

Monica H. Green. *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology.* Oxford University Press, 2008. Pp. xx + 409.

MONICA GREEN's impressively wide-ranging book is a necessary resource for anyone interested in medieval medicine, and obviously for those concerned with women's medicine in particular. It also offers a wealth of information about the construction of gender, gender relations, textual communities, and other literacy issues in the central to late Middle Ages.

Green sets out to document how "gynaecology" as a specialist field of medical knowledge [...] was a 'masculine birth' without female involvement, either as maternal principle or assisting midwife" (p. viii). That claim may seem improbable at first, especially given the role of women as midwives at actual births, but Green quickly makes a critical distinction between "gynaecology," the general medical care of women, which included a concern with fertility and ailments of the reproductive organs as well as assisting with problematic births, and "obstetrics," which was limited to assisting at normal, uncomplicated births. While in both cases the patients were women, the practice of gynaecology became gendered male, and obstetrics female.

The process by which a medical field focused on female bodies can be rendered masculine is altogether too familiar in its general outline. Literate medical knowledge, passed along by elite males in universities by means of Latin texts, took on an authority that rendered women's experiential knowledge of female bodies ancillary. Women were only needed in situations when a patient had to be touched in order to preserve sexual propriety; in these situations, female attendants acted as the physician's eyes or hands, performing actions only as they were directed (and often criticized in medical texts for their incompetence). By the sixteenth century, the barrier to male physicians having contact with female patients' genitals, or even assisting in a birth (as opposed to instructing female attendants) seems to have largely fallen away. While routine childbirth continued to be primarily a female domain, it was no longer exclusively so.

An ironic element in this narrative is that the primary text in women's medicine was attributed to a woman. Trota, a woman practicing medicine in twelfth-century Salerno, emerges from the long shadow of the enormous number of redactions, appropriations, and compilations of her text and of texts subsequently attributed to her as "Trotula." Trota's position as a *magistra* [teacher] of cures demonstrates that in twelfth-century Salerno at least, there was space for a female medical authority. However, a female practitioner, even one as gifted and respected as Trota, functioned on the edges of literate

medicine; she seems to have regarded writing a book as simply a place to list cures rather than seeing a need to develop a theoretical model for why they worked, as a male author, trained in literate medicine, would have done. Green contemplates how the “same gender system that kept men at a distance from the bodies of their female patients was equally powerful in keeping women away from the traditions of education and philosophical discourse that might have generated a women’s medicine that was both empirically *and* rationally informed” (p. 68).

Green carefully reads male-authored medical texts to tease out personal knowledge from the written tradition and to separate the authorial male voice from the actions of the silent and invisible female attendant (unless she has made an error) who carried out the instructions. Her close readings are models of why such efforts are valuable—I recently shared an example from this book with a medieval literature class to demonstrate the need to occasionally read between the lines in order to locate women in this period.

An unexpected bonus in *Making Women’s Medicine Masculine* is the way Green’s chronicling of the fate of the Trotula texts and other texts concerning women’s medicine illustrates larger trends in medieval literacy. For instance, she documents an expectation for literate midwives in late antiquity that is not seen again until the sixteenth century, when midwives may once more have been expected to be able to be read and be licensed to practice. Her research concretely demonstrates how the thread of medical knowledge is interwoven with gender, class, education, and religious vocation. The movement of medical texts from Latin into the vernacular and what that means in terms of audience and actual practice, illustrated with discussions of specific authors and particularly of individual manuscripts, makes for gripping reading.

Green’s study makes evident the operations of patriarchy in ways that are graphic and provocative because they involve real bodies being acted upon in ways both metaphorical and literal. To witness, via Green’s narrative, how women were excluded from the development of authority in a medical field focused on their own bodies due to their general exclusion from education and literacy, is to see how the gendered framework of medieval society locked women into a cycle of disempowerment and limited opportunity.

Reading contemporary accounts of women who did not, because of shame, seek the help of a physician until their illness was too far along to be curable, or exploring the libraries of men who owned *The Secrets of Women* (or similar texts) because of their suspicions regarding women’s control of fertility and childbearing, are both elements of this book which attest vividly to the struggle

for power over women's bodies. It is especially useful to have this realm of gender relations opened to non-specialists in medieval medicine, because it operates largely outside the sphere of the church and offers a useful counterpoint to aspects of medieval culture with which humanists are more likely to be familiar.

Monica Green's *Making Women's Medicine Masculine* has done a great service for medical history and has simultaneously opened up a rich vein of material to anyone interested in literacy and gender issues in the Middle Ages.

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Yossef Rapoport. *Marriage, Money and Divorce in Medieval Islamic Society*. Cambridge University Press, 2005. Pp xii + 137.

THIS EXCELLENT BOOK should be on the reading list of every course on medieval women's history, whether or not it explicitly strives for cross-cultural analysis. Just as Paula Sander's amazing 1991 essay on the status of hermaphrodites under Islamic law helped historians of Christian Europe crystallize their thinking about gender boundaries,¹ so Rapoport's book on marriage, divorce, and all their property implications reminds those of us who work primarily on the Christian tradition how peculiar Christian views of the indissolubility of marriage were. The book is sophisticated enough in its arguments to provide meat for several graduate seminar discussions, but clear enough in its explanations to be accessible to advanced undergraduates. The inclusion of a glossary of technical terms further facilitates use by the non-specialist.

Rapoport makes use of a wide range of evidence to reconstruct the realities of marriage, divorce, and property in late medieval Mamluk society (1250–1517, which encompassed Egypt, Palestine, and Syria). As he notes, “divorce was pervasive” (p. 1)—indeed, so casual in some cases as to raise the perplexing question of how it did not completely destabilize patriarchal society by allowing so many women to emerge out from under the authority of husbands. A central feature of Islamic law is that the husband, and he alone, has the right to unilaterally divorce his spouse simply by saying so. Yet Rapoport finds that besides unilateral divorce (*talaq*) and judicial divorce or annulment pronounced by a court (*faskh*, which would be invoked, for example, in cases of the husband's disappearance