwifery within the broader context of women and work in Renaissance Germany. Although both Wiesner’s and Herlihy’s works contribute to the image of the medieval midwife as a professional, the subject deserves far more attention. More frequently, historians have looked to the early modern period for an image of the profession,²⁴ though regional studies on northern France suggest a concretized professional identity that would lend itself well to inclusion in the subject of women and work.

These regional studies are limited to article length and, in the absence of any monograph on the subject, necessarily serve as the primary authorities on midwives in late-medieval France; the attention that they dedicate to the fine details of their records make them indispensable to understanding the person and practice of the profession. The majority of these studies, however,

²¹ David Herlihy, *Opera Muliebra : Women and Work in Medieval Europe* (Philadelphia: Temple University Press, 1990), 112.

²² See Merry Wiesner, *Working Women in Renaissance Germany* (New Brunswick: Rutgers University Press, 1986), and “Early Modern Midwifery: A Case Study,” in *Women and Work in Preindustrial Europe*, ed. Barbara Hanawalt (Bloomington: Indiana University, 1986), 94-114.

²³ Merry Wiesner, « Early Modern Midwifery : A Case Study, » 94.

²⁴ See, for example, the essays compiled in Hilary Marland, ed., *The Art of Midwifery : Early Modern Midwives in Europe* (London: Routledge, 1993).

are limited to northern France²⁵ and based entirely on ecclesiastical sources such as licensing records, miracle stories,²⁶ and churching regulations. The midwife, thus, emerges as figure of primarily religious significance.

Visitation records from two of the archdeaconries of Paris – Josas and Paris proper – as well as records from a fifteenth-century *Registre de causes* from Brie, the third archdeaconry, have been the most informative sources for regional studies of midwifery in France.²⁷ In 1976, Pierre-Clément Timbal and Bernadette Auzary examined the 1468-1470 records from Paris.²⁸ Their article outlines the jurisdiction and responsibilities of the visiting deacons, part of which included the appointment, or oversight of the appointment, of churchwardens and midwives; it concludes with a table that contains the number and election of midwives in each parish. Annie Saunier similarly examines visitation records from 1458-1470 to access midwives in the archdeaconry of Josas. Saunier offers more detail than do Timbal and Auzary concerning the office of midwifery. She provides statistics on the number of midwives in the parishes, which she uses to trace an evolution in the office over the twelve years with which her study is concerned. She describes the process of election of midwives by women in the parishes, and the office that they were expected to fill. More recently, Ruth Mazo Karras and Tiffany Vann Sprecher have examined midwives through the *Registre de causes* from late-fifteenth-century

²⁵ A notable exception to this is Danielle Jacquart, *Le milieu médical en France du XII^e au XIV^e siècle* (Geneva : 1981), a study based on Wickersheimer's and Jacquart's *Dictionnaire biographique des médecins en France au moyen âge* (Paris : E. Droz, 1936). In this study, Jacquart attempts to sketch an image of midwifery that encompasses all of France and relies primarily on secular sources.

²⁶ See, for example, Pierre André Sigal, "La grossesse, l'accouchement et l'attitude envers l'enfant mort-né à la fin du moyen âge d'après les récits de miracles," in *Santé, médecine et assistance au moyen âge, Actes du 110e Congrès National des Sociétés Savantes, Montpellier, 1985* (Paris: Editions du C.T.H.S., 1987), 23-41.

²⁷ Midwifery in the third archdiocese, Brie, is the subject of an upcoming article by Ruth Mazo Karras and Tiffany Vann Sprecher, who generously shared their findings with me.

²⁸ Pierre-Clément Timbal and Bernadette Auzary, « Visites décanales faites dans l'archidiaconé de Paris en 1468-1470, » *Revue d'histoire de l'Église de France* 62 (1976) : 361-374.

Brie.²⁹ Their study illustrates how the Church both regulated and protected the office of the midwife. These studies on Paris, Brie, and Josas offer valuable information about the religious space into which northern French midwifery fit.

In addition to visitation records, churching rituals have also served as illustrations of the socio-religious space into which midwives fit.³⁰ Paula Rieder's study of churching in northern France contributes to the image of the midwife as a religious figure, but, more so than studies of visitation records, it emphasizes childbirth as the intersection of various cultural threads. Although the midwife, in her attendance at baptisms and her authority in churching, assumes a primarily spiritual function in Rieder's study, Rieder's emphasis on the conflict between the Church and society regarding the ritual illustrates the various and, at times, dissonant discourses that constructed the midwife in northern France.

Such regional studies as those considered above are indispensable to the study of midwifery. Nevertheless, their geographical and methodological limitations permit them to sketch only the faintest picture of the midwife's role in medieval France. Secular legal records such as those that survive from Manosque (and Provence more generally) have been largely overlooked by scholars of this subject, though they offer a glimpse at the *practicing* midwife who emerges only occasionally in visitation records. The notarial and criminal records from Manosque provide insight into the relationships between governing institutions and society, and between various groups within the society.

1.1.2 Manosque

Since as early as 1658, medieval Manosque has been a topic of historical interest. In

²⁹ Ruth Mazo Karras and Tiffany Vann Sprecher, "The Midwife and the Church: Ecclesiastical Regulation of Midwives in Brie, 1499-1504," *Bulletin of the History of Medicine* 85 (2011): 171-192.

³⁰ Paula Rieder, *On the Purification of Women: Churching in Northern France, 1100-1500* (New York: Palgrave/Macmillan, 2006).

addition to being the subject of a handful of town histories,³¹ its extant criminal and notarial registers have also attracted the interest of social historians, serving as the subject of several theses and published works. Although archival sources inspired research as early as the nineteenth century, in works by M. Damase Arbaud and Camille Arnaud,³² it was not until the 1980s that scholars began to recognize fully the richness of these sources for studies on medieval crime and society. These historians often rely on M.-Z. Isnard's foundational nineteenth-century work, *Livre des privilèges de Manosque : Cartulaire municipal Latin-Provençal*, a compilation of the town's statutes and privileges.³³ Included in the *Livre des privilèges* is a copy of the *Instrumentum compositionis super maleficiis*, which outlines twenty-five crimes and their corresponding punishments that were established by the town's seigneur and inhabitants in 1235. The *Livre des privilèges* illuminates various aspects of Manosquin crime, justice, and social regulation that have become the topic of several social-historical studies.

Since the 1980s, the surviving legal records from medieval Manosque have attracted the interest of social historians. These scholars, many of them students of Rodrigue Lavoie,³⁴ who continued research on the town in the 1970s and 1980s, have investigated various aspects of

³¹ In 1658, Father Jean Colombi completed the *Three Books of the Town of Manosque (Manuasce urbis libri tres)*. This was followed, in the eighteenth century, by Eyssautier's ecclesiastical history of Manosque, *Histoire ecclésiastique*, which, unfortunately, was lost by the nineteenth century. In the mid-nineteenth century, Abbé Féraud synthesized unpublished works by Bouteille and Barrière with his own research to create his *Histoire civile, politique, religieuse et biographique de Manosque*, a work to which subsequent Manosquin historians often refer.

³² Camille Arnaud, *Histoire de la viguerie de Forcalquier* (Marseille : Etienne Camoin, 1894) (this work was not consulted for this paper) ; "Suite de l'histoire de Manosque," *Bulletin de la société scientifique et littéraire des Basses-Alpes XIV* (1909-1910) : 84-102.

³³ M.-Z. Isnard, *Livre des privilèges de Manosque : Cartulaire municipal Latin-Provençal (1169-1315)* (Paris : Honoré Champion, 1894).

³⁴ Several Masters and PhD theses were produced on Manosquin crime, justice, and society under the direction of Rodrigue Lavoie; see Ronald Gosselin, "Justice, criminalité et société à Manosque au milieu du XIII^e siècle (1240-1260) (Masters thesis, Laval University, 1984) ; Francine Michaud, « Crédit, endettement et patrimoine féminin à Manosque au milieu du XIII^e siècle, » (Masters thesis, Laval University, 1984) ; Claire Michaud, « Communautés d'habitants et pouvoir seigneurial au Moyen-Age : l'exemple de Manosque aux XIII^e et XIV^e siècles, » (Masters thesis, Laval University, 1986) ; Andrée Courtemanche, « Regards sur la femme médiévale : la délinquance féminine à Manosque au tournant du XIV^e siècle, » (PhD diss., Laval University, 1987) ; Maryse Guénette, « Femmes solitude et société à Manosque au XIV^e siècle (1314-1358) (Masters thesis, Laval University, 1987) ; Christian Vachon, « Les violences verbales à Manosque au tournant du XIV^e siècle (1284-1330) (Masters thesis, Laval University, 1989).

crime, justice, and society in medieval Manosque, including violence, female delinquency, social regulation, institutional relationships, and the town's Jewish population.³⁵ Of particular interest to this study are the works on women, sexuality, and medicine, in medieval Manosque.

The research that Andrée Courtemanche conducted on the female community of Manosque has served as the basis for all subsequent inquiry into the subject. Courtemanche uses notarial and criminal records not only to form conclusions about female delinquency, but also to illuminate the female condition in medieval Manosque. Although her focus is rather narrow, considering only women accused of crimes, her use of criminal records to shed light on the quotidian has contributed much to the historiography, and will be a point of frequent reference in this paper.

Amongst the research conducted on women in Manosque, of particular interest to this paper is that which pertains to sexuality, since it invokes the much-contested question of the female body in medieval society. Rodrigue Lavoie has awakened this subject from its archival dormancy with his investigation into sexual delinquency in Manosque. Lavoie's research hints at a regulatory relationship between the criminal court and society that is useful for research on midwifery.³⁶ He considers sexual deviance through the lens of Manosquin justice to illustrate a procedural shift that reconstructed sexual misdemeanours as symptomatic of social disorder.³⁷

According to Lavoie, with the mid-thirteenth-century shift from accusatorial to inquisitorial

³⁵ In addition to the abovementioned theses, several published works have been produced on medieval Manosque. See, for example, Joseph Shatzmiller's work on the town's Jewish community in *Recherches sur la communauté juive de Manosque au Moyen Âge, 1241-1329* (Paris; Mouton, 1973), and Michel Hébert's study of the regulation of urban life in "Autour de la cavalcade: les relations entre le comte de Provence, les Hospitaliers et la communauté de Manosque (XIIIe – XIVe siècles), » in *Vie privée et ordre public à la fin du Moyen Âge. Études sur Manosque, la Provence et le Piémont (1250-1450)*, ed. Michel Hébert (Aix : Publications de l'Université de Provence, 1987).

³⁶ Rodrigue Lavoie, « Justice, morale et sexualité à Manosque (1240-1340), » in *Vie privée et ordre public à la fin du moyen âge : Études sur Manosque, la Provence et le Piémont (1250-1450)*, edited by Michel Hébert (Aix-en-Provence : Université de Provence, 1987) ; « Délinquance sexuelle, justice et sanction sociale : les tribulations judiciaires de Mathilde Payen (1306-1308), » *Provence Historique* 184 (1996) : 159-192.

³⁷ This procedural shift has been explored in greater detail in Patricia MacCaughan, *La justice à Manosque au XIII^e siècle : Évolution et représentation* (Paris : Honoré Champion, 2005).

procedure, “la réflexion sur le crime place l’activité du délinquant – et donc la nécessaire intervention de la machine judiciaire – dans la perspective de l’ordre public et de l’intérêt générale : le respect de la loi et le souci d’empêcher la prolifération du mal.”³⁸

This notion that the court sought not only to punish, but also to *regulate*, on which Lavoie touches only peripherally, assumes a more central significance in Steven Bednarski’s research on Manosque. According to Bednarski, “anthropological historians have looked to how people used courts to resolve disputes, but have focused far less on how they in turn were used by courts; legal historians interested in procedural shifts have only hinted at the impact they must have had upon regulation and order; criminal historians have provided the basic information necessary to explain it, such as data concerning the *gens de justice*, but have failed to do so adequately.”³⁹ From this perspective, Bednarski, in addition to other objectives, builds on the foundations that Courtemanche laid for research on the female community of Manosque, focusing not only on women accused of crime, but also on women “who denounced, who facilitated crime, and who were victims of it.”⁴⁰ The conclusions that he has drawn regarding the relationship between regulation and society, especially amongst women, provide useful points of departure for further research on midwives as instruments of social regulation, and will be considered in more detail later.

This emphasis on the court as a regulatory body is largely absent from Joseph Shatzmiller’s research into the medical milieu of Manosque, though his work does directly address medical professionals as experts in court. Shatzmiller, in *Médecine et justice en Provence*

³⁸ Rodrigue Lavoie, « Justice, morale et sexualité à Manosque (1240-1340), » in *Vie privée et ordre public à la fin du moyen âge : Études sur Manosque, la Provence et le Piémont (1250-1450)*, edited by Michel Hébert (Aix-en-Provence : Université de Provence, 1987), 15.

³⁹ Steven Bednarski, « Crime, justice et régulation sociale à Manosque, 1340-1403 » (PhD. diss., Université de Québec à Montréal, 2002), 13.

⁴⁰ Bednarski, « Crime, justice et régulation sociale à Manosque, 1340-1403, » 18.

médiévale, provides transcriptions of ninety-four cases from the criminal and notarial registers that concern medical professionals. He uses these cases as evidence of the medicalization of Manosquin society. Both Shatzmiller's conclusions and transcriptions have been indispensable to, and are frequently cited in, this paper. Shatzmiller considers, though, these cases to draw his broad conclusions, but he pays little attention to the finer details that form the basis of my own research. Furthermore, although some cases involving midwives do appear in his collection, he has overlooked others that fall within the temporal scope of his study. Nevertheless, his conclusions regarding the medical profession in Manosque form the foundation of this paper, which seeks to address a small gap that hitherto has been considered only in passing. By considering midwives within the context of social regulation in Manosque, I hope to illustrate the potential for research into midwifery that lies in the often overlooked records of late-medieval Provence.⁴¹

1.2 Parameters of the Research

1.2.1 Spatial Boundaries

This paper focuses primarily on Manosque, though it does make frequent comparisons with northern France, especially Paris, in order to situate it within the broader historiographical context. I have chosen to focus on this one town for several reasons. Midwifery, sitting at the intersection of diverse cultural threads, varied significantly region from region. Governing and regulating institutions, social mores, and cultural rituals, all of which differed regionally, interacted to construct the midwife's identity. While midwifery was regulated by centralized institutions in northern France and Germany, for example, there is little indication that such efforts existed in Italy or Spain. It would be difficult, therefore, to construct any sort of general

⁴¹ There are two notable exceptions to this tendency: Danielle Jacquart, *Le milieu médical en France du XIIIe au XVe siècle* (Geneva : 1981), and Monica Green and Daniel Lord Smail, "The Trial of Floreta d'Ays (1403): Jews, Christians, and Obstetrics in Later Medieval Marseille," *Journal of Medieval History* 34.2 (2008): 185-211.

image of the medieval midwife that does not rely on gross generalizations; focusing on a single town permits me to consider how midwives interacted with their societies. I have focused specifically on Manosque for two reasons. First, the fortunate survival of thousands of pages of criminal and archival records facilitates a cultural study of this kind. And, second, by focusing on a typical Provençal town such as Manosque, I hope to illustrate the potential that exists to fill in a current geographical gap in the historiography of medieval midwifery.

1.2.2 Temporal Boundaries

The temporal parameters of this study are broad and require a deconstruction of the artificial boundary that often divides medieval and early modern Europe; they span from the end of the thirteenth century to the end of the fifteenth century. I have chosen these broad parameters primarily because of the survival of sources related to midwives in the Parisian and Provençal regions considered, but also because it covers the period which, according to Green and Park, witnessed the masculinization of women's medicine.⁴² The sparseness of sources from Manosque prevents the study of professional development over time; those records which do survive, however, permit a reconstruction of the midwife's roles in the gendered medical and legal milieux that can be compared with the more religious role that emerges in Parisian ecclesiastical records. Although the *terminus ad quem* of 1500 is late, it predates the significant 1560-institutional transformation of midwifery in Paris which marks a reformation of the early-modern practice as more medical than its medieval counterparts.

1.2.3 Sources

This paper relies largely on the extant notarial and criminal records for Manosque.⁴³

⁴² Monica Green, *Making Women's Medicine Masculine*; Katharine Park, *Secrets of Women*.

⁴³ Few ecclesiastical records survive for Provence, and I was thus unable to compare sources commensurate with those that survive for the north. Conversely, similar secular sources as those from Manosque survive for northern France, but have yet to be consulted for details on childbirth and midwifery.

Although the majority of the trials consulted have been transcribed and analysed elsewhere, they have either overlooked the presence of midwives entirely, or have considered them only in passing.⁴⁴ The notarial records, which I use less than the criminal records, are a part of the 2E series filed in the Archives départementales des Alpes-de-Haute-Provence (ADAHP) in Digne-les-Bains, and document various types of contracts. The criminal cases that form the foundation of this paper are found amongst the registers from medieval Manosque that are filed under the rubric “criminal or correctional information,” in the 56H series of the Archives départementales des Bouches-du-Rhône in Marseille.

The court that produced these records fell under the jurisdiction of the Order of the Hospital of St. John of Jerusalem, to whom the last count of Forcalquier, Guillaume IV, had bequeathed the town in 1208. Initially, the Hospitalers exercised high, middle, and low judicial jurisdiction.⁴⁵ During the thirteenth and fourteenth centuries, however, municipal offences fell more exclusively under the jurisdiction of the *prud’hommes*,⁴⁶ whose concern was to “adminstrer leur concitoyens d’après les bonnes coutumes, à défendre et à maintenir les privilèges et les droits de la ville et à la représenter en justice contre toute personne ecclésiastique ou séculaire.”⁴⁷

The use of these criminal records as reflections of the past situates them not only within the history of women, medicine, and the law, but also within the ongoing historiographical debate over the methodological soundness of using court records as sources of social history. Edward Muir and Guido Ruggiero express well the allure of court records in their collection of essays

⁴⁴ Transcriptions of several of these cases appear in Shatzmiller, *Médecine et justice à Manosque*; Bednarski, “Crime, justice et régulation sociale à Manosque;” and Courtemanche, “Regards sur la femme médiévale : la délinquance féminine à Manosque.” I make no claim to have surveyed the Manosquin registers; my conclusions are preliminary and are based only on those cases that have been published elsewhere, or have kindly been brought to my attention by others.

⁴⁵ M.Z. Isnard, *Livre des privilèges de Manosque : Cartulaire Municipal Latin-Provençal (1169-1315)* (Paris : Chez Honoré Champion, 1894), xx.

⁴⁶ Isnard, *Livre des privilèges de Manosque*, xxv.

⁴⁷ Isnard, *Livre des privilèges*, xxv.

dedicated to these sources, sources that “reveal otherwise unspoken cultural assumptions, that give voice to the illiterate, that disclose the discontinuities of the society, that generate little dramas about human conflicts and dilemmas, that resurrect the otherwise hidden life of the street, gaming hall, counterfeiter’s workshop, priest’s bedroom, and prison cell.”⁴⁸ Nevertheless, their reliability as reflections of reality has been challenged.

Suspicion of court records pivots on two central issues: discourse and deviance. The former concerns the process of production whereby the discourse of circumscriptive institutions becomes entangled with popular discourse, transforming the oral and fragmented into the written and discursive, while the latter concerns the historian’s derivation of norms from deviance. This paper contends both of these alleged shortcomings.

The first point of contention for historians of crime is that of discourse; this concerns not the derivation of norms from deviance, but the very definition of deviance itself. Which ideologies does legal prosecution reveal – legal or social? The majority of the cases, I argue, reflect both. The polyphonic nature of court records is both useful and hazardous. Michael Goodich suggests that:

The reading of such sources is accompanied by one central caveat. Because they were employed by the state or church the records kept by the court personnel, that is, the notaries, lawyers, judges, procurators, translators, and others may perhaps be suspect. Their reports are often summarized, rather than recorded verbatim, the translations from the local tongue may be inaccurate, and the documents necessarily circumscribed by the legal forms in which they were cast.⁴⁹

If we view these sources as conversant rather than conflictive, however, it is possible to discover how individuals in a society negotiated the prescriptive discourse of the courtroom and the ideologies it embodied.

⁴⁸ Edward Muir and Guido Rugiero, “Introduction: The Crime of History,” in *History of Crime: Stories from Quaderni Storici*, ed. Edward Muir and Guido Rugiero (Baltimore : The Johns Hopkins University Press, 1994), ix.

⁴⁹ Michael Goodich, ed., *Voices from the Bench: The Narrative of Lesser Folk in Medieval Trials* (New York: Palgrave MacMillan, 2006), 3.

In many of the cases, consideration of legal rhetoric reveals the relationship of judicial discourse to social ideology. That the allegations against individuals purportedly often came “*ad aures ipsius curie recenter pervenit voce plurium fidedignorum refferente*” *ex suo officio* and *ad denunciationem* attests to a certain legal, formulaic acknowledgement of a consonance between law and society. This use of *ex officio* inquest based on denunciations stems from a significant thirteenth-century procedural transition in Manosquin justice. In 1240, legal procedure in Manosque shifted from accusatorial to inquisitorial. Although the inquisitorial process permitted the court to act *ex officio*, such inquests required legitimate motive. Patricia MacCaughan demonstrates that, by 1303, we frequently find the phrase “*ad audientiam curie pervenit*” in the introduction of official inquests.⁵⁰ MacCaughan asserts that “cette manière d’indiquer que des informations sont parvenues à la cour, parfois via la clameur public, envoie à la notion de *diffamatio* nécessaire afin d’introduire une enquête d’office.”⁵¹ According to Rodrigue Lavoie :

la réflexion sur le crime place l’activité du délinquant – et donc la nécessaire intervention de la machine judiciaire – dans la perspective de l’ordre public et de l’intérêt générale : le respect de la loi et le souci d’empêcher la prolifération du mal. De façon explicite, le crime y est représenté comme un désordre qui doit être sanctionné comme tel, indépendamment des autres conséquences (dommage matériel, physique ou moral) qui en résultent pour la victime offensée. Il faut en conclure, sans doute, que la notion d’intérêt public est devenue l’objectif et a supplanté la vieille conception de service dans l’intérêt des clients.⁵²

Thus, the initiation of inquests *ex officio* and *ad denunciationem* reflects simultaneously an individual’s search for justice, as well as the court’s evolving discourse of social regulation. This ideological consonance suggests that, despite the historiographical objections to court records on the basis that they reflect only the institution that produced them, these cases serve as a useful

⁵⁰ MacCaughan, *La justice de Manosque au XIIIe siècle*, 75.

⁵¹ MacCaughan, *La justice de Manosque au XIIIe siècle*, 76.

⁵² Rodrigue Lavoie, “Justice, morale et sexualité à Manosque (1240-1340), in *Vie privée et ordre public à la fin du moyen âge : Études sur Manosque, la Provence et le Piémont (1240-1450)*, ed. Michel Hébert (Aix-en-Provence : Université de Provence, 1987), 15

window into everyday life in a late-medieval Provençal town.

The second point of contention for historians concerns the representativeness of deviance. It is always a hazardous endeavour to make assertions based on negative evidence, and deducing norms from deviance is first among these hazards for the historian. The question poses itself thus: if an individual's deeds are defined as deviant by both the law and society, then how can we accept the details of the case as representative of reality? The answer concerns the concept of performativity. Individuals who appeared before the court performed a part. Both Andrée Courtemanche and Steven Bednarski have employed dramatic metaphors to describe the dynamic of the Manosquin courtroom.⁵³ This theory asserts that the courtroom was a stage on which plaintiffs, defendants, and witnesses acted their assigned roles, and their performance depended on verisimilitude in order to convince the audience, the judges, of the truth in their words. What concerns the historian of these records is not whether or not an event actually happened as the speaker claimed it did, but how the speaker constructs the event. Acceptance of court proceedings as performances permits such records to serve as windows into the social ideals and practices that they sought to mimic.

1.3 The Landscape of the Research: Gender

This paper employs gender as the primary framework of analysis; drawing on theories espoused by Monica Green and Katharine Park,⁵⁴ it presumes that gender dictated the construction of knowledge about the reproductive female body. It argues, further, that different gendered apparatuses constructed different, sometimes divergent, power/ knowledge

⁵³ Bednarski, "Crime, justice et régulation sociale à Manosque ; » Courtemanche, « The Judge, the Doctor, and the Poisoner : Medical Expertise in Manosquin Judicial Rituals at the End of the Fourteenth Century," in *Medieval and Early Modern Ritual: Formalized Behavior in Europe, China and Japan*, ed. Joëlle Rollo-Koster (Leiden: Brill, 2002), 105-123.

⁵⁴ Monica Green, *Making Women's Medicine Masculine*; Park, *Secrets of Women*.

relationships,⁵⁵ and that midwives emerge on the porous boundaries between these various epistemologies. Three medieval discourses that constructed knower/ known binaries related to the reproductive female body are of particular interest to this paper: medicalization, modesty, and judicial regulation. Each of these discourses corresponds with a different dimension of the reproductive female body: medicalization with the theoretical dimension, modesty with the practical, and judicial regulation with the conceptual. As Green and Park have demonstrated, the medicalization of society came increasingly to place concerns of reproduction and pregnancy within the jurisdiction of a masculinized medical profession; yet cultural notions of feminine modesty still prevented the transformation of theoretical knowledge about women's "secret places" into practical knowledge. Gendered notions of modesty, therefore, partially veiled women's *physical* reproductive bodies from men's eyes and prevented them from rendering women objects of medical and judicial investigation. Male medical and legal authorities *desire* to know these secrets, however, caused them to rely on midwives for information regarding, and the regulation of, women's reproductive bodies. In Manosque, these different relationships of knower/ known are reflected by male physicians' emergence as experts in cases of conception, abortion, and post-mortem caesarean sections, but not in cases childbirth and virginity, which involved the *physical* secrets of women's bodies over which midwives exercised authority.

⁵⁵ Michel Foucault, *Power/ Knowledge: Interviews and Other Writings, 1972-79* (New York: Pantheon Books, 1980).

CHAPTER TWO MEDICINE IN MANOSQUE

2.1 A Profession

2.1.1 Introduction

One of the primary points that this paper seeks to address is the contextualization of midwives within the social medical milieu of the Middle Ages. As the above consideration of regional historiography has illustrated, studies of midwifery in France have remained largely isolated from historiographies of women and work and women in medicine. The argument can and will later be made that midwives' primary responsibilities as birth attendants fell outside of medical professionals' jurisdiction. The fact, however, that uncomplicated childbirth was excluded from the medical realm in an increasingly medicalized society, while other concerns of conception and delivery *were not* sheds light on the extent to which gender dictated the permissible producers and production of medical knowledge in the later Middle Ages. This section, thus, considers the state of the medical profession in Manosque in order to understand better the marginal but significant role that midwives played within it.¹

The records from Manosque reveal an increasingly medicalized community that relied on professional medical practitioners for expertise in cases of injury and illness. This professionalized medical community included not only the Christian men who had access to university medical faculties and Christian medical schools, but also Jews and women. The significance of these practitioners to Manosquin society is evidenced both by contracts documenting payment of a fixed sum in exchange for the promised provision of healthcare, and by the criminal court's reliance on experts of the body in cases concerning injury, illness, and

¹ The conclusions drawn in this section will rely primarily on the data that Joseph Shatzmiller has compiled in *Médecine et justice en Provence médiévale*. Most of the transcriptions that follow are his and are accompanied by the necessary citations; any mistakes are my own. Transcriptions by historians other than Shatzmiller have been noted.

death. The records also illustrate that this medicalization was rarely gendered; male practitioners provided care to female patients, just as female practitioners administered care to male patients.

It should be noted that this chapter considers only medieval medicine proper, that is, the practice by *regulated*, legally acknowledged, professions like physicians, surgeons, and barbers. It does not consider the more inclusive idea of *healing* that sought generally to alleviate ‘dis-ease.’ Although this approach is limiting and, perhaps, misrepresents the socio-medical milieu of Manosque, it is purposeful. It permits an illustration of women’s participation in the ideological sphere of regulated medicine the Middle Ages, and is intended to illustrate a dissonance between the ideological “medical” and the common “medical” of the Middle Ages. It will also serve to understand better the placement of the midwife within this ideology.

2.1.2 Regulation of the Medical Profession

Situated along the Durance River, Manosque boasted in the fourteenth century a population of about 5,000 inhabitants, roughly one-fifth the size of the major port city of Marseilles.² These Christian and Jewish inhabitants would have belonged to one of three estates: *nobiles* and *milites, probi homines*, and *populares persone*.³ Although, like many medieval towns, Manosque had a large agricultural community, the presence of the Rhone and Durance also made it a centre of commercial transit that permitted commerce to flourish well into the fourteenth century.⁴ Its geopolitical situation along the route that connected papal Avignon to northern Italy fostered this commerce.

The court of Mansoque, through which we learn so much about the medieval townspeople, had been entangled in a bitter political dispute since the early thirteenth century, when the last count of Forcalquier bequeathed the town to the Order of the Hospital of St. John of

² Bednarski, “Crime, justice et régulation sociale à Manosque, 1340-1403,” xiv.

³ Isnard, *Livre des privilèges de Manosque*, x.

⁴ MacCaugh, *La justice à Manosque au XIIIe siècle*, 27.

Jerusalem.⁵ The court emerged as a point of jurisdictional contention between the Order and the town. Although the town attempted, in 1207, to use the court as an institution through which to mediate the power of the Order, by the fourteenth century, the Order had been granted full legal jurisdiction over Manosquin justice.⁶ Despite the elite focus of the court's history, its rich records provide the grateful historian a privileged glimpse at the everyday lives of the women, peasants, and marginalized individuals in medieval society whom the historical record so often obscures.

Significantly, the records from Manosque provide insight into the social practice of medieval medicine. We learn from them that, between 1262 and 1348, Manosque counted amongst its 5,000⁷ inhabitants a total of forty-one medical practitioners (*fisici, medici, chirurgi, barberii*), not including the professionally more ambiguous midwives, apothecaries, and charlatans, with an average of six practicing physicians at any time.⁸ According to Shatzmiller, these figures suggest that the people of Manosque enjoyed a practitioner/patient ratio of about 1/500 or 1/450. While Katharine Park, citing Villani's figures, estimates a lower ratio in Florence,⁹ Michael McVaugh's study of the Catalan town of Manresa, with a population comparable to that of Manosque, reveals figures twice as high, with eleven practitioners in a town of 4,000, though, as McVaugh acknowledges, as in Manosque, these practitioners serviced a larger clientele from the surrounding countryside.¹⁰ Such a distribution of medical practitioners in Manosque reflects the medicalization of society that transpired during this time, a process through which medical practitioners gained increasing prestige.

⁵ Felix Reynaud, *La commanderie de l'Hôpital de Saint-Jean de Jérusalem de Rhodes et de Malte à Manosque* (Gap : Société d'études des Hautes-Alpes, 1981), 23.

⁶ Reynaud, *La commanderie de l'Hôpital*, 74.

⁷ Shatzmiller states a population of roughly 4,000; Bednarski's more recent tabulations, however, reveal a population closer to 5,000 individuals.

⁸ Shatzmiller, *Médecine et justice en Provence médiévale*, 8.

⁹ Park, *Doctors and Medicine*, 57.

¹⁰ Michael McVaugh, *Medicine before the plague : practitioners and their patients in the Crown of Aragon, 1285-1345* (New York: Cambridge University Press, 1993), 67.

Although no extant legislation has been discovered concerning the medical profession in Manosque, the court records do suggest that medical practice here, as elsewhere in Europe, was increasingly recognized as a profession and was regulated, at least sometimes, by civic authorities. In the records, the notary identifies medical practitioners either by occupational title or by *magister*,¹¹ titles which appear to have been reserved for licensed individuals. As Shatzmiller notes, the case against a charlatan, Michael Aucemant, emphasizes the importance placed on the regulation of medical practice in Manosque.¹² In 1310, Michael was brought before the court after tales “*ad audientiam dicte curie pervenit*” for having failed to mend Atanulfi Archadi’s wounded male member, which he had promised to heal for a sum of six *denarii* and a pint of barley.¹³ Although it is clear that the primary objective of the trial is restitution for payment deceitfully exacted, the emphasis that it places on Michael’s illicit practice suggests that regulation of medical practice was of at least secondary concern in the case. During an initial interrogation, the court discovered that Michael Aucemant, “*non litteratus dicens [se] surgicum esse qui non est, exercuit et usus fuit officio surgie,*” although, when asked later “*si est peritus inurgia,*” he admitted that he was not. Concerned by Michael’s professional ruse, the court then asked him if had offered his healing services to many people; to this Michael responded that he had, and stated specifically that he had provided care for Marcellus Bertrandi’s son, who had hurt his leg, as well as for many others.¹⁴ As punishment for his various offences,

¹¹ See Danielle Jacquart, *Le milieu médical en France : Xlle au XVe siècle* (Genève : Droz, 1981), for evidence of the professionalization of medicine in medieval France.

¹² Shatzmiller, *Médecine et Justice en Provence Médiévale*, N° 26.

¹³ *Interrogatus si inde habuit aliquid a dicto Atanulfo ratione dicte cure, dixit quod sic unum sestariu[m] annone ordee et VI denarios et ea omnia ipsi Atanulfo restituit de mandato curie quia non sanaverat ipsum.* (“A pint of barley” (“un setier d’orge”) is Shatzmiller’s translation, though he does express uncertainty with a question mark next to it.)

¹⁴ *Interrogatus si plures curas sanandi personas recepit, dixit quod sic, scilicet curam sanandi unum filium Marcelli Mertrandi qui patiebature malum in tibiis, et etiam curas plurium personarum aliarum.*

Michael was forced to pay a fine of forty *solidii*.¹⁵ It is clear from the emphasis placed on Michael's level of skill (*peritus*) in this case that *regulation of*, as well as restitution for illicit medical practice was of concern to the Manosquin court as early as 1310. The court's pursuit of Michael as an illicit practitioner of surgery suggests that there existed in Manosque a regulated medical profession, the qualifications for which Michael clearly lacked.

The records are silent on where the practitioners of Manosque received their training. Unlike similar records from Aix-en-Provence, they do not mention university titles.¹⁶ We can assume, based on the model common in northern France and Italy, however, that, for those to whom institutionalized education was available (Christian males), medicine was learned at school, while surgical skill was more often derived from apprenticeship;¹⁷ for those to whom such education was denied (women and Jews), both medical and surgical skill was acquired through apprenticeship.¹⁸ Jacquart has suggested that, as in the Angevin states of Italy, “il semble que dans ceux de Provence la *licentia practicandi* ait été octroyée par l'autorité royale après que le candidat non-universitaire ait été examiné par des médecins. Ainsi, à la fin du quatorzième siècle, le sénéchal Pierre d'Acigné reçut le droit de délivrer cette licence aux médecins chirurgiens et barbiers.”¹⁹

Thirteenth- and fourteenth-century ordinances from neighbouring countries indicate that the regulation of medicine in Manosque fits into a wider European effort to regulate and thus professionalize medical practice. McVaugh suggests that, “at some level of lay consciousness, a

¹⁵ *Solvit XX solidos item alios XX solidos dictus Michael.*

¹⁶ Noël Coulet notes of Aix that “si le notaire se contente le plus souvent de *physicus* ou *medicus*, il lui arrive de mentionner des titres universitaires : Honorat de la Baume est bachelier en médecin, Bernard Massonet, maître en médecine, Raymon Mercorini, licencié en médecine, » etc. Coulet, «Quelques aspects du milieu médical en Provence au bas moyen-âge, » in *Vie privée et ordre public à la fin du moyen âge : Études sur Manosque, la Provence et le Piémont (1250-1450)*, ed. Michel Hébert (Aix-en-Provence : Université de Provence, 1987), 120.

¹⁷ Vern L. Bullough, *The Development of Medicine as a Profession* (Basel: S. Karger, 1966), 59.

¹⁸ Joseph Shatzmiller, *Jews, Medicine, and Christian Society* (Los Angeles: University of California Press, 1994), 23.

¹⁹ Jacquart, *Le milieu médical*, 87.

general European feeling that academic training makes for a better physician goes back almost to the earliest years of medical faculties within the new universities.”²⁰ He has found that, by the end of the thirteenth century, statutes from Montpellier (then a part of the Crown of Aragon), Cervera, and Valls required individuals pursuing a medical profession to submit to a practical examination by court and council.²¹ Similarly, in Paris between 1270 and 1274, the faculty of medicine defined more clearly the requirements for obtaining a license and, in 1311 and 1322, legislated “against persons who were practicing illegally without a license and without approval by faculty, or more explicitly against those who ‘by shameful and brazen usurpation,’ assumed the office of medical practitioner at Paris.”²² Park notes an especially pronounced professionalization of medicine in Florence, where a 1349 statute incorporated medical practitioners in the Guild of Doctors, Apothecaries, and Doctors. This incorporation had not only protective, but also regulative consequences for medical practitioners. Regulations encouraged collegiality and stipulated specific licensing requirements for doctors. According to Park, aside from armormakers, doctors were alone in their need to demonstrate professional competence.²³

The 1349 statute read,

and so that no doubt can arise over who are doctors, we declare that all persons in the city or countryside of Florence who practice physic or surgery, set bones, and treat mouths, whether they use writing or not, are understood to be doctors, and are to be held and considered doctors, and must swear obedience and submit to the guild and its consuls...No new doctor, whether physician or surgeon, who does not have a doctorate may practice the art of medicine or heal in physic or surgery in the city or district of Florence, unless he has been examined by those doctors, along with four doctors selected for the purpose by the consuls who are doctors, and approved as competent by those consuls and the four other doctors in a secret vote conducted by the guild notary.²⁴

²⁰ McVaugh, *Medicine before the Plague*, 69. See also Hastings Rashdall, *The Universities of Europe in the Middle Ages*, I, 76-85 (London: Oxford University Press, 1979), for a consideration of the relationship between medicine and the university in the Middle Ages.

²¹ Ibid.

²² Pearl Kibre, “The Faculty of Medicine at Paris, Charlatanism, and Unlicensed Medical Practices in the Later Middle Ages,” *The Bulletin of Medical History* 7.1 (1953): 5.

²³ Park, *Doctors and Medicine*, 22.

²⁴ Statute of 1349, as cited in Park, *Doctors and Medicine*, 20.

The statute makes clear that individuals who wished to identify themselves as medical practitioners required university training or submission to examination by a council of learned individuals.

These thirteenth- and fourteenth-century ordinances from various regions illustrate the emergence of a regulated medical profession in western Europe. Although the institutions that sought to regulate the profession varied by region, originating from either religious, civic, royal, or university authorities, the legal pursuit in all regions of those who did not submit to licensing requirements drew a clear ideological line between licit and illicit medical practice. In Manosque, the emphasis that the court placed on Michael Aucebant's unlicensed practice attests to officials' efforts to ensure that medicine remained the preserve of learned individuals.

2.1.3 Financial Compensation

In addition to regulation, physicians' salaries provide further evidence of the professionalization of medicine in late-medieval Manosque. Often, monetary concerns entered the court in the form of victims seeking repayment for medical costs from their aggressors.²⁵ For example, when Andreas suffered a knife wound from Guillelmus de Sancta Tulia, Andreas and his father sought compensation for medical and food expenses resulting from this injury;²⁶ on 12 May 1296, the court demanded that Guillelmus pay them twenty-five *solidii* within ten days. By considering such suits for restitution within the broader context of property in Manosquin justice, Bednarski identifies individuals' use of the court to restore lost goods as an embodiment of a reciprocal relationship of validation between ruler and ruled. He argues that individuals, by

²⁵ See Shatzmiller, *Médecine et Justice en Provence Médiévale*, N° 9, 30, 36.

²⁶ N° 9 : *ratione cujus vulneris maximum sustinetur detrimentum, videlicet quia solventur medicis X solidos et in expensis dicti vulneris V solidos. Et expendiderunt in victu dicti Andree per unum mensem quolibet die VI denarios vel plus.*

seeking its assistance, “validated the very system that could oppress their personal liberties. On the one hand, people’s ability to move, act, and interact was at times restricted by the court in order to promote broader national interests. On the other, people invoked its regulatory power in order to promote their own interests.”²⁷ In much the same way, the court protected the interests of medical practitioners by ensuring financial compensation for their services.

In addition to promoting individual interests, the assurance (when sought) of suitable payment for medical services rendered attests to the increasing identification of medical practice as a profession in Manosque. Shatzmiller asserts that “the medicalization of society meant much more than new attitudes toward the legalities of medicine; it also implied the introduction of structural changes in the practice of the profession itself. Medical services had to depart from the realm of Christian charity and become part of the marketplace, where not only goods but also services were sold.”²⁸ Two cases in Shatzmiller’s collection illustrate the judicial mechanisms available to medical practitioners seeking payment for their services.²⁹ When Finus and Elias, *fisicos et sirurgicos*, provided care to a wounded Guilhem Tremend, the court demanded on 19 May 1296 that Guilhem’s father, Bertran Tremend, compensate them, as well as the other physicians who had attended him, for their services.³⁰ Similarly, on 10 February 1334, Laugier Laugier and his wife, Gallia, promised before the court to pay Bonafos, *surgico*, “*XX solidos...et unam aumatam vinei*” for the care he provided their daughter, Alasacia.³¹ According to Shatzmiller, “not only had doctors by 1300 lost any inhibitions they might have had in earlier times concerning their fees; they were quite adamant and willing to make the legal system help

²⁷ Bednarski, “Crime, justice et régulation sociale à Manosque,” 217.

²⁸ Shatzmiller, *Jews, Medicine, and Christian Society*, 5.

²⁹ Shatzmiller considers some of these in his introduction, p. 23-24.

³⁰ Shatzmiller, *Médecine et Justice en Provence Médiévale*, N° 7.

³¹ Shatzmiller, *Médecine et Justice en Provence Médiévale*, N° 63.

them obtain their money.”³²

Despite the legal mechanisms available to physicians seeking payment, the records reveal “un effort de la part de la clientèle pour retarder le paiement, et partie au moins, jusqu’à la guérison complète du malade.”³³ McVaugh notes a similar tendency in the Crown of Aragon which suggests that such a practice was common in the thirteenth and fourteenth centuries. According to McVaugh, “generally a practitioner would receive a certain sum for agreeing to undertake the treatment of a patient, with as much again, or more, to be paid him if the treatment proved successful.”³⁴ The records, furthermore, present evidence that medical professionals did not rely solely on the income generated from their medical practice for subsistence, but rather were involved in a larger mercantile community. In 1324, for example, Antoni Imberti, a prominent Manosquin surgeon, appeared in court for extra-professional engagement in commerce, when two merchants from Aix accused him of selling to them bad almonds.³⁵ Earlier that year, a physician, Petrus Aycardi, and his brother were accused of selling candles with wicks of poor quality.³⁶ Jacquart notes that it was not uncommon throughout France for physicians and surgeons also to occupy positions in politics, astrology, or commerce.³⁷

The conditional payment for medical services, as well as medical practitioners’ engagement in extra-professional commerce suggests that medicine in Manosque was not always a stable occupation. Nevertheless, the legal support to which physicians had access for compensation (should they so choose), in combination with the emphasis placed on legitimate licensing, evidences the process of professionalization in medicine that began in the High Middle

³² Joseph Shatzmiller, “Doctors’ Fees and Their Medical Responsibility: Evidence from Notarial and Court Records,” in *Sources of Social History: Private Acts of the Late Middle Ages* (Toronto: Pontifical Institute of Mediaeval Studies, 1984), 205.

³³ Shatzmiller, *Médecine et justice en Provence médiévale*, 22.

³⁴ McVaugh, *Medicine before the Plague*, 177.

³⁵ Shatzmiller, *Médecine et Justice en Provence Médiévale*, N°9 (appendix).

³⁶ Shatzmiller, *Médecine et Justice en Provence Médiévale*, N°8 (appendix).

³⁷ Jacquart, *Le milieu médical*, 189-194.

Ages and continued throughout the fourteenth century.³⁸ This professionalization reflects an increasingly medicalized medieval society to which Shatzmiller's high practitioner/patient figures bear witness.

2.2 Medicalization of Manosque

2.2.1 Medical Contracts

The records illustrate the significance of these medical professionals to Manosquin society in two forms: contracts between physicians and the inhabitants of Manosque and medical testimonies in cases concerning physical injury or death. The records abound with references to physicians hired in cases of injury; they also suggest a more structured employment of medical professionals on a long-term basis. The relationship between Isaac, *phiscus*, and Raimon Saunerii most clearly illustrates this tendency toward the medicalization of everyday life. On 4 August 1310, a contract established between the two men stipulated that:

Magister Ysacus, phiscus de Manasca, promisit et convenit per sollempnem stipulationem R[aimundo] Saunerii de eodem loco, presenti et stipulante, quod ipse bene et fideliter et legaliter juxta sui possibilitatem et artem phisce curabit in personam R[aimundi] et ejus uxoris et liberorum suorum, hinc ad III^{or} annos proximos continuos. Et dictus R[aimundus] Saunerii promisit per sollempnem stipulationem dicto magistro Ysaco, presenti et stipulante, dare et solvere, in singulis messibus durantibus dictis III^{or} annis, quatuor sestarios annone bone et recipiende ad mensuram Manuasce.³⁹

This contract, by outlining a four-year professional relationship between physician and patient, illustrates that Raimon sought medical care not *on condition of*, but *in case of*, illness or injury. M. Damase Arbaud has noted that, by the fifteenth century, physicians received salaries greater than even notaries, who enjoyed considerable social privilege, which he argues illustrates their

³⁸ Bullough, *The Development of Medicine as a Profession*.

³⁹ Shatzmiller, *Médecine et Justice en Provence Médiévale*, N^o 29. Shatzmiller has also published a commentary on this case in « Notes sur les médecins juifs en Provence au Moyen Age, » *Revue des Études Juives* 128 (1969) : 264.

cultural significance in Manosque.⁴⁰ Although it was far more common for physicians and surgeons to develop contracts with civic, ecclesiastical, or royal institutions, it was not unheard of for them to establish contracts with individual patients and their families. In Spain, for example, though members of the general public could not afford to employ a physician in the same capacity as could the royal family, “some had enough faith in a particular practitioner to make a not dissimilar commitment, and to provide against future illness or injury by arranging with him for what was in effect inexpensive pre-paid health insurance.”⁴¹

No record of midwifery contracts contemporary with that between Isaac and Raimon has been discovered; records from the mid-fifteenth century, however, do survive. Although these contracts are considered in more detail in chapter four, it is worth noting here that they reveal a payment of midwives regulated by municipal authorities.⁴² Like the record from 1310, the midwifery contracts illustrate the significance of the profession in Manosquin society. Although the contract between Isaac and Raimon Saunier is but one example among the many records of recourse to medical services, these records, when considered as a collective illustration of social practice, attest to the prominent place that medical care occupied in the everyday life of medieval Manosquins.

2.2.2 Medical Expertise in Court

The court’s reliance on medical expertise in cases concerning illness or injury further attests to the significance of the medical profession to late-medieval Manosque. Midwives were included amongst those experts of the body on whom the court relied for testimony, and it is in this capacity that we most often encounter them. Unlike medical testimony generally, however,

⁴⁰ M. Damase Arbaud, “Suite de l’histoire de Manosque,” *Bulletin de la société scientifique et littéraire des Basses-Alpes* XIV (1909-1910) : 96.

⁴¹ McVaugh, *Medicine before the Plague*, 175.

⁴² Arbaud, “Suite de l’histoire de Manosque,” 96.

midwives' testimonies were tightly bound to gendered notions of feminine propriety, and will be considered from this perspective in chapter four. This section seeks only to establish how medical expertise in judicial affairs further illustrates the medicalized backdrop against which midwives played. As Andrée Courtemanche has noted, medical expertise served a pivotal role in judicial ritual.⁴³ She suggests that "this testimony was accompanied by ritualistic actions, such as the visit to the domicile and the examination of the corpse, as well as the spoken words used to announce the conclusions of examination, and the mention of respected authorities to provide legitimacy."⁴⁴ This ritualization legitimized judicial ruling by disambiguating conflicting testimony or evidence in a public performance that simultaneously fashioned and was reinforced by it.⁴⁵ According to Shatzmiller, "from about the year 1300, civil courts in Provence, Italy, and Spain ceased to give verdicts in cases of bloodshed or death without having first heard and officially acknowledged the expert opinion of one or, better still, several doctors."⁴⁶

Patricia MacCaughan has established a hierarchy of proof employed in the Manosquin court. Confession occupied the highest level of proof. Confession depended more or less on the force of its conviction and, although it was the most preferable proof, the court rarely resorted to torture to elicit it.⁴⁷ Just below confession were legal presumptions and *probatio plena*. These proofs could take one of two forms: the spoken words of witnesses, or written acts.⁴⁸ According to Roman legal principles, however, "la valeur d'une déposition dépendait des qualités de son

⁴³ Andrée Courtemanche, "The Judge, the Doctor, and the Poisoner: Medical Expertise in Manosquin Judicial Ritual at the End of the Fourteenth Century," in *Medieval and Early Modern Ritual: Formalized Behaviour in Europe, China, and Japan*, ed. Joelle Rollo-Koster (Boston: Brill, 2002), 105-123.

⁴⁴ Courtemanche, "The Judge, the Doctor, and the Poisoner," 107.

⁴⁵ Courtemanche, "The Judge, the Doctor, and the Poisoner," 122.

⁴⁶ Shatzmiller, *Jews, Medicine, and Medieval Society*, 3.

⁴⁷ Patricia MacCaughan, *La justice à Manosque au XIIIe siècle : Évolution et représentation* (Paris : Honoré Champion, 2005), 98-102.

⁴⁸ MacCaughan, *La justice à Manosque*, 102-11.

auteur.”⁴⁹ The impediments to testifying in a case fell under one of two categories: “les reproches absolus” or “les reproches relatifs.”⁵⁰ Just as we find suggestion that the Manosquin court overlooked “reproches relatifs,”⁵¹ however, so we find evidence that professional expertise superseded the moral impediments of “reproches absolus.” Despite the conviction in the Middle Ages that “déposer était un honneur auquel ne pouvaient prétendre ni les infames ni les pauvres dont on craignait la corruption,”⁵² one discovers in cases demanding expertise the court’s acceptance that “certains faits, dans le cours naturel des choses, ne pouvaient être prouvés autrement que par des témoins reprochables.”⁵³ This affirms, as Courtemanche has argued, that medical expertise played a central role in judicial ritual, a role which substantiates the medicalization of Manosquin society and the increasing prestige accorded to these individuals.

Doctors and surgeons fulfilled a number of legal demands in Manosque, and could be employed by both court and community. In most cases, they were called to testify to the state of an individual’s injuries and, often, to determine if these injuries placed them in danger of death. In other cases, they were asked to determine the cause of death. They established the expertise of their rulings either on literate medicine, like the teachings of Galen and Hippocrates, or on their

⁴⁹ Bernard Schnapper, « Testes inhabiles: Les témoins reprochables dans l’ancien droit pénal, » *Revue d’Histoire du droit* 33 (1965) : 577.

⁵⁰ Schnapper, “Testes inhabiles,” 579.

⁵¹ MacCaughan, *La justice à Manosque au XIIIe siècle*, 45 : « Dès les années 1240 à Manosque, le tribunal seigneurial chemine vers un procédure inquisitoire dont l’adoption complète exige de tous d’important ajustements. Le contexte dans lequel se développe la procédure inquisitoire l’oblige parfois à intégrer à sa pratique des éléments contraires aux règles du droit savant, mais jugés probants par la population. Ainsi, parents et amis, dont les liens avec l’inculpé pourraient constituer d’éventuelles objections à l’obtention d’un témoignage impartial, semblent plutôt perçus par la population comme un gage de probité pour celui qui les présente. En justice, les proches sont encore garants de la valeur d’un individu. Cette vision s’accorde d’ailleurs avec l’évaluation faite par la justice de la qualité des témoins en fonction de leur statut social. »

⁵² Schnapper, “Testes inhabiles,” 580.

⁵³ Schnapper, “Testes inhabiles,” 583. The Manosquin court’s reliance on Antoni Imberti, *sirurgicus*, for medical expertise even after he had been accused of deceiving patients with *arte false* illustrates the court’s willingness to overlook legal impediments in favour of professional expertise (For these cases involving Antoni Imberti, see Shatzmiller, *Médecine et justice en Provence médiévale*, N^{os} 56 and 59).

empirical knowledge.⁵⁴ Despite the servile function that they seem to have served, however, Shatzmiller suggests that “on s’aperçoit très vite que les médecins n’étaient pas là pour se soumettre ni pour acquiescer sans hésitation aux demandes des juges. Au contraire, ils font connaître leurs volontés, leurs intérêts professionnels, leurs personnalités, pour se mettre sur un pied d’égalité avec les hommes de loi.”⁵⁵ The court’s reliance on medical testimony, therefore, reflects practitioners’ social significance by acknowledging their expertise and thereby establishing them as legal authorities.

2.3 Women and Medicine in Manosque

2.3.1 Institutional regulation: legislation and exclusion

The records reveal a diverse medical dynamic in Manosque. In addition to Christian male physicians, one also finds female and Jewish practitioners in Manosque. Shatzmiller’s work on the Jewish community of Manosque demonstrates a relatively peaceful Jewish existence with their Christian neighbours, a dynamic to which their prominence in the medical profession attests.⁵⁶ Among the forty-one practitioners Shatzmiller has counted, eleven were Jewish, and many were among the most frequently consulted experts in court.⁵⁷ According to Shatzmiller, there is little indication that medical practice was divided along religious lines. Dismissing the ‘mystique’ around Jewish doctors, he “put[s] forward a more general observation concerning people in medical distress: They tend to overlook religious differences.”⁵⁸ Several cases reveal Jewish physicians offering medical care to Christian patients, and vice versa. Female practitioners similarly enjoyed a role in Manosquin medicine and surgery that transgressed

⁵⁴ Shatzmiller, « Médecins et expertise médicale dans la ville médiévale : Manosque 1280-1348, » in *Vie privée et ordre public à la fin du moyen âge : Études sur Manosque, la Provence et le Piémont (1250-1450)*, ed. Michel Hébert (Aix-en-Provence : Université de Provence, 1987), 110.

⁵⁵ Shatzmiller, « Médecins et expertise médicale dans la ville médiévale : Manosque 1280-1348, » 110.

⁵⁶ Shatzmiller, *Recherches sur la communauté juive de Manosque au moyen âge* (Paris : Mouton & Co., 1973).

⁵⁷ See, for example, *magister* Bonafos, who appears in thirty-four of the ninety-four cases in Shatzmiller’s collection.

⁵⁸ Shatzmiller, *Jews, Medicine, and Medieval Society* (Los Angeles, 1994), 120.

religious and gender boundaries, despite legislative efforts to the contrary.

During the later Middle Ages, legal, pastoral, and medical treatises came increasingly to condemn women's unlearned medical practice. *Vetule* – old women – embodied the alleged female ignorance which courts attempted to regulate and academic and religious authorities reproved. In the Middle Ages, the *vetula* was “une figure qui, dans la réalité comme dans les textes, se trouve placée à l'intersection de la féminité, de la vieillesse et de la *simplicitas*, et qui porte ces trois données de la condition humaine à leur point d'incandescence, ou plutôt à l'incandescence de leur négativité.”⁵⁹ According to Jole Agrimi and Chiara Crisciani, the *vetula*, situated at the intersection of both *mulieres* and *rustici illiterati*, antonomastically embodied the *practica usualis* of empirical medicine, and therefore occupied the lowest possible level of the medical hierarchy.⁶⁰ Their article, which considers the stereotypical construction of the *vetula* in pastoral and medical treatise, concludes that “dans la littérature médicale, destinée à un autre public... on préfère mettre en échec, à un niveau épistémologique, ses prétentions thérapeutiques réduites à l'exercice d'un empirisme hasardeux et vain, ou diagnostiquer, avec toute la neutralité de l'ascèse scientifique, la fatalité naturelle de sa mauvaise *complexio*.”⁶¹ Such a description reveals « un souci ‘professionnel.’ La présence des *vetule*...est une présence puissante en tant qu'elle est active, et qu'elle est efficace : beaucoup semblent se fier à leurs pouvoirs, puisque beaucoup...y ont recours, à des degrés et sous des formes diverse.”⁶²

In addition, or perhaps in response, to medical treatises' antonomastic use of the *vetula* for the dangers of unlearned medical practice, repeated efforts were made to prevent women from practicing medicine, efforts almost universally aimed at unlearned individuals generally, rather

⁵⁹ Jole Agrimi and Chiara Crisciani, “Savoir médical et anthropologie religieuse: Les représentations et les fonctions de la *vetula* (XIIIe-XVe siècle).” *Annales: E.S.C.* 48 (1993) : 1283.

⁶⁰ Agrimi and Crisciani, “Les représentations de la *vetula*,” 1285.

⁶¹ Agrimi and Crisciani, “Les représentations de la *vetula*,” 1307.

⁶² Agrimi and Crisciani, “Les représentations de la *vetula*,” 1304.

than women specifically. The case against Jacoba Felicie is the best-known example of the ideological exclusion of women from the medical profession. In October 1322, the medical faculty at the University of Paris pursued a case “*contra Jacobam Felicie et alios practicantes in arte medicine et chirurgie Parisius et in suburbiis sine scientia et auctoritate dictorum magistrorum ad finem quod puniantur, practicatioque inhibeat eisdem, et examinati per Johannem de Bethunia, clericum, de voluntate dictarum partium ad hoc deputatum.*” The court accused her, in addition to many other things, of “*Parisius et in suburbiis plures infirmos gravi infirmitate laborantes visitavit, urinas eorum tam conjunctim quam divisim videndo pluries, pulsus, corpus et membra tangendo, palpando et tenendo.*”⁶³ The case, which occupies several pages in the *Chartularium universitatis parisiensis*, details how Jacoba visited patients and examined, diagnosed, and made curative potions for them. Although the court targeted Jacoba specifically, it should be noted that the case concerns individuals illicitly practicing medicine in the Paris region *sine scientia et auctoritate dictorum magistrorum* more generally. The faculty based their prosecution on legislation that they claimed had been issued over two hundred years before, though the regulatory ordinances from 1311 (considered above) would have legitimized their efforts.⁶⁴

Various regional studies have noted similar legislation against, and prosecution of, female practitioners, as members of the *practicantes in arte medicine...sine scientia et auctoritate*, across Europe. A 1329 *furs* from Valencia, for example, stipulated that practitioners had either to undertake four years’ training in a *studium generale* or undergo an examination. The *furs* stated specifically that “no woman shall practice medicine or give potions [*dar bouratges*], under

⁶³ Henri Denifle, ed., *Chartularium universitatis parisiensis*, II (Paris : Delalain, 1889), 257.

⁶⁴ For a detailed study of the case against Jacoba Felicie, see Pearl Kibre, “The Faculty of Medicine at Paris, Charlatanism, and Unlicensed Medical Practices in the Later Middle Ages,” *The Bulletin of Medical History* 7.1 (1953): 1-20.

penalty of being whipped through the town; but they may care for little children and other women – to whom, however, they may give no potion.”⁶⁵ Although, like the regulation from Paris, this legislation targeted the unlearned generally, the limited access that women had to such learning does reflect gendered undertones that caused women to emerge as primary subjects of prosecution.⁶⁶

2.3.2 Female Practitioners

Despite these ubiquitous attempts to limit women’s involvement in medicine, repeated references to, and prosecution of, female physicians in late-medieval Europe suggests a dissonance between institutional ideology and social practice that allowed women positions as medical practitioners. The records suggest that in Manosque, as elsewhere in Europe, women continued to practice as both physicians and surgeons.

Between 1292 and 1342, the court clearly identified three women as *sirurgica* or *fisica*: Laure, Fava, and Mayrona.⁶⁷ On 19 May 1292, Laure, *habitatrix Manuasce*, was listed amongst those *sirurgicorum et fisicorum* to whom Bertrandus was required to pay ten *solidii* for the care that they provided to his son, Guillelmus.⁶⁸ On 18 November 1321, the court called Fava, *judea, surgica de Manuasca*, to testify to the state of Ponçon’s injuries after he had been wounded in the street by Andreas Raynaudi.⁶⁹ The records reveal that Fava was married to Astrugus, *surgicus*, who died in 1306,⁷⁰ and it is likely from him that she learned and inherited her practice. Although Mayrona, *fisica*, appears in the Manosquin records more than any of the

⁶⁵ 1329 *furs* from Valencia, as cited in McVaugh, *Medicine before the Plague*, 105.

⁶⁶ Monica Green addresses this gendered dimension of learning, a concept which will be explored more fully in chapters three and four, in *Making Women’s Medicine Masculine: The Rise of Male Authority in Pre-modern Gynaecology* (Oxford: Oxford University Press, 2008).

⁶⁷ See Shatzmiller’s table of practitioners in *Médecine et justice en Provence médiévale*, 10-11.

⁶⁸ Shatzmiller, *Médecine et justice en Provence médiévale*, N° 7.

⁶⁹ Shatzmiller, *Médecine et justice en Provence médiévale*, N°

⁷⁰ Shatzmiller, *Médecine et justice en Provence médiévale*, 8.

other practitioners (forty-five times), none relate to medical practice.⁷¹ Rather, as Courtemanche has noted, her appearances, beginning in 1342, concern commercial purchases and money lending.⁷² Still, as Kathryn Reyerson has observed, it was rare for women to be identified by occupational title.⁷³ The repeated references to Mayrona as *fisica* underscores the social acknowledgement of her professional identity.

The accepted and authoritative role that female medical practitioners occupied in Manosque is notable when compared with the repressive nature of its northern neighbour, Paris. Geneviève Dumas has likewise identified the presence of several female medical practitioners in the “Registre des plaidoiries du Parlement de Paris, 1364-1427.” Whereas, in Manosque, female practitioners appear integrated into the medical milieu, in Paris they are the subjects of prosecution for illicit practice. Dumas focuses specifically on two women – Jeanne Pouquelin, *barbière*, and Perette la Pétone, *chirurgienne* – in order to address “des questions comme quel est le rôle et la place des femmes dans les corporations de métiers, quelles sont les modalités de leur apprentissage, comment sont-elles considérés par leurs pairs et par la société en général, quel est le degré de leurs connaissances médicales ?”⁷⁴ She suggests that Jeanne Pouquelin likely inherited her occupation from her deceased husband, Alain Pouquelin. In 1426, however, the community of barbers in Paris brought her before the Châtelet to prevent her practice. The court permitted her to maintain her husband’s apprentices, but suggested that she not practice. Dumas concludes, based on this process, that “la barberie s’apparente donc à plusieurs métiers qui

⁷¹ Shatzmiller, *Médecine et justice en Provence médiévale*, 6.

⁷² Courtemanche, “Les femmes juives et le crédit à Manosque au tournant du XIVe siècle, » *Provence Historique* 150 (1987) : 548.

⁷³ Kathryn Reyerson, “Women in business in medieval Montpellier,” in *Women and Work in Pre-industrial Europe*, ed. Barbara Hanawalt (Bloomington: Indiana University Press, 1986), 119.

⁷⁴ Geneviève Dumas, “Les femmes et les pratiques de la santé dans le ‘Registre des plaidoiries du Parlement de Paris, 1364-1427’,” *Canadian Bulletin of Medical History/Bulletin canadien d’histoire de la médecine* 13 (1996) : 3.

acceptent les femmes mais qui ne leur permettent pas d'en avoir le titre et les privilèges. »⁷⁵ In 1410, Perette la Pétone appeared before the court for her unlearned and unlicensed practice of surgery. Dumas concludes that these two cases illustrate “une attitude répressive face à la pratique des femmes.”⁷⁶ Their very appearance, however, also attests to women’s presence in the medical milieu of late medieval Paris. Perette possessed a workspace and banner, which suggests both that her practice was public and that she was not an itinerant practitioner but an established surgeon; this indicates a dissonance between the prohibitive legislation to which she fell victim and the less restrictive social realm in which she established herself.

The relative ease with which women appear to have practised medicine in Manosque is notable when compared with the more illicit nature of women’s practice in Paris, and can be explained, in part, by the absence in Manosque of corporative medical identities, generally, – that is, guilds – and a medical faculty that regulated them. As the case against the charlatan, Michael Aucemant, illustrates, the Manosquin court did regulate medical practice. Yet the court could only regulate *externally* to uphold licensing requirements. Guilds, on the other hand, regulated *internally*, through their monopoly of the profession. Moreover, in Paris, the medical faculty’s control over the guilds which, in other countries, civic authorities oversaw, linked medicine more intimately with the literate knowledge to which women were denied access.⁷⁷ Even surgery, which usually qualified as a *scientia* acquired through apprenticeship rather than an *ars*, was “un métier qui se transmet par apprentissage mais qui suppose des connaissances livresques.”⁷⁸

⁷⁵ Dumas, “Les femmes et les pratiques de la santé, » 12.

⁷⁶ Dumas, “Les femmes et les pratiques de la santé, » 20.

⁷⁷ Dumas notes that “les chirurgiens cumulent connaissance manuelles et connaissances livresques. Il est généralement établi que la plupart d’entre eux faisait l’acquisition de ses connaissances livresques par le biais des traductions en langue vernaculaire. Mais nous avons trouvé, en examinant l’abondante législation sur la chirurgie, quelque choses d’intrigant. Sur les dix édits sur la chirurgie promulguées entre 1311 et 1424, cinq sont écrit en latin. Les deux ordonnances qui concernent strictement la médecine sont écrites en latin, les ordonnances sur les barbiers et les apothicaires sont écrites en français.” Dumas, “Les femmes et les pratiques de la santé,” 14.

⁷⁸ Ibid.

Women's continued practice in Paris suggests a dissonance between ideological regulation and common practice. The faculty's continued persecution of female practitioners on the basis of insufficient knowledge, however, illustrates a more strictly defined sense of "medical" in Paris that precluded women's participation. Although in Manosque female physicians and surgeons were fewer than their male counterparts, the authority that the court granted them, both passively through acknowledgement of their action and actively through request for their expertise, granted them an accepted place in the medical milieu.

Laure, Fava, and Mayrona are only those women *clearly* identifiable as medical practitioners in Manosque, and do not, alone, reflect women's general healthcare practice. As Green has noted, while the data documenting female practitioners are limited, "another, more profound limitation lies not in the data but in our methodology: the very criteria we use for identifying practitioners themselves preclude documentation of women's medical practice," since "identification by occupation was the exception rather than the rule for women."⁷⁹ Green asserts that, in order to access women's healthcare in the medieval past, we need to look for practices and not practitioners. The archives abound with evidence to support this methodology. "Les Dames du Mercredi" present in Montpellier between the thirteenth and fifteenth centuries, for example, illustrate how women's curative roles encompassed far more than the licensed professions considered above. According to Dumas, a charity (*éleмосina*) of Dames du Mercredi gathered once a week at l'Eglise Notre-Dame des Tables; these women visited the sick and raised funds for the poor.⁸⁰ "Les Dames du Mercredi" illustrate a connection between medieval concepts of charity and healing, just as sources like recipe books suggest a connection between

⁷⁹ Green, "Documenting Medieval Women's Medical Practice," in *Practical Medicine from Salerno to the Black Death*, ed. Luis Garcia-Ballester, et al. (Cambridge: Cambridge University Press, 1994), 328, 329.

⁸⁰ Geneviève Dumas, "Les pratiques de la santé à Montpellier à la fin du Moyen Âge (1293-1506)" (PhD diss., McGill University, 2000), 174.

domestic caring and curing. Montserrat Cabré argues that,

During a period of lively development of new health occupations, of a rich proliferation of a diversity of authorized and unauthorized practitioners, it is crucial to look at the language that records women's health-maintenance actions in the sources, since the labels identifying women's practices differ from those for men. While male categories of health care relate to occupational markers, the words describing female practices...are connected to the semantic domain of 'woman' and 'mother,' as well as to other categories of that designate women at certain life stages... Any attempt to describe fully the medieval health-care system and what women contributed to it should consider that women's health actions form a continuum that runs from the ordinary to the occupational, from gratuitous therapeutic attention to paid acts of health care.⁸¹

"Les Dames du Mercredi," and evidence in less frequently considered sources like cookbooks, reveal an active sphere of female healing outside of medieval medicine proper, and attest to a medical pluralism in later Middle Ages that could be both cooperative and conflictive. Often, as Green has argued, these female healers are identifiable only by their practices, not by their titles. A search for these practices in Manosque would likely reveal women in more positions of healing than those mentioned above, and I have, perhaps, obscured their presence with my limited methodology. The purpose of this section, however, has not been to synonymise women's healthcare practices with the narrowly defined medieval 'medical' that rarely extended its boundaries past the work of barbers, physicians, and surgeons. Rather, it has sought to illustrate that women in Manosque could, and did, occupy medical professions *even within* the relatively restrictive ideologies that defined 'medicine' in the later Middle Ages.

2.3.3 Female Patients

Despite the prevailing historiographical assertion that women only cared for, and were cared for by, other women, little suggests that gender divided medical practice in later-medieval Mansoque. Most often, physicians administered care to both sexes. This section will consider the relationship between male physicians and female patients in Manosque. It will argue that,

⁸¹ Montserrat Cabré, "Women or Healers? Household Practices and Categories of Healthcare in Late Medieval Iberia," *Bulletin of the History of Medicine* 82 (2008): 23-24.

most often, injury and illness were genderless. Just as Fava, *surgica*, administered care to men,⁸² so male practitioners offered medical care to women. In Shatzmiller's collection, five cases reveal male practitioner/ female patient relationships. Two of these cases concern reproduction, and will be considered in more detail in the next chapter. Of the remaining three, two represent the relative acceptance, and the third, the feared, of this dynamic.

On 10 July 1319, Bonafos, *sirurgicus*, appeared before the court to testify in a case requiring medical expertise.⁸³ The court requested that he determine the condition of Astruga Lautaudi, who had been injured by a runaway foal. According to Samuelon, the owner of the foal, the injury was an accident; the foal had escaped during its sale to Bertran Estève, when it inflicted the injury in question. The court required medical expertise to proceed with the case, likely to determine whether or not recompense was due. Bonafos inspected Astruga's injuries and discovered a large bruise on her right side.⁸⁴ After careful examination, he confirmed that Astruga was in no danger of death (*nullum est periculum mortis*), and would heal easily if she avoided injurious activities, rested well, and remain covered, as the art of surgery dictated.⁸⁵ This case contains two noteworthy details that underscore the absence of gendered concerns from it. First, the court requested the expertise of a male physician even though, as the records suggest, female practitioners were available. And second, during his examination, Bonafos not only looked over (*vidit*) Astruga's body for injuries; he also touched (*palpavit*) it, since it was only by touch that he could determine that she had no bruising or inflammation (*blauviam seu inflamiam*); the court legitimized his actions by granting them legal authority.

⁸² See the abovementioned care that she provided to Ponçon, in document N°

⁸³ Shatzmiller, *Médecine et justice en Provence médiévale*, N° 41.

⁸⁴ *Bonafos, sirurgicus, testis juratus, juramento suo dicere veritatem qui dixit se vidisse dictam Astrugam et palpasse et invenisse quandam magnam livurem versus partem dexteram.*

⁸⁵ *Dicens tamen quod ipsa Astrua poterit curari de facili dumtamen quod caveat a nocivis et stet induta secundum quod ordinatur in arte sirurgie.*

Fifteen years later, Bonafos' appearance before the court again revealed his administration of medical care to a female patient.⁸⁶ This time, however, Bonafos appeared not as an expert but as a party in a financial transaction. On 10 February 1334, in the home of Laugerius Laugerii and his wife, Gall[ia], the notary recorded the couple's payment to Bonafos of twenty *solidii* and a *saumatam* (?) of wine for having cared for their daughter, Alacia.⁸⁷ The formulaic brevity of this transaction attests to its commonality. The relationship transcribed was not gendered, but financial. Like the record of his examination of Astruga, this record of Bonafos' care for Alacia suggests that the ability to heal transgressed the proprietary limitations that often divided the sexes in medieval Europe. It illustrates, furthermore, that medical authority derived not from biological familiarity with the female body, but from the prestige of being learned in the art of surgery. The employment, in both cases, of a male physician to care for or examine their daughters⁸⁸ suggests that, generally, the injured body was unsexed. The court did, nevertheless, on one occasion encounter a deviant physician who reduced his patient to a sexual object.

Crescas de Nîmes,⁸⁹ *judeus qui est medicus*, embodied the feared consequence of a male practitioner / female patient relationship: sexual exploitation. On 15 September 1341, Crescas de Nîmes was accused,

Dei timore et amore pospositis, in detrimentum animarum suarum, diabolico spiritu poculati, divinum nec humanum iudicium mine expautes, eorum quisque legem suam transgrediendo, corrupendo et totaliter violando, hodie in domo ipsius Alaxie sita in villa Manuasce prope domum dominarum monialium, venientes etiam contra legitimas (sic)

⁸⁶ Shatzmiller, *Médecine et justice en Provence médiévale*, N° 63.

⁸⁷ *Eodem die Laugerius Laugerii et Gall[ia] eius uxor promisserunt magistro Bonafoscio juedo surgico dare et solvere pro cura quam facit et faciet in personam cuiusdam filie sue Alacie [quod] fideliter facere promisserunt [videlicet] XX solidos reforciatos hinc ad festum Magdalene, et unam saumatam vinei hinc ad vindimias proxime venturas. Actum in domo ipsorum conjugum. Testes [Raimundus?] Andree clericus et Ar[naudus] Maleti de Manuasca.*

⁸⁸ It should be noted that the scribe does not describe either patient as *puella virginis* or *juvenis*, which would normally indicate a young child.

⁸⁹ The quotations from the case that follow are from Rodrigue Lavoie's transcription in "La délinquance sexuelle à Manosque (1240-1430): Schéma général et singularités juives," *Provence Historique* 150 (1987) : 571-587.

sanctionem actus enormes et detestabiles facientes, venientesque temere contra precepta legis eorum quisque, ardore libidinis inordinate totaliter inflammati actorum matrimonii carnaliter cognoverunt.⁹⁰

Apparently, Alaxia Collard had requested that Crescas examine her daughter, Sancia, who had been sick for three weeks. After Crescas examined her, he accused Alaxia of “*perire istam filiam tuam qui non habes sibi sua necessaria ad curam ipsius.*” Ten days later, Alaxia herself fell ill. Crescas, taking advantage of the fact that she could not afford his services, told that if she wanted him to cure her, all she had had to do was have sex with him.⁹¹ Though she refused to concede, he continued with his advances. Then, on the Thursday of that week,

judeus venit ad dictam domum invane, sub specie visitandi eandem consueverat. Et accepit eam ad manum gratando sibi palma. Postmodum traxit se ad quendam angulum dicte domus et calavit bracas et possuit membrum suum porrectum et grossum in una manu ipsius deponentis. Et subsequenter accepit eam ad brachiam, trahens eam versus dictum angulum dicte domus, dicens quod volebat eam carnaliter cognoscere stando pedes apodiatam ad parietem.

Alaxia managed to postpone their rendezvous and notified the authorities. The next day, the court sent her brother, Guillelmus Peregrini, and the deputy to hide in the house before Crescas arrived so as to catch him the act,⁹² which they did. After Crescas had been with Alaxia for a time, the two men burst into the room, where they found Crescas standing over Alaxia, *ardore libidinis inflamatus complevit voluntatem suam.* Crescas was tried and, on 20 September, was condemned to the loss of his member.⁹³

The severity of the punishment and the vehemence with which the notary recorded the accusations illustrates the heinousness of Crescas’ crime. The case reflects the apprehensions regarding relationships between various groups of medieval society – those between men and

⁹⁰ Lavoie, “La délinquance sexuelle à Manosque,” 584.

⁹¹ *si ipsa vellet liberari seu garire ipse felicitaret eam, aperiendo eidem deponenti quod jaceret illa causa cum eodem et esset curata ab infirmitate sua.*

⁹² *dominus bajulus, hodie mane circa auroram die(i), mandavit secrete ad dictam domum suam fratrem Guillelmum Perergrini et subvicarium ut viderent si judeus veniret et quid faceret.*

⁹³ *Die 20 septenbris, fuit condempnatus in amissione membri. Collecta est.*

women, but also between Jews and Christians. As Shatzmiller has noted, Jewish doctors were not the only ones accused of taking advantage of their female patients.⁹⁴ In 1308, Antoni, *magister*, was suspected of engaging in an adulterous relationship with Douceta, the daughter of one of his patients.⁹⁵ The court never directly investigated Antoni in this matter. Rather, the suit simultaneously prosecuted his wife, Isnard, for complicity, and his ‘mistress,’ Doucette, for adultery.⁹⁶ According to the record, around Easter of that year, Antoni had met with Douceta at Bertrand Valencie’s home. There, with his wife’s encouragement, he had succumbed to carnal temptation when he deflowered and knew Douceta carnally. Although the court convicted only Douceta, Antoni was unavoidably implicated. His actions, like Crescas’, cast suspicion on male physicians’ treatment of female patients. As Shatzmiller suggests, however, that Crescas was Jewish and Alaxia Christian added an additional layer of suspicion, since “governing classes found the alleged sexual exploits of their rivals, whom they regarded as inferiors, particularly infuriating, somehow infringing their own sense of honour and dignity. Medieval suspicions here added yet another to the existing wall of animosity.”⁹⁷

Yet deviance, in this case, also illuminates the social norms – medical as well as sexual – from which it departed. As the rhetoric and ruling in the case against Crescas illustrates, the court viewed his deeds as offensive; but they were offensive because they deviated from an otherwise socially-sanctioned dynamic. Alaxia’s enlistment of Crescas’ services first for her daughter, and then for herself, attests to the trust that Manosquin society placed in the medical profession, a trust which legitimated male practitioners’ treatment of female patients, but a trust

⁹⁴ Shatzmiller, *Jews, Medicine, and Medieval Society*, 90.

⁹⁵ Shatzmiller, *Médecine et justice en Provence médiévale*, N° 22.

⁹⁶ MacCaughan suggests, regarding this case, that « la cour devient de plus en plus habile à diriger les poursuites conjointes dans une même enquête et à utiliser les propos recueillis auprès de l’un des prévenus contre l’autre, » *La justice à Manosque au XIIIe siècle*, 95.

⁹⁷ Shatzmiller, *Jews, Medicine and Medieval Society*, 90.

which Crescas exploited when he took advantage of Alaxia. Thus, although the court prosecuted Crescas' sexual misdeeds, the transcript also offers insight into common medical relationships. Despite the deviant nature of Crescas' actions, his administration of care to a female patient, when considered in combination Bonafos' practices, appears customary. This generalization, however, did not always hold true in cases concerning the reproductive female body, where, as the chapter will demonstrate, the physical body remained veiled from men's eyes even when their jurisdiction extended into the general realm of conception and pregnancy.

CHAPTER THREE

GENDERED JURISDICTION: THE REPRODUCTIVE FEMALE BODY

3.1 Introduction

The later Middle Ages were a period of transition for the idea of ‘women’s secrets.’ In France, as medical treatises once intended to help women with gynaecological and obstetrical issues “were drawn slowly yet ineluctably into the ambit of the ‘secrets of women’ tradition, both they and their author were increasingly compromised and distanced from their original role as aides to women.”¹ The *Secrés des dames*, a late-medieval French translation of the *Trotula*, even “attempts to preclude a female audience, although in this case that foreclosure is not in the least subtle: the *Secrés* opens with a spurious papal decretal that threatens excommunication to any man who reveals it to a woman.”² Despite cultural notions of feminine propriety, then, male physicians evidently possessed a certain claim to authority in women’s secrets. In Manosque, as elsewhere in Europe, this authority extended even to certain – though not all – aspects of gynaecology and obstetrics.

This chapter provides anecdotal evidence of men’s involvement in affairs of conception and childbirth. Between 1289 and 1473, five records demonstrate the division of care in such cases. They reveal male physicians’ and surgeons’ involvement in conception, contraception, and postmortem caesarean sections. They also reveal one pivotal qualification to this general involvement: inspection of, or application to, ‘women’s secret places.’ Childbirth thus fell outside male practitioners’ jurisdiction. Although this is partially because childbirth, like death, was not pathologized in the Middle Ages, I believe that male practitioners’ very inability, due to the prevailing notion of feminine modesty, to partake of these affairs placed it outside of

¹ Green, “‘Traittié tout de mençonges’”: The *Secrés des dames*, ‘Trotula,’ and Attitudes toward Women’s Medicine in Fourteenth- and Early-Fifteenth-Century France,” in *Women’s Healthcare in the Medieval West*, VI, 167.

² Green, “‘Traittié tout de mençonges,’” 152.

medieval medicine proper. This permitted only women physical access to women's reproductive bodies (and the secrets that they embodied). Since women's bodies were of great concern in both medicine and the law, however, medical and legal authorities came to rely on midwives to extend their jurisdiction into this traditionally female sphere. As the next chapter will demonstrate, this reliance placed midwives on the margins of medieval medicine and acknowledged them as experts of the body even as it sought to circumscribe their authority.

3.2 Conception: The Case of Antoni Imberti (1325)

In 1325, the Manosquin court encountered an especially roguish individual who had been wandering the nearby towns, offering to women cures for infertility and exacting heavy and frequent payment in return. Antoni Imberti, *sirurgicus*, and his servant (*famulum*), Bertolaud de Mauriac evidently failed to keep a low profile in these dealings, because on 18 January they found themselves before the criminal court after an investigation was initiated "*per curiam predictam ex suo officio necnon et ad denunciationem nonnullorum fidedignorum.*" The accusations alleged that

magister Anthonius et sui complices, diabolico spiritu poculati, re aliena fraudulenter volentes locupletari, et specialiter dictus magister Anthonius asserens se ipsum posse et esse quod non poterat et erat, multos et multas tam homines quam mulieres in loco Manuasce et alibi deceptit, dicendo mulieribus quod faceret quod inpregnarentur et quod haberent prolem, et etiam quod diligenter et viris suis ; hominibus autem quod redderet eos potentes ad coytum qui totaliter ob senectutem et aliter effecti erant inpotentes, arte falsa et magica, et medici[ni]s, balneis et potationibus et aliis dolose utendo. Et ab ipsis multas peccunie quantitates habuit.³

The trial lasted from 18 January to 26 February 1325⁴ and detailed Antoni's promises, amulets, and potions. Although Antoni appeared before the court for his deceitful dealings, beneath his trickery lays illustrations both of common remedies for infertility and of the authority that male

³ Joseph Shatzmiller, *Médecine et Justice en Provence Médiévale: Documents de Manosque, 1262-1348*, N° 56. (Aix-en-Provence : Publications de l'Université de Provence, 1989), Doc. N° 56.

⁴ This dating is old style, as the new year began at Easter.

physicians increasingly possessed in reproductive concerns, authority which the growing prestige of medicine accorded them and which women's active acceptance validated.

According to the testimony provided by Johannes Moysi and Hugo Martini of Draguignan, Antoni Imberti wandered into Draguignan sometime earlier in 1325, his faithful assistant, Bertolaud, by his side. Recognizing the serious impediments that infertility could pose in a marriage, Antoni assumed the guise of a fertility expert and sent Bertolaud ahead to establish his reputation. Bertolaud made the front steps of the houses in Draguignan the pulpit from which he proclaimed the efficacy of his master's cures, declaring "*Bonus medicus est, multas bonas curas fecit.*" Whether it was Bertolaud's passion, his audience's despair, or some combination of both, "*multas mulieres de Draguiniano, videlicet uxorem Johannis Grossi et uxorem Salvagneti, et Raymundi Tasquerii, et Guillelmi Peslerii, et multe alie, se posuerunt in curam suam.*"

When Raymunda Veranessa heard of Antoni's medical talents, she thought immediately of her daughter, Roselina. Roselina had been unable to conceive and, in a society that valued children for labour, security, and affection, this was a serious social impediment. Thus, "*falsis adulationibus et blandiciis dicti magistri Anthonii, possuisset in curam ipsius magistri Anthonii Rosselinam filiam suam,*" who promised that "*Roselina conciperet et esset bene cum viro suo, dum modo celaretur, cum ipsa diceret quod non erat bene cum eo,*" a promise for which he received 30 *solidi in denariis* and one gold florin.

An especially noteworthy detail in this transaction is the level of secrecy involved in their exchange, a detail which no doubt illustrates that even Antoni himself recognized the deception inherent in his promise. Antoni said that he would perform the said tasks secretly (*dum modo celaretur*), and made Raymunda promise, upon the Mystery of the Blessed Mary, that she would

not reveal this to anyone except her confessor.⁵

Whether Raymunda promised or not, we do not know, but Antoni proceeded with his cure. He had Raymunda give to him “*unum linteamen in quo jacerent Roselina et vir suus, et unum velum quod debebat portare bendatum, et I bussam de seda in qua debebat facere XIII litteras auri et asuris. Et debebant fieri in die veneris, et essent tante virtutis quod omnis domina que ea portaret super se numquam perderet infantem et esset bene semper cum viro suo.*” Antoni swore later upon the Blessed Mary that Roselina had conceived.⁶

Before long, Recorda, widow of Guilhelm Martini, heard of Antoni’s reputation as a fertility expert and placed her own daughter, Jacoba, in his care. After examining Jacoba’s urine, Antoni claimed that, with his help, she would be able to conceive, a claim for which he received 30 *jullatos*.⁷ Following the same formula as before, Antoni swore that Jacoba had conceived, at which time he requested “*unum florenum quem de bullire et de aqua coctionis dicte Jacobe balneare ventrem.*”

The judge, Petrus de Valle, and his bailiff, Bertrand Baboti, received descriptions of the electuaries, medicaments, and amulets that Antoni prepared for the women of Manosque and Draguignan. On 26 February 1326, however, Antoni recounted for the court in especially vivid detail the amulet and medicaments that he prepared for Bertrande, wife of Petrus Gasqui. Apparently, Antoni had received from Bertrande and Petrus “*pro suo salario unum florenum auri et III turonenses argenti et I anulum auri. Cetera que solvit conversa sunt in electuariis et me[dica]mentis necessariis sue infirmitati.*” They also lent to him their purse and cloth (*velum*)

⁵ *fecit jurare Raymumdam, matrem suam, super misterium Beate Marie, quod non revelaret alicui nisi confessori suo*

⁶ *Qui post juravit super misterium Beate Marie quod dicta Roselina conceperat, quod misterium ipse magister Anthonius portabat*

⁷ *Item, et quod Recorda, uxor condam G[uillelmi] Martini, posuit in curam ipsius magistri Anthonii Jacobam filliam suam. Qui magister Anthonius, visa urina sua, dixit quod faceret quod haberet infantem ; a qua habuit XXX jullatos*

in pledge, all which he later restored to them. He then bound in the yellow muslin the gold florin, the ring, and the other objects which he had received from them, all of which were to be placed in bed with Bertrande and her husband so that they could live well with each other. When asked later by the court if he had performed these tasks, Antoni stated that it was pleasing to God that he performed such a humble deed.⁸

Antoni prepared another amulet for Bertrande, which was presented in court and unbound before the curious judge. The unbinding revealed, in yellow muslin, bound with black thread, a great cross contained within a piece of papyrus; written on the side of the cross were the names of the three magi, “*Caspar, Balthazar, Melchior,*” and, in the middle, “*Pater Noster,*” “*Ave Marie,*” and “*Michael;*” in the papyrus, they found two stones.⁹ When all of this was shown to Antoni, he spontaneously confessed.¹⁰ He said that he had made this object because Bertrande told him that her husband was unwilling to come to her, and so that they could begin to live well.¹¹ Later, Bertrande revealed to Antoni the reason she could not conceive, and he responded that “*scriberet III evangelia, scilicet evangelium sancti Johannis, Laxari et trium regum, et si placeret Deo et cum Dei adjutorio ipsa esset bene cum viro suo.*” Though Antoni swore often that his patients conceived, the allegations against him suggest they did not. Relations between the practitioner and his patients undoubtedly became strained. Accusations against him mounted. Antoni, his deception discovered, gathered his money and absconded with Bertolaud under the cloak of

⁸ *Bussam et velum sibi tradiderant in pignore, que omnia sibi restituit. Interrogatus si ipse ligavit seu ligari fecit in sindone croceo florenum auri et annulum et alia ut ponerentur in lecto dicte Bertrande et viri sui ut essent bene simul, dixit quod non nec placeat Deo quod ipse fecerit breve nec talia*

⁹ *Postque, dictum breve fuit per nobilem et religiosum virum domnium fratrem Bertrandum Baboti, bajulum Manuasce, et discretum virum dominum Petrum de Valle, judicem Manuasce, in presencia mei Hugonis de Anfossis, notarii curie predictae, dissutum et disligatum. In quo infra dictum sindonem inventum est papyrus ad modum littere, in qua facta erat crux magna cum incasta, et in lateribus scripta nomina : ‘Gaspar, Baltasar, Melchior,’ et in medio juxta crucem ‘Pater Noster, Ave Maria’ et quo[d]dam nomen ‘Michael ;’ et in dicto papiri ligatus quidam lapis rotundus ad modum denarii et unus denarius duplex borxesius*

¹⁰ *Sponte confessus fuit dictum breve*

¹¹ *Et ostensis sibi omnibus hiis, dixit et sponte confessus fuit dictum breve fecisse ex eo quia dicta Bertranda dixit sibi quod vir suus nolebat venire cum ea et quod faceret quod essent bene simul*

night.¹²

Although this paper has been primarily concerned with the gendered medical relationship between patients and practitioners, the case against Antoni Imberti provides a glimpse not only at the practitioners who cured infertility, but also the *practices* that they employed. These practices rarely surface from the medieval past, and deserve a brief consideration, for they reveal a dissonance between the regulatory legal discourse by which we come to know of Antoni, and the common practices that these discourses sought to control.

The Manosquin court accused Antoni of practicing false and magical arts (*arte falsa et magica*), something which it had, by the thirteenth century, begun to prosecute.¹³ Park suggests that, at this time, “the Church was attempting to consolidate its monopoly on the control of supernatural forces...just as the official medical profession, led by university-educated physicians, was trying increasingly to monopolize the functions of naturalistic treatment.”¹⁴ Although Antoni’s case appears in a secular, and not ecclesiastical court, in Provence, where ecclesiastical power was less centralized than in northern France and Italy, secular courts often oversaw cases that should, according to the jurisdictional definitions of civil and canon law, have appeared before an ecclesiastical audience. According to Lavoie, the mid-thirteenth-century procedural shift from accusatorial to inquisitorial, which permitted the interest of the public to displace the interest of an individual, also resulted in the introduction of moralistic concern into Manosquin justice; he suggests that this was caused, in part, by the success of mendicant evangelisation in the later Middle Ages.¹⁵ Thus, the Manosquin court came to govern social morals in cases, such as sexual delinquency, over which ecclesiastical authorities would have had jurisdiction in more

¹² *Et post, recessit de nocte clam et occulte et portavit peccuniam secum.*

¹³ See Andrée Courtemanche and Steven Bednarski, “De l’eau, du grain et une figurine à forme humaine. Quelques procès pour sortilèges à Manosque au début du XIVe siècle,” *Memini : Travaux et documents* 2 (1998) : 75-105.

¹⁴ Park, “Medicine and Magic: The Healing Arts,” 148.

¹⁵ Lavoie, “Justice, morale et sexualité à Manosque, » 15.

centralized regions. A further consideration of the procedural rhetoric also elucidates how judicial authorities conceived of the nature of Antoni's practice: was it demonic or simply dishonest?

The accusation against Antoni stated that he was moved by diabolical spirit (*diabolico spiritu poculati*). It is tempting to assume that this reflects a conceptual link between demonic forces and Antoni's "magical" practices. According to Brian Levack, the association of diabolism with magic became more and more prevalent in twelfth- and thirteenth-century theological and legal discourse.¹⁶ This, however, was not the case in fourteenth-century Manosque. Lavoie, Bednarski and Courtemanche, and MacCaughan all agree that such assertions as "*diabolico spiritu poculati*" are juridical formulaic reflections of the court's moralistic pursuits.¹⁷ According to Courtemanche and Bednarski, "Il ne faudrait pas se méprendre sur le sens à donner à l'instigation du Diable' qui les aurait entraînées aux maléfices. Cette formulation tient plus à un enrichissement à connotation morale et religieuse du discours juridique sur la nature des délits qu'à une réflexion d'ordre théologique sur la 'sorcellerie' et les 'suppôts de Satan'."¹⁸ This suggests that the court pursued Antoni not because his deeds were demonic, but because they were fraudulent. Nevertheless, the fact that the women of Manosque and Draguignan had recourse to such remedies attests to their perceived efficacy. Mention of similar amulets and incantations in surgical treatises and handbooks, whether they reached the level of common practice or not, attest to widespread belief in their effectiveness.

Reference to an amulet similar to the one unstitched and unbound before the court appears in the works of various late-medieval surgeons, sometimes to aid conception, and sometimes to

¹⁶ Brian Levack, *The Witch-hunt in Early Modern Europe* (Edinburgh: Pearson Education Limited, 1987), 37.

¹⁷ Lavoie, « Justice, morale et sexualité à Manosque, » 15 ; Bednarski and Courtemanche, « De l'eau, du grain et une figurine à forme humaine, » 82 ; MacCaughan, « La justice à Manosque au XIIe siècle, » 87.

¹⁸ Courtemanche and Bednarski, "De l'eau, du grain et une figurine à forme humaine, » 82.

ease childbirth. Gilbertus Anglicus (1180-1250), John Arderne (1307-1377), and Bernard of Gordon (c. 1258-1318) all list similar charms or amulets in their treatises and handbooks.¹⁹

Gilbertus, in his *Compendium medicinae*, a standard handbook for physicians, describes a charm to assure the conception of a child that:

is an *empiricum* ‘that never fails’ (*quod numquam fallit*). The ritual requires silent collection of a herb on the vigil of the feast of John the Baptist at the third hour, accompanied by three recitations of the Lord’s prayer (*orationem dominicam*), extraction of the juice, and writing words with the juice. The charm itself involves writing words, some uninterpretable, some biblical, on a parchment to be hung around the neck of the man or woman during intercourse.²⁰

Although Gilbertus’ prescription is not identical to Antoni’s, it bears a notable resemblance, especially the inscription of biblical terms on a piece of parchment that is to be kept close to the couple (for Gilbertus, around their necks, for Antoni, in the bed) during intercourse. Bernard of Gordon, in his *Lilium*, describes a ‘Three Kings’ charm for epilepsy; while Antoni prescribes this for conception, it is not difficult to see the connection that a ‘spasm charm’ might have had to childbirth. Arderne similarly tells his reader of a ‘spasm charm’ to be used in childbirth, which he claims, though often carved into a wedding band, is more effective when written on a piece of parchment and worn by the woman;²¹ Antoni makes use of both media. Although he likely never encountered these handbooks, the similarities between his amulets and those found in the treatises attest to their commonality. Thus, although the court dismissed his practice as *arte false et magica*, that women were willing to pay him for these remedies suggests an acceptance of such practices.

More significant for this study, women’s active employment of Antoni himself emphasizes the perceived authority that male practitioners possessed in reproductive affairs. In

¹⁹ Lea Olsan, “Charms and Prayers in Medieval Medical Theory and Practice,” *Social History of Medicine* 16.3 (2003): 343-366

²⁰ Olsan, “Charms and Prayers in Medieval Medical Theory and Practice,” 352.

²¹ Olsan, “Charms and Prayers in Medieval Medical Theory and Practice,” 362.

1322, Jacoba Felicie, having been accused of illicit medical practice, famously appealed to the Parisian medical faculty on the pretence of feminine propriety, asserting that it was better and more decent for women to treat women:

Melius est et honestius et par quod mulier sagax et experta in arte visitet mulierem infirmam, videatque et inquirat secreta nature et abscondita ejus, quam homo, cui non licet predicta videre, inquirere, nec palpere manus, mammas, ventrem et pedes, *etc.*, mulierum ; imo debet homo mulierum secreta et earum societates secretas evitare et fugere quantam potest. Et mulier antea permetteret se mori, quam secreta infirmitatis sue homini revelare propter honestatem sex muliebris et propter verecundiam, quam revelando pateretur. Et istis de causis multe mulieres et etiam homines perierunt in infirmitatibus suis, nolentes medicos habere ne videant secreta.²²

Green has illustrated, however, that the medicalization of society, which, as we have seen, Manosque underwent in the later Middle Ages, valorized a professionalized practice which, because it connoted ‘learned,’ was necessarily masculinized. It is within this context of masculinized professionalization that we can understand how Antoni came to claim authority in this field of “women’s secrets,” and why women consulted him for help unlocking them.

According to Green:

The norms of propriety that kept men from touching women’s genitalia were ultimately trumped by the belief that theoretical understanding about what went on inside the body was more important than practical, manual experience in treating the body or even knowledge gained from living inside a female body. To be a woman was no longer an automatic qualification for either understanding women or treating the conditions that most commonly afflicted the female sex.²³

Katharine Park demonstrates the increasing masculinization of women’s medicine from the perspective of ‘women’s secrets.’²⁴ According to Park, the concept of ‘the secrets of women’ transformed during the later Middle Ages from the secrets of reproduction that women guarded, to the secrets of the female body that male physicians sought to unlock; thus, “women

²² Henry Denifle, ed., *Chartularium universitatis parisiensis*, 4 vols. (Paris: Delalain, 1891-9), 2:264.

²³ Green, *Making Women’s Medicine Masculine*, xiv.

²⁴ Katharine Park, *Secrets of Women: Gender, Generation, and the Origins of Human Dissection* (New York: Zone Books, 2006).

increasingly became the objects of knowledge rather than knowers themselves.”²⁵ In Italy, “the involvement of male physicians in the reproductive lives of fifteenth-century patrician women appears to have been considerably more extensive than that played by midwives, since they dealt with a much larger range of conditions; they treated infertility and illness both during pregnancy and after delivery, and they were regularly called in for life-threatening miscarriages and births.”²⁶ In Manosque, the employment of Antoni Imberti for reproductive concerns by women of more modest status, then, reflects the widespread valorization of professionalized medicine characteristic of this period. Women had access to both female physicians and midwives. But Antoni Imberti was a well-respected physician, having been called on a number of times to provide expertise in court,²⁷ and possessed the licensed knowledge that legitimized his involvement. According to a case from 1298, this knowledge accorded men authority also in contraceptive concerns.

3.3 Abortion

About twenty-five years before Antoni was tried, reports reached the court by “*clamosa insinuatione*” of contraceptive activity within the medical sphere. On 17 November 1298, Isaac, “*se medicum dicti, exercendo et gerendo se pro medico in villa et valle Manuasca,*” found himself before court for allegedly administering poisonous medicine (*medicamentum venenosum*) intended to induce an abortion to Astruga that resulted in her death.²⁸ Astruga was a widow (*vidua*), and Isaac purportedly concocted an abortifacient so that she would not be defamed by

²⁵ Park, *Secrets of Women*, 82.

²⁶ Park, *Secrets of Women*, 134.

²⁷ Amongst Shatzmiller’s collection, Antoni appears before the court eleven times between 1309 and 1326 to provide medical expertise.

²⁸ Shatzmiller, *Medicine et justice en Provence médiévale*, Doc. N° 10.

her illegitimate pregnancy.²⁹

Over the next few days, the court received several conflicting testimonies. The first testimony, in which Guillelmus Rocencus related to the court a conversation that he had had with *dominus* Bertrandus, *archipresbiter Manuasce*, and *frater* Arnaudus, *prior*, appeared incriminating. The two men asked Bertrandus whether or not he knew if Astruga had been pregnant. Bertrandus said that he did not know. However, he proceeded to tell them that Astruga, who was a widow at the time, had been afflicted by an illness which eventually caused her death in the house of Raimundus Desderii, where she was staying; when asked if he had seen Isaac enter this house, he said that he had. Bertrandus' testimony clearly implicated Isaac in Astruga's death. Guillelmus Pelegrini claimed, however, that his wife had told him that Astruga had been pregnant and had given birth, and that it was from this delivery that she died.³⁰ Several subsequent testimonies confirmed what Guillelmus had heard, although some also confirmed that Isaac had been seen several times talking with Astruga while she was pregnant.³¹ Even more suspiciously, witnesses told that Astruga's mother had brought the infant to the nearby town of Lurs. Despite the conflicting testimony, Isaac was incarcerated, though not chained,³² and fined five *livres*.

Ten days later, however, Isaac, mounted a defence. According to Bednarski, this was a costly exception in criminal proceedings, which usually ended with sentencing, since the

²⁹ *propinavit et paravit medicamenta venenosa Uge filie condam P[etri] de Dia, qui pregnans erat et cui bibere fecit predictum medicamentum venenosum ad hoc ut infans [qui gestus erat?] in ventre dicte Astrugue moriretur et mortuus nasceretur, et ad hoc ne dicta Astrugua diffamaretur a pregnatione predicta, [in tantum] quod ex dicta potatione seu medicamento venenoso infans predictus natus fuit mortuus.*

³⁰ *Guillelmus Pelegrini...dixit quod se nichil aliud scire nisi hoc quod uxor quondam [Andree] dixit sibi quod dicta Huga pregnans fuerat et quod partu [...1 mot...] et quod proper illum partum dicta Huga decessit, qui non jacuit ex dicto partu.*

³¹ *Beatrix, wife of Guillelmus Gaufridi, "vidit dictum magistrum Ysacum loquentem pluries cum dicta Huga quando dicebatur quod erat pregnans. Et fama erat inter gentes quod pregnans erat."*

³² *magister Isaac (...1-2 mots...) detinetur in dicta [carcere] sed non ponatur in catena*

defendant needed to retain legal representation.³³ During his defence, Isaac appealed to a more detailed rumour which held that Dan Cristina, Astruga's mother, had been seen carrying the living infant to Lurs. While on the 'Case Pesoles,' a road on the way Lurs, somebody heard 'a cry like an infant's' (*plorare ad modum infantis*), and asked what she was carrying; Cristina replied that it was her daughter's baby and she was bring him to Lurs to nurse so that Astruga would not be defamed.³⁴ Isaac furthermore claimed that one of the witnesses, Alasacia, had perjured herself.³⁵

Like the case against Crescas de Nîmes, the religious dynamic between the accused individual and the prosecuting institution deserves consideration. Despite the relative ease of Jewish/Christian relations in Manosque, this period witnessed a widespread suspicion of Jewish communities. Shatzmiller has concluded, however, that "il est surtout difficile de décider si l'accusation dans ce procès est liée d'une manière ou d'une autre aux fréquentes accusations de l'époque, selon lesquelles des médecins juifs empoisonnaient leurs clients chrétiens. On peut cependant penser qu'il n'en est pas ainsi, car nous ne trouvons pas dans l'acte d'accusations l'expressions *malo modo* 'de rigueur' dans une inculpation de meurtre prémédité."³⁶

More likely, the accusations against Isaac reflect a lie fabricated to protect the honour of Astruga and her family. In the Middle Ages, female honour and sexuality were inextricably linked. Bednarski has argued that "while a man's prerogative to beat his wife stemmed from his male claim to honour, based on physical strength and the ability to control his subordinates, a woman's greatest destructive power was similarly linked to her honour. This honour was bound

³³ Bednarski, « Crime, justice, et régulation sociale, » 107.

³⁴ Shatzmiller, *Médecine et justice en Provence médiévale*, N° 11. *Item quod Dan Cristina, mater dicte Hüge, portavit dictum infantem vivum apud Lurium ad nutriendum, et dum extiterit in camino subtus qui vocatur 'Case Pesoles' et transiens audisset plorare ad modum infantis, interrogavit dictam Crestinam: 'Quid est hoc.' Et tunc ipsa dixit: 'Hoc est infans.' Et tunc dixit Crestina ei quod infans filie sue Hugue erat, et ne disfamaretur, portabat ipsum apud Lurium ad nutriendum. Et de hiis [est fa]ma.*

³⁵ *Alasatia, uxor Johannis Textoris de Manuasca, est perjura et fuit in hoc mense novembris, et de hiis est fama.*

³⁶ Shatzmiller, "Notes sur les médecins juifs," 265.

tightly to sexuality and was a source of potential ruin. Thus, families placed great stock in the sexual purity of their females.³⁷ The next chapter explores more fully the connection between honour, women's sexuality, and social regulation. It is sufficient to note here that, for the accusations against Isaac to possess enough conviction for the court to launch an investigation into them, the potential defamation associated with a child conceived of an illegitimate union must have appeared great enough for an abortion to seem like a plausible, if not acceptable, reaction.

Although it would be hyperbolic to assert that the case against Isaac reflects the prevalence of abortion in Manosque, it does attest to its familiarity as a form of birth control. Evidence of the actual use of birth control in medieval Europe is rare. Historians often turn to Béatrice de Planissole's famous description to the Inquisition in 1320 of a contraceptive device that Pierre Clergue had her use. She recounts how

quand Pierre Clergue voulait me connaître charnellement, raconte-t-elle, il portait (cette herbe) envelopée dans un linge de lin, de la grosseur et de la longueur d'une once, ou de la première phalange de mon petit doigt. Et il avait un long fil qu'il me passait au cou pendant que nous faisons l'amour ; et cette chose-herbe au bout du fil descendait entre mes seins et jusqu'à l'orifice de mon estomac.³⁸

Although historians have debated the actual nature of this contraceptive,³⁹ it has nevertheless served as proof of what they have been able, otherwise, to argue only demographically. Riddle asserts that Béatrice's words from 1320 "are the first direct evidence from *hoi polloi* that the masses employed birth control devices."⁴⁰ However, though the 1298 case against Isaac does not echo the contraceptive techniques employed in Montaillou, it does provide earlier evidence of a socially-recognized and rumoured form of *birth control*. While we cannot know for sure that

³⁷ Bednarski, « Crime, justice et régulation sociale à Manosque, » 185.

³⁸ Emmanuel Le Roy Ladurie, *Montaillou : village occitan de 1294 à 1324* (Paris : Gallimard, 1975).

³⁹ While Ladurie claims that it was an amulet, John Riddle argues that it was a pessary; Riddle, *Eve's Herbs: A History of Contraception and Abortion in the West* (Cambridge: Harvard University Press, 1997), 23-24.

⁴⁰ Riddle, *Eve's Herbs*, 13.

Isaac actually administered an abortifacient, that the rumour served sufficient motive to launch an investigation suggests that it was in Manosque a known, if rarely practiced (or discovered), last resort for women whose honour would otherwise be compromised.

Riddle asserts, furthermore, that knowledge of these forms of birth control “was primarily transmitted by a network of women working within the culture of their gender and that only occasionally was some of it learned by medical writers, almost all of whom were male.”⁴¹ Medieval medical treatises similarly constructed knowledge of contraceptive devices as being amongst those secrets shared by women and kept from men, although often with accusatorial overtones intended to inspire a reformation within the medical sphere. In *De secretis mulierum et vivorum*, for example, Pseudo-Albertus Magnus warns of “prostitutes and women...learned in the art [of abortion]”⁴² who use excessive movement to expel a fetus. Condemning such malevolent use of knowledge of the female body, medical treatises constructed these women as “above all bad wives and mothers. Putting their private lusts and interests above their families, they cuckolded and dishonoured their husbands, exploiting their secret knowledge of generation to abort (or prevent the conception of) the children who threatened to limit their pleasure and freedom.”⁴³ Riddle espouses an understanding of the transmission of these secrets remarkably similar to these medieval treatises.

Despite both learned medical communities’ long-held fears that women used knowledge of their own bodies for their own “unsavoury purposes,”⁴⁴ and Riddle’s similarly gendered thesis, the case against Isaac illustrates that men’s increasing authority over women’s bodies also

⁴¹ Riddle, *Contraception and Abortion from the Ancient World to the Renaissance* (Cambridge: Harvard University Press, 1992), 16.

⁴² As cited in Park, *Secrets of Women*, 84.

⁴³ Park, *Secrets of Women*, 129.

⁴⁴ Park, *Secrets of Women*, 26. See also, Jole Agrimi and Chiara Crisciani, “Savoir médical et anthropologie religieuse: Les représentations et les fonctions de la *vetula* (XIIIe-XVe siècle),” *Annales: E.S.C.* 48 (1993) : 1281-1308.

enabled them to administer to the morally-ambiguous demands of contraception and abortion. While it is likely that this authority granted Isaac access to the otherwise restricted materials necessary to create the *medicamentum venenosum*, when Astruga approached him for them she acknowledged his knowledge of women's secrets. The cases against Isaac and Antoni, then, evidence the increasing authority that a masculinized medicine had over the realm of reproduction. *Practical* jurisdiction, however, stopped short of inspection of or application to women's 'secret places.'

3.4 Childbirth

3.4.1 The Majority of Raimundus Gausi

Despite the central place that childbirth occupied in the many spheres of the pre-modern past, strikingly few details of women's experience of it have reached the modern historian. The two cases set in the birthing chamber that appeared before the Manosquin criminal court, then, offer rare descriptions of childbirth and the dynamic of the birthing room in the later Middle Ages. The first case appeared before the court in 1289 and sought to determine whether Raimundus Gausi had reached majority. Several women testified, working out the passage of time by recollecting the births and baptisms that coincided with Raimundus' birth against the backdrop of Manosquin lying-in customs. The second case, which the court heard in 1401 (*o.s.*), concerned the adulterous relationship between Alaysia and Johannes Barrallerri. Even more than the case from 1289, this record offers a rare glance at the all-female space of the medieval birthing room.

On 8 February 1289, Raimundus Gausus approached the court to determine whether he had reached the age of majority.⁴⁵ The thirteen-day trial that followed recounted the deliveries and confinements of several women, and, in the process, reveals the ritual of childbirth in late-

⁴⁵ Shatzmiller, *Médecin et justice en Provence médiévale*, N° 4.

medieval Manosque. It also illustrates an indefinite but communal method of time-telling based on the rhythm of socially significant events.

Aycelena Argensona was the first to testify. She claimed that Raimundus *had* reached the age of majority. She knew this because she had been in confinement after the birth of her own son at the same time as Alacia, Raimundus' mother; her son had turned twenty-four on the Feast Day of St. Anthony, as had Raimundus about fifteen days later. When asked if she had been present at Raimundus' birth, she replied that she had not been, since she was also in her lying-in period (*qui ipsa jacebat*). She had, however, heard that Guillelma Vexaria was the midwife (*bajula*) who had delivered Raimundus.⁴⁶ Asalaurdi, widow of Alecius Vitalis, similarly agreed that Raimundus had reached majority. She knew this because, although she had not been present at Alacia's delivery, she had visited her the next day.

On 17 February, Raimundus sought to prove three points that would establish his age. First, that his late mother's lying-in period coincided with that of Aycelena Macellaria. Second, that it was the custom of the women in the county of Forcalquier to remain in confinement for about six weeks. And third, in connection with the previous point, that a certain Romeus was twenty-five years old.⁴⁷ Thus, Alasacia Maurella testified that, when Raimundus' mother heard

⁴⁶ *Eodem die, Aycelena Argensona, testis, jurata suo sacramento, requisita super primo titulo primo sibi diligenter perlecto et exposito, dixit ita esse verum ut in dicto titulo continetur. Requisita quomodo scit, dixit quod habet unum filium scilicet Guillelmum Argensonus aetate dicti Raimundi Gausi, qui dictus Guillelmus Argensonum habuit XXVIII annos in festo Beati Antonii proxime transitum et dictus Raimundus similiter habuit XXVIII [annos in] quindena proxime transacta post predictum festum Sancti Antonii. Et ipsa et mater [ipsius] jacebant simul, scilicet ipsa de dicto Guellelmo et dicta domina Alicia, mater dicti (...1 mot...). Raymundo. Item requisita si ipsa fuit presens quando dictus Raimundus natus fuit, dixit quod non qui ipsa jacebat. Requisita si scit in qua domu natus fuit dictus R[aymundus] dixit quod non (...). Item interrogata que bajula levavit ipsum dixit quod audivit dici quod Guillelma Vexaria levavit eum (...).*

⁴⁷ *Intendit probare Raimundus Gaudii quod eo tempore quo domina Alacia, mater sua condam, jacebat in partu de eo jacebat eodem tempore similiter in partu Aycelena Macellaria, uxor condam Guillelmi et Aycelene condam. Item quod secundum usum et consuetudinis comitatus Forchalquerii stant in partu mulieres sive jacent circa sex septimanas.*

the *messe de relevailles* (*missam quando surexit de partu*),⁴⁸ she was having Romeus baptized, whose mother had been confined for at least three weeks. Furthermore, she had been present at the births of both children. Although she could remember neither the time of the delivery nor those present, she did recall that the midwife who had delivered Raimundus was Alacia Veyreria, while Dan Asalgarda had delivered Romeus. Concerning the lying-in period, she said that it was true that women rested in bed for at least five weeks after their deliveries, and sometimes two or three or four days more. When asked how she knew this, she quoted her own experience of five childbirths, as well as her presence at the deliveries of many other women.⁴⁹ Huga, wife of Guillelmus Podii Pini, who was also present at Romeus' birth, was able to recall that *domina* Astruga Aigensona, *domina* Alacia Maurella, Sancia Balbesa, and many other women assisted at his birth. Furthermore, like Alasacia, she confirmed that women usually experienced a lying-in period of about five weeks.⁵⁰ This case offers invaluable insight into women's experience of childbirth in later medieval Manosque. It depicts not only an all-female space overseen by midwives, but also a ritual of confinement and churching that has hitherto been considered only for northern France.

⁴⁸ Shatzmiller's translation of the Latin phrase.

⁴⁹ *Alasacia Maurella (...) dixit quod illa die qua dicta domina Alacia, mater dicti R[aimundi], audivit missam quando surexit de partu dicti R[aimundi] ipsa domina Alacia Maurella fecit baptizari ditum Romeum a quodam Rome[o] et jacuerat mater dicti Romei in partu de ipso bene per tres septimanas...Item requisita si interfuit partui dicti R[aimundi] et dixit quod sic, et etiam partui dicti Romei. Item requisita ubi natus fuit dictus R[aimundus] et dixit quod in camera quam tenet Audebertus Gaussu. Requisita de mense et die et hora et anno et dixit quod non recolit. Requisita de presentibus et dixit quod non recolit. Item requisita qui fuit bajula que levavit eum et dixit quod videtur sibi quod Alacia Veyreria. Item requisita qui fuit bajula qui levavit dictum Romeum et dixit quod credit quod Dan Asalgarda. Item requisita super secundo titulo primo sibi diligenter perlecto, dixit quod verum est quod mulieres jacent pro majori parte in partu V septimanas et quandoque plus II vel III vel IIII dies. Requisita quo modo scit, dixit quod visu et auditu et pro se ipsa quia habuit infantes et quam plures alias mulieres vidit jacere tantum.*

⁵⁰ *Huga, uxor Guillelmi Podii Pini...requisita si interfuit presens partui dici R[aimundi] et dixit quod non. Item requisita si interfuit partui dicti Ro[mei] et dixit quod sic...Item requisita de presentibus, dixit quod domina Astruga Aigensona et domina Alacia Maurella et Sancia Balbesa et multe alie. Item requisita que bajula levavit eum et dixit quod Asalgarda. Item requisita super secundo titulo de predictis tribus titulis ultime oblatis dixit quod ipsa vidit pluries de se ipsa et de pluribus aliis mulieribus quod jacebant V septimanas et quandoque plus vel minus per unum vel per duos dies et ia vidit uti pluries in Manuasca.*

Paula Rieder has produced a detailed study of churching in medieval France.⁵¹ She describes how, in northern France, society permitted new mothers a certain period, often about a month, to rest and recuperate. During this lying-in period, the new mother received (female) visitors with whom she would gossip and, often, from whom she received gifts. This period ended with a churching ceremony, a ritualistic purification which marked the new mother's reintegration into society. Rieder describes how "the ideas underlying the ritual maintained a loose connection to Mosaic prescriptions against blood pollutions and the Biblical precedent of the Virgin Mary's purification, but its actual performance functioned in a variety of ways that served different and sometimes conflicting interests."⁵² She suggests that, gradually, theologians reconceived of blood pollution as an impediment to marital intercourse, rather than as a threat to sacred space. This reconstruction served to validate social status, granting the ritual only to women whose infants resulted from legitimate marital unions; thus, "if women were excluded because of irregular sexual practices or recalcitrant husbands, those accorded the right could claim a certain propriety."⁵³ As the next chapter considers in more detail, the midwife possessed a socially-invested authority in this ritual that often conflicted with ecclesiastical officials' claim to control the custom.⁵⁴

Although the record from Manosque mentions only briefly the mass that Alacia attended, the notary's choice of words, set against the backdrop of Manosquin lying-in rituals, suggests that Provençal women practised a form of churching similar to that in northern France. Shatzmiller translates, I believe, correctly, the Latin phrase "*missam quando surexit de partu*" as "*messe de relevailles*" in his prefatory summary of the case. As Rieder has noted, "the French term for this

⁵¹ Paula Rieder, *On the Purification of Women: Churching in Northern France, 1100-1500* (New York: Palgrave Macmillan, 2006).

⁵² Rieder, *On the Purification of Women*, 3.

⁵³ Rieder, *On the Purification of Women*, 147.

⁵⁴ For an example of this control in Brie, see Appendix 1.8

occasion, *relevailles*, or getting up, suggests the common perception of the day as a celebration of a mother's ability to rise from childbed and return to an active life with her family."⁵⁵ Whether this ritual held for Manosquin women the cleansing significance from which it originated, we do not know. What we do know from this case is that it clearly served as a symbol of the new mother's reintegration into society after a five-week period of social segregation.

This record also reveals that the entire ritual of childbirth – the labour and delivery, the lying-in, and the churching – was entirely feminine. Even the legal process reflects this gendered reality. Not once, in all of the six folios over which the case stretches, do we encounter a male witness. Women participated and oversaw all that the ritual entailed. Furthermore, the court's repeated desire to know which midwife assisted the deliveries of Raimundus and Romeus demonstrates the acknowledged authority that the midwife held in the birthing chamber, an authority which, as the next case illustrates, rendered her indispensable not only to women in labour, but also to a court and community that sought, at times, to extend its jurisdiction into the world of childbirth and reproduction, which, though an all-female sphere, bore immediate and significant consequences for society more generally.

3.4.2 Engagement in the Illicit: Alaysia's Illegitimate Union⁵⁶

In January 1401 (*o.s.*), Antoni Oliverii publicly accused his new wife, Alaysia, of adultery after she gave birth to a child a mere three months into their marriage. The court charged, furthermore, that Alaysia and her female companions had conspired to conceal the resulting pregnancy from Antoni. Steven Bednarski has eloquently recounted the tale of Alaysia, and it is

⁵⁵ Rieder, *On the Purification of Women*, 2.

⁵⁶ Steven Bednarski produced a transcription of this case in his PhD dissertation, "Crime, justice and régulation sociale à Manosque." The quotations that follow are from Bednarski's transcription; any mistakes are my own.

therefore necessary only to consider the preceding events briefly.⁵⁷ Of greater significance to this paper is the rich testimony provided by a midwife, Bila Fossate. Requiring the details of Alaysia's delivery, but having no access to it, the court called Bila to describe the events that unfolded behind the closed doors of the birthing room. We learn, by these words, not only the dynamic of the birthing room, but also the relationship between the court and female community, a point which Bednarski has considered at length and which will be considered in more detail in chapter four. But for now, I will recount the tale.

When Alaysia first appeared before the court, she alleged that she had been raped by a knight who was passing through her son's vineyard with his squire. Although she adhered to this tale for several days, she eventually confessed, one month later, to an adulterous relationship with her deceased husband's cousin, Johannes Barralerii, who was the father of her baby.⁵⁸ Alaysia's lie implicated not only herself, but also the network of women who had conspired to keep her secret. Amongst these women was the town midwife (*bajula publica*), Bila Fossate.

The court charged Bila with having neglected the responsibilities of her office, which included reporting to the court the births of illegitimate children to prevent the harm that their defamed mothers might otherwise inflict on them.⁵⁹ When prompted by the court, Bila confessed that she had neglected to reveal to the court the birth of Alaysia's illegitimate child.⁶⁰ She then narrated the events from the night of Alaysia's delivery. As was tradition in Manosque, several

⁵⁷ Bednarski, "Whence Springs the Lie: Motive and Fraud in the Manosquin Criminal Court (1340-1403), in *Shell Games: Studies in Shams, Frauds, and Deceits (1300-1650)*, ed. M Crane, et al. (Toronto: Centre for Reformation and Renaissance Studies), 123-144.

⁵⁸ Bednarski, "Whence Springs the Lie," 124.

⁵⁹ *que intersunt in nationibus ventris matris infantium nascensium ex non legitimo matrimonio ad finem quod ob occultandam verecundiam et diffamiam mulierum tales infantium parientes ipsi infantes occidi et devastari possent aliquo modo propter quod peccatum posset comitti non modicum et creature a dicto formate occidi, destruii, et devastari sicuti pluries accidit contingit teneantur et debeant nationem talis infantis ex non legitimo matrimonio nati curie revelare et manifestare ut super conservatione talis creature salubriter et iudice per curiam temporalem provideatur...*

⁶⁰ *Interrogta si dicta bajula deponens nationem dicti infantis curie revelavit vel aliter manifestavit, dixit quod non.*

women had gathered to assist in the birth, among whom were Peyroneta, wife of Petri Giraudi, Beatrix Damponsa, Eyselena, and, of course, Bila. Despite the curiosity that must have enveloped the birthing room, Alaysia never revealed the father of her child. She delivered a baby boy and they warmed him by the fire. While they did this, they looked closely at his face in the firelight, and the more closely they looked, the more truth they found in his features; all of the women saw in these features the face of Johannes Barralerii, and all agreed that he must be the father.⁶¹ Upon discovering this, Bila went alone to Johannes' house, where she found him bed with his wife. She called up to him, telling him to get up and meet her at the door. When he arrived, she told him that Alaysia, Antoni Oliverii's wife, had just given birth to a beautiful baby boy, and that all of the women present at his birth agreed that his face so strongly resembled Johannes' that he must be the father. She then entered the house and repeated to Johannes' wife what she had just told to him. On 24 January, eighteen days after Bila reported this to the court, however, she recounted a conversation that she had with Alaysia while she lay in childbed during which Alaysia had revealed the identity of her child's father when she requested that Johannes be asked to find somebody to care for the baby.⁶² And still, Alaysia clung to her lie.

This case against Alaysia, like the case recounting the birth of Raimundus Gausi, depicts the all-female space of childbirth. Unlike the tales from Manosque of conception and contraception, men occupy only the margins of these stories. This is not to say that childbirth did not affect men; as the next chapter will demonstrate, women's bodies generally, and childbirth more specifically, were objects of great social concern in medieval Manosque. The propriety that

⁶¹ *Interrogata si dicta Alasia mater dicti infantis sibi revelavit patrem ipsius infantis dixit quod non, tamen dum habebant ipsum infantem in igne ad calafaciendum ipsum et viderunt ejus aspectum, omnes mulieres que tunc erant in dicta domo respicientes dictum puerum et ejus faciem dixerunt iste puer similiter Johanni Barralerii, debet esse suis.*

⁶² *una die septimane proxime lapse dicta Bila erat in domo dicte Alaysie ubi jacet in puerperio, que Alasia dixit dicte Bile, 'mater dicatis Johanni Barralerii quod faciat quod [crossed out : iste infans g] reperiat aliquem qui gubernet istum infantem aliter istud est bonum ad consumendum omnia bona sua.'*

veiled women's "secret places," however, inhibited men's direct involvement in affairs that concerned these secret places, and childbirth was one of these affairs. These dictates of propriety prevented male physicians' theoretical, abstract knowledge of the reproductive female body from transforming completely into practical knowledge. This placed uncomplicated childbirth on the periphery of the medical proper, from where male physicians' and surgeons' increasing involvement in the affairs of conception and complications in childbirth drew it ever closer to the centre. *Sectio in mortua* was one of these complications over which male physicians gained increasing jurisdiction, despite the surgical handbooks theoretically intended to instruct midwives in its performance. The contract that Louis Fabri drew up in 1473 permitting the surgical extraction of a fetus from its dead mother illustrates this ambiguous gender dynamic of reproduction and childbirth in the later Middle Ages.⁶³

3.5 *Sectio in mortua*: A contract between two men

In "Sadly and with a Bitter Heart: What Infant Death *Meant* in the Fifteenth Century,"⁶⁴ Bednarski and Courtemanche analyze in detail a 1473 contract drawn up between Louis Fabri, *notarius publicus*, and Nicholas Fabri, whose wife had just died in childbirth, permitting the performance of a postmortem caesarean section. I will thus recount the record only briefly, in order to fit it within the broader narrative of childbirth, gender, and medicine in the later Middle Ages.

When his wife, Catherine, died in childbirth, Nicholas Fabri, evidently bereaved, sought permission for the performance of a postmortem caesarean section. The record alleges that he sought this operation "to save [the fetus] that it might be placed within the baptismal font ... and

⁶³ Bednarski and Courtemanche have kindly shared with me the transcript of their forthcoming article, "Sadly and with a Bitter Heart: What Infant Death *Meant* in the Fifteenth Century," which discusses this case in detail. I have not seen the court transcript from this case; the narrative that follows, therefore, is based on their article; when I have cited their conclusions, I have provided the necessary citations.

⁶⁴ *Ibid.*

[thus] bring it to the orthodox faith, which is the one true faith and divine institution for the health and safety of the fetus' soul.”⁶⁵ Bednarski and Courtemanche have concluded that “baptism, therefore, was the ostensive reason for the surgery.”⁶⁶ When Nicholas appealed to the bailiff for permission, he agreed because Catherine was already dead, a fact to which the twelve women present at her delivery bore witness. The contract, which provided legal sanction for the performance of the procedure, instructed the barber “to make the incision according to the art of surgery.”⁶⁷ Bednarski and Courtemanche have used this record to illustrate the diverse meanings of infant death in medieval society; they argue that “theological confusion over the fate of unbaptized babies collided with older European superstitions” of *revenants* and invoked “tremendous anxiety over labour and birth” in late-medieval parents.⁶⁸ These important conclusions about childbirth will be considered more in chapter four. Bednarski and Courtemanche place these conclusions against a careful history of *sectio in mortua* in the pre-modern past; this section will thus consider it only in passing. It will focus more on the involvement, once again, of a male practitioner in women's secrets. We can assume that, in this case, the salvation of the unborn infant's soul took precedence over the propriety of the recently deceased mother, and therefore permitted a male practitioner's direct involvement in childbirth. We can assume, as well, that, despite surgical handbooks' employment of midwives in such cases, the extraction of a fetus fell also, if not exclusively, within male practitioners' jurisdiction, since it required surgical intervention by a licensed individual, although, as we have seen, Manosque counted women amongst its surgical profession.

Certain surgical handbooks from the later Middle Ages, despite their increasing interest in

⁶⁵ Bednarski and Courtemanche, “Sadly and with a Bitter Heart,” 5.

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Bednarski and Courtemanche, “Sadly and with a Bitter Heart,” 28.

the reproductive female body, instructed midwives in the performance of childbirth procedures in order to prevent a breach of feminine propriety. Guy de Chauliac, for example, instructs midwives in the performance of both postmortem caesarean sections and embryotomies in his section on the “extraction of a fetus.”⁶⁹ After describing how to coax a stubborn infant from the womb, he addresses the issue of what to do “*si a casu fetus esset mortuus,*” something which can be determined “*per minoracionem mamillarum et per immobilitatem fetus qui ante movebatur,*” and by many other signs. In this case, he instructs the midwife (*obstetrix*) to attempt to remove it manually with anointed hands and, if necessary, the assistance of hooks and other instruments.⁷⁰ He then instructs her on what to do in the contrary situation, when the mother is dead but the fetus is alive.⁷¹ Although these instructions acknowledge the midwife’s expertise, they also subordinate her to the authority of the learned, male surgeon, rendering her an instrument in the extension of the surgeon’s jurisdiction.

It is likely that these handbooks adhered to the cultural rhetoric of propriety only in order to transgress the gendered limitations that it imposed. Evidence from both court records and medical manuscripts suggests that male surgeons and barbers increasingly performed fetal excision, despite alleged reliance on the midwife. An oath sworn by a midwife in Lille in 1551 illustrates a contrary relationship of deference ; Leclair has found that “le 19 septembre 1551, Valentine Godin, femme Claude Leleu, est reçue *sage matrone* ; ‘elle yra aussi bien au povre que

⁶⁹ Guy de Chauliac, *Inventarium sive chirurgia magna*, 6.2.7, ed. Michael McVaugh (New York : E.J. Brill, 1997), 1:388-389.

⁷⁰ ...*tunc obstetrix debet attemptare cum manibus inunctis et locis illis cum mollificantibus mollificatis, fomentatis, et pessariatis, et provacione sternutacionis et medicinis provocantibus aborsum (velut est castoreum et mirra cum rutha et similia) si poterit eum extrahere. Si non, intromittatur intrumentum dictum speculum factum cum vitte torculari et aperiat matricem quantum erit possibile, et postea cum manibus et uncinis et tenaculis integrum au trustatim extrahatur ; et non remaneat, licet Albucasis dixerit se vidisse mulierum que super impregnata super fetum mortuum dimissum, et post longum tempus per apostema umbilici exiverint ossa et sic longo tempore vixit. Est tamen cautela quo si in capite fetus mortui au in pectore seu ventre vel in secundina fuerit aqua tumore exitum impediens, quod cum unguis aut spatumine incidatur et aqua extrahatur et sic levius exibit.*

⁷¹ Monica Green provides a summary of these manuscripts in *Making Women’s Medicine Masculine*, 104-105.

au riche et à toute heure qu'elle sera mandée' et, de plus, 'la où elle trouvera doute et péril, elle usera de plus ample conseil.'"⁷² Green has argued that the illustrations of fetal malpresentation in surgical manuscripts "would have signalled to the owners of these manuscripts that knowledge of obstetrical interventions was as much a part of the learned surgeon's repertoire as reducing dislocations or treating head wounds."⁷³ Furthermore, when we consider communities of readership in the Middle Ages, it is clear that surgeons' deference to midwives could have been nothing more than rhetorical, since the literate nature of the texts precluded the rarely literate midwife as a target audience. Green has noted that

male control would, in fact, characterize the circulation of most French gynaecological literature for the rest of the medieval period...In a fourteenth-century copy [of the *Trotula*] now in Paris, the text retains the clear statement in the prologue that it is meant for women, yet...it is found among astrological, astronomical, and medical texts in Latin and French, i.e., precisely the kind of context where we have as yet little evidence of female reading.⁷⁴

Evidence of the actual performance of postmortem caesarean sections similarly attests to male surgeons' authority in these procedures. Legal authorities – both civil and ecclesiastical – came increasingly to support fetal excision for the spiritual and material needs that it served.⁷⁵ Katharine Park has transcribed and translated four notarized acts from Vercelli in 1545 which, similarly to the act from Manosque, reveal the performance of a postmortem caesarean section.⁷⁶ Unlike Catherine, Isabella Della Volpe did not die in childbirth; rather, she died from an illness even before she went into labour. Like Nicholas, however, Isabella's husband, Marcantonio de

⁷² Leclair, "De l'histoire de la chirurgie à Lille, » 575.

⁷³ Green, *Making Women's Medicine Masculine*, 103.

⁷⁴ Green, *Making Women's Medicine Masculine*, 177; the transmission of gynaecological texts in medieval France is the topic of another article by Green, "Traittié tout de mençonges": The *Secrés des dames*, 'Trotula,' and Attitudes toward Women's Medicine in Fourteenth- and Early-Fifteenth-Century France," in *Women's Healthcare in the Medieval West*,

⁷⁵ See, for example, Kathryn Taglia, "Delivering a Christian Identity: Midwives in Northern French Synodal Legislation, c. 1200-1500," in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (York: York University Press, 2001), 77-90.

⁷⁶ Park, "The Death of Isabella della Volpe: Four Eyewitness Accounts of a Postmortem Caesarean Section in 1545," *Bulletin of the History of Medicine* 82.1 (2008): 169-187.

Cusano, requested that a local barber extract the allegedly living fetus so that it could be baptized. Although the midwife had been called to Isabella's deathbed, it was the surgeon who performed the caesarean section. As in Manosque, there is little to suggest that this violated any gendered division of medical care in Italy. Park suggests, rather, that there was a clear division of labour between doctors and midwives: "midwives delivered babies; physicians provided pre- and postpartum medical care; and surgeons and barbers, as in the case of Isabella Della Volpe, performed operations such as fetal excisions and embryotomies."⁷⁷

3.6 Conclusion

Monica Green has argued that the professionalization of medicine was also the masculinization of medicine; as the records from Manosque illustrate, women's medicine was no exception. The previous chapter demonstrated that male physicians in Manosque often treated women for common illnesses and injuries. Yet for Jacoba Felicie's defence to possess the power of conviction, it needed to resemble the sentiments of the culture in which she performed; although, as we saw in chapter two, she treated both men and women, her appeal to feminine propriety illustrates the extent to which it governed relations in medieval society. Evidence from Manosque, however, reveals men's involvement even in secrets of reproduction that women allegedly guarded. As we have just seen, between 1298 and 1473, three cases reveal that male physicians were employed for issues of infertility, abortifacients, or *sectio in mortua*.

Male practitioners' authority in cases of reproduction can be explained by the prestige accorded to (masculinized) professionalized medicine by an increasingly medicalized society. Historians accepted for many years that women lost their place as providers of women's

⁷⁷ Park, "The Death of Isabella della Volpe: Four Eyewitness Accounts of a Postmortem Caesarean Section in 1545," 7.

healthcare by men's violent usurpation of their roles.⁷⁸ Monica Green argues, however, that the issue "is not women's universal exclusion from the production and delivery of women's medicine, but their exclusion from the production of *authoritative knowledge* in a field that was, in the most essential sense, their own."⁷⁹ Thus, although the *Trotula* demonstrates a place for women amongst medical learning, at least in Salerno, when we consider its codicological contexts and communities of readership, it appears exceptional rather than traditional. Cornelius O'Boyle suggests that, by the fourteenth century, "medicine itself was defined not in terms of particular drugs or practical techniques, but in terms of knowledge of books. To know medicine is to know its authoritative sources."⁸⁰ Green elaborates on this notion from a gendered perspective, arguing that "the growing professionalism of medicine – one that was grounded on the valorization of book learning – brought with it a marked masculinization."⁸¹ Knowledge of authoritative books was derived primarily from university education, an institution which denied women's participation. It is women's exclusion from the production of knowledge, therefore, that granted male physicians increasing authority over their bodies.

In Manosque, this extensive authority notably excluded examination of, or application to, women's "secret places." Social notions of feminine propriety prevented male physicians from practical involvement in these cases, which included, among others, childbirth. Although learned male surgeons like Guy de Chauliac prepared instructions for the performance of embryotomies and *sectio in mortua*, he (theoretically) intended midwives to carry them out. As we have seen, however, male surgeons performed *sectio in mortua* in Manosque, and although the Manosquin

⁷⁸ Barbara Ehrenreich and Deidre English, *Witches, Midwives, and Nurses: A History of Women Healers* (New York: Feminist Press, 1973).

⁷⁹ Green, *Making Women's Medicine Masculine*, 291.

⁸⁰ Cornelius O'Boyle, *The Art of Medicine: Teaching Medicine at the University of Paris, 1250-1400* (Boston: Brill, 1998), 266.

⁸¹ Green, *Making Women's Medicine Masculine*, xiii.

records do not mention embryotomies, there is one notable difference between the two procedures that would have justified men's involvement in the former: in embryotomies, the woman was alive; in *sectio in mortua*, she was not.⁸²

The placement of childbirth outside of male practitioners' jurisdiction situated it concretely outside of medieval medicine proper. Although this is largely because, "under normal circumstances, neither birth nor death was medicalized in the Middle Ages,"⁸³ I believe that childbirth was not medicalized even when other aspects of reproduction and pregnancy were because, ideologically, medicalized connoted masculinized, and women's secret places remained veiled from men's eyes by cultural notions of feminine propriety. Midwives' privileged access to women's secrets, then, placed them on the periphery of the medieval medical milieu, where they became instruments used by legal authorities, like medical authorities, to extend these institutions' regulatory boundaries to encompass a sphere to which society otherwise denied them access.

⁸² Merry Wiesner has found a handbook from Renaissance Germany that similarly instructs midwives in the performance of embryotomies. See Wiesner, "Nuns, Wives, and Mothers: Women and the Reformation in Germany," In *Women in Reformation and Counter Reformation Europe*, ed. Sherrin Marshall (Indiana: Indiana University Press, 1989), 8-29.

⁸³ Katharine Park, "Birth and Death," in *A Cultural History of the Human Body in the Medieval Age*, ed. Linda Kalof (New York: Berg, 2010), 31.

CHAPTER IV THE MANOSQUIN MIDWIFE

4.1 Introduction

As the previous chapter demonstrated, midwives played a significant role in Manosquin society. They monopolized neither women's healthcare generally, nor issues of reproduction more specifically, but they did have sole jurisdiction over cases concerning women's "secret places." This chapter argues that, despite the fact that midwives occupied only the margins of medieval medicine, they were nevertheless *professionals*. This identity was not as concretized as in northern France; the occupational titles by which they were called, as well as the financial compensation they received for their services, however, indicate that their formal role as experts of the body in Manosquin society was acknowledged. This expertise rendered them indispensable not only to the women whom they attended in childbirth, but also to the medical and legal officials who relied on them for insight into secrets of childbirth and virginity, secrets to which these officials otherwise had only limited access. At the same time that the court's reliance on these women acknowledged their expertise and thus legitimized their identities, though, it also rendered them official instruments in the court's regulation of the female body.

4.2 A Professional?

4.2.1 Introduction

Documentation of women's work in Manosque, as elsewhere, is sparse. According to Courtemanche, "malgré la diversité et l'ampleur de la documentation conservée et le rôle de Manosque comme centre régional d'échanges, l'étude des métiers féminins demeure une entreprise. En effet, en l'absence de sources spécifiques, sa structure et son organisation se

déroberent au regard.”¹ Although the notarial records reveal little about women’s involvement in the mercantile and artisanal spheres of Manosquin society, the criminal records depict their presence, if only infrequently. Widows were more active in these spheres, while married women might act as partners in their husbands’ business ventures, and, in his absence, buy and sell goods on his behalf.² Notarial records also indicate women’s employment as wetnurses and servants, although the details of their employment contracts are vague. Courtemanche concludes that “le grand nombre de femmes auxquelles est accolée la qualité d’*ancilla* ou de *pedisequa* dans les différents documents suggère que la domesticité constitue le débouché féminin par excellence.”³

Documentation of midwifery is no exception to this sparseness that characterizes women’s work more in Manosque. Courtemanche has noted of Manosque that, “comme pour les activités professionnelles des autres femmes, il demeure difficile de circonscrire adéquatement leur champ d’action, leurs qualifications, le mode d’acquisition de ce savoir-faire de même que leur rémunération pour les actes professionnels qu’elles posent.”⁴ David Harley has similarly argued that “it is difficult to define precisely who was a midwife. For most women who practiced midwifery, ‘midwife’ was not their main social identity.”⁵ Furthermore, “comme le laisse percer leur statut matrimonial, ce sont surtout des femmes mariées ou des veuves qui monopolisent cette pratique.”⁶ According to Kathryn Reyerson, women in Montpellier were more often identified by their marital status or geographical origin, and only rarely by their

¹ Courtemanche, *La richesse des femmes : patrimoines et gestions à Manosque au XIVe siècle* (Saint-Laurent, Québec : Éditions Bellarmin, 1993), 144.

² Courtemanche, *La richesse des femmes*, 149.

³ Courtemanche, *La richesse des femmes*, 156.

⁴ Courtemanche, *La richesse des femmes*, 163.

⁵ David Harley, “Provincial Midwives in England: Lancashire and Cheshire, 1660-1760,” in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (New York: Routledge, 1993), 27.

⁶ Courtemanche, *La richesse des femmes*, 162.

occupational title;⁷ it seems reasonable to assume, then, that when midwives appeared in court for cases that did not concern their professional responsibilities, the notary would have been just as, if not more, likely to refer to them as somebody's wife or widow than by occupational identity, especially since the records only rarely list men's professions, also.

Nevertheless, it is possible to identify midwifery as a profession in Manosque as early as the late thirteenth century. Michel Salvat has distinguished between midwifery as a set of skills shared between women in a community, and women who specialized and received financial compensation for these services;⁸ the latter distinction connotes a certain level of 'professionalism' which, I will argue, was present in Manosque. This argument employs the term "professional" in its loosest sense, adhering to Green's broader definition of female practitioners as "women who at some point in their lives would have either identified themselves in terms of their medical practice or been so identified by their communities."⁹ Admittedly, midwifery was not as concretized a profession in Manosque as in northern France, where ecclesiastical officials regulated the office. Nevertheless, midwives' professional identification and financial compensation for their services attests to both internal and external constructions of their professional identity.

4.2.2 Licensing in the North

Midwifery regulation in Europe was neither uniform nor simultaneous. The periods in which it arose and the institutions which governed it varied by region.¹⁰ Between 1477 and 1523 in Spain, a decree required that midwives submit to examination by the *protomédicos* in order to

⁷ Kathryn Reyerson, "Women in Business in Medieval Montpellier," in *Women and Work in Pre-industrial Europe*, ed. Barbara Hanawalt, 119.

⁸ Michel Salvat, "L'accouchement dans la littérature scientifique médiévale," » *Senefiance* 9 [1980] : 87-106.

⁹ Green, "Documenting Medieval Women's Medical Practice," 335.

¹⁰ Green, *Making Women's Medicine Masculine*, 140 (n. 5).

acquire a license.¹¹ By the early fifteenth century in Germany, civic councils regulated midwifery, whereas in sixteenth-century England the impetus stemmed from ecclesiastical, not civic, authorities.¹² Richard Petrelli has identified a statute issued during the reign of Henry III, in 1560, as the first statute pertaining to French midwifery.¹³ Prior to 1560, Paris had four *matrones jurées*, supervised by the king's chief barber surgeon, with whom a prospective midwife studied; after a few months of apprenticeship, she was presented a certificate of good conduct and qualification (*certificat de capacité*), which she submitted to the king's chief barber surgeon and the parish priest. The statute of 1560, however, introduced to the program a theoretical component overseen by sworn surgeons, and required that the prospective midwife submit to examination by

The rather formidable assembly of the King's two *chirurgiens jurés*, a doctor, and two *matrones jurées* of the Chatelet of Paris. If the candidate passed the examination, she took the midwife's oath before the provost of Paris or the *lieutenant criminel* and was presented with a diploma signed by the clerk of the Chatelet and with the seal of the provost. Once the diploma was in her hands, she was permitted to practice midwifery in the community and to affix to her house the familiar sign of the midwife, such as a little boy carrying a candle, a woman carrying a baby, or a cradle with a fleur-de-lis.¹⁴

Although the 1560 statute marked the first effort in France to systematize the regulation of midwives' professional competence, evidence from a *Registre aux mémoires* illustrates similar efforts to regulate professional competence and morality in Lille as early as the mid-fifteenth century. Edmond Leclair has found, for example that,

Le 12 mars 1460 (vieux style), Catherine Lemesre, femme Jehan Delamarre, boulenghier, fut par eschevins de Lille, en pleine halle, receue femme que on dit *saige femme* ou

¹¹ Teresa Ortiz, "From Hegemony to Subordination: Midwives in Early Modern Spain," in *The Art of Midwifery: Early Modern Midwives in Europe*, 98.

¹² Merry Wiesner, "The Midwives of South Germany and the Public/Private Dichotomy," in *The Art of Midwifery: Early Modern Midwives in Europe*, 80.

¹³ Richard Petrelli, "The Regulation of French Midwifery during the *Ancien Régime*," *Journal of the History of Medicine and Allied Sciences* 26.3 (1971): 277. Edmond Leclair has noted similar and simultaneous regulatory efforts in Lille, although in less structured expressions than statutes; Edmond Leclair, "Un chapitre de l'histoire de la chirurgie à Lille: les accouchements," *Journal des sciences médicales de Lille* 11 (1910): 573-615.

¹⁴ *Ibid.*

autrement *mère aleresse*. Et fist sur ce le serment pertinent autrement ès mains du rewart de ceste ville, après que de son scavoir en cette matière, elle fut duement examinée par maistre Guillaume de Renier, médechín, et aussy que lesdits eschvins se furent informés des diligences par elle faictes en telz matières, laquelle par ladite information, ilz trouvèrent assez experte et ydoine.¹⁵

Mid-fifteenth century ecclesiastical records from three archdeaconries of Paris – Josas, Brie, and Paris – furthermore, evidence earlier efforts in France, like England, to regulate the profession for religious objectives.

Synodal legislation from thirteenth- and fourteenth-century Europe reveals an increasing preoccupation with infant baptism.¹⁶ Outside of France, councils in Canterbury in 1236, Rouen in 1278, and Trêves in 1310 underscore the urgency of baptism in childbirth, commanding the performance of a *sectio in mortua* if the infant was believed to be alive.¹⁷ Canon fourteen from Canterbury, for example, stipulates “*si mulier mortua fuerat in partu, et hoc bene constiterit, scindatur, si infans vivere credatur, ore tamen mulieris aperto.*”¹⁸ Kathryn Taglia has identified the 1311 Paris synod as the first in France to mention midwives and emergency baptism.¹⁹ The canon ensured the administration of the sacrament even in the absence of an ecclesiastical authority by ordering priests to teach their parishioners how to perform properly an emergency baptism; it concludes by stating that “on account of this there should be in every vill skilled

¹⁵ Leclair, « Un chapitre de l’histoire de la chirurgie de Lille, » 574.

¹⁶ As Bednarski and Courtemanche have demonstrated, this concern preoccupied all levels of society, manifesting in popular tales of *revenants*, which “show how medieval people feared not only for their offspring’s supernatural damnation, but also for their own terrestrial torments,” Bednarski and Courtemanche, “Sadly and with a Bitter Heart,” 15. See also Pierre André Sigal, “La grossesse, l’accouchement et l’attitude envers l’enfant mort-né à la fin du moyen âge d’après les récits de miracles,” in *Santé, médecine et assistance au moyen âge, Actes du 110e Congrès National des Sociétés Savantes, Montpellier, 1985* (Paris: Editions du C.T.H.S., 1987), 23-41.

¹⁷ Bednarski and Courtemanche, “Sadly and with a Bitter Heart,” 12.

¹⁸ Johannes Dominicus Mansi, *Sacrorum Consiliorum: nova et amplissima collectio* (Paris : H. Welter, 1901), XXIII, 420.

¹⁹ Kathryn Taglia, “Delivering a Christian Identity: Midwives in Northern French Synodal Legislation, c. 1200-1500,” in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (York: York University Press, 2001), 84. The council from Trêves in 1310 similarly addressed the midwife’s responsibilities.

midwives sworn to perform emergency baptism.”²⁰ The diaconal visitation records from Meaux, appended to the proceedings from the synod held there in 1365, declared that, because of the perils of childbirth, each parish required a midwife. The statute ordered the diaconal visitors to oversee the appointment of midwives, who were required to undergo examination at the bishop’s court; if they passed, they received a certificate of approval.²¹ Visitation and ecclesiastical court records from three Parisian archdeaconries – Josas, Brie, and Paris – illustrate the implementation, if only sporadically,²² of this legislation in northern France.

These ecclesiastical records reveal the election, jurisdiction, and financial aspects of the midwife’s office in the Parisian archdeaconries. The visitation records from Josas, studied by Annie Saunier, date from 1458 to 1470,²³ while those from Paris, studied by Pierre-Clément Timbal and Bernadette Auzary, cover the years from 1468 to 1470;²⁴ the records from the Parisian *Registre de causes*, considered by Ruth Mazo Karras and Tiffany Vann Sprecher, date from 1499-1504.²⁵ Although they do offer insight into the regulation of midwifery, there is little to indicate that this regulation was standardized in the Paris region. Neither election, nor jurisdiction, nor financial compensation was clearly defined between, or even within, the three archdeaconries. While Timbal and Auzary note that women partook of the election of a midwife in only one parish (Bessancourt), the records from both Brie and Josas suggest that women

²⁰ Taglia, “Delivering a Christian Identity,” 83.

²¹ Ibid.

²² Annie Saunier has noted that, in Josas, “dans quelques cas précis, le Visiteur signale la présence de sages-femmes exerçant depuis plusieurs années, sept et huit, sans satisfaire aux exigences du contrôle ecclésiastique.” Saunier, “Le visiteur, les femmes et les ‘obstétrices’ des paroisses de l’archidiaconé de Josas de 1458 à 1470,” in *Santé, médecine et assistance au moyen âge, Actes du 110e Congrès National des Sociétés Savantes, Montpellier, 1985* (Paris: Editions du C.T.H.S., 1987), 47.

²³ Saunier, “Le visiteur, les femmes et les ‘obstétrices’ des paroisses de l’archidiaconé de Josas de 1458 à 1470,” 43-62.

²⁴ Pierre-Clément Timbal and Bernadette Auzary, « Visites décanales faites dans l’archidiaconé de Paris en 1468-1470, » *Revue d’histoire de l’Église de France* 62 (1976) : 361-374.

²⁵ Ruth Mazo Karras and Tiffany Vann Sprecher, “The Midwife and the Church: Ecclesiastical Regulation of Midwives in Brie, 1499-1504,” *Bulletin of the History of Medicine* 85 (2011): 171-192.

played a more active role in their election in these archdeaconries.²⁶

The nature of the *Registre de causes* from Brie, which includes both civil and criminal cases, provides greater detail regarding the midwife's office than do the slightly terser visitation records from Paris and Josas.²⁷ As will be argued of the Manosquin sources, the *Registre de causes* illustrates the constructive relationship between the office of midwifery and its regulating institution. Karras and Vann Sprecher have argued that, "while the ecclesiastical licensing procedure provided midwives with the authority to practice, it also brought them under the management of the church."²⁸ The Church's regulation protected midwives' jurisdiction and right to financial compensation; it also guaranteed the extension of its authority, at least with regard to the sacraments, to a greater portion of society.²⁹ According to Karras and Vann Sprecher, two cases indicate the "professional advantages midwives expected due to their ecclesiastical appointment."³⁰ On 30 January 1500 (*o.s.*), Isabelle Rougemaille brought suit against Colette for her employment of a childbirth assistant who was not a sworn midwife. Isabelle claimed that by contracting this woman, who was later revealed to be Colette's mother-in-law, she had been deprived of her usual fee; she petitioned for the payment of two of the four *sous* she usually charged, plus the cost of her legal expenses.³¹ On 17 March of that same year, another midwife successfully sued Stephanie Laloque for the same amount.³² In exchange for such privileges, the

²⁶ Saunier, "Le visiteur, les femmes et les 'obstetrices,' » 46 ; Karras and Vann Sprecher, 175.

²⁷ See Appendix A.1 for my own transcriptions of these cases

²⁸ Karras and Vann Sprecher, "The Midwife and the Church," 179

²⁹ As both Merry Wiesner and Grethe Jacobsen have demonstrated, midwives' ability to administer baptism placed them under suspicion during the Reformations; Protestant authorities, who did not believe in rebaptism, feared midwives' improper performance of the sacrament in the first place; both Catholic and Protestant authorities feared that Anabaptist midwives lied that they had performed the sacrament at all. See, in *Women in Reformation and Counter-Reformation Europe*, ed. Sherrin Marshall (Indianapolis: Indiana University Press, 1989): Wiesner, "Nuns, Wives, and Mothers: Women and the Reformation in Germany," 8-28, and Grethe Jacobsen, "Nordic Women and the Reformation," 47-67.

³⁰ Karras and Vann Sprecher, "The Midwife and the Church," 183-184.

³¹ See Appendix 1.6, 1.7, 1.9

³² *Ibid.*; see Appendix 1.10

midwife was expected to uphold the social values of the Church. Karras and Vann Sprecher conclude that, “in France, the ecclesiastical bureaucracy was vital to the creation of midwifery as an incipient craft or profession, one that did not necessarily require particular education but that did restrict entry.”³³

The research conducted by Saunier, Timbal and Auzary, and Karras and Vann Sprecher reveals the emergence of midwifery as a profession in northern France; although religious and moralistic objectives motivated its regulation, the Church’s support also defined more clearly and protected the midwife’s office. Midwifery in France, like midwifery across medieval Europe, was thus externally constructed; as Green has noted, “there is no indication that medieval midwives attempted to organize or control themselves by means of guilds or other formal associations in the same way that many male practitioners did. On the contrary, all currently available data show that licensing...was imposed on midwives from the outside, either by local municipal or ecclesiastical authorities.”³⁴ Nevertheless, as the records from Brie indicate, midwives in the Parisian archdeaconries negotiated the office that they swore to uphold to protect their own professional and financial interests.

Unlike the records from northern France, the Manosquin records do not reveal the construction of midwifery through external regulation; they do, however, reveal that midwives were acknowledged professionals in both court and community. The court’s reliance on midwives, the scribe’s identification of them by occupational title, and the broader community’s provision of financial compensation for their services all attest to the authority that midwives held as experts on the female body. The criminal records, in many ways, reveal a dynamic between institution and individual similar to that in northern France, though based on socio-legal

³³ Karras and Vann Sprecher, “The Midwife and the Church,” 190.

³⁴ Green, “Women’s Medical Practice and Care,” 450.

rather than socio-religious objectives.

4.2.3 Terminological Identification

The court's reference to midwives by occupational title, as well as marital status, provides evidence of the external construction that Green has identified as indicative of professional status.³⁵ The terminology by which legal scribes identified midwives was, admittedly, ambiguous in Manosque. Unlike the ecclesiastical sources from the Parisian archdeaconries, which uniformly identified midwives as *obstetrices*, the sources from Manosque employed one of three occupational titles: *obstetrices*, *bajulae*, or *matrones*. While *obstetrix* clearly identified a trained birth attendant, both *bajula* and *matrona* were slightly more ambiguous, and require a consideration of the context in which they appear in order to deduce their connotations. In the criminal records, *bajula* could describe both a midwife and a wetnurse, as in the case concerning the majority of Raimundus Gausi. In this case, the court used the term when asking both '*que bajula levavit ipsum*' and '*que bajula lactavit eum*.'³⁶ *Bajula*, here, refers generally to a nurse-like figure involved in the affairs of childbirth and infant care. The context, however, clarifies the connotation; the verb *levare* in the first question indicates somebody responsible for delivery an infant, while the verb *lactare* in the second clearly denotes the woman who nursed him. Similarly, although *matrona* could refer to a woman generally, in French records it is often found amongst those terms, like *ventrière*, *sages-femmes*, and *mères-aleresses*, used to identify birth attendants.³⁷ Leclair has found, for example, that in Lille "le 11 avril 1552, Catherine Moreil, femme d'Anselot Rousset, est reçue *sage matrone* 'après avoir sur ce oy maistres Toussaint Muysart et Wallerand Ducourouble, docteurs en médecine, et aucunes saiges femmes sermentées,'" and "Le 15 octobre 1579, Marguerite Preudhomme, fille de Jehan et femme

³⁵ See above; Green, "Documenting Medieval Women's Medical Practice," 335.

³⁶ Shatzmiller, *Médecine et justice en Provence médiévale*, N° 4.

³⁷ Danielle Jacquart, *Le milieu médical en France*, 48.

d'Hubert Houwel, est admise 'à l'office de obstetrice alias matrone.'"³⁸ Both cases illustrate the use of *matrone* to connote 'midwife.'

A certain level of occupational ambiguity characterizes most of the medical professions in Manosque and can be attributed, in part, to the absence of Provençal guilds. Generally, in the Middle Ages, physicians concerned themselves primarily with the diagnosis and treatment of internal disease, while surgeons performed the manual aspects of medicine; as Green has argued, however, "these categories were much more fluid and subjectively defined than in the modern, highly regulated medical industry of Westernized societies...The possibility of overlap in function was enormous."³⁹ In Manosque, the records reveal physicians performing manual surgeries and surgeons administering to internal disease.⁴⁰ According to Bednarski and Courtemanche,

...Part of the overlap between the various types of healthcare workers is due to the fact that, in the fifteenth century, professional boundaries were still being negotiated. In Provence, though, the blurry boundaries were particularly symptomatic of the absence of strong professional guilds. In this respect, Provence was different from the kingdom of France, where healthcare professionals organized themselves into professional policing bodies.⁴¹

Still, as the case against the charlatan, Michael Aucemant, reveals, there were mechanisms in place to regulate these more clearly defined professions that do not seem to have existed for midwives. Nevertheless, that the scribe identified only certain women as *bajulae*, *obstetrices*, or *matrones* illustrates a certain level of skill that distinguished them from the many other *mulieres* present in the birthing room. Furthermore, in the case against Alaysia, Bila Fossate is identified as *bajula publica*, which illustrates a link between the town and her responsibilities as a birth attendant that is further supported by fifteenth-century contracts stipulating midwives' payment.

³⁸ Leclair, "De l'histoire de la chirurgie de Lille," 575.

³⁹ Green, "Women's Medical Practice and Care," 439 (n. 9).

⁴⁰ The involvement of Antoni Imberti, *sirurgicus*, in concerns of conception, for example, illustrates this professional overlap.

⁴¹ Bednarski and Courtemanche, "Sadly and with a Bitter Heart," 25-26.

4.2.4 Financial Compensation

By the mid-fifteenth century, the notarial records in Manosque reveal financial compensation of midwives for their services by the *town*, and not just individuals, which further attests to the professional nature of their practice. M. Damase Arbaud has identified several financial contracts between midwives and their patients or the town dating from as early as 10 February 1467.⁴² On 23 July 1483, for example, the board declared that the municipality was responsible for the office of the midwife, just as it was responsible for the office of other medical professionals, and specified that Dulcia, *matrona*, “recevait, outre une subvention d’un florin sur le trésor communal, trois gros ou une émine de blé pour chaque accouchement.”⁴³ The municipal ties that this financial relationship forged echoes the earlier identification of midwives with the town in the reference to Bila Fossate as *bajula publica* in 1401. Furthermore, like the stipulation in a 1499 case from Brie that Louise, wife of Raoul Goupil, swear to exercise the office of midwifery *on condition of a suitable salary*,⁴⁴ this contract between Dulcia and the town illustrates that financial compensation was a legally protected aspect of the midwife’s office in Manosque. Similar evidence of financial entitlement survives from Lille, where, between 1479 and 1531, several women “sont reçues sages femmes ou mères aleresses et font serment ‘de soy bien acquitter et secourir les povres femmes aussi bien que les riches en prenant salaire raisonnable.’”⁴⁵ Although Karras and Vann Sprecher argue that this stipulation was intended to prevent midwives from overcharging for their services,⁴⁶ it also illustrates midwives’ right to, and society’s willingness to offer, financial compensation for their services. Park has noted for Italy

⁴² “Suite de l’histoire de Manosque,” *Bulletin de la société scientifique et littéraire des Basses-Alpes* XIV (1909-1910) : 98.

⁴³ *Ibid*; n. 3: *Fuit de pacto quod dicta Dulcia, matrona, possit et valeat exigere et levare de quolibet puero videlicet unam eminam annone vel tres grossos ; et quod sit in obligatione hominum hujus ville dare dictam eminam annone vel tres grossos.*

⁴⁴ Karras and Vann Sprecher, “The Midwife and the Church,” 178.

⁴⁵ Leclair, “De l’histoire de la chirurgie à Lille, » 575.

⁴⁶ Karras and Vann Sprecher, *ibid.*

that “as skilled specialists in delivery...[midwives] were paid much better than *guardadonne*, with fees depending on the length of labour.”⁴⁷ While the records in Manosque postdate the contracts between physicians and their patients (considered in chapter two) by more than a century, by 1483, society clearly placed similar value in midwives’ expertise.

4.2.5 Conclusion

Despite the apparent absence of the regulation of midwifery in Manosque, the financial and terminological identification of midwives with the town resembles the relationship between the midwives and their communities in Josas, Paris, and Brie, and illustrates the professional nature of the midwife’s office in Manosque. In the archdeaconries of Paris, religious objectives motivated the diaconal visitor’s licensing of midwives. The Church’s concern with baptism required in each parish individuals who were trained to perform the sacrament in case of emergency; the midwife was one of these. By regulating the licensing process, the Church constructed the midwife as a professional who simultaneously upheld the ideals of the Church and was protected by it. In Manosque, the apparent absence of regulation makes midwives more difficult to identify. The details present in the criminal and notarial registers, however, permit a partial reconstruction of her place in Manosquin society. The court’s reliance on the midwife’s expertise, alone, attests to her perceived skill. Although gendered social dictates as much as medical knowledge caused the court to call on midwives, by doing so it provided institutional acknowledgment of the midwife as an expert of the body. The identification of only certain women as *bajulae*, *matrones*, or *obstetrices*, furthermore, suggests that they possessed skills and knowledge that distinguished them from the many women involved in the ritual of childbirth, skills for which, by the fifteenth century, they received municipally-guaranteed financial compensation.

⁴⁷ Park, *Secrets of Women*, 132.

4.3 Jurisdiction

The limitations of the sources in which medieval midwives appear make it difficult to discern their practical jurisdiction. Bartholomeus Anglicus, in his thirteenth-century *Liber de proprietatibus rerum*, defined midwifery as

l'art de aider la femme qui enfante, pour ce qu'elle enfante plus légèrement et que l'enfant ne soit en péril. Ceste ventrière oint le ventre de la femme qui enfante de aucuns oignemens pour faire issir l'enfant plus tost et à moins de douleurs ; quant l'enfant naist, la ventrière le reçoit et lui coppe le nombril auprès de quatre doys, elle le noue et puis lave l'enfant pour en oster le sang, et après elle le frotte de sel et de miel pour sécher et conforter les membres, et l'enveloppe en mols drappeaulx.⁴⁸

We know that, in accordance with this, Agnès Le Clerc swore in Lille in 1472 to “aidier et secourir femmes enchainées à accoucher d'enfants.”⁴⁹ Yet these sources reveal only the prescribed jurisdiction of the midwife's office, which likely encompassed only a portion of their actual duties. Saunier has noted the limited description in the visitation records from Josas of the midwife's responsibilities:

Aide à la naissance donc, soins au nouveau-né. Qu'en est-il au-delà : soins de l'enfant en maillot, conseils préventifs et suivi de la femme, de la grossesse aux relevailles ? Notre texte, pourtant très précis, et émanant du Visiteur archidiaconal particulièrement soucieux des ornements d'église et jaloux de l'entretien des fonds baptismaux, ne signale jamais leur participation à des ondoiemens, aux célébrations de relevailles et de purification, ni aux baptêmes. En amont de la naissance l'obstétricienne intervient-elle lors du mariage, pour authentifier virginité et consommation, puis dans les cas d'impuissance, de stérilité, ou encore de viol ou de grossesse illégitimes ? Nous ne pouvons le dire ici.⁵⁰

The records reveal only those responsibilities that were of importance to the institution that created them, in this case, the maintenance of ideals prescribed the Church. Although the records from Manosque suffer from limitations similar to those of the ecclesiastical records from northern France, the broader jurisdiction of the Manosquin criminal court, which oversaw cases that, in

⁴⁸Bartholomeus Anglicus, *Liber de proprietatibus rerum*, as cited in Saunier, « Le visiteur, les femmes et les 'obstetrices,' » 48.

⁴⁹ Leclair, “Un chapitre de l'histoire de la chirurgie de Lille,” 574.

⁵⁰ Saunier, “Le visiteur, les femmes et les 'obstetrices,’” 48

other areas, belonged either to an ecclesiastical or civil court, reveals midwifery duties that are more diverse than those that appear in the Parisian sources. These responsibilities broadly encompassed concerns involving “women’s secrets,” which included not only assistance in childbirth, but also physical examinations for virginity, but did not necessarily entail general concerns of conception, contraception, and pre- and postpartum care.

Despite male physicians’ increasing authority over the reproductive female body, midwives still attended to the *physical* reproductive body, both in pregnancy and childbirth. As chapter two demonstrated, the court (or a victim’s family) routinely called in male physicians and surgeons to determine the condition of an injured female body. When a pregnant woman was beaten, however, the court called on midwives (*matrones*) to assess the extent of her injuries. In June 1314, a pregnant Alasacia, wife of Stephanus Carbonelli, was severely beaten with a stick and thrown to the ground by Estève Flori and Mateuda, wife of Isnard Flori; it was feared that this abuse caused her to lose the child that she was carrying.⁵¹ The court enlisted the expertise of two midwives, Ayglentine, wife of Hugonis Garrigue, and Peyrone Escarpite, to determine whether or not she had lost the child. After examining her, they determined that she was still pregnant and out of danger, and within nine days, the infant would either be delivered, or would remain, alive, inside her womb.⁵²

Midwives similarly exercised authority in the birthing room. As the cases from chapter three demonstrate, many women were present in the birthing room. Despite the frequent mention of many women, only one amongst them was identified as *bajula*. In the case concerning the

⁵¹ Shatzmiller, *Médecine et justice en Provence médiévale*, N° 34 : *Alasacia, uxorem Stephani Carbonelli, crudeliter verbaverunt cum baculis, manibus et pedibus et eam postraverunt in terram. Et cum dicta Alasacia sit pregnans timetur etiam ne propter hujusmodi verbationes faciat abortivum.*

⁵² *Que predictae mulieres suo juramento retulerunt quod dictam Alasaciam vierunt et palpaverunt, et quod pregnans est, et quod ipsa est sine periculo ut eis apparet, et sine livoriibus, et quod infra IX dies infans quem habet in ventre erit extra corpus suum, aut remanebit intra ventrem matris sue vivum.*

majority of Raimundus Gausi, five women testified. As they recounted their tales of Raimundus' and Romeus' births, however, the court asked specifically "*que bajula levavit ipsum*" in both births. Similarly, although there were four women present at Alaysia's delivery, the court identified only one – Bila Fossate – as *bajula publica*.⁵³ This distinction, in both cases, suggests that only certain women possessed expertise that distinguished them from the others and granted them authority in the birthing chamber. Furthermore, midwives are the only experts mentioned in these cases; unlike the other cases with medical aspects, neither physicians nor surgeons surface in these tales. Conversely, in the cases of conception, abortion, and postmortem caesarean section, the records mention only male experts, and overlook the midwives who were likely involved, at least, in the delivery of Catherine, Nicholas Fabri's wife, except to allude to the large number of women who saw her dead in childbirth (amongst whom was likely a midwife). Katharine Park recounts a tale told by Vesalius to illustrate the increasing authority that male physicians had even in pregnancy. In this tale, a woman claimed to be pregnant to ward off execution; "she had been examined by midwives by order of the podestà. They concluded that she was not pregnant, a judgement that Vesalius was able to transform into certain knowledge by anatomical demonstration [through dissection of the uterus], trumping their conjectural form of knowledge, which was based on haphazard experience."⁵⁴ Still, the podestà enlisted *midwives*, not a surgeon, to examine the woman while she was alive. This illustrates, like the cases in Manosque, that midwives continued to exercise authority in cases of pregnancy and childbirth because of the examination women's secret places that they demanded.

This demand similarly granted midwives authority in the determination of virginity in Manosque. On 23 August 1306, Mathilde Payan, an unmarried woman, was accused of

⁵³ Although, as Ronald Finucane has noted, several midwives might attend one birth, the records from Manosque mention only one; Finucane, *The Rescue of the Innocents: Endangered Children in Medieval Miracles*, 30.

⁵⁴ Park, *Secrets of Women*, 256.

committing adultery with Petrus Barberi, a married man.⁵⁵ Denying the accusations, Mathilde claimed that she was a virgin. In response, the court called on five “*mulieres antiquas et expertas in opere nuptiali*,” one of whom the court identified as *ostetrix*, Beatrice Chaberta. These women “*inteverunt eam corruptam et que apparet cognita viro per ea que viderunt et palpaverunt*.” It is clear that cases involving virginity were not the jurisdiction only of midwives, but also of “wise women” who derived their authority from age and experience in marriage. As Jacqueline Murray has demonstrated, courts came increasingly to rely on these wise women for expertise in cases of marital annulment on the grounds of male impotence.⁵⁶ The Ordinary Gloss described these women as “matrons of good reputation, worthy of trust, and experienced in the work of marriage.”⁵⁷ In the later Middle Ages, courts came to request proof of male impotence, rather than of female virginity in these case. Guy de Chauliac described how

En vérité, puisque la justice a pris l’habitude de demander un examen au médecin, il faut dire ce qu’est le mode d’examen. Une fois qu’il en a obtenu licence de la justice, que [la médecin] examine d’abord la complexion et la conformation des membres de la génération ; ensuite qu’il recoure à une matrone habitué à de telles [procédures] et qu’il prescrire [aux époux] de s’étendre ensemble pendant quelques jours en la présence de la dite matrone. Que celle-ci leur administre des épice et des aromates, qu’elle les réchauffe et les oigne d’huiles chaudes, qu’elle les frictionne près du feu, qu’elle leur donne e converser et s’êtreindre. Ensuite qu’elle rapport au médecin ce qu’elle a vu. Quand le médecin est informé, il peut déposer en toute vérité devant la justice. Qu’il prenne garde cependant de ne pas être trompé, car de nombreuses fraudes sont habituellement commises en de tells cas, et il y a un très grand péril à séparer ceux qui Dieu a unis, si ce n’est pour une cause très juste.⁵⁸

These legal and medical prescriptions, like the case against Mathilde Payan, illustrate that midwives did not have sole jurisdiction over cases of virginity and male impotence, but rather

⁵⁵ Andrée Courtemanche produced a transcription of this case in her M.A. thesis, “Regards sur la femme médiévale,” 161-163; the quotations that follow are derived from her transcription. Rodrigue Lavoie considered this case within the context of sexual delinquency in “Délinquance sexuelle, justice et sanction sociale : les tribulations judiciaires de Mathilde Payan (1306-1308),” *Provence Historique* 184 (1996) : 159-192.

⁵⁶ Jacqueline Murray, “On the Origins and Role of Wise Women in Cases of Annulment,” *Journal of Medieval History* 16 (1990): 239.

⁵⁷ *Ibid.*

⁵⁸ Guy de Chauliac, as cited in Danielle Jacquart and Claude Thomasset, *Sexualité et savoir médical au moyen age* (Paris: Presses universitaires de France, 1985), 234.

shared the responsibility with wise women. The Manosquin case also demonstrates, however, that virginity was amongst those concerns, like childbirth, in which midwives possessed expertise.

A consideration of these cases from Manosque in which midwives clearly claimed authority against the backdrop of women's medicine more generally illustrates the extent to which gender dictated the jurisdiction of medical practitioners in Manosque. Male physicians attended to the majority of women's medical care, including concerns of reproduction, contraception, and complications in childbirth. The midwife's office, on the other hand, was much more limited, and included only those concerns that required examination of women's secret places. The only case in which a female surgeon provided medical expertise in the Manosquin court illustrates a contrary dynamic, as well.⁵⁹ In 1321, the court requested Fava, *surgica de Manuasca*, to testify on the condition of Poncius Porcelli, to whom she had administered care after he had been wounded by Andreus Raynaudi. When the court learned that Fava had prescribed plasters and other medicaments for Ponçon's wounded male member, the judge asked if she had touched him; she responded that she had not; rather, her son Bonafos, also a *sirurgicus*, had done so.⁶⁰ Clearly, women's modesty was just as easily compromised in inverse gender dynamics. Gender, then, played into medical jurisdiction when the physical body compromised cultural notions of feminine propriety. Park's conclusion that

over the course of the fourteenth and fifteenth centuries...Italian physicians increasingly concerned themselves with the reproductive care of women – with the management of fertility and pregnancy, though not with childbirth itself. In the process, they recast the secrets of women in terms of the secrecy inherent in the structure of women's bodies, a proper object of learned inquiry, rather than as women's knowledge, inaccessible to men,⁶¹

⁵⁹ Shatzmiller, *Médecine et justice en Provence médiévale*, N° 47.

⁶⁰ *Interrogata si palpavit eum dixit quod non, set ipsum in lecto invenit*

⁶¹ Park, *Secrets of Women*, 256.

can be applied to Manosque also. Still, as the abovementioned cases demonstrate, society deemed midwives appropriate experts in cases involving women's secret places.

4.4 Instruments of the Court

4.4.1 A Procedural Shift: from Accusatorial to Inquisitorial

These secrets of women's bodies to which midwives had privileged access rendered them experts of the female body; they also made them instruments used by court in the regulation of the female body. As indispensable as Shatzmiller's work is to the study of medicine and justice in Manosque, it has overlooked this notion of regulation in cases requiring medical testimony. In overlooking this, it has neglected the very nature of the concerns that medical expertise in court sought to resolve. As Katharine Park has noted,

the history of the body has its core in the history anatomy and physiology, to which a variety of 'cultural meanings' (regarding for example, gender, shame, and sexuality) are appended...men and women...understood their bodies primarily in terms of family and kinship, on the one hand, and religion on the other. Medical models – even in this world of highly developed medical institutions and practices – came in a distant third.⁶²

Only one of the four cases in which midwives appeared between 1289 and 1401 were medical in nature; the other three were concerned with the social significance of the female body.

The court's desire to prosecute these cases in which midwives testified reflects a procedural shift in the mid-thirteenth century, discussed briefly in chapter one, from accusatorial to inquisitorial process. According to Lavoie, this procedural shift permitted the court to promote the interests of the greater community rather than the individual's interests.⁶³ This transformed the court from a personal instrument into a regulatory institution. As Foucault has demonstrated,

⁶² Park, *Secrets of Women*, 132

⁶³ Lavoie, ⁶³ Rodrigue Lavoie, « Justice, morale et sexualité à Manosque (1240-1340), » in *Vie privée et ordre public à la fin du moyen âge : Études sur Manosque, la Provence et le Piémont (1250-1450)*, edited by Michel Hébert (Aix-en-Provence : Université de Provence, 1987) ; « Délinquance sexuelle, justice et sanction sociale : les tribulations judiciaires de Mathilde Payen (1306-1308), » *Provence Historique* 184 (1996) : 159-192.

the body was a frequent subject of regulatory discourses.⁶⁴ Individuals could use their bodies in many ways to disrupt social order. For women, this ability was intimately linked to sexual deviance. As Bednarski has argued, while male sexual deviance did not detract from family honour, for women, “illicit sex not only was prosecuted by the courts and upsetting to family stability, but invariably devastated familial reputation. So, Manosquin society was obsessed with guarding female bodies and female sexual reputations.”⁶⁵ As the cases against the two adulteresses, Alaysia and Mathilde, illustrate, midwives were indispensable in this regulation.

4.4.2 Regulation of the Female Body

The relationship between a midwife and her patients was highly suspect in the Middle Ages, since it involved affairs to which men (and thus cultural authorities) were denied access. Criminal prosecution and legislation often sought to prevent collusion between midwives and their patients in illicit affairs. Although this often aimed to protect those incapable of protecting themselves, such as illegitimate infants, it also subjected the midwife’s power to legal authorities. The case against Alaysia, the adulteress, epitomizes the Manosquin court’s fear of collusion and conspiracy amongst the female community.

The court framed its accusation against Bila Fossate in professional terms: she had failed to fulfill the responsibilities of her office, which included reporting to the court any births of illegitimate children in order to protect them from potential harm.⁶⁶ French letters of remission

⁶⁴ Michel Foucault, *The History of Sexuality* (New York: Pantheon Books, 1978).

⁶⁵ Bednarski, « Crime, justice, et régulation sociale, » 185.

⁶⁶ *que intersunt in nationibus ventris matris infantium nascensium ex non legitimo matrimonio ad finem quod ob occultandam verecundiam et diffamiam mulierum tales infantium parientes ipsi infantes occidi et devastari possent aliquo modo propter quod peccatum posset comitti non modicum et creature a dicto formate occidi, destruii, et devastari sicuti pluries accidit contingit teneantur et debeant nationem talis infantis ex non legitimo matrimonio nati curie revelare et manifestare ut super conservatione talis creature salubriter et iudice per curiam temporalem provideatur*

reveal that infanticide in cases of illegitimacy was a legitimate fear.⁶⁷ Leclair has similarly noted the presence by 1590 in Lille of ordinances concerning illegitimacy and the declaration of paternity.⁶⁸ Yet the court used Bila not only to protect, but also to regulate. Aside from the three other women present, she was the only one who could reveal to the court events that unfolded in the birthing room. Her testimony was thus indispensable in prosecuting Alaysia for adultery, for, as great a concern as childbirth clearly was to men, it remained an all-female ritual. At the same time, however, this case also illustrates how the court's objectives were at odds with those of society. Women *were* sometimes complicit in deception. Bednarski has argued that "the trials stemming from Alaysia's situation reveal a conspiracy of silence supported by gender-based solidarity."⁶⁹ They thus reveal women's abilities to negotiate the legal circumscription of their bodies through cooperative performance.

Rieder has noted a similar dissonance between the regulatory discourses and popular practices in churching rituals in northern France. Bishops depended on midwives to enforce their legislation on churching,⁷⁰ just as they relied on them to implement baptismal legislation. Rieder argues that, in the later Middle Ages, churching transformed from a rite of purification into a symbol of women's social prestige, since, according to the Church, only married women could receive the rite. Karras and Vann Sprecher have noted efforts to enforce this restriction in Brie in a 1500 case that "forbade the curate of Champigny from further receiving or comforting women from childbed unless they came to seek the wife of Jean Lefebvre, the sworn midwife of this place, because of the problems that can occur."⁷¹ Rieder asserts that

⁶⁷ Park, "Birth and Death," in *A Cultural History of the Human Body in the Medieval Age*, ed. by Linda Kalof (New York: Berg, 2010), 17-38.

⁶⁸ Leclair, « Un chapitre de la chirurgie à Lille, » 577.

⁶⁹ Bednarski, "Whence Springs the Lie," 132.

⁷⁰ Rieder, *On the Purification of Women*, 137.

⁷¹ Karras and Vann Sprecher, "Midwives and the Church," 181-82.

The bishops' use of midwives to verify a mother's freedom from any of the restrictions surrounding churching may have served the purposes of ecclesiastical discipline but it also turned churching into a site of potential conflict, especially within the women's community. In particular, it placed the midwife in an awkward position. Whereas she was customarily among the women who accompanied new mothers for their churching, the bishops' directives singled her out from this group by granting her the power to testify for or against other women in the community. This could easily create considerable tension between the new mother and her midwife.⁷²

Susan Broomhall identifies a similar fear of midwives' collusion with their patients in a royal edict from 1556 in Paris. According to Broomhall, the edict's inclusion of rules concerning the regularisation of midwifery within the context of maternal crime, namely, infanticide and abortion, implied complicity between the midwife and the pregnant woman.⁷³ It required midwives to enrol in the bailiff's register and receive verification from the provincial medical superintendant. Broomhall concludes that, "unlike barbery, surgery and pharmacy, licensing of midwives did not come about as the result of women seeking recognition for the value and public good of their medical work: instead, it was imposed upon midwives as a result of legal, royal and medical bodies' fears over midwives' powers as authorities to proclaim virginity and their capacity to procure abortions."⁷⁴ Although Broomhall views the desire to employ midwives as instruments of regulation as epitomized by early-modern licensing, the role that midwives played in the late-medieval Manosquin court suggests that this phenomenon pre-dates official secular regulation by over a century in France.

As cooperative as a midwife might have been in illicit affairs, the court's employment of her still placed her at odds with the female community of which she was a part. As the case against Mathilde Payan demonstrates, the court was equally concerned with preventing and punishing the adulterous affairs that produced the illegitimate children whom they sought to

⁷² Ibid.

⁷³ Broomhall, *Women's Medical Work in Early Modern France*, 36.

⁷⁴ Broomhall, *Women's Medical Work in Early Modern France*, 38.

protect; this process could use midwives to defame the reputations of women involved in the affairs. According to Bednarski, “the prevalent popular attitude was that un-kept women were dangerous...Throughout the later Middle Ages, the honourable woman was everywhere one whose sexuality was protected within the family, and whose person was sheltered in the home.”⁷⁵ The case against Mathilde Payan identifies her neither as somebody’s daughter nor wife. The dishonour that she imposed, then, was largely upon herself. Nevertheless, the court’s employment of midwives and wise women in this case illustrates the extent to which they could be used to uphold or destroy the honour not only of the women themselves, but also of the men with whom they were connected.

4.5 Conclusion

This chapter has sought to demonstrate that cultural notions of feminine propriety that rendered midwives experts of the *physical* reproductive female body also made them instruments used by the court in the regulation of these bodies. Bednarski and Courtemanche have noted of the case concerning a postmortem caesarean section that

Since the bailiff was not a medical expert, and was absent from the delivery room, he relied on these dozen women to inform him. They alone had had intimate contact with the corpse. Their testimony, transmitted from the bailiff to the notary, ensured that the barber could not be shown to have caused Catherine’s death. Although this *sectio in mortua* was requested by a man, performed by a man, and licensed by a man, the legal validity of the act depended entirely upon the words, expertise, and experiences of women.⁷⁶

This case illustrates the fact that, although childbirth remained an all-female ritual, it greatly affected men as well as women. In fact, women’s use of their bodies generally affected men, since they could inflict dishonour through sexual deviance. Women’s bodies thus became frequent subjects of legal discourse, and midwives became indispensable in their regulation.

⁷⁵ Bednarski, “Crime, justice et régulation sociale, » 195.

⁷⁶ Bednarski and Courtemanche, « Sadly and with a Bitter Heart,” 23.

CHAPTER V CONCLUSION

Currently, the majority of our knowledge about midwives in medieval France derives from regional histories largely limited to ecclesiastical sources from the Paris region. These studies are indispensable to our understanding of the medieval midwife's responsibilities. Yet they also offer only a limited picture of her duties and overlook broader historiographical questions of women in medieval medicine and work. Using printed criminal and notarial records from late-thirteenth- to mid-fifteenth century Manosque, this paper has sought to demonstrate the importance of situating the medieval midwife within the broader socio-medical milieu of which she partook.

By considering midwives roles in cases of pregnancy, illegitimacy, and virginity within the context of women's medicine in Manosque, this study has established two points. First, medicine in Manosque was rarely divided along gender lines. Several cases illustrate male physicians' administration of medical care to female patients, and *vice versa*. As Green has demonstrated, the professionalization of medicine, which came to connote literate knowledge and thus excluded women from "the production of authoritative knowledge" about their own bodies, male physicians' theoretical knowledge of women's bodies authority in this field.¹ One notable and definitive domain remained outside of male practitioners' jurisdiction: examination of women's "secret places." This means that, although male physicians increasingly administered to concerns of reproduction, contraception, and complications in childbirth, the midwife's oversight of uncomplicated childbirth placed her on the periphery of medieval medicine proper, though she still occupied a "profession" in Manosque.

Second, this trope of feminine secrecy granted midwives authority in such cases

¹ Green, *Making Women's Medicine Masculine*, 291.

simultaneously rendered her a legal expert and instrument. The female body was of great social concern in the Middle Ages. Women's sexual deviance could confer dishonour on the men to whom she was connected, either through loss of virginity or through the birth of an illegitimate child. The court thus sought to regulate the female body in order to maintain social order. The veil of secrecy that enshrouded their bodies, however, granted men only indirect access to them. As much as the court feared midwives' collusion with their patients in illicit affairs, it required their expertise in and their access to women's secrets to govern them.

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**APPENDIX A
SUPPORTING DOCUMENTS**

A.1 Cases Involving Midwives in the *Registre de Causes*, Brie, 1499-1500

A.1.1 LUDOVICA, UXOR RAOULETI GOUPPIL, CREATA FUIT OBSTETRIX

[AN LL29 f. 8v]

Mercury xxxe October millesimo cccc nonagessimo nono
hodie Ludovica uxor Raouleti Gouppil creata fuit obstetrix
(æ) villam de Brya et juravit fideliter exercere dictum
officium mediante sallario competente

Margin: creatur obstetrix

A.1.2 YSABELLA, UXOR LUDOVICI ROUGEMAILLI, FUIT JURATA OBSTETRIX

[AN LL29 f.11r]

Jovis xvi January millesimo cccc nonagessimo nono
hodie ad relacionem maioris et sanoris partis mulierum habitantium
in loco de bry archidiaconato Brye Ysabella uxor Luodovici Rougemailli in dicto
loco de Bry fuit jurata obstetrix prout constat per relacionem signatam petri
langlois

Margin : soluit licencium quindecem dictum JR dominus per sigillum meum

A.1.3 JOHANNA, UXOR COLMI VILLAMI, CREATA EST OBSTETRICEM

[AN LL29 f.16r]

Creata est in obstetricem ecclesie parochialis Sancti Martini
de Bonolis in Bryam Johanna uxor Colmi Villami (---)
parochiana dicti loci que juravit etc.

Margin : soluit xx solidi x

A.1.4 JOHANNA, UXOR MARTINI DUANOUSTRIS, CREATA FUIT OBSTETRIX

[AN LL29 17V]

Sabbath xvi may millesimo quingentisimo
Johanna uxor Martini Duanoustris creata fuit obstetrix
apud bryam Sancti Lealegari que juravit etc.

Margin : xii ____

A.1.5 JOHANNA GEMELE, UXOR PETRI GEMELE, CREATA EST OBSTETRIX

[AN LL29 f.21v]

Creata est obstetrix Johanna Gemele uxor Petri
Gemele in parochia de Montegisionis in Brya ad
relacionem matriculariorum et habitantium dicti loci quae juravit dictum
officium fideliter exercere ut soluit quinque solidi parisis de quibus
dominus officialis recepit duos

Margin : Creatio obstetricis

A.1.6 YSABELLA, UXORE LUDOVICI ROUGEMAILLI, OBSTETRICE, CONTRA COLLETAM, UXOREM
GUILLELLMI GULET

[AN LL29 f.25r]

de Ysabella uxore Ludovici Rougemailli obstetrice
ecclesie parochialis de Brya contra colletam uxorem
Gulellmi Gulet ream etc. re auctoritate actrix dicit quod
jurata obstetrix dicti loci et ob causam est subiecta ad
expectandum mulieres parturientes et ____ dicta
rea misit consilium unam mulierem qui non est obstetrix
quam pro suo iure petit duos solidi x (----) re expensis
(--- -----) marito rea dicente quod (~~ivit~~) solvit mulieri
quae fuit penes in suo puerperio videlicet obsterice de Noisiaco
Magno quo audito dominus condemnavit dictam ream
ad soluendum actrici duos solidi x _____ quod est creata
obstetrix dicti loci de Brya salus tamen suis ____ cui
actrici dicto mar(i)te ree apellans ab huius _____

A.1.7 YSABELLA, UXOR LUDOVICI ROUGEMAILLI, ACTUM CONTRA COLLETAM, UXOR GUILLELLMI GULET¹

[AN LL29 f. 27r]

de Ysabella uxor Ludovici Rugemailli actum contra
Colletam uxor Guill(elmi) Gulet actrix dicit quod est obstetrix
jurata auctoritate domini et quod rea peperit ab anno citra et

¹ See figure 1, p. 113

laudabile consuetudine dicta obstetrix consuevit habere a qualibet muliere per recepcione pueri (~~quatuor~~) solidi x paris et de die in diem remanet in dicta villagio de Bry ad subueniendum mulieribus quare non per eam stetit quin quoniam receperit infantem dicte reae Nicholominus petit duos solidi decem parisienses pro sua jure cum expensis quo facto dominus ex officio eius interrogat maritum Ree quis recepit infantem dicte Ree qui juravit quod fuit mater eius et de pre(ce)pto obstetricis de Noysar magno quo facto exhibita licencia obstetricis per actricem per quam constat quod per relacionem muliere dicti loci de Bry fuit creata et juravit prout in talibus quo facto audiendem _____ domini ad actricem officii domini actricem _____ et Re quae receperit in propria

A.1.8 CONDITIONS FOR CURATE TO WOMEN FROM CHILDBIRTH

[AN LL29 f.27v]

hodie dominus inhiuit curatum de Champignaico ne de cetero recipiat seu releuet mulieres de puerperio nisi venerunt quesitum uxorem Johannis Lefebre juratam obstetricem dicti loci propter inconuenienciam que possunt accidere

A.1.9 YSABELLA CONTRA COLLETAM

[AN LL29 f.28r]

Sabbath 13 February millesimo quingentesimo
De Ysabella uxore Ludovici Rugemaille obstetrice
jurata de bryace contra (---- ----) Guill(elm)i
Gulet ad causam colete sue uxoris audiendi infra scriptus idem
ad q(uare)ndenam et p(ar)tes huismode poterunt se infra scriptum super hiis
quae voluerunt super pro eis pretensio cui parti quo de (*faded*)
se produceret

A.1.10 CONDEMNATA EST STEPHANETA LALOQUE AD SOLUENDUM OBSTETRICI²

[AN LL29 30r]

Condemnata est Stephaneta Laloque de Cauda in bry
ad soluendum obstetrici dicti loci sum(m)am duorum solidorum parisiensis pro primo
partu sui pueri infra pascha expensis huiusmodi compensatis
actricem quod dicta obstetrix convenire fecerat dictam ream coram
iudicii seculari pro hac materia salvo tamen uno deffecto curiae
emanato quem ipsa debetrix soluit magistro Johanni Brucentii
precium dicte obstetricis cum partibus

² See figure 2, p. 114

