

Cambridge University Press

978-1-107-05421-9 - Muslim Midwives: The Craft of Birthing in the Premodern Middle East

Avner Giladi

Excerpt

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Introduction

Ibn Khaldūn's *al-Muqaddima* is distinguished, much like the author himself, by a number of features that are as striking to us today as they must have been to his contemporaries. Forming the *prolegomena* to a much larger work, *Kitāb al-ʿibar*, and serving as a highly sophisticated introduction to the historian's craft, *al-Muqaddima* is the towering achievement of a man who undoubtedly ranks as one of the greatest thinkers in Islamic history.¹ As a historiographer and philosopher of history, Ibn Khaldūn can claim to have laid the foundations, in the fourteenth century, of the discipline that we know today as sociology.² That said, it still comes as a surprise to many of us when we find that in his monumental *Introduction to History* Ibn Khaldūn devotes a whole chapter to midwifery (*Faṣl fī ṣināʿat al-tawlīd*), one that is as original in conception as it is rich in detail.³ The chapter is included in part 5 of the *Muqaddima*, which discusses means of subsistence (*maʿāsh*), professions and crafts (*ṣanāʿi*) – “the ‘accidents’ of sedentary culture” – that, Ibn Khaldūn points out, reflect the complexity of

¹ M. Talbi, “Ibn Khaldūn,” *The Encyclopaedia of Islam*, New edition (henceforth *EI*²), vol. III, 825–31, esp. 829–31.

² Fuad Baali, *Society, State and Urbanism: Ibn Khaldun's Sociological Thought* (Albany, NY: State University of New York Press, 1988), 107, 110; Allen James Fromherz, *Ibn Khaldun, Life and Times* (Edinburgh University Press, 2011), 4–6.

³ ‘Abd al-Rahmān Ibn Khaldūn, *al-Muqaddima*, ed. by E. Quatremère (Paris: Bibliothèque Impériale, 1858), vol. II, 328–33; English translation: *The Muqaddima: An Introduction to History*, translated by Franz Rosenthal (Princeton, NJ: Princeton University Press, 1967), vol. II, 368–72.

urban life.⁴ Within this survey midwifery ranks among the most basic crafts (*ummahāt al-ṣanāʾi*), being “something necessary in civilization and a matter of general concern because it assures, as a rule, the life of the new-born child” and thus the survival of the human race and its culture.⁵ Moreover, like “the art of writing, book production, singing and medicine,” it is regarded as a noble craft because of the subject that is at the heart of it (*sharīf bi-al-mawḍūʿ*), that is, newborn children and their mothers (*al-mawlūdūna wa-ummahātuhum*).⁶

Ibn Khaldūn defines several areas of the professional expertise of the midwife (*qābila*⁷):

(a) “How to proceed in bringing the new-born child gently out of the womb of its mother and how to prepare the things that go with that” (*al-ʿamal fī istikhrāj al-mawlūd min baṭn ummihi min al-rifq fī ikhrājihī min raḥimihā wa-tahyīʾat asbāb dhālika*). This involves “some succor”⁸ the midwife offers when the mother is in great pain “by massaging the back, the buttocks and the lower extremities adjacent to the uterus” and by stimulating “the activity of the (force) pushing the embryo out.” Then, *post partum*, how to carefully cut

⁴ Baali, *Society, State and Urbanism*, 36. See also Stephen Frederic Dale, “Ibn Khaldun: The last Greek and the first annalist historian,” *International Journal of Middle East Studies* 38 (2006), 438.

⁵ And indeed, some Muslim jurists prohibited husbands from preventing their wives to serve as midwives. See Ron Shaham, *The Expert Witness in Islamic Courts: Medicine and Crafts in the Service of Law* (Chicago, IL and London: The University of Chicago Press, 2010), 84.

⁶ Ibn Khaldūn, *al-Muqaddima*, vol. II, 316; trans. Rosenthal, vol. II, 355–6. Surveys and classifications of professions and crafts by Muslim thinkers generally concern masculine ones. For instance, the chapter on “practical professions” in the text of *Rasāʾil ikhwān al-ṣafāʾ* (*Epistles of the Brethren of Purity*) – a monumental collection of philosophical treatises compiled in the tenth century by Ismāʿīlī thinkers that Ibn Khaldūn probably knew well – ignores altogether the profession of midwifery; medicine in general is hardly referred to – in any case, it is not mentioned among the professions that are most essential for human existence. See *Rasāʾil ikhwān al-ṣafāʾ* (Beirut: Dar Ṣādir, n.d.), vol. I, 276–95 (*al-Risāla al-thāminā min al-qism al-riyāḍī fī al-ṣanāʾiʿ al-ʿamaliyya wa-al-gharaḍ minhā*).

⁷ On this term see Chapter 2.

⁸ Ibn Khaldūn is aware of the limits of the midwife’s ability to help the mother overcome her pain and avoid the complexities of delivery. Expressions like *fa-takūnu al-qābila muʾīna fī dhālika baʿḍ al-shayʾ* and ... *tusāwiqū bi-dhālika fī ʾl al-dāfiʾa fī ikhrāj al-janīn wa-tashbīl mā yaṣʾubu minhu bi-mā yumkinuhā* reflect his skepticism. See *al-Muqaddima*, vol. II, 329.

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the umbilical cord and treat “the place of the operation with cauterization or whatever other treatment she sees fit.”⁹

(b) How to care for the mother after delivery – to massage and knead her “so that the membranes of the embryo may come out” and to support her “for the weakness caused by the labour pains and the pain that the separation causes her uterus.”¹⁰

(c) How to attend to the newborn child (*mā yaşluḥuhu ba‘da al-khurūj*)- “to massage and correct (it) until every limb has resumed its natural shape and the position destined for it,” to anoint its limbs with oils and dust it “with stringent powders, to strengthen it and to dry up the fluids of the uterus,” to smear “something upon the child’s palate to lift its uvula” and to put “something into its nose, in order to empty the cavities of its brain.”¹¹

With striking familiarity and in great detail, probably the result of extensive and meticulous reading in medical manuals and/or information he had collected from female informants,¹² Ibn Khaldūn describes female anatomy and physiology and outlines the techniques of midwifery. He is conscious that, given what we today call “the modesty code,” this craft “is as a rule restricted to women” since they, as women, may see the pudenda of other women (*al-ẓāhirāt ba‘ḍuhunna ‘alā ‘awrāt ba‘ḍ*).¹³ Moreover, “midwives are better acquainted [with obstetrics] than others”¹⁴ and “we likewise find them better acquainted than a skilful [male] physician with the means of treating the ills affecting the bodies of little children from the time they are sucklings until they are weaned” (*wa-hādhihi kulluhā adwā’ najidu hā’ulā’i al-qawābil abṣar bi-dawā’ihā wa-ka-dhālika mā ya’ridu li-al-mawlūd muddat al-raḍā’ min adwā’ fī badanīhi ilā hīn al-fīṣāl najiduhunna abṣar bihā min al-ṭabīb al-māhir*).¹⁵

⁹ Ibn Khaldūn, *al-Muqaddima*, vol. II, 328–9; trans. Rosenthal, vol. II, 368.

¹⁰ Ibn Khaldūn, *al-Muqaddima*, vol. II, 330; trans. Rosenthal, vol. II, 369–70.

¹¹ Ibn Khaldūn, *al-Muqaddima*, vol. II, 329; trans. Rosenthal, vol. II, 369. For an idealized description by Albert the Great, a thirteenth-century Dominican scientist, of the midwife and her training, see Peter Biller, “Childbirth in the Middle Ages,” *History Today* 36 (1986), 43–4.

¹² On Ibn Khaldūn’s familiarity with Galen’s writings, see Dale, “Ibn Khaldun,” 437.

¹³ Ibn Khaldūn, *al-Muqaddima*, vol. II, 328; trans. Rosenthal, vol. II, 368.

¹⁴ Cf. Edward Shorter, *A History of Women’s Bodies* (Harmondsworth: Penguin, 1984), 38.

¹⁵ Ibn Khaldūn, *al-Muqaddima*, vol. II, 330; trans. Rosenthal, vol. II, 370.

Based on the observation that, due to God's way of creation, "the [mother's] opening is too narrow [for the embryo] and it is difficult for it to come out" (*wa-yaḏīqu 'alayhi al-manfadh fa-ya'suru*)¹⁶ or, as physical anthropologists today put it, "human beings have a difficult birth because evolution has matched the size of the new-born human brain very closely to the limits of the mother's body,"¹⁷ Ibn Khaldūn concludes the first part of his chapter by saying that "this craft is necessary (*ḍarūriyya*, "essential") to the human species in civilization. Without it, the individuals of the species could not, as a rule, come into being" (*lā yatimmu kawna ashkhāshihi fī al-ghālib dūnahā*).¹⁸

Rather unexpectedly, Ibn Khaldūn turns at this point to a theological argument about the possibility of re-creating the human species if it were to become extinct.¹⁹ He brings in al-Fārābī and "Spanish philosophers," who argue that the end of created beings, especially the human species (*al-naw' al-insānī*), is inconceivable because that would make "a later existence of them . . . impossible. Their existence depends upon the existence of midwifery (*li-tawaqqufihi 'alā wujūd hādhihi al-ṣinā'a*), without which man could not come into being[!]"²⁰ Although he does not accept their notion, claiming that, as in certain animals, "the instinctive kind (of births) is not unknown" in humans (*wa-ammā sha'n al-ilhām fa-lā yunakaru*),²¹ Ibn Khaldūn's theological deliberations take him far from his initial discussion of the practical aspects of the craft and lend the role of the midwife an almost cosmological-existential dimension, placing her, at least theoretically, in a highly elevated position.

To be sure, medieval Muslim doctors and religious scholars alike recognized medicine as an important, in fact indispensable occupation,

¹⁶ Ibn Khaldūn, *al-Muqaddima*, vol. II, 329; trans. Rosenthal, vol. II, 368.

¹⁷ Donald A. M. Gebbie, *Reproductive Anthropology; Descent through Women* (Chichester and New York: Wiley, 1981), 8.

¹⁸ Ibn Khaldūn, *al-Muqaddima*, vol. II, 331; trans. Rosenthal II, 370. See also Maya Shatzmiller, "Aspects of women's participation in the economic life of later medieval Islam: Occupations and mentalities," *Arabica* 35 (1988), 42; idem, *Labour in the Medieval Islamic World* (Leiden: Brill, 1994), 353.

¹⁹ On the philosophical shaping of Ibn Khaldūn see Dale, "Ibn Khaldun," 431–51.

²⁰ Ibn Khaldūn, *al-Muqaddima*, vol. II, 331–2; trans. Rosenthal, vol. II, 371. Believing in God's omnipotence, Ibn Khaldūn agrees with Ibn Sīnā that the end of various species and their creation anew are possible, while rejecting his argumentation. Cf. Richard Walzer, *Greek into Arabic* (Oxford: Bruno Cassirer, 1962), 187–90.

²¹ Ibn Khaldūn, *al-Muqaddima*, vol. II, 331; trans. Rosenthal, vol. II, 370.

regarding the presence of a professional physician in any town or city as absolutely necessary. According to Abū al-‘Alā’ Ṣā’id b. al-Ḥasan (d. after 1071), a physician from Raḥba in northern Iraq, medicine has become a universally appreciated vocation through accumulated experience and thanks to general consensus (*qad ajma‘at al-umam wa-ittafaqat al-shahādāt . . . wa-al-tajārib al-mustamirra bi-faḍl ṣinā‘at al-tibb wa-ḥājat al-nās ilayhā*). What makes a city or a town a good place to live in is not only a just ruler, a flowing river and a market, he says, but also a knowledgeable physician (*ṭabīb ‘ālim*). Moreover, attributed to a divine origin and applied for the benefit of, amongst others, prophets and devoted believers, the study and practice of medicine have been sanctioned and encouraged by religion (*wa-idhā kānat hādhihi al-ṣinā‘a qad waḍa‘ahā Allāh ta‘ālā wa-ista‘malahā al-anbiyā’ wa-al-atqiyā’ wa-amarū bihā wa-lam tuḥadhdhirhā sharī‘a wa-lā ḥaramathā milla fa-qad bāna faḍluhā wa-jalla qadruhā*). All this explains the prestige medicine enjoys, the honor conferred on its practitioners and the efforts invested in preserving and copying medical writings (*fa-li-dhālika tarā al-nās li-idṭirārihim ilayhā yujillūnahā wa-yubajjilūnahā wa-yaḥtafiḥūna bi-mā yaqa‘u lahum min kutubihā wa-yansakhūnahā . . .*).²² Abū Ḥāmid Muḥammad al-Ghazālī, the well-known jurist, theologian and mystic of the eleventh-twelfth centuries (d. 1111), supports this approach from a theological point of view. He regards the body as a sort of carrier (“a riding animal” – *maṭiyya*), a material platform for the spirit – namely, the divine element planted in human beings and whose perfection brings believers close to God. Physical health in this world and consequently longevity should therefore be seen as preconditions for achieving the ultimate human goal in the hereafter. No wonder then that al-Ghazālī defines medicine as one of the non-religious (*ghayr shar‘ī*) yet praiseworthy (*maḥmūd*) sciences and sees its study as one of the collective duties (*farḍ kifāya*) imposed on at least one (male) believer in any Muslim community.²³ However, while sharing the idea that “the craft of medicine (*ṣinā‘at al-tibb*) is

²² Abū al-‘Alā’ Ṣā’id b. al-Ḥasan al-Ṭabīb, *al-Tashwīq al-ṭibbī*, ed. by Marīzan Sa’id ‘Asīrī (Riyad: Maktab al-Tarbiyya al-‘Arabī li-Duwwal al-Khalīj, 1996), 55–8.

²³ Abū Ḥāmid Muḥammad al-Ghazālī, *Iḥyā’ ‘ulūm al-dīn* (Cairo: Mu’assasat al-Ḥalabī, 1967), vol. I, 27–8, 78–9.

needed in settled areas and cities – not in the desert,” where the Bedouins adopt a healthier diet and are more physically active²⁴ – Ibn Khaldūn is unique in that he explicitly includes midwives in the medical profession whose practice is of special socio-religious significance. With his enormous appreciation of – not to say admiration for – midwives, those agents thanks to whom women become mothers and the human species survives, Ibn Khaldūn represents one side of the ambivalent male attitude towards the creative power of the other sex.

Also exceptional, yet from a different point of view, is a text by Ibn Khaldūn’s contemporary, Muḥammad b. Muḥammad Ibn al-Ḥājj al-‘Abdarī (b. 1336), a Cairene Māliki jurist of Maghribi origin, who represents an opposite, probably more prevalent, male approach towards women in general and midwives in particular. His *Introduction to Religious (shar‘ī) Law, al-Madkhal*,²⁵ is one of the most well known compilations within the genre (particularly popular in the Mamluk period) of treatises condemning innovations into the beliefs, customs and religious practices of the people of the time (*bida‘*, sing. *bid‘a*).²⁶ The comments that open the chapter on childbirth (*Faṣl fī dhikr al-nifās wa-mā yuf‘alu fīhī*) leave no doubt as to the extremely misogynous world view of the author: “This chapter should have been placed before the one preceding it, which deals with washing a dead body, since in real life birth is the beginning and death comes next. However, because religious rules pertaining to birth are exclusively connected with women, I followed the Prophet Muḥammad’s

²⁴ Ibn Khaldūn, *al-Muqaddima*, vol. II, 333; trans. Rosenthal, vol. II, 373.

²⁵ *Kitāb al-madkhal ilā tanmiyat al-a‘māl bi-taḥsīn al-niyyāt wa-al-tanbīh ‘alā ba‘d al-bida‘ wa-al-awā‘id allatī intaḥalat wa-bayān shanā‘atihā wa-qubḥihā* (Beirut: Dār al-Kitāb al-‘Arabī: 1972). See, J.-C. Vadet, “Ibn al-Ḥājj,” *EI*², vol. III, 779–80.

²⁶ J. P. Berkey, “The Mamluks as Muslims: The military elite and the construction of Islam in medieval Egypt,” in *The Mamluks in Egyptian Politics and Society*, ed. by Thomas Philipp and Ulrich Haarman (Cambridge University Press, 1998), 166–7; Maribel Fierro, “The treatises against innovations (kutub al-bida‘),” *Der Islam* 69 (1992), 204–46. According to Fierro, Ibn al-Ḥājj is the only author of an anti-bida‘ treatise available in print who extensively discusses problems connected with women in general and midwives in particular. On the unique character of Ibn al-Ḥājj’s *al-Madkhal*, see Mounira Chapoutot-Remadi, “Femmes dans la ville mamlūke,” *Journal of the Economic and Social History of the Orient* 38 (1995), 145–64, especially 163.

instruction to ‘place females behind, just where God has placed them’” (*akhkhirūhunna ḥaythu akhkharrhunna Allāh*).²⁷

The chapter as a whole is characterized by the tension that clearly exists between, on the one hand, the author’s awareness of the religious significance of birth as the beginning of life (which, like the last moments on earth, is crucial for determining a believer’s destiny in the Hereafter)²⁸ – thus implicitly reflecting his recognition of the essential role of the mother – and, on the other, the contempt he feels for the female body, the vehicle for creating new life, and for the all-female milieu in which deliveries take place. Moreover, it is obvious that for Ibn al-Ḥājj al-‘Abdarī the happenings behind the curtain of this closed, mysterious “world of birthing ritual,”²⁹ of which the midwife is an indubitable representative, constitute a source of deep concern and fear. An embodiment of the strict legalistic approach of Muslim scholars, Ibn al-Ḥājj vehemently criticizes the midwives who, being in most cases outside the circles of the ‘*ulamā*’, lack religious knowledge (*fa-li-ajli bu’dihinna ‘an al-‘ilm wa-ahlihi ghālib^{an} . . .*); for adopting countless disgraceful practices (‘*awā'id radī'a muta'addida qalla an tanḥaṣira*) and popular customs in contradiction of the sacred law, the *sharī'a*³⁰; he blames them for breaking hygienic and purification rules, for superstitiously using magical devices and for their greed.³¹ Against this background, Ibn al-Ḥājj calls on Muslim males not to observe

²⁷ Muḥammad b. Muḥammad al-‘Abdarī Ibn al-Ḥājj, *al-Madkhal*, vol. III (Beirut: Dār al-Kitāb al-‘Arabī, 1972), 296.

²⁸ Ibid.: *Wa-qad taqaddama anna al-muḥtaḍar ‘inda mawtihi yanbaghī an yakūna ‘alā aḥsan ḥālātibi fīmā baynahu wa-bayna rabbibi ‘azza’wa-jalla, li-annahu al-khitām fa-yanbaghī an yakūna al-ibtidā’ mithlahu hīna burūzihi ilā al-dunyā.*

²⁹ Monica Green, “Women’s medical practice and health care in medieval Europe,” *Signs* 14 (1989), 472.

³⁰ Ibn al-Ḥājj, *al-Madkhal*, vol. III, 297.

³¹ Ibid., 296–300, and see Chapter 1. See also, Huda Lutfi, “Manners and customs of fourteenth-century Cairene women: Female anarchy versus male Shar’i order,” in *Women in Middle Eastern History: Shifting Boundaries in Sex and Gender*, ed. by Nikki R. Keddie and Beth Baron (New Haven, CT and London: Yale University Press, 1991), 111–12. Elsewhere in his *al-Madkhal* (vol. IV, 122), Ibn al-Ḥājj mentions midwives, along with old women, as experienced in general medical practice. Ibn Ḥajar al-Haytamī, the sixteenth-century Shāfi’i scholar from Egypt, in one of his fatwās, blames the careless treatment provided by midwives as responsible for cases of infant mortality during childbirth. See Aḥmad b. Muḥammad Ibn Ḥajar al-Haytamī, *al-Fatāwā al-fiqhiyya al-kubrā* (Cairo, 1890), vol. I, 220.

midwives' advice, to reject their practices (*fa-yanbaghī li-waliyy al-mawlūd ... an lā yarjī'a ilayhinna wa-lā ilā ra'yihinna wa-lā ilā 'awā'idihinna*)³² and to spare no effort to break the midwives' monopoly – or, rather, to break into their isolated realm – not by replacing them, of course, but by carefully selecting them, instructing them in the spirit of Islamic law and ethics, and by continually supervising them: “It is fit for the child's guardian, or rather imposed upon him, to obey God and follow the prophetic pure example in this regard [i.e., child-birth] so that the [divine] blessing will come back to the new-born infant at the outset of its life and later on” (*fa-yanbaghī bal yata'ayyanu 'alā waliyy al-mawlūd an yakūna mumtathil^{an} li-amr Allāh ta'ālā fihī [fī al-nifās] wa-yatba'a al-sunna al-muṭṭahara fī ḥaqqihī li-ta'ūda barakatuhā 'alā al-mawlūd fī ibtidā'i amrihī wa-ba'dahu*).³³

Unlike Ibn Khaldūn who, I assume, had in mind a highly professional midwife working for elite families, Ibn al-Ḥājj offers us a vivid description of the manners and customs of midwives serving women of wider social circles. For instance, he fiercely attacks midwives for neglecting the basic rules of hygiene when they touch the newborn and its clothes without first washing the secretions of its mother off their hands and, moreover, when they let the newborn infant lick their fingers covered with the mother's blood (*bal ba'd al-qawābil yul'iqna al-mawlūd mimma yata'allaqu bi-aṣābi'ihinna min al-najasāt*), claiming that these practices are beneficial to it.³⁴ Ibn al-Ḥājj also denounces midwives for being greedy and superstitious: they steal the garment with which the newborn is first wrapped, attributing to it powers of blessing or simply out of covetousness when, for instance, it is made of silk; also for believing in the magical power the act of cutting the umbilical cord has on other infants who are brought into the house when this is taking place.³⁵

³² Ibn al-Ḥājj, *al-Madkhal*, vol. III, 297.

³³ Ibid., 296–301, 304–5.

³⁴ Ibid., 298. Another indication of the low professional level of Cairene midwives in Ibn al-Ḥājj's time is the use of mouse dung to lessen the mother's pains. See *ibid.*, vol. III, 299.

On the damage caused by the furious intervention and impatience of “traditional” midwives in premodern Europe in the natural process of birth, see Shorter, *A History of Women's Bodies*, 58–65.

³⁵ Ibn al-Ḥājj, *al-Madkhal*, vol. III, 299–300, 304.

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Regarding the moral behavior of midwives Ibn al-Ḥājj is no less critical. According to him, some of them refuse to fix their wages well in advance, which they claim as beneath their dignity ... (*bal ba'ḍuhunna yarawna anna ta'yyīn al-ujra 'ayb wa-qillat ḥishma wa-tark riyāsa*)³⁶ and prefer to leave the negotiations on this matter to the time of the delivery, presumably in the hope of extracting more from the thrilled and confused family members. Others reject the intervention of another midwife in a (probably complex) delivery they themselves started to deal with (*wa-yanbaghī an yaḥdhara mim mā yaf'aluhu ba'ḍ al-qawābil wa-huwa anna al-wāḥida minhunna idhā dakhalat ilā bayt wa-qabilat fīhi lā yumkinu ghayruhā an tadkhula 'alayhā fīhi*).³⁷

All in all, *al-Madkhal* depicts, in what appears to be a realistic way, the time and place of childbirth as an arena for a power struggle between males and females: husbands and wives, masters and concubines, medical women and the surrounding society with its patriarchal-Islamic ethos.

One can discern in the texts I have cited here different types of midwives active in the medieval Muslim world. More importantly though, these texts reflect the contrasting images and views of midwifery held by prominent fourteenth-century Muslim thinkers, images that embody two sides of the ambivalent attitude of males towards this typically female occupation and its representatives.

To what extent are these views based on earlier Islamic sources and shared by other thinkers? Do they reflect aspects of social reality? In answering these questions through a survey of mainly theoretical and literary writings, in what follows I trace the attitudes toward midwives on the part of male Muslims – biographers, physicians, and jurists – to a mixture of awareness of the midwife's essential role in society with her obvious marginalization, which sometimes results in a total absence of midwives in those texts in which they might be expected to appear.

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³⁶ Ibid., 298. ³⁷ Ibid., 304–5.

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For it is a perennial puzzle why no woman wrote a word of that extraordinary literature when every other man, it seemed, was capable of song or sonnet
 – Virginia Woolf, *A Room of One's Own* (London: Hogarth Press, 1967), 62

Available in relatively large numbers and varied in their character, written and other sources have enabled historians in recent years to develop a “history of birth” and a “history of midwifery” in the context of premodern Western-Christian societies. These sources include belles-lettres; medical, legal, and theological writings; records of sainthood and *exempla* (tales illustrating sermons); archival documents such as records of legal proceedings or documents of orphan-ages; personal diaries and testimonies of travel writers; as well as art works from late medieval through early modern times.³⁸ Most of this corpus of texts written before the seventeenth century is the product of urban male scholars. Midwives, like other women, were socialized to regard themselves as innately inferior and subordinate to men. Therefore, even literate women who could have left records did not consider their work worth reading.³⁹ However, the seventeenth century saw the first signs of a significant change in Europe. A few midwives left memoirs and manuals, “precious pieces of evidence . . . an island in an ocean of documentary silence.”⁴⁰ *The Midwives' Book* by Jane Sharp, the first handbook for midwives written by an Englishwoman, was published in 1671.⁴¹ Moreover, the writings of Louise Bourgeois (1563–1636) the midwife of Marie de Médici (wife of King Henri IV of France and mother of King Louis XIII), includes, in addition to

³⁸ S. Laurent, *Naître au Moyen Âge* (Paris: Le Léopard, 1989), 2–8; Biller, “Childbirth,” 43, 49; Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France* (London: Ashgate, 2005) is wholly dedicated to the visual culture of childbirth.

³⁹ Jane Donegan, *Women and Men Midwives: Medicine, Morality and Misogyny in Early America* (Westport, CT: Greenwood Press), 20, quoted by Mary M. Lay, *The Rhetoric of Midwifery: Gender, Knowledge and Power* (New Brunswick, NJ and London: Rutgers University Press, 2000), 45.

⁴⁰ Simon Schama, *The Embarrassment of Riches: An Interpretation of Dutch Culture in the Golden Age* (London: Fontana Press, 1991), 525.

⁴¹ Jane Sharp, *The Midwives' Book; Or the Whole Art of Midwifery Discovered*, ed. by Elaine Hobby (New York: Oxford University Press, 1999), Editor's Introduction, vii–xliii. Cf. Naomi Simansky, “Jane Sharp and her place in the struggle between medical practitioners and midwives in XVIIth-century England,” *Hayo Haya: A Young Forum for History* 1 (2002), 52–70 (in Hebrew).