

The Professionalization of Midwifery in the Late Middle Ages

La professionnalisation de la pratique sage-femme à la fin du Moyen-âge

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ABSTRACT

The concept of midwifery as an independent profession for women, one that gave them the opportunity for autonomy and education, is evident in the historical record of Western Europe in the late Middle Ages. This study looks at several determinant factors that define the concept of professionalization in a medieval context – such as education, the establishment of standards of practice and the ability to earn income – concluding that midwifery should be considered by historians as a specialized profession, separate from other healers, physicians, and lay midwives. The study reflects on the work of early Greek medical scholars and the advancement of knowledge by Trotula of Salerno and St. Hildegard von Bingen, as well as the autonomy of practicing midwives and their relationship to the established Church, to illustrate the status of midwifery as a distinct profession during the established time period.

KEY WORDS

Middle Ages, Trotula of Salerno, St. Hildegard von Bingen, midwifery education, professionalization

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RÉSUMÉ

Le concept de pratique sage-femme en tant que profession indépendante permettant aux femmes d'acquérir autonomie et éducation est évident dans les documents historiques de la fin du Moyen-âge en Europe occidentale. Cette étude examine plusieurs facteurs importants qui permettent de définir le concept de professionnalisation dans un contexte médiéval, notamment l'éducation, l'établissement de normes de pratique et la possibilité de toucher un revenu. L'examen de ces facteurs suggère que la profession de sage-femme doit être considérée par les historiens comme une profession spécialisée à part entière, qu'il faut distinguer de celle des autres guérisseurs, médecins et sages-femmes autodidactes. Afin d'illustrer le statut de la pratique sage-femme en tant que profession à part entière pendant la période établie, cette étude s'intéresse aux ouvrages de savants de la Grèce ancienne et à l'évolution des connaissances grâce à Trotula de Salerne et Sainte-Hildegard de Bingen, ainsi qu'à l'autonomie des sages-femmes qui exerçaient la profession et à leur relation avec l'Église établie.

MOTS CLÉS

Moyen-âge, Trotula de Salerne, Sainte-Hildegard de Bingen, formation de sage-femme, professionnalisation

Cet article a été évalué par des pairs.

Introduction

Late medieval European society offered a number of different roles for women, most commonly as labourer, wife and mother. Alternative lifestyles as healers, mystics and teachers, were practiced primarily by women inside the established order of the Catholic Church. Those willing to live by the restrictive rules of the Church, most commonly girls offered at an early age by their families and widows, could enter into professions not available to married women.

The unique role of women who practiced as midwives is neglected in the historical record of the late Middle Ages. The concept of midwife-as-witch was a notion that evolved after the fourteenth century, and reached its zenith later during the sixteenth and seventeenth centuries, at a time of moral and social upheaval associated with the disintegration of feudalism and Puritan zealotry. In the late Middle Ages however, (1100-1400 AD) many women who served as midwives enjoyed a sense of freedom and professional status rare for the time.

The term "professional" is rarely used to characterize working women between the eleventh and fourteenth centuries, because many of the female occupations connected to the Church were not by choice, but by circumstance, as young girls and teens were placed in the care of the Church by their families at a very early age if they were intended for service as nuns or healers.¹ Midwifery was an exception, however and could be defined as a professional occupation, because it was practiced, controlled and regulated almost entirely *for* women *by* women.

Historical evidence that supports the notion of the professionalization of midwifery in the late Middle ages is divided into three areas. First, in the field of obstetrics, midwives had valuable knowledge and were recognized for their skills, distinctly different from those of their male colleagues in the medical community. Second, in the established Church, the practice of midwifery took on a special status, as part of a woman's Christian duty and helper to the Creator. And third, although midwives blended into

the community and social fabric, midwives possessed a skill set that had economic value.

It is between the years of 1100 and 1300 AD that documentation on the activities, education and qualities of midwives becomes most evident in the historical record, and thus it is during this period that the evidence clearly establishes midwives as professionals. Some historians may argue that childbirth and the practice of midwifery were simply a part of everyday life, and to give women elevated title or status for this role may not be warranted. To assign midwifery professional status during the late Middle Ages, therefore, requires some qualification of terms. For the purpose of this analysis, "professional" status can be defined as meeting the following criteria:¹

- a) having a measure of regulation or control in their field,
- b) having formal or informal education or training,
- c) possessing specialized skills or knowledge, separate from related professions,
- d) establishing and maintaining standards of membership,
- e) engaging in scholarly writing and research,
- f) payment of fees or in kind for midwifery services, and,
- g) providing a service which benefits the larger society.

Midwives practicing within all three settings – the medical establishment, the Christian Church and in local communities – met the criteria above and confirmed that midwives during the eleventh and thirteenth century were practicing midwifery as an independent profession.

To begin, an examination of midwives practicing as members of the established medical community offers the clearest sense of their growing professional status. A brief summary of medical education in the late Middle Ages will help to set the stage for the types of primary resources that are available in the historical record, and the attitudes that are expressed within these sources. In short, medieval medicine has been labelled as the 'Great Failure'.² Medieval physicians during the early

Middle Ages (fourth century through to the eleventh century) did little to advance the skills or knowledge of medical science beyond what was practiced by Greek physicians. During this early medieval period, emerging Christian states, changing political boundaries and barbarian unrest engaged much of society at all socio-economic levels. It comes as no surprise then, that the advancement of medical knowledge was stagnant. However, during the later centuries after 1200 AD, medicine made some of its greatest strides. It was during this later period that Christian theology caught up with scientific inquiry. Greek works by Hippocrates, Soranus and Galen were the most widely accepted texts of medieval doctors. The typical medieval monastic library contained works by these three physician-scientists.³ Even in Salerno, one of the world's first institutions for medical education, located in Italy, teaching had always been heavily influenced by Hellenistic medicine since its days as a Greek colony.⁴ This Greek legacy also had an impact on the advancement of the practice of midwifery. Perhaps the most influential factor in the stagnation of medieval medicine was the attitude of the Christian Church towards pain, disease and human suffering. "I wound and I heal", saith the Lord, "I, God, am your healer", preached the Holy Bible.⁵ Pain was viewed as punishment for sin, and through suffering, men and women could share in the agony of Jesus Christ and liberate themselves from worldly desires.⁶

Monasteries functioned as centres for care of the sick, not necessarily for medical intervention or treatment, but for spiritual strength and ministrations. St. Bernard, Bishop of Clairvaux wrote in the twelfth century, "To buy drugs, to consult physicians, to take medicines, befits not religion and is contrary to purity".⁶ These early sentiments and attitudes cannot be discarded, and they are the backdrop of the time period that is the focus of this study. In addition, because the texts of several medieval midwives refer to the teachings of Soranus, Greek physician and obstetrician, his work will play a significant part in describing how medieval society approached the subject of childbirth.

A leading figure in the late Middle Ages in the field of obstetrics, gynaecology and women's health was Trotula. Trotula, a practicing midwife and physician in Salerno, Italy during the eleventh century, is significant for two reasons. First, she left behind the most comprehensive texts on every aspect of midwifery and women's health, and second, because she was a woman. The second point is significant because she taught, wrote, researched and practiced as a respected professional on an equal level with her male colleagues at Salerno. Trotula of Salerno met all of the criteria for classification as a professional woman, by both medieval and modern standards.

Trotula's education at Salerno was comprehensive. As both a practitioner and a scholar, she wrote prolifically, resulting in *De Passionibus Mulierum*, commonly known as *Trotula Major* or simply *Trotula*. An English translation of a Trotula manuscript, the *Medieval Woman's Guide to Health*, is often referenced by medical historians and is the source referenced within this article.ⁱⁱ Most importantly, Trotula perceived herself as a midwife-physician and understood the importance of establishing professionalism in the field of women's health and childbirth, and the need for it to be separate and distinct from other fields of study. In the Preface to her work, Trotula explained why she focussed on this profession and why she felt compelled to advance its



Figure 1:
Salerno, Italy,
site of medieval
medical school.

education and practice. She wrote:

Because there are so many women who have numerous diverse illnesses, and because they are also ashamed to reveal their distress to any man, I therefore shall write, praying to merciful God to send me Grace to write truly to His satisfaction and to the assistance of all women.

*[Women] are ashamed of reproach in times to come and of exposure by discourteous men who love women only for physical pleasure and for evil gratification. And if women are sick, such men despise them and fail to realize how much sickness women have before they bring them into this world. And so, to assist women, I intend to write of how to help their secret illness and not divulge her secrets to such discourteous men.*⁷ (p.59)

The distinction between physicians and midwives is not always clear. At medical institutions in Salerno, Paris and Montpellier, educators and practitioners self-identified as physicians. Late medieval registers made a distinction between *obstetrice* and *medicae* to note the difference, however the term is often used interchangeably. Women more often used the title *obstetrice*.³

Trotula was not alone in her assertion that the study and practice of childbirth and women's health should be treated as a distinct profession. At the University of Paris in the twelfth century, the *Chartulanum Universitatis Pariensis* (Charter of the University of Paris) stated:

*It is more fitting that a wise woman, experienced in the art of medicine, should visit another woman, to examine her and to inquire into the hidden secrets of her being. . . for a man is not permitted to do these things, nor to investigate or feel women's hands, breasts, stomach, feet, etc.*³ (p. 26)

For women to assert professional status in the late Middle Ages would not be enough in itself, but the fact that the leading medical institutions in Italy and France and their male administrators also recognized obstetrics as a specialized field for women adds strong testimony for the argument that midwifery had status as a distinct profession.

In keeping with the established criteria of midwifery as a profession, midwives would have been expected to acquire a specialized body of knowledge. Although Trotula's work reveals that her foundational teachings came from the work of Greek physician Soranus, her own content adds to his work and many of her herbal formulations for gynaecological conditions are credited as original medical treatment on her part. A sampling from the Table of Contents reveals only a limited scope of her body of knowledge: *On the Retention of Menses, On the Suffocation of the Womb, On Difficult Childbirth, On the Secundine, On the Swellings of the Legs of Pregnant Women, and so on.*³ Trotula's text describes various procedures for birth complications, such as caesarian procedures, sixteen different abnormal birth presentations and associated delivery techniques, episiotomy, along with hundreds of herbal recipes for various purposes ranging from induction of labour to swollen fingers. More than half of Trotula's *De Passionibus Mulierum* contains remedies and instructions for preparation and use. Her recorded body of knowledge was so widely respected and her texts so widely used, that many copies of her handbook have survived to modern day. Even Pope John XXI (circa 1267 AD) possessed a copy of her handbook and extolled the extent of her knowledge.⁴

Entry into the medical community was restricted in many ways for midwives. Standards of character, education and physicality were detailed by both Trotula and Soranus. In many ways, entry into the profession was similar to a self-regulated guild, in that the senior leadership determined who would be considered appropriate for entry. Two chapters of Soranus' *De Morbis Mulierum* are dedicated to describing the desirable characteristics of an ideal midwife, as follows:

*. . . she must be literate is an important prerequisite for a midwife. . . she must be literate in order to comprehend the art through theory, also. . . she must have a good memory; be industrious and patient, moral so as to inspire confidence; be endowed with a healthy mind and have strong constitution; and finally, she must have long delicate fingers with nails cut short.*⁹ (p. 15)

Political and religious institutions added another layer of expectations of professional standards for midwives. In the twelfth century, Pope Alexander III decreed that only formally educated practitioners could perform surgical procedures, including caesarian sections that had been performed by midwives in emergency situations.¹⁰ In 1224, Holy Roman Emperor Frederick II declared that all those who practiced medical procedures, including obstetrical procedures used by midwives in routine practice, would be required to pass qualifying examinations in order to obtain a licence to practice.¹⁰ The regulations were intended for both men and women. Whether the majority of midwives adhered to such general proclamations is unknown.

It should be clarified that not all scholars in women's health and birth were women during this time period. The fact that men were equally interested in the study of childbirth and its associated conditions adds further testimony to the argument that the practice of midwifery was gaining professional status in the medical community. However, most men studying childbirth or gynaecology, Albertus Magnus for example (1193-1280 AD), a notable physician during the late Middle Ages, focused on scholarship, research and verbal advice, while primary prenatal care and attendance at births remained exclusively in the hands of female midwives.¹¹ Licencing records in Italy of the time period show that few females were granted licences, but because these were surgical licences, midwives did not generally fall into this category. In 1260, a woman in the Kingdom of Naples was granted a licence to practice surgery,¹¹ illustrating that late medieval society had regard for the merits and qualifications of women as professionals in the field of women's health.

Trotula's scholarly work reveals a body of knowledge that presumes she

practiced hands-on midwifery, either before or during her years as a teacher and scholar at Salerno. Trotula's most important contribution in the historical context is that her high profile at Salerno, her extensive record of scholarly works, her reinforcement of professional standards for midwives and the freedom that she exercised within her field all illustrate the unique place of midwifery as a professional alternative for women in the late Middle Ages.

The advancement of the medical science of women's health during this time period was an important contribution to the advancement of professionalism of the field, but its daily practice in western European society sheds a different light on the nature of the midwife. As with many aspects of daily life between the eleventh and thirteenth centuries, the Christian Church was actively interested in every aspect of the childbirth process. St. Hildegard von Bingen, a Benedictine abbess and founder of a successful and popular convent outside of Rupertsburg, Germany between 1098 and 1179, provides an exemplary look at the daily practice of midwifery in medieval Europe, and its place in religious observance. Although monastic life was an accepted alternative for women in the late Middle Ages, it is the way in which a woman chose to focus her Christian teaching and practice that helps to define the fine line between a religious calling and a professional calling. For example, a Christian nun participating in the daily operation of the convent through prayer, ministrations, cooking or study, would be following a path of religious service, while a nun engaged in scholarly writing, public education and medical practice would be considered as having a profession. This is an arguable distinction perhaps, but for the purpose of examining medieval midwives as



Figure 2: Trotula of Salerno, from an early thirteenth-century

professionals, it provides a view of St. Hildegard von Bingen as a professional practitioner, not merely for her scholarly Christian writing, but also for her contribution to raising the profile of midwifery practice as a dimension of Christian duty.

The midwifery practiced by St. Hildegard and her followers met several of the criteria of professionalism. St. Hildegard felt a spiritual calling to assist women in childbirth, she was learned in obstetrical procedures, she engaged in scholarly writing on the subject and she provided a specialized service in her community that was not provided elsewhere. Her views on feminism, sexuality and reproduction were both theological and practical in nature. In one of her works, *Causae and Curae*, St. Hildegard's interest and scope of knowledge in women's health and suffering is evident, yet in parallel works, such as *Vita Sanctae* and *Scivias*, she offered theological interpretation of the feminine condition, including the pain of childbirth. She revealed a belief that labour was a result of the curse of women as daughters of Eve.¹ In her study of the life of St. Hildegard, historian Barbara Newman sees a woman of intense dichotomy, a women who:

*had a scientific interest in sexuality, yet moral disdain for it, who had a unique view of women's cosmic significance, yet held a practical view of femininity as a form of weakness. She had a keen self-awareness about the importance of her gender.*¹(p. 18)

This character analysis is important to understanding St. Hildegard's role in the professionalization of midwifery, because she sees the uniquely female function of childbirth as an extension of the role of God, and midwives therefore, as assistants to God. St. Hildegard wrote, "women's primary significance in the Divine scheme is to reveal the hidden God by giving him birth. She [woman] gives birth to His image in every child she bears."¹²(p.93) St. Hildegard's practice of midwifery is her Christian calling to assist in bringing forth God's children.

It is evident in the historical record that St. Hildegard's and her nuns regularly assisted women within the convent.¹ It is also evident that St.

Hildegard was well-educated in obstetrics and gynaecology and was familiar with the work of Soranus of Ephesus. St. Hildegard's *Causae and Curae* mirrors much of the medical knowledge of Soranus, but also includes new writings on the subject of fertility, contraception and other unconventional approaches such as chalcedony (the use of gemstones for healing) and herbalism. St. Hildegard prescribed "a moist poultice of fennel and hazelwort"¹² (p.147) to help ease the pain of labour, illustrating that the abbess had working knowledge in her field. The reputation of St. Hildegard, both as a theologian and a practitioner, was known in other parts of Europe and her role in practicing midwifery and fertility consultation was an example followed by other Benedictine convents in France, Germany, Belgium and other major centres in western Europe. This is evident by the extensive collection of St. Hildegard's letters to other convents in Europe on topics ranging from her theological visions to medical advice. St. Hildegard was also in regular communication through letters with Pope Alexander III, Emperor Frederick II and St. Bernard, Bishop of Clairvaux, as well as other convents, monasteries, bishops, abbots and abbesses. This is significant because these political and theological leaders were aware of her success in providing medical assistance to women. Today, Notre Dame-de-Oeufs and Notre Dame-de-la-Dorade, two medieval Benedictine convent-hospitals under St. Hildegard's influence in France, are still known as places of pilgrimage for women who are unable to conceive.¹⁰

Trotula of Salerno and St. Hildegard von Bingen are excellent examples to illustrate the elevation of midwives into a profession during the late Middle Ages. While Trotula performed within the sphere of a medical and scientific institution, St. Hildegard was focused more on midwifery as a spiritual or religious calling. While they both helped further the advancement of knowledge and status of the midwifery profession, this study would not be complete without discussion of the lay midwife. The lay midwife, the attendant at the majority of births in urban and rural communities, fulfilled two conflicting roles. The lay midwife blended into existing society much the same as many other

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women as wives, mothers, sisters, daughters and labourers. As a woman alone, she had relatively little freedom within larger society, yet as a midwife or "wise-woman"¹⁰, she did have control over her field of expertise, established standards and underwent informal training, received fees for her services, and helped to shape medieval attitudes towards professional women. The local lay midwife therefore, met many of the criteria used to describe a profession, although on a different level than her sisters in Salerno, Italy and St. Rupertsburg, Germany. Not all midwives practicing in medieval Europe were formally educated in their field, or saw themselves as professionals. In reality, very few community-based midwives were formally educated. Many midwives received their training through apprenticeship or passed down knowledge from mother to daughter.³ Lay midwives in rural communities were rarely literate and were fortunate if they had a copy of Trotula's handbook, but they did commit treatments and procedures to memory. Many remedies and treatments were written in rhyme so they could more easily be remembered and recited. An experienced midwife was often accompanied by one or two apprentices and/or neighbours.¹³ The presence of neighbours and apprentices at births served several purposes – to provide additional support for the labouring mother, education and experience for the apprentice, to provide several witnesses to the birth in a time when midwives were beginning to raise suspicion in the Church of questionable practices, and finally, because the birth of a healthy child was a great cause for celebration.¹³

With or without formal book-learning, the technical knowledge of the lay midwife was extensive and impressive. The average medieval midwife had expertise in natural birth and birth complications, techniques for expulsion of the placenta, pain management, and techniques for speeding labour. Documented tools of the trade carried by the local midwife included a portable stool and a surgeon's knife for emergencies. If a baby was born with fluid

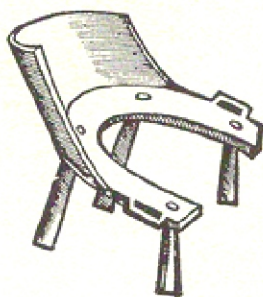


Figure 3: The birthing stool. Source: woodcut from *Der Swangern Frawen und he bammen rosztgarten*, by Eucharius Rösslin, 1513. (Arons, 1994)



in the lungs, the midwife was taught to clean the passages, as Trotula refers to the need to "breathe life into the infant."¹⁷ (p.24) Until the seventeenth century, a midwife hands acted as forceps. The birthing stool was simple and effective, described as follows:

*In the middle of the stool and in the part where they give support, one must have cut out a crescent-shaped cavity of medium size, neither too big so that the women sinks down to the hips, nor on the contrary, narrow so that the vagina is compressed.*³ (p.42)

Access to midwives was often limited according to time and place. In rural communities, a midwife was often only accessible by long journey on bad roads, and only with the help of friendly neighbours.¹³ Fees for the services of a midwife depended on the wealth of the clients and the professional reputation of the

midwife. In towns, midwives would gain experience and reputation by attending poor women without a fee, and with a high success rate (low infant mortality) they would work towards securing wealthier clients. Attendance at the births of nobility or royalty was especially lucrative and reserved for the most reputable of midwives.¹³ The duties of the midwife were not limited to attendance at births and the range of associated functions could be very time consuming: prenatal care and advice, gathering and preparation of herbs, making poultices and remedies, administering fertility treatment and, of course, labour, delivery and post-partum care. Medieval women regularly consulted lay midwives on contraception and fertility.¹ Recognition of the role of lay midwives in the form of payment of fees further strengthens the position that midwifery was viewed as an independent profession in the late Middle Ages.

Professional status had its price. The idea of women as professionals in any field was not without resistance between the eleventh and thirteenth century. Midwifery was a field almost entirely under the control and regulation of women. As a consequence, criticism and attempts to control and limit the practice of lay midwives came from men, political figures and religious leaders. The portrayal of midwives as witches, drunkards or backwoods-women began to flourish in the later Middle Ages and tarnished the professionalization of midwifery until well into the twentieth century. Midwives were accused of magic, human sacrifice, chalcedony and other pagan practices, a reputation which unfairly discredited their professionalism. It is very difficult to determine whether some of the stories and legends used to demonize midwives as witches are based on fact and best left to other historians. Demonization of any profession, culture or race is generally a manifestation of fears that midwives had too much control in society or fear of the unknown. The supposition that the umbilical cord, caul, placenta or stillborn fetus played a role in the rites of witchcraft provided further cause for the Church to attempt to control midwives and punish those who in any way departed from the prescribed code of the Church.¹³ It is no coincidence that many of these tales of witch-midwives appear at times and places in

the historical record when persecution of pagans and witches was high, such as twelfth-century France and Germany.¹⁰ Midwives, along with many others, became the natural target of these fears. In truth, midwifery did indeed make use of "magic" in many forms to aid in childbirth but, when examined in context, the magic was not evil or dark, but was actually common accepted practice or adaptations from pagan to Christian. Common types of "magic" practiced by midwives were the use of stones and gems, known as chalcedony, or the use of biblical psalms. The use of stones and gems was not unfamiliar to medieval society. Egyptians, Assyrians, Romans and Greeks have documented their belief in the spiritual and healing qualities of stones and semi-precious gems. Aetites, or eagle-stones, are the type usually associated with childbirth, and were believed to have magnetic properties which, when tied to the thigh during childbirth, help to draw the infant out of the womb faster.¹⁴ It is debatable whether the Christian Church condoned or condemned this practice. Frankish and English *Penitentials* have the same message, "if anyone makes amulets, which is detestable, he should do three years penance".⁹ On the other hand, eleventh-century abbess St. Hildegard, who can hardly be accused of anything less than piety and servitude to God, made use of and encouraged the use of gemstones as part of her practice. She writes in *Vita Sanctae*:

*When a woman bears a child from that hour when she conceived until she delivers, through all the days of her childbearing, let her have jasper in her hand, so that the evil spirits of the air can do so much less harm to the child.*¹⁵ (p.34)

In *Causae and Curae*, she further instructs on the use of gemstones. When used, the attendant midwife should pass the eagle-stone over the pregnant belly and say, "As you jewel, shone by the command of God, in the first angel, so you infant, come forth as a shining man abiding God."¹⁵(p.148) Verses and other chants would also be used over the pregnant woman and Christian symbols would be painted on the door of a woman in labour. "O infans, siue viuus, siue mortus, exi foras, quia Christus te vocat ad lucem." [Oh infant, whether living or dead, come

forth because Christ calls you into the light.]”¹⁶ (p.31), was a widely used incantation used by midwives. These traditions, seemingly trivial but interesting, are significant. They were part of the common culture and practice of midwifery, yet were also a cause for concern for the Church because only the clergy were supposed to be able to minister or invoke spiritual calls to God. Midwives sought control and autonomy where they could get it. Through these traditions, they asserted their desire for self-regulation and the ability to practice outside of male-dominated Church rule.

Standards of character and moral expectations for lay midwives were established by the Christian Church in many towns and rural areas. As guardians of human fertility, pregnancy and childbirth, midwifery could not be left in the hands of morally questionable women, according to the Church. Maturity and religious conformity were imperative and midwives must be “married women of middle age or older, who had themselves borne children.”¹³ (p.3) The character of the midwife was of particular concern to the Church because midwives had influence in areas over which the Church had very prescribed views of morality. Midwives dispensed advice on sexual relations between men and women. Trotula gives instructions on sexuality and pregnancy, writing, “husbands must not engage their wives in sexual activity while pregnant, for if they do, they will produce children that are lepers or have some other such evil sickness.”¹⁷ (p.63) For the Church, these instructions are an important parallel to Holy instructions from Moses, who tells men to stay away from their wives in the Holy Bible.¹⁷ Midwives were also forbidden to perform any act which might lead to death of a child, including remedies which might induce miscarriage.¹³ Again, for the satisfaction of Church authorities, it was important that practicing midwives followed accepted Christian ideology in such matters. In addition, in the case of illegitimate births, the midwife was expected to do everything in her power to have the mother name the father of the child so that he could be brought to acceptable justice.¹³ Finally, and of great importance to the Church, midwives did not always preside over a successful outcome. They were often called to make life and

death decisions and to perform baptisms when it was not possible to summon the local priest. Baptism was performed when the infant was half-born or still attached to a live mother.⁷ The ruling of the Church on choosing between the life and death of mother or child was echoed in Trotula's instructions to midwives when she wrote, “when the woman is feeble and child cannot come out, then it is better that the child be killed than the mother of the child also die.”⁴⁷ (p.97) But, if the mother had already expired, the midwife should make every attempt possible to deliver a healthy child by caesarian section. To perform the sacrament of baptism would necessitate some religious instruction, and although it is not clear whether the Church was agreeable to midwives taking this privilege, it was a reality. It is for this reason that the Church proclaimed the need for standards of moral qualifications for midwives. It likely was not the intent of the Church to further promote the status of the midwifery as a profession, but was an unintended consequence nevertheless.

Conclusion

In conclusion, a variety of historical sources leave behind evidence that medieval society had a keen interest in the practice of midwifery. Theologians, physicians, kings, artists, saints – male and female – have weighed in on the issue of women's health, fertility and childbirth. As experts in their field, midwives held a special place in society as a distinct profession. In a medieval context, a profession was a position within society that met a number of criteria: midwives must have control and regulation over their practice, standards of membership, fee for service, informal or formal training and education, engage in scholarly research or writing and must possess skills or knowledge that is specialized in their field. After exploring three very different types of midwifery practice in the late Middle Ages, these criteria were met. Trotula of Salerno practiced and wrote scholarly texts within an established medical institution. St. Hildegard von Bingen elevated the status of midwifery through practice as an integral part of spiritual duty and religious service, and where the Church imposed expectations on the qualifications of midwives. And finally, lay midwives served a specialized function within their local communities that gave them status and recognition for their body of knowledge and skills.

In her examination of Trotula of Salerno, historian Beryl Rowland referred to midwifery as "the oldest profession"³ in jest. But a profession nevertheless, especially during the late Middle Ages when few professional opportunities existed for women. The period between the eleventh and thirteenth centuries is historically significant for women and midwives, as the centuries that followed would see the disintegration of midwifery as a recognized profession in the wake of religious and societal fanaticism and persecution.

ENDNOTES

- i Many scholars have examined the definition of 'profession' in a historical or sociological context. For the purpose of this work, I have used definitions taken from two scholarly works: Kumar Lal, S. Readings in the sociology of the professions. Delhi: Gian Publishing House, 1988, and, Burnham, J. How the concept of profession evolved in the work of historians of medicine. Bull Hist Med. 1996; 70 (1): pp. 1-24
- ii For reference by historians, the translation of this manuscript is referred to as Sloane MS 2463. Conventional modern spellings have been used, ie. Woman vs. wymen.

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