Her study highlights how ancient medical ideas were selectively adopted and used for particular purposes by early modern authors, and illustrates well the fruits which examination of the selection criteria and reading process of ancient texts might bear.

While the work showcases King's exemplary research, the wide scope of both its subject matter and its interdisciplinary methodologies seem to be somewhat bounded by the short length of the book. There were several places where this reader yearned for the additional details and elaborations which were no doubt uncovered by King during her investigations. For example, within the section dealing with annotated copies of the *Gynaeciorum libri*; King argues that there is a substantive difference between the annotations left by sixteenth- and seventeenth-century readers, and the later ones focusing more on "practical use of the texts rather than scholarly debates within them" (pp. 50–1). She provides short descriptions of a copy annotated by a German physician, Wolfgang Waldung (1554–1621), and a further "heavily annotated" copy associated with R Freeman and John and Thomas Windsor. Fascinated with this comparison and her arguments, this reviewer would have welcomed further details and illustrations of the two types of annotations.

Engaging and well-written, *Midwifery, obstetrics and the rise of gynaecology* is an important contribution to the field and is an indispensable source for those researching the history of medicine and the history of the body and sexuality.

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Monica H Green, *Making women's medicine masculine: the rise of male authority in pre-modern gynaecology*, Oxford University Press, 2008, pp. xx, 409, £65.00 (hardback 978-0-19-921149-4).

At the end of the thirteenth century, a group of physicians had a heated discussion about female physiology. Do women have a seed necessary for generation? as Galen had it; or do they not? as Aristotle claimed, meaning that female pleasure is of little or no consequence for conception. As tempers rose and arguments fused, a woman "who knew and understood Latin" suddenly chimed in. What could men possibly know about such matters, she asked, showing her baby as proof that Aristotle was right. The story, reported by Giles of Rome, a scholastic theologian and author of a treatise on embryology, who allegedly heard it from a famous physician, is not mentioned in Monica Green's excellent new book, but would seem to exemplify her argument about the implications of gender for medieval women's medicine.

As signalled by Giles of Rome, the anonymous woman's literacy in Latin was both exceptional and the prerequisite for her engagement in learned medical debate. It allowed her to claim a specifically female knowledge about women's bodies. Giles, however, clearly recognized this experience-based competence only because it bolstered his own carefully argued Aristotelian stance.

Monica Green shows that medieval women did practise medicine and surgery, treating both men and women. Their numbers tended, however, to decline at the end of the Middle Ages because of the increasing effectiveness of licensing practices and the growing power of male-controlled guilds. More importantly, since most women, and more women than men, lacked basic reading skills even in the vernacular, they never had equal access to the new medical learning that developed from the twelfth century and that was grounded in texts and theory. Hildegard of Bingen and Trota of Salerno were the exceptions that confirm the rule and they were both only marginally implicated in the new scholastic medicine. Because of medieval conceptions of theoretical learning as intrinsically more valuable than hands-on knowledge, women could never enjoy the same authority as men, even in the field of gynaecology.

Between the twelfth and fifteenth century, men successfully took control of women's

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medicine. Medieval sources sometimes hint at social obstacles to the rise of male authority, such as shame on the part of the female patient, or male anxieties about seeing and touching "other men's women" (but less, significantly, the idea that women are by nature more competent). These barriers were largely obviated by using instruments, or more commonly, female assistants for all procedures that involved touching the female genitalia. By the end of the Middle Ages, the only field over which women had a monopoly was normal childbirth. But midwives were not considered *medici*, they were only partially professionalized and untouched by the rise of learned medicine. Moreover, in the case of complicated births, women were expected to turn to male physicians for guidance.

To reach these important conclusions, Monica Green has painstakingly studied the content and circulation of medieval texts on women's medicine. The central sources are some 150 manuscripts (both Latin and vernacular) and early prints of the 'Trotula', an ensemble of three texts on gynaecology and cosmetics, complemented by the related, somewhat later tradition of "Women's secrets", and chapters on women's medicine in general medical works. Narrative sources and legal documents are used more sparingly. Green pays particular attention to the ways gynaecological texts were adapted, rearranged, excerpted and translated to serve new purposes. The book is the pinnacle of more than a decade of research, complementing and extending the edition of the Latin 'Trotula' Green published in 2001. There, she already argued that "Trotula" is a literary persona who must be distinguished from the historic Trota of Salerno (who wrote a general work on medical treatment). Only one of the texts of the 'Trotula' speaks with a distinctly female voice (whether that of Trota herself or not), the other two were written by men. All other medieval texts on gynaecology or obstetrics are male authored, while readers and owners were also overwhelmingly male. Borrowing Brian Stock's concept of "textual communities", Monica Green argues that female practitioners and midwives did not constitute specialized audiences for these texts, whether in Latin or the vernacular, unlike male surgeons and physicians, who used them in their everyday practice. Proof of female readership and ownership among the "general public" is extremely scarce.

Non-medical male ownership can sometimes be linked to pastoral duties, but essentially reflects a general increase of interest in generation and female physiology from the later thirteenth century. The fascination with "women's secrets" and the female body as a site of generation often has a markedly misogynous flavour, but may also be linked to concerns about producing an heir. Green also repeatedly relates the interest in generation to the demographic crises of the fourteenth century, but the fact remains that the upshot of works on fertility precedes the great famines and the Black Death.

In charting periods of marked intellectual investment in women's health and lack thereof, Green sometimes fails to ask to what extent these evolutions are specific to gynaecological texts, or correspond to more general trends in learned medicine. On the whole, she is, however, very careful in establishing what is gender-specific and what is not. The analysis of signs of male or female authorship in the 'Trotula' are among the best parts of the book. The comparisons between surgery (which developed a specialized Latin and vernacular literature early on) and midwifery (which did not), or between the treatment of and attention for predominantly male or typically female conditions (inguinal hernia vs uterine prolapse), are equally cogent. Green acknowledges, and might have highlighted more, that the greatest disparities in health care were between rich and poor, between urban and rural, and not between men and women, and that restrictive licensing practices also targeted illiterate male practitioners.

By deconstructing the myth of Trotula, allegedly the first female professor of medicine, specialized in diseases of women, and by showing that the authority of both

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Trota and 'Trotula' had already started to be eroded in the later Middle Ages, Monica Green disproves popular ideas of the Middle Ages as a Golden Age for women's control over their own bodies. Talking about the "rise" of male authority and dating its beginning to the twelfth century, implies that things were different before. Green is rather vague in her assessment of the early Middle Ages, when there was neither licensing, nor a systematized literate medicine. If ever there was a Golden Age, she would seem to place it in Antiquity and Late Antiquity, when midwives formed a professionalized corps with a broad mandate over both obstetrics and gynaecology, valued for their skill but also their literacy. In the West, literate midwives reappear only in the sixteenth century; to find the first texts written by and for midwives one has to wait a century longer.

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Guy N A Attewell, *Refiguring unani tibb: plural healing in late colonial India*, New Perspectives in South Asian History, No. 17, New Delhi, Orient Longman, 2007, pp. xvi, 316, RS 695.00 (hardback 81-250-3017-4).

After the wave of innovation that in the 1980s and 1990s brought empire and colonialism into the history of medicine—and, with that, a wider and consistent use of domination, resistance, dependency, power-knowledge, hegemony, and other concepts—some of us thought that this approach was here to stay for some time. And yet there are already signs of change, with works that challenge what was so neatly finished in the previous models and dig into the complexities, nuances, dissonances and contradictions of the actual processes of healing and curing in history and across cultures. Such is the aim of *Refiguring unani tibb: plural healing in late colonial India,* in which Guy Attewell brings us close to the complexities involved in what we know as the unani medical system, commonly associated with the Islamic-Arabic medical tradition.

Despite its title, *Refiguring unani tibb* does not resound with the insubstantial rhetorical play of post-modernism but stands firmly upon the traditional device of solid evidence. The author uses a variety of sources in both manuscript and print, drawing on books, pamphlets, journals, diaries, and biographies, in various languages (including Urdu, Arabic and Persian), and covering periods and regions beyond India's late colonialism.

Attewell argues that the general understanding of unani medicine as an Islamic-Arabic medical tradition, with Persian and Greek influences, is mostly a product of late colonial classifications which have been re-stated without critical examination virtually ever since. Criticizing both the notion of separate medical "systems" and the paradigms of tradition/modernity, indigenous/colonial, and accommodation/resistance, Attewell emphasizes the dynamics of change, borrowing, and transformation behind the different medical traditions that co-existed and co-produced one another in South Asia. Instead of "systems", we are offered "streams of knowledge" and associated practices, all of them fluid, flexible, and changeable, and prone to serve identity politics by idealizing a past of pure form.

Although there are distinguishing features that set unani medicine apart from others—like its pervasive humoral pathology, the attempt to restore bodily balances based on opposites, the diagnosis by pulse, urine and stool, the use of decoctions, pills, syrups and preparations, as well as cupping, leeching and venesection—it did not pre-exist as a static system imported from elsewhere nor was there a golden age and place when and where everything was pure and free from other influences. Centuries of practice in South Asia also contributed to the knowledge base of unani tibb.

Attewell makes his points with a few case studies from late colonial India. The first of them interacts with the recently established

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