

THE ART OF MIDWIFERY

*EARLY MODERN MIDWIVES
IN EUROPE*

Edited by
Hilary Marland

Nº documento 6109/7317
Nº copia 15/1700745



London and New York

Contents

First published 1993

by Routledge

11 New Fetter Lane, London EC4P 4EE

Simultaneously published in the USA and Canada

by Routledge

29 West 35th Street, New York, NY 10001

© 1993 Selection and editorial matter, Hilary Marland; individual chapters, the contributors.

Typeset in 10 on 12 point Baskerville by LaserScript, Mitcham, Surrey

Printed and bound in Great Britain by
Mackays of Chatham PLC, Chatham, Kent

All rights reserved. No part of this book may be reprinted or reproduced or utilized in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

Library of Congress Cataloging in Publication Data

The Art of Midwifery: Early Modern Midwives in Europe/edited by
Hilary Marland.

p. cm. - (The Wellcome Institute series in the history of medicine)
Includes bibliographical references and index.

1. Midwives - Europe - History. I. Marland, Hilary. II. Series.

[DNLM: 1. Midwifery - history - Europe. WQ 11 GA1 A7]

RG950.A69 1993

618.2'0233'094-dc20

DNLM/DLC

for Library of Congress 92-49026

CIP

ISBN 0-415-06425-2

List of illustrations	vii
Notes on contributors	ix
Acknowledgements	xiii
Abbreviations	xv
Introduction	1
1. Mothers and their midwives in seventeenth-century London <i>Doreen Evenden</i>	9
2. Provincial midwives in England: Lancashire and Cheshire, 1660-1760 <i>David Harley</i>	27
3. Midwifery practice among the Quakers in southern rural England in the late seventeenth century <i>Ann Giardina Hess</i>	49
4. The midwives of south Germany and the public/private dichotomy <i>Merry E. Wiesner</i>	77
5. From hegemony to subordination: midwives in early modern Spain <i>Teresa Ortiz</i> ←	95
6. The politick midwife: models of midwifery in the work of Elizabeth Cellier <i>Helen King</i>	115
7. Midwife to a nation: Mme du Coudray serves France <i>Nina Gelbart</i>	131
8. The Church, the State and childbirth: the midwife in Italy during the eighteenth century <i>Nadia Maria Filippini</i>	152

From hegemony to subordination: midwives in early modern Spain

Teresa Ortiz

Throughout the early modern period midwives formed one of the most prominent of female occupational groups in Spain. It was the only branch of the medical professions which allowed women total hegemony until the eighteenth century. The history of women's place in the medical professions is one of their gradual exclusion, a process which has continued until very recent times,¹ and one which was no respecter of midwives. Indeed, a complex process of reorganization of the medical professions was taking place in eighteenth-century Spain, which paved the way for, amongst other things, the transformation of the art of midwifery into a male-dominated activity, and the subordination of midwives, who were to become the assistants of obstetric specialists in the nineteenth and twentieth centuries.

Women throughout recorded history have been assisted during childbirth by other women who, in early modern Spain, were designated in Castilian *parteras* or *comadres de parir*,² in accordance with the oldest denominations in existence. We can be certain that many women helped their neighbours to give birth without any basis other than that of solidarity of gender and their own experience as mothers.³ However, it is clear that 'professionals' did exist; women specially prepared to practise midwifery which provided them with a source of income.

This essay will focus on this latter group of women in an attempt to break what can be considered as a major historiographic silence. A bibliographical search has revealed the striking paucity of works whose titles included the term 'midwife' (*comadre, partera, matrona*). My findings are limited to seven short articles, five of which are of a descriptive nature published in midwifery⁴ and obstetric journals,⁵ while the two others are brief medical-historical notes.⁶ More information can be obtained from the abundance of works on the history of obstetrics,⁷ medical practice⁸ and, more recently, from those on the history of women's work.⁹ In all of these, with the exception of the latter, the interest shown in midwives is aside from the main issue and the sources are almost always the same: legal

documents and obstetric literature written by physicians and surgeons. Midwives did not publish any works outlining their knowledge in early modern Spain. From these few sources, brief descriptions have been sketched, real or ideal, on the activities of midwives, which have added little to the global view offered in 1795 by the surgeon Juan de Navas in the introduction to his work *Elementos del Arte de Partear*.¹⁰

The published sources on midwives, therefore, are scarce, which proved to be a handicap when preparing this article. An attempt has been made to overcome this obstacle by re-reading the standard sources, and also by consulting manuscripts of an administrative¹¹ and fiscal¹² nature, which has facilitated the uncovering of individual midwives, real people, and not merely vague images glimpsed in the works of intellectuals of the period. Some aspects of the professional activities of midwives have been clarified using information acquired from the abundant literature on women's history and local and hospital history produced in Spain in the 1980s, which revealed the value of other sources, such as notarial protocols, city council minutes, censuses and hospital records.

Midwives in the fifteenth to seventeenth centuries

Between the fifteenth and seventeenth centuries the 'art of midwifery' (*Arte de Partear*) was an exclusively female activity. From royalty to commoners,¹³ all 'pregnant women and those who have recently given birth, in their need and for their infants, ask for advice from midwives rather than from physicians'.¹⁴ This custom, justified by the necessity of protecting women's modesty,¹⁵ was approved by physicians, who most probably displayed a lack of interest in midwifery, since they believed that 'the midwives' craft is a science or art to work with one's own hands'.¹⁶

Because of the scarcity of information it is no easy task to sketch a professional and personal profile of midwives between the fifteenth and seventeenth centuries. There must have been many differences between midwives because of the coexistence of various cultures – Christian, Jewish and Morisco – in the peninsula. The diversity of regulations respecting medical practice in the Hispanic kingdoms further complicates the picture. Coupled with the varied practices of midwives, the degree of marginality they suffered depended as much on their cultural background, as on the fact that they were women and at the same time medical practitioners. For example, in the mid-sixteenth century, Morisco midwives were prohibited from practising,¹⁷ and an order was issued to 'female Christian converts that if there was a true Christian midwife, not to give birth with a Christian convert nor with one of her generation'.¹⁸

I have come across fifteen midwives who, between the sixteenth and seventeenth centuries, practised in different communities in Spain.¹⁹ The

marital status of five of them is unknown, eight were married and two were widows. Apart from one, who resided in a coastal village, they all lived in cities. Their status and professional awareness may have been affected by living in urban areas, and by whether they were employed by nobility or commoners. Some midwives gained fame and recognition,²⁰ highlighted by the fact that their husbands were identified not only by name but also as 'the midwife's husband'.²¹

These women learned their trade working with another midwife, in the same way as craftsmen and the majority of medical practitioners – surgeons, bloodletters, apothecaries, herbalists, spicers and barbers. Only physicians, who were university trained, had a theoretical 'corpus' of knowledge, the transmission of which was regulated by the university. The midwife's knowledge, who 'practising and conversing with another expert midwife would turn out perfect',²² was of an empirical nature and passed on by word of mouth. They had no universal body of knowledge and their skills were probably as varied as the cultures which existed within the Spanish territory.

In the sixteenth and seventeenth centuries three works on childbirth were published, written in Castilian by the physicians Damián Carbón (1541),²³ Francisco Núñez (1580)²⁴ and Juan Alonso de los Ruyzes (1606).²⁵ Carbón's book was the first on childbirth to be published in Spain and the second in Europe after Roesslin's *Rosengarten*, which had been published twenty-eight years previously.²⁶ Carbón and Alonso de los Ruyzes wrote their books specially for midwives, who were considered to be badly informed and, as Carbón pointed out, 'moved by charity, I will show them in this little work their art and the rules and form that [the said art] must have to be sufficient'.²⁷ The fact that they were written largely in Castilian bears direct relation to their intended readership. However, such works were not only aimed at midwives. Those of Alonso de los Ruyzes and Núñez were more learned and contained numerous paragraphs in Latin, above all 'the prescriptions, remedies, precepts and grave matters',²⁸ with the clear intention of being of no use to the *Romancistas* (those who knew no Latin), including midwives.

Midwives for their part had their own remedies, about which little is known, but which were undoubtedly used when they deemed it necessary. We know that Isabel Fernández, a midwife practising in Málaga in 1492, produced some 'medicines' herself which she administered 'if those who give birth with her suffer from any affliction of the womb or other distresses'.²⁹ María Luna, a Morisco who worked during the mid-sixteenth century in Cuenca, was 'a woman well versed in medical matters and knowledge of herbs and a very good midwife . . .'.³⁰ Two centuries later (as will subsequently be seen), Luisa Rosado strove to publicize, amongst other things, the effectiveness of a poultice which she had developed herself.

Besides prescribing, midwives, according to the author-physicians,

attended all manner of deliveries, normal as well as difficult,³¹ and even 'the most inexpert of midwives' knew 'how to carry out a caesarean post-mortem'.³² Such responsibilities were recognized as being their own, the intervention of the surgeon being limited to cases where the dead foetus had to be extracted in pieces³³ and to gynaecological problems of a surgical nature.³⁴ The physician only intervened in cases of fever or general illnesses during the pregnancy, birth or the puerperium. The midwife's duties continued after the birth and she was in charge of caring for the infant and the mother. The latter was prescribed 'a healthy diet and lifestyle' and the infant had its umbilical cord tied, auditory and nasal orifices cleaned, and was washed and swaddled.³⁵

We must ask ourselves what role was played by the works on childbirth written by physicians. Doubts arise as to whether they fulfilled their aim of training midwives. Literacy was not widespread amongst the common women of the sixteenth and seventeenth centuries.³⁶ Regarding midwives, one of the physicians who wrote for them warned, paradoxically, that hoping that they were learned and studious was 'asking the impossible'.³⁷ Even supposing that a large proportion of them could read and write, there are still two questions to be answered: first, whether midwives, whose knowledge was of a popular and empirical nature, rooted in the traditions of their own cultures, would feel the need to delve into a medical book; and, second, whether, for the same reasons, they were able to understand the content of texts written by physicians, many of which were intended to instruct but were riddled with references to classical authors, that is, to the physicians' own roots.

It is my belief that physicians, although this was never their claim, actually wrote for themselves, aspiring to possess a new knowledge rather than to devote themselves to it. Given that cultural and social circumstances did not make their works readily accessible to midwives, putting them forward as advice books for this group was rather rhetorical, and may have been an attempt to overcome the obstacle of morality and customs which placed childbirth within the female domain.³⁸ It is here that one of the origins of the transformation of childbirth into an aspect of medical science may be found.

Between 1477 and 1523, a decree was in force by virtue of which the *Protomédicos* – the King's physicians and the highest medical authority – examined all medical practitioners, including midwives, who wished to practise, issuing a licence which allowed them to do so.³⁹ After 1523, the examination and consequently the licence of the *Protomedicato* were only available to physicians, surgeons, apothecaries and barbers. The *Protomédicos* were ordered 'not to bother examining midwives, nor spicers, nor druggists . . .', thus creating a dividing line between some groups of practitioners and others.⁴⁰ This measure did not imply, however, that midwives had freedom to practise, since they continued to fall under the

supervision of physicians in most of the kingdoms. Physicians, under orders from the local authority or following corporate decisions, were in charge of granting the right to practise to those midwives wishing to settle in the area.⁴¹ In the Municipal Archives of Málaga there is a record of the examination carried out in 1537 of 'Mari Alvarez, widow . . . , midwife for many years in the city of Valencia and in other places'. Recently arrived in Málaga to carry out her profession, she was examined by the physician Juan Muñoz, who, after 'asking her many questions', decided that she was capable of practising her profession.⁴²

In seventeenth-century Zaragoza, the College of Physicians was responsible for the training and examination of midwives. According to its ordinances, they had to be, amongst other things, true Christians, born in Aragón, over 35 years old, and to have served a 4-year apprenticeship with an approved midwife. Classes were offered by the professor of anatomy, as well as the study of a book 'which for this purpose the College will print', but about which we have no information.⁴³ In the second half of the eighteenth century an attempt was made to introduce a follow-up to this method of training throughout Spain.

Changes in the eighteenth century

During the first half of the eighteenth century control of midwives' work remained in the hands of local doctors and, sometimes, even of priests.⁴⁴ In spite of this, in some cities, such as Málaga, midwives retained a high level of autonomy and, in a similar way to the guilds, they examined candidates themselves and ensured that levels of expertise were maintained.⁴⁵

In 1750, a royal warrant delivered by King Fernando VI revoked all previous decrees on medical practice, and once more granted the *Protomedicato* the power to examine midwives, thus combining the Bourbon policy of centralization with the maintenance of the professional interests of physicians and surgeons. It was an attempt to deal with 'the lack of skill of midwives and some men, who to earn a living, have taken up the profession of midwifery'.⁴⁶

A book written by the physician Antonio Medina was published to help midwives prepare for the examination. It contained all the basic knowledge required: anatomy of the female pelvic region, diagnosis of pregnancy, attendance at 'natural' and 'preternatural' deliveries and early post-natal care of the newborn and mother.⁴⁷ Although we have no proof of this, it may be supposed that midwives had to study this book on their own. This guided self-instruction was not new and seems to have been as ineffective as it had been in the sixteenth century, probably for the reasons already mentioned, namely cultural estrangement and midwives' low levels of

literacy.⁴⁸ Measures subsequently adopted to train midwives were more in tune with Enlightenment notions of education, and revealed the inadequacy of this first attempt.

The enlightened believed that education was the means through which technical, scientific and economic progress and also changes in customs could be obtained. This, in turn, would lead to 'public happiness', its generic objective.⁴⁹ The other key Enlightenment belief stressed the idea of the 'usefulness' of professional activities and the sciences, and provided the pivot for the entire process of reform which began in the middle of the century.

The medical professions and crafts benefited greatly from this philosophy. Especially worthy of mention is the institutionalization of surgical education in the Royal Colleges of Surgery, both the cause and effect of the steady promotion of surgeons on social and scientific scales.⁵⁰ Preparations were made throughout the Enlightenment for the transformation of pharmacy training into a university degree,⁵¹ and in the last decade of the century the first veterinary school was established in Madrid, the embryo of the faculty created in 1835.⁵² As far as midwives were concerned, the educational reforms reduced their autonomy and relegated them scientifically and professionally during a lengthy process which lasted throughout the century and which involved other sectors of society. This was reflected in the writings of prominent Church figures on the role of midwives and surgeons at the birth. A gradual change in attitude took place: the Church initially defended midwives but later justified, on both theological and practical grounds, their subordination to surgeons.⁵³

The initiatives taken after the first dubious attempt at encouraging self-instruction advocated regulated education and, although some never moved beyond the planning stage, other projects were realized. Amongst the intentions that came to nothing was that of creating two schools for midwives under the auspices of the *Real Sociedad Bascongada de Amigos del País*⁵⁴ and the *Regia Sociedad de Medicina y otras Ciencias de Sevilla*,⁵⁵ scientific societies of the Enlightenment. Their boards dealt with this matter in 1775 and 1776 respectively. The objective of training women for 'useful' crafts paralleled the work of another institution of the Enlightenment, the *Sociedad Económica Matritense*, which, in 1776, established free schools (*Escuelas Patrióticas*) in the main districts of the city of Madrid to teach the textile trades to girls.⁵⁶

The failure of earlier proposals left the way open for surgeons to monopolize teaching, and the only effective training of midwives began during the last decades of the century, under the auspices and supervision of the new Royal Colleges of Surgery in Barcelona and Madrid, founded in 1760 and 1787 respectively. In 1787, a 'chair of childbirths' (*Cátedra de Partos*) was created for the instruction of surgeons at the Madrid College of Surgery. The statutes laid down that the professor in charge also had to devote himself

in the time and hours that he can, without detriment to the teaching of the [male] students of the College, to instruct in one of the rooms of the building, and behind closed doors, the women who wish to learn and have classes.⁵⁷

The 1795 ordinances of the Barcelona College of Surgery also instituted classes for midwives lasting an hour and a half a day for two months, besides practical training in the infirmary or with a trained midwife.⁵⁸ It was laid down that 'none of the midwives dwelling in Madrid can henceforth gain the approval of the *Protomedicato* . . . [without having] received instruction from the "professor of childbirths" (*catedrático de Partos*) of this College'.⁵⁹

The knowledge to be imparted at the Colleges of Surgery covered the same points as Medina's book, with the addition of a new duty, never before referred to in midwifery books, that of baptizing newborn infants on the point of death.⁶⁰ The first manual of childbirth to appear after the sixteenth century which included both the baptism ritual and instructions on how to perform it was written by the surgeon Babil de Gárate.⁶¹ Increasing attention was paid to this matter in works published during the second half of the century.

Certain requisites which continued well into the twentieth century had to be fulfilled in order to gain admission to these studies. The woman had to be over 25, either widowed or married, in the latter case with written permission from her husband. She had to present a certificate showing 'blood-purity' and to have practised for two years. In addition, she had to present a certificate proving that she was 'respectable'.⁶²

Towards the end of the Enlightenment period, this model of education faithfully combined two important aspects of its educational philosophy: the importance of women's education and the need to teach the useful sciences, respecting the principle that each ought to occupy his (or her) rightful position by virtue of his (or her) social background and gender.⁶³ In addition, it helped surgeons realize their aims of expansion. Although midwives received their instruction at the surgical colleges, their training was different from that of the male surgical students. It was not so rigorous, exclusive to women, and prepared them to a lesser degree.

To obtain the licence from the Barcelona College, without which midwives could not practise in Cataluña, they had to take an examination (*Reválida*) and swear under oath:

not to administer any medicament to women who are pregnant, parturient or puerperal which has not been prescribed by a Latin surgeon or physician; not to work alone at abnormal and difficult births which require special handling, but to call a professor well versed in these operations, if he is close at hand; to carry out a caesarean on those pregnant women who die . . . as long as there is no other to perform it.⁶⁴

Officially then, midwives were supposed to withdraw from some of the duties that they had carried out in the previous century, in order to hand them over to surgeons. Women were, of course, not permitted to practise surgery.⁶⁵ Although there was no decree which expressly prohibited women from learning surgery, the entrance requirements made their admission to its study impossible. Candidates had to have knowledge of Latin, logic, algebra and physics,⁶⁶ knowledge which was practically impossible for women to obtain, except those from the upper class, whose social status would exclude them from midwifery. For middle- and lower-class women, education before 1797 was limited to prayers and needlework, and reading and writing was not taught until after this date.⁶⁷

In turn, it was impossible for a man to become a man-midwife if he was not already qualified in surgery⁶⁸ since, in 1750, the 'art of midwifery' had been officially converted into a category of surgery, with the result that the surgeon was also trained in obstetrics. This new concept of midwifery, including the surgical monopoly of its teaching, brought about the expropriation of a knowledge which had belonged to midwives for centuries and which, for cultural reasons related to gender bias, namely illiteracy, lack of power and popular knowledge, they had not been able to retain and develop.

Possibly the only form of resistance open to midwives was to turn a deaf ear, to continue to attend normal and abnormal births, administering external and internal remedies to ease labour,⁶⁹ providing mothers and their infants with early post-natal care and performing caesarean sections post-mortem.⁷⁰ In addition, they continued to give specialist reports when required by judges on questions concerning matrimony, virginity or inheritance.⁷¹ In many cases, they certainly exceeded the role assigned to them by surgeons. This attitude was based not only on the rebellious character and lively spirit of the midwife, but also on the fundamental problem of the shortage of competent surgeons.⁷² With the exception of foreign surgeons and a few others linked to the Court, the evidence points to the fact that rank and file surgeons knew less about childbirth than the reviled midwives. It was in relation to this that, in 1795, Juan de Navas, professor of obstetrics (*catedrático de Partos*) at the Royal Colleges of Surgery of Cádiz and Madrid, warned of 'the decadence of the Art of Midwifery' among surgeons, due to the shortage of members and lack of preparation of those who practised this trade.⁷³

The educational reform of midwifery seems, in quantitative terms, to have had little effect on midwives, so that at the end of the century, the presence of trained midwives outside large cities was still rare.⁷⁴ Their instruction began very late in the century, in only two centres in the country, which greatly restricted the numbers of women who could attend classes. It is not known whether women in the near vicinity of such centres took advantage of the courses on offer. The only, rather vague,

information available is on those who participated in the first course in Madrid; between eight and twelve women attended,⁷⁵ who found out about the commencement of these courses from notices displayed in the street advertising free classes.⁷⁶ These first Madrid midwives, after obtaining their licence, were fortunate enough to find well paid jobs with the General Board of Welfare (*Junta General de Caridad*). They earned 2,200 *reales de vellón* a year,⁷⁷ a large sum of money when compared with average salaries in the late eighteenth century.

Although information on midwives' income is very sparse, there seem to have been many poor midwives, especially amongst those who lived outside cities who, in 1760, were considered by the *Protomedicato* as being 'the most unfortunate people of the villages'.⁷⁸ The incomes of some of Córdoba's midwives in 1752 ranged from 120 to 4,000 *reales de vellón*. Averages differed greatly, although in general terms midwives' purchasing power (about 1,200 *reales de vellón*) was half that of Córdoba's physicians and a little lower than that of surgeons (around 1,700 both in Córdoba and throughout the Ancient Kingdom of Granada). Barbers were the poorest paid medical practitioners (about 700 *reales de vellón* in Andalucía).⁷⁹ The clear differences in incomes may have depended, as in earlier centuries, not only on their place of work but also on their social status, on the level of competition with other midwives and surgeons, and on the financial position of the women they attended.

By the last quarter of the eighteenth century, surgeons had established legal and educational control over midwives. It also seems to be clear that surgeons held as their own the theory of the 'art of midwifery' – which was beginning to be called obstetrics – but midwives, trained either according to the new canon laws or in the traditional way, had practical experience and assisted the majority of women in giving birth, even at Court.⁸⁰ Some of them were endowed with a remarkable professional awareness and an unquestionable capacity for carrying out their work. It was this which morally authorized them to protect their interests and to confront, without reservation, the top professional hierarchies, as is shown in the case of the Court midwife, Luisa Rosado.

Luisa Rosado: a woman proud of being a midwife

Luisa Rosado was born in Toledo – when is not known – and from the summer of 1768 lived at Court, where she worked as midwife for the Royal House for the Abandoned (*Real Colegio de Niños Desamparados*). This institution, founded at the turn of the sixteenth century was, by the eighteenth century, giving shelter to children above the age of 7 or 8,⁸¹ and to poor, disabled women. It also provided free maternity care 'for women who through shame or necessity take refuge there to give birth'.⁸²

A short time before arriving in Madrid, Rosado had been practising in Zamora, endorsed by the licence of the 'art of the midwife' (*Arte de Partera*), which she obtained in 1765, after having been examined by the Royal *Protomedicato*. Little is known about her personal characteristics, except that she was of 'medium height'. She was probably also middle-aged, a true Christian and respectable. She gives the impression of being a woman who lived alone and was perhaps a widow like a great many of her fellow midwives.⁸³ She could read and write and displayed a talent for putting her aspirations and desires for professional advancement on paper, as shown by the documents she addressed to the King and to the Council of Castile – our main source of information.⁸⁴ It is clear that she was a determined, ambitious woman, proud of her knowledge and anxious for it to be recognized.

In 1770 she was residing at her place of work, The Royal House for the Abandoned, situated in *calle de Atocha*, near the *Hospital General*.⁸⁵ Around this time, Rosado became involved in a complex legal process which lasted over a year, in an attempt – it is not known whether this was successful – to publicize her professional skills. She attempted to achieve her objective by affixing the following notice in the street:

The Public is informed that Luisa Rosado, midwife examined by the Royal *Protomedicato*, is midwife by the King in the Royal House for the Abandoned and being this very person and none other, lives in the said House for the Abandoned.

The Public is informed that any woman accustomed to aborting for 15 or 20 years is offered a poultice never heard of nor tried in this Court which does not stick to the flesh, and produces such effects, that the foetus is successfully retained for the nine months and the bones strengthened.

Moreover, if by misfortune, as happens every day, the afterbirth, or placenta, is retained in the patient for 20 or 40 hours, even for eight days without her being able to expel it, the said Luisa Rosado will extract it within six minutes without causing discomfort or injury to the parturient although she may be on the point of death, just as she has done before now to others, and will prove this by the presentation of a certificate from Municipal Physicians (*Médicos Titulares*), having acted in their presence with victorious outcome; all of which she offers to perform faithfully and loyally with the help of God Almighty.⁸⁶

In the notice Rosado offered to attend complicated deliveries and to prescribe remedies to prevent miscarriages, both of which were activities purported to be exclusive to surgeons and physicians, and consequently beyond the scope of midwives. The very licence which entitled her to practise clearly warned that she was to be 'accompanied by an approved

physician or surgeon at difficult births and that she may not send a pregnant woman for bloodletting nor purging without a physician's order'.⁸⁷

Rosado, however, wished to proclaim herself a genuine expert in her art, all the more provoking because she proposed to do so at Court; probably the place with the highest concentration of man-midwife-surgeons (*cirujanos-comadrones*) in the country. As far as the *Protomedicato* was concerned, the approval of her petition would 'disturb professional surgeons who with a different knowledge know what they must do when difficulty arises . . .'.⁸⁸ This was one of the reasons for the rejection of her first petition in March 1770. These fears regarding competition were not unfounded if we bear in mind that midwives still managed more deliveries than surgeons, and that the cases presented by Luisa Rosado in her dossier were complicated births which she attended when another professional, usually another midwife, had failed to deliver the woman. This is especially evident in the case certified by Manuel García del Pozal, physician to the Madrid *Hospital General*, where a woman pregnant with triplets was in labour without the physician or the midwife of the hospital being aware of the situation,

and seeing the patient so afflicted and in great danger of her life due to the repeated distress, sweating, swooning or fainting she was suffering, they called upon Luisa Rosado, who indeed came and helped her to give birth, and made her produce the infants with such skill, art and diligence, that all those who were present were amazed.⁸⁹

It must be stressed that Luisa Rosado believed in and defended the fact that her knowledge, her 'science',⁹⁰ was different from that of surgeons and lay in her natural talents⁹¹ and experience, which she presented with the endorsement of testimonies. At no time did she refer to her training, nor call upon any scientific authority despite the fact that, by this time, works had been written for midwives, most recently in 1750⁹² and 1756.⁹³ She maintained that her knowledge was of an empirical nature, and perhaps for that reason especially useful and beneficial to women in particular and to the people in general.⁹⁴ After being rejected by the *Protomedicato*, Rosado twice appealed to King Charles III (in December 1770 and June 1771) arguing along these lines. Her stance was an intelligent one, in tune with the discourse and practice of the science of the Spanish Enlightenment, characterized by the dazzling rise of applied science and empiricism and by the weakening of theoretical reasoning.⁹⁵ Her appeal had the desired effect and she obtained permission to display the notices. However, the excess zeal of the *Protomedicato* and its cautious interpretation of the royal approval proved to be a great, perhaps even insurmountable, obstacle.⁹⁶

The Board of the *Protomedicato* belittled her knowledge, alleging that her remedies were inefficient and her beliefs about the movement of the placenta, which appear in some of her briefs, erroneous.⁹⁷ Luisa Rosado

was of the opinion that the afterbirth moved about the human body,⁹⁸ highlighting the popular nature of her knowledge in direct relation to another belief, 'characteristic of the common herd', concerning the roving movements of the uterus, anatomically refuted in 1728 by the famous Spanish physician Martin Martínez.⁹⁹ At the end of the century, there were few references to the pathogeny of the process, but the idea which was put on paper, and which we imagine the *Protomédicos* to be in agreement with, was that the remains of the placenta prevented uterine contraction and the expulsion of the lochia.¹⁰⁰ Luisa Rosado's confidence in her own interpretation is striking since, in spite of the clear refutation she received from the *Protomedicato*, she repeated it yet again in a later document.¹⁰¹

The retention of the afterbirth was one of the dangers of childbirth in early modern Europe. Some 10 per cent of the complicated deliveries dealt with by the French surgeon Mauriceau in the seventeenth century resulted from this problem.¹⁰² Ventura Pastor, at the end of the eighteenth century, mentions two cases of this nature, 4 per cent of the complicated deliveries he discusses.¹⁰³ If we are to believe some of the testimonies of the period, at the beginning of the century 'horrifying, formidable and scandalous ravages [were] wept over in this Court' due to the mishandling of these cases, causing the inversion of the uterus and the mother's death.¹⁰⁴

Surgeons recommended manual extraction when the placenta had not been expelled. Internal remedies were unanimously rejected. Although there were slight differences of opinion, almost all surgeons advocated commencing gently by pushing on the belly, producing sneezing and retching, or lightly pulling on the cord. If this failed, a hand was to be inserted into the uterus to extract the placenta.¹⁰⁵ Of all the texts on childbirth, those which are expressly aimed at midwives, by Medina (1750) and Gárate (1756), do not anticipate manual extraction. Gárate even recommends an expectant attitude, his experience convincing him that the placenta is always expelled without intervention.¹⁰⁶

Rosado, rather more active than expected from a midwife, used – as surgeons did – a gentle technique, and 'without any instrument other than her hands placed on the belly, nor more violence in her movements than that produced by her almost imperceptible touch',¹⁰⁷ succeeded, she claimed, in resolving even the most difficult of cases in less than 6 minutes.¹⁰⁸ She cites three cases, supported by witnesses, where she applied her method with remarkable results. One of them concerned a woman who had gone 'four days without being able to expel the afterbirth, until calling upon the petitioner, who arrived and delivered her of it in very few minutes'.¹⁰⁹ On another occasion, which dates back to her period in Zamora, she attended

Francisca Pérez, baker by trade, who after having the afterbirth, or placenta, retained for two days and the labia of the uterus so swollen

that it seemed impossible to extract it, on account of the occlusion which the said swelling had made, she delivered her of it with such ease that she had no injury at all. And it was not perceived that this patient throughout the duration of her illness, which was drawn-out, felt any injury to the uterus nor adjacent parts, external or internal . . .¹¹⁰

Threatened miscarriages, which Rosado treated with a 'poultice never heard of or tried', were probably a matter more closely linked to medicine than to the 'art of midwifery', since this subject was only dealt with in two treatises at the end of the century. Both suggested identical measures – rest, bloodletting, bathing, mild food and 'temperate' drinks, such as water with orange blossom,¹¹¹ or an infusion of barley with a few drops of lemon.¹¹² The use of a poultice as suggested by Rosado was also contemplated by the author Ventura Pastor, who recommended the application of a napkin soaked in vinegar and common plantain and black nightshade juice.¹¹³ These traditional and well-known remedies, combined with some of the previous ones, produced excellent results in the case of a woman who, after thirteen consecutive miscarriages, succeeded in carrying a baby to full term.¹¹⁴

It is not known whether the notice was actually affixed in the streets of Madrid, but in any case Luisa Rosado was not disheartened by her setbacks. In the last brief she addressed to the King in August 1771, she offered to attend the impending delivery of his daughter-in-law, 'in company of the man-midwife chosen to this end, or in his absence and illness'. The daughter-in-law, who was expecting her first child, was Princess María Luisa of Parma, wife of the Crown Prince and future King Charles IV. This petition, undoubtedly daring, expressed the confidence Rosado had in herself and in her profession. She was ambitious enough to attempt to reach the highest echelons of her profession and yet sufficiently cautious to respect the surgeon's authority, without renouncing her own worth.

In the century of the surgeons, Luisa Rosado stood out as an example of a midwife with a clear professional awareness and pride, and a woman sure of herself and of her knowledge. These virtues, which offer a foil to the notion of the professional subordination of midwives and the reassertion of the domestic role of women in the eighteenth century, may not have been so exceptional nor so intrinsic to her character, but rather a manifestation of midwives' resistance and women's determination not to submit to the thrust of science and male power.

Acknowledgements

I am indebted to Maite López Beltrán and to Mikel Astrain for providing me with original, unpublished material and for many important clues; to

Encarnación Santamaría and Carmen Quesada for helping me to gain access to some distant sources. Finally, my most heartfelt thanks go to Alvaro Martínez Vidal for his helpful comments and friendly discussion. This article was translated from Spanish by Linda Hollinger.

Notes

1. On women physicians and other medical practitioners in medieval and early modern Spain, see M. Cabré, 'Formes de cultura femenina a la Catalunya medieval', in M. Nash (ed.) *Mes enllà del silenci: Les dones a la història de Catalunya* (Barcelona, 1988), 31-5; M.E. Perry, 'Las mujeres y su trabajo curativo en Sevilla, siglos XVI y XVII', *VI Jornadas de Investigación Interdisciplinaria sobre la mujer. El trabajo de las mujeres: siglos XVI-XX* (Madrid, 1987), 40-50. On women physicians in the nineteenth and twentieth centuries, see M.C. Alvarez Ricart, *La mujer como profesional de la medicina en la España del S. XIX* (Madrid, 1988); T. Ortiz, *Médicos en la Andalucía del siglo XX* (Granada, 1987), pt 3, chs 18-20, 'La mujer, profesional de la medicina', 179-208.
2. D. Carbón, *Libro del arte de las comadres y del regimiento de las preñadas y paridas y de los niños* (Mallorca, 1541), f. xi calls them *madrinas*.
3. J. Gélis, *L'Arbre et le Fruit. La naissance dans l'occident moderne (XVI-XIXe siècle)* (Paris, 1984), 173, points out that in 1786 the figure of the *sage-femme* was still unknown in many French regions. J. Ventura Pastor, *Preceptos generales sobre las operaciones de partos...* (Madrid, 1795), vol. 2, 324, in one of his observations refers to the case of a woman residing at Court who was assisted in childbirth by her husband and a female neighbour.
4. R. Sánchez Arcas, 'Las comadronas españolas a través de los tiempos', *Surgera*, 144 (1971), 2-19; *idem*, 'Las comadronas españolas a través de los tiempos (conclusión)', *Surgera*, 145 (1971), 2-24; M.J. Cuadri Duque, 'La ciencia y el arte de partear. Antecedentes históricos de la enfermería maternal', *Revista Rol de Enfermería*, 8: 84-5 (1985), 13-16.
5. J.L. Gutiérrez de Alles, 'La instrucción de las comadronas en el año 1750 tutelada en España por el Real Tribunal del Protomedicato', *Tokoginecología Práctica*, 10 (1951), 357-61; R. Sánchez Arcas, 'La sustitución de las matronas por los cirujanos en Europa y España (S. XVII y sucesivos)', *Acta Obstétrica y Ginecología Hispano-Lusitana*, 18 (1970), 238-48.
6. R. Conejo Ramilo, 'Los cirujanos y las matronas en Archidona durante la Edad Moderna', *Asclepio*, 22 (1970), 125-9; J. Riera, 'Dos parteras sevillanas', *IV Congreso Español de Historia de la Medicina, Granada, abril 1973*, vol. 1 (Granada, 1973), 63-7.
7. M. Usandizaga, *Historia de la obstetricia y la ginecología en España* (Santander, 1944). Studies of the obstetric works of early modern authors include those of A. Castaño Almendral, *La obra tocológica del doctor Babil de Gárate* (Salamanca, 1956); A. Hernández Alcántara, *Estudio histórico de la obra tocológica y pediátrica de Damián Carbón* (Salamanca, 1957); A. Sánchez Martín, *El saber tocológico en la medicina española de la primera mitad del siglo XVIII* (Salamanca, 1958).
8. R. Muñoz Garrido, *Ejercicio legal de la medicina en España (siglos XV a XVIII)* (Salamanca, 1967); L.S. Granjel, *La medicina española del siglo XVIII* (Salamanca, 1969), 86-9.
9. For example, S. Villas Tinoco, 'La mujer y la organización gremial malagueña en el Antiguo Régimen' and V. Fernández Vargas and M.V. López-

Cordón, 'Mujer y régimen jurídico en el Antiguo Régimen. Una realidad disociada', in M.C. García-Nieto (ed.) *Ordenamiento jurídico y realidad social de las mujeres* (Madrid, 1986), 91-104, 13-40; F. López Iglesias, 'Oficios y actividades de las mujeres ovetenses en el Antiguo Régimen', *VI Jornadas de Investigación Interdisciplinaria sobre la mujer. El trabajo de las mujeres: siglos XVI-XX* (Madrid, 1987), 50-6; M. E. Perry, *Gender and Disorder in Early Modern Sevilla* (Princeton, NJ, 1990), 20-9.

10. J. de Navas, *Elementos del Arte de Partear* (Madrid, 1795), 2 vols. The history of the art of midwifery in Spain is located in vol. 1, lxxxvii-civ.
11. For example, that of the Board of the *Protomedicato*. A catalogue of interest is that of G. Albi, *El Protomedicato en la España Ilustrada: Catálogo de documentos del Archivo General de Simancas* (Valladolid, 1982), where the papers were found on which the last part of this article is based.
12. The *Catastro de Ensenada*, a population and property census carried out in a great many of the provinces of the Spanish Peninsula between 1752 and 1756, is an excellent source.
13. Some references to the birth experiences of queens are to be found in E. Junceda Avelló, *Ginecología y vida íntima de las reinas de España* (Madrid, 1991).
14. Carbón, *Libro del arte de las comadres*, ff. xi, v.
15. *Ibid.*, ff. x, xi.
16. *Ibid.*, 'Epístola'.
17. L. García Ballester, *Los moriscos y la medicina* (Barcelona, 1984), 103. This measure would be related to the Moslem custom of circumcising new-born male infants.
18. *Ibid.*, 116. M. Palacios Alcalde, 'Formas marginales de trabajo femenino en la Andalucía moderna', *VI Jornadas de Investigación Interdisciplinaria sobre la mujer. El trabajo de las mujeres: siglos XVI-XX* (Madrid, 1987), 84, cites an *auto-da-fé* carried out in 1516 against a midwife, a 'Christian convert from the Jewish faith' (literally 'new Christian from a Jew'). [Translator's note: in early modern Spain there was a distinction between those who were *cristianos viejos* (literally old Christians translated as 'true Christians') and *nuevos* (new Christians translated as 'Christian converts'). The former, unlike the latter, had neither Jewish nor Moslem blood.]
19. Riera, 'Dos parteras sevillanas'; Palacios Alcalde, 'Formas marginales', 84; Junceda Avelló, *Ginecología*, 41, 74, 80; Archivo Municipal de Málaga (hereafter AMM), Libro de Actas Capitulares (hereafter LAC), vol. 1, ff. 173v-174, 24 June 1492 (information supplied by Professor Maite López Beltrán from 'Espacio público y espacio privado: el trabajo extradoméstico en Málaga en el tránsito a la modernidad', in B. Villar (ed.) *Los espacios de las mujeres en el Antiguo Régimen. Inercias y cambios* (Málaga, forthcoming)); M. Birriel, 'Datos sobre los oficios de moriscos de la costa de Granada (1561)', *Actes du IV Symposium International d'Études Morisques sur: Métiers, vie religieuse et problématiques d'histoire morisque* (Zagohuan, 1990), 43-9; M.C. García Herrero, 'Administrar del parto y recibir a la criatura'. Aportación al estudio de la obstetricia bajomedieval', in *Aragón en la Baja Edad Media. Homenaje al profesor Antonio Ubieta* (Zaragoza, 1989), vol. 8, 283-92 *idem*, *las mujeres en Zaragoza en el S. XV* (Zaragoza, 1990), vol. 2, 288, 291.
20. The historiography has concentrated on those closest to the Court. Junceda Avelló, *Ginecología*, 74, 80, 84, cites, amongst others, Quirce de Toledo, head midwife of Isabel of Portugal, wife of Carlos V.
21. F. Bejarano Robles, *Libro de los repartimientos de Málaga* (Málaga, 1985), 93, 103, makes two references to such individuals. (Information supplied by Maite López Beltrán.)
22. Carbón, *Libro del arte de las comadres*, f. xii.
23. *Ibid.*

24. F. Núñez, *Libro del parto humano en el cual se contienen remedios muy útiles y usuales para el parto dificultoso de las mujeres* . . . (Alcalá, 1580). A 1683 edition has been used here. This was one of the most widely consulted books in the seventeenth and first half of the eighteenth centuries, passing through six known editions, the last four forming part of G. Ayala's book, *Principios de cirugía* (Madrid, 1693, 1705, 1716 and 1724). See A. Hernández Alcántara, *La obra tocológica y pediátrica de Núñez de Coria* (Salamanca, 1960), 5–6.

25. J. Alonso de los Ruyzes de Fonteche, *Diez privilegios para mujeres preñadas* (Alcalá, 1606). The chapter 'Privilegio octavo, para elegir comadre', ff. 110–61, is a short midwifery manual.

26. Usandizaga, *Historia de la obstetricia*, 107–18; Hernández Alcántara, *Estudio histórico*. A facsimile edition of Carbón's book has been published in Spain by Galoso-Wellcome (n.p., n.d.), with an introduction by P. Laín Entralgo.

27. Carbón, *Libro del arte de las comadres*, 'Epístola'. The third author, Núñez, *Libro del parto humano*, does not mention who the book is intended for although, throughout his work, the midwife is the central figure in childbirth.

28. Alonso de los Ruyzes, *Diez privilegios*, 'Al lector'.

29. AMM, LAC, ff. 173v–174.

30. L. García Ballester, *Historia social de la medicina en la España de los siglos XII al XVI* (Madrid, 1976), 133.

31. Carbón, *Libro del arte de las comadres*, ff. xii, v; Núñez, *Libro del parto humano*, on ff. 20v–25, explains the handling 'by the midwife' of cases where the delivery 'is not natural'; Alonso de los Ruyzes, *Diez privilegios*, f. 108 and ff.

32. Núñez, *Libro del parto humano*, f. 59. Alonso de los Ruyzes, *Diez privilegios*, was not so optimistic and believed that a midwife was rarely trained to extract a dead foetus, a task which should be performed by a surgeon. For midwives and caesarean section in Italy, see ch. 8 in this volume by Nadia Filippini.

33. Carbón, *Libro del arte de las comadres*, f. xl.

34. Núñez, *Libro del parto humano*, ch. iv.

35. Alonso de los Ruyzes, *Diez privilegios*, ff. 107v–164; Carbón, *Libro del arte de las comadres*, ff. xiv, v.

36. C. Larquié, 'La alfabetización de los madrileños en 1650', *Anales del Instituto de Estudios Madrileños*, 17 (1980), 250–1. For literacy amongst English midwives, see chs 2 and 3 in this volume by David Harley and Ann Giardina Hess.

37. Literally 'asking for pears from an elm tree'. Alonso de los Ruyzes, *Diez privilegios*, 108–13.

38. Merry Wiesner considers that in Germany Roesslin's *Rosengarten* would be widely known amongst midwives. M.E. Wiesner, 'Early modern midwifery: a case study', in B. A. Hanawalt (ed.) *Women and Work in Pre-Industrial Europe* (Bloomington, IN, 1985), 94–103, esp. p.100. See also ch. 10 in this volume by Hilary Marland for the use of midwifery texts by Dutch midwives.

39. M.E. Muñoz, *Recopilación de las leyes, pragmáticas reales, decretos y acuerdos del Real Protomedicato. Hecha por encargo del mismo Real Tribunal* (Valencia, 1751), 107; *Novísima Recopilación de las leyes de España* (Madrid, 1805–7), libro VIII, tit. X, ley I.

40. Muñoz, *Recopilación de las leyes*, 109–10; *Novísima Recopilación*, libro VIII, tit. X, ley II. This is quoted by many authors, amongst them Navas, *Elementos del Arte de Partear*, vol. 1, lxxxviii–ix and Muñoz Garrido, *Ejercicio*, 69–70.

41. Muñoz, *Recopilación de las leyes*, 314–16, referring to the Kingdom of Valencia; Navas, *Elementos del Arte de Partear*, vol. 1, lxxxix, to the Kingdoms of Seville, Aragon, Valencia, Navarre and the Principality of Catalonia.

42. AMM, Escribanías de Cabildo, legajo 2, ff. 458v–459, 15 May 1537. (Information supplied by Maite López Beltrán from her article cited in note 19.)

43. Navas, *Elementos del Arte de Partear*, vol. 1, xci–xcii. See also J. Blasco Ijazo, *Historia del Colegio de Médicos de la provincia de Zaragoza, 1455–1961* (n.p., 1961), 21.

44. In the first quarter of the century, the laws of Navarre stated that midwives wishing to practise had to be examined by the municipal physician and the parish priest, the latter being responsible for their moral rectitude. J. Ramos Martínez, *La salud pública y el Hospital General de la ciudad de Pamplona en el Antiguo Régimen (1700–1815)* (Pamplona, 1989), 309. For the intervention of priests in the appointment of midwives in eighteenth-century Italy, see ch. 8 in this volume by Nadia Filippini.

45. Villas Tinoco, 'La mujer', 100–1.

46. Muñoz, *Recopilación de las leyes*, 309–14; *Novísima Recopilación*, libro VIII, tit. X, ley X.

47. A. Medina, *Cartilla nueva, útil y necesaria para instruirse las matronas, que vulgarmente se llaman comadres, en el oficio de partear* (Madrid, 1750).

48. It seems that by the eighteenth century more women could read and write. The acquisition of these skills was dependent on their geographical base and social background. Literacy levels were much higher amongst men. See A. Viñao Frago, 'Alfabetización e Ilustración: Difusión y usos de la cultura escrita', *Revista de Educación* (1988), special no., 298.

49. A. Domínguez Ortiz, *Carlos III y la España de la Ilustración* (Madrid, 1988), ch. 7, 'La enseñanza. La cultura', 161–86; M. Vico Monteoliva, 'Utopía, educación e Ilustración en España', *Revista de Educación* (1988), special no., 483–4.

50. See A. Lafuente, J. Puerto Sarmiento and M.C. Calleja Folguera, 'Los profesionales de la Sanidad tras su identidad en la Ilustración española', in J.M. Sánchez Ron (ed.) *Ciencia y sociedad en España: de la Ilustración a la Guerra Civil* (Madrid, 1988), 71–92; M.E. Burke, *The Royal College of San Carlos* (Durham, NC, 1977).

51. J. Puerto Sarmiento, 'La profesión farmacéutica: del gremialismo al corporativismo', in J.L. Peset (ed.) *La ciencia moderna y el nuevo mundo* (Madrid, 1985), 395–421; M.C. Calleja Folguera, *La reforma sanitaria en la España ilustrada* (Madrid, 1988).

52. C. Sanz Egaña, *Historia de la Veterinaria Española* (Madrid, 1941).

53. This is a hypothesis which is being developed together with Alvaro Martínez Vidal in a forthcoming study of relationships between priests, surgeons, midwives and the art of midwifery in early modern Spain. See ch. 8 in this volume for a comparison with eighteenth-century Italy.

54. C. Undabeitia Lajusticia, 'Empresas sanitarias en la Bascongada. Preparación de las matronas', *Actas del Primer Congreso de la Sociedad Vasca de Historia de la Medicina, Bilbao, 1985* (Bilbao, 1985), 205–9.

55. A. Hermosilla, *Cien años de medicina sevillana* (Sevilla, 1970), 234–5.

56. M.V. López-Cordón, 'La situación de la mujer a finales del Antiguo Régimen (1760–1860)', in R. Capel (ed.) *Mujer y sociedad en España. 1700–1975* (Madrid, 1982), 93–5.

57. *Real Cédula de S.M. y Señores del Consejo, en que se aprueban y mandan observar las ordenanzas formadas . . . para el Colegio de Cirugía establecido en Madrid . . .* (Madrid, 1787), 28.

58. *Ordenanzas de S.M. que deben observarse por el Real Colegio de Cirugía de Barcelona . . .* (Madrid, 1795), 153–4, 231.

59. *Real Cédula*, 29; *Ordenanzas de S.M.*, 159.

60. *Real Cédula*, 28–9; *Ordenanzas de S.M.*, 155–6.

61. B. de Gárate y Casabona, *Libro nuevo cuyo título: Nuevo y natural modo de auxiliar a las mugeres en los lances de los partos . . .* (Pamplona, 1756), 156. The subject of baptism will be dealt with in the research project cited in note 53. For midwives

and baptism in early modern Germany and eighteenth-century Italy, see chs 4 and 8 in this volume by Merry Wiesner and Nadia Filippini.

62. For requirements for midwives, see Archivo General de Simancas (hereafter AGS), legajo 1544, Sección Guerra Moderna, 1763; *Estatutos y Ordenanzas que S.M. manda observar a los Colegios y Comunidades de Cirujanos establecidos en Barcelona, Cádiz* . . . (Barcelona, 1764), tit. XII; *Novísima Recopilación*, libro VIII, tit. X, ley XI, cap. 9.

63. J. Varela, 'La educación ilustrada o cómo crear sujetos dóciles y útiles', *Revista de Educación* (1988), special no., 245-74.

64. *Ordenanzas de S.M.*, 156-7. The same terms appeared in the licence issued by the *Protomedicato* and in books written for midwives in the eighteenth century.

65. We know, however, of one woman 'surgeon' who practised at this time. She was French and devoted herself to ophthalmology and was not trained in any of the Spanish colleges of surgery. P. de Demerson, 'Una mujer cirujano en tiempos de Carlos III', *Anales del Instituto de Estudios Madrileños*, 9 (1973), 415-26.

66. Burke, *The Royal College*, 80.

67. M. López Ortega, 'La educación de la mujer en la Ilustración española', *Revista de Educación* (1988), special no., 324; López-Cordón, 'La situación de la mujer', 93.

68. *Novísima Recopilación*, libro VIII, tit. X, ley X, cap. 3.

69. In 1773 Isabel Cortés, midwife of Archidona (Málaga) prescribed and administered medicines to sterile women and those who had recently given birth, and was consequently denounced by the town physicians and banned from repeating such activities. Conejo Ramilo, 'Los cirujanos y las matronas', 129. Around the same time Luisa Rosado was applying poultices to expel the placenta (see the following section).

70. As was the case with María Pirizí, a French midwife who practised in La Luisiana (Seville) in the second half of the century. P. de Demerson, 'La cesárea postmortem en la España de la Ilustración', *Asclepio*, 28 (1976), 207-8.

71. Muñoz, *Recopilación de las leyes*, 310; Medina, *Cartilla nueva*, 21-2. For the midwife as expert witness in England and Germany, see chs 2, 3 and 4 in this volume by David Harley, Ann Giardina Hess and Merry Wiesner.

72. The 1795 ordinances of Barcelona College envisaged midwives performing these functions when an expert surgeon was not available. *Ordenanzas de S.M.*, 157.

73. Navas, *Elementos del Arte de Partear*, vol. 1, III.

74. *Ibid.*, II.

75. The first figure is given by Burke, *The Royal College*, 99. The second is from E. Salcedo y Ginestal, *Obras de Don Antonio de Gimbernat* (Madrid, 1926), vol. 1, 257.

76. Burke, *The Royal College*, 99.

77. Salcedo y Ginestal, *Obras de Don Antonio de Gimbernat*, 257.

78. On account of this, the sum of money midwives had to pay to obtain their licence from the *Protomedicato* was reduced from the proposed 500 reales de vellón to 100, and was free for poor midwives. AGS, Sección Guerra Moderna, legajo 1543, 27 March 1760. Information supplied by Mikel Astrain, from 'La medicina del mar. Sanitarios y Sanidad Naval al servicio del Rey: De Utrecht a Trafalgar, c. 1712-1805', unpub. PhD thesis, University of Granada, 1992.

79. The information on Córdoba is from A. López Ontiveros, *Córdoba 1752 según las Respuestas Generales del Catastro de Ensenada* (Madrid, 1990), 175-9, 233, that on the Kingdom of Granada from T. Ortiz, C. Quesada and M. Astrain, 'Las profesiones sanitarias en el Reino de Granada según el Catastro de Ensenada (1751-1754)', Granada, unpub. paper, Diputación Provincial, 1990, 131.

80. According to the analysis of the sixty-five observations included in Ventura Pastor, *Preceptos generales*, vols 1-2, 77 per cent of deliveries were attended in the first instance by midwives.

81. C. Rubio Pardos, 'La calle de Atocha', *Anales del Instituto de Estudios Madrileños*, 9 (1973), 96; J. Soubeyroux, 'El encuentro del pobre y la sociedad: asistencia y represión en el Madrid del S. XVIII', *Estudios de Historia Social*, 20-21 (1982), 21, 46.

82. Archivo Histórico Nacional, legajo 51444, Sección Archivo Antiguo del Consejo de Castilla, quoted by Domínguez Ortiz, 'La Galera o cárcel de mujeres de Madrid a comienzos del S. XVIII', *Anales del Instituto de Estudios Madrileños*, 9 (1973), 278. See also Soubeyroux, 'El encuentro del pobre y la sociedad', 90.

83. We have data on the marital status of only seven midwives: five were widows, one was married and one single. Ramos Martínez, *La salud pública*, 80, 306-7.

84. AGS, Sección Gracia y Justicia, leg. 989, ff. 687-708. Many of these documents have been reproduced, with an introductory study, in T. Ortiz, 'Luisa Rosado, una matrona en la España de la Ilustración', *Dynamis*, 12 (1992), 323-47.

85. Rubio Pardos, 'La calle de Atocha', 96-7.

86. AGS, Sección Gracia y Justicia, leg. 989, f. 695.

87. AGS, Sección Gracia y Justicia, leg. 989, f. 689.

88. AGS, Sección Gracia y Justicia, leg. 989, f. 694.

89. AGS, Sección Gracia y Justicia, leg. 989, f. 703.

90. AGS, Sección Gracia y Justicia, leg. 989, f. 687.

91. AGS, Sección Gracia y Justicia, leg. 989, ff. 687, 704, 705.

92. Medina, *Cartilla nueva*.

93. Gáratea, *Libro nuevo cuyo título: Nuevo y natural modo de auxiliar a las mugeres en los lances peligrosos de los partos* . . . (Pamplona, 1756).

94. AGS, Sección Gracia y Justicia, leg. 989, ff. 687, 688, 702.

95. A. Lafuente and J.L. Peset, 'Las actividades e instituciones científicas en la España ilustrada', in M. Sellés, J.L. Peset and A. Lafuente (eds) *Carlos III y la ciencia de la Ilustración* (Madrid, 1988), 53.

96. AGS, Sección Gracia y Justicia, leg. 989, ff. 701-2.

97. AGS, Sección Gracia y Justicia, leg. 989, f. 693.

98. AGS, Sección Gracia y Justicia, leg. 989, ff. 687-687v, 701.

99. M. Martínez, *Anatomía completa del hombre* (Madrid, 1728), 184-5. (Information supplied by Alvaro Martínez Vidal.)

100. J.B. Matoni, 'De los estragos que causan las secundinas retenidas, y sus respectivos auxilios, leída en la Regia Sociedad de Sevilla . . . en 10 de marzo año de 1780', 1780, MS; P. Vidart, *El discípulo instruido en el Arte de Partear* (Madrid, 1785), 52-4. These are the only works where references have been found to the pathology of the retention of the afterbirth.

101. AGS, Sección Gracia y Justicia, leg. 989, f. 701, junio de 1771.

102. M. Laget, 'La naissance aux siècles classiques. Pratique des accouchements et attitudes collectives en France aux XVIIème et XVIIIème siècles', *Annales E.S.C.*, 32 (1977), 970, makes an exhaustive analysis of this author's observations and the figure provided has been calculated from her information. Laget studies 594 observations, of which 358 are miscarriages and the rest (236) complicated deliveries. Twenty-five of these were due to the retention of the afterbirth.

103. Ventura Pastor, *Preceptos generales*, vols 1-2. He cites forty-nine cases of complicated deliveries out of a total of sixty-five observations.

104. D.M. Zapata, *Dissertación médico-theológica* (Madrid, 1733), 78. Zapata attributed this to rough handling by midwives. F. Perena, *Conclusiones breves y claras*

teológico-médico-legales contra la disertación . . . que dió a luz Diego Mateo Zapata (Madrid, 1733), however, believed that the problem lay not in rough, but in inexperienced, handling.

105. See P. Petit, *Cuestiones generales sobre el modo de partear y cuidar a las mujeres que están embarazadas o paridas* (Madrid, 1717), 30-2, 65-7; Zapata, *Dissertación médico-theológica*, 78, 89-90; Medina, *Cartilla nueva*, 66-8; Gárate, *Libro nuevo cuyo título*, 93, 130-3; J. Raulin, *Instrucciones sucintas sobre los partos, para la utilidad de las comadres* (Zaragoza, 1772), 54-5; F. Mauriçeau, 'Aforismos', in A. Levret, *Tratado de partos* . . . (Madrid, 1778), vol. 2, 349; Matoni, 'De los estragos'; *idem*, 'De las precauciones que exige la operación de extraer las secundinas después del parto', *Memorias Académicas de la Real Sociedad de Medicina y demás Ciencias de Sevilla*, 3 (1785), 1-19; Navas, *Elementos del Arte de Partear*, 145-6; Ventura Pastor, *Preceptos generales*, vol. 1, 211-17; Vidart, *El discípulo instruido en el Arte de Partear*, 52-5.

106. Medina, *Cartilla nueva*, 66-8; Gárate, *Libro nuevo cuyo título*, 93-6. Gárate claims (p. 133) to know of the case of a woman who did not expel the placenta for eight years, remaining healthy during the whole period.

107. AGS, Sección Gracia y Justicia, leg. 989, f. 704.

108. AGS, Sección Gracia y Justicia, leg. 989, f. 687.

109. AGS, Sección Gracia y Justicia, leg. 989, f. 705. The two other cases are on f. 690v.

110. AGS, Sección Gracia y Justicia, leg. 989, f. 690v. This is the testimony of a physician from Zamora, certifying this and other interventions by Luisa Rosado.

111. Ventura Pastor, *Preceptos generales*, vol. 1, 318-19. An observation of a case is to be found on p. 385.

112. Vidart, *El discípulo instruido en el Arte de Partear*, 132.

113. The Latin names are '*Plantago Major L.*' and '*Solanum Nigrum L.*' respectively. P. Font Quer, *Plantas medicinales. El Dioscórides renovado* (Barcelona, 1973), 583-5, 724-5.

114. Ventura Pastor, *Preceptos generales*, vol. 1, 385.