

**The Struggle for Medical Supremacy:  
The marginalisation of Spanish Midwives in the Sixteenth Century**

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## ABSTRACT

For centuries, Spanish midwives provided essential care to the women in their communities. They were counsellors, wet nurses, and herbalists, as well as, aiding during labor and delivery. However, due to the professionalisation of medicine and the creation of new regulatory bodies, their position within the medical field changed. While midwives were often not allowed to be part of these regulatory bodies, such as the *Protomedicato*, university-educated physicians used these institutions to assert their dominance over the medical field. Thus, through various marginalisation practices against midwives, university-educated physicians attempted to undermine and limit their role within the newly established medical order. This thesis will explore the different marginalisation practices that these new institutions imposed on midwives, their effects on the trade of midwifery, and how the status of midwives and physicians evolved due to these changes.

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Finally, I would like to thank my friends and family for their support throughout this process. Hopefully, we can now have a conversation without me talking about midwives for a bit. And most importantly, I would like to dedicate this work to my mother, who inspired me everyday to keep working and made me the person that I am today. Gracias mamá.

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## INTRODUCTION

In 1556, Maria García, a Spanish midwife from Madrid, was accused by local authorities of practicing witchcraft while performing her duties as midwife. The trial record shows that Maria was accused of acting suspiciously and drinking the blood that was falling on the floor during the delivery. Maria was subsequently condemned by the jury, sentenced to 200 lashes, and prohibited from assisting in any birth for six months.<sup>1</sup> Accusations and sentences like the one against Maria were not completely uncommon during the sixteenth century. The church and the medical regulatory bodies in Spain accused some midwives of performing witchcraft while they assisted in childbirth. Despite the accusations, however, midwives continued performing their duties and providing women with essential health services.

Studies have shown that midwives provided essential health care to women in their communities, and not in childbirth alone. For women in marginalised communities, midwives were the only health care providers and their influence was extensive. Some midwives even doubled as counsellors, nurses, doctors, abortionists, and friends.<sup>2</sup> Midwives coexisted with doctors until the thirteenth and fourteenth centuries, when the rise of formal higher education through the institutionalisation of universities across Europe changed the role of the midwife for centuries to come.<sup>3</sup>

Overtime, university educated male physicians slowly took control over the medical field, through the creation of regulatory bodies and the implementation of licensing requirements, which ultimately limited women's access to the medical profession.<sup>4</sup> In Spain, the creation of the *Protomedicato*, a medical regulatory body, in the early sixteenth century restricted the access of all non-university educated physicians to medical licenses, job

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<sup>1</sup> Archivo de la Real Chancillería de Valladolid (ARCV), ES.47186.ARCHV//REGISTRO DE EJECUTORIAS, CAJA 865,15, "Ejecutoria del pleito litigado por María García, partera, vecina de Getafe (Madrid), con el fiscal del rey, acusando a la primera de hechicería en el ejercicio de su oficio de partera y comadre" (13-08-1556).

<sup>2</sup> Barbara Ehrenreich and Deirdre English, *Witches, Midwives, and Nurses: A History of Women Healers* (New York: The Feminist Press at the City University of New York, 2010), 16.

<sup>3</sup> Monica Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology*, (Oxford: Oxford University Press, 2008), 71.

<sup>4</sup> Green, *Making Women's Medicine Masculine*, 71.

opportunities and protection. The *Protomedicato* ultimately excluded lower-class people, minorities, and women from practising medicine within the legal parameters established by the government.

This study will examine how the creation of medical regulatory bodies and the professionalisation of medicine changed the status of Spanish urban midwives in the sixteenth century. I will try to answer two key questions. First, how did the professionalisation of medicine and the introduction of new regulatory bodies change the relationship between midwives and physicians? And to what extent did the professionalisation of the field attempt to displace midwives? I will argue that the professionalisation of medicine, which subsequently resulted in the creation of medical regulatory bodies, allowed for various marginalisation practices against women, leaving midwives in precarious and unstable situations.

This thesis will be divided into an introduction and three chapters. Chapter one will look at the trajectory of midwifery in Europe and Spain, and the various important roles, including performing emergency baptism, that midwives played in their communities. Chapter two will focus on the rise of higher education and the creation and establishment of the *Protomedicato*, a medical regulatory body that supervised all medical practitioners in the Spanish empire. Finally, Chapter three will explore the various marginalisation practices against midwives during the sixteenth century. My study will offer an in-depth analysis of the change of the midwife's status as more university-educated male physicians started to assist during childbirth. Chapter four will be the conclusion of the thesis, and will briefly look into the impact of the sixteenth century in later midwifery practices.

## **Methodology**

There are a couple of important definitions necessary to understand the vocabulary used in the sixteenth century and this study. Firstly, who was a considered a midwife? For the purpose of this essay, I will consider a midwife a woman who assists another woman in any stage of the childbearing process in exchange for some form of compensation. Even though, as mentioned above, midwives did sometimes double as female healers, in this study I will

only consider them within the parameters of assisting in reproductive health. Secondly, during the Early Modern Period, there were different types of male physicians. Men that provided medical assistance were normally referred to as physicians, surgeons, barbers, or apothecaries. However, most university-educated doctors were referred to as physicians, and later on with the consolidation of the medical curriculum, the term surgeon was also used. In Spain, these terms are represented in the archival sources as ‘medico’, ‘cirujano’, and ‘barbero’. For the purpose of this thesis, I will use the most common used term ‘physician’ to refer to these university-educated men. Finally, it is also important to define the term ‘marginalisation’. Marginalisation normally refers to the treatment of a person or group of people as if they were not important.<sup>5</sup> For the purpose of this essay, marginalisation will be explored through the various practices and treatments used by the newly established regulatory bodies and university-trained physicians in an attempt to displace midwives and limit their importance within the medical field. It is important to keep in mind that while regulations were being imposed on midwives, this did not translate into a complete displacement of their profession. Instead this attempt to limit their functions and importance was rather a displacement from the medical field not a displacement from everyday activities, even if these activities changed overtime due to the influence of these regulations. Midwives continued to work and provide health care to women, especially in low-income areas that could not afford university-trained physicians.

This study will examine manuscripts from the sixteenth century Spanish archives. For the purpose of this essay I will focus on a few city archives and examine sources that apply to midwives in urban settings. The sources considered in this study are manuscriptst from Valladolid, Madrid, Navarra, and Castille, as well as published manuscripts in the public domain. I chose these archives due to the significance of these cities and kingdoms, Valladolid and Madrid being the capitals of their kingdoms, and Navarra and Castille for their influence and power, and the accessibility of the sources. Those archival manuscripts will be examined for evidence of marginalisation practices that had an impact on midwives.

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<sup>5</sup> “Marginalization,” Cambridge Dictionary (Cambridge University Press), accessed November 9, 2022, <https://dictionary.cambridge.org/dictionary/english/marginalization?q=marginalisation>.

The archival sources examined are mainly secular court records, prohibitions from medical regulatory bodies, and municipal regulations from the local governments.

The theoretical framework for this study is that of intersectionality, which theorises that various factors, such as gender, class, power, and race, intersect to shape the experiences of a group of people.<sup>6</sup> This thesis will focus on the factors of gender and space, and examine how those factors shaped women's experiences in the medical field. In particular, I am interested in exploring how gender and space were used as a marginalisation tool against midwives.

First, this study will look at how gender became a determining factor in having access to medical licenses, and how those licenses restricted the healthcare women provided. Gender will be examined through the lens of how it was used to shape otherness and suppress the presence of women in the medical field. Additionally, for the purpose of this essay, I will interpret gender through the female and masculine lens as this is what was recognised and commonly used in society, and thus reflected in the sources I will be looking at.

Second, this thesis will also look at the idea of space. Space here refers to the different spaces of society: public space and private space. During the Early Modern Period, space and gender were linked through patriarchal ideas that gave dominance over the space based on one's gender. Various literature, religious sermons, and educational tracts reinforced the ideas that men dominated and controlled the public sphere, and women were supposed to be confined to the private or domestic sphere. In her essay "Early Modern Gender and Space: A Methodological Framework," Amanda Flather discusses the importance of gender and space, and contends that the presence and/or dominance of one particular space was often also a reflection of the level of the power and authority of a woman, more specifically if that space was a male-dominated space. Additionally, Flather writes that while the association of gender with space (male/public, female/private) is a rather simplistic approach, "the focus should not be on «spheres» but spaces themselves, how historical actors defined and

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<sup>6</sup> Michele Tracy Berger and Kathleen Guidroz, eds, *The Intersectional Approach: Transforming the Academy through Race, Class, and Gender* (Chapel Hill: University of North Carolina Press, 2009), 10.

described them and how normative ideas and practice intersected to shape gendered use and experience of those spaces.”<sup>7</sup>

In addition to questions of gender and space, we need to acknowledge that Spain was a multicultural society in the sixteenth century, and the peninsula was home to people from different races and religions which makes it hard to argue that all women who worked as a midwife shared the same experience, or had the same obstacles while performing their duties. However, women of colour and women of non-christian origin are under-represented in midwifery sources of that time. Due to this fact, the intention of this thesis is to identify marginalisation practices against women as a collective rather than examining race or religion as a factor.

However, it is important to discuss the limitations of intersectionality. Intersectionality was mainly introduced to explain the experiences of Black women during the twentieth century in the United States.<sup>8</sup> Experiences of women in the Middle Ages and the early modern period cannot be compared or argued to be the same, thus applying intersectionality as a blanket theory has its limitations and disadvantages. This approach however, can be used to explore some areas of the early modern period, like gender and space, due to the general approach of the factors. It is important to recognise though that the theory of intersectionality is used in this essay as a guide to examine the sources, and is applied keeping in mind the societal differences between the sixteenth and the twentieth century.

### **Historiography**

The topic of midwifery in Europe is one that some historians have attempted to explore. However, we can notice a difference in the number of sources from one country to another. Some of the most representative historians in medieval and early modern history include Monica Green, Sara Butler, and Wendy Turner. Monica Green’s work, in particular,

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<sup>7</sup> Amanda Flather, “Early Modern Gender and Space: A Methodological Framework,” in *La(s) casa(s) en la Edad Moderna*, ed. by Margarita M. Birriel Salcedo (Zaragoza: Instituto ‘Fernando El Católico’, 2017), 23-29

<sup>8</sup> Grace Ji-Sun Kim, and Susan M. Shaw, “Introduction to Intersectionality,” in *Intersectional Theology: An Introductory Guide* (Minnesota: 1517 Media, 2018), 1-2.

has become an essential part of the literature. Her book, *Making Women's Medicine Masculine: The rise of Male Authority in Pre-Modern Gynaecology*, explores the institutionalisation of men's formal education and the displacement of women from the birthing chamber. Green attempts to answer the questions of 'who', 'how' and 'why' did women's health become so gendered through the Middle Ages and the early modern period, through the examination of women's literature, like the Trotula, and the newly-printed gynaecological and obstetrical texts written by men. Sara Butler and Wendy Turner also explored the connection between medicine and the law during the Middle Ages in their book *Medicine and the Law in the Middle Ages*, in which they explore the court systems and the legal disputes it concerned itself with, while answering questions of how were midwives and other medical professionals involved in the criminal courts across Europe.<sup>9</sup>

The trade of the midwife during the Early Modern Period in Spain has not been well searched and the secondary literature available is limited. The scarcity of archival sources that focus solely on midwifery during the time period makes it difficult for researchers to focus on women in the trade exclusively. Instead, the literature is divided into two approaches. One approach focuses on male doctors and their impact on female health care, and the second focuses on women as midwives, however the latter addresses specific aspects of healthcare such as fertility, or pregnancy. Thus, few authors have examined the evolution of the trade of midwifery with the onset of university training for male physicians. One of the few authors who has investigated the impact the professionalisation of medicine had on midwifery and the resulting displacement and marginalisation of midwives is Spanish scholar Teresa Ortiz Gómez who published various articles in the 1990s examining the system of granting medical licenses, and the difficulties midwives faced in pre-modern Spain.

Ortiz Gómez has an extensive publishing record focusing on women and the medical profession. For instance, in "From Hegemony to Subordination: Midwives in Early Modern Spain," Ortiz Gómez writes about the introduction of the university-educated doctor and the impact it had on midwives, providing an evolution of the profession of midwifery until the

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<sup>9</sup> Wendy Turner and Sara Butler, *Medicine and the Law in the Middle Ages* (Boston: Brill, 2014).

nineteenth and twentieth centuries. Ortiz Gómez also brings up a very interesting point about the intersectionality of race and class in the treatment of midwives, focusing more specifically on the changes experienced by Muslim and Christian midwives, despite the scarcity of sources.<sup>10</sup>

The more recent scholarship focuses on the impact of the professionalisation of medicine in more depth. However, as mentioned above, the tendency of the literature is to look at the role of midwives in various areas of female healthcare. Paloma Moral de Calatrava, an expert on medical history, explores in the article “The ‘Closed Woman’: Female impotence in the Middle Ages and the medical-legal expertise of midwives,” the role that surgeons and midwives played in determining the veracity behind accusations of infertility against women. Moral de Calatrava’s work asks questions about medical training of midwives, the roles they played in providing healthcare to women, and the changes in the terminology used to address midwives.<sup>11</sup> Another important author in Spanish midwifery is Encarnación Juárez-Almendros who examined ideas of ageing and the disabled body in pre-modern Spain. In the chapter, “The Disabling of Aging Female Bodies: Midwives, Procuresses, Witches and the Monstrous Mother,” Juárez-Almendros discusses the changing importance and representation in society of midwives and female healers in Spanish early modern literature while addressing the ideas of ageing bodies as a source of suppression and control of elderly women.<sup>12</sup>

Other authors who have written on female healers and midwives include Debra Blumenthal whose work focuses on the role of slaves and servants in healing; Wolfram Aichinger who explores the representation of female healers and midwives in the early fifteenth-century medical manuscripts; Monserrat Cabré whose work offers an introduction to household medicine in the Iberian Peninsula and the role of female healers; and Carmel

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<sup>10</sup> Teresa Ortiz Gomez, “From Hegemony to Subordination: Midwives in Early Modern Spain,” in *The Art of Midwifery*, ed. by Hilary Marland (London: Routledge, 1993), 95-114.

<sup>11</sup> Paloma Moral de Calatrava, “La ‘Mujer Cerrada’: La impotencia femenina en la Edad Media y el peritaje médico-legal de las parteras,” *Dynamis* 33, no. 2 (2013), 461-483.

<sup>12</sup> Encarnación Juárez-Almendros, “The Disabling of Aging Female Bodies: Midwives, Procuresses, Witches and the Monstrous Mother,” in *Disabled Bodies in Early Modern Spanish Literature* (Liverpool University Press, 2017), 84–115.

Ferragud who also explores domestic medicine. Regardless of the recent literature published by these authors, the subject of midwifery and female health care in Spain is still underrepresented in the secondary literature. Significantly, the scholars mentioned above acknowledge in the introductions of their work the lack of research conducted on the subject of female healers. My thesis is thus a small but important contribution to this neglected field in the early modern Spanish historiography.

## CHAPTER 1: The Role of the Midwife

Midwives have been an integral part of communities in Europe for centuries. However, their role has not been uniquely aiding women during childbirth, rather midwives provided essential care before, during, and after childbirth. During labour, the role of midwives was to prepare the room for the birth, and aid the pregnant woman through the process.<sup>13</sup> Some midwives doubled as nurses, counsellors, and herbalists who cultivated herbs used for healing, and some evidence even suggests that in some cases they also aided women in family planning.<sup>14</sup> Midwives performed their duties traveling from house to house, sometimes past the confinements of their towns and cities. Sometimes midwives were called 'wise women' by the people they served, other times reviled by those same people and by authorities for being witches or charlatans.

Throughout the centuries various terms were used in Europe to refer to midwives. Some sources during the Middle Ages used the word 'obstetrix' or similar variations of the word to refer to midwives. Some linguistic experts argue that the word 'obstetrix', of Latin origin, is a derivation of the word 'obstare' which translates into 'being next to or in-front of'.<sup>15</sup> In parish records from fifteenth-century Paris, terms such as 'matrone juree' (sworn matron) and 'obsterix' (midwife) appear in written records interchangeably to refer to midwives.<sup>16</sup> In Spanish records, midwives appear as 'parteras', 'comadre' or 'comadronas'. Additionally, they could also be referred to as 'madrinas' though this term was less common. The term 'madrina' means 'the person who receives the baby at birth'.<sup>17</sup> The term midwife was, however, an extremely important way to identify female health practitioners in Spain. Of all the women who offered healthcare in their communities, the only ones identified in

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<sup>13</sup> Sara M. Butler, "More Than Mothers: Juries of Matrons and Pleas of the Belly in Medieval England," *Law and History Review* 37, no. 2 (2019), 369.

<sup>14</sup> Ehrenreich and English, *Witches, Midwives, and Nurses*, 16. It is important to acknowledge that the use of this source is solely based on its accessibility and presentation of a timeline of the history of midwifery in the continent. This source has some controversial arguments that have been addressed extensively by historians.

<sup>15</sup> Adela Sánchez Pedrosa, "Proyección histórica de la matrona," *Revista de enfermería*, no. 03 (1993), 19.

<sup>16</sup> Butler, "More Than Mothers," 356.

<sup>17</sup> Montserrat Cabré, "Women or Healers?: Household Practices and the Categories of Health Care in Late Medieval Iberia," *Bulletin of the History of Medicine* 82, no. 1 (Spring, 2008), 32.

sources as being medical practitioners were midwives. Thus the term midwife was an indisputable sign that the person provided some kind of health care to their community, and when other healthcare providers were mentioned in sources, though less common, they normally were referred to by the titles of their husbands.<sup>18</sup>

However, despite the importance of the term ‘midwife’ in late Medieval sources, the importance of midwives had been represented through written tradition and art for centuries. There are various references to the midwife in the Bible, such as in the Old Testament in Genesis 35-17 and Genesis 38-28, where references are made to the role of a woman present during the birth to aid the mother and the newborn child.<sup>19</sup> In ancient Greece, midwives can be found in the writings of many philosophers. Socrates describes midwives in his writings as women that cross the boundaries of secular life into the magic world by using herbal remedies and various incantations, and Plato discusses midwives in his writings referring to their skill and knowledge.<sup>20</sup> Additionally, at least ten Greek memorials from the fourth-century BCE, show women assisting other women in childbirth, which has been theorised to be a representation of the acceptance and importance of the profession.<sup>21</sup> Other memorial plaques were also found from Roman times, including that of midwife Sallustia Imerita, dated somewhere between the first century BCE and the third century CE. The marble plaque reads, “(Here lies) Sallustia Imerita, freedwoman of Quintus, midwife. Quintus Sallustius Artimidorus, freedman of Quintus, placed (this monument).” (fig.1)

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<sup>18</sup> Cabré, “Women or Healers?,” 24.

<sup>19</sup> Sánchez Pedrosa, “Proyección histórica de la matrona,” 20.

<sup>20</sup> Ehrenreich and English, *Witches, Midwives, and Nurses*, 38-41.

<sup>21</sup> Elaine Wainwright, *Women Healing/Healing Women: The Genderisation of Healing in Early Christianity*, London: Taylor & Francis Group (2014), 40.



Figure 1. British Museum. *Epitaph Plaque*. Marble stone work. From the Greek and Roman department of The British Museum. [https://www.britishmuseum.org/collection/object/G\\_1756-0101-195](https://www.britishmuseum.org/collection/object/G_1756-0101-195) (accessed September 25, 2022).

The presence of midwives in material sources and written documents that have survived from the early Middle Ages is negligible, until the late Middle Ages, midwives reappear in European sources.<sup>22</sup> Enough hints have survived to indicate that women normally took care of each other during pregnancy and childbirth. While we do not know exactly how the trade of midwifery was conducted, we can argue that aid and health care were an indisputable necessity for all women, especially pregnant women. Katharine Park argues that the absence of midwives from historical sources reflects a discontinuity in childbirth practices between the fall of the Roman Empire and the Middle Ages in Western Europe.<sup>23</sup> The trade of midwifery thus experienced great change throughout the centuries until its reemergence during the high Middle Ages with medical texts like the *Trotula*.<sup>24</sup>

Midwifery had been an important trade during the Greek and Roman empires with their own title ‘obstetrices’, however medieval midwives were rarely separated in sources from matrons and other female aids during birth, especially in earlier sources. This

<sup>22</sup> Ehrenreich and English, *Witches, Midwives, and Nurses*, 19.

<sup>23</sup> Katharine Park, “Managing Childbirth and Fertility in Medieval Europe” in *Reproduction (Antiquity to the Present Day)*, eds. Nick Hopwood, Rebecca Flemming, and Lauren Kassell (Cambridge University Press, 2018), 157.

<sup>24</sup> Park, “Managing Childbirth and Fertility in Medieval Europe,” 157.

displacement could be attributed to many reasons. For example, Katherine Park theorises it could be due to the various functions of midwives, as wet nurses for example, that led to the job of a midwife to be considered as part of the basic tasks of an adult woman.<sup>25</sup> Almost everything relating to childbirth was considered a woman's job, and even if physicians were available to aid usually the physician was only called if the mother or child was in distress and might die.<sup>26</sup>

However, despite the established zones of influence in the birthing chamber, the relationship between physicians and midwives started to change with the creation of the universities in Europe. The relationship between physicians and midwives did not, however, become institutionalised until the fifteenth century. Still the number of sources available from this time period is quite small compared to later centuries. Most of the sources that we have concerning midwives and the trade of midwifery actually come from court records and regulations, especially regulations concerning the use of the emergency baptism which will be discussed later in the chapter.<sup>27</sup>

During the High and Late Middle Ages, midwives still held almost exclusive control over what occurred inside the birthing chamber. Despite some early regulations on midwifery, the image of the midwife was one of a woman who delivered care to other women, and the midwife was respected for her work. The image of the midwife was held in such high esteem in countries such as Spain, that a representation of a birthing scene can be found on the walls of the Cathedral of Pamplona (Fig. 2).<sup>28</sup>

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<sup>25</sup> Park, "Managing Childbirth and Fertility in Medieval Europe," 157.

<sup>26</sup> Bertha M. Gutiérrez Rodilla, "Las Mujeres y la Medicina en la Edad Media y Primer Renacimiento," Cuadernos del CEMyR, 23 (marzo 2015), 129.

<sup>27</sup> Butler, "More Than Mothers," 369

<sup>28</sup> Jesús M. Usunáriz, "El "oficio de comadres" y el "arte de partear". Algunos apuntes sobre Navarra: siglos XVI-XVIII", Arellano, Ignacio (ed.), *Modelos de vida y cultura en la Navarra de la modernidad temprana* (New York, IDEA, 2016), 321.



Figure 2. Carlos Martínez Álava. *Natividad*. Stone work. From Universidad de Navarra, Catedral de Pamplona. <https://www.unav.edu/web/catedra-patrimonio/actividades/ciclos-y-conferencias/2007/iconografia-del-ciclo-de-navidad-en-el-arte-medieval-navarro> (accessed September 25, 2022).

That venerated position was eroded overtime, however, and in the early modern period some male physicians started advertising their services in the delivery room and by the seventeenth century having a ‘man-midwife’ was fashionable in the upper-classes of society.<sup>29</sup> It is important to mention, though, that Europe is composed of a variety of countries and cultures. This allowed for the marginalisation practices against midwives to develop differently across regions, and the displacement of midwives by male physicians did not take place simultaneously throughout the continent. These regional differences can be appreciated through the different regulations on education, as well as, access to guilds and various associations. For example, Katharine Park notes that during the fourteenth century there is no evidence of women being allowed entry into the physicians guilds of Florence, and by contrast during the same period of time, there seems to not have been any specific restrictions in English guilds for women, even if most of the women involved with the guilds were widows taking their husbands’ place.<sup>30</sup>

<sup>29</sup> Wiesner-Hanks and Chojnacka, eds. *Ages of Woman, Ages of Man*, 6.

<sup>30</sup> Monica Green, “Women’s Medical Practice and Health Care in Medieval Europe” *Signs* 14, no. 2 (1989), 471.

These regional differences on the access to certain regulatory bodies, such as guilds, makes it almost impossible to find available sources that discuss the extent of the knowledge or education received by midwives. Women did not attend university or belong to a guild in certain regions, thus most historians argue that knowledge was probably passed down from midwife to midwife like an apprenticeship.<sup>31</sup> The passing of knowledge was arguably an oral-based education. Historians such as Elisheva Baumgarten, who have studied midwifery during the late Middle Ages, have pointed out that midwives in certain parts of Europe, such as Germany, the Iberian Peninsula, and the Provençal Region, shared very similar knowledge and used similar techniques. Baumgarten also argues that recipes used by midwives (with some local variations due to the change in plant accessibility) were not very different from texts written in Arabic, Latin or Hebrew.<sup>32</sup>

We can also learn about the knowledge that women had in medicine, including midwives also had, through letters written by women. Women exchanged recipes through letters and other forms of correspondence, providing a rich source of information on women. While there is no compiled medical text of these recipes, women still shared extensively their knowledge, with family members, and friends and neighbours. Most of the examples of correspondence that discuss topics of health care come from noblewomen, which some historians have argued is due to the fact that most of their marriages took them away from their families and ultimately from their female support systems, which they tended to turn to when they became pregnant. An example of one of these letters was written in July 1374 by Mata d'Armagnac, who weeks after giving birth asked her mother-in-law, Eleanor of Sicily, for a recipe to stop the breast pain she was suffering. In the letter Mata, asks her mother-in-law to please give her the recipes to one of her husband's officers who would then pass them on to Mata.<sup>33</sup>

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<sup>31</sup> Butler, "More Than Mothers," 369.

<sup>32</sup> Carmen Caballero-Navas, "The care of women's health and beauty: an experience shared by medieval Jewish and Christian women" (*Journal of Medieval History* 34, no. 2, 2008), 159.

<sup>33</sup> Cabré, "Women or Healers?," 41.

These letters also revealed personal details about the sender and in some cases asked for follow ups to see if the recipes worked as they were intended to. A Spanish example of this was a letter from someone called Margarida who wrote to Elionor d'Aragó providing the latter with a recipe to make her hair blonder. Archival sources show that months later, Margarida wrote again to Elionor to ask if the recipe had worked, and to ask about the application of such recipe. Thus, Monserrat Cabré writes that, "As in any form of gift exchange, providing a good recipe would enhance the value of its giver."<sup>34</sup>

Another example of a letter written to ask for medical advice in Spain was written by Estefania de Requesens, who was an important figure in the court of Isabel of Portugal, to her mother Hipòlita Roís de Liori. The two women sustained a long written relationship as Estefania lived in Castile with her husband and her mother Hipòlita resided in the city of Barcelona with her husband. Estefania wrote to her mother in 1535 from Madrid, to ask her to send her a large jar of a cream which she wanted not only for herself, but also for all her friends in court. The ointment she requested was quite popular at the time, regularly used by midwives and other medical practitioners. It served for various causes including bettering the skin texture, making the skin look less reddish, prevent pimples, as well as help with breast tenderness during pregnancy. <sup>35</sup> This correspondence is of importance to the study of women's knowledge of healthcare because Estefania dictated to her mother exactly how she wants the ointment to look: fresh white, soft and should not contain any mercury.<sup>36</sup>

Overtime, women started asking for recipes to give to their physicians. This is seen through the correspondence of Elisabeth of Valois, queen of Spain, and her mother Catherine de Médicis. Catherine wrote to her daughter extensively, showing her involvement in her daughter's healthcare, but also included in her correspondence dozens of recipes to share with the court physicians.<sup>37</sup>

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<sup>34</sup> Cabré, "Women or Healers?," 41.

<sup>35</sup> Cabré, "Women or Healers?," 42.

<sup>36</sup> Cabré, "Women or Healers?," 43.

<sup>37</sup> Cabré, "Women or Healers?," 43.

Additionally to letters, we can also find information on the education of midwives through the objects used during childbirth that have survived, mostly preserved in illustrated manuscripts. The actual techniques used to deliver a baby however could vary from region to region, or midwife to midwife. Some midwives preferred to use a birthing stool like the one represented in the figure below from an illustrated manuscript titled *The birth of Mankind* printed in 1540 (fig.3).

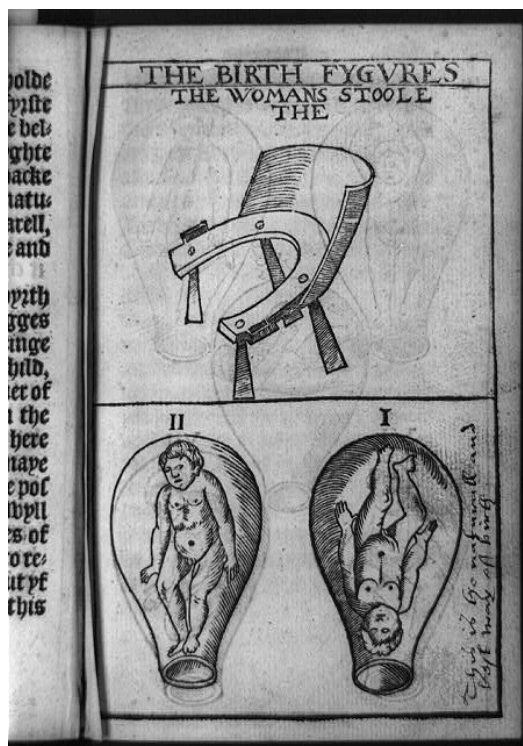


Figure 3. Raynalde, Thomas *The Birth Fygures*. Engraving. From Library of Congress, *The birth of Mankind*. //https://www.loc.gov/item/92517452/ (accessed September 25, 2022).

The most commonly used birthing stools had a padded stool with handles that allowed the mother to lean back slightly to allow for better visibility for the midwife. Other mothers and midwives preferred to use the bed and have the mothers lying down, kneeling or leaning backwards.<sup>38</sup> The level of intervention also varied among midwives. Evidence shows that some midwives preferred encouraging the mothers to get into certain birthing positions

<sup>38</sup> Myriam Greilsammer, "The Midwife, the Priest, and the Physician: The Subjugation of Midwives in the Low Countries at the End of the Middle Ages" (*Journal of Medieval and Renaissance Studies* 21, no. 2 (1991), 290-91).

or pulling on the baby to make labour progress much quicker, while others took a more laid back approach to labour, letting it sometimes progress for days before interfering. Others took a more compromising approach and tried to intervene as little as possible while also attempting to move the labour forward.<sup>39</sup> Still, the sources that describe the interaction of midwives with the mothers vary greatly depending on the region.

However, despite the lack of archival documentation about the training of midwives, other types of sources provide useful information to help us understand the kind of information midwives would have had access to. For our purposes, one of the most representative literary sources to survive, is ‘*The Trotula*’, allegedly written by the Italian female physician Dame Trota of Salerno during the twelfth century. The *Trotula* is composed of three medical treatises: *the Book on the Conditions of Women*, *Treatments for Women*, and *Women’s Cosmetics*. The three treatises included a variety of information from treatments for hair and skin care, the development of the foetus, procreation, male and female infertility, to discussing the difficulties of giving birth, in which the author gives instruction to midwives on what to do in certain circumstances. For example, if the foetus needed to be adjusted before delivery, the midwife was instructed accordingly:

If the child does not come out in the manner in which it ought, as when the legs or arms exit first, let a midwife assist with a small and smooth hand moistened in a decoction of linseed and fenugreek, and let her replace the child in its place and let her put it in its correct position.<sup>40</sup>

The three texts were largely based on Galenistic ideals. Galen did not extensively write about women’s bodies, however, his explanation of the bodily humours was adapted by Trota of Salerno.<sup>41</sup> The use of Galenistic ideas added to the significance of the *Trotula*,

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<sup>39</sup> Greilsammer, “The Midwife, the Priest, and the Physician”, 291.

<sup>40</sup> Cited in Kate Aughterson, *Renaissance Woman: A Sourcebook: Constructions of Femininity in England* (London: Routledge, 1995), 99.

<sup>41</sup> Theresa A. Vaughan, *Women, Food, and Diet in the Middle Ages: Balancing the Humours*. *Premodern Health, Disease and Disability* (Amsterdam: Amsterdam University Press, 2020), 65.

because while his ideas were prominently taught at medical faculties in Salerno during this time period, and it was believed that there were differences between the humours of men and women, and gynaecological texts like the *Trotula* discussed these differences in any level of detail.<sup>42</sup> Additionally, the authorship of the text also added to its cultural importance. Even though, the authorship is contested, most historians argue that at least a part of the *Trotula* was written by a woman, and even if it was not, during the time period people believed that it was. As women's bodies were by social norms something to be kept hidden and a secret from men, it was believed that a work about women's bodies written by a woman added to the validity of the work.<sup>43</sup> Finally, the *Trotula* also reflected the flourishing of medical writing at Salerno, and it symbolised a rebirth and a move to a more formal and philosophical medicine in Europe.<sup>44</sup>

Earlier gynaecological texts, like the *Trotula*, with their use of Galenistic theories and other ideas about the differences between female and male bodies, set the foundations for later medical texts. During the sixteenth century, an expansion in medical writing led to various important medical texts being written in various European countries by male physicians and other male writers. Among the most prominent of such works include that of German author Eucharius Rösslin's "The Rose Garden" (1513), which was translated into various languages and distributed across Europe; in Spain, Damián Carbón published "The Book of the art of the midwives or godmothers and of the regiment of the pregnant and giving birth and of the children" in 1541; in Italy, Pietro Paolo published, "Discorsi intorno al Sanguinar" in 1584, and Scipione Mercurio published "La Commare, o Raccogliatrice" in 1596.

Nevertheless, the fact that some of these medical treatises discussed female conception and childbirth, it is not clear how much access midwives had to these books. Sara Butler writes that despite the treatises being great sources of information, most midwives

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<sup>42</sup> Vaughan, *Women, Food, and Diet in the Middle Ages*, 65.

<sup>43</sup> Vaughan, *Women, Food, and Diet in the Middle Ages*, 65.

<sup>44</sup> Monica Green, ed. *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*. (Philadelphia: University of Pennsylvania Press, 2001), 2.

probably did not have wide access to these treatises as many of the treatises written during this time period were actually written for medical faculties and for the use of male physicians.<sup>45</sup> Yet, some of the surviving literature hints that these treatises, such as *Regimina Sanitatis* written in the late fifteenth century and dealt with general health, were written with a lay audience in mind, thus a few midwives probably did have some access to the obstetric manuals being published,<sup>46</sup> however, it is still important to remember that during the Late Middle Ages and the early modern period, literacy rates were not high among midwives and most of their knowledge was still primary of oral transmission.<sup>47</sup>

These manuals, however small the female audience might have been, had a huge impact on European ideas about childbirth. The manual by Eucharius Rösslin, for instance, was translated into various languages, including English. The translation by Raynald became the first ever midwife book published in England. It became so popular in the country that after its first edition in 1540, it was republished thirteen additional times within the span of a hundred years. Additionally, its use of illustrations and the aim to appeal to the popular audience, rather than the learned one, helped it become a book arguably read by mothers and midwives alike.<sup>48</sup> Significantly, this manual reflected some ideas held by physicians against midwives. For example, Rösslin discusses high mortality rates in infancy and attributed these numbers to poorly trained midwives, ideas which were shared by many other doctors in Europe.<sup>49</sup>

However, despite the medical suppression of midwives represented in these texts, some of these medical treatises still referenced midwives and their knowledge when discussing the topic of the female body.<sup>50</sup> This duality in the representation of midwives in medical texts is very evident in some of the literature. As we will see in Chapter Three, the

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<sup>45</sup> Butler, "More Than Mothers," 379.

<sup>46</sup> Butler, "More Than Mothers," 379.

<sup>47</sup> Vaughan, *Women, Food, and Diet in the Middle Ages*, 34.

<sup>48</sup> Aughterson, *Renaissance Woman: A Sourcebook: Constructions of Femininity in England*, 106

<sup>49</sup> Nicholas Terpstra, *Lives Uncovered: a Sourcebook of Early Modern Europe*. (Toronto: University of Toronto Press, 2019), 33.

<sup>50</sup> Terpstra, *Lives Uncovered*, 33.

manual of Damián Carbón for example, after discussing how knowledgeable midwives are also writes that they should never be consulted before a physician in specific cases. This representation of women's work as inferior to that of a physicians' is often attributed to the professionalisation of medicine and who is considered a professional and who is not. As Leanne Piper writes, the term "professional" is often not associated in literature to women's work during this time period, however midwives seem to be an exception to this rule. Nonetheless, it is important to remember that midwifery was still considered a trade and inferior to the role that male practitioners played in the medical field as a whole, meaning that while midwives had supremacy in the birthing chamber with the institutionalisation of medicine a physicians opinion began to take precedent over theirs.<sup>51</sup>

Despite the supremacy of university-educated physicians, the field of midwifery still experienced a change towards a more professional and hierarchical trade. This change occurred mainly due to three main reasons. Firstly, midwives had a prominent role in the Church due to their role in providing emergency baptisms to protect the soul of the christian child, which quickly became a special task given by God. This allowed the Church to place heavy restrictions and laws to ensure the correct performance of the baptism. Secondly, the value of their skills contributed positively to the economic structure of their communities making them essential in some small towns and remote areas. And finally, midwives became of great importance to obstetrics and the newly graduated university-trained physicians, due to their extensive knowledge of the female body and a set of skills relating to it that most male doctors during this period of time did not have.<sup>52</sup>

Nonetheless, it is that expert knowledge that allows for some of the displacement of midwives. Some of the medical treatises published consulted midwives, however little to no credit was given. One Spanish study that looked at the evolution of nursing and midwifery found that the medical texts published in the sixteenth century, argues that it is through these

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<sup>51</sup> Leanne Piper, "The professionalisation of Midwifery in the Late Middle Ages" (*Revue Canadienne de la Recherche et de la Pratique Sage-femme*, 9, no.1, 2010), 22.

<sup>52</sup> Piper, "The professionalisation of Midwifery," 22.

medical treatises start excluding midwives from the birthing chamber.<sup>53</sup> These medical texts published by university-educated physicians became an accepted source of knowledge in the medical field. They combined the limited knowledge of male physicians on the topic of childbirth with the expertise of midwives, however it was under the name of the male author, which ultimately ended up taking the sole credit.<sup>54</sup>

However, this appropriation of the knowledge of midwives was taken a step forwards as physicians started conducting gynaecological experiments. Medical treatises from the late Middle Ages to the early modern period, reflect the examinations and experiments that physicians did are a clear reflection of the difference of importance in the birthing chamber and the changing hierarchical structure of medicine. Despite the differences in knowledge, university-educated physicians were allowed more liberties in the medical field than midwives.<sup>55</sup> An example of this is the use of some medicinal plants such as rye. Rye was used traditionally by midwives and it was believed that it made labour progress faster. As physicians were called to examine birthing mothers, some of them took the opportunity to test the use of rye to accelerate labour, one of them even writing in a medical text that after giving the plant to the birthing mother three times, the contractions became more steady, and she gave birth shortly after.<sup>56</sup>

However, the relationship between physicians and midwives is not black and white. There is evidence that while midwives were slowly displaced from the birthing chamber, they often times worked alongside male physicians. For example in Spain some slave owners preferred women to administer medicine to their slaves, however, it was the male physicians who made the diagnosis, prescribed medicines and therapies.<sup>57</sup> Not only christian women offered health care, Jewish and Muslim midwives also assisted women during birth. Jewish

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<sup>53</sup> Gloria Gallego-Caminero, Margalida Miró-Bonet, Pilar Ferrer de Sant Jordi, and Denise Gastaldo, "Las Parteras y/o Comadronas del Siglo XVI: El manual de Damián Carbón," (Texto Contexto Enferm, Florianópolis, 2005), 604.

<sup>54</sup> Gallego-Caminero, et. al. "Las Parteras y/o Comadronas del Siglo XVI," 604.

<sup>55</sup> Gallego-Caminero, et. al. "Las Parteras y/o Comadronas del Siglo XVI," 604.

<sup>56</sup> Gallego-Caminero, et. al. "Las Parteras y/o Comadronas del Siglo XVI," 604.

<sup>57</sup> Debra Blumenthal, "Domestic medicine: slaves, servants and female medical expertise in late medieval Valencia." (Renaissance Studies 28, no. 4, September 2014), 519-20.

midwives performed their duties, as Christian midwives did, following religious law (*halakah*), and evidence shows that in general Jewish midwives coexisted with other midwives, that being said there is evidence of episodes of violence,<sup>58</sup> such as the case in 1321 in Valencia which equated Jewish and Muslim women with poisoners.<sup>59</sup>

However, despite these aggressions against Jewish medical practitioners, they were an integral part of western medicine. Jewish male doctors were integrated into the late medieval health system and treated Jewish and non-Jewish patients alike.<sup>60</sup> Even though they were banned from getting a university education because of their gender, some Jewish midwives did have a medical license to practice alongside Christian midwives and to treat non-Jewish patients in some European countries. Licensing documents from the late Middle Ages and the early modern period show that Jewish women obtained their licenses by demonstrating their knowledge and experience, however little is known about their training, the examination they could have gone through to demonstrate such knowledge.<sup>61</sup> Across Europe however, most of the sources we can find that discuss minority midwives reflect either their role as is the case of Na Çeti, a Jewish-Spanish midwife, who treated women in the court of Aragon during the fourteenth century, or allegations of malpractice like the accusation and trial of the Italian midwife Floreta.<sup>62</sup>

The various skills that midwives had allowed them to fulfil various roles for their communities. Apart from the roles mentioned above (helping pregnant and birthing women, providing health care, etc.) one of the most important was that of performing emergency baptisms. Emergency baptisms can be traced back to the second century C.E., where in case of emergency the child could be baptised in order to save its soul.<sup>63</sup> In Spain the 1590

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<sup>58</sup> Carmen Caballero-Navas, "The care of women's health and beauty: an experience shared by medieval Jewish and Christian women" (*Journal of Medieval History* 34, no. 2, 2008), 148.

<sup>59</sup> David Nirenberg, *Communities of Violence: Persecution of Minorities in the Middle Ages* (Princeton University Press, 2015), 120.

<sup>60</sup> Caballero-Navas, "The care of women's health and beauty," 148.

<sup>61</sup> Caballero-Navas, "The care of women's health and beauty," 148.

<sup>62</sup> Caballero-Navas, "The care of women's health and beauty," 149.

<sup>63</sup> Inmaculada Carmona-González, and Maria Soledad Saiz-Puente, "El Bautismo de urgencia, función tradicional de las matronas", (*Función tradicional de las matronas*, 2009; 10 (4), 14.

synodal constitutions of Pamplona explicitly wrote that it was the responsibility of the church ministers to make sure that midwives knew the steps to take and the words to recite if the necessity of performing an emergency baptism presented itself, “because it often happens that children are born in such a disposition that little by little they die, from which it follows that if the midwives, who are present at their birth, do not baptise them shortly, they die without receiving such a necessary sacrament. Therefore, it is convenient that they, in all the towns of our bishopric, be instructed in the form of baptism, and saying the words pour the water.”<sup>64</sup> The image below is a representation of midwives performing an emergency baptism of a child in order to save its soul. Though the image says 1778, the image first appeared in an illuminated manuscript in 1510 (fig. 4).



Figure 4. Florian Bischof, *Midwives and emergency baptism*. Illuminated Manuscript. From Museo de ecología humana. <https://museoecologiahumana.org/en/obras/parteras-y-agua-de-socorro-en-el-cambio-de-siglo-de-una-parroquia-salmantina/> (accessed September 25, 2022).

The first task of the midwife was to assess whether the child needed an emergency baptism or not. In most cases, midwives were encouraged to perform the rite even if the child

<sup>64</sup> Thomás Porrals, *Constituciones synodales del Obispado de Pamplona / copiladas, hechas, y ordenadas por Don Bernardo de Rojas, y Sandoval, Obispo de Pamplona... en la Synodo, que celebros en su Iglesia Cathedral, de la dicha ciudad, en el mes de Agosto, de M.D.XC. años, (1591), fol. 117r.*

survived later. However, it was important that the child be alive, or any traces of life be present at the time of the baptism, hence why sometimes midwives were encouraged to try to pull any part of the child out of the womb to perform the rite.<sup>65</sup> The traditional words recited by Spanish midwives were as follows: “If you are capable of being baptised, I baptise you in the name of the Father, and the Son, and of the Holy Spirit”.<sup>66</sup>

Emergency baptisms were so important to the church that midwives could face criminal charges if they did not perform the rite or they did so incorrectly. In 1530, María de Orazáiz, a Spanish midwife from the city of Pamplona, was accused by a couple in her town of not performing the rite of emergency baptism and faced legal charges. The summary of the trial reads:

“There may have been eight days or so that a neighbor of this witness named María de Erviti, wife of García de Azteráin, was in labor. And having gone to visit her, because she had not been able to give birth for three days because the baby was dead in her body; and while this witness was sitting in the said house, the accused María de Orzáiz arrived [and] the accused began to say how, due to the lack of the said complainant, having given birth to [the baby] through her midwife, the spirit of a creature of hers had been lost because [the accused] stuck out the arm three times and did not give her baptism.”<sup>67</sup>

Another important role of midwives was participating in criminal trials as experts, mainly in cases were women where involved such as accusations of rape, questions surrounding virginity, and accusations of malpractice during childbirth.<sup>68</sup> Judges in the Middle Ages often sought expert testimony, thus midwives were called in especially complicated cases to provide advice.<sup>69</sup> Midwives were sometimes asked to participate in these trials as juries and experts, and provide their medical opinions when necessary or

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<sup>65</sup> Carmona-González, and Saiz-Puente. “El bautismo de urgencia, función tradicional de las matronas,” 16.

<sup>66</sup> Carmona-González, and Saiz-Puente. “El bautismo de urgencia, función tradicional de las matronas,” 16.

<sup>67</sup> Archivo General de Navarra (AGN), Número: 000062, Tribunales Reales, (1530). Translation by Magnolia Valles Duran.

<sup>68</sup> E H. Ackerknecht, “Midwives As Experts in Court.” (*Bulletin of the New York Academy of Medicine* 52, no. 10, 1976), 1225-1226.

<sup>69</sup> Butler, “More Than Mothers,” 357.

examine the witnesses or the accused.<sup>70</sup> However, with the rise of university-trained physicians also became part of these trials, even becoming judges, and slowly displaced midwives. In Spain, specially in the Crown of Aragon, by the 14th century university-trained physicians already played an important role as medical experts in various criminal cases alongside midwives.<sup>71</sup> Michael McVaugh argues that during this period the law and other contemporaries “conceded a separate sphere of authority to medical expertise” more importantly, to the medical expertise of university-educated men.<sup>72</sup>

Despite the introduction of university-educated physicians in court, in cases involving young children, midwives still held most of the examining rights. For example, in the city of Zaragoza in 1398, midwives were called by the courts to testify in trial for the alleged rape of nine-year-old, Cateriniqua. The four women were asked to manually examine the little girl and testify whether or not she was a virgin. Asking midwives to test if a young girl or a woman was a virgin was common practice in Spanish courts, and the courts normally gave this task to them as they were specialists in the eyes of the court on the female body.<sup>73</sup> The interesting thing about the judicial record of this trial is the language used to identify the four midwives, more specifically a woman named Maria de Fuentes. While the other three women present in the trial were just referred to as ‘women’, Maria de Fuentes was identified by her title of ‘midwife’, or in this case ‘wet nurse’(term which was used to reference someone who would breastfeed a baby)<sup>74</sup>:

Urracha, and the honorable women Thoda Sanchez del Castellar, wife of Garcia Ballobre, deceased; Maria de Fuentes, midwife or wet nurse; Gracia Sanchez Castellar, wife of Andres Valles, deceased; Sancha de Val, wife of Bertholomeu d'Aguarin, deceased; and other women here present. . . according to what the

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<sup>70</sup> Butler, “More Than Mothers,” 356.

<sup>71</sup> Blumenthal, “Domestic medicine,” 515.

<sup>72</sup> McVaugh, *Medicine Before the Plague. Practitioners and their Patients in the Crown of Aragon*, (Cambridge, UK: Cambridge University Press, 1993), 207-18.

<sup>73</sup> Cabré, “Women or Healers?,” 32.

<sup>74</sup> Maaikje Van der Lugt, “Nature as Norm in Medieval Medical Discussions of Maternal Breastfeeding and Wet-Nursing,” *Journal of Medieval and Early Modern Studies* 49, no. 3 (January 2019), 564.

aforesaid midwife and women previously mentioned said, that they had inspected her and had found her corrupted.<sup>75</sup>

However, not only is Maria de Fuentes referred to differently than the other four women, but the words used to describe midwife (*madrina*) and wet nurse (*ama*) are also used interchangeably, probably signifying that she fulfilled various roles.<sup>76</sup> As mentioned previously in this chapter, the term ‘*madrina*’ was also sometimes used to refer to midwives. However, this term could have other ecclesiastical implications. The term ‘*madrina*’ is also used to refer to a godmother, someone who as Monserrat Cabré explains, is normally a woman “who literally received the baby from the font after baptism”.<sup>77</sup>

Nevertheless, we can assume because of their role in the trial that all women present were practicing midwives. The established power of midwives, however, also allowed them to participate in trials in which the accused was a physician. For instance, in a case in Barcelona in 1410, Arnau Alberti, a doctor, was accused of repeatedly raping two young girls ages nine and ten, and three midwives participated in the legal proceedings:

The same day, at the time of vespers, the honorable regent of the *vegueria*, on the advice of the honorable judge, presented himself at the house of Pere Matoses where the aforesaid Ursula had been confined by order of the court, and being present three women or midwives named Na Maria, widow of Simon Serra, peasant; Na Blanca, wife of Mateu Tiba, weaver of linen cloths; and Na Constança, wife of Mateu Taladell, tailor, of the city of Barcelona, proceeded to order the examination of the aforesaid Ursula, in the presence of Na Franciscona, wife of the aforementioned Pere Matoses.<sup>78</sup>

A few weeks after the beginning of the trial, the midwives examined the two girls and testified that they believed that a rape had occurred. They testified that while they believed

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<sup>75</sup> Cabré, “Women or Healers?,” 32.

<sup>76</sup> Cabré, “Women or Healers?,” 32.

<sup>77</sup> Cabré, “Women or Healers?,” 32.

<sup>78</sup> Cabré, “Women or Healers?,” 34.

that the girls were no longer virgins they could not attest when the rape had occurred, declaring, “the nature” had dried and therefore they could not speculate as to when the rape had taken place.<sup>79</sup> The role of the physician in this trial was very different from the role of the midwife. In this case, physicians were called to testify before the court, however, they were asked to discuss the illnesses the doctor accused could have been suffering in order to act the way he did. In this record, as in many other cases from that period of time, physicians did not examine the female patients, neither did they have the recognised expertise to do so. Women were almost always exclusively called to perform these examinations, as courts believed they were the most qualified to examine the female body, and this included Jewish, Christian, and Muslim midwives.<sup>80</sup>

Thus, we can see that the role played by midwives was rather extensive. They not only provided guidance for the women in their communities during pregnancy and childbirth, they also fulfilled important duties such as baptising a child to prevent the save their soul from hell, they also provided medical expertise in various court cases. Thus, as mentioned previously in the chapter, it is with through these duties that their field became more and more regulated by various organism such as the Church and the courts. However, it is not until the introduction of medical faculties in Europe which lead to the institutionalisation and professionalisation of medicine that midwives were forcefully marginalised through the introduction of licenses and other regulatory practices, which will be explored in the next chapter.

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<sup>79</sup> Cabré, “Women or Healers?,” 34.

<sup>80</sup> Cabré, “Women or Healers?,” 34.

## **CHAPTER 2: The Professionalisation and Regulation of Medicine**

The rise of universities in Europe started in the thirteenth century. With the creation of these new institutions of higher learning across the continent and medical faculties, the medical profession underwent a major transformation. For centuries, physicians and other medical practitioners, such as midwives, had co-existed in relative peace. However, the creation of the first medical faculties in Europe led to the creation of regulatory bodies, and university-educated physicians slowly displaced midwives from the birthing chamber.

With the introduction of medical faculties in Europe, new medical curricula were created. These new curricula, heavily influenced by translated Greek and Latin texts, served as a medical basis for the knowledge of the newly graduated physicians. This new curricula symbolised the beginning of the shift from medicine being a trade to a professional career, which other trades such as midwifery did not undergo due to the limitations on accessibility to higher education. In order to understand the curricula offered at universities, we need to briefly explore the origin of the knowledge studied.

Most historians agree that Medieval and early modern medicine was heavily influenced by Greek texts, which was evident from texts such as the *Trotula* which was discussed in chapter one. Up until around the eleventh century, European medical writers had produced various medical texts about the female body and women's health. The texts ranged from brief recipe books like *The Book and Womanly Matters*, and *To his Son, Octavius*, by pseudo-Theodorus Priscianus, to theory books like *The Letter on Virginit*y (which explored women's health based on their menstruating age), to major gynaecological texts like *Gynecology* by Caelius Aurelianus and Muscio.<sup>81</sup> The influence of Greek medicine was such that gynaecological literature during the late Middle Ages was divided into two medical traditions. The first was the Hippocratic tradition, based on a group of Greek writings from the fifth and fourth centuries B.C.E. From that group of writing, two texts based on women's health were translated, *The Diseases of Women I and II*, which discussed female anatomy, and pregnancy and birthing difficulties and procedures.<sup>82</sup> The second tradition was the

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<sup>81</sup> Green, ed. *The Trotula*, 15.

<sup>82</sup> Green, ed. *The Trotula*, 15.

Soranian tradition based on the writings of the Greek physician Soranus of Ephesus. Soranus wrote a gynaecological text titled *The Method* in which he explored the various diseases of women.<sup>83</sup> These two medical traditions were of great importance to the early modern writers, which also represented a shift in the learning focus in faculties from Galenic ideas to a bigger variety of authors. Most of the influential texts published during this the sixteenth century based their work on these Greek texts, for example the manual by Spanish physician Damián Carbón references numerous times classical authors and acknowledges the importance of the medical profession.<sup>84</sup>

With the introduction of the first European universities around the thirteenth century, came the professionalisation of the medical field as a whole. Traditionally physicians did not intervene in women's healthcare, unless it had to do with certain issues such as menstruation, uterine conditions and in extreme cases they would offer assistance in difficult births.<sup>85</sup> However, in the fourteenth century, physicians from the medical faculty of Montpellier started expanding their areas of expertise and providing diagnoses and treatments on infertility, an area of female healthcare that had been traditionally in the list of conditions midwives treated.<sup>86</sup> Quickly, infertility became an area of interest for physicians across Europe, and in the fifteenth century, a large portion of physicians in the continent were providing advice to women on topics relating to difficulties conceiving, which Monica Green argues was a gateway into establishing a presence in women's healthcare.<sup>87</sup> For surgeons the introduction into women's healthcare was slower. Instead of infertility, surgeons in Europe started writing medical treatises, some of which were mentioned in the previous chapter. During the twelfth century, the involvement of physicians in women's healthcare was limited to performing various surgeries on women's breasts, which slowly transitioned into an

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<sup>83</sup> Green, ed. *The Trotula*, 16.

<sup>84</sup> Gallego-Caminero, et. al, "Las Parteras y/o Comadronas del Siglo XVI", 605.

<sup>85</sup> Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008), 7.

<sup>86</sup> *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008), 7.

<sup>87</sup> *Making Women's Medicine Masculine*, 7.

interest in women's genitalia.<sup>88</sup> Evidence of surgeons aiding midwives during a difficult delivery date back to the early fourteenth century, however it was not until the mid fourteenth century that medical writings start discussing techniques on how to aid in cases where obstetrical intervention was needed.<sup>89</sup>

With the introduction of physicians and surgeons to the field of women's health, the successful performances increased the social standing and confidence of university-trained practitioners in claiming women's healthcare.<sup>90</sup> Thomas Benedek argues that despite the intrusion of male university-educated physicians in the birthing chamber, during the sixteenth century midwives still had more knowledge and experience regarding conception, pregnancy, and childbirth. However, university-educated physicians with less experience had more prestige than midwives which Benedek argues was more important than knowledge itself.<sup>91</sup> This prestige allowed university-educated physicians to rise to certain positions of power, and one of the most clear examples of this was their positions as consultants in the legal system. As mentioned in the previous chapter, physicians and midwives were sometimes asked to be part of criminal trials as medical experts. However, their positions in the legal system also legitimised the role of university-educated physicians.

By the turn of the fifteenth century, university-educated physicians became an essential part of the legal system, so much that they displaced lay authority, especially in those cases in which human anatomy and physiology was discussed.<sup>92</sup> Furthermore, Carmel Ferragud has argued that the influence of male university-educated physicians was so great that they played a role in the regulation of the slave trade, even providing expert opinion in court proceeding in Valencia about slave men and women, which positioned them in a favoured position with the Valencian elite.<sup>93</sup>

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<sup>88</sup> Green, *Making Women's Medicine Masculine*, 7.

<sup>89</sup> Green, *Making Women's Medicine Masculine*, 7.

<sup>90</sup> Green, *Making Women's Medicine Masculine*, 7.

<sup>91</sup> Thomas G. Benedek, "The Changing Relationship Between Midwives and Physicians," 551.

<sup>92</sup> Blumenthal, "Domestic medicine," 515.

<sup>93</sup> Blumenthal, "Domestic medicine," 515.

This rise in the prestige of physicians, had the unfortunate consequence of more regulations for midwives. Regulations during the fifteenth and sixteenth centuries focused on how it was practiced issued by urban ordinances and various regulatory bodies throughout Europe. In mid-fifteenth century Bavaria, regulations required all midwives to be examined to assess whether they were honorable and dutiful.<sup>94</sup> An ordinance from the late fifteenth century Germany, positioned physicians and their knowledge above that of midwives. The ordinance from Heilbronn reads:

#25. So that the midwives be better informed in all aspects they should read their professional books diligently and, when necessary, make use of the information of a physician.<sup>95</sup>

By the sixteenth century, the specifications to obtain licenses became longer, the oaths more detailed, and references regarding the behaviour and knowledge of the practitioner became necessary for all, including midwives.<sup>96</sup> An ordinance regulating midwives from 1522, from the German town of Nuremberg, describes in detail the steps a midwife had to take in order to become a midwife, such as pronouncing an oath, and the laws pertaining to the execution of the trade. The ordinance makes a very distinct differentiation between midwives who have taken the oath and those who have not, naming the apprentices who had no authority during the birth neither did they qualify as a midwife despite their knowledge.<sup>97</sup>

Additionally, most of the German ordinances discussed the role and importance of the council. The council took part in the swearing in of midwives, the implementation and compliances of the laws, with the most important person on the council being the Mayor.<sup>98</sup> As the position of physicians became more prominent in Germany, they were sometimes asked to examine the midwives for a certain position or to see if she was fit to take the oath.

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<sup>94</sup> Benedek, "The Changing Relationship Between Midwives and Physicians," 553.

<sup>95</sup> Benedek, "The Changing Relationship Between Midwives and Physicians," 554.

<sup>96</sup> Benedek, "The Changing Relationship Between Midwives and Physicians During the Renaissance," 550.

<sup>97</sup> Wiesner-Hanks and Chojnacka, *Ages of Woman, Ages of Man*, 8-12.

<sup>98</sup> Wiesner-Hanks and Chojnacka, *Ages of Woman, Ages of Man*, 8-12.

In a correspondence from 1505, Conrardt Schyt, the mayor of Frankfurt am Main asked his physicians to examine a specific midwife:

Dear Doctor,

Would you examine this woman in the art of the midwives, whether she is skillful therein or not. My gentlemen in Sassenhausen need one.

15 April 1505

Conrardt Schyt, Mayor.<sup>99</sup>

German regulations also served as foundation for other countries in Europe. In other countries such as France, regulations on midwifery required midwives to consult physicians in any situation that was not the ordinary birth:

If they realise that the child presents other than head first, which is the normal delivery, or feet first, which is the next most normal delivery, and before a woman is in extremity, they must call for advice either from physicians, or from official master surgeons of the palace in Paris, or from senior mistresses and expert matrons of Paris, and not persons who are ignorant in this matter.<sup>100</sup>

In Italy, sources show that starting in the sixteenth century, the college of physicians controlled all aspects of the medical life, including the aspects that normally were reserved for non-university educated physicians. This association of physicians had the power to grant licenses, thus forming a hierarchical structure that allowed for the marginalisation of certain groups, including midwives.<sup>101</sup> While there was no explicit ban against midwives practicing in early sixteenth century Italy, midwives were excluded from being part of any regulatory body, and any representation.<sup>102</sup>

In Spain, the earliest regulations with a legal character date to the late Middle Ages under the reign of King Alfonso X. In 1265, King Alfonso approved a compilation of royal

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<sup>99</sup> Benedek, "The Changing Relationship Between Midwives and Physicians," 554.

<sup>100</sup> Benedek, "The Changing Relationship Between Midwives and Physicians," 557.

<sup>101</sup> Usunáriz, "El "oficio de comadres" y el "arte de partear". Algunos apuntes sobre Navarra: siglos XVI-XVIII", 332.

<sup>102</sup> Usunáriz, "El "oficio de comadres" y el "arte de partear". Algunos apuntes sobre Navarra: siglos XVI-XVIII", 332.

ordinances known as ‘Las Partidas’ which encompassed a variety of laws and regulations on commerce, legal procedures, and many others, with a total of 2683 laws. For example, ‘Partida 6, title 6, Law 17’, discusses the steps to be taken in case a woman has a child after her husband has passed away to ensure that the child is born of her and she is not lying to ensure an inheritance. In this law midwives are described as ‘mujeres sabedoras’ (knowledgable women),

“and another two knowledgable women must be used to help the women give birth; and there they must be in the house every night until the birth”<sup>103</sup>

It is through this law that we can see indications of the importance of Spanish midwives had in medieval society, by referring to them as knowledgable women. While most of the laws in the compilation discuss matters of state, and other household issues such as inheritance, midwives appear represented every time that childbirth is discussed, and always what they should do, even if it is briefly discussed, is present.

These early regulations on midwifery, and the rise in popularity and importance of university-educated physicians, eventually led to the creation of a regulatory body in Spain called The *Protomedicato*. Created in Spain by the Catholic monarchs in 1477, the *Protomedicato* was one of the earliest European medical regulatory bodies that later would influence the creation of other regulatory bodies such as The Royal College of Physicians in England created by Henry VIII in 1518, the Italian *Protomedicato* created in the seventeenth century under the Spanish control of Naples, as well as other regulatory bodies in Germany, The Netherlands and Portugal.<sup>104</sup> Thus, the *Protomedicato* was established in the peninsula and its main function was to regulate health care. The *Protomedicato*, sometimes called ‘El Tribunal’ in some of the earliest sources, had various main tasks to fulfil. Primarily, its role was to grant licenses to physicians, barbers, apothecaries, and midwives; and secondly, it

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<sup>103</sup> “Consejo Real de S.M. Tomoll, “Las siete Partidas del sabio Rey Don Alfonso; Consejo Real de S.M. Tomoll”, Partida 6, title 6, Law 17, fol. 308, (1265). This translation was done by Magnolia Valles Duran.

<sup>104</sup> María José Poveda Ortiz, “El Asociacionismo Sanitario Profesional en España durante los Siglos XV y XVI: Un Estudio sobre la institución del Protomedicato,” PhD diss., (Universidad de Murcia, 2017), 65-66.

controlled all aspects of the execution of these professions.<sup>105</sup> From its creation, the crown gave it extensive legal power awarding it both civil and criminal jurisdiction which other government bodies usually did not have.<sup>106</sup> Over time, the *Protomedicato* gave both economic and corporal sanctions, prosecuted any person they deemed was practising medicine without their authorisation, prosecuted people accused of practising witchcraft, appointed university-trained physicians to various important positions, authorised what medical texts got published, and also controlled any shops that sold any kind of spices or medicines that could be used to treat patients. Thus, with all of these powers, the *Protomedicato* was able to establish itself, and the men who ran it as a supreme authority in the medical field.<sup>107</sup>

The first attempt by the *Protomedicato* to establish itself as a regulatory body was through licensing all medical practices including midwifery. Though requirements regarding licenses were not uncommon in Spain before the establishment of the *Protomedicato*, however, they were normally conducted by municipal authorities, and required from city to city.<sup>108</sup> Examinations normally consisted on reading one or various medical texts followed by a discussion about the contents of the texts with two examiners selected by the municipal authority in question. After that the vicar of the town or city would consult with the examiners and judge whether or not the person had the necessary knowledge to be granted a license.<sup>109</sup> However, municipal authorities did not have an absolute control over the granting of licenses before the introduction of the *Protomedicato*. The kings of the various Spanish kingdoms started adding various legislations to the practice of medicine in the fourteenth century. For example, the kings of Aragon took a personal and political interest in the legislation of medicine through the implementation rules and regulations surrounding the

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<sup>105</sup> María Luz López Terrada, “Medical Pluralism in the Iberian Kingdoms: The Control of Extra-academic Practitioners in Valencia” (*Medical History* 53, no. S29 2009), 10.

<sup>106</sup> López Terrada, “Medical Pluralism in the Iberian Kingdoms: The Control of Extra-academic Practitioners in Valencia,” 10.

<sup>107</sup> María Soledad Campos Díez, “El Protomedicato en la administración central de la Monarquía Hispánica,” 43-45.

<sup>108</sup> Luis García-Ballester, Michael R. McVaugh and Agustía Rubio-Vela, “Medical Licensing and Learning in Fourteenth-Century Valencia” (*Transactions of the American Philosophical Society*, Vol. 79, No. 6, 1989), 11.

<sup>109</sup> García-Ballester, et. al, “Medical Licensing and Learning in Fourteenth-Century Valencia,” 11.

granting of medical licenses, though the laws still favoured the authority of the municipal governments, which resulted in a continuous struggle for power.<sup>110</sup>

Thus, with the introduction of the *Protomedicato*, kings had a direct control over the medical field and the access to it. After the introduction of the *Protomedicato*, licensing was normally granted after an examination that was conducted by a *Protomedicato* appointed physician. These exams ran pretty much without an established parameter of examination until its prohibition in the mid-sixteenth century due to the excesses committed during these.<sup>111</sup> However, the examination process was more often than not used as a tool by physicians to exert themselves over midwives and ascend professionally, rather than to better the field of midwifery.<sup>112</sup> Thus, the *Protomedicato* itself had very little oversight of the field of midwifery, instead they delegated that oversight to physicians, which created a very structured hierarchy in the medical field.

The power of the *Protomedicato*, however, extended further than regulating midwifery. During the sixteenth century, it slowly took control over all aspects of medicine. From its foundation, the *Protomedicato* alongside other regulatory bodies that held significantly less power attempted to regulate all the fields of medicine. Most of the regulations concerned licenses, as discussed above, but also race, gender and religion. On May 2nd, 1529, the College of Apothecaries of Valencia, alongside the *Protomedicato*, dictated five rules of practice for new apothecaries who wanted to be granted a license. These rules included limitations for men descendant from conversos (muslim or jewish people who had converted to Christianity), the prohibition to marry these conversos, or train under them.<sup>113</sup>

However, there are still questions as to why was the *Protomedicato* so powerful and why did they start to gain influence in the sixteenth century and not earlier if universities

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<sup>110</sup> García-Ballester, et. al., “Medical Licensing and Learning in Fourteenth-Century Valencia,” 41.

<sup>111</sup> Gallego-Caminero, et. al. “Las Parteras y/o Comadronas del Siglo XVI,” 603.

<sup>112</sup> Gloria Gallego-Caminero, Margalida Miró-Bonet, Pilar Ferrer de Sant Jordi, and Denise Gastaldo, “Las Parteras y/o Comadronas del Siglo XVI: El manual de Damián Carbón,” 603.

<sup>113</sup> José Luis Valverde, and Llopis González Agustín. *Estudio Sobre Los Fueros Y Privilegios Del Antiguo Colegio De Apotecarios De Valencia*. Estudios Del Departamento De Historia De La Farmacia Y Legislación Farmacéutica, Universidad De Granada: Granada 1979.

were formally introduced at least three centuries before. One cannot help but ask, ‘Why now if universities and medical faculties had existed for at least three centuries at this point in certain parts of Europe?’. It is my opinion that the answer to this question is the combination of various factors, two of which are the professionalisation and thus the regularisation of the medical field through the licensing systems, and the influence of the physicians who were graduating from these medical faculties, which resulted in the creation of a hierarchical structure in medicine that left women and minority groups below university-trained physicians.

Medicine was a trade profession up until the creation of universities in the thirteenth and fourteenth centuries. Even after the creation of these universities, most of the doctors performing medicine were trained under the direct supervision of another doctor until their apprenticeship had concluded. However, the establishment of these new faculties across the continent fomented the exchange of new ideas, and allowed for the creation of a new intellectually based medical elite in Europe. As previously mentioned, these faculties studied mainly translated Greek and Arabic medical texts, which allowed for somewhat of a homogenous curricula across Europe. Additionally to the translated texts, which began to be commonly available at the majority of the larger faculties during the thirteenth century, most of the knowledge studied by physicians was knowledge compiled from minority groups such as barbers and midwives.<sup>114</sup>

Also, the success of the university-trained physicians can be attributed to the economic growth of western parts of Europe during the twelfth and thirteenth centuries. This growth allowed for more universities to be opened, leading to medical faculties to be created, and thus more physicians graduating each year.<sup>115</sup> The flourishing of the economic structure of Europe, also left the upper ruling class more willing to pay for the services all these new university-trained physicians offered. These new physicians, thus entered into a new relationship with the upper-class. Nancy Siraisi argues that the willingness of the upper-class

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<sup>114</sup> Nancy Siraisi, “Chapter 11: The Faculty of Medicine”, in *A History of the University in Europe*, ed. H. De Ridder-Symoens (Cambridge University Press, 1992), 389.

<sup>115</sup> Siraisi, “Chapter 11: The Faculty of Medicine,” 360.

to accept these new kind of medicine was fostered by the creation of patronages between these newly graduated physicians and the already established medical professionals, such as physicians who treated monarchs, and other nobles.<sup>116</sup> Not only do they succeed through the establishment of patronages with well connected physicians, but also with the relationships they created with the authorities which ultimately controlled their livelihoods through laws and regulations, and the livelihoods of other groups like midwives, barbers, pharmacists, etc.<sup>117</sup>

During the late middle ages, the number of medical practitioners who had graduated from universities and were practising medicine was somewhat around 4000, though this number does exclude surgeons. However, being in the minority forced university-trained physicians to be faced constantly in competition against non-university-trained medical practitioners, such as barbers and midwives, for work. And due to the fact that most of the university curricula was created using translated Greek texts, it allowed non-university-trained medical practitioners, whose knowledge was orally taught and heavily influenced by experience, a slight edge over the latter. Additionally, most of the texts used at medical faculties, while not accessible to the masses, were available to most practitioners outside of the universities.<sup>118</sup>

This new minority of university-trained physicians however, was not always in complete control over the field. Normally physicians were in constant competition with those doctors who did not have a university degree that also practiced medicine, such as regional doctors, surgeons, barbers, apothecaries, and midwives. Additionally, physicians also had to compete for jobs against those who offered spiritual remedies and other kind of supernatural aids.<sup>119</sup> Though this competition was very apparent during the thirteenth and fourteenth centuries, as the professionalisation of medicine progressed and regulatory bodies such as the Protomedicato started imposing the supremacy of the university-trained physician, divisions

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<sup>116</sup> Siraisi, "Chapter 11: The Faculty of Medicine," 361.

<sup>117</sup> Siraisi, "Chapter 11: The Faculty of Medicine," 361.

<sup>118</sup> Siraisi, "Chapter 11: The Faculty of Medicine," 361.

<sup>119</sup> Poveda Ortiz, "El Asociacionismo Sanitario Profesional en España durante los Siglos XV y XVI," 29-30.

of labour started becoming more common and differences between classes and their accessibility to medical health care became more apparent.<sup>120</sup>

In order to counter their limited numbers and the competition that existed between the different kinds of doctors, university-trained physicians imposed the supremacy of their knowledge. Towards the end of the medieval period, physicians were advertising their services as a superior type of medicine, with a focus on the upper classes, mainly the nobility who could afford the higher prices for their services, specially in big cities, like Madrid and Valladolid.<sup>121</sup> Additionally, the faculties and universities advertised and presented their courses as superior to the training of barbers, other apprenticeship based physicians, and midwives, sometimes leading to open expressions of contempt and hostility towards any physicians that was not university-trained. These abusive and marginalising behaviours were also reinforced in other countries, for example some records in Portuguese archives refer to non-university-trained doctors as ‘not-literate’, ultimately creating a common western-European idea of medicine.<sup>122</sup> The court case in France against Jacoba Félicie, arguably one of the most famous cases of marginalisation against women in the medical field supports this idea of the defence of the knowledge by the medical professionals. In the case of Félicie, the Faculty of Medicine of Paris did not so much care about her value as a medical professional, rather Félicie was accused of using the knowledge of physicians being a woman.<sup>123</sup> In the words of María José Poveda Ortiz, “the university faculties thus contributed to the creation of a medical elite that was sometimes arrogant and selfish and to the devaluation of other healers, especially Jews and women.”<sup>124</sup>

Additionally, the origin and profile of the physicians aided in them taking over the control of the medical field. While some of the physicians came from modest origins, most of the professors and some of the graduating members were of wealthy and influential

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<sup>120</sup> Poveda Ortiz, “El Asociacionismo Sanitario Profesional en España durante los Siglos XV y XVI,” 29-30.

<sup>121</sup> Poveda Ortiz, “El Asociacionismo Sanitario Profesional en España durante los Siglos XV y XVI,” 29-30.

<sup>122</sup> Poveda Ortiz, “El Asociacionismo Sanitario Profesional en España durante los Siglos XV y XVI,” 29-30.

<sup>123</sup> Bertha M. Gutiérrez Rodilla, “Las Mujeres y la Medicina en la Edad Media y Primer Renacimiento” (Cuadernos del CEMyR, 23, marzo 2015), 129.

<sup>124</sup> Poveda Ortiz, “El Asociacionismo Sanitario Profesional en España durante los Siglos XV y XVI,” 29-30.

families. Not only were they from wealthy families but some of the courses imparted required professors of theology which allowed students an access to certain aspects of the church, and as mentioned before this access was very important to those students. The church during the medieval and early modern period had great influence in the creation of laws that restricted medicine, like the emergency baptism in the case of midwives.<sup>125</sup>

Thus, with the creation of the various medical regulatory bodies across Europe, the position and interests of not only the universities and the crown were advanced and protected, but they also gave an advantage to university-trained physicians that other medical professionals did not have. Compared to these newly graduated physicians, marginalised groups could not defend themselves against the new regulations, especially those that were vulnerable in the marginalised groups, like older midwives. Older women often played the role of unofficial midwife due to their knowledge based on experience, and with the professionalisation of midwifery they often took on these roles professionally.<sup>126</sup> However, these midwives were often left in positions where physicians would take over their roles and they could not retaliate, and they held little importance for the courts if they were widowed or alone.<sup>127</sup> In chapter three, we will explore how these women were often left in vulnerable positions against the university-trained physicians, and the various marginalisation practices they suffered in Spain during the sixteenth century.

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<sup>125</sup> Poveda Ortiz, "El Asociacionismo Sanitario Profesional en España durante los Siglos XV y XVI: Un Estudio sobre la institución del Protomedicato," 29-30.

<sup>126</sup> Juárez-Almendros, "The Disabling of Aging Female Bodies," 86-88.

<sup>127</sup> Juárez-Almendros, "The Disabling of Aging Female Bodies," 86-88.

### **CHAPTER 3: The Marginalisation of Spanish Midwives during the Sixteenth Century**

It is important to remember that when we are discussing the various marginalisation practices against midwives, that the displacement of midwives from the birthing chamber was not a homogeneous task, neither did it happen equally throughout Spain. The types of marginalisation practices suffered by midwives were not the same either, with different areas of Spain having or implementing different laws than in other parts. It is important to remember when we talk about Spain during the Late Middle Ages and the early modern period, that the peninsula was composed of kingdoms that had similar laws, and in some areas had a shared culture, but this separation allowed for differences in the way that midwives were regulated.

One of the most common ways midwives in Spain were marginalised was through accusations of witchcraft. Witchcraft accusations started appearing in Spanish sources in the mid-fifteenth century and by the sixteenth century women were actively persecuted and accused of committing evil acts if they were suspected of doing anything out of the ordinary. Archival documents from the sixteenth century reflect that some of the women accused of witchcraft were actually midwives or women who offered healing services to their communities.<sup>128</sup> The persecution of these women was often shaped by the teachings of the *Malleus Maleficarum: The Hammer of Witches*, written in Germany in 1487. In the *Malleus Maleficarum*, midwives were targeted in some parts of the text, as the authors tried to connect midwifery with witchcraft. Some of the sections referring to midwives reveal the extent to which midwives were vilified.

...That witches who are midwives in various ways kill the child conceived in the womb, and procure an abortion; or if they do not this, offer new-born children to devils

...How witch midwives commit most horrid crimes when they either kill children or offer them to devils in most accursed wise.<sup>129</sup>

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<sup>128</sup> Ehrenreich and English, *Witches, Midwives, and Nurses*, 19

<sup>129</sup> Benedek, "The Changing Relationship Between Midwives and Physicians," 560.

By the early modern period, witchcraft had become an issue of great concern to the Spanish secular and religious courts. The issue of witchcraft was so important for some regulatory bodies that in some regions of Europe it made its way into the oaths of midwifery and other medical practitioners. Licenses from 1588, in London for instance, read:

*“that ye shall not in any wise use or exercise any manner of witchcraft, charm, sorcery invocations or other prayers than many be seemly with god’s laws and the Queens”*.<sup>130</sup>

European examples can help shape our understanding of what the oath of Spanish midwives could have looked like. While we do not have a full oath available, court records show that midwives some cases had to swear to not proceed maliciously during childbirth to a notary or another physician before attending the labouring woman. In a case from 1490, two midwives were required to kneel before the notary and swear that they would not go on with any kind of evil treachery.<sup>131</sup>

Midwives who were accused of witchcraft by their neighbours and clients were often condemned by the Church and the Inquisition as being against God and transmitting superstitions from the past. As briefly discussed in the introduction, an instance of one of these court trials occurred in 1556 midwife María García was accused and sentenced by a Spanish court for acts of witchcraft during a birth she was attending. Midwife María García, married, from Madrid, was accused by the family members of the woman in labour of acting suspicious during the delivery. The court record begins addressing who will be the judges in the case against María García, however an emphasis is placed in identifying one of the judges who is a physician will be one the judges selected to participate in the proceeding. It is interesting that the physician is mentioned in the court record by name and title, and mentioned various times throughout the record, when midwives are not always addressed as such, unless they are being accused of a crime. As written in the previous chapter, most of these physicians were appointed by the *Protomedicato* to their positions. Thus, this source is an example of physicians participating in trials that confronted midwives for acts that could

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<sup>130</sup> Benedek, “The Changing Relationship Between Midwives and Physicians,” 561.

<sup>131</sup> Manuel Jesús García Martínez, “El oficio de partera entre los siglos XV al XVIII. Fuentes documentales para su estudio” (Cultura de los Cuidados, n. 32, 2012), 93.

take midwives away from their livelihoods. Additionally, this source does not mention another midwife as a witness. Rather, I would argue that the court relied heavily on the knowledge of these appointed physicians to judge midwives in trials of witchcraft.

The investigation against the midwife first started after a complaint was received by the town official in charge of the compliance of the public and the supervision of public sins. After an investigation was conducted, María was arrested by the authorities and taken to jail, where they retained her and interrogated her extensively. During the interrogation they accused her of heinous acts such as licking the blood that fell on the floor during childbirth, and making highly suspicious acts which were considered by those present during the delivery as being that of a witch.<sup>132</sup> Following her arrest, the midwife attempted to justify her behaviour by explaining that she was no more than a peasant woman, who was simple in the way she did things, and she had never been accused of any misconduct in all the years she had been practicing midwifery. She further explained that she had never done anything suspicious during the delivery and that she believed in her good practice.

The accusation of witchcraft extended further than licking blood, it also included the use of rings in the delivery room. María García defended herself from this accusation by explaining to the court the use of the rings made of metal during the delivery were commonly used to get rid of headaches, and other illnesses and that she wore jewellery around her ankles and wrists due to gout, not because she was a witch. It is interesting for her to discuss the type of jewellery she was wearing. As she herself mentions, it was common for some people to wear certain metals to cure or prevent illnesses, however when in combination with all the other accusations, these objects become sources of witchcraft. María concluded her defence by swearing that all she had testified had been truthful, and she should be freed, and all charges dropped against her.<sup>133</sup>

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<sup>132</sup> Archivo de la Real Chancillería de Valladolid (ARCV), ES.47186.ARCHV//REGISTRO DE EJECUTORIAS, CAJA 865,15, “Ejecutoria del pleito litigado por María García, partera, vecina de Getafe (Madrid), con el fiscal del rey, acusando a la primera de hechicería en el ejercicio de su oficio de partera y comadre” (13-08-1556).

<sup>133</sup> ARCV, ES.47186.ARCHV//REGISTRO DE EJECUTORIAS, CAJA 865,15, “Ejecutoria del pleito litigado por María García, partera, vecina de Getafe (Madrid), con el fiscal del rey, acusando a la primera de hechicería en el ejercicio de su oficio de partera y comadre”, fol. 2.

However, the prosecutor Antonio de Burgos asked the judge to sentence the midwife for witchcraft and to carry out the corresponding punishment for such offence. After the court made tests on the midwife, and questioned all the witnesses, the court formed by the above mentioned Dr. Aréballo, and Don Fadrique de Vargas and Don Pedro de Cárdenas, found midwife María guilty of witchcraft. She was prohibited from carrying out anymore of her superstitions, exiled from her town, Getafe, and to leave the jail riding on a donkey with her feet and hands tied as a town crier sung what crimes she had committed. Additionally, the court sentenced her to pay for the expenses incurred by the courts.<sup>134</sup>

Midwives not only had to submit to the courts for accusations of witchcraft, they were also accused of malpractice. One of the cases available for us is that of the trial record of the accusation against midwife Inés Martín, who lived and practiced in La Vellés, a town under the control of Salamanca. She was accused in 1564 by María Gavilana and Pedro González, in the name of the deceased Francisca Gavilana who died in childbirth alongside her unborn child.<sup>135</sup> This case was extremely convoluted and complicated for the accused midwife. In first instance, she was judged by the mayor of Salamanca, and in the court Inés Martín was accused by María Gavilana and Pedro González of having cut off the arm of the baby, resulting in the death of the baby and ultimately in the death of the mother. She was also accused of causing a scandal and riot in her town and also being a bad example for other midwives. The witnesses in their statement to the court confirmed the alleged malpractice of the midwife. One witness even testified that he removed the baby from the womb of the mother and that he had witnessed the midwife commit serious crimes against the birthing mother. The prosecution requested that the judge sentence the midwife to the highest penalty

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<sup>134</sup> ARCV, ES.47186.ARCHV//REGISTRO DE EJECUTORIAS, CAJA 865,15, “Ejecutoria del pleito litigado por María García, partera, vecina de Getafe (Madrid), con el fiscal del rey, acusando a la primera de hechicería en el ejercicio de su oficio de partera y comadre”, fol. 3-4.

<sup>135</sup> ARCV, ES.47186.ARCHV//REGISTRO DE EJECUTORIAS,CAJA 1091,7, “Ejecutoria del pleito litigado por María Gavilana y Pedro González, por si y en nombre de María González, su hija, madre, marido e hija respectivamente de Francisca Gavilana, difunta, vecinos de La Vellés (Salamanca) y Castellanos de Moriscos (Salamanca), con Inés Martín, viuda de Pedro Acedo, vecina de La Vellés (Salamanca), sobre fallecimiento de dicha difunta y su criatura por negligencia de la partera” (25-01-1566).

possible by the law, and for the case to be used as an example of misconduct to all who wished to commit any crime against a birthing mother.<sup>136</sup>

In her defence, Inés Martín requested to be released from prison on the basis that she had no part of blame for the “abortion and miscarriage” of the mother Francisca Gavilana, adding that if she had any part of blame it was minimal and she did not deserve any kind of corporal or any kind of punishment.<sup>137</sup> In her defence statement, Inés Martín also discussed with the court her extensive training as midwife. She stated that she had more than thirty years of experience with many women, was skilful and knowledgable in her trade, and also pointed out that women recognised that experience and called after her when they were in labour, just as the deceased had. Additionally, she mentioned her oath to aid women in labour and by doing so trying her best not to allow them to die during the delivery.<sup>138</sup> This oath to protect and serve the woman in labour seems to be a double edged sword for midwives. On the one hand, it seems it become a protection in cases like these, where midwives can argue that they tried their best based on their oath. However, at the same time, it left them vulnerable to accusations and retaliations from families if the birth resulted in an unsatisfactory manner.

Inés Martín herself expressed this idea when she explained to the court that due to her profession, she was obligated to aid in the birth and failing to do so would allow the opposing party to sue and request damages for failing to follow her oath when exercising her trade. She testified that it was because of this threat that when she realised that Francisca Gabilana was going to die from childbirth and she could not help her any further other than

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<sup>136</sup> ARCV, “Ejecutoria del pleito litigado por María Gavilana y Pedro González, por si y en nombre de María González, su hija, madre, marido e hija respectivamente de Francisca Gavilana, difunta, vecinos de La Vellés (Salamanca) y Castellanos de Moriscos (Salamanca), con Inés Martín, viuda de Pedro Acedo, vecina de La Vellés (Salamanca), sobre fallecimiento de dicha difunta y su criatura por negligencia de la partera” (25-01-1566).

<sup>137</sup> ARCV, “Ejecutoria del pleito litigado por María Gavilana y Pedro González, por si y en nombre de María González, su hija, madre, marido e hija respectivamente de Francisca Gavilana, difunta, vecinos de La Vellés (Salamanca) y Castellanos de Moriscos (Salamanca), con Inés Martín, viuda de Pedro Acedo, vecina de La Vellés (Salamanca), sobre fallecimiento de dicha difunta y su criatura por negligencia de la partera” (25-01-1566).

<sup>138</sup> ARCV, “Ejecutoria del pleito litigado por María Gavilana y Pedro González, por si y en nombre de María González, su hija, madre, marido e hija respectivamente de Francisca Gavilana, difunta, vecinos de La Vellés (Salamanca) y Castellanos de Moriscos (Salamanca), con Inés Martín, viuda de Pedro Acedo, vecina de La Vellés (Salamanca), sobre fallecimiento de dicha difunta y su criatura por negligencia de la partera” (25-01-1566).

getting the baby out of her, and believing that the child was already dead, she left the house of the deceased and prayed to God for their souls.<sup>139</sup>

When asked why she cut the arm of the baby, the midwife explained that she thought it was better for the mother if the baby came out, so she proceeded to cut the arm to help the baby but the mother later died so she could not save either of them. The midwife alleged that on many other occasions "there had been a remedy to remove the children to pieces and how they could cut their limbs so that the mothers were not in danger, which was lawful and permitted by law."<sup>140</sup>

Despite the knowledge demonstrated by the midwife in court and the explanation as to why she cut the baby's arm, she was accused of being diabolical and she was sentenced to death for her actions. Additionally, she was prohibited from practicing midwifery, to pay the court in order to be released from prison to await her execution. After the sentencing, the judge urged the relatives to demand damages from the accused. Inés appealed the sentencing two times, the first time with the audience of Salamanca ratified the sentence, and later with the Royal Chancery of Valladolid which also denied her request.<sup>141</sup>

Both women accused in these judicial documents shared an extensive knowledge in midwifery, however, they were judged and sentenced for their work based on the accusations of others with their experience not being a determinant factor in either case. The dismissal of their knowledge can be directly attributed to the institutionalisation of medicine during the earlier centuries. The rise of universities and as a result of university trained doctors, not only lead to a gradual decline of women in the medical field (or their control over it), but also led to a dismissal of their medical expertise. As discussed in the previous chapter, one of the

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<sup>139</sup> ARCV, "Ejecutoria del pleito litigado por María Gavilana y Pedro González, por si y en nombre de María González, su hija, madre, marido e hija respectivamente de Francisca Gavilana, difunta, vecinos de La Vellés (Salamanca) y Castellanos de Moriscos (Salamanca), con Inés Martín, viuda de Pedro Acedo, vecina de La Vellés (Salamanca), sobre fallecimiento de dicha difunta y su criatura por negligencia de la partera" (25-01-1566).

<sup>140</sup> ARCV, "Ejecutoria del pleito litigado por María Gavilana y Pedro González, por si y en nombre de María González, su hija, madre, marido e hija respectivamente de Francisca Gavilana, difunta, vecinos de La Vellés (Salamanca) y Castellanos de Moriscos (Salamanca), con Inés Martín, viuda de Pedro Acedo, vecina de La Vellés (Salamanca), sobre fallecimiento de dicha difunta y su criatura por negligencia de la partera" (25-01-1566).

<sup>141</sup> ARCV, "Ejecutoria del pleito litigado por María Gavilana y Pedro González, por si y en nombre de María González, su hija, madre, marido e hija respectivamente de Francisca Gavilana, difunta, vecinos de La Vellés (Salamanca) y Castellanos de Moriscos (Salamanca), con Inés Martín, viuda de Pedro Acedo, vecina de La Vellés (Salamanca), sobre fallecimiento de dicha difunta y su criatura por negligencia de la partera" (25-01-1566).

consequences of the introduction of university-trained physicians into the medical field was the exaltation of their curricula and knowledge compared to other healthcare providers. For midwives this prerogative was particularly damaging. Midwives lack of formal academic training and their use of certain curative methods, especially the ones not used by physicians, left them in a vulnerable position where they were viewed as using spells and being witches. This process of educational supremacy was more apparent during the sixteenth century in Spain, probably aided by the various medical treatises published by men discussing obstetrics.<sup>142</sup>

However, not only did the idea of university-training being superior to their knowledge aid in the marginalisation of midwives through accusations of witchcraft. Female healers were systematically marginalised by the system created around the supremacy of some over others in the medical field. It is important to remember that being a midwife was a trade that required experience. Most midwives were older women, who had experienced childbirth or aided in childbirth countless times before.<sup>143</sup> In the two examples discussed above, both midwives boast of lengthy practising records, which supports the theory that they were older women who practised midwifery. During the early modern period demonic activities were closely associated with the female body, especially older bodies, as well as sex and disease, thus it was inevitable that a profession that dealt with the female body and disease would be more vulnerable to accusations of witchcraft.<sup>144</sup>

Additionally, European health discourses during the early modern period reflected the apprehension many male physicians felt towards the older wiser midwives. In some discourses these older midwives were even attributed magical powers and viewed as witches.<sup>145</sup> In Spain, the accusations and persecution of witches was relatively moderate compared to other areas of Europe, however, Encarnación Juárez-Almendros in “The Disabling of Aging Female Bodies: Midwives, Procuresses, Witches and the Monstrous

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<sup>142</sup> Juárez-Almendros, “The Disabling of Aging Female Bodies,” 86.

<sup>143</sup> Juárez-Almendros, “The Disabling of Aging Female Bodies,” 86.

<sup>144</sup> Juárez-Almendros, “The Disabling of Aging Female Bodies,” 86.

<sup>145</sup> Juárez-Almendros, “The Disabling of Aging Female Bodies,” 86.

Mother,” argues that recorded evidence from the Spanish Inquisition regarding witchcraft accusations demonstrates that in some cases rather than an actual believe that these women had performed demonic activity, the purpose of the accusations was to discredit the knowledge that midwives had that was in direct competition with the work of university-trained physicians.<sup>146</sup>

This marginalisation of women to avoid direct competition was also part of other ways of suppression. One of the ways midwives were marginalised was through the examination that they had to submit themselves in order to be granted a license to practice midwifery. As mentioned in the previous chapter these examinations were performed by appointed physicians with little to no oversight. In cities like Malaga and Seville, women who wanted to obtain their official title after training under a midwife, had not only to prove their knowledge and expertise, but had to go before a *Protomedicato* appointed physician and pass an exam conducted by them. Some examples from these cities can be found in the municipal archive of Malaga where there is a source that discusses an examination that occurred in 1537. Midwife Mari Alvarez, widowed, originally from the city of Valencia, arrived in Malaga in order to practise midwifery, she was examined by the physician Juan Muñoz, who asked her many questions to asses her knowledge on the subject of childbirth, found her suitable for the position and recommended that she be given a license to practice.<sup>147</sup> However, it is interesting that still in the early to mid-sixteenth century physicians were the ones to asses wether or not a midwife was knowledgable enough, considering that as examined in chapter one, most of the medical texts written by physicians did mention that midwives were more knowledgable than men in topics of childbearing.

Nevertheless, the examination of midwives was not a practice that lasted the whole of the sixteenth century. In a compilation of laws, and royal decrees of the *Protomedicato*, published in the eighteenth century by the *Protomedicato* itself, dedicated a while chapter to the laws and regulations published regarding midwifery. One of the most representative

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<sup>146</sup> Juárez-Almendros, “The Disabling of Aging Female Bodies,” 86.

<sup>147</sup> Ortiz Gómez, “Protomedicato y matronas. Una relación al servicio de la cirugía” *Biblid* 16 (1996), 115.

ordinance was number II which discusses the abolishment of the examination of midwives by the *Protomedicato*. It reads as follows:

The fundamental ordinances of the Catholic Monarchs, following the ancient practice, and by the opinion of necessity; not only did they allow, but they ordered midwives to be examined. And that the excesses that were committed in this, motivated the prohibition of the copies of faith, reducing the exams to only Doctors, Surgeons, and Apothecaries. For more than two centuries the midwives have remained in the kingdoms of Castile, for another examination, approval or title, than the hereditary of their practice; passing from one to another, by the respective connections, the name, and the office of such, well as in the main towns, towards the fame or opinion of their successes, the cost of their approval, and to the effect of being admitted as such. And those who found resistance in the Justices for the use of this office, went to the protomedicato, asking for licenses to practice, and they were given a testimony, or office, with the insertion of the laws of the kingdom.<sup>148</sup>

There are one important things to note about this law. First is the language used in the law to explain why this procedure is not done anymore. Up until this point, as discussed previously, the *Protomedicato* did not take much interest in the direct supervision of midwifery. Rather it is left to appointed physicians to conduct these examinations. Thus, it is important to examine the importance of the *Protomedicato* suddenly after promoting the importance of the examination, using the words “and that the excesses that were committed in this,” to ban the practice. I would argue that the use of these words leads one to believe that the excesses committed against midwives became so important to the *Protomedicato* that it granted the law to ban them. Additionally, it is important to mention is that midwives did not have another exam formalised until later in the eighteenth century, which left women with a precarious access to the necessary licenses to practice.

Nonetheless, there was a negative side to prohibiting the examinations of midwives. Teresa Ortiz Gómez argues that this created a further separation between midwives and university-trained physicians. As Ortiz Gómez explains, due to the fact that midwives were not examined by any regulatory body but university-educated physicians, it further

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<sup>148</sup> Miguel Eugenio Muñoz, *Recopilacion de las leyes, pragmaticas reales, decretos, y acuerdos del Real Proto-Medicato*, Valencia: Widow of A. Bordazar (1751), 309.

legitimised the physicians over midwives thus marginalising midwives from the professionalisation of medicine, as midwifery became an institutionalised trade that did not require any type of examination like physicians did.<sup>149</sup>

Additionally, the law banning physicians from performing the examination on midwives also listed other professions who were denied the right to examination. The law lists that the only ones allowed to be examined by the *Protomedicato* were physicians, surgeons, barbers, and apothecaries, and excluded from the examinations were embalmers, midwives, grocers and druggists.<sup>150</sup> In the kingdom of Navarra, midwives were not mentioned in any official papers or texts from the medical associations of San Cosme and San Samián de Pamplona (founded in 1496), which encompassed physicians, surgeons, barbers and apothecaries, or in ones of Estella (1536) or Tudela (1538), neither do they appear in the documents relating to the *Protomedicato* of that region.<sup>151</sup>

The importance of these medical associations or brotherhoods cannot be underestimated. Having a place where one can network and find people with similar opinions is incredibly important for any group. I argue that these associations further marginalised midwives from the professionalisation of medicine, and also further excluded midwives from being part of the decision-making of laws that regulated healthcare in the Spanish peninsula. Midwives did not have access to formal education, or to the medical brotherhoods, nor could they create sisterhoods, I believe this further isolated midwives in their delivery of health care to women. Gloria Gallego-Caminero, Margalida Miró-Bonet, Pilar Ferrer de Sant Jordi, and Denise Gastaldo argue that “The training of midwives was constituted as an instrument of subordination and submission rather than liberation, since it was used by surgeons for their own definition and professional advancement and ended up expropriating midwives of their knowledge, their language, their culture and ultimately, of much of its social power.”<sup>152</sup>

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<sup>149</sup> Ortiz Gómez, “Protomedicato y matronas. Una relación al servicio de la cirugía,” 115.

<sup>150</sup> Usunáriz, “El “oficio de comadres” y el “arte de partear,” 333.

<sup>151</sup> Usunáriz, “El “oficio de comadres” y el “arte de partear,” 333.

<sup>152</sup> Gallego-Caminero, et.al., “Las Parteras y/o Comadronas del Siglo XVI: El manual de Damián Carbón,” 603.

Nonetheless, it is important to also explore the importance of acquiring a medical license during the sixteenth century. Mostly, the role of the license, apart from asserting a control over who had access to the medical field, was to offer legitimacy to the person with the license. Additionally, with these new regulatory bodies and brotherhoods of medical practitioners, it also offered protection to those belonging to the different groups.<sup>153</sup> When midwives were denied examination in by the *Protomedicato* accessing licenses became harder for those who wished to practice. One archival record involved midwife Catalina de Castresana, who alongside her son solicited the *Protomedicato* physician in-charge of their area of Valladolid for a license to treat women. In the source, Catalina argues that she needs an official license to continue practising due to the fact that she was in constant fear that people would start questioning her validity as a midwife and her legal status to practice.<sup>154</sup> After describing to the physician her techniques, she was granted a license to practice.

Another example, also in Valladolid, was the case of María Hernández, who stood before the *Protomedicato* of the town to request a license to practice as both a midwife and an algebraist.<sup>155</sup> The source also notes that Hernández had been practising without a license for almost twenty years, however upon insistence of the people she treated, she was requesting one. Despite the *Protomedicato* being prohibited from examining midwives for part of the sixteenth century, they often prosecuted those who practiced without a license and would control the granting of licenses.<sup>156</sup>

As mentioned in the two previous chapters, during the sixteenth century in Spain there were various treaties on obstetrics published. These medical texts written by male physicians were often written to advise both physicians and midwives on how to offer assistance during pregnancy and childbirth, and to discuss the boundaries and limitations of midwifery, which was especially significant with the introduction of university-trained physicians to the birthing chamber. Additionally, these medical texts also discussed the

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<sup>153</sup> Michele L. Clouse, *Medicine, Government and Public Health in Philip II's Spain* (London: Routledge, 2016), 88.

<sup>154</sup> Clouse, *Medicine, Government and Public Health in Philip II's Spain*, 88.

<sup>155</sup> Clouse, *Medicine, Government and Public Health in Philip II's Spain*, 88.

<sup>156</sup> Clouse, *Medicine, Government and Public Health in Philip II's Spain*, 88.

expectations of midwives.<sup>157</sup> The medical texts in general had a double interpretation of midwives. On the one hand, they praised the social importance of midwives, alongside their extensive knowledge on the subject of women's bodies, and on the other hand they heavily stressed the superiority of the knowledge of university-trained physicians, in some treatise they even advising midwives to consult and learn from physicians.<sup>158</sup> Both Ortiz Gómez and Juárez-Almendros agree that one of the most important roles of these medical treatises was to get over the idea that the birthing chamber was a female realm.<sup>159</sup> For centuries, the bedroom was considered to be in the private sphere of society and part of a woman's domain. Men were rarely part of the childbirth neither were they concerned with it. However, with the incorporation of male physicians to obstetrics and the development of new techniques, such as the C-Section, which required their presence in the birthing chamber, it was important to challenge the already existing morality questions and the customs in the birthing chamber.<sup>160</sup>

The tense relationship between midwives and physicians is evident in one of the most significant medical treatise of the sixteenth century titled *The Book of the Art of Midwifery*. The medical treatise published in 1541 by Damián Carbón. Damián Carbón was born in Mallorca (then the kingdom of Aragón) and introduces himself in the text as an experienced physician who graduated from the University of Valencia with a degree in medicine, later obtaining a doctorate. The main reason Carbón writes the treatise is because a man, whose wife could not have a baby after a number of miscarriages and asked for help. Carbón himself states in the manual his intent is to educate midwives on "the art, and the rules, and forms you have to have to be sufficient and in good conscience you can watch over and advise for the health of pregnant women, those who give birth and children at the service of God, Our Lord and his Blessed Mother".<sup>161</sup>

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<sup>157</sup> Juárez-Almendros, "The Disabling of Aging Female Bodies," 87-88.

<sup>158</sup> Juárez-Almendros, "The Disabling of Aging Female Bodies," 87-88.

<sup>159</sup> Juárez-Almendros, "The Disabling of Aging Female Bodies," 87-88, and Ortiz Gómez, *From Hegemony to Subordination*, 98.

<sup>160</sup> Juárez-Almendros, "The Disabling of Aging Female Bodies," 87-88, and Ortiz Gómez, *From Hegemony to Subordination*, 98.

<sup>161</sup> Gallego-Caminero, et. al. "Las Parteras y/o Comadronas del Siglo XVI: El manual de Damián Carbón," 605.

In the treatise Carbón defines himself as an expert in the medical field and a physician of the highest rank. One of the first thing Carbón defines in his text is the supremacy of his knowledge and all other male physicians in comparison to the knowledge and capabilities of midwives.<sup>162</sup> While he acknowledges the necessity of midwives to perform duties that physicians did not want to do due to indecency, he denigrates their learning to just an oral knowledge, with a trade-apprenticeship, nothing compared to the high profile of the education received by physicians at university.<sup>163</sup>

It is interesting that Carbón belittled so much the education of midwives considering he himself acknowledges the need for their knowledge and how physicians did not perform all aspects of childbirth. Most historians that have examined the treatise argue that the most likely scenario is that Carbón had never witnessed a birth, or if he had experience it was not extensive in the topic. More likely than not, Carbón probably still followed the custom on little involvement on the part of physicians in the birthing chamber, and even if he would have been present he would have left the room during what he describes as the indecent aspects of birth.<sup>164</sup>

Recently, Paloma Moral de Calatrava has put forwards a theory that despite the fact that the treatise is presented as a manual to instruct midwives on childbirth practices, actually it was used to give male physicians all the knowledge acquired from midwives, and to exalt the superiority of the male physician due to the fact that they are portrayed as being superior in knowledge and they are ‘educating’ the midwives on topics they have no experience in.<sup>165</sup> This theory is supported mainly on two points. Firstly, the use of complicated language such as pharmacological terms that were often taught at universities, and which most likely midwives did not know. Secondly, the use of latin which not all midwives would have spoken.<sup>166</sup> Still despite the fact that midwives could not have been the primary audience,

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<sup>162</sup> Juárez-Almendros, “The Disabling of Aging Female Bodies,” 87-88.

<sup>163</sup> Juárez-Almendros, “The Disabling of Aging Female Bodies,” 87-88.

<sup>164</sup> Gallego-Caminero, et. al., “Las Parteras y/o Comadronas del Siglo XVI: El manual de Damián Carbón,” 605.

<sup>165</sup> Gallego-Caminero, et. al. “Las Parteras y/o Comadronas del Siglo XVI: El manual de Damián Carbón,” 605.

<sup>166</sup> Gallego-Caminero, et. al. “Las Parteras y/o Comadronas del Siglo XVI: El manual de Damián Carbón,” 604-605.

physicians would have read the manual, with its success so big that various editions were published after its initial release.

Throughout the manual, Carbón repeats several times to requirements a midwife has to fulfil to be a good midwife. Carbón writes:

Don't be fantastical, don't be quarrelsome, be happy, joyful, because with your words you make happy the birthing woman. Be honest, be chaste to give good advice and examples, look that you have very honest art. Be secretive which is the most essential part. How many things come into their hands that do not have to be communicated due to the shame and damage that would follow. Keep your hands slim and watch the meats you have to deal with. Be light in touch, that does not hurt delicate meats. Have fear of God. Be a good Christian because all things are good for you. Leave things of spells or superstitions or omens, or similar things because the Holy Church abhors them. Be devout and have devotion to the Virgin Mary and also to the saints and saints of paradise.<sup>167</sup>

Various things are important for the understanding of the position of midwives in the eyes of physicians. A heavy emphasis was placed on the behaviour of midwives in the birthing chamber throughout the treatise. In this part of the manual he also discusses the importance of staying away from evil dealings. This idea that midwives were commonly associated to witchcraft, which we discussed above, is reinforced in this part of Carbón's text. However, it is interesting that physicians would recommend this considering that later on in his texts he gives advice that seems to be very superstitious, when he writes, “ the feather of the left wing of the eagle or the vulture should be placed on the bottom of the left foot. The stone of the eagle under the left arm...”<sup>168</sup>

Not only does Carbón discuss the requirements necessary to be a good midwife, he also discusses the importance of physicians in the birthing chamber. For Carbón physicians have to fulfil roles in the birthing chamber and act as advisors to midwives, they also

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<sup>167</sup> Carbón, *Libro del arte de las comadres o madrinas*, fol. 12v. Translation by Magnolia Valles Duran.

<sup>168</sup> Gallego-Caminero, et. al. “Las Parteras y/o Comadronas del Siglo XVI: El manual de Damián Carbón,” 606.

determine the extent of the involvement of midwives in the birthing chamber.<sup>169</sup> An example of this can be found when he discusses the when a midwife should be in the delivery room:

the wise college of doctors determined honestly that the minister should be a woman to help with such needs that usually occur in pregnant women in time and childbirth. Likewise, the doctor cannot do it because they are ugly things. And that is why the universal college of doctors assigned a minister in whose power these operations ceased. And by similar, given the need in women at the time of their pregnancy and to give birth (that is to say) in bad or good birth or in the diformity of the creature, in having the head fatter than it should or in putting out an arm first or a leg and come out bent, to help them by giving the child a good place and put it in its place to come out, it was necessary, out of honesty, to leave these things in the woman's power. Which, well informed of what touches her art, may well be worth to the pregnant, giving birth or giving birth, as the good surgeon does in his manual operations.<sup>170</sup>

However, Carbón contradicts himself when giving advice to parents on how not to die in childbirth. Later on in the text he writes about the deficits in their knowledge compared to that of physicians. It is with what he considers the lack of medical knowledge of midwives that he positions university-trained physicians above midwives when it comes to childbirth and female healthcare in general.<sup>171</sup> Carbón writes:

If the child should have any sickness: from which they normally would die, and it is the fault of the fathers and mothers of the child, because instead of asking for the advice of the physician they ask for it from the midwife, and she does not know the causes of the sickness, or the remedies to use. And with that they fail and it is a great sin.<sup>172</sup>

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<sup>169</sup> Carbón, *Libro del arte de las comadres o madrinas*, fol. 12v. Translation by Magnolia Valles Duran

<sup>170</sup> Carbón, *Libro del arte de las comadres o madrinas*, fols. 10v-11r. Translation by Magnolia Valles Duran

<sup>171</sup> Luna Blanco and Mónica Adriana. "Prendas Necesarias De Las Mujeres Para El Oficio De Partear" (*Liminar Estudios Sociales Y Humanísticos* 16, no. 1, 2018), 185-193.

<sup>172</sup> Carbón, *Libro del arte de las comadres o madrinas*, Capitulo XXXVII. Translation by Magnolia Valles Duran

However, despite all the medical treatises written against their knowledge and classifying university knowledge superior, and cases against midwives, arguably the most detrimental and marginalising for midwives were the laws banning them from practicing medicine. While most of the laws of the sixteenth century banned women from practising without a license and sometimes giving advice contrary to that given by a university-trained physician, there were various laws banning women from practicing. These laws were not something that started in the sixteenth century though. An ordinance from 1329 in Valencia, states that physicians of the city asked the municipal council to ban women from medical practice. The law that reads:

No woman may practice medicine or give potions, under penalty of being whipped through the town<sup>173</sup>

This law did not only ban women from becoming practitioners but also restricted the use of various potions used by midwives. It is through these general bans on the access to medicine that midwives were often more restricted. An example from sixteenth century Spain is the prohibition to practice medicine to all women in the city of Cuenca. Published in 1500, the law states that the law was created so women did not have access to practicing medicine. The law states that:

[...] In the land of the city of Cuenca, there is no order in the use of medicine and to cure the ill there are too many barbers and other people who have no general studies, and have not been examined publicly by those who practice medicine. And what is worse is that many women use and practice medicine publicly, and they visit sick people [...] and they only cause much damage and many inconveniences.<sup>174</sup>

This part of the source reiterates the ideas that examinations were a fundamental part of the legitimisation of the profession or trade. Additionally it also uses university studies, in

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<sup>173</sup> Niremberg, *Communities of Violence*, 120.

<sup>174</sup> Archivo General de Simancas (AGS), ES.47161.AGS//RGS,LEG,150011,27, “Prohibición en Cuenca del ejercicio de la medicina a las mujeres y a todo el que no haya sido examinado para ello” (13-11-1500). Transcribed by Dr. Enrique Fernandez. Translated by Magnolia Valles Duran

this sources referred to as ‘general studies’ as a marginalising tool. It is clear from the language in this, that it is already thought in the early sixteenth century that university training is superior to the rest of the trades.

The source continues by writing that anyone caught practicing medicine that was not approved to do so by the council would be punished severally. Additionally it reiterates that importance of being examined by an appointed university-trained physician:

...and from now on you should not let women practice, neither other people, who have not been examined by those who have been examined in general studies, or by our own physics and examiners. And further more, neither of these people should complain about this before us. <sup>175</sup>

Thus this source effectively condemned women to always have to be examined before a court if they wished to be allowed to perform their profession. All of the cases studied above show that women were marginalised in various ways, through accusations of witchcraft which sometimes resulted in the loss of their licenses or even capital punishment, through the exclusion from regulatory bodies and any kind of association that would allow them to form a unified front, and also relegated them to secondary characters that had to prove their knowledge to university-trained physicians, even though in most cases they had better expertise in the topic of childbirth.

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<sup>175</sup> Archivo General de Simancas (AGS), ES.47161.AGS//RGS,LEG,150011,27, “Prohibición en Cuenca del ejercicio de la medicina a las mujeres y a todo el que no haya sido examinado para ello” (13-11-1500). Transcribed by Dr. Enrique Fernandez. Translated by Magnolia Valles Duran

## Conclusion

The history of midwifery in Europe is a long and complex one. Midwives provided essential care to women in their communities for centuries as nurses, herbalists, counsellors, and aided women during pregnancy, birth, and aftercare.<sup>176</sup> Various terms were used to reference them such as ‘midwife’, ‘matron’, or ‘obstetrix’. Midwives first appeared in written history in Greek texts. Socrates and Plato both reflected the importance of the midwife in their societies, and ceremonial plaques dating from the fourth century B.C.E. also reflected this importance. However, with the fall of the Roman Empire and the beginning of the Middle Ages, records discussing midwives are scarce.<sup>177</sup> They did not reappear until the High and Late Middle Ages, where they practiced medicine almost with a supremacy in the birthing chamber.<sup>178</sup>

Despite their reappearance in sources, little is known about the individual midwives and their education. Europe, during this time period, was divided into various kingdoms that allowed for regional variations in midwifery practices. This is of particular importance in the case of Spain due to the presence of so many races and groups. Spanish midwives were comprised of Christian, Jewish, and Muslim women who offered health care to their communities and even treated each other with little difference, however this slowly changed over time.<sup>179</sup>

Most of the knowledge we do have about midwives comes from letters, often written by noble women, in which they discussed the various recipes and remedies given to them by their midwives.<sup>180</sup> Additionally, we also have information about midwives through illustrated manuscripts like *The birth of Mankind* that features an engraving of a birthing stool, often used by pregnant women to give birth.<sup>181</sup> However, one of the most important pieces of

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<sup>176</sup> Ehrenreich and English, *Witches, Midwives, and Nurses*, 16.

<sup>177</sup> Ehrenreich and English, *Witches, Midwives, and Nurses*, 16.

<sup>178</sup> Ehrenreich and English, *Witches, Midwives, and Nurses*, 16.

<sup>179</sup> Blumenthal, “Domestic medicine,” 519-520.

<sup>180</sup> Cabré, “Women or Healers?,” 41.

<sup>181</sup> Greilsammer, “The Midwife, the Priest, and the Physician,” 291.

information on midwives is the *Trotula*, allegedly written by a female health practitioner in the twelfth century. This obstetrical text discusses the various conditions of women and also offered advice to midwives and birthing women.<sup>182</sup> Other texts such as Eucharius Rösslin's "The Rose Garden", and Damián Carbón's "The Book of the art of the midwives or godmothers and of the regiment of the pregnant and giving birth and of the children" soon followed also discussing the female body and giving advice to new parents. Most of these texts became available to the population, however we are not sure of the number of midwives that were literate, neither can we know for certain the level of access they had to these texts.<sup>183</sup>

Nonetheless, it is through these texts that the first marginalising practices against midwives become apparent. Most of the authors admit to having consulted midwives for their research, however, midwives are rarely credited individually. Rather their knowledge is presented as a knowledge of the author, which would have been rather difficult considering that still by the early sixteenth century, men did not have free access to the private sphere that was the birthing chamber.<sup>184</sup>

Nevertheless, midwives still continued to perform their normal duties. As mentioned in the previous chapter, the access to the birthing chamber was quite restricted to men and physicians. That led to midwives having a fundamental role in the christian rite of baptism. Midwives would perform emergency baptisms to babies in danger of dying to ensure that they went to heaven. However, this also meant more regulations and laws by ecclesiastical authorities to ensure that the rite was performed adequately.<sup>185</sup>

These ecclesiastical regulations were soon followed by the regulations imposed by secular authorities. These new regulatory bodies were often a direct result of the professionalisation of medicine. Starting in the thirteenth century with the first medical faculties in Europe, the medical field experienced a change towards a more regulated field.

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<sup>182</sup> Vaughan, *Women, Food, and Diet in the Middle Ages*, 65.

<sup>183</sup> Vaughan, *Women, Food, and Diet in the Middle Ages*, 65.

<sup>184</sup> Gallego-Caminero, et. al. "Las Parteras y/o Comadronas del Siglo XVI," 604.

<sup>185</sup> Carmona-González, and Saiz-Puente, "El bautismo de urgencia, función tradicional de las matronas," 16.

Midwives however, were deeply affected by the changes that occurred during the professionalisation of medicine.

The earlier regulations concerning midwives were introduced across Europe around the fourteenth century. Countries like Germany, France, and Spain, were the earliest examples in Western Europe of regulations that explicitly denied midwives and other women the access to practicing their trade.<sup>186</sup> It is with these new regulations and the fights between the various parties involved that there was a necessity to create a regulatory body that had power over most, if not all of the decisions regarding medicine. Thus, throughout Europe regulatory bodies started appearing in late fifteenth century. In Spain, the reigning King Ferdinand and Queen Isabel, created in 1477, the *Protomedicato*.<sup>187</sup> This regulatory body regulated health care in the peninsula, and its primary role was to supervise and provide medical practitioners with medical licenses to practice. Overtime, the *Protomedicato* expanded its authority and also acted as a medical tribunal<sup>188</sup> Most of the licenses were offered after the person needing it went through an examination that was also regulated by the *Protomedicato*. The examinations were conducted by university-trained physicians that were appointed by the institutions itself, however this led to an imbalance of power between midwives and university-trained physicians.<sup>189</sup> Physicians used the medical exams to assert their superiority in the field and suppress anyone that posed a threat to their medical supremacy like midwives.<sup>190</sup>

However, the supremacy and subsequent marginalisation of midwives was only possible due to various factors, such as the importance of the physicians graduating which were often upper-class men who already had established networks and influence in their communities and in the medical field.<sup>191</sup> Nonetheless, most of the suppression of midwives

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<sup>186</sup> Benedek, “The Changing Relationship Between Midwives and Physicians,” 553.

<sup>187</sup> Poveda Ortiz, “El Asociacionismo Sanitario Profesional en España durante los Siglos XV y XVI,” 65-66.

<sup>188</sup> Poveda Ortiz, “El Asociacionismo Sanitario Profesional en España durante los Siglos XV y XVI,” 65-66.

<sup>189</sup> Gallego-Caminero, et. al., “Las Parteras y/o Comadronas del Siglo XVI,” 603.

<sup>190</sup> Gallego-Caminero, et. al., “Las Parteras y/o Comadronas del Siglo XVI,” 603.

<sup>191</sup> Siraisi, “Chapter 11: The Faculty of Medicine,” 360.

was due to the importance placed on university training by the physicians and other regulatory bodies, and the enforcement of licenses while taking access to the necessary examination away.

In Spain, marginalisation practices also included accusations of witchcraft. Women were often accused of practicing witchcraft, however most of the accusations were unfounded. Despite this, most accused midwives lost their licenses and even their lives due to the accusations. Examples such as the one of María García and Inés Martín, reflect the necessity to control every aspect of the birthing process by the authorities. Additionally, it also reflected the little protections some of these midwives had. While doctors were often only accused of serious crimes, and their sentences less harsh, midwives were often judged by their communities very harshly.<sup>192</sup>

Additionally to witchcraft accusations, Spanish midwives also dealt with being excluded from licensing. After the *Protomedicato* prohibited the examination of midwives due to the abuses committed during these examinations, midwives had it much harder to access the medical field. This combined with the fact that the *Protomedicato* for decades at this point had promoted the importance of this examination as a sign of medical assurance and validation. This added to the fact that medical writers like Damián Carbón wrote about the supremacy of university-trained physicians only left women in marginalised and disadvantaged positions compared to their male counterparts.<sup>193</sup> The relationship between midwives and Damián Carbón was a complex one. In his medical treatise he reflects on the importance of the knowledge of midwives, however he simultaneously writes about the inferiority of their knowledge compared to that of male physicians. Thus, he benefits from their knowledge however inferior it is.<sup>194</sup>

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<sup>192</sup> ARCV, “Ejecutoria del pleito litigado por María Gavilana y Pedro González, por si y en nombre de María González, su hija, madre, marido e hija respectivamente de Francisca Gavilana, difunta, vecinos de La Vellés (Salamanca) y Castellanos de Moriscos (Salamanca), con Inés Martín, viuda de Pedro Acedo, vecina de La Vellés (Salamanca), sobre fallecimiento de dicha difunta y su criatura por negligencia de la partera” (25-01-1566).

<sup>193</sup> Blanco, “Prendas necesarias de las mujeres para el oficio de partear,” 186.

<sup>194</sup> Carbón, *Libro del arte de las comadres o madrinas*, Capitulo XXXVII.

However, some areas of Spain did not have such ambiguous laws about women and their access to the medical field. Cities like Cuenca, published laws that banned women from the medical field completely. These laws targeted all groups that were not university-educated, which left women in disadvantaged positions. It is through this supremacy of the university education that most of the marginalisation practices rely upon. Women during the sixteenth century thus progressively lost their authority in the various spheres of professional medicine, while the authority of university-trained physicians became almost absolute.

Thus, throughout this thesis we have explored the attempts from university-educated physicians and the newly established medical regulatory bodies to limit and control to trade of midwifery. We have explored how issues of gender prevented midwives from accessing higher education, and thus limiting their influence and within the medical community, making their knowledge less relevant than those male physicians that had attended university. We have also looked at the factor of space and the various spheres it encompasses. Space, as explained previously, was composed of private and public space, which traditionally was separated by gender: women dominated the private space, and men the public space. The issue of marginalisation is a great example of the dominance that men had over the public space. One could argue that midwifery is one of the most representative jobs of the private space, however, the attempts at the overregulation of the medical field and the newly acquired position of male physicians, attempted to displace women from their private space.

Despite this, women did not become passive to this exclusion from the medical field. In later centuries, upper-class women created their own sphere of authority in domestic medicine and continued to write about their recipes and medical advice. However, women could not reverse the marginalisation and suppression of midwives. In later years women would continue to lose authority to university-educated physicians.<sup>195</sup> In Spain they would

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<sup>195</sup> Green, *Making Women's Medicine Masculine*, 290.

not regain a sense of authority until the twentieth century when a reform in the medical field led to a change in the relationship between midwives and physicians.<sup>196</sup>

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<sup>196</sup> Wolfram Aichinger, “El Siglo De Oro De La Comadre: Testimonios De Inés De Ayala,” *Memoria y Civilización* 21, (2018), 31.

## BIBLIOGRAPHY

### Archival Sources:

Archivo General de Navarra (AGN), Número: 000062, Tribunales Reales, (1530).

Archivo de la Real Chancillería de Valladolid (ARCV), ES.47186.ARCHV//REGISTRO DE EJECUTORIAS, CAJA 865,15, “Ejecutoria del pleito litigado por María García, partera, vecina de Getafe (Madrid), con el fiscal del rey, acusando a la primera de hechicería en el ejercicio de su oficio de partera y comadre” (13-08-1556).

ARCV, ES.47186.ARCHV//REGISTRO DE EJECUTORIAS,CAJA 1091,7, “Ejecutoria del pleito litigado por María Gavilana y Pedro González, por si y en nombre de María González, su hija, madre, marido e hija respectivamente de Francisca Gavilana, difunta, vecinos de La Vellés (Salamanca) y Castellanos de Moriscos (Salamanca), con Inés Martín, viuda de Pedro Acedo, vecina de La Vellés (Salamanca), sobre fallecimiento de dicha difunta y su criatura por negligencia de la partera” (25-01-1566).

Archivo General de Simancas (AGS), ES.47161.AGS//RGS,LEG,150011,27, “Prohibición en Cuenca del ejercicio de la medicina a las mujeres y a todo el que no haya sido examinado para ello” (13-11-1500).

Carbón, Damián. *Libro del arte de las comadres y del regimiento de las preñadas y paridas y de los niños*, ed. Francisco Susarte Molina. Alicante: Universidad de Alicante [1541] 1995.

Consejo Real de S.M. Tomoll, *Las siete Partidas del sabio Rey Don Alfonso; Consejo Real de S.M. Tomoll*, Partida 6, title 6, Law 17, fol. 308, (1265).

Muñoz, Miguel Eugenio. *Recopilacion de las leyes, pragmaticas reales, decretos, y acuerdos del Real Proto-Medicato*, Valencia: Widow of A. Bordazar, 1751.

Porrallis, Thomás. *Constituciones synodales del Obispado de Pamplona / copiladas, hechas, y ordenadas por Don Bernardo de Rojas, y Sandoval, Obispo de Pamplona... en la Synodo, que celebros en su Iglesia Cathedral, de la dicha ciudad, en el mes de Agosto, de M.D.XC. años*, (1591), fol. 117r.

### Printed Sources:

Amt, Emilie, ed. *Women's Lives in Medieval Europe: A Sourcebook*. London: Taylor & Francis Group, 2010.

Aughterson, Kate. *Renaissance Woman: A Sourcebook: Constructions of Femininity in England*. London: Routledge, 1995.

Green, Monica Helen, ed. *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*. Philadelphia: University of Pennsylvania Press, 2002.

Morrison, Susan Signe. *A Medieval Woman's Companion: Women's Lives in the European Middle Ages*. Havertown: Oxbow Books, 2015.

Terpstra, Nicholas. *Lives Uncovered: a Sourcebook of Early Modern Europe*. Toronto: University of Toronto Press, 2019.

Wiesner-Hanks, Merry, and Monica Chojnacka, eds. *Ages of Woman, Ages of Man: Sources in European Social History, 1400-1750*. London: Routledge, 2002.

### **Secondary Sources:**

Ackerknecht, E H. "Midwives As Experts in Court." *Bulletin of the New York Academy of Medicine* 52, no. 10 (1976): 1224–28.

Aichinger, Wolfram. "El Siglo De Oro De La Comadre: Testimonios De Inés De Ayala." *Memoria y Civilización* 21, (2018): 11-41.

Allotey, Janette C. "Writing midwives' history: problems and pitfalls." *Midwifery* 27, no. 2 (2011): 131-137.

Benedek, Thomas G. "The Changing Relationship Between Midwives and Physicians During the Renaissance." *Bulletin of the History of Medicine* 51, no. 4 (Winter 1977): 550-564.

Berger, Michele Tracy and Kathleen Guidroz, eds., *The Intersectional Approach: Transforming the Academy through Race, Class, and Gender*. Chapel Hill: University of North Carolina Press, 2009.

Blanco, Luna and Mónica Adriana. "Prendas Necesarias De Las Mujeres Para El Oficio De Partear: El Manual Del Protomedicato." *Liminar Estudios Sociales Y Humanísticos* 16, no. 1 (2018), 185-193.

Blumenthal, Debra. "Domestic medicine: slaves, servants and female medical expertise in late medieval Valencia." *Renaissance Studies* 28, no. 4 (September 2014): 515-532.

Butler, Sara M. "More Than Mothers: Juries of Matrons and Pleas of the Belly in Medieval England." *Law and History Review* 37, no. 2 (2019): 353–396.

Caballero-Navas, Carmen. "The care of women's health and beauty: an experience shared by medieval Jewish and Christian women." *Journal of Medieval History* 34, no. 2 (2008): 146-163.

Cabré, Montserrat. "Women or Healers?: Household Practices and the Categories of Health Care in Late Medieval Iberia." *Bulletin of the History of Medicine* 82, no. 1 (Spring, 2008): 18-51.

Carmona-González, Inmaculada, and Maria Soledad Saiz-Puente. "El bautismo de urgencia, función tradicional de las matronas." *Matronas Profesión* 10, no 4 (2009): 14-19.

Campos Díez, María Soledad. "El Protomedicato en la administración central de la Monarquía Hispánica", *Dynamis*, 16 (1996): 43-58.

Clouse, Michele L. *Medicine, Government and Public Health in Philip II's Spain*. London: Routledge, 2016.

Ehrenreich, Barbara, and Deirdre English. *Witches, Midwives, and Nurses: A History of Women Healers*. Last Work Press, 2016.

Flather, Amanda. "Early Modern Gender and Space: A Methodological Framework." In *La(s) casa(s) en la Edad Moderna*, Edited by Margarita M. Birriel Salcedo 23-44. Zaragoza: Instituto 'Fernando El Católico', 2017.

Gallego-Caminero, Gloria, Margalida Miró-Bonet, Pilar Ferrer de Sant Jordi, and Denise Gastaldo, "Las Parteras y/o Comadronas del Siglo XVI: El manual de Damián Carbón," *Texto Contexto Enferm, Florianópolis*, (2005): 601-607.

García- Ballester, Luís, Michael R. McVaugh and Agustía Rubio-Vela "Medical Licensing and Learning in Fourteenth-Century Valencia." *Transactions of the American Philosophical Society* 79, no. 6 (1989): 1-128.

García Martínez, Manuel Jesús "El oficio de partera entre los siglos XV al XVIII. Fuentes documentales para su estudio." *Cultura de los Cuidados*, n. 32, (2012): 88-95.

Green, Monica. *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology*. Oxford: Oxford University Press, 2008.

Green, Monica. "Women's Medical Practice and Health Care in Medieval Europe." *Signs* 14, no. 2 (1989): 434–74.

Greilsammer, Myriam. "The Midwife, the Priest, and the Physician: The Subjugation of Midwives in the Low Countries at the End of the Middle Ages." *Journal of Medieval and Renaissance Studies* 21, no. 2 (1991): 285–325.

Gutiérrez Rodilla, Bertha M. "Las Mujeres y la Medicina en la Edad Media y Primer Renacimiento," *Cuadernos del CEMyR*, 23; (marzo 2015): 121-135.

Juárez-Almendros, Encarnación. "The Disabling of Aging Female Bodies: Midwives, Procuresses, Witches and the Monstrous Mother." In *Disabled Bodies in Early Modern Spanish Literature*, 84–115. Liverpool University Press, 2017.

Kim, Grace Ji-Sun, and Susan M. Shaw. "Introduction to Intersectionality." In *Intersectional Theology: An Introductory Guide*, 1517 Media, (2018): 1–18.

López Terrada, María Luz. "Medical Pluralism in the Iberian Kingdoms: The Control of Extra-Academic Practitioners in Valencia." *Medical History* 53, no. S29 (2009): 7–25.

"Marginalization." Cambridge Dictionary. Cambridge University Press. Accessed November 9, 2022. <https://dictionary.cambridge.org/dictionary/english/marginalization?q=marginalisation>.

McVaugh, Michael. *Medicine Before the Plague. Practitioners and their Patients in the Crown of Aragon*, Cambridge, UK: Cambridge University Press, (1993), 207-18.

Moral de Calatrava, Paloma. "La 'Mujer Cerrada': La impotencia femenina en la Edad Media y el peritaje médico-legal de las parteras." *Dynamis* 33, no. 2 (2013): 461-483.

Nirenberg, David. *Communities of Violence: Persecution of Minorities in the Middle Ages*. Princeton University Press, 2015.

Ortiz Gómez, Teresa. "From Hegemony to Subordination: Midwives in Early Modern Spain." In *The Art of Midwifery*, edited by Hilary Marland, 95-114. London: Routledge, 1993.

Ortiz Gómez, Teresa. "Protomedicato y matronas. Una relación al servicio de la cirugía." *Biblid* 16 (1996): 109-120.

Park, Katharine. "Managing Childbirth and Fertility in Medieval Europe" In *Reproduction (Antiquity to the Present Day)*, edited by Nick Hopwood, Rebecca Flemming, and Lauren Kassell. Cambridge: Cambridge University Press, 2018.

Piper, Leanne. “The professionalisation of Midwifery in the Late Middle Ages” *Revue Canadienne de la Recherche et de la Pratique Sage-femme*, 9, no.1, (2010): 21-34.

Poveda Ortiz, María José. “El Asociacionismo Sanitario Profesional en España durante los Siglos XV y XVI: Un Estudio sobre la institución del Protomedicato,” PhD dissertation, Universidad de Murcia, 2017, 1-131.

Sánchez Pedrosa, Adela. “Proyección histórica de la matrona”, *Revista de enfermería*, no. 03, (1993): 19-38.

Siraisi, Nancy. “Chapter 11: The Faculty of Medicine”, in *A History of the University in Europe*, Edited by H. De Ridder-Symoens, Cambridge University Press, 1992, 360-387.

Turner, Wendy and Sara Butler. *Medicine and the Law in the Middle Ages*. Boston: Brill, 2014.

Usunáriz, Jesús M., “El “oficio de comadres” y el “arte de partear”: Algunos apuntes sobre Navarra: siglos XVI-XVIII”, *Arellano, Ignacio (ed.), Modelos de vida y cultura en la Navarra de la modernidad temprana*, New York, (2016): 319-363.

Valverde, José Luis, and Llopis González Agustín. *Estudio Sobre Los Fueros Y Privilegios Del Antiguo Colegio De Apotecarios De Valencia*. Estudios Del Departamento De Historia De La Farmacia Y Legislación Farmacéutica, Universidad De Granada: Granada, 1979.

Van der Lugt, Maaike. “Nature as Norm in Medieval Medical Discussions of Maternal Breastfeeding and Wet-Nursing.” *Journal of Medieval and Early Modern Studies* 49, no. 3 (2019): 563–88.

Vaughan, Theresa A. *Women, Food, and Diet in the Middle Ages: Balancing the Humours*. Premodern Health, Disease and Disability. Amsterdam: Amsterdam University Press, 2020.

Wainwright, Elaine. *Women Healing/Healing Women: The Genderisation of Healing in Early Christianity*. London: Taylor & Francis Group, 2014.

## Images:

Figure 1. British Museum. *Epitaph Plaque*. Marble stone work. From the Greek and Roman department of The British Museum. [https://www.britishmuseum.org/collection/object/G\\_1756-0101-195](https://www.britishmuseum.org/collection/object/G_1756-0101-195) (accessed September 25, 2022).

Figure 2. Carlos Martínez Álava. *Natividad*. Stone work. From Universidad de Navarra, Catedral de Pamplona. <https://www.unav.edu/web/catedra-patrimonio/actividades/ciclos-y-conferencias/2007/iconografia-del-ciclo-de-navidad-en-el-arte-medieval-navarro> (accessed September 25, 2022).

Figure 3. Raynalde, Thomas *The Birth Fygyres*. Engraving. From Library of Congress, *The birth of Mankind*. // <https://www.loc.gov/item/92517452/> (accessed September 25, 2022).

Figure 4. Florian Bischof, *Midwives and emergency baptism*. Illuminated Manuscript. From Museo de ecología humana. <https://museoecologiahumana.org/en/obras/parteras-y-agua-de-socorro-en-el-cambio-de-siglo-de-una-parroquia-salmantina/> (accessed September 25, 2022).