

The ancient origins of obstetrics, a rôle for women

V. Gazzaniga, C. Serarcangeli

Summary

Ancient literature, epics and medical texts well testify the existence of a female competence in Obstetrics since the time of Hippocrates. Until the Imperial Age, both in Greece and in Rome, women were the only ministers of the rites involving birth and death: in particular, delivery was the special moment in which a specific female competence was required.

Résumé

La littérature, les poèmes et les textes médicaux anciens confirment l'importance de la femme en obstétrique depuis Hippocrate. Tant en Grèce qu'à Rome, les femmes étaient associées aux rites de la naissance et de la mort. L'accouchement faisait l'objet d'une attention particulière où la compétence féminine était requise.

Introduction

Mythography, ancient tales, and epics all testify since earliest times to the existence of a female knowledge of obstetric tasks. This competence ranged between the world of magic and the practical experience of natural remedies; especially plants and flowers endowed with a mild healing power. The opium poppy was probably used as a narcotic during the most painful phases of delivery. Moreover, myths such as that of Agnodike, reported by Iginus (1), funeral inscriptions and medical writers, both in the Greek and Roman world, undoubtedly testify to the existence of medically competent women. These were able to assist other women during delivery and to cure some of the most common female diseases, often connected to a lack of menstruation as a consequence of difficult childbearing.

Valentina Gazzaniga, Carla Serarcangeli, Sect. and Museum of History of Medicine, Dept. of Experimental Medicine and Pathology, University of Rome "La Sapienza", Viale dell'Università 34/A - 00185 Rome, Italy. vgazzaniga@axrma.uniroma1.it

On the other hand, the possible identification of historical-epigraphic sources leads us towards more cultural problems testifying, at least in a classical area where Hippocratic medicine was practised and developed, to the existence of some form of medical or paramedical feminine education.

Diseases of women and medical feminine education

A useful approach to the problem may be found in Soranus' text *Gynekia* (On diseases of women), written by the famous methodist physician in the 1st century A.D.. According to recent historiographical discussion, this work was mainly addressed to medical students and to the *pater familias* who had, among others, the task of choosing the medical staff destined to practise a domestic profession. Soranus states that a fundamental attitude of the good midwife is study and learning, so that the proper subject is one who has received an education, which allows her to learn practice after theoretical preparation. "The excellent midwife is she... who acquired theoretical knowledge and reliable experience" (2).

- *Ex voto (terracotta) representing a breast*
Museo di Storia della Medicina (Inv. n. S/1795) Sec. II d.C.

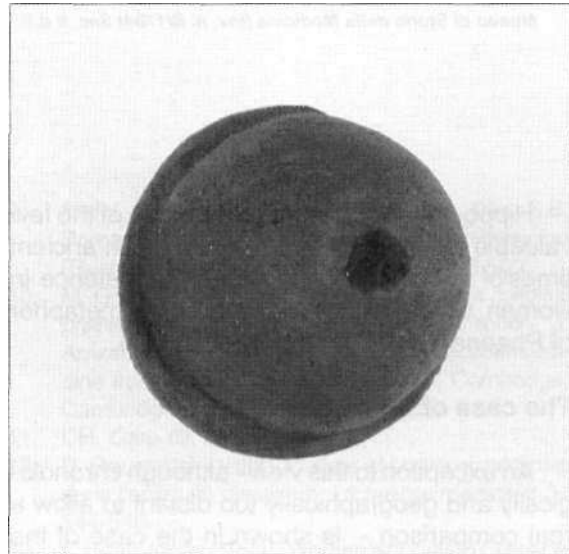
On the other hand, the more recent compilation of Muscione (3) may be better interpreted as having had a didactic destination toward a partially female public, which would need such theoretical medical and obstetric basic knowledge, otherwise unobtainable in the absence of schools and formal educational training. Indeed, until the age of Soranus, Greek and Roman women were homely ministers of those mysterious rites and who officiated in the *oikos* (house) during the opposite, but deeply connected phases of birth and death(4).

Assistance in pregnancy and delivery

The specific connection between feminine diseases and female obstetric tasks is justified on the theoretical grounds that the existence of a secret homeostasis of the female body is supported by mechanisms quite dissimilar from those which, by heat, feed the male body. Women know that the vase-like hollow of their own bodies allows the male semen to mature, as in an oven, in virtue of its intrinsic heat, thus transitorily abolishing during pregnancy the coldness typical of the female body (5). Pregnancy and delivery represent the unique roles that society allows Greek women to play, except in the restricted sphere of religious ritual. In fact, Aristophanes' *Tesmophoriazouses* mentions the honours that the community should bestow upon women, who alone can generate strong men. Whereas the opinion both in Aristotle's texts and tragedies points to an entirely male generative process. In these texts, women have only the task to safeguard "the small plant they bear" in their wombs as an extraneous object (6).

Therefore, only women are admitted to assist in delivery, sharing its peculiar impurity, from which *oikos* men are preserved (7). They mimic the forced virginity of Artemis, needing a ritual purification for both the puerperal and the assistant women (8).

These, generally elderly women, often are never mothers themselves, thus best reflecting



the image of the goddess patroness of delivery, and are excluded from the diffusion of knowledge. Although Plato's *Republic* also suggests the possibility of some medical education for women, they have no access to any formal medical culture (9).

Therefore, obstetrics - according to a module destined to last until the Middle Ages and Modern Times - arose as a practical and technical competence, probably learned from a male physician working in a restricted domestic ambit (10).

This mainly practical competence is well testified in some texts of the *Corpus Hippocraticum*, which considers midwives or *akestrides*, (the women able to calm) (11) as the soothing women, who by overcoming the obstacles intended to preserve female decency (12), allow the physician to get knowledge of any pathological signs before the illness becomes incurable. In this context it is noteworthy that Plato's *Teethetus* places *maiae* (obstetricians) in an intermediate sphere between real technical ability and experience in magic arts. No medical school provided such a competence. On the contrary, the schools reversed their statutes, as testified by the *Corpus Hippocraticum* using midwives and prostitutes as qualified sources to obtain useful information in order to treat cases of abortion, difficult delivery or gynaecological disease (13).

*Ex voto (terracotta) representing an uterus
Museo di Storia della Medicina (Inv. n. S/1784) Sec. II d.C.*

Hippocratic texts are therefore one of the few valuable testimonies of the existence in ancient times of an obstetric professional competence in women, which is also confirmed by the metaphor of Phaenaretos, Socrates' mother (14).

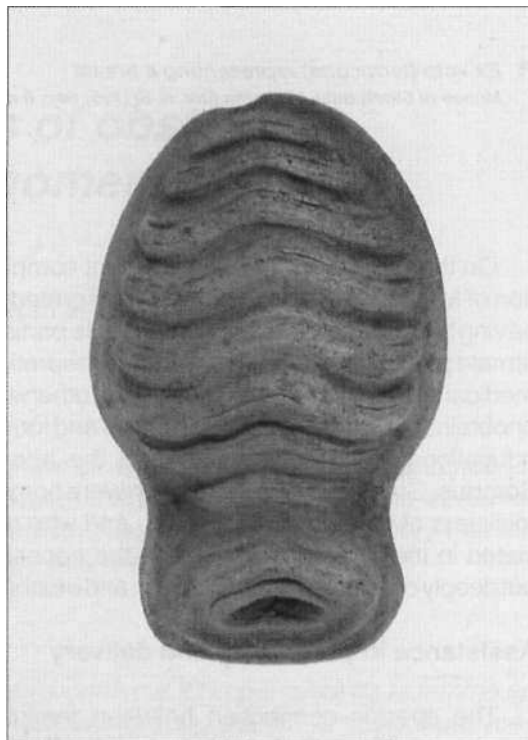
The case of Sais

An exception to this view - although chronologically and geographically too distant to allow a real comparison - is shown in the case of the Egyptian town of Sais, where between the XXI Vth and XXVI Nth dynasties, in particular under Darius I, a medical school was reorganized. This had already been considered as one of the best Egyptian schools in the VIth century, as testified by the inscription on Udjhorresne's statue in the Vatican Museum (522-483 B.C.). This school was probably located near the Life's House in the temple of Neith, a local transposition of the cult of cow-shaped Isis - according to Herodotus - the future Greek Demetra.

The characteristics of the goddess, strictly linked to the extreme moments of birth and death, induced some authors to hypothesize that this school, according to the typical subdivision in specialties indicated by Herodotus, had mainly a trend towards obstetrics. Moreover, when one considers that the cult of Neith was probably diffused among women, the hypothesis can be advanced that the school at Sais was open only to women, who reiterated the obstetrical action of Isis-Neith, carrying the newborn in her arms (15).

Physician or midwife ?

The ancient world generally excludes the presence of a specifically trained physician near the parturient woman, unless in the case of a dystocic delivery. The contrast between the professional figure of the physician and that of the midwife is revealed by the behaviour of Agnodike showing her female nature at the Areopagus, vindicating the right to a female sphere of therapeutic intervention (16).



In Rome, the midwife would be replaced by the physician, where the generic technical competence of an entirely female staff had to be supported or substituted by a theoretically based ability, including the use of specific instruments. Thus the physician would intervene, questioning both the midwife and the patient and controlling the midwife's inopportune initiatives. He was ready for every dangerous difficulty, leading as an extreme measure to the use of some surgical technique (17).

The transition of medicine as a practical art to that of a professional activity needing a formal training based on an academic literature (starting from the XI lth century), did not seem to concern the field of Obstetrics (18). Female empiricism may be formally pursued as "charlatanism", while theoretical knowledge and "scientific investigation" of female pathology remained the privilege of certificated physicians. The gynaecological literature of the Middle Ages is written for an exclusively male public, but delivery, as well as examination of the female body are still the domain of women. Men may understand theory, but practice is far from their competence. The recent discussion about the real existence of Trotula as authoress of gynaecological writings, well testifies the case of a substantially "male literature" which was transmitted under the name of a woman to make easier its diffusion among a female public (19).

Notes

Classical texts are quoted from the following editions :

F.W. Hall and W.M. Geldart (1907), *Aristophanes, Thesmophorazousae*. Oxford, Clarendon Press.

W.J. Oates and Eugene O'Neill Jr. (revised by J. Nelson) (1938), *Euripides, Electra*. New York, Random House.

H. Weir Smith (revised by J. Nelson) (1926), *Aeschylus, Agamemnon*. Cambridge, London, Harvard University Press.

A.D. Godley (1926), *Herodotus, Historiae*. Loeb Classical Library, Harvard University Press, Cambridge MA, London 1920-25.

E. Littré (1839-1861), *Oeuvres complètes d'Hippocrate*. Paris, J.B. Baillière.

A.L. Peck (1990) *Aristotle, Generation of animals*. Loeb Classical Library, Harvard University Press, Cambridge MA, London 1942.

P. Shorey (1982), *Plato, Republic*. Loeb Classical Library, Harvard University press, Cambridge MA, London.

P. Burguière, D. Gourevitch, Malinas Y., (1988-1991), *Soranos d'Ephèse. Maladies des femmes*. Les Belles Lettres, Paris.

1. Igynus (1997), Fabula 189. see V. Gazzaniga, Phanistrate, Metrodora, Lais and theothers. Women in the medical profession. *Medicina nei Secoli - Arte e Scienza*, 2, 277-290.
2. Sor. *Gyn.* I, 4. 7-8
3. Muscio *Gynaecia*. R. Radicchi (ed), Pisa, Giardini, s.d.
4. V. Gazzaniga, E. De Angelis (1998), Al centra della nascita e della morte. Donne greche tra Alfa e Omega., *Annali della Societa medico-chirurgica di Modena*; 112:203-206.
5. Aristoteles, *De Generatione Animalium* 765b19 and 775a- 14-16. N. Demand, *Birth Death and Motherhood*. Baltimore, The Johns Hopkins University Press, 1994.
6. Aristophanes, *Tesmophorazouses*, chorus and Aeschylus, *Eumenides* 658-661.
7. V. Gazzaniga (1998), Phlegm and pregnancy in Greek Ancient Medicine. Increased erythrocyte sedimentation rate as a marker of impurity of pregnant women in Greek ancient medical thought ? *Forum Trends in Experimental and Clinical Medicine*, 2 : 186-189.
8. Euripides, *Electra* 1124-34. See S. Blundell (1995), *Women in Ancient Greece*, London, British Museum Press, p.111.

9. Plato, *Repubblica* 454d2 e 455e6-7. See S.B. Pomeroy (1978), Plato and the female Physician (Resp. 454d2). *Am. Journ. Phil.*, 99 : 496-500.
10. M. Green (1994), *Documenting women's medical practice*. In : L. Garcia-Ballester, R. French, J. Arrizabalaga, A. Cunningham (Eds) *Practical medicine from Salerno to the black death*, Cambridge, Cambridge Univ. Press, pp. 321-352.
11. CH, *Caro* 19, Li VIII, 614
12. D. Gourevitch (1968), Pudeur et pratique medicale dans l'antiquite classique. *La presse medicale*; 3 : 544-546.
13. L. Dean Jones (1994), *Women's bodies in Classical Greek Science*. Oxford, Clarendon Press.
14. J. Tomin (1987), Socratic midwifery. *Cl. Quart.* 37 : 97-102. H. Tarrant (1988), Midwifery and clouds, *Cl. Quart.* 38 : 116-122. A.E. Hanson, Phaenarete, mother and maia. *Medizin der Antike*, 1, verh. des VIII Intern. Koll. Kloster Banz/Staffelstein 23-28 sept. 1993, pp. 159-181.
15. Horodotus *Hist.* II. 175. Brooklin 47.218.48; Hearst 214, 14, 4-7; Smith 19, 2-14, as concerns Neith.
16. H. King (1986), Agnodike and the profession of medicine. *Proc. Cambr. Phil. Soc*; 32 : 191-192. French V. (1986), Midwives and maternity care in the Roman world. *Helios*; 13 : 69-84.
17. Gourevitch (1996), La gynecologie et l'obstetrique. *ANRW*; 37 : 2084-2132.
18. J.F. Benton (1985), Trotula, Women's Problems and the professionalization of medicine in the Middle Ages. *Bull. Hist. Med.*, 59 : 30-53.

Biographies

Valentina Gazzaniga is a Researcher in the History of Medicine, at the Section of the History of Medicine of the Department of Experimental Medicine and Pathology, University of Rome "La Sapienza". Her research field is the history of ancient gynaecology, with particular reference to the history of gynaecological cancer in antiquity and to the evolution of the concept of female disease and impurity during pregnancy. She recently published a critical edition of unpublished legal writings of Giovan Battista Morgagni.

Carla Serarcangeli is the Curator of the Museum of the History of Medicine, of the University of Rome "La Sapienza". She has a major interest in the history of medical historical collections, with particular attention to the pharmaceutical Italian pottery of XVII-XIX centuries.