

Protecting “the body and soul of infinite newborns”:  
Church and State in the Regulation of Midwifery in Tridentine Italy

Jennifer F. Kosmin

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Approved By:

Melissa M. Bullard

Karen Hagemann

John J. Martin

## **ABSTRACT**

JENNIFER F. KOSMIN: Protecting “the body and soul of infinite newborns”: Church and State in the Regulation of Midwifery in Tridentine Italy.  
(Under the direction of Melissa M. Bullard)

Midwives were unique among early modern Italian medical practitioners in that their work and expertise were at once part of learned, popular, and religious traditions. In addition to being highly visible figures in the ritual life of Italian society, midwives’ expertise facilitated their entrance into the legal and political worlds of early modern Italy. Still, the mysteriousness of midwives’ knowledge and practice fostered perpetual concern among male elites over midwives’ potentially illicit activities. It was this position on the margins of multiple traditions that found early modern midwives targeted by new ecclesiastical, municipal, and medical regulation. This essay examines the various forms of legislation directed at midwives during the sixteenth and seventeenth centuries - including Canon and Synodal decrees, municipal ordinances, and statutes of the various medical colleges and *Protomedicati* – and aims to provide a thorough regional comparison of midwifery regulation in Italy. I suggest that midwives were positioned as intermediaries during a period of increased ecclesiastical and secular intervention in daily life, negotiating between the interests of their communities and new interventions from church and state.

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## Introduction

Even after a century of activity regulating the medical marketplace, a chronicler of the Royal *Protomedicato* of Naples could still lament in 1675 that “many in the city...not being Doctors were treating without...privilege or approval.” The Neapolitan *Protomedicato*, effectively a medical tribunal, enjoyed both civil and criminal jurisdiction and was empowered to examine, license, and inspect the various medical practitioners within the Kingdom. As the above statement suggests, however, the institutionalized regulation of early modern medicine was not without its difficulties. Midwives were one segment of the healing population that proved particularly hard to control, though they had officially been subject to examination and licensing by the *Protomedicato* since 1580. In 1648, one vice-*Protomedico* described the situation he confronted regularly in the countryside with much frustration: “the pregnant women and the people create midwives at their own whim, who then openly pass themselves off as such, without any recognition or experience at all, to the great harm of mothers and infants.”<sup>1</sup> Although surely exaggerating the extent to which midwives were untrained, the vice-*Protomedico*’s statement nonetheless provides unique insight into what had become by this point an open confrontation between the State’s and the medical authorities’ desire to regulate the practice of medicine, on the one hand, and the community’s resistance to the implied

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<sup>1</sup> Quoted in David Gentilcore, “‘All that Pertains to Medicine’: *Protomedici* and *Protomedicati* in Early Modern Italy,” *Medical History* 38(1994): p. 132.

erosion of traditional forms of authorization, on the other. Midwives, who relied both on the community to legitimize their work and on the medical authorities to grant them legal privilege to practice, existed in an intermediary position. This role as intermediary, I suggest, was characteristic of the situation in which midwives found themselves from the late sixteenth through to the early eighteenth century.

As David Gentilcore has noted, midwives were unique among early modern Italian medical practitioners in that their work and expertise were at once part of learned, popular, and religious traditions.<sup>2</sup> Midwives controlled and directed the majority of early modern births with a mixture of traditional healing knowledge passed down through apprenticeship, prayer, and a host of popular reproductive rituals. Midwives' social identity comprised more than their ability to deliver babies; indeed, the midwife's role within the community extended well beyond the confines of the lying-in chamber. For one, the midwife was a highly visible figure in the ritual life of Italian society, often carrying the newborn whom she had delivered to the baptismal font for its spiritual birth and being named godmother ("*comare*") in honor of her services. In addition, midwives were expected to guide the religious activities of soon-to-be mothers throughout their pregnancies, preparing them spiritually for what was, in the early modern period, always a life-threatening event. In the case of emergency, it was the midwife who was temporarily to assume the religious authority of the priest and baptize the child in order to protect its soul.

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<sup>2</sup> David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester: Manchester University Press, 1998), 82.

Midwives were also experts on a number of ‘female’ diseases, particularly those which affected menstruation and sexuality. Thus, those who lifted new life into the world might also be connected with abortion, contraception, impotence, witchcraft, and infanticide. The still rudimentary understanding of female gynecology at the opening of the early modern period provided an additional mysteriousness to midwives’ work and to the process of generation in general. Even as such associations sprouted suspicions as to midwives’ potentially illicit activities, this same knowledge was instrumental to the workings of the early modern legal system. Midwives frequently gave testimony in cases of rape, marital discord, and infanticide. Therefore, the importance of midwives’ duties, from the birthing room to the courtroom, made them respected and sanctioned figures, despite the fact that their involvement with the secrets of generation and semi-magical healing practices could also elicit suspicion. It was this position on the margins of multiple traditions that, during the course of the sixteenth and seventeenth centuries, found midwives targeted by new modes of ecclesiastical, municipal, and medical regulation.

The religious upheavals of the sixteenth century, the rise of medical professionalism, and the growth of the early modern Italian state all held implications for the work and recognition of Italian midwives. The Tridentine Church sought midwives out as a way by which to increase its influence in the private lives of the community, while physicians and surgeons were interested in protecting and advancing their own privileges within a system of medical pluralism. State governments, particularly in the wake of repeated outbreaks of plague and syphilis, appropriated an ever larger role in ministering to the public health of the subjects within their territories. For varying

reasons, then, ecclesiastical, state, and medical authorities wished to establish tighter control over the practice of midwifery, efforts which proved difficult because midwives' work existed not only within the overlap of each of these institutions, but also at the juncture between, on the one hand, traditional and community-based forms of regulation, and, on the other, new State and Church directed forms of social control.

Through an analysis of the various forms of legislation directed at midwives during the sixteenth and seventeenth centuries - including Canon and Synodal decrees, municipal ordinances, and statutes of the various medical colleges and *Protomedicati* – this essay aims to provide a thorough regional comparison of midwifery regulation in Italy. Prescriptive literature such as confessional handbooks and midwifery manuals were also consulted in order to fully understand the normative view of and influence on midwives in this period. Finally, trial records from the various early modern courts - secular, ecclesiastical, and inquisitorial- are perhaps singular in recording the words of midwives themselves in their public function as expert witnesses. Though mediated, of course, by men (and by the broader epistemological frameworks of Church or State), these records reveal both instances in which midwives' actions became transgressive and in which midwives' knowledge and professional status were legitimated before the law. Although localized studies have addressed Italian midwifery regulation, less effort has been afforded to a comprehensive and comparative investigation of legislation in the period prior to the emergence of the midwifery schools in the eighteenth century.<sup>3</sup>

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<sup>3</sup> M.T. Caffaratto "L'assistenza ostetrica in Piemonte dalle origini ai nostril tempi", *Giornale di Batteriologia, Virologia ed Immunologia*. 6 (1970): 176-209; Gianna Pomata "Barbieri e comari" in *Cultura popolare nell'Emilia Romagna: Medicina, erbe e magia* (Milan: Silvana Editoriale, 1981), 161-183; D. Pillon, "La comare istrita nel suo ufficio. Alcune notizie sulle levatrici fra il '600 e il '700," *Atti del Istituto Veneto de Scienze, Lettere, e Arti* 140 (1981/82): 65-78; L. Chinosi (ed.) *Nascere a Venezia: Dalla Serenissima alla Prima Guerra Mondiale* (Torino: 1985); Nadia Maria Filippini "Levatrici e

Moreover, despite a variety of perspectives – medical, social, religious – nearly all midwifery studies have as their essential motor the question of how men came to dominate birth.<sup>4</sup> By focusing on a period when midwives’ knowledge was still in many ways privileged, this essay aims to bring other issues into focus; specifically, I utilize midwifery legislation to investigate the growth of Church and State across the Italian states during the sixteenth and seventeenth centuries and the ways in which such encroachment was contested and negotiated.

Recent scholarship by historians of gender, medicine, and popular culture has been instrumental in tracing the contours of early modern medical thought and practice. In the context of Italy, David Gentilcore’s investigation of medical pluralism and the *Protomedicato* in the Kingdom of Naples, and Gianna Pomata’s study of cure agreements and the agency of patients in Bologna have both been highly influential. Together, these works help to construct a picture of medicine in this period that breaks down outmoded assumptions about professionalization and authority.<sup>5</sup> Not only did trained practitioners compete with itinerant charlatans in the early modern medical marketplace, but medicine was still very much a site in which science, religion, and popular knowledge were

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ostetricanti a Venezia tra sette e ottocento”, 58 (1985): 149-180; Claudio Schiavoni, “L’attività delle levatrici o “mammane” a Roma tra XVI e XVIII secolo: storia sociale di una professione,” *Sociologia* 2(2001): 41-61. As the historiographical record suggests, there are inherent difficulties to a comparative approach. The diversity of bodies interested in regulating early modern midwives is compounded by the variation in government forms among the early modern Italian states themselves. As such, this essay emphasizes broad trends in midwifery regulation and the control of childbirth.

<sup>4</sup> Samuel S. Thomas, “Early Modern Midwifery: Splitting the Profession, Connecting the History,” *Journal of Social History* 43(2009):115-138, p. 115.

<sup>5</sup> David Gentilcore *Healers and Healing in Early Modern Italy* (Manchester: Manchester University Press, 1998), *Medical Charlatanism in Early Modern Italy* (Oxford: Oxford University Press, 2006), “‘All that Pertains to Medicine’: *Protomedici* and *Protomedicati* in Early Modern Italy,” *Medical History* 38(1994): 121-142; Gianna Pomata, *Contracting a Cure: Patients, Healers, and the Law in Early Modern Bologna* (Baltimore: The Johns Hopkins University Press, 1998).



conflated and disputed. Only within this more nuanced framework can we meaningfully assess the work and identity of midwives in early modern Italy. More specifically, this study argues that midwifery regulation paradoxically afforded midwives a greater degree of professional identity and legitimacy while at the same time ultimately circumscribing their responsibilities and supplanting women's traditional healing knowledge with the new, masculine medicine of gynecology and obstetrics.

Over the past several decades, historians and scholars from various disciplines have come to realize that reproduction and the maternal body are inherently political topoi.<sup>6</sup> In a culture in which both religion and statecraft were highly embodied acts, pregnant bodies were similarly sites of display and contested authority. Inscribed in childbirth were notions about patriarchy, *onore*, access to the sacred, and the mysterious powers of the female body. Thus, it is unsurprising that, as David Kertzer writes, “outside institutional forces – such as church and state – have long sought to influence reproductive behavior, not only through coercive measures (such as criminal laws), but through social policy programs (such as poor relief for mothers and children).”<sup>7</sup> This essay places gender and reproductive authority at the center of a discussion about the ways in which Church and State expanded their legislative orbits in early modern Italy, particularly in the wake of the Reformation. Italian historians such as Paolo Prodi and,

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<sup>6</sup> The work of Mary Fissel and Lisa Forman Cody for England, and Lianne McTavish for France, have been instrumental guides in understanding the ‘politics of reproduction’ in broad, national contexts. See: Mary Fissel, *Vernacular Bodies: The Politics of Reproduction in Early Modern England*. (Oxford: Oxford University Press, 2004); Lisa Forman Cody, *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britons* (Oxford: Oxford University Press, 2005); Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France* (Burlington, VT: Ashgate, 2005).

<sup>7</sup> David Kertzer, “Gender Ideology and Infant Abandonment in Nineteenth-Century Italy,” *Journal of Interdisciplinary History*, 22(1991): 2.

particularly, Adriano Prosperi have been instrumental in expanding the social history of the Counter-Reformation and exploring the ways in which a movement for greater religious orthodoxy soon translated into a wider attempt to control behavior.<sup>8</sup> More recently, scholars such as Gabriella Zarri, Daniela Hacke, and Rudolph Bell, among others, have focused specifically on women and the effects of the Counter-Reformation on sexuality, gender, and marriage in Italy.<sup>9</sup> I suggest here that midwifery provides a unique window into the process by which religious changes from above were presented to, internalized, contested, resisted, and mediated by the community.

The following, then, represents a synthetic approach that aims to integrate these two historiographical bodies around the figure of the midwife. As an intermediary between community interests and new, authoritative directives, the midwife became a site of contestation over legitimate forms of sexual and medical control. By comparing legislative efforts to direct midwifery across Italy over the long century after the Council of Trent to the turn of the eighteenth century, this essay aims to capture broad trends in the development of Church and State in early modern Italy. If this analysis expands upon previous studies by suggesting that midwifery legislation provides a window onto the negotiation of larger societal changes, it has never intended to overshadow the midwife

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<sup>8</sup>Paolo Prodi, *Disciplina dell'anima, disciplina dell'corpo, e disciplina della società tra medioevo ed età moderna* (Bologna: Società Editrice il Mulino, 1994); Adriano Prosperi, *Tribunali della Coscienza: Inquisitori, Confessori, e Missionari* (Torino: G. Einaudi, 1996), *Dare l'anima: Storia di un infanticidio* (Torino: G. Einaudi, 2005).

<sup>9</sup> Gabriella Zarri, "From Prophecy to Discipline, 1450-1650," in Lucetta Scaraffia and Gabriella Zarri (eds.) *Women and Faith: Catholic Religious Life in Italy from Late Antiquity to the Present* (Cambridge: Harvard University Press, 1999), *Il Monachesimo femminile in Italia dell'alto Medioevo al secolo XVII a confronto con l'oggi* (Verona: Il Segno dei Gabrielli, 1997); Daniela Hacke, *Women, Sex, and Marriage in Early Modern Venice* (Burlington, VT: Ashgate, 2004); Rudolph M. Bell, "Telling her Sins: Male Confessors and Female Penitents in Catholic Reformation Italy," in Lynda Coon (ed.) *That Gentle Strength: Historical Perspectives on Women in Christianity* (Charlottesville: University of Virginia Press, 1990), 118-133.

herself. As such, I will highlight as often as possible the individual midwives who make any interpretation of legislation meaningful, and to reflect on how midwifery legislation affected the social position and status of midwives within their communities.

## **Part I: Ecclesiastical Regulation**

### **Baptism and Abortion**

In early modern European society, childbirth was an event at once mediated by and understood through religious practice. For pregnant women in a period when childbirth was wrought with danger and the looming potentiality of death, religious ceremony and ritual provided both comfort and the possibility of active intervention. The Virgin Mary, who conceived without sin and delivered without pain, was indeed a powerful example to whom pregnant women could look for guidance. A host of saints represented additional intercessors, and many became particularly linked to pregnancy and childbirth.<sup>10</sup> The birth itself was followed by what were often elaborately celebrated baptismal ceremonies, marking the symbolic entrance of the newborn into a Christian community. In sixteenth- and seventeenth-century Italy, it became the midwife's duty to supervise the religious regimen of birth - not only to facilitate the entrance of new life, but also to guide the pregnant woman in a spiritual program prior to her delivery, and, perhaps most important, to ensure the salvation of the infant soul in an emergency.

It is no surprise, then, that the Catholic Church was first to assert a regulatory authority over the practice of midwives. From the twelfth and thirteenth centuries, Church decrees repeatedly mentioned the obligation of the laity – women are noted in

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<sup>10</sup> For a thorough discussion of the role of the Virgin Mary in early modern childbirth traditions, see: Fissel, *Vernacular Bodies*, 14-24.

particular– to perform the sacrament of baptism in urgent situations. In fact, the medieval Church had already given considerable attention to the matter and all its possible contingencies. If the mother died during childbirth or even very late into her pregnancy, extreme measures were to be taken to ensure at least the salvation of the newborn’s soul if not the preservation of life. The Councils of Canterbury (1236) and Trèves (1310) therefore recommended the surgical post-mortem extraction of the fetus in such cases for the explicit purpose of performing baptism.<sup>11</sup> It was even counseled that the mother’s mouth be propped open during the procedure to ensure that the baby did not suffocate.<sup>12</sup> Artwork from this early period suggests, furthermore, that this kind of surgical intervention was likely undertaken by the midwife herself, an indication of just how wide ranging the practices of the medieval midwife might be.<sup>13</sup>

By the sixteenth century, the reform of Catholic practices brought renewed interest from the Church in the practices of midwives. That interest was at least threefold. First, in the midst of the heated theological debates of the Protestant Reformation, baptism emerged as a fundamental point of disagreement. As Protestant theologians came increasingly to attack infant baptism as practiced by the Roman Church, Catholic reformers placed even more emphasis on the essentialness of baptism to Roman Catholic doctrine and Christian salvation. Second, through the process of Catholic reform, the contours of the Church began to stretch further into the daily lives of early modern Catholics. Marriage, sexuality, and morality all came under increasing scrutiny by

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<sup>11</sup> Margaret Schaus, *Women and Gender in Medieval Europe: an Encyclopedia*. (Boca Raton, FL: CRC Press, 2006) p. 104.

<sup>12</sup> Renate Blumenfeld-Kosinski, *Not of Woman Born: Representations of Caesarean Birth in Medieval and Renaissance Culture* (Ithaca: Cornell University Press, 1990), p. 35.

<sup>13</sup> Blumenfeld-Kosinski, p. 61-63.

members of the secular clergy – generally through the supervision of the parish priest. Through her direct involvement in births, healing and folk rituals, and the most intimate concerns of neighbors, the midwife represented a potential point of access into the community for the Counter-Reformation church. By increasing control of the midwife's practice and instruction, the clergy may have envisioned a medium through which the tenets of Catholic reform and stricter moral standards might be relayed.

Finally, the varied and often syncretistic forms of popular piety, healing, and sympathetic magic practiced by early modern Italians were looked upon with increasing suspicion by a Church intent on rooting out all such heterodoxy and superstition. The peasant population, with its strong traditions of popular healing and folk magic – both tied strongly to women and the female body- was particularly targeted. Moreover, the host of folk traditions related to pregnancy and childbirth, coupled with the fact that the birth was itself a mysterious, female-controlled event made this an area of particular concern for the Counter-Reformation church. Through proper instruction of midwives, the Church sought to eliminate one zone of superstitious folk belief and ensure that childbirth was accompanied by orthodox rituals and prayers.

As mentioned above, the Church's concern with baptism had brought midwives into the orbit of ecclesiastical regulation from an early date. Under attack from Protestant reformers who challenged the more magical elements of the rite (exorcism) or (in radical sects) even the biblical foundations for infant baptism, the Church responded by confirming the salvific effects of Baptism and re-emphasizing the ecclesial (rather than

civic) aspects of the rite.<sup>14</sup> The canons and decrees of the Council of Trent firmly reminded the faithful that “if any one denies, that infants, newly born from their mothers’ wombs, even though they be sprung from baptized parents, are to be baptized” then he “be anathema.”<sup>15</sup> Renunciation of the duty to baptize one’s newborn infant was therefore a serious enough offense to warrant excommunication.

Midwives’ role in delivering infants subsequently took on increased significance in the eyes of the Church as guarantors of the salvation of newborn souls. Direct attention to the role of midwives in baptism was provided in the official catechism for parish priests that emerged from the Council of Trent. Considering the necessity of lay involvement in the sacraments, the catechism outlines the desired hierarchy of those who might perform baptism – if a man is present, he shall be preferred over a woman, a cleric over a simple laymen. However, it is further specified that “midwives...when accustomed to its [baptism] administration, are not to be found fault with, if sometimes, when a man is present, who is unacquainted with the manner of its administration, they perform what may otherwise appear to belong more properly to men.”<sup>16</sup> Such a concession should not be taken lightly; midwives were being granted access to rites that had long been firmly gendered masculine. Indeed, no comparable acknowledgement of women’s religious authority superseding men’s is to be found elsewhere in the catechism.

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<sup>14</sup> John Bossy, “The Counter-Reformation and the People of Europe” in David Martin Luebke (ed.), *The Counter-Reformation: The Essential Readings* (Malden, MA: Blackwell Publishers, 1999), pp. 92-93; Susan C. Karant-Nunn, *The Reformation of Ritual: An Interpretation of Early Modern Germany* (New York and London: Routledge, 1997), pp. 59-60.

<sup>15</sup> Theodore Alois Buckley. *The Canons and Decrees of the Council of Trent. Literally translated into English.* (Cambridge: Harvard University Press, 1851) p. 24.

<sup>16</sup> *The Catechism of the Council of Trent; published by the Command of Pope Pius the Fifth.* (New York: F. Lucas Jr., 1850) p. 121.

In addition to the standardization of theology, the Catholic Reformation was interested in a concurrent reinvigoration of piety on the part of both clergy and laymen. The 1614 *Rituale Romanum* issued by Pope V, the first attempt to publish a standard version of the Roman rites, reflects just such movement toward greater uniformity in religious ritual and renewed impetus to properly educate the secular clergy. As Wietse de Boer notes, however, the Counter-Reformation agenda went beyond the reform of clergy; rapidly, “concerns about the social order came to dominate spiritual agendas, and...the public and private spheres became intertwined as never before.”<sup>17</sup> Such a newly imagined role in social discipline is exemplified in the Church decrees addressing midwives.

Under the *Rituale*, midwives came under the direct control of the parish priest, a relationship that would have important implications for the trajectory of midwifery practice in Italy over the course of the early modern period. In addition to the injunction that “pastors are strictly bound to take care that the faithful, and especially midwives, be well instructed in the manner of administering the sacrament,” the Ritual likewise noted that “no one should be permitted to perform the office of midwife, who does not hold the Catholic doctrine on the necessity of Baptism.”<sup>18</sup> Church authorities continually emphasized that the at times chaotic atmosphere during birth often resulted in the midwife forgetting to baptize the infant or perhaps muddling the rite, and thus proper (and repeated) instruction was necessary.

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<sup>17</sup> Wietse de Boer, *The Conquest of the Soul: Confession, discipline, and public order in Counter-Reformation Milan*. (Leiden: Brill, 2001), p. 68.

<sup>18</sup> “De Sacramento Baptismi,” *Rituale Romanum Pauli V, Pontificis Maximi, jussu editum et a Benedicto XIV* (Tornaci Nerviorum: Desclee, Lefebvre, 1896) p. 6.



Localized versions of the general decree outlined in the Ritual were subsequently codified in various provincial and diocesan synods.<sup>19</sup> Midwives might be required to present themselves to their parish priest in order to be instructed in the proper form of the baptismal rites. The *Rituale* required, further, that Episcopal officials periodically undertake visitations to examine practicing midwives on their knowledge of the sacraments.<sup>20</sup> In Rome, where the parishes of S. Maria in Campo Carleo, San Lorenzo in Lucina, and S. Maria in Monticello were three of the earliest to hold regular examinations of midwives, the Cardinal Vicario required at just such an Episcopal visitation that “*ostetricanti*” be “god fearing and of good morals.”<sup>21</sup> Significantly, the administration of emergency baptism by a midwife was, in a time when high numbers of newborns died, not just an extreme possibility. The emergency baptism of one Roman child by a midwife was recorded in the parish register of Santa Maria in Trastevere as early as 1568: “Livia of Messer Lelio Parmegiano and the Roman woman Ginerva, was baptized. She [Livia] was born between the 12 and 13 hour. This I, *donna* Pacifica, midwife, affirm.”<sup>22</sup> In the small village of Pentidattilo in Calabria, where the midwife Virginia Squillaci seems to have been responsible for nearly all of the community’s births in the first years of the seventeenth century, 27 out of 611 baptisms are recorded as being administered by the midwife in times of “imminent danger of death.”<sup>23</sup>

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<sup>19</sup> James O’Kane, *Notes on the Rubric of the Roman Ritual regarding the Sacraments in General, Baptism, the Eucharist, and Extreme Unction* (New York: P. O’Shea, 1883) p. 86.

<sup>20</sup> Tommaso Astarita, *Village Justice: Community, Family, and Popular Culture in Early Modern Italy*. (Baltimore: The Johns Hopkins University Press, 1999) pp. 191-192.

<sup>21</sup> Schiavoni, p. 44.

<sup>22</sup> Schiavoni, p. 48.

The argument for increased supervision of midwives could be driven home when Episcopal or local inspections turned up evidence of abuses. In the Bassa Friulana, for instance, the midwife Pasqua Guarini attracted the attention of the Inquisition after her parish priest reported her for “abuse of the sacraments.” As Pasqua testified to the Holy Office, after delivering a local woman called Maria da Palazola, believing that the newborn “was dying soon, I baptized her, with the name Maria” but “then the newborn revived, and I took her to the Church as her father and mother desired.” When the priest asked Pasqua whether the child had yet been baptized, however, the midwife replied negatively, as she didn’t “believe that it was a great sin to baptize an infant twice because” she had “many times seen that priests, told that an infant was baptized at home...had poured water on the body another time in church.”<sup>24</sup>

The episode is significant for at least two reasons. First, it should be noted that the punishment given Pasqua was little more than a verbal reprimand. The Inquisition was not interested in persecuting an uninformed midwife, only in ensuring that her ability to administer the sacrament of baptism was sound. In this case, the ecclesiastical authorities emphasized the role of the parish priest in the matter, calling for the local clergy to step up its instruction of midwives in general.<sup>25</sup> Second, the case reveals that not only were priests concerned about practices within the birthing room, but that they had access to networks which could provide that information. In the century after Trent, the parish

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<sup>23</sup> Tommaso Astarita, *Village Justice: Community, Family, and Popular Culture in Early Modern Italy* (Baltimore: The Johns Hopkins University Press, 1999), p. 192.

<sup>24</sup> “Processo per abuso di sacramenti contro Pasqua Guarini da Palazzolo (3 febbraio 1651)” in Benvenuto Castellarin, ed. *I Processi dell’Inquisizione nella Bassa Friulana (1568-1781)*. La Bassa: Associazione per lo Studio della Friulanita, 1997, pp. 291-292.

<sup>25</sup> “Processo per abuso,” pp. 291-292.

priest's relationship with the local community had apparently become much closer, their increased contact with midwives being an important part of that connection. In fact, Nadia Maria Filippini suggests that by the eighteenth century, in the more isolated countryside such as the low region of the Friuli where Pasqua lived, ecclesiastical control of midwives was nearly total: it was the priest's duty to nominate a midwife for the community.<sup>26</sup>

A close relationship between parish priest and midwife may thus have presented a point of access into the community for ecclesiastical authorities. In addition to teaching the midwife the proper form of the sacrament of baptism, the priest could also guide her in her dealings with community members and encourage her to promote more orthodox practice with relation to childbirth and healthcare. This is quite apparent in the case of abortion. Frequently, decrees from local synods coupled directions for the priest to teach midwives the proper form of baptism with a note also to make sure that she knew the church's position on abortion.<sup>27</sup> Indeed, this is an obvious addendum considering that midwives were among the community members most likely to know the proper medicines and herbs to bring about menstruation. Although beliefs about the point at which the soul entered the fetus (and thus at what point it became illegal to procure an abortion) were hotly contested in the early modern period, the severity and sinfulness of

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<sup>26</sup> Nadia Maria Filippini, "The Church, the State and childbirth: the midwife in Italy during the eighteenth century," p. 159, in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (London: Routledge, 1993).

<sup>27</sup> Common opinion at this time held that the soul entered the fetus as the time of quickening. More specifically, the Church stated that abortion was only illegal after 40 days in the case of boys and 80 days in the case of girls. This ruling, of course, rests on the notion that the sex of the fetus could be determined at such an early stage, when in fact such determinations were as yet impossible.

the act was clear. In early modern Italy, “both the woman willfully obtaining an abortion and whoever aided her were guilty of a capital crime.”<sup>28</sup>

Apparently, most midwives complied with the directives of their parish priests on the issue of abortion. In criminal cases, midwives are rarely accused of inducing abortions – that role is more commonly associated with the figure of the procuress. In Pentidattilo, for example, it was common knowledge that one Anna de Amico, a foreigner to the village, worked as a procuress and knew “the roots” to cause an abortion. During a criminal investigation in 1710, Anna’s reputation for arranging abortions (including her own) in the community became particularly important, and it was to the expertise of the village midwife that the courts turned.<sup>29</sup> Maria Romeo, the thirty-six year old midwife, testified that she had found Anna and a pool of blood in which “there were two small pieces of flesh, and attached to them two small bits of roots, so that, as a midwife and an expert [she] soon judged that the said Anna was pregnant, and had had an abortion because of the said roots.”<sup>30</sup> Although Maria was clearly familiar with the methods for inducing abortion, she was not the one whom women in her community sought out for such procedures, and, if her willingness to testify against Anna is any measure, nor did she approve of such actions.

In addition to instructing the midwife about baptism and abortion, the parish priest also requested information about births be reported to the local parish in a timely fashion. Midwives generally recorded the names of the infants they delivered (along with

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<sup>28</sup> Astarita, p. 156.

<sup>29</sup> Astarita, pp. 70-73.

<sup>30</sup> Quoted in Astarita, p. 73.

their own) in the newly required birth registers of the local parish, or were in any case told to remind new parents to do so promptly. This service facilitated superior record keeping on the part of the local church, and became increasingly important in the Counter-Reformation movement toward increased social control and community involvement. In Rome, Claudio Schiavoni has noted the increasingly systematic and comprehensive record keeping in the century after Trent. For large parishes, baptisms were recorded along with “the first and family name of the midwife; her address and the vicinity in which she had performed her office; the nature of that intervention (natural birth without any difficulty; difficult birth for which was necessary the preventive presence of the parish priest; difficult birth for which the midwife had needed to impart a baptism of necessity...); if she was a godmother in successive baptisms; if the midwife had or had not received canonical approval from the parish priest of her parish...comments on the professional quality and morality of the midwife.”<sup>31</sup> Similarly, by 1560 in Venice, the Venetian Patriarch decreed that midwives had to report all births within one day of their delivery, an injunction found commonly throughout the peninsula.<sup>32</sup> Importantly, these written records served to codify the work midwives did as a professional occupation. Midwives might also be required to record the name of the newborn’s father. In England, similarly motivated priests advised midwives that the best time to enquire about such information was during the labor itself, since in a moment of pain and travail it would be nearly impossible for the mother to lie.<sup>33</sup> Such information

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<sup>31</sup> Schiavoni, p. 48.

<sup>32</sup> Daniela Hacke, *Women, Sex, and Marriage in Early Modern Venice*. (Burlington, Vt: Ashgate, 2004) pp. 156-57.

<sup>33</sup> Laura Gowing, *Common Bodies: Women, Touch, and Bodies in Seventeenth-Century London* ( New Haven: Yale University Press, 2003) pp. 159-160.

gathering reflected the community's traditional imposition on the father for care or financial support of his offspring – legitimate or not.

Returning to Venice, it is significant that the Patriarch's punishment for a midwife who did not report a birth within one day was particularly harsh – public shaming in the Piazza San Marco and the potential for a one-year exile.<sup>34</sup> Ecclesiastical discipline of such a public manner was undertaken with an understanding of crime that clearly distinguished between harm to the individual and harm to the community, the latter being of especial severity. Legitimacy and sexual deviance were obvious targets of such legislation, especially in light of the rather drastic reorganization of marital practices undertaken after Trent. It is clear that the midwife's duty had become tied to the moral strength and proper functioning of her Christian community. A further implication, however, is that midwives could be placed in a particularly difficult situation in the event of an illegitimate or undesired birth that the parents did not want to disclose. If, as one historian has said, "parish priests and confessors became the focal point of a complex power game in which the forces of local community life met with the reinforced structures of the church hierarchy,"<sup>35</sup> then perhaps it can be added that midwives came to represent a parallel intersection of community interests with those of the local clergy.

In fact, there is ample evidence that midwives were not always so ready to facilitate the Church's newfound interest in policing the sexual morality of the community. In Rome in 1554, a philandering adulterer, Alessandro Pallantieri, knew exactly to whom to go in order to resolve the problem of his mistress' newly born,

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<sup>34</sup> Ibid., 157.

<sup>35</sup> De Boer, p. 206.

illegitimate daughter. In court, Pallantieri's associate, Socio, testified that "I went to an old woman named Polisena, who was a midwife and who went around collecting the babies that were born. And she also made contacts between midwives and [the foundling hospital] Santo Spirito. I told her, 'Madonna Polisena, I want you to find a wet nurse for a gentleman, a friend of mine' ...so I went and made the pact with the midwife."<sup>36</sup>

Midwives often intervened in taking unwanted infants to foundling homes and dropping them anonymously, an act that functioned to preserve community relations and to protect women who had had their honor compromised by sexual assault. Socio's testimony suggests that midwives were important links between the services of the foundling homes and the community, as well as sources of knowledge about the activity of local wetnurses. More importantly, however, is the revelation that a midwife might choose to respect the wishes for privacy of those who came to her for her services and aid, privileging community networks over the interests of the parish clergy.

From a somewhat later period, the mid-nineteenth-century Irish chronicler, James Whiteside, provides a particularly useful account – though perhaps slightly embellished – of the continuing difficulties facing those wishing to police sexual behavior and extra-marital relations. In the Tuscan foundling hospitals, Whiteside writes, "the manner of admission is the following: at midnight the midwives and their confidants carry the newly born infants to a wheel, which all our foundling hospitals possess...which will admit but infants a few days old."<sup>37</sup> The authorities, meanwhile, "with the help of the

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<sup>36</sup> As quoted in Thomas V. Cohen, *Love and Death in Renaissance Italy*. (Chicago: University of Chicago Press, 2004) p. 160. Original Source: *Archivio di Stato di Roma. Governatore, Tribunale Criminale, Processi* (sixteenth century), busta 36, fol. 42r. Socio.

<sup>37</sup> James Whiteside, *Italy in the Nineteenth Century, Contrasted with its Past Condition, Vol. 1*. (London: Richard Bentley, 1848), p. 188.

midwives and parish priest, seek to ascertain if the exposed infant comes from parents legally married, in which cases they are obliged to retake it.” Whiteside notes however that although this is the desired situation, “these researches, though sometimes successful in the country, are in cities attended with so much difficulty, that, generally speaking, they prove ineffectual.”<sup>38</sup> Thus even as the clergy saw in midwives a potential point of access to the community networks they wished to regulate, midwives might themselves forge new strategies to protect their traditional role within that network.

Far from eager to reveal clients’ secrets to ecclesiastical or secular authorities, it is obvious that many midwives, whether through a sense of professional obligation, loyalty to the community, or financial incentive chose to protect such information. In fact, an apparent desire for secrecy led to the problematic situation of children being deposited in already burdened institutions outside of their community. The 1609 statutes of Santo Spirito in Casale, near Turin, declared that if orphans “have been brought by others from outside the city, the rector must...use diligence...in order to know from whence they have been brought and immediately send them back to the community of that place which will have the responsibility of nourishing them.”<sup>39</sup> A further ordinance issued by the civic authorities in Turin itself in 1675 declared significant penalties would be meted out to midwives or others who abandoned foundlings there from outside the city and didn’t notify the authorities.<sup>40</sup> Although care of abandoned babies had traditionally fallen upon

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<sup>38</sup> Ibid., p. 189.

<sup>39</sup> as cited in Sandra Cavallo and Simona Cerutti, “Female Honor and the Social Control of Reproduction in Piedmont between 1600 and 1800,” p. 102, in *Sex and Gender in Historical Perspective: Selections from Quaterni Storici*, Edward Muir and Guido Ruggiero, eds. (Baltimore: The Johns Hopkins University Press, 1990).

<sup>40</sup> Cavallo and Cerutti, p. 102.



the community (and through local influence onto the father), by the eighteenth century these bonds had been weakened such that “control over heterosexual relationships...diminished sufficiently that the vision of the illegitimate child of unknown parentage, deprived of any identity tended to prevail over that of the natural child whose origin was known to all.”<sup>41</sup> In order to protect her honor and livelihood, the mother of an illegitimate child increasingly sought out anonymous urban welfare institutions to assume care of the child. There was, therefore, in the two centuries after the Council of Trent, a gradual “process whereby the [community] bonds that guaranteed solidarity and protection to...women were weakened, creating in turn a progressive focusing on her of all the responsibility for sexual relations.”<sup>42</sup> The increased regulation of midwives’ activities was part of this process, though, as we have seen, it was a process that could encounter significant resistance.

### **Midwives, Morality, and the Ecclesiastical Courts**

Midwives’ intermediary position between community and clerical authority is perhaps best illustrated in their dealings with the ecclesiastical courts. Although early ecclesiastical regulation did not often refer specifically to the medical knowledge a midwife must have – her character in relation to her role as potential administrator of the baptismal rite was always most prominent – it was to this expertise that ecclesiastical authorities frequently deferred. The *Corpus juris cononici*, issued in 1580, stated that the testimony of midwives was admissible in ecclesiastical court, though it advised the rather

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<sup>41</sup> Ibid., p. 101.

<sup>42</sup> Ibid., 103.

excessive consultation of seven midwives,<sup>43</sup> a number that was in practice often reduced to two or three. In the wake of the Council of Trent, the Church took an aggressive role in regulating the sexual and moral behavior of its flock. Licit and illicit behaviors were increasingly defined and the latter actively sought out for examination by clergymen, and, if necessary, the church courts. These strictures shifted the burden of managing heterosexual relations from the community to the Church, which in turn provided women with legal safeguards to their honor. Particularly in cases concerning false promise of marriage or the desired dissolution of a marriage, in which a physical examination might be necessary, midwives' testimony as expert witnesses was highly valued. Midwives also testified in cases of rape, abortion, and infanticide, thus placing them within the orbit of the new forensic and medico-legal thought developing at this time. Local decrees suggest there was a fair amount of concern about midwives being moved by loyalty to protect women in their community. Thus, in cases where examination was required to corroborate a woman's virginity or pregnancy, the courts summoned "midwives from different parishes...to carry out inspections" in order to achieve a greater level of objectivity.<sup>44</sup>

In the wake of the Tridentine reform of marriage, there was indeed a steady flow of cases to ecclesiastical courts. The Decree Tametsi reconfirmed marriage as a sacrament and formalized the proper manner in which a marriage could be formed and the (limited) reasons for which it could be annulled. Sexual dysfunction that resulted in infertility (the production of offspring seen as the goal of marriage and only legitimate

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<sup>43</sup> *Corpus juris canonici*, vol. 2, *Titulus XIX, de Probationibus*, *Cap. iV*. (Lipsiae : sumptibus Bernh. Tauchnitz Jun., 1839) p. 296.

<sup>44</sup> Hacke, p. 158.

reason to engage in sexual activity) and an unconsummated marriage were among the most cited reasons for the dissolution of a union, and, in each case, a physical exam would be required. Significantly, it seems that as marriage and sexual behavior became normalized and more strictly regulated, women actually had better recourse to protest abuse or an unfavorable union. In Venice, for instance, Daniela Hacke has noted a significant rise of such marriage-related cases initiated by women during this period.<sup>45</sup> Still, it is clear that the sacred bond of marriage was looked upon with increased gravity, and it was the midwife whose knowledge and skill was frequently called upon to determine the efficacy of that bond. Significantly, in Hacke's review of Venetian cases, midwives are the only female witnesses to be recorded in conjunction with a profession. In a similar sense as the parish records described above, court records worked to legitimize midwives' work and solidify a professional identity by officially documenting it as an occupation.

The case of Gasparo and Camilla in the Republic of Venice is illustrative of the importance of the midwife's testimony in such a situation. Camilla, who felt shame and dishonor for being with a man who could not consummate their marriage after an extended period, finally took her case to the Patriarchal Court to dissolve the union. Since Camilla alleged that her husband, Gasparo, had never been able to have sex with her, the marriage could effectively be invalidated as long as her testimony was corroborated. To rule on the validity of Camilla's statement, the court called in two midwives to examine the woman. Dona Bona, the wife of a textile worker, testified that:

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<sup>45</sup> Hacke, pp. 40-52.

I looked diligently to see whether [Camilla's] vagina had been forced [open]. I considered the matter at length and touched [it] with my hands. In my judgment, and based on my experience in similar cases, there was no sign that Camilla had had sexual relations with a man, for her vagina was closed and the passage was very narrow. I swear by my experience in these matters that this is true...I think that Camilla is a virgin.<sup>46</sup>

The second midwife, Dona Catherina, the wife of a goldsmith, largely reiterated Bona's findings:

I examined her with every convenience, having her lie down on the bed...and I testify in good conscience and owing to my experience as a midwife and having seen women with similar conditions that Camilla has not had sex, nor is her hymen broken.<sup>47</sup>

In both cases, the midwives' touch and experience were essential to their conclusions. At this point in the late sixteenth century, the midwife's authority remained tied to her traditional and experiential knowledge rather than any formal educational or anatomical program. Both midwives made unequivocal pronouncements based on their expertise, knowledge that was then trusted and acted upon by the court. The verdict of the trial, coming in 1591 and signed by the vicar Giovanni Mocenigo, declared that the couple had been legitimately married but that the union had not been consummated, thus confirming the midwives' judgment. It was suggested that the couple continue their attempts at consummating the marriage for at least another year, abiding by the Tridentine ruling that before an annulment could be proffered on the basis of impotence the couple must have carried on relations for a period of three years.<sup>48</sup>

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<sup>46</sup> as cited in Ferraro, *Marriage Wars*, 83. Original Source: ASPV, *Curia II, CM, busta 82, Dona Bona*.

<sup>47</sup> Ibid. Original Source: ASPV, *Curia II, CM, busta 82, Dona Catherina*.

<sup>48</sup> Hacke, 144.

## Reproductive Rituals: Childbirth, the Sacred, and the Inquisition

The Church's final, though by no means least significant, point of interest in midwives' work centered around the host of peasant rituals associated with childbirth. These rituals were commonly viewed by Church reformers as troublesome expressions of the rampant superstition and ignorance prevailing among the populace. As already evidenced in the Church's restructuring of marriage, the Counter-Reformation was characterized by a more active clerical presence intent on normalizing the moral and spiritual behavior of the Christian community. Policing the most intimate and personal of behaviors, however, must often have proved difficult. Childbirth, as the female-controlled ritual *par excellence*, was an obvious target, precisely because of the traditional lack of a male presence during births.

At the most essential level, folk practices surrounding pregnancy and childbirth were intended to assert some control over the apparent vagaries of life and death in an age of pre-modern medicine. The rituals associated with childbirth were numerous and widely employed. Taking stock of the various rituals encountered in his own ministrations as a physician and Dominican friar, Girolamo Mercurio was particularly struck by the practice of girdling a woman with a belt of verbena gathered on a specific feast day, the lighting a pilfered paschal candle at a mass said by a priest named John, and the common rural custom of the husband placing his hat over the woman's pregnant belly during labor.<sup>49</sup> Other contemporaries pointed to the use of various herbal remedies when labor proved difficult, as well as tying a magnet around one or both of the woman's

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<sup>49</sup> Girolamo Mercurio, *De gli errori popolari d'Italia. Libri Sette* (Venice: Giovanni Battista Ciotti, 1603), p. 382; Rudolph Bell, *How to Do It: Guides to Good Living for Renaissance Italians* (Chicago: University of Chicago Press, 1999), p. 108, 110.

thighs or placing seeds of coriander underneath the woman's skirts in order to hasten delivery.<sup>50</sup> Additionally, a host of reproductive rituals worked to increase fertility and prevent miscarriage, such as the use of mandrake in remedies to induce conception and the practice of carrying an eagle stone to protect the child in the womb.<sup>51</sup>

Often, these domestic practices were used in conjunction with the religious and the sacred. Orthodox practices – such as prayer to the Virgin Mary, use of relics, or the display of richly decorated representations of biblical births or confinement scenes, were also important sources of mediation during childbirth.<sup>52</sup> Application to saints and relics linked to one's city or village gave these rituals a local character. What became a concern for the Church was the intermixing of sacred and profane. The Dominican Mercurio, who had particular access to these reproductive rituals through his position as travelling physician, was indeed interested in defining and separating what was acceptable religious praxis and what was folk superstition. Most troubling, however, were cases in which midwives or other healers seemed to assert power over the sacred in a manner rivaling the priests' own interventions into the sacred.

Thus, while most reproductive rituals did little more than exasperate reform-minded clergy, those practices which were perceived as challenging the spiritual authority of priests garnered more intense efforts at re-Catholicization. From Venice to Southern Italy, for example, wise women's healing abilities were closely tied to their

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<sup>50</sup> Laurent Joubert, Gregorgy David de Rocher (trans.), *The Second Part of the Popular Errors* (Tuscaloosa: University of Alabama Press, 1995), p. 189.

<sup>51</sup> Jacqueline Marie Musacchio, *The Art and Ritual of Childbirth in Renaissance Italy* (New Haven: Yale University Press, 1999), p. 140.

<sup>52</sup> Musacchio, pp. 125-126.

professed access to the divine through the practice of “signing.”<sup>53</sup> A healer from the Veneto, Elena Crusichi, related to the inquisition the normal procedure for healing someone who had been bewitched: “I make the sign of the Cross three times and I say: I sign you...by the servant of the world...by the beard of Jesus, by the milk of the Virgin Mary, that every ill shall be undone from here and shall go away.”<sup>54</sup> Clearly, Elena’s healing infringed on the priests’ monopoly to intervene in the divine through exorcism and prayer. In the Friuli, the Holy Office was likewise confounded by and concerned over a local practice – one more directly related to our interest in childbirth - in which “babies who came out of their mother’s wombs dead” were taken to certain women who attempted to resuscitate them by “displaying them before the altar of the Madonna and [having] the Holy Mass celebrated” and “saying particular prayers.”<sup>55</sup>

The power of such rituals was explicitly tied to strong peasant beliefs in the power of the female body and a spiritual-religious understanding of sickness and malady. Through their healing abilities, wise women and midwives effectively made claims to access the healing power of the sacred in a parallel way as did priests. In fact, as the Church attempted to evangelize the popular masses by consolidating its authority over the afterlife and fortifying priests’ ability to intervene in the sacred, it was confronted with one of its strongest challenges in women’s natural power derived from their ability to give birth. According to Luisa Accati, if the womb gives life, then it also has “the

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<sup>53</sup> Ruth Martin, *Witchcraft and the Inquisition in Venice, 1550-1650* (New York: Basil Blackwell, 1989), p. 144-146.

<sup>54</sup> Quoted in R. Martin, p. 145.

<sup>55</sup> Quoted in Silvano Cavazza, “Double Death: Resurrection and Baptism in a Seventeenth-Century Rite,” in Edward Muir and Guido Ruggiero, eds., *History from Crime* (Baltimore: Johns Hopkins University Press, 1994), 1.

strength, by analogy, to confront and destroy that which was opposed to life and fertility” and thus “women were the most dangerous adversaries of the priests [as] they literally made problematic the priest’s hegemony of the sacred.”<sup>56</sup>

Midwives not only had access to the womb, but also power over it, an authority rooted in their knowledge of the secretive and mysterious processes of birth. The significance of this knowledge is clearly demonstrated in the ubiquitous presence of the womb in Italian folk beliefs. In the territory of the Friuli, for instance, witchcraft practiced by women in peasant communities was explicitly predicated on “the magical power of the female womb.”<sup>57</sup> An intact caul, or afterbirth, was “a much sought after and highly treasured charm” which was believed “to bring special fortune and was preserved with great care.”<sup>58</sup> In Venice, the caul was used in a variety of protective charms; for instance, worn around one’s neck it prevented drowning. Midwives, with their obvious proximity and ease of access to the remnants of the amniotic sac, were often sought out for advice on caul beliefs and uses, or, as in the case of one Olivia in 1591, to perform the baptismal rite over it.<sup>59</sup>

Although generally caul beliefs were viewed less as heresy than as peasant superstition by the Church, the practice of some midwives of taking the caul secretly with them to be baptized along with the newly delivered child incited the Inquisition for

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<sup>56</sup> Ibid.

<sup>57</sup> Luisa Accati, “The Spirit of Fornication: Virtue of the Soul and Virtue of the Body in Friuli, 1600-1800,” in *Sex and Gender in Historical Perspective: Selections from Quaderni Storici*, 110-140, eds. Edward Muir and Guido Ruggiero (Baltimore: The Johns Hopkins University Press, 1990), 116.

<sup>58</sup> R. Martin, 128.

<sup>59</sup> R. Martin, 128-129.



the obvious abuse of the Sacraments.<sup>60</sup> In the case of Olivia, the repercussions were not particularly harsh: the midwife received only the warning “not to do such things, and has been shown the great sin that it is, and the offence towards God, and the prejudice to her own soul and body that it could bring.”<sup>61</sup> Still, it is obvious that the infringement on the priests’ monopoly of access to the sacred was troublesome to the ecclesiastical authorities. This concern about midwives’ involvement in such rituals was apparently widespread. A decree from the 1679 synod of the diocese of Otranto, on the southeast tip of Italy, speaks to very similar concerns about midwives involvement with the sacred:

We warn midwives, and command them under pain of excommunication, that whilst bringing infants to baptism or carrying them back home from baptism they abstain from all superstitious observances, nor place anything above [the infants] while they are being baptized, which could be used afterwards in sorcery, or (as they say) for remedies.<sup>62</sup>

This last phrase is particularly telling; the religious authorities were articulating a disjunction between what midwives perceived themselves to be doing – healing - and how the Church wished to define such acts – as illicit magic.

As evidenced above, midwives could certainly be implicated by the Catholic Reform impulse to root out all manner of heresy and superstition. Contrary to a persistent strain of thought regarding midwifery, however, midwives were not frequently targets of the Inquisition. Notwithstanding sporadic occurrences, like the case of Olivia above, historians of the Roman Inquisition have come increasingly to realize that midwives

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<sup>60</sup> R. Martin, 175-176.

<sup>61</sup> Quoted in R. Martin, 177. Original Source: Sant’ Uffizio, Archivio di Stato, Venice, busta 67, 16 May 1591.

<sup>62</sup> Quoted in David Gentilcore, *From Bishio to Witch: The System of the Sacred in Early Modern Terra d’Otranto* (Manchester: Manchester University Press, 1992), p. 146.

register rarely in inquisitorial records as defendants.<sup>63</sup> When they do, as seen in the cases of Olivia or Pasqua Guarini, it is generally out of a concern for the proper administration of the sacrament of baptism and the use of orthodox prayers, rather than suspicion of maleficent witchcraft. More frequent is the presence of midwives in trial records as witnesses, valued for their first-hand knowledge of events in the birthing room and, presumably, for their expertise regarding popular healing practices. Thus, while midwives themselves weren't commonly accused of causing impotence or procuring abortion, they could provide valuable information as to the necessary ingredients required to perform such magic and perhaps also point to those in the community with the skill to do so. As in the testimony of the Pentidatillo midwife, Maria Romeo, about her neighbor's involvement with local abortions, midwives often provided just the kind of privileged information that the clergy desired to know.<sup>64</sup>

A childbirth scene documented in the records of the Holy Office in Venice, fascinating as a window into an early modern birth, is also a remarkable illustration of several of the themes here addressed. The episode demonstrates in the first place that female knowledge and tradition governed reproductive practice and, in the second, that midwives could be viewed as important enforcers of religious orthodoxy during pregnancy and parturition. In 1578, a midwife, Catherina, "comare zentil," was delivering

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<sup>63</sup> The main academic source for the midwife-witch thesis was Thomas Forbes' 1966 *The Midwife and the Witch* (New Haven: Yale University Press), later essentially 'debunked' by David Harley's article "Historians as Demonologists: The Myth of the Midwife-Witch," *Society for the Social History of Medicine*, 3(1990). More recently, historians of the Roman Inquisition have come to a similar conclusion that midwives were only infrequently denounced by the Holy Office. See: Mary O'Neil, "Magical Healing, Love Magic, and the Inquisition in Late Sixteenth-Century Modena," in *New Perspectives on Witchcraft, Magic, and Demonology: Witchcraft, Healing, and Popular Diseases*, ed. Brian P. Levack. New York and London: Routledge, 2001), 172-199; David Gentilcore, "The Church, the Devil, and the Healing Activities of Living Saints in the Kingdom of Naples after the Council of Trent," in *New Perspectives on Witchcraft*, 200-221; Ruth Martin, *Witchcraft and the Inquisition in Venice*.

<sup>64</sup> See n.29 above.

the wife of an artisan named Guglielmo Cromeri in the presence of Guglielmo's mother-in-law Vienna Bertapaia. Some days after the happy birth of a baby girl, Vienna, at the forceful urging of her confessor, denounced her son-in-law to the Sant'Uffizio for heretical practices; among the abuses described by Vienna were Guglielmo's mocking of the invocation of the saints and displays of generally irreligious behavior in the home. Particularly troubling to Vienna was the fact that Guglielmo had infringed upon an entrenched tradition of calling on the Virgin Mary for protection and assistance during childbirth. According to Vienna, her son-in-law opposed such religious practices, doubting their efficacy, and saying that it was certainly enough "to pray to Christ" and "say the Lord's Prayer" rather than invoking the Virgin and saying the rosary.<sup>65</sup>

During the ensuing trial, Guglielmo's behavior at his wife's delivery was indeed an important part of the proceedings. Catherina, the midwife, testified to the events of the birth: with Vienna kneeling before the parturient woman, "exhorting her to invoke the Virgin Mary," the women said prayers "as is always done" in order "for the baby to be alright" because "she [the newborn] was [in danger] for a bit." At the inquisitor's query about whether "one should invoke Christ and not the Madonna," at such times Catherina's reaction was vehement: "My Lord, no! O, Christ be blessed!"<sup>66</sup> Although Catherina ultimately testified that she was too intent on her work to take notice of the troublesome Guglielmo, she was nonetheless describing a scene in which women's knowledge and experience directed both spiritual and physical events. Moreover, as documented by the Inquisition, it was the midwife, Catherina, and the mother-in-law,

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<sup>65</sup> John Martin, "Out of the Shadow: Heretical and Catholic Women in Renaissance Venice," *Journal of Family History* 10;21(1985): 27.

<sup>66</sup> As cited in J. Martin, 27-28. Original Source: Archivio di Stato, Venice, Sant' Uffizio, busta 43, "Cromeri Guglielmo," testimony of 30 May 1578.

Vienna, who stand as representatives and enforcers of religious orthodoxy against the intrusive masculine presence of Guglielmo. The moment of birth thus became a time when traditional patriarchy could be destabilized and women's authority treated as paramount.

In conclusion, the Counter-Reformation Church's interest in midwives was multidimensional. On the one hand, midwives were seen as a possible medium through which ecclesiastical authorities might "re-Catholicize" their flock, particularly in the countryside. Furthermore, the religious identity of midwives was heightened by their ability to perform emergency baptism and the reliance of both community and Church on this essential duty. On the other hand, midwives were also part of a somewhat subversive tradition of popular healing dealing with and predicated on the generative power of the female body. In this way, midwives were always potentially transgressive figures, capable of healing and giving life, but also of the opposite through their knowledge of how to produce abortion or cause impotence. Ecclesiastical regulation was thus aimed both at controlling and utilizing midwives and their authority within the community.

## Part II: Secular Regulation

### Ordering the Early Modern Medical Marketplace

In 1717, a Bolognese midwife named Angela Nannini was brought to the attention of the city's *Protomedicato*, or medical tribunal, after the pregnant woman she was treating died. In danger of miscarrying early on in her pregnancy, Virginia Calegari, at the behest of her mother, had called the midwife Angela who then “took her [mother] to the apothecary, and there ordered some [drug] to eat...and...gave this to the patient.”<sup>67</sup> Unfortunately, Virginia died several days later at Bologna's Hospital of Santa Maria Maddalena at which time her husband brought charges against the midwife. Although Angela was eventually reprimanded by the *Protomedicato*, the tribunal's condemnation lay not in the fact that her patient ultimately died, but that Angela had administered an oral prescription, something firmly prohibited, not only for midwives, but all medical practitioners other than physicians.

This episode, preserved in the records of the Bolognese *Protomedicato*, at the tail end of the period under investigation, presents a rare window into the practice of early modern medicine, illuminating at once concerns about professionalization, hierarchy, and gender. Of primary interest is the fact that midwives are firmly understood as medical practitioners whose work fell under the jurisdiction of the medical authorities within the city of Bologna, a situation not nearly so clear in the early sixteenth century. Secondly,

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<sup>67</sup> Quoted in Pomata, p. 77.

there is the persistent question of female hegemony over women's medical and reproductive matters. For the *Protomedicato* considering the case of Angela Nannini, the issue was one of professional bounds, not of expertise. Angela violated the limits of midwives' sanctioned duties as determined by the *Protomedicato* by administering an oral remedy; however, the authorities never questioned the nature of the concoction Angela prescribed nor its efficacy in treating a complicated pregnancy. Finally, Virginia's course of treatment seems to shed light on a moment of transition in the understanding and management of disease in early modern society. Virginia's mother, perhaps representative of a more traditional position, immediately sought the aid of the local midwife, even for complications arising very early on in her daughter's pregnancy. When the midwife's treatment proved ineffective, however, Virginia's husband considered the best recourse to be the hospital, where Virginia would most likely have been treated by a male practitioner. Clearly much had changed over the course of the seventeenth century.

There is little evidence that prior to the late medieval period midwives shared any sense of professional identity or even that women necessarily specialized in the work of delivering babies. Monica Green and Katharine Park have each concluded that "the occupation of midwife, in the sense of someone with specialized skills recognized by the community," rather than being a timeless profession, "emerged only gradually out of the services previously performed by kinswomen and female neighbors," sometime between the thirteenth and fifteenth centuries.<sup>68</sup> The variety of and flexibility with which terms

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<sup>68</sup> Monica Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynecology* (Oxford: Oxford University Press, 2008), p. 127-128, for Green's discussion of the factors contributing to the emergence of professional midwives in this period see pp. 129-134; Katharine Park,

signifying midwife were used in Italy during the early modern period are a reflection of that past. In Florence, for instance, “*comare*” could be employed interchangeably to designate either midwife or godmother, revealing the common practice of the woman who delivered a baby into the world also being the one to present the child for its spiritual birth into the Church.<sup>69</sup> Elsewhere in Italy, midwives could be called *mammane*, *comari*, *levatrici*, *raccogliatrici*, and, *ostetricanti*, evidence of their ubiquity and perhaps fluidity in the social landscape of medieval and early modern Italy.<sup>70</sup>

If Italian midwives lacked a defined social identity in the twelfth and thirteenth centuries, the situation had clearly changed by the sixteenth and seventeenth, a transition effected in part by the regulatory measures reconstructed in this essay. Gianna Pomata’s investigation into the medical landscape of early modern Bologna has revealed that some midwives had their own, officially sanctioned shops with easily identifiable sign posts – such as one in 1606 marked by three crosses- displaying their services to the community.<sup>71</sup> Clearly, midwives were a visible and recognized part of the early modern medical marketplace. By the mid-seventeenth century, midwives across Italy were being examined and licensed by secular authorities beyond the regulations imposed by Church and clergy discussed above. If midwives’ duties were potentially more strictly circumscribed than they had been previously, they were nonetheless more clearly defined and standardized, as was the knowledge surrounding giving birth.

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*Secrets of Women: Gender, Generation, and the Origins of Human Dissection* (New York: Zone Books, 2006), p. 133.

<sup>69</sup> Musacchio, pp. 47-48.

<sup>70</sup> Green, p. 135.

<sup>71</sup> Pomata, p. 56.

With respect to the established medical hierarchy of early modern Italy, midwives were always somewhat liminal figures, positioned on the fringes of legal medicine. As historians of medicine have come increasingly to realize, however, so too were the majority of early modern practitioners. If the accepted medical hierarchy included physicians, apothecaries, and barber-surgeons, early modern patients had a range of additional resources to turn to, including charlatans and other itinerant healers, wise women, midwives, exorcists, and various holy men and women. In fact, the saturation of the market with medical services compelled many popular healers to specialize, such as the *norcini* who were known to perform lithotomy and cure hernias.<sup>72</sup> The fact that patients crossed between licit and illicit, learned and popular forms of medical service with ease and frequency suggests, further, that such imposed dichotomies carry more meaning for modern audiences conditioned to such rigid distinctions. For early modern Europeans, on the other hand, both sickness and healing existed within the confluence of popular, scientific, and religious influences and understandings. Ultimately, changes in the perception of midwives and midwifery from the medieval to the early modern period reflect a shift in how disease and medicine more generally were understood.

The trajectory of Italian midwifery in this period was most affected by two contemporaneous developments: the growth of the early modern state and the professionalization of medicine. Although the degree to which the latter conformed to or was in fact part of the former varied considerably by location, the result was surprisingly uniform throughout the peninsula. Over the course of the sixteenth century, early modern

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<sup>72</sup> Pomata, p. 75.



states increasingly established their authority in regulating matters of health within their territories. The permanent health boards which sprang up during this period had their *raison d'être* in the prevention and amelioration of the plague. However, the duties and jurisdiction of the health boards quickly expanded, coming to regulate not only the movement of people and goods during times of epidemic, but also the marketing of foods, sewage, beggars and prostitutes, burials, cemeteries, and the activity of hostelrys, even during times unburdened by epidemic. The regulation of medical activity could also be a part of the increased intervention of the state, either through the activity of the health board, as in Venice, or, more commonly, through the establishment of official medical tribunals.<sup>73</sup>

The most important institution with regards to the regulation of medical care in early modern Italy was the *Protomedicato*. Essentially a medical tribunal, the *Protomedicato* both heard cases of malpractice and controlled the city's medical practitioners through licensing and periodic visitations. David Gentilcore distinguishes three forms which the *Protomedicato* might assume: royal, collegial, and municipal. In Naples, an example of the first, the authority of the *Protomedicato* to grant licenses, inspect apothecaries' shops, and arbitrate medical suits derived directly from Royal decree, meaning that the relative power of the medical college was always kept in check. Here, the *protomedicato* developed in a bureaucratic fashion and might come to assume control of functions not traditionally associated with the medical colleges, such as the

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<sup>73</sup> See Carlo Cipolla, *Public Health and the Medical Profession in the Renaissance* (Cambridge: Cambridge University Press, 1976), Michelle Anne Laughran, *The body, public health and social control in sixteenth-century Venice*. Unpublished dissertation, Storrs, CT: University of Connecticut, 1998.

publishing of medical books and the management of plague and contagion.<sup>74</sup> Milan, also under Spanish administration during this period, had a similar system. In Bologna, Siena, and Rome, by contrast, the *Protomedicato* grew much more directly out of the collegial system. In these cases, the duties of the *Protomedico* had their origins in the medical colleges' late medieval statutes granting "jurisdiction over disputes between doctors and patients, over the inspections of apothecary shops and the charging of fines, as well as they licensing of itinerant practitioners."<sup>75</sup> Collegial *Protomedicati* would elect a protophysician from within the college's ranks, thus ensuring that the interests of the medical college were always privileged. Finally, in smaller municipalities such as Gubbio and Benevento, near Naples, the city government might direct the activity of its medical practitioners by establishing a more localized municipal *Protomedicato*.<sup>76</sup> Venice and Florence remained unique in this respect, never establishing *Protomedicati* in the strict sense. In Venice, the authorities utilized the city's highly developed health board, the *Provveditori alla Sanità*, to perform the functions that the *Protomedicato* undertook in other cities. In Florence, an entrenched and powerful medical guild found its authority gradually eroded by the medical college only in the sixteenth century. Increasingly, the college assumed responsibility for licensing practitioners and settling medical disputes.<sup>77</sup> Despite the differences in form, Gentilcore notes that "the activities and responsibilities

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<sup>74</sup> Gentilcore, *Healers and Healing*, p. 32

<sup>75</sup> *Ibid.*, p. 33.

<sup>76</sup> Gentilcore, "All that Pertains...", p. 33.

<sup>77</sup> Cipolla, pp. 71-75

of the protophysicians and their deputies were remarkably similar throughout the peninsula.”<sup>78</sup>

Perhaps the most important privilege of the *Protomedicato* was its ability to grant licenses. Gradually during this period, the license came to represent a mark of legitimacy and recognition that held increasing weight within the community. For one, unlicensed healers might be fined and punished. In addition, the more aggressive policing of the medical community by the *Protomedicati* from the mid-sixteenth century on meant that both the professional identity and range of duties allowed to certain practitioners became much more narrowly defined. Only after this kind of regulation was enforced did distinctions between physicians, apothecaries, surgeons (themselves often separated into two or three classes), and barbers begin to solidify in both the medical arena and in popular consciousness. A wide variety of healers offering their services outside of this professional hierarchy might be granted temporary licenses to practice, but their position on the fringes of a legitimate medical system was, over the course of the early modern period, more strictly enforced. Midwives, as noted above, always represented a marginal space at once in and out of the professional medical system, simultaneously excluded because of their gender and valued for the essential societal functions they performed. However, by their formal inclusion in statutes of the *Protomedicati* and medical colleges, midwives gradually secured a position more closely associated with the established medical system.

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<sup>78</sup> Ibid., p. 33.

In what ways then did the *Protomedicato* interact with local midwives? Upon arriving in a city or village to carry out required visitations, representatives of the *Protomedicato* (often one physician and one apothecary), were directed by the *Protomedico* “to announce to the governor or other person in charge, that you have arrived, and wish to conduct the visitation” and then to proceed to examine all categories of medical practitioners. Non-graduate<sup>79</sup> physicians were questioned about “fevers and other specific diseases” while non-graduate surgeons were asked about “head wounds, nerve pains, and other things necessary for bone-setting” and barbers about “how they recognize the veins, what they call them, where they are located, how they let blood, how they use a lancet or other instruments.”<sup>80</sup>

As early as 1580, somewhat earlier than elsewhere in Italy, the Neapolitan *Protomedicato*’s procedure for examining midwives was well-established and rather detailed in terms of the medical knowledge required. The visitation instructions specified that midwives be examined “on how they help women who cannot give birth when the infant is coming out head first, which is a natural birth, or when an arm or a leg [comes first], and when the [mothers] are unable to discharge the afterbirth, or other obvious danger.” To conclude the examination and licensing procedure the representative would “issue...the midwife a license or confirmation to practice the office of midwife, and you will have them [barbers or midwives] pay for whatever license, of barber or midwife, twelve *carlini*, regardless of whether they have been examined before” (in comparison

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<sup>79</sup> Non-graduate practitioners were those who had not been granted degrees by the medical colleges. Generally non-graduates encompassed empirics, charlatans, and women

<sup>80</sup> Archivio di Stato di Napoli, *Protomedicato*, “Instructions to the physician and apothecary...who will carry out the visitation... (1580),” David Gentilcore (trans.), <http://www.le.ac.uk/history/dcg2/medicine/sources.htm>

the license for non-graduate physicians and surgeons cost three ducats). Such licensing activities were thus always partly concerned about financial revenue, though they equally represented an aggressive stance by graduate physicians to establish a well-defined medical hierarchy with themselves as unquestioned leaders. Thus barbers were directed “to swear not to let blood” and midwives not to prescribe oral medications “without the order of a physician.” Indeed, “if a non-graduate physician or surgeon, mountebank, bone-setter, distiller, or other [practitioner]...impedes on the realm of physic” the *Protomedicato* could “impose a fine of 150 ducats.”<sup>81</sup>

In Naples, then, the midwife was clearly being given semi-professional status in line with the recognition given to barbers. In the above edict, the order for examining practitioners, in fact, listed midwives after surgeons and *before* barbers. The duties of barbers and midwives shared important similarities – both were characterized by the manual aspect of their work (as opposed to the observational and learned qualities of the medicine practiced by physicians) and their association with the body and its fluids. In a medical system still dominated by Galenic and humoral theory, the blood and fluids that barbers and midwives purged from the bodies of their patients were viewed as polluted, the cause of unhealth in the patient’s body. Thus both barbers and midwives shared a liminal position within the medical hierarchy because of their connection to the foul, unclean body.<sup>82</sup>

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<sup>81</sup>Ibid.

<sup>82</sup> On barbers and their association to the body see Sandra Cavallo, *Artisans of the Body in Early Modern Italy: Identities, Families, and Masculinities* (Manchester: Manchester University Press, 2007); Pomata, pp. 64-66.

Over the course of the next century, *Protomedicati* across Italy would follow Naples in establishing stricter guidelines for the practice of medicine and addressing midwives for the first time in their statutes. In Rome, for instance, a 1620 decree from the *Protomedicato* of the Papal States instructed that women healers could only receive licenses for the practice of midwifery. Women who attempted to heal in any other context were subject to fines of 25 scudi.<sup>83</sup> In 1627, the Roman *Protomedico* added that “midwives (*mammane*) in order to practice must first be examined and approved by the *Protomedico* or one of his deputies.”<sup>84</sup> Bologna and Siena followed somewhat later; the *Protomedicati* in these cities first began examining and licensing midwives in 1674 and 1686, respectively.<sup>85</sup> These earlier pieces of legislation are comparable in describing most specifically what midwives should *not* do rather than establishing standard childbirth procedures. The most important injunctions, repeated frequently in seventeenth-century statutes, were against midwives letting blood, prescribing oral medications, or using surgical tools. In short, those activities which increasingly defined the purview of professional medicine and which were in turn assiduously guarded by formally-trained practitioners. Such prohibitions also reinforced the judgment that women were not allowed to practice any kind of medicine apart from midwifery. Thus at the same time that the practice of midwifery was ascribed official acknowledgment by the medical authorities, a long line of women’s healing practices were being subject to a slow, gradual process of devaluation and delegitimization.

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<sup>83</sup> Schiavoni, p. 45.

<sup>84</sup> “Editto del Protomedico Generale alle Mammane – 1627 gennaio 28” in Fausto Garofalo, edl, *Quattro Secoli di Vita del Protomedicato e del Collegio dei Medici di Roma; Regesto dei Documenti dal 1471-1870* (Rome: Pubblicazioni dell’Istituto di Storia della Medicina dell’Università di Roma, 1950), p. 35.

<sup>85</sup> Gentilcore, “All that Pertains...”, p. 131; Pomata, 64.

In Venice, the first half of the seventeenth century likewise witnessed the emergence of new midwifery legislation. The city's health magistrates, the *Provveditori alla Sanità*, began examining and registering midwives in 1624 in order for them to appear on the city's official midwives' roll. These licensing instructions shed valuable light on the training of midwives. In order to receive the license, Venetian midwives had to present a testimony from a midwife with whom they had apprenticed for a period of two years. Indeed, informal apprenticeships formed locally, perhaps even within one family, likely constituted the extent of training most Italian midwives received until the second half of the seventeenth century, a point to which we shall return. In addition, the midwife was examined by one doctor and "two women expert in the profession" who had already been approved by the *Provveditori*.<sup>86</sup>

Even more interesting, however, is the manner in which the Venetian government gave official recognition to both the medical and religious duties of midwives. In addition to a certificate of apprenticeship, aspiring midwives had to provide written support from their parish priest certifying that the midwife knew the proper form by which to administer the sacrament of baptism in cases of emergency. Even the language of the 1624 statutes is markedly different from the pieces of midwifery legislation emerging from the *Protomedicati* in other cities. The *Provveditori* justified their actions because of "the confusion that follows a large number of women in time of birth, and the loss of the body and soul of infinite newborns [*creature*] because of the inexperience of many women who set out to do the exercise of midwife without having the required practice or

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<sup>86</sup> "Comari Allevatrici," 1624, 20 febbraio - Not. 17, c. 6t in Nelli Elena Vanzan Marchini, ed., *Le Leggi di Sanità della Repubblica di Venezia, Vol. 1* (Veneto: Neri Pozza, 1995), p. 431.

experience.”<sup>87</sup> In this case, the fact that medicine in Venice was regulated by an organ of the state rather than a professional body of physicians or university professors meant that the regulation of midwives sprang from somewhat different concerns. Whereas physicians in Rome and Bologna wanted to circumscribe women’s healing abilities and protect their own professional ambitions, members of the health board in Venice were interested in controlling midwives in order to better protect the spiritual and physical health of the city.

### **A Masculine Birth: The Medicalization of Childbirth**

The seventeenth century marked not only the first attempts by many cities to legislate the practice of midwifery, but also an important period of definition and standardization of the knowledge of childbirth. The publication in 1595 of Girolamo (Scipione) Mercurio’s *La Commare o Raccoglitrice*, the first vernacular manual of midwifery produced in Italy, represented the masculine penetration of a field in which women’s knowledge had long been sovereign.<sup>88</sup> This coup was not exceptional, but rather part of a larger, pan-European process which Monica Green has labeled “the masculine birth of gynecology.” The rediscovery of ancient texts by Galen and Soranus during the Renaissance provided medical men access into the realm of gynecology and women’s secrets, an involvement which would culminate in the emergence of obstetrics as a professional, masculine field.<sup>89</sup>

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<sup>87</sup> Quoted in Pillon, p. 67.

<sup>88</sup> Girolamo Mercurio, *La Commare o Raccoglitrice* (Venezia: Gio. Bat. Ciotti, 1621).

<sup>89</sup> Green, esp. chapters 5, 6.



In writing treatises on women's diseases and manuals for midwives, medical men confronted the uniquely feminine power of the womb with their own, strictly masculine authority obtained through participation in the learned environment of the university system and in the new anatomical science of the sixteenth century. Although most of these men had never been present at an actual birth, they had gained an alternative, invasive understanding of female anatomy through the practice of dissection. By breaching the veils of cloak and skin, physicians mapped the inner-workings of the female body, ascribing their own names to their discoveries, and authorizing their own patriarchal notions of how bodies looked and functioned.<sup>90</sup> This visual and experimentally-based knowledge was positioned as superior to midwives' tactile knowledge and informal instruction, thereby justifying a masculine presence at childbirth. In fact, Mercurio, a Dominican friar and *medico condotto* (a kind of rural, travelling physician), envisioned that his manual would be used not only by midwives, but also by "the father of the household and others" so that they could "provide important help at a critical moment."<sup>91</sup>

As the medical legislation of early modern Italy legitimized and granted a cohesive identity to midwives, it ultimately came to define the practice of midwifery in learned, masculine terms. If the apprenticeship training advocated by the *Provveditori* in Venice protected traditional networks of knowledge about childbirth, the examination procedures implemented by the *Protomedicati* in cities like Naples, Bologna, and Rome

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<sup>90</sup> See Park, *Secrets of Women*; Jonathan Sawday, *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture*. New York: Routledge, 1996. Bicks, Caroline. "Stones like Women's Paps: Revising Gender in Jane Sharp's *Midwives Book*." *Journal for Early Modern Cultural Studies*. 7:2 (2007), pp. 1-27.

<sup>91</sup> Mercurio, Author's Preface.

began a gradual process by which women's authority in the birthing room was eroded and replaced by the learned opinions of male physicians and surgeons. Indeed, even the simple distinction between "natural," or head first, deliveries and all others in the instructions given by the Neapolitan *Protomedicato* codified a distinction that was absent in traditional accounts of childbirth. The embodiment of childbirth was also affected. Although slower to abandon the birthing chair (and upright position) in Italy, Mercurio and his successors increasingly suggested a supine position for potentially difficult births.<sup>92</sup> Over the course of the seventeenth century, attempts to direct midwives' practice and education became increasingly pronounced.

Writers like Mercurio described midwives' duties in progressively limited terms. In ancient Rome, Mercurio relates, the midwife had three distinct functions: to determine if a woman was pregnant, to examine a potential bride to ensure she was capable of carrying male children and to offer advice on the best husband (humorally speaking), and, of course, to deliver the baby. At present, at least according to Mercurio, midwives were only responsible for the last.<sup>93</sup> Most important in narrowing the duties of early modern midwives was the instruction given repeatedly in Italy and across the continent to call in a physician or surgeon during difficult births. Mercurio writes that "when...the Midwife finds herself in a very difficult situation" such as when there are sores or masses on the womb, or after normal remedies and purgations do not prove effective, she should "immediately make recourse to a doctor or surgeon."<sup>94</sup> Thus there was the growing

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<sup>92</sup> Mercurio, Bk. 2, pp. 175-176; Harold Speert, *Obstetrics and Gynecology: A History and Iconography* (New York: Parthenon Publishing, 2004), p. 266.

<sup>93</sup> Mercurio, Bk. I, p. 81.

<sup>94</sup> Mercurio, Bk. 2, p. 181.

perception that midwives' duties encompassed only the birth itself and only normal births at that. Indeed, in 1652, the *Protomedico* of the Kingdom of Naples, Antonio Santorelli<sup>95</sup>, determined that midwives need only be examined for what to do during the birth, not before or after.<sup>96</sup> Although Mercurio and the *Protomedico* Santorelli may have been describing the desired situation more than what occurred in actual practice, they were nevertheless participating in a process of redefinition and circumscription of midwives' duties characteristic of the seventeenth century.

Mercurio's text was significant not only for its presentation of "women's secrets" in the vernacular, but also because it essentially became the standard handbook of midwifery in Italy during this period. Not until the second and third decades of the eighteenth century and the emergence of midwifery schools at that time did either an official curriculum of midwifery or additional midwives' manuals appear. Thus, in 1689 when the medical authorities in Venice established new guidelines for examining and licensing midwives, they directly incorporated Mercurio's text. Highlighting the importance of the local parish as a network of news and communication, these guidelines were made known publically through their distribution to the parish priests. The new procedures subsequently required that midwives:

Be examined and approved as follows: they must know how to read, before every exam they are to be given for a text the "*Libro della Comare*," they must present a sworn certificate by an anatomist that that they have attended for two years demonstration of the matrice and the genital parts of woman, also [they must present] a testament certifying two years of practice with an approved midwife. Following, the examination of

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<sup>95</sup> Santorelli was Neapolitan Protomedico from 1651; prior to his appointment he held the chair in theoretical medicine at the University of Naples and authored numerous medical treatises.

<sup>96</sup> Gentilcore, p. 82.

the *Magistrato* is given by the *proto medico* in the presence of the priors of the College of Physicians and Surgeons and two midwives.<sup>97</sup>

As Daniela Pillon notes, the Venetian statutes represent a moment of reformation, both theoretically and technically, in the practice of midwifery.<sup>98</sup> However, the elevation of midwifery to a science was predicated on explicitly male medical knowledge, a fact that ensured the licit and medically sanctioned knowledge surrounding childbirth would subsequently remain in the hands of male practitioners. Thus, the story of midwifery legislation during the seventeenth century is somewhat paradoxical: on the one hand, midwives received public sanction and authorization through the acquisition of a license in a way which elevated their art into a professional occupation; on the other hand, however, the midwife envisioned in the new legislation was one whose duties had been sharply restricted - far from the traditional image of the midwife as an expert on all areas of women's and children's health - she was now merely a birth attendant.

Such a conclusion would, of course, fail to acknowledge the ways in which midwives and community members may have openly or clandestinely resisted the novel forms of legislation introduced during the early modern period. Just as midwives were intermediaries between the local community and the growing influence of the Counter-Reformation Church, so too were they at the center of a struggle between an entrenched tradition of popular healing practices and an aggressive drive by medical authorities to define and restrict the bounds of legal medicine. And just as midwives might resist the Church's intrusion into the community, so, too, might they strive to protect the traditional ways in which midwifery was sanctioned and practiced. In fact, various sources suggest

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<sup>97</sup> "Comari Allevatrici," 1689, 26 settembre - Not. 19, in Nelli Elena Vanzan Marchini, ed., *Le Leggi di Sanità della Repubblica di Venezia, Vol. 1* (Veneto: Neri Pozza, 1995), p. 432.

<sup>98</sup> Pillon, p. 69.

that midwives employed a variety of strategies by which to negotiate the regulation of their office. Some, like Angela Nannini with whose story we began, clearly offered a range of medical services that extended well beyond the immediate moment of birth. It is indeed likely that midwives, whether licensed or not, did not immediately cease prescribing oral remedies as such medicines played a central role in women's traditional healing repertoire. A midwife in Otranto, Camilla Rubino, for instance was still known for her "childbirth potion" (*beveraggio del parto*) in 1722.<sup>99</sup> Midwives also continued to be important sources of information, both officially in their capacity as expert witnesses and within the community, on sexual dysfunction and impotence throughout the seventeenth century. Still other midwives, particularly those in the rural countryside, probably continued to practice unlicensed, supported by a community that was anyway suspicious of outside influences and learned medical practices, particularly with respect to such an intimate act as childbirth.

David Gentilcore has in fact shown that the traditional mode of authorizing a midwife – through community selection – could be a potent form of resistance to the efforts of the medical authorities. In 1648, as we have seen, such resistance incited the ire of one Roman vice-*Protomedico*,<sup>100</sup> who found that "the pregnant women and the people create midwives at their own whim, who then openly pass themselves off as such, without any recognition or experience at all, to the great harm of mothers and infants."<sup>101</sup> The frustrated vice-*Protomedico* was in effect articulating the confrontation between two competing methods of sanctioning medical practice in the early modern period, a

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<sup>99</sup> Gentilcore, *From Bishop to Witch*, p. 145.

<sup>100</sup> The vice-Protomedico was the Protomedico's representative in the countryside.

<sup>101</sup> Quoted in Gentilcore, "All that Pertains..."", p. 132.

traditional one resting on the wishes of the patients, and a professional one predicated on examination and licensing. In fact, this is just the situation Gianna Pomata has identified as having existed in early modern Bologna. Here, Pomata found that, in addition to passing an examination, healers might successfully secure licenses by presenting testimonials from former patients who had been treated successfully. Although testimonials were a strategy used most frequently by folk healers, they nonetheless are representative of a medical system characterized by “the coexistence of two sources of legitimization...the medical authorities, above, and the patients, below.”<sup>102</sup> The fact that, at least initially, the medical authorities had to accommodate traditional forms of legitimization is evidenced by the virtual lack of fines or punishments meted out to unlicensed midwives in the records of the various *Protomedicati*. In Rome, for instance, the first prosecution of midwives for venturing beyond the limited scope prescribed by the medical authorities did not come until 1703,<sup>103</sup> more than 75 years after the initial statutes. Likewise, in Venice, there is little evidence that midwives’ lack of attendance at anatomical lectures prevented their acquisition of a license.<sup>104</sup> Throughout Italy, statutes exhorting the necessity of midwives to be examined and licensed were frequently repeated throughout the seventeenth and eighteenth centuries. Clearly, the regulation of midwifery was a process that was continually negotiated and contested by midwives, their local communities, and the authorities.

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<sup>102</sup> Pomata, p. 51.

<sup>103</sup> “1703 – Processo contro alcune levatrici di Viterbro che medicavano in Chirurgia senza alcuna licenza,” in Fausto, *Quattro Secoli*, p. 47.

<sup>104</sup> Filippini, “The Church, the State and childbirth,” p. 162.

## Conclusion

If the changes wrought to traditional midwifery over the course of the seventeenth century were gradual and oft challenged, the developments of the eighteenth century reveal a more forceful pattern of medicalization and institutionalization. A new generation of midwifery manuals was initiated with Sebastiano Melli's 1721 treatise *La Comare Levatrice: Istruita nel suo ufizio secondo le regole più certe, e gli ammaestramenti più moderni*; hospitals such as San Giovanni in Turin began to reserve beds and eventually small wards for pregnant women; midwifery schools emerged throughout the peninsula; and obstetrics was established as an accepted – and masculine – discipline at medical schools.<sup>105</sup> For the first time, distinctions between 'mammane,' informally trained and likely illiterate women who represented the traditional figure of the community midwife, and 'levatrice' or 'ostetriche,' literate midwives who had received official training either by attending anatomy courses or one of the new midwifery schools began to seep into a wider discourse. Despite more formalized and scientifically-based instruction, midwives' duties were defined in increasingly restricted terms. Midwives were directed to assist only natural births and to call in a surgeon or doctor in difficult cases, and still some manual writers described longingly a situation in which midwives consulted doctors even on normal cases.<sup>106</sup> Just as the initial regulation of midwifery was challenged, however, so too was the idea of a medicalized and institutionally trained midwife difficult for many to accept. Thus, in rural areas, such as

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<sup>105</sup> Sebastiano Melli, *La Comare Levatrice: Istruita nel suo ufizio secondo le regole più certe, e gli ammaestramenti più moderni* (Venezia: Gio. Battista Recurti, 1721); Alfonso Corradi, *Dell'ostetricia in Italia dalla metà dello scorso secolo fino al presente* (Bologna: Gamberini e Parmeggiani, 1872), pp. 3-4.

<sup>106</sup> Claudia Pancino, "La Comare Levatrice: Crisi di un Mestiere nel XVIII Secolo," *Società e Storia* 13(1981): p. 600.

Abbate Guzzione, near Milan, authorized midwives who attended school in the cities were often rejected by the community. Nadia Maria Filippini views the new professional divide between literate and illiterate midwives as indicative of a broader cultural and epistemological confrontation between the traditional authority of religion and the parish priest, and that of the State, civil law, and education.<sup>107</sup>

The developments of the eighteenth century and beyond have received considerable attention, and thus it is not necessary here to address them in detail.<sup>108</sup> I would suggest, however, that to understand fully the cultural implications of the medicalization of midwifery and childbirth of which Filippini and others speak, we must also consider the initial phase of midwifery legislation in the sixteenth and seventeenth centuries. It was during this period that midwives emerged as important mediators between the traditional interests of the community and the new privilege with which Church and State sought to intervene in those affairs. The persistent religious association attached to midwifery in Italy was established during this period as a result of Counter-Reformation policies. Thus, while midwifery on the Continent became increasingly secularized, in Italy the association between childbirth and the sacred was much harder to dissolve. Finally, if we can speak of midwives as a professional group by the eighteenth century, then the midwifery legislation of the sixteenth and seventeenth centuries was clearly an important part of the process by which midwives' activities received official recognition and authorization.

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<sup>107</sup> Filippini, "The Church, the State, and childbirth," p. 166.

<sup>108</sup> See, for instance, Corradi, Filippini, and Pancino above, and C. Pancino, *Il Bambino e l'acqua sporca: Storia dell'assistenza al parto dalle mammane alle ostetriche (Secoli XVI-XIX)* (Milan: F.F. Angeli, 1984).



These findings suggest that the history of midwifery can neither be reduced to a protracted struggle between men and women for control of the birthing room, nor to a contest between religion and science for epistemological dominance over medicine. If it is in part these things, than it is also something more complex. In early modern Italy, midwifery became nothing less than a wedge around which the community, the Church, and the State negotiated who would assume authority over the moral and physical well-being of society.

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