The book quickly became the standard text and was used, despite its highly scholastic content, as a vade mecum by most medieval surgeons. By the fifteenth century it had been translated into Middle French, Middle English, Italian, Catalan, Dutch, and Hebrew. The *Inventarium* or *Chirurgia Magna* was extensively copied in its Latin version and was first printed in 1490. It was published altogether twelve times in the course of the sixteenth century. Among the most complete editions of Chauliac’s work is the annotated version of the Latin text published in 1579 by Montpellier doctor Laurent Joubert and the French edition published in 1890 by Edouard Nicaise. The introduction to this translation contains most of the biographical data concerning Guy de Chauliac. The Latin text of a Vatican manuscript dated 1373 was published in two volumes in 1997 with a commentary by Michael McVaugh. It provides the most comprehensive means of studying the text in its original form. One Middle English translation has been published by Margaret S. Ogden from a Parisian manuscript. The Middle French tradition has been studied by Sylvie Bazin-Tacchella, and several of her articles explain the importance of Chauliac’s work in France.

The work itself lacks originality but its fundamental aim was to present the state of the discipline in Guy de Chauliac’s time in the mid-fourteenth century. The *Inventarium* is in seven books, and starts with a chapter entitled *capitulum singulare* in which the author defines surgery and traces its history and filiation since ancient times. Having attributed its origins to *Hippocrates and Galen*, he continues by enumerating Arab sources such as *Haly Abbas, Albucasis*, and *Al-Razi*. The Salernitan masters and their Italian successors follow. Finally, he cites the influences of the school of Montpellier with *Henri de Mondeville and Arnau de Vilanova*, and in so doing shows that he was well aware of belonging to a long tradition of learning. This approach to the history of surgery from its origins to the Middle Ages is still valid today and is used, consciously or not, by most historians of medicine.

The content of Chauliac’s work is profoundly marked by a Galenism stemming mainly from the translations from Arabic to Latin that were available at the end of the thirteenth century and were part of the learning program at Montpellier. However, Guy also had access to the works of Galen newly translated directly from the Greek by *Niccolo da Reggio* at the papal court which he used extensively. The anatomical content of the work is therefore more original since it is based on a truer version of Galen’s anatomical treatise *De usu partium* translated from the Greek rather than the faulty condensed version that was available in Latin before that.

One other interesting feature of the *Inventarium* is the vivid descriptions of the plague in France that can be found in the section devoted to apostemes. Guy was a witness to both outbreaks, those of 1348 and 1360. He even contracted the disease and cured himself. His distinction between bubonic and pneumonic plague has been called a model of clinical reporting.

The main contribution of the work is Guy’s effort to assemble, collate, and present all the existing information on surgery and to integrate it with the medical scholastic discourse of the time. He also states his position on major doctrinal debates. For example, he disagrees with Theodorici and Henri de Mondeville’s dry treatment of wounds. In addition, the *Inventarium* features notable original passages on tracheotomy, intubations, suturing methods, and accounts of a few interesting instruments such as the “pelican” for extracting teeth and a traction device to treat fractures.

**See also** Medicine, practical; Medicine, theoretical; Surgery

**Bibliography**


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**GYNECOLOGY AND MIDWIFERY**

Gynecology, the subfield of medicine that deals particularly with the diseases of the female reproductive organs, was not an area in which medieval practitioners specialized, but it was recognized as a distinct subject and, as such, often generated its own specialized literature when authors or compilers believed there existed a distinct audience for such works. In the Mediterranean context of Greco-Roman antiquity, female midwives or healers (obstetrices or medicae) were presumed to be responsible for everything we now put under both the headings “obstetrics” and “gynecology.” By the end of the Middle Ages, at least in western Europe, midwives were often only responsible for attendance at normal births and, in some circumstances, for serving as manual assistants to male practitioners. Physicians were recognized as competent to diagnose and treat gynecological disorders, while surgeons increasingly were called on in cases of difficult births. This transition in the gendering of women’s healthcare was not smooth, nor was it complete. Nevertheless, the question of whether women’s healthcare was to be managed by laywomen themselves, by specialized female practitioners, or by male medical practitioners, constitutes a key issue in the development of the field over the course of the Middle Ages.

A variety of evidence—inscriptions, textual sources, sculpture, etc.—confirms female practitioners’ responsibility for women’s gynecological and obstetrical...
conditions in antiquity. Many of these women were literate, and Greek writers such as Soranus (first/second century C.E.) and Galen addressed their works on women's diseases or anatomy to them. How long this situation persisted in the Byzantine world is not clear; a sixth-century text on gynecology is said to be the work of a female author, Metrodora, but the bulk of gynecological writing from the Byzantine period is only to be found in the works of male medical encyclopedists. The same is true of the Arabic-speaking world, where male physicians such as the Spaniard al-Zahrawi or the Persian Ibn Sina included significant sections on gynecology or obstetrics in their medical encyclopedias, but apparently had to give oral instruction to midwives to have their instructions carried out. Only three specialized works on women's medicine are known from the medieval Islamic world, all of them by male authors.

Western Europe is therefore distinctive, vis-à-vis Byzantium and the Islamic world, in having such a large tradition of independent gynecological writing. This sizable corpus (a total of more than one hundred and fifty texts or excerpts from larger works circulating separately between the fourth and fifteenth centuries) originated in late antiquity, in part when translators rendered Soranus's textbook, the Gynecology, into Latin several times. The most widely disseminated work was Muscio's, written probably in North Africa in the fifth or sixth century, which included a series of images of the fetus in utero. As in antiquity, most of these ancient texts were written for literate midwives; Muscio repeats Soranus's requirement that the good midwife be able to read and understand medical theory.

In the twelfth century, two new texts came out of the southern Italian town of Salerno: Conditions of Women, which is a patchwork made primarily from other written texts (including a recent translation from the Arabic by Constantine the African); and Treatments for Women, attributed to the female Salernitan practitioner Trotta and distinguished by its rich therapeutical detail, extensive practical experience of the most intimate conditions of women's genitalia, and a broad conception of what the diseases of women actually are (everything from nuns' problems of maintaining their chastity to uterine prolapse and ano-vaginal fistula). No other text on women's medicine would match these qualities for several centuries.

The Trotula (as these two Salernitan texts came to be called once they were linked with a third text on cosmetics) would quickly eclipse Muscio's Gynecology, which, based on the Methodist theories of late ancient medicine, was no longer compatible with (or even intelligible to) the strongly Galenic environment after the twelfth century. Then, beginning in the early fourteenth century, a series of physicians associated with the medical school at Montpellier began to compose their own treatises on gynecology. The earliest of these, by Arnau de Vilanova, was quickly followed by at least six others, all of which to varying degrees, and with varying detail, drew on gynecological disease classifications and treatments to achieve the desired outcome of producing healthy progeny.

In the fifteenth century, male medical writers turned yet another corner. They continued (as had male Salernitan writers and others throughout Europe) to compose medical encyclopedias organized in head-to-toe order, which situated gynecological and obstetrical conditions right after those of the male genitalia. Some of these sections became so big that they were circulated separately. Moreover, several writers composed entirely new texts on women's diseases. Thus, for example, a mid-fifteenth-century English writer took an earlier translation of Gilbertus Anglicus's chapters on gynecology, rearranged them, and then added major new sections on childbirth (drawn from Muscio's text), on expelling the dead fetus, and various other conditions. Such works as these, in Latin as well as in several vernacular languages, greatly expanded the fund of gynecological knowledge available to average practitioners and, just as importantly, reflect how common male involvement with women's medicine had become.

Midwives and Other Female Practitioners

There is ample evidence that medieval women practiced in a variety of medical contexts besides midwifery; they were surgeons, apothecaries, barbers, and general healers. In fact, midwifery may have been the last of these fields to coalesce as a profession in the High Middle Ages. The environment that had supported the specialized (and literate) female midwives of antiquity had disappeared, and it is difficult to find evidence of any women taking on the formal title of "midwife" again prior to the latter half of the thirteenth century. In the interim (and even in many situations thereafter), it is likely that birth was managed by a network of female kin and neighbors, none of whom necessarily claimed to be more expert in handling childbirth than the others. In examining the range of possible audiences for gynecological texts, therefore, we must keep in mind that for most of the Middle Ages there was no predetermined "target audience" of literate specialist midwives to address. The first text on women's medicine that was specifically aimed at midwives was Michele Savonarola's Regimen for the Ladies of Ferrara (c. 1460), which actually addressed laywomen as well as midwives. The same was true of the two most famous midwifery manuals, the Women's Handbook (printed c. 1493), and the Rosegarden for Pregnant Women and Midwives (printed 1513), both published originally in German but later translated into a variety of different languages. Gynecological texts addressed generically to women, in contrast, can be found sporadically in several languages from the thirteenth to fifteenth centuries. The earliest are in French, with later ones in English and Dutch; all were probably composed by male authors or translators. The earliest of the English ones, called The Knowing of Woman's Kind (i.e., nature) in Childing, which dates from the late fourteenth or early fifteenth century, opens with a poignant claim that the text is meant to be shared among women so that they do not have to show their diseases to men. The upper-class women to whom such texts were addressed certainly do not represent the majority of
medieval women, but such sentiments do reveal the tension caused by a social system that granted literacy and education to men—and so the possibility of engagement with formal medical theory—but only rarely to women.

See also Magic and the occult; Medicine, practical; Salerno; Women in science

Bibliography


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