

Midwives of Eileithyia
Tracing a female healing tradition in prehistoric Crete

Vol. I

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for the degree of Doctor of Philosophy

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Declaration

I declare that this thesis has not been submitted as an exercise for a degree at this or any other university and it is entirely my own work.

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Simone Zimmermann-Kuoni

To my son Marco, my foremost teacher

Summary

This thesis explores the uncharted domain of *archaic midwifery complexes*, a term coined here to signify medico-religious systems emerging as women's response to the high morbidity and mortality associated with difficult birthing and other reproductive flaws derived from bipedal adaptation. These untheorized systems revolve around the cult of ancestral/divine helpers of (re)birth who mirror the functions and attributes of the midwife, the practitioner traditionally treating women and children in premodern societies.

Through anthropological and comparative approaches to midwifery, this dissertation develops a conceptual and methodological framework for the study of archaic midwifery complexes, and then applies it to the main aim of the research: the identification and analysis of the evidence for one such healing system in prehistoric Crete, possibly linked to the cult of Eileithyia, the oldest midwife goddess documented on the island. The relevant materials are addressed within the broader context of archaic birth-related cults, practices and beliefs, as documented by textual, iconographic and archaeological sources.

Chapter 1 introduces the topic and scope of the thesis as a reply to the consistent but unattended claim that the first two Hippocratic treatises to be written (5th c. BC), the earliest medical texts in the West, originated in an older oral female tradition. Shedding some light on ancient Greek midwives, obscured by mainstream narratives of the dawn of Western medicine, the chapter discusses gender and other academic biases supported by binary oppositions that eclipse evidence on female healers and their practices.

Inquiring into the origins of midwifery, Chapter 2 explores the bonds of birth and its multivocal metaphors with medicine and religion; the age-old emergence of assisted birth; the healing scope of birth rituals, the cross-cultural use of anthropomorphic figurines to ease parturition, and the pervasive worship of supernatural facilitators of this critical passage embodying (re)creation. A review of prehistoric birth iconography suggests that structured midwifery complexes may already have been in place in the Upper Paleolithic.

Chapter 3 examines the practitioner articulating these complexes, the midwife or 'wise woman', as she is called in many cultures; assembling plentiful ethnohistorical evidence for her craft as a core shamanic expertise, and identifying her prototypical functions (obstetrician, pharmacologist, general practitioner, diviner and psychopomp). Prehistoric graves interpreted as shamanic burials are reviewed; all are female burials. It is noted that funerary items therein are later linked to midwifery cult and practice (figurines of pregnant females; faunal remains of weasels, puppies, tortoises; shells).

Contesting the misleading midwife-nurse-mother-nature associations in historical research, Chapter 4 further explores the materiality and symbolic universe of birth-midwifery. It demonstrates how the study of primary sources on divine midwives can reveal female healing lore; identifies the capacity to replicate as a prototypical feature of these deities; and examines ancient themes and motifs persistently related with birth. A methodological template is finally drawn for assembling and assessing data on archaic midwifery complexes. These guidelines steer the second part of the thesis.

The focus then turns to Eileithyia. Chapter 5 critically addresses her cult and roles in ancient Greece, noting the process of demotion-demise she undergoes in canonical religion. Within a discussion on embedded beliefs about life-giving/healing caves, rocks and springs, Chapter 6 reviews the textual and archaeological evidence for her more ancestral cult in Crete, where the cave-born deity is related to a Minoan goddess with upraised arms, the emblematic gesture of the Greek Eileithyia. As the data suggest that the Greek goddess is the downgraded descendant of a full-blown Minoan divine midwife, the two should share some medical attributes, which might be detectable in the Minoan votive record. Chapters 7 and 8 are devoted to testing this hypothesis.

Chapter 7 identifies apparent and encoded medical emblems of the Greek goddess, including pharmacological plants and animals used in ancient gynaecology: dittany, the pomegranate, the snake, the dog and the weasel, the latter a tenacious symbol of birth-midwifery. Through comparative research, Chapter 8 then follows the trail of weasel bones and iconography in the Minoan votive record; concluding that relevant assemblages such as those from Petsophas, where healing practices are attested, or the Temple Repositories of Knossos, provide substantial evidence for a midwifery complex connected with Eileithyia's cult. Thereby, Chapter 9 diachronically reviews periparturient imagery in prehistoric Crete, assembling data indicative of a Minoan (re)birth-related cult of Neolithic ancestry that may have favoured the adoption of the (multiple) Egyptian birth goddess Taweret and her transformation into the (multiple) Minoan Genius. Lastly, the chapter identifies a package of healing plants associated with females and ritual in Aegean Bronze Age imagery, which are recorded as important midwifery drugs in Classical medical texts and play a relevant role in initiation/transition rites.

The thesis thus brings to light a female healing tradition predating Hippocratic medicine as it re-evaluates Eileithyia's role within the wider context of Minoan religion; offering methodological guidelines that will hopefully contribute to further the research on women's neglected but foundational agency in the shaping of early medical knowledge.

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(after Tomkins 2008: Table 3. 1; Prent 2005: 34)

Neolithic			Early Neolithic	<i>c.</i> 7000-5900	
			Middle Neolithic	<i>c.</i> 5900-5300	
			Late Neolithic	<i>c.</i> 5300-4500	
			Final Neolithic	<i>c.</i> 4500-3000	
Bronze Age	Prepalatial	(EM)	Early Minoan I	<i>c.</i> 3000-2900	
			Early Minoan II	<i>c.</i> 2900-2300	
			Early Minoan III	<i>c.</i> 2300-2100	
		Protopalatial	(MM)	Middle Minoan IA	<i>c.</i> 2100-1900
				Middle Minoan IB	<i>c.</i> 1900-1800
				Middle Minoan II	<i>c.</i> 1800-1700
		Neopalatial	(LM)	Middle Minoan III	<i>c.</i> 1700-1600
				Late Minoan IA	<i>c.</i> 1600-1480
				Late Minoan IB	<i>c.</i> 1480-1425
		Postpalatial		Late Minoan II	<i>c.</i> 1425-1390
				Late Minoan IIIA	<i>c.</i> 1390-1340
				Late Minoan IIIB	<i>c.</i> 1340-1190
				Late Minoan IIIC	<i>c.</i> 1190-1070
			Subminoan	<i>c.</i> 1070-970	
Early Iron Age		(EIA)	Protogeometric	<i>c.</i> 970-810	
			Geometric	<i>c.</i> 810-700	
			Orientalizing	<i>c.</i> 700-630	
Iron Age			Archaic	<i>c.</i> 630-480	
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https://www.researchgate.net/figure/259953231_fig7_Figure-7-Eagle-stone-amulet-seventeenth-century-from-the-Bavarian-and-Austrian-amulet

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Oikonomopoulos and Oikonomopoulou 2009: 140.

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Cairo, Museum of Egyptian Antiquities.
http://realhistoryww.com/world_history/ancient/Stele/Narmer_palette_scene.htm

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Ornan 2004: 17, fig. 12.

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Medicinal amulet. Neo-Assyrian period, 883-612 BC.
Boston, Museum of Fine Arts, Inv. n° 1985.103.
<http://www.mfa.org/collections/object/amulet-depicting-lamashtu-164562>

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Nicosia, Cyprus Museum, Inv. n° B56.
<http://akg.cyi.ac.cy/en/content/terracotta-childbirth-scene-lapithos>

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http://www.hethert.org/seven_hathors.htm

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Mougenot 2015: 64, fig. 7.

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Athens, National Archaeological Museum, Inv. n° 15481.
Hadzisteliou Price 1971: 59, Pl. V, fig. 12.

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Athenian black-figure amphora, 6th c. BC.
Karlsruhe, Badisches Landesmuseum, Inv. n° 12446.
<http://www.beazley.ox.ac.uk/record/D8BC2813-3C49-4570-A888-18343BE4D1D2>

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<http://journals.openedition.org/syria/docannexe/image/2691/img-3.jpg>

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Otto 2016: 135-141, fig. 34.

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Kanta and Kontopodi 2011b: 168, fig. 43.

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Tomb relief. Isola Sacra, 2nd c. AD.
Rome, Museo Archeologico Ostiense.
http://www.visitfiumicino.com/wp-content/uploads/2014/03/5.jpg_2006415211017_5.jpg

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Rome, Capitoline Museums.
http://www.vroma.org/images/mcmanus_images/sarco_fates2.jpg

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Gem, Roman period.

Geneva, Musée d'Art et d'Histoire.
Dasen 2009: 202, fig. 3.

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Illustration by Johannes Gehrts, 1885.
<http://www.germanicmythology.com/works/GEHRTSART.html>

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London, British Museum, Inv. n° EA1178.
https://www.britishmuseum.org/research/collection_online/collection_object_details/collection_image_gallery.aspx?assetId=31746001&objectId=119552&partId=1

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New York, Metropolitan Museum of Art, Inv. n° 28.57.23.
<http://www.metmuseum.org/art/collection/search/252973?sortB>

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<https://fineartamerica.com/featured/artemis-holding-torches-andonis-katanos.html>

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Ornan 2007: 217, figs. 1-3.

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Ornan 2004: 17, fig. 14

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Paris, Musée du Louvre.
Daremberg and Saglio 1873-1919: s.v. Diana, fig. 2353.

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Aparicio Resco 2009: 3, fig. 5.

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Aparicio Resco 2009: 3, fig. 4.

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Oriental Institute, University of Chicago, Inv. n° A.6832.

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Ex coll. C. Bonner 141, University of Michigan, Special Collections Library.

Dasen 2013: 32, fig. 1. 4.

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Graeco-Egyptian medical gem.

Ann Arbor, University of Michigan, Special Collections Library, CBd-1050.

<http://www2.szepmuveszeti.hu/talismans2/cbd/1050>

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Funerary stele. Greece, c. 400 BC.

London, British Museum, Inv. n° 1894,0616.1.

https://www.britishmuseum.org/research/collection_online/collection_object_details.aspx?objectId=398907&partId=1&images=true

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Michalaki-Kollia 2010: 197, fig. 10.

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Michalaki-Kollia 2010: 203, fig. 28a.

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Archaeological Museum of Sparta.

Photograph by Despoina Stratigis.

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Richmond, Virginia Museum of Fine Arts, Inv. n° 60.23.
<https://www.vmfa.museum/piction/6027262-8067521/>

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Athens, National Archaeological Museum.
https://commons.wikimedia.org/wiki/File:NAMA_Sacrifice_aux_Charites.jpg

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Athens, National Archaeological Museum, Inv. n° Γ1821.
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Athens, National Archaeological Museum, Inv. n° 1635.
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Munich, Antikensammlungen, Inv. n° J101.
Beazley Archive n° 1574.
<http://www.beazley.ox.ac.uk/XDB/ASP/recordDetails.asp?id=7E0346F2-16E5-440C-AD5F-6C28E50A1F74&noResults=&recordCount=&databaseID=&search=>

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<http://www.theoi.com/Gallery/K8.14.html>

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London, British Museum, Vase B424.
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Kennedy-Quigley 2001: 69, fig. 4.

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Michalaki-Kollia 2010: 204, fig. 30.

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https://www.britishmuseum.org/research/collection_online/collection_object_details.aspx?objectId=461070&partId=1&searchText=1836,0224.4&page=1

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Photograph by Editions K.Voutsas & Co.

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Warren 1990: 199, fig. 14.

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Karetsou et al. 2001: 347, fig. 372.

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Knossos, LM III.

Heraklion, Archaeological Museum, KN Gg (3) 705.

Flouda 2011: 38.

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Heraklion, Archaeological Museum, KN Od (2) 716.

Flouda 2011: 40.

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Heraklion, Archaeological Museum.

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Kanta 2011a: 60, n° 31.

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Kanta 2011d: 160-161, n° 160-164.

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Lamia, Archaeological Museum, Inv. n° BE 1041.
<http://greek-museums.tumblr.com/post/94434497671/archaeological-museum-of-lamia-in-my-opinion>

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Kanta 2011b: 118-119, n° 115.

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D'Agata 1998: 23, fig. 1.7.

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Rethemiotakis 2005: 150, fig. 19.

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Pilz and Krumme 2011: 330, fig. 17.

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https://www.britishmuseum.org/research/collection_online/collection_object_details.aspx?objectId=364880&partId=1&searchText=89846&page=1

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Olmos 1986: 686.

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Saint Petersburg, State Hermitage Museum.

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Naples, Museo Nazionale, Inv. n° L47827.

Parra and Settis 1986: Fig. 1.

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Red-figure krater, c. 320-310 BC.

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Ogden 2013: 202, fig. 5.3.

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Baltimore, The Walters Art Museum, Inv. n° 57.1982.

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Photograph by the author.

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Photograph by Iris Tzachili.

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Photograph by Iris Tzachili.

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Photograph by the author.

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Photograph by the author.

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Heraklion, Archaeological Museum, Inv. n° 4139.

Rethemiotakis 2017: 578, figs. 8-10.

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<https://i.pining.com/originals/81/4a/18/814a182498bf7d8aff2aa9dc1f514ab6.jpg>

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http://static.wixstatic.com/media/b8f95e_de84462a1eae4c0dbe977638fd2578cb.jpg_srz_p359_461_75_22_0.50_1.20_0.00_jpg_srz

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<https://www.cretanbeaches.com/en/history-of-crete/archaeological-sites-in-crete/minoan-times-palaces-and-sites/fournou-korfi-settlement-myrtos>

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Heraklion, Archaeological Museum, Inv. n° Π13301.
Kanta 2011b: 108, n° 108.

Fig. 45: Vessel of a squatting female with jar atop the head.
Adhromyloi, Geometric period.
Heraklion, Archaeological Museum, Π3243.
Karetsou et al. 2001: 263-264 n° 264.

Fig. 46: Taweret on a birth wand.
Egypt, Middle Kingdom, c. 1980-1640 BC.
New York, Metropolitan Museum of Art, Inv. n° 30.8.218.
<https://www.metmuseum.org/art/collection/search/545740>

Fig. 47: *Gravidenflasche* with anthropomorphic features of Taweret.
Egypt, 18th Dynasty, c. 1550-1292 BC.
Spieser 2004: 56, fig. 3.

Fig. 48: Taweret-shaped vessel with a pierced nipple.
Egypt, 4th-3rd c. BC.
Baltimore, Walters Art Museum, Inv. n° 48.1539.
<https://art.thewalters.org/detail/37415/taweret-7/>

Fig. 49: Pregnant Minoan Genius with ewer and plants.
Sealing. MM II.
CMS-II, 5-322
<https://arachne.uni-koeln.de/drupal/?q=en/node/196>

Fig. 50: Pregnant Minoan Genius with ewer and plants.
Sealing. MM II.
CMS-II, 8-195
<https://arachne.uni-koeln.de/drupal/?q=en/node/196>

Fig. 51: Two Genii with ewers before an altar and a plant.
Seal. Vafio, LH IIA.
CMS-I-231
<https://arachne.uni-koeln.de/drupal/?q=en/node/196>

Fig. 52: A Genius performing a ritual before a baetyl.
Roundel. Malia, MM IIIB.
Weingarten and Hallager 1993: 11, fig. 7.

Fig. 53: Ewer-bearing Genii before pillars.
Glass plaque. Mycenae, LH IIB-III A.
Evans 1901: 117, fig. 13.

Fig. 54: A hunting Genius.
Sealing. Zakro, LM I.
CMS-II, 7-031
<https://arachne.uni-koeln.de/drupal/?q=en/node/196>

Fig. 55: Genius assisting a male hunter.
Cylinder seal. Kakovatos, LH II.
CMS-XI-208
<https://arachne.uni-koeln.de/drupal/?q=en/node/196>

Fig. 56: Three Genii carrying dead animals.
Ivory plaque. Thebes, LH IIIB.
Symeonoglou 1973: Pl. 73, fig. 231.

Fig. 57: Two Genii assisting a goddess with upraised arms.
Sealing. Pylos, LH IIIB2-C1.
CMS, I-379
<https://arachne.uni-koeln.de/drupal/?q=en/node/196>

Fig. 58: Four ewer-bearing Genii stand before an enthroned female.
Signet ring. Tiryns, LH II.
CMS, I-179
<https://arachne.uni-koeln.de/drupal/?q=en/node/196>

Fig. 59: Stone triton with two Genii in a marine setting.
Malia, LM IB.
Heraklion, Archaeological Museum, Inv. n° 11246.
Darcque and Baurain 1983: 17, fig. 14.

Fig. 60: Drawing of the Genii on the stone triton from Malia (AMH 11246).
Darcque and Baurain 1983: 9, fig. 6.

Fig. 61: Two Genii flanking a larger Genius.
Mirror handle. Pankalochori, LM IIIA.
Rethymno, Archaeological Museum, Inv. n° O 282.
Karetsou et al. 2001: 163, 165, fig. 144.

Fig. 62: Plaque of dancing warriors, probably the Kouretes, and reconstructed scene.
Eileithyia's cave at Tsoutsouros, Archaic period.
Kanta 2011b: 142-143, n° 138.

Fig. 63: Plan of Xeste 3 at Akrotiri, Thera.
Dumas 1987: Fig. 2.

Fig. 64: Two girls collect saffron in a mountainous setting.
Fresco. Xeste 3, Room 3a.

Doumas 1992: 152, fig. 116.

Fig. 65: Dedication of saffron to a seated goddess.
Fresco. Xeste 3, Room 3a.
Photograph by Panos Angelidis.

Fig. 66: Detail of the Xeste 3 goddess showing the dotted coil on her head.
Fresco. Xeste 3, Room 3a.
Doumas 1992: 162, fig. 125.

Fig. 67: Image of a *Vipera Ammodytes*.
<https://www.alamy.com/stock-photo-beautiful-pattern-on-vipera-ammodytes-back-the-nose-horned-viper-one-143225435.html>

Fig. 68: Fresco of the Adorants.
Xeste 3, Room 3a.
Doumas 1992: 136-137, fig. 100.

Fig. 69: Reconstructed drawing of the bloodied altar with red lilies.
Xeste 3, Room 3a.
Marinatos 1984: 75, fig. 53.

Fig. 70: Detail of the iris-shaped pin and twig tucked in the Wounded Woman's hair.
Fresco of The Adorants. Xeste 3, Room 3a.
Doumas 1992: 142, fig. 106.

Fig. 71: Detail of the Wounded Woman's bleeding foot.
Fresco of The Adorants. Xeste 3, Room 3a.
Photograph by Panos Angelidis.

Fig. 72: Mature woman with a lily-decorated bodice carrying wild roses.
Fresco. Xeste 3, Room 3b.
Doumas 1992: 170, fig. 133.

Fig. 73: Mature woman with saffron stigmas on her snood and ear.
Fresco. Xeste 3, Room 3b.
Photograph by Panos Angelidis.

Fig. 74: Mature woman carrying a bunch of white lilies.
Fresco. Xeste 3, Room 3b.
Photograph by Panos Angelidis.

Fig. 75: Blossoming vitex branches.
Fresco. Xeste 3, Room 9.
Photograph by Panos Angelidis.

Fig. 76: Reconstruction of the Fresco of the Villa of the Lilies at Amnisos.
Cameron 1978: 581, Pl. 1.

Fig. 77: Female holding lilies before an altar.

Lentoid. Rutsi (Pylos), LH IIA-III A.
CMS-I-279
<https://arachne.uni-koeln.de/drupal/?q=en/node/196>

Fig. 78: The Annunciation.
Painting by Filippo Lippi, c. 1440.
<https://www.artsy.net/artwork/fra-filippo-lippi-the-annunciation>

Fig. 79: Landscape depicting iris flowers, other plants and a monkey.
House of the Frescoes, Knossos.
Vlazaki 2010: 361, fig. 35.2b.

Fig. 80: Reconstruction of the Fresco of the Garlands.
North Building, Knossos, LM I.
Warren 1985: 188, fig. 1 b.

Fig. 81: Reconstruction of the Fresco of the Garlands.
North Building, Knossos, LM I.
Warren 2000: 367, fig. 5.

Fig. 82: Figure of a Goddess with upraised arms crowned with poppy capsules.
Gazi, LM IIIB.
Heraklion, Archaeological Museum, Inv. n° AE 9305.
<https://www.pinterest.ie/pin/555702041504985290/>

Fig. 83: Clay lekythos shaped as a poppy capsule with applied snake.
Prinias, Proto-Geometric period.
Stampolidis 1998: 130, fig. 126.

Fig. 84: Females offering opium poppies and lilies to a likely goddess.
Signet ring. Mycenae, LH I-II.
CMS-I-017-1.
<https://arachne.uni-koeln.de/drupal/?q=en/node/196>

Fig. 85: Double squills (*Urginea maritima*).
<https://picclick.co.uk/Urginea-maritima-Giant-Sea-Squill-WORLDS-LARGEST-SUCCULENT-382428983768.html#&gid=1&pid=3>

Fig. 86: Goddess seated on a boat with a sacred tree and double squills.
Signet ring. Mochlos, LM I.
Warren 1984: Pl. VII, fig. 2.

Fig: 87: Female, double squills and sacred tree.
Sealing. Hagia Triada, LM I.
CMS-II, 6-002
<https://arachne.uni-koeln.de/drupal/?q=en/node/196>

Fig. 88: Two females and baetyls seemingly hybridized with double squills.
Signet ring. Chania, LM I.
CMS VI-278-1

<https://arachne.uni-koeln.de/drupal/?q=en/node/196>

Fig. 89: New Year's Day squill attached to a front door in Symi, 2015.

<http://adrianas-symi.blogspot.gr/2015/01/happy-new-year.html>

Fig. 90: Cretan male worshipper carrying a wreath.

Relief pithos. Crete, Archaic period.

Heraklion, Archaeological Museum.

Photograph by the author.

Fig. 91: Reconstruction of the Fresco of the Garlands from Knossos.

Warren 1985: 14, fig. 1 b.

Fig. 92: *Protomaia* ('May 1st') garland blessing a home in Athens, May 2016.

Photograph by the author.

Fig. 93: *Gamokoulouro*, the traditional Cretan wedding bread in the shape of a wreath.

http://www.kritipoliskaihorio.gr/2012/10/blog-post_22.html

PART I

RESTORING THE BODIES OF KNOWLEDGE
FEMALE AGENCY IN THE SHAPING OF EARLY MEDICAL EPISTEMES

Chapter 1

Long before Hippocrates: Women's neglected legacy to ancient Greek medicine

1. 1. Shedding light on the obscured *maiai*

The unresearched is predominantly that which is defined feminine.

– Baker 1997: 186

Traditional narratives of the dawn of Western medicine rely on a teleological approach to history, focusing on the works and deeds of ‘great men’ who are linked to the discovery of unquestionable ‘facts’ (King 1994: 103). Often endowed with epic undertones, such accounts trace a genealogy of ancient Greek physicians and philosophers credited with foundational contributions to therapeutic knowledge, and to the establishment of medical practice as a scientific discipline stripped of ‘popular beliefs’; a ‘rational’ discipline clearly distinct from ‘magic and religion’ (Riggs and Riggs 2005; Ielo 2014: 86). Heading this genealogy is Hippocrates of Cos, whose name is associated with the first corpus of ancient Greek medical treatises, though no sound evidence exists that he actually wrote any of them (Jouanna 1999). Hippocrates, regarded as the ‘father of medicine’, is followed by Theophrastus, the ‘father of botany’; Herophilus and Erasistratus, the ‘fathers of anatomy’; Dioscorides, the ‘father of pharmacy’; Soranus of Ephesus, considered the foremost authority in ancient gynaecology; Galen of Pergamon, ‘the greatest physician of ancient Rome’; and a series of other ‘firsts’ whose ultimate peers are the ‘fathers’ of modern biomedical sciences.

In these histories of ancient medicine, where ‘fathering’ stands as a biological metaphor for the creation of knowledge equated to literate authorship, female healers are either glaringly ignored, or feature solely as ‘helpers’ working under the authoritative instructions of the (male) physician. Not even in the core medical fields of gynaecology, obstetrics and paediatrics, traditionally a female domain of knowledge and practice (Rousselle 1980; Demand 1994: 65-66; French 2004), are women granted any epistemic agency. We are told, for instance, that the Hippocratic physician who treated the diseased female body was “occasionally assisted by a midwife, whose hands would simply function as practical tools for examining the internal female organs” (Ielo 2014: 86); that “Hippocrates gave training for midwives, but the vast majority [of birth attendants] were uneducated old women, relying on experience and tradition” (Mayer 2002: 122); or, that midwives emerged with the development of rational Hippocratic medicine “as a significant

advance in the care of women”, in a major breakthrough from an older traditional medicine “centered on folklore, religious and superstitious practices” (Todman 2007: 83). Unadvised readers are thus misled to believe that before Hippocrates’ times women stood largely helpless when addressing their own health issues; that the advent of Hippocratic medicine (5th-4th c. BC) was some kind of technological milestone entailing a reduction of maternal and perinatal morbidity and mortality; or, that the *techne* of midwifery was a ‘scientific’ male achievement somehow alien to women’s intimate (but not-so-rational) experience of their bodily processes and ailments. Neither of which was actually the case.

Accounts portraying ancient Greek medicine as a normatively male epistemological breakthrough adhere to a long-standing scholarly tradition that has coined the stereotype of (folk) female healers as ignorant practitioners; a tradition that strongly conflicts with the widespread (popular) identification with knowledge, wisdom and skill of the most atavistic health specialist: the midwife, a term that goes back to *wid-wife*, the ‘knowing woman’, the ‘wise woman’, as she is called in many languages (Stol 2000: 171). Essentially, what gender biased narratives fail to recognize is that since the dawn of the genus *Homo* women were confronting, and *culturally* responding to, difficult birthing and other critical health issues beyond the experiential spectrum of male physiology. Hence, fully-fledged bodies of female medical knowledge and praxis were in place long before historical times (see Chapters 2-3, 8-9).

Written and iconographic sources attest that in ancient Greece, like elsewhere in antiquity, the treatment of female health conditions was mainly women’s business (Herfst 1922, Rousselle 1980, Demand 1994, Parker 1997, Bonet 1998, French 2004, Stol 2000). To challenge biased approaches to the data, it must therefore be stressed that the systematic take over of women’s medicine by male physicians is only a recent historical phenomenon. Though the Hippocratic treatises on women’s ailments reveal the first attempt to penetrate and control this hitherto female domain of medical knowledge and practice (Demand 1994: 63-70), in Western Europe the rise of male authority in women’s medicine does not crystallize until the Early Modern Period (Figs. 1-4) (King 2007; Green 2008a, 2008b; Stone 2009); from the 17th-18th c. on, the enforcement of male physicians to the detriment of midwives/female healers is aggressively pursued by public health institutions (Ehrenreich and English 1973, Dundes 1987, Gélis 1990, Donnison 2004). The stereotype of the ignorant midwife results from this historical process of appropriation (Jordan 1993: 51).



Fig. 1: All-female scene depicting the birth of the Virgin.
Manuscript illumination, Silvestro dei Gherarducci, *c.* 1375



Fig. 2: A midwife assisted by two females
delivers Rebekah of Esau and Jacob.
Miniature, Maître François, *c.* 1475



Fig. 3: The biblical birth of Pharez and Zarah represented as an all-female scene. Engraving, Herman Müller, c. 1566

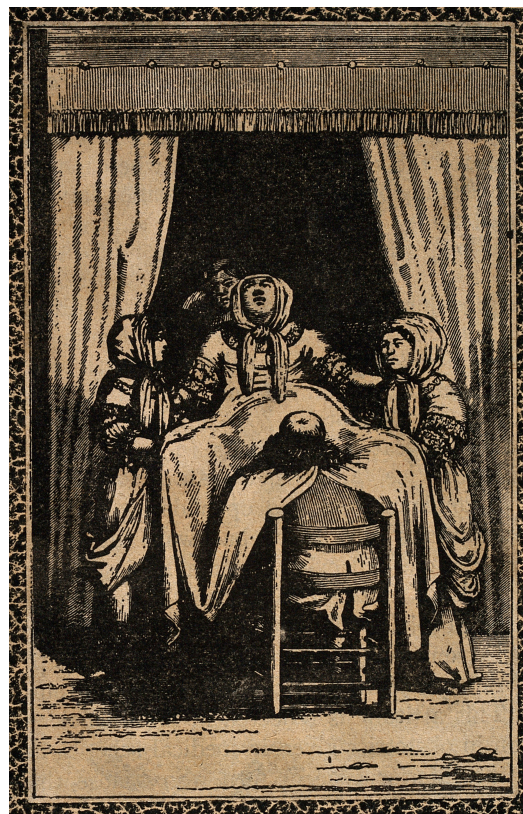


Fig. 4: Male surgeon prudishly attending a labouring woman beneath a sheet. Dutch engraving, 18th c.

In the written record of ancient state societies women rarely feature as active contributors to the shaping of medical *techne*, but this exclusion stems from the gender biases inherent to the primary sources themselves, which sanction the emergence of professionalized (male) medical practice. Nevertheless, when addressed critically, Classical texts provide evidence on female agency in medical practice, and on women's reluctance to disclose their intimate ailments to male doctors (Hdt. 3. 133; Eur. *Hipp.* 239; Hyg. *Fab.* 254; Hip. *Mul.* 1. 62), who have restricted access to female bodies; thus limited first-hand knowledge of women's physiological processes, maladies and treatments (Rousselle 1980). Significantly, the author of the Hippocratic treatise *On the Diseases of Women* (1. 62) writes: "...but [male] physicians also make the mistake of not asking for precise information on the cause of the [female] disease, and try to treat it as if it were a masculine disease [...]. We must, therefore, from the very beginning precisely inquire as to the cause of the disease, because treating female diseases differs greatly from treating those of men."

In ancient Greece female practitioners routinely treated women's and children's health conditions when specialist care was needed (Herfst 1922; Rousselle 1980; Demand 1994: 65-67; Parker 1997; Bonet 1998; Innes 2012), as was customary in premodern societies.¹ These specialists were the *iatrinai*, 'female doctors', and the *maiai*, conventionally translated 'midwives', though this word fails to denote the full extent of their praxis, since their therapeutic activities were far from confined to what we nowadays term midwifery (Lloyd 1992: 568). Among the various names designating such practitioners are *anaghetria*, *anaghetres*, *akestria*, *akestris*, *iatria*, *iatromaia*, *iatros*, *archiatrine*, *maieutria*, *eksafassousa*, *parafassousa*, *omphalitomos*, *omphalotomos* or *tamousa* (Herfst 1922: 55; Gourevitch 1996: 2087). These healers surface now and then in the medical texts as those who explore women's bodies and handle childbirth (Rousselle 1980; Demand 1994: 66; Gourevitch 1996), a hazardous transition from which the non-initiated (i.e. men, childless females and children) were more often than not excluded in traditional societies (Stol 2000: 79; Iles Johnston 2004: 445-446; McWilliam 2013: 266; Argenti 1944: 346; Jordan 1993: 4-5). Thus in Classical antiquity the *maia/obstetrix* is the physician holding first-hand knowledge of female physiological processes, ailments and treatments (Fig. 5). When writing on the dilating faculty of the uterus, Galen reports what

¹ The Persian physician Ali ibn Sahl Rabban al-Tabari, most influential in 9th c. Baghdad, wrote that children health was a female affair, stating that "midwives and old women see in these issues what the physicians do not" (Forcada 2012: 161-162).

the midwife *does* during labour, and what she *says* about the degrees of cervical dilation in response to his enquiries (*Nat. Fac.* 3. 3). Ironically, midwives are often regarded as ‘assistants’ of the male doctor in the gynaecological texts (Lloyd 1983: 70-72; Hanson 1998).



Fig. 5: Roman midwife and her female attendants at work. Marble plaque, Ostia Antica, 400 BC-300 AD

Women’s association with pharmacological knowledge and therapeutic lore is indeed atavistic.² In Homeric and later Greek literature female figures (often cast as ‘witches’) feature as ancestrally skilled in the use of drugs, a lore that was handed down along the female line. To name but a few examples, Agamede “knew the virtues of every herb which grows upon the face of the earth” (*Hom. Il.* 11. 740). Hekamede prepared a restorative potion for Nestor and Machaon (*Hom. Il.* 11. 624). Among the cunning drugs of healing known by Helen was the narcotic *nepenthes*, given to her by the Egyptian Polydamna (*Hom. Od.* 4. 227-231). Oenone, the first wife of Paris, was famously skilled in drugs (*Lyc.* 61). Circe, an accomplished pharmacologist (*Hom. Od.* 10. 275), was unrivalled in the use of drugs, which she had learned from her mother – the midwife goddess Hekate – and through her own discoveries and experiments (*Diod. Sic.* 4. 45. 4). Medea, herself trained by Hekate, was an expert in concocting powerful potions and remedies (*Ap. Rhod.* 3. 523-539, 802-824), and the Euripidean voice uttering the famous

² Caring for the sick was a female task within the *oikos* (Herfst 1922: 56-57).

statement “I’d rather stand in the battle lines spear in hand three times than give birth once” (*Med.* 250-251).

Philologists argue that *On the Diseases of Women* and *On the Nature of the Woman* are the oldest Hippocratic treatises (5th c. BC), namely the foundational core of Western (written) medicine (Grensemann 1975; Andò 2001: 10-11, 29-30), which should come as no surprise considering the remote antiquity of midwifery (see Chapter 2).³ Significantly, among the wealth of medicinal remedies recorded in these treatises over a hundred preparations and more than sixty plants are exclusive to female pharmacopoeia (Andò 1999: 260-261). The gynaeco-obstetrical texts form the largest body of homogeneous subject matter within the Hippocratic Corpus (Hanson 1975: 568). They differ considerably from the rest of treatises in that they contain large lists of pharmacological recipes with ingredients not found elsewhere within the Corpus. It has thus been repeatedly proposed that the Hippocratic gynaecological pharmacopoeia originated in folk medicine (Lloyd 1983: xi, 260; Hanson 1991, 1998); more precisely, in a female therapeutic tradition passed down orally (Rousselle 1980), predating Hippocratic medicine (Herfst 1922: 53-54). This is a claim of the utmost relevance to the interpretation of women’s role in the history of medicine, but it has not yet found the reception it deserves (Demand 1994: 63).

In response to such a claim, this dissertation aims to study the most conspicuous material remains pointing to the existence of an overlooked midwifery complex in prehistoric Crete. Since archaic midwifery was expressed and practised within the cult of divine midwives (usually termed ‘birth goddesses’ and mislabelled ‘mother/nature/fertility goddesses’), this female healing complex may be related to the cult of Eileithyia, the earliest midwife goddess known to have been worshipped on Crete (see Chapter 6). In Minoan iconography, this medico-religious tradition is suggested by the recurring association of females with a set of *pharmaka* (plants and animals), whose important gynaeco-obstetrical uses are later recorded by Hippocratic and other Classical medical authors. Further suggesting the existence of this healing complex is the occurrence, in Minoan votive assemblages, of specific types of objects that may be linked to midwifery practice; as such material finds significant parallels within the cult of the Greek Eileithyia, and within the broader context of ancient midwifery traditions.

³ The oldest Egyptian medical text is the Kahun Gynaecological Papyrus, c. 1800 BC.

1. 2. The splitting binary gaze: Conceptual and methodological problems in the research on female medical traditions

The androcentric interpretation and presentation of the past is both structured by, but also fed into, the larger ideological and symbolic domain of our contemporary society, as the past duplicates and legitimates present-day norms and values.

– Gero 1985: 344

This research on women's prehistoric legacy to ancient Greek medicine is confronted with challenging conceptual and methodological issues. The study of the evidence for a female therapeutic complex in prehistoric Crete is framed within a major theoretical problem, namely the absence of the very *conceptualization* of archaic midwifery complexes in the scholarly literature. Deeply rooted cultural conceits informing a web of scholarly myths hamper the path to conceptualizing these most ancient healing systems. Thus, no general framework has yet been proposed for the study of midwifery complexes in prehistoric and early historical societies. This is obviously a major hindrance to their identification in the archaeological, iconographic and textual records; their systematic analysis; and, ultimately, their inclusion in mainstream narratives of the history of medicine.

All cultures develop their own ideas about gender, which in turn help structure and organize other forms of thinking and practice (Flax 1990: 26). Western metaphysics reduce the multiplicity of experience into hierarchical binary oppositions, such as male/female, culture/nature, religion/magic, science/religion, knowledge/superstition, literacy/orality, and so on. The second member of each binary pair, conceived as dominated by the first, becomes defined as the 'other', and its identity determined by its being as the negative of the first (Flax 1990: 36). This resolutely dualist paradigm is a rather peculiar occurrence within the context of the world's cultures, where such radical dichotomies are often meaningless (Descola 2013: 8). Yet, in dominant narratives of the history of Western medicine, traditional healing systems inherently alien to Cartesian dichotomies are slotted into binary logic.

This conceptual framework, which radically opposes magic to religion and superstition to true knowledge (i.e. 'science'), serves to locate traditional medical practices, the role of healers, and rituals related with the body as profane activities pursued

by quacks or ignorant practitioners (Bell 1998: 343); all the more so when it comes to female healers, whose therapeutic practices are often placed under the derogatory label ‘old wives tales’ (Newman 1985: 16) and/or associated with ‘magic’ or ‘witchcraft’ (Yoshiko Reed 2014). Such views betray ingrained gender prejudices, as well as ethnic and “temporal chauvinism (modernism)” that “conspire to give us a false sense of primitivity as a condition we have escaped” (Grossinger 1982: 45). These approaches, which either overlook or dismiss women’s ancestral epistemes, distort the interpretation of material evidence pertaining to archaic midwifery complexes; as the splitting binary gaze fragments, disassociates and ultimately eclipses the relevant archaeological, iconographic and textual data. Medical systems are cultural constructs rooted in their own context of production (King 1994). Therefore, applying foreign epistemological paradigms to their study inevitably leads to a misreading of the evidence.

Archaic midwifery complexes are integrated therapeutic systems involving cosmological conceptions, religious healing metaphors, and pharmacological, mechanical and ritual knowledge related to the creation, care and perpetuation of life. These medico-religious systems revolve around the distinctively human reproductive health issues which arose from adaptation to bipedal gait; at the core of such complexes lie (the problem of difficult) birth and its transcendent, multivocal symbolism. Clearly then, these medico-religious systems are not patterned by a dualistic paradigm; not even the male/female opposition makes much sense, because all genders are ultimately born from the womb (Chawla 2006: 20-21). However, as established orders tend to produce the naturalization of their own arbitrariness (Bourdieu 1977: 164), the semantic association of women with nature, irrationality, magical practices and superstitious behaviour has been naturalized by dominant Western epistemologies. Female bodies of therapeutic knowledge and praxis are thereby excluded from the domain of culture and *techne*, which is primarily regarded as a male achievement.

Among the embedded cultural conceits hindering the conceptualization of archaic midwifery complexes is, first and foremost, the misleading idea that human birth constitutes a ‘natural’ event; a mere physiological process, unrelated to cultural practices, hence leaving barely any trace in the archaeological record. For reasons that mainstream historical accounts fail to elucidate, birth remains purportedly ‘natural’ until the emergence of ‘scientific’, literate (male) gynaecology; lay midwifery is thus disconnected from the body of medicine (see Chapters 4, 7). Archaic midwifery complexes are articulated by religious therapeutic metaphors, namely divine midwives=female physicians who are

patterned on their human counterparts; it is within the context of their cults that midwifery is expressed, practised and passed down (see Chapters 2-4, 9). The study of divine midwives and associated cults is therefore crucial to a sounder understanding of the formation of early medical epistemes. But such an endeavour is greatly hampered by the fact that divine midwives remain largely unrecognized as medical deities. The hindrance, fostered by the splitting gaze, is conceptual: in the scholarly literature these deities are often mislabelled ‘nature’, ‘fertility’ or ‘mother’ goddesses; an academic myth, upheld by the naturalization of female epistemic processes and practices, that eclipses the ancestral *techne* of midwifery by conflating it with (modern essentialist constructs of) biological motherhood (see Chapters 4, 7).

No English term or expression other than the old *wyse wyff*⁴ (‘wise woman’) is fit to denote the broad range of psychophysical healing activities involved in the (lay) midwife’s practice. The ‘wise woman’ or ‘she who knows’, as she is called in many cultures (Stol 2000: 171), is a full-fledged shamanic practitioner who engages the spiritual world in her curing and has an intimate relationship with the dead. She eases life’s critical transitions (e.g. parturition-birth, menarche, illness, death), acting as an obstetrician (birth), a general practitioner, and a psychopomp (rebirth); her pharmacological knowledge encompassing specific gynaeco-obstetrical drugs, as well as remedies for many common ailments (e.g. oxytocics, emmenagogues, haemostatics, analgesics, antipyretics). Practically and symbolically then, the wise-woman is the specialist propitiating the continuity of the life cycle (see Chapter 3).

Wisdom, however, is specifically not a female attribute in Western discourses from Aristotle through Freud where the woman, defined as a deficient man (Flax 1990: 36), is regarded as the ‘other’. Extremely negative stereotypes about elderly women, who are thought to embody the opposite of truth, logic, science and reason, pervade Classical texts, are perpetuated by later Christian narratives (Ziolkowski 2002, Henderson 1987), and reproduced by modern scholarship placing uncritical faith in primary written sources. Thus, ‘magic’, ‘witchcraft’ and related terms are often used to label female healing practices. But these concepts constitute rather problematic categories of analysis, though much “sophistry” has gone into preserving their applicability (Tambiah 1990: 7). As Gager aptly remarks, the unsanctioned “beliefs and practices of ‘the other’ will always be dubbed as ‘magic’, ‘superstition’, and the like”; hence “magic, as a definable and consistent

⁴ This old English expression designates the midwife in 16th c. sources. See Wilby 2005: 115.

category of human experience, simply does not exist” (1992: 24). We should therefore “reject as useless all evolutionary schemes, whether the classic theory according to which magic precedes first religion and then science, or the converse view that magic represents religion in a state of decay, or the related stance according to which religion is the work of the literate and cultured classes, whereas magic and superstition – often used interchangeably – represent the stunted circumstances of the ignorant and the unlettered” (Gager 1992: 25). We should bear this in mind when addressing scholarship on ancient medicine. And recall that primary sources display a very distinct bias between the literate traditions and those not privileging the written record (Lloyd 1992: 569).

To legitimize one epistemic system as authoritative not only devalues all other ways of knowing; it often totally dismisses them (Jordan 1993: 152). Contrary to common assumptions, indigenous midwifery traditions rest on empiricism, the careful observation of the properties of local flora and fauna, and a shared network (Oberhelman 2013: 6, quoting Gentilcore 1992: 22-23). Within these healing traditions, mostly illiterate but far from unlearned, knowledge is passed down orally. The apprenticeship involves above all acquiring body skills, the ability to do, rather than the ability to talk about abstract knowledge removed from its occasions of use. Learning is experiential, embodied through practice, while teaching is demonstrative rather than verbal (Jordan 1993: 33, 186-187, 192). This mode of acquiring and transmitting knowledge far predates the didactic model developed in literate societies, which is only a few thousand years old at the most (Jordan 1993: 187; Lewis 2008; Downey 2010).

The bodies of illiterate medicine are far more complex than assumed by ethnocentric views portraying these (oral) traditions as ‘primitive’, ‘naive’, or ‘ignorant’ (Jordan 1993: 152; King 1994: 104). Indigenous taxonomies of plants, animals, and the foods, medicines and other materials derived from them, are methodological and based on carefully built up theoretical knowledge (Lévi-Strauss 1966: 43-46; Grossinger 1982: 42). As for the rituals involved in healing, they often have a therapeutic scope grounded on empirical observation of physiological processes; hence little bearing on ‘magic’ or ‘superstition’ (see Chapter 2). Ethnohistorical studies attest in any case to the extraordinary resilience of traditional birth-related practices, which tend to be perpetuated over time unless new technological paradigms set in (Riddle and Estes 1992: 226; Taube 1994; Pasquali Coluzzi and Crescenzi 2010: 29).

Research on archaic midwifery, then, can only be conducted within an anthropological framework, since the relevant data lie at the interface of an array of

disciplines (evolutionary, medical and cultural anthropology, ethology, archaeology, ancient history, history of religion, botany, pharmacology, endocrinology, etc.). In order to conceptualize and visualize archaic midwifery complexes a number of largely uncharted topics must be explored. Among them, the links between birth, medicine and religion; the atavism of midwifery; the healing dimension of birth rituals; the therapeutic metaphors involved in such rituals; the cross-cultural shamanic traits of the midwife=wise-woman; her prototypical functions; and the categories of materials typically associated with her practice. To accomplish this task, which necessarily involves extensive comparative research, long-held gender biases fostered by Western binary modes of thinking need to be exposed and contested.

Over the past decades, the presumed ‘naturalness’ of human reproduction has been consistently challenged by leading anthropologists of birth (Jordan 1993, MacCormack 1982a, Artschwager Kay 1982, Laderman 1983). And indeed, archaeologists receptive to the illuminating insights of anthropology have begun to challenge this assumption in their own field with significant contributions on the culturality of birth and its (ritual) materiality in the archaeological record (e.g. Bolger and Peltenburg 1991; Peltenburg 1992; Peltenburg and Thomas 1991; Goring 1991; Bolger 1992, 1996, 2002, 2003; Beausang 2000, 2005; Kanta and Davaras 2011; Roth 1992, 1993; Roth and Roehrig 2002; Wegner 2009; Taube 1994). However, the lack of general models for framing these materials *within* structured medico-religious bodies of knowledge and praxis (i.e. midwifery complexes) hinders our ability to further identify, interconnect, and possibly interpret the extant evidence liable to belong to such *corpora*.

The scope of this thesis is therefore twofold. Through anthropological and comparative approaches to midwifery as a cross-cultural phenomenon rooted in the common experiences of human physiology, the thesis endeavours to conceptualize archaic midwifery complexes and develop a much needed conceptual and methodological framework for their study (Chapters 2-4). This framework, intended to open new research avenues on women’s contribution to early medicine, is then applied to a case study: the identification and analysis of the most conspicuous materials suggestive of a previously overlooked midwifery complex in prehistoric Crete (Chapters 5-9).

Chapter 2

In the beginning was birth: Midwifery at the dawn of medicine

2. 1. Birth, medicine and religion

We all come into existence with-in a woman, grow into humanness in her bodily self, and are brought forth by her through the difficult process of parturition. This is our *fons et origo*. Yet, while the personal and social significance of giving birth/being born can hardly be denied, its value is determined and shaped by cultural cosmologies; namely, by the metaphysical paradigms that in any given culture define its members' sense of origin and identity, and ground their code of behaviour in life's larger picture (Abrams and Primack 2001). The way in which a society views and handles the birthing event essentially mirrors its attitudes toward the experience of living (Gélis 1996: xi), and reflects the constructions of gender which underpin its broader symbolic ordaining of reality.

The beginning of life and its powerful metaphors have remained on the periphery of Western philosophical tradition, which is much more engaged in metaphysical controversies on the concept of death and the afterlife (Schott 2010). In philosopher Mary O'Brien's words, birth "is neglected so that man may make himself" (1983: 156). Within the modern biomedical system, firmly grounded on the Cartesian model of the body as a machine and the physician as a technician, birth tends to be managed as a "mimicry of production" (Mitchell 1971: 108, cited in Martin 2001: 54-67). In this technological cosmology, the whole birthing process is seen as an interaction between the obstetrician-mechanic and the foetus-product entailing the dismissal of the woman's agency as a birth/life-giver (Treichler 1990, Martin 2001); an attitude to our maternal origins that belittles and trivializes the awesome emergence of life from women's bodies. Such a disembodied view of the most embodied process of creation is, however, quite an oddity within the context of the world's cultures.

In sharp contrast to this mechanistic approach to birth, the delivery of a child is usually imbued with sacral dimensions among societies that regard human fertility as the powerful force causing all forms of life to flourish. Birth "links past, present and future. It unites the world of now with the world of the ancestors and is part of the tree of life or the totem extending in time and eternity" (Kitzinger 1997: 215-216). To many premodern peoples birth has profound cosmic significance because it means the advent of an ancestor's soul in a new incarnation, the coming of a relative from the realm of the dead (Ford 1945: 35; Van Gennep 1960: 53; Ränk 1955: 16; Czaplicka 1969: 130, 136; Gélis

1996: 111; Gottlieb 1998; Chawla 2002: 151; Kaberry 2004). In this symbolic universe, where the spirits of the deceased enter women's bodies to be reborn and enjoy life anew, birth constitutes the pivotal cosmological element articulating a cyclic, transcendent understanding of human existence.

As the ultimate embodied experience of creation, birth is the epitome of the Beginning, a primordial symbol that has deeply imprinted human beliefs and religious behaviour. Over time and space birth incarnates the notion of genesis recreated by cosmogonic myths, and is enacted once and again in rites of passage marking the most significant life transitions.⁵ In cultures dwelling within the cyclical time of nature, the initiation ceremonies that guide individuals through the main physical life-crises (e.g. menarche, parturition, illness, death) and/or socially-instituted transitions (e.g. marriage, circumcision, adoption)⁶ often embody the death-rebirth archetype to signal the end of a state of being and the outset of a new one. Whereas the passage to motherhood (i.e. parturition) is the sole initiation resulting in the literal incarnation of a new being, other crucial transformations throughout the life cycle are ritually signified and experienced as spiritual (re)births.⁷ As Haaland and Haaland have remarked,

it is difficult to think of a process where the connection between a natural and social transition is closer than the act of birth. The role of the woman in this process is dramatic. It is not surprising that transitions to other positions in the life cycle are conceptualized as 'birth' and accompanied by rituals and symbols that metaphorically simulate stages in the birth process, e.g. the separation of the initiands, taking them through a structure (humanly-made or natural) conceptualized as a vagina into a liminal confinement (humanly made or natural like a cave) conceptualized as the womb, until they are 'born' into their new position in society (1996: 298).

⁵ "Creation myths are an integral part of rebirthing rites in many religions and are celebrated, as Christians do with the birth of Christ, at central points in the religious cycle" (Kitzinger 1997: 215-216). In the Old Babylonian poem of *Atrahasis*, the creation of humankind is a story about midwifery practice (see Chapter 4). Hesiod's cosmogony begins with the birth of the universe. The Malay birth incantation starts with the story of the universe pregnant with life, the creation of the world and the first human couple, and then shifts from the mythic to the real as it recounts the delivery of the infant who is about to be born (Laderman 1983: 145).

⁶ Ancient sources describe the ceremony of adoption as an imitation of childbirth; the adoptee dies as stranger and is born anew as a member of the adoptive clan (Willets 1955: 63).

⁷ On birth-rebirth rites, see Van Gennep 1960, Turner 1995, and Eliade 1995.

The time-factored process of pregnancy, birth and the postpartum embodies, more ostensibly than any other liminal journey, the three-fold structure conceptualized by Van Gennep (1960) as inherent to the rite of passage: separation, transition and incorporation.⁸ The experience of parturition itself, which has been poignantly described as ‘dying’, ‘being born’ and giving birth at the same time (Allen Rabuzzi 1994: vii), merges literally and symbolically life’s major transitions; and actually incarnates the traditional scheme of an initiation ceremony: suffering, death, and resurrection.⁹ It is thus not surprising that initiation rites often draw close symbolic parallels between the critical thresholds of birth and death, the two ends of the vital spectrum that come together, sometimes quite literally, in the throes of labour.

Birth is indeed a risky passage in our species. Human females of childbearing age are exposed to a set of pathologies entailing a rate of maternal and perinatal morbidity and mortality that is unprecedented in other mammals (frequent miscarriage, preeclampsia/eclampsia, obstructed labour, perineal injury, postpartum haemorrhage, etc.) (Robillard et al. 2003, Rosenberg and Trevathan 2007, Zhu et al. 2006, Abrams and Rutherford 2012). These reproductive hazards, associated with bipedal adaptation, are at the origins of the universal pattern of assisted birth, termed ‘obligate midwifery’ (Trevathan 1987, 1996; Rosenberg and Trevathan 1995, 2002, 2007; DeSilva 2010). In premodern societies childbirth was the largest single cause of death for women (Sayer and Dickinson 2013); and in prehistoric populations mortality in infants and children under five years likely averaged 40% (Goodman and Armelagos 1989). Women’s cultural response to these pressing survival issues is the *techne* of midwifery.

So, as birth unfolds most powerful religious metaphors of continuity (i.e. rebirth-perpetuation-eternity), it also lies *at the epicentre* of ancestral bodies of female therapeutic knowledge articulated to lessen the impact of maternal and infant morbidity and mortality on survival. Archaic midwifery complexes may thus be tentatively defined as healing systems patterned by the death-rebirth archetype, which emerge as integrated female

⁸ This point is well illustrated in Georges’ anthropological study of the medicalization of reproduction in Modern Greece (2008: 123): “Because she bore [God’s] gift of new life, a pregnant woman was herself infused with a kind of sacred valence... Through her unique collaboration with the divine, [she] entered into a prolonged phase of liminality, that transitional state of suspension ‘betwixt and between’ everyday realms of experience... Intensifying the charged valence of a woman’s liminality were the dangers inherent in the progressive ‘opening’ of her body that was essential to the process of procreation. This ‘openness’, triggered by pregnancy, culminating with childbirth, and requiring a full forty days afterwards to reverse, increased her vulnerability to a host of hazards, both physical and spiritual.”

⁹ Cf. Eliade 1989: 33.

medico-religious responses to the distinctive reproductive pathologies of our species. Since women and children suffer also from common ailments that are not gender- or age-specific, the midwife's expertise encompassed not only what we presently call obstetrics, gynaecology and paediatrics, but broader therapeutic competence benefitting all the community members (see Chapter 3).

The health issues associated with pregnancy, birth and the delivery of notoriously helpless infants have therefore far-reaching implications in the history of medicine and religion, first and foremost women's agency in the shaping of primal healing systems. And yet, these implications are still largely ignored, dismissed or sidelined by mainstream scholarship, whose reluctance "to examine critically its own gender prejudices" (Harding 2001: 317) has laid down the premises for heavily biased interpretations of early medical history. Clearly then, if we are to gain a sounder understanding of the formation of early epistemologies of the body, we must address the issue of women's prominent role in the making of medical knowledge and praxis; including the formulation of one of the most pervasive and enduring therapeutic metaphors: that of the divine midwife, usually termed 'birth goddess' or mislabelled 'mother goddess'. Crucial to such an endeavour is the study of archaic midwifery, as this mechanical, pharmacological and ritual *techne* seemingly lies at the core of the earliest developed healing systems.

2. 2. The pattern of assisted birth at the origins of midwifery

As philosopher Virginia Held has argued, "the tradition of describing birth as a natural event has served the normative purpose of discounting the value of women's experiences and activities" (1989: 362). In the endeavour to shed light on the most ancient roots of midwifery, let us then begin by challenging this misleading assumption that obliterates female therapeutic epistemes from mainstream accounts of early medical history. Human birth is far from a simply 'natural', hence invisible, process leaving very scanty material evidence in the archaeological record (i.e. mainly biological remains of females and their foetuses in funerary contexts).¹⁰

Anthropological research has consistently shown that all societies model the reproductive behaviour of their members, and that concepts such as 'natural birth' or 'natural fertility' are mere cultural constructs (MacCormack 1982a: 2; Davis-Floyd and

¹⁰ Cf. Beausang 2000.

Sargent 1997). Ethnographic records indicate that in all societies the physiology of pregnancy, labour, delivery and the postpartum is culturally shaped and managed (Jordan 1993, MacCormack 1982a). Phrased differently, in any given society birth is a *cultural system*, an integrated system of knowledge and praxis (Jordan 1993, Artschwager Kay 1982). Because, in our species, birth is a risky passage, assisted delivery is a nearly universal pattern (Trevathan 1987). So, because birth involves therapeutic support and is the archetype of origin and renewal (rebirth), it deploys integrated systems of medical knowledge, cosmogonical beliefs and ritual practices, namely *midwifery complexes*, that do leave material traces in the archaeological record. It thus becomes self-evident that when addressing the articulation of early technologies of the body “we need to interrogate more systematically the creation and dissemination of medical knowledge and practice as a cultural artefact rather than a biologically based [...] set of instincts” (Green 2008b: 508).

Upright gait, large brains, complex language, tool making and assisted birth – the pattern of routinely seeking help in labour and delivery – are defining features of our species (Rosenberg and Trevathan 2002). Evolutionary anthropologists agree that difficulties in birthing arose with the dramatic skeletal changes associated with adaptation to bipedal locomotion (Schultz 1949, Krogman 1951, Washburn 1960, Lovejoy 1988, Trevathan 1987, Franciscus 2009). In our closest living relatives, the great apes (*Pongo*, *Pan* and *Gorilla*), a broad pelvis and a birth canal larger than neonatal head size makes parturition a relatively easy process that can be managed by the labouring mother herself (Fig. 1). But a broad pelvis facilitating birth hinders efficient upright gait. So adaptation to bipedalism brought about changes in the pelvic morphology; changes that entailed the narrowing and twisting of the birth canal (Rosenberg and Trevathan 1995). With encephalization in the genus *Homo*, the conflicting concomitance of a narrow pelvic inlet and larger brains caused what Washburn (1960) coined the ‘obstetrical dilemma’: the close equivalence of cephalopelvic dimensions (Fig. 1) (Rosenberg and Trevathan 1995). These evolutionary constraints resulted in difficult birthing and the delivery of immature newborns¹¹ requiring a great deal of cultural support (Lovejoy 1988; Rosenberg and Trevathan 2002, 2007).

¹¹ Human infants come into the world so immature (i.e. with only a third of the brain size relative to mature adults) that the first three months after birth have been referred to as exterogestation or external gestation. See Montagu 1961, 1989.

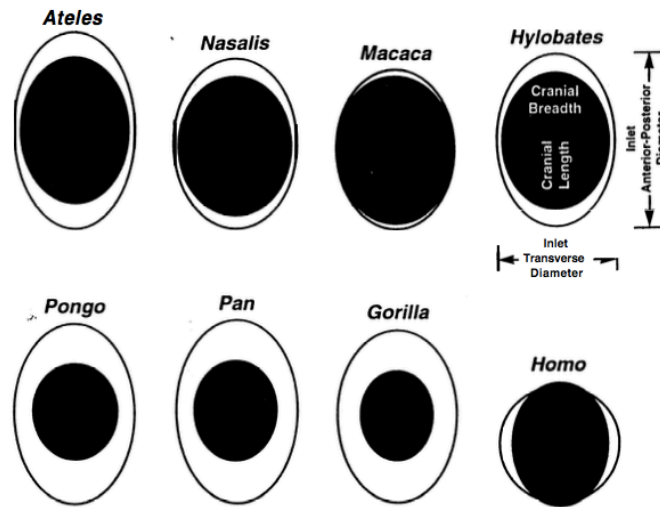


Fig. 1: Cephalopelvic proportions in different primate species. In humans the infant cranium is about 102% the size of the mother's pelvic inlet width

The tight fit of the foetus through the birth canal favoured seeking assistance during labour and delivery, but this is not the only reason accounting for such a behaviour in our species. Human rotational birth is a unique mechanism. To negotiate the passage through the narrow, curved and bony birth canal, the foetus undergoes a series of complex twists and turns, typically emerging from the vagina facing away from its mother (i.e. in the occiput-anterior position) (Fig. 2). This foetal presentation inhibits the ability of the labouring woman to guide the infant out of her body, as pulling the baby backwards may injure its spine and brachial plexus. It is also difficult for the mother to keep the umbilical cord from wrapping around the baby's neck, or wipe mucous from its nose and mouth to facilitate breathing (Rosenberg and Trevathan 2007). Moreover, lack of adequate manual support to the perineum and to the baby's head when crowning, or too rapid a traction of the infant, can cause perineal tearing, anal sphincter injury, haemorrhage, infection, and other complications that may result in lifelong impairment or death. Therefore, maternal and perinatal morbidity and mortality increase significantly in unattended deliveries (Trevathan 1987, Pirhonen et al. 1998, Fowler 2009).

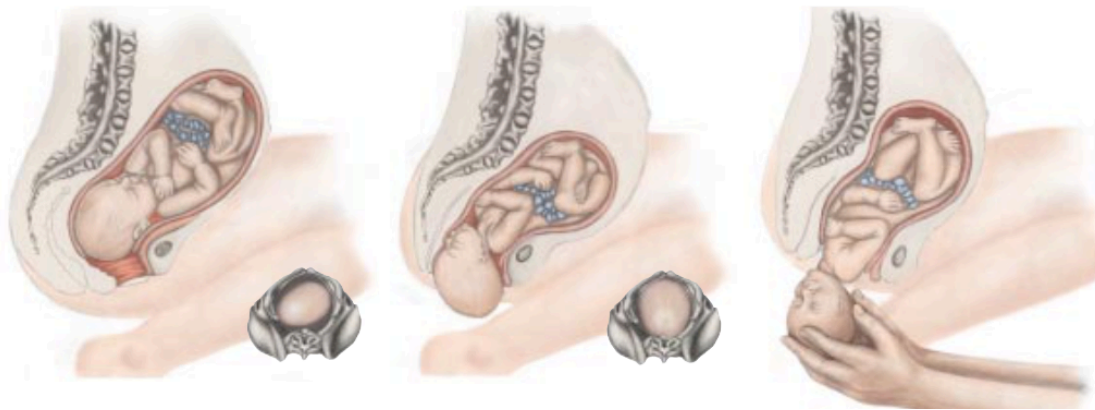


Fig. 2: In human rotational birth the foetus usually emerges facing away from the mother

These critical survival issues led to the emergence of assisted birth, a pattern termed ‘obligate midwifery’ which is women’s cultural response to the reproductive flaws derived from bipedal adaptation (Trevathan 1987, 1988). Obligat midwifery may have been in place over 2 million years ago in concomitance with brain size expansion in the genus *Homo*; or even earlier, as it has been argued that *Australopithecus* females were birthing proportionately large infants and may already have endured challenging deliveries requiring the assistance of helpers (Trevathan 1987, Rosenberg and Trevathan 2001, DeSilva 2010). Whatever the case may be, the fact remains that the constraints placed on females by bipedalism, encephalization and the delivery of large, broad-shouldered and helpless newborns place midwifery at the core of the earliest developed healing traditions of humankind.

In premodern societies, any female with an embodied knowledge of parturition – one who has herself borne children and witnessed other women’s births – may assist a labouring peer in an uneventful delivery. Therefore, the articulation of midwifery as a specialized *techne* seemingly arose from two specific areas of childbirth care: the knowledge of medicinal substances and the expertise in the manipulative techniques to ease difficult births (Goldsmith 1990: 43-44); techniques encompassing both mechanical procedures (e.g. massage, traction, basic surgery) and ritual performances. In traditional midwifery, pharmacological, mechanical and ritual skills constitute areas of knowledge and practice that are inextricable from one another, so they most likely developed concurrently as an integrated therapeutic *episteme*.

Research conducted in medical anthropology and related fields provides some insights into the evolution of human therapeutic behaviour that are relevant to the development of these three intertwined skills. Ethological studies attest that the intake of pharmacological substances for self-medication purposes is a common practice among mammals and other animals. A growing body of evidence indicates that adult female primates select plants particularly rich in estrogens and secondary compounds affecting fertility, which suggests that these females may facultatively promote birth spacing and regulate their reproductive cycle (Whitten 1983, Glander 1994, Huffman 1997, Carrai et al. 2003). Quite revealingly, researchers report that a number of pharmacological plants selected by animals to treat specific illnesses or to ease birth are found to be used by indigenous peoples for similar purposes (Huffman 1997; Sumner 2000: 154; Krief et al. 2005).¹² Among the implications of these studies is that plant-based oxytocics and contraceptives “almost certainly affected early humans, who could have been aware of and could have exploited these effects” (Glander 1994: 235). Oxytocics (< ὀξύς, ‘quick’, + τόκος, ‘birth’) are fundamental drugs in obstetrics because they stimulate uterine contractions, hence facilitate delivery, promote the expulsion of the placenta, and reduce the risk of postpartum haemorrhage. In all likelihood then, women’s embodied awareness of the effect of such substances set the foundations of early bodies of pharmacological knowledge associated with midwifery practice.

As for the mechanical skills involved in the wise-woman’s *techne* (e.g. massage, traction, basic surgery), Grossinger argues that midwifery is probably the first surgery, as “from the mechanics of helping a baby out of its mother’s body may have come a general science of incision, massage, and exercise” (1982: 82). And because psychological factors have a direct, observable impact in the course of pregnancy and the outcome of delivery (Dunkel-Schetter 1998, Lobel and DeVincent 2000, Mulder et al. 2002), it has been suggested that ritual manipulation of birth may have increased survival rates in hominids (McClenon 2002: 47-49); thereby implying that rituals may have been a primeval ‘obstetric device’ in midwifery practice. This is a likely scenario, as shall be raised when

¹² Ecologist Holly Dublin reported the case of a full-term pregnant elephant at the Tsavo National Park (Kenya), who marched the unusual distance of 28 km (!) to spot and eat a tree of the family Boraginaceae not included in her regular diet. Shortly thereafter she gave birth to her calf. Further research by Dublin revealed that an infusion of the bark and leaves of the same tree was drunk by Kenyan women to induce labour or abortion (Sumner 2000: 104; Shuker 2001: 218). In British Columbia, women were given a herbal concoction right after delivery. According to the local tradition, “the knowledge of it had been obtained by a woman who long ago observed the kind of grass that some animal ate after giving birth to its young” (Goldsmith 1990: 43).

reviewing scholarly interpretations of Upper Paleolithic figurines that are relevant to our topic. But let us first address the overlooked therapeutic dimension of birth rituals, to which we owe most of the extant material evidence suggesting the existence of fully structured midwifery complexes in prehistoric societies.

2. 3. The healing dimension of birth rituals

In premodern cultures parturition is a liminal journey between life and death. This critical process, when the pregnant woman becomes two human beings, or one or none (Gaca 2007: 280), is highly ritualized to protect the mother and child from a host of physical and spiritual hazards (Stol 2000; Beausang 2000, 2005; Kitzinger 1997; Georges 2008). The belittlement of ritual is central to Western tradition (Douglas 1982: 34), especially when it comes to women's religious practices. Female rituals are regarded with suspicion and even scorn by Classical writers, who view women as emotional creatures irrationally drawn to superstitious beliefs and magical practices (Wise 2007: 10); a cultural stereotype often uncritically perpetuated by modern scholarship (see Chapter 5).

A point must therefore be made to stress that rituals were of the utmost importance in childbirth for very earthy, pragmatic reasons: they alleviated the fear of pain and death, a feeling that can have lethal consequences for the mother and child because it hinders normal uterine activity and cervical dilation.¹³ Indeed, clinical research has established that maternity anxiety reduces uterine blood flow (i.e. inhibits uterine contractions), compromises foetal oxygenation, and can ultimately lead to obstructed labour (Buckley 2010: 224; Keirse et al. 1989), which remains a major cause of maternal and perinatal mortality in many parts of the world (Neilson et al. 2003). The ritual manipulation of birth, then, should be regarded as an obstetric technique grounded on empirical observation of the negative impact of stress in the outcome of parturition.

Rituals can prove instrumental to successful delivery because they may modify physiological and biochemical processes (Laderman 1983: 149); thus, they may ultimately have a *mechanical* effect on the birthing process. In traditional practice, midwives seek to facilitate delivery by ritually inducing hypnotic trance in the labouring woman through repetitive/rhythmic movements and sounds (e.g. reciting, chanting; rubbing,

¹³ Cf. Laderman 1983: 149; McClenon 2002: 46-55. In Australia, aboriginal birth rituals “were severely practical, in that they appeared to be solely concerned with solving a particular problem, protecting from danger and alleviating pain” (Kaberry 2004: 241).

stroking, rocking the mother) (Kitzinger 1980: 238; Laderman 1983: 149; Madu and Jumo 1996; McClenon 2002: 46-55).¹⁴ And also through the administration of oxytocic and analgesic drugs containing psychoactive substances, which are often worshipped as divine epiphanies and used in (other) initiation ceremonies (i.e. rebirthing rites) (see Chapters 3, 9). These ritual-pharmacological techniques either trigger appeasing hypnotic states or simply enhance the spontaneous trance of labour,¹⁵ which is favoured by the endogenous ecstatic hormones secreted during parturition – and orgasm – (e.g. oxytocin, beta-endorphins).¹⁶ Significantly, modern scientific research has confirmed that, owing to its analgesic and haemostatic effects, hypnotic trance can alleviate pain, reduce haemorrhage and facilitate childbirth (McClenon 1997, Simkin 1989, Cina et al. 2004). The therapeutic benefits of ecstatic experiences, which are a core feature of shamanic healing, probably explain why altered states of consciousness are institutionalized in many premodern cultures studied by anthropologists (Bourgignon 1973: 11, cited in Lahood 2007).

Motherhood, illness and healing play a central role in women's religious practices, so it should come as no surprise that many such practices offer a variety of healing techniques (Sered 1994: 114). Studies of psychogenetic factors in animal births indicate that in all mammalian species anxiety and fright caused by environmental disturbances can suppress uterine contractions, "the mere presence of an observer acting as a stress-stimulus"; this physiological reaction to potential threat or interference is a life-saving adaptative response that enables the endangered animal to fight or flee (Naaktgeboren 1989: 801). But as we have seen, in human parturition the suppression of uterine activity leading to prolonged labour often has a fatal outcome. Thus, the fact that environmental disturbances including *the mere presence of an observer* can jeopardize the life of mother and infant may ultimately account for two birthing patterns broadly attested in premodern societies: the exclusion of the uninitiated (e.g. men, children) from labour, and the ritual seclusion of women (i.e. the mother-to-be, midwife and female helpers) in protected/isolated settings, such as domestic spaces placed under interdiction; special birthing facilities (e.g. birth huts, tents); and, more primordially, caves, which are cross-

¹⁴ In Plato's *Theatetus* (149c 9-10), Socrates, who was the son of the midwife Fenarete, states that the *maiai* use drugs and incantations to bring on labour and to ease pain. Among the Australian Wolmeri, the old women and those already initiated into parturition went apart with the mother-to-be and danced around her uttering songs "to make birth easier and charm the pelvis and the genital organs" (Kaberry 2004: 242).

¹⁵ On visionary/altered states of consciousness during labour, see Chapter 3, n. 10; and Lahood 2007.

¹⁶ On these and other ecstatic hormones secreted during childbirth, see Buckley 2004, 2010.

culturally associated with (re)birth rites and a recurring site of cults of divine midwives (i.e. birth goddesses) since prehistoric times (see Chapter 6).

The concepts of ‘pollution’ and ‘impurity’ that male-dominated societies usually attach to menstruation, labour and the postpartum, are often invoked as accounting for these two birthing patterns. But it should be noted that negative values are by no means universally ascribed to women’s physiological processes and reproductive power. Among prehistoric societies, the widespread use of red ochre on representations of female genitalia, figurines, ritual deposits, and the bodies of the deceased suggests an attitude to the ‘blood of life’ closer to reverence than to rejection; an attitude attested among those modern foraging peoples who value menstruation as a positive and desirable event signifying maximum potency of human fertility (Lewis 2008: 303). In their anthropological study of menstruation, Buckley and Gottlieb stress the ambiguity and multivalence of taboos and ritual restrictions associated with female reproductive blood:

‘The menstrual taboo’ as such does not exist. Rather, what is found in close cross-cultural study is a wide range of distinct rules for conduct regarding menstruation that bespeak quite different, even opposite, purposes and meanings. Many menstrual taboos, rather than protecting society from a universally ascribed feminine evil, explicitly protect the perceived creative spirituality of menstruous women from the influence of others in a more neutral state, as well as protecting the latter in turn from the potent, positive spiritual force ascribed to such women (1988: 7).

Because of its inherent liminality, birth is shrouded with axiological ambivalence. It may thus be regarded as a sacred process or a polluted one depending on the social value attributed to women, their physiological processes and reproductive capacity in a given culture. Therefore, from an etiological perspective, the widespread pattern of female seclusion during birth is more likely to have emerged as a female prophylactic measure to fend off the psychogenic contingency of obstructed labour, than as a practice grounded on notions of ‘impurity’ which are culturally specific. The same holds for ritual postpartum seclusion, which allows the mother’s internal organs to shift back into place and her perineum to heal; namely, to recover from the physical trauma of parturition before she resumes strenuous work, or is approached to engage in sexual intercourse: seclusion after delivery reduces the risk of infection in the mother – especially if she has open wounds –

and in the child until its navel has healed (Ford 1945: 66). Long postpartum taboos precluding intercourse during lactation may also be enforced as a kind of cultural contraception (MacCormack 1982b: 124; MacLean 1982; Ford 1945: 48), which is another form of prevention.

2. 4. Religious therapeutic metaphors and devices

The healing and prophylactic dimension of ritual performances is thus inextricable from that of mechanical and pharmacological procedures in midwifery practice. Traditionally, this shamanic *techne* is learned, exercised and passed down along the female line within the cult of supernatural helpers: spiritual/divine midwives who are modelled in the image of their human counterparts as *therapeutic metaphors* devised to propitiate the awesome passage of parturition. These divine healers are portrayed as genesiac therapeutic figures. In the Sumero-Akkadian cuneiform texts they bear a variety of telling names and epithets. Aruru/Nintu/Belet-ili, “the exalted midwife” of the gods, is the “Expert Hand”, the “Fashioner (of) all things in which is breath of life”, the “wise one” who moulds human beings from clay. Ninisina/Gula, goddess of medicine, is “the midwife of the mothers of the land, the great physician of the dark-headed (=humankind)” (Stol 2000: 74-79; Jacobsen 1973); “the great physician” who “gives life”, treats wounds, and determines “the destiny [of the newborn], once she has cut the umbilical cord” (Böck 2014: 15-31). Though often not as explicitly associated with medicine, similar midwife goddesses are documented in ancient Egypt (e.g. Hathor, Taweret), Bronze Age Crete (Eileithyia), ancient Greece (e.g. Eileithyia/Eileithyiai, Moirai, Eumenides/Semnai, Genetyllides, Artemis, Hekate, Leto), the Roman world (e.g. Carmenta/Carmentes, Fates, Lucina), and other ancient societies (see Chapters 3-7).

Ancestral/divine female healers fulfilling the role of primeval spiritual helpers are likewise attested in the ethnographic record. When attending births, Filipino midwives used to summon the aid of ‘the first midwife’ of the world addressing her this prayer: “Oh, first midwife, by your good will, now grant me the favour such that through my help this creature may be born” (Brewer 2004: 115). In Guatemala, the *comadronas* called on the assistance of their deceased peers, the ‘Invisible Midwives’ (*Comadronas invisibles*) (Cosminsky 1982: 208, 226). In rural Malaysia, the ‘Seven Celestial Midwives’ (*Bidandari*) who come to alleviate labouring women are routinely invoked by practising

midwives (Laderman 1983: 132). Twelve divine midwives (*Ba Mú*) are attested in Vietnamese mythology (Van Hao 1964: 254; Tùng and Krowolski 2005: 151). In Australia, the aboriginal birth songs chanted to prevent complications during labour and the postpartum were deemed effective, namely fraught with supernatural power, because “they were first uttered by the female totemic ancestors” (Kaberry 2004: 245).¹⁷ Among the Lapps, spiritual midwives regarded as the ‘first ancestresses’ (e.g. Madder-akka, Sarakka) were thought to personally attend births, and care for the health of women, children and young domestic animals (Ränk 1955). It was within the cult of these ancestral/divine physicians, who are the earliest attested healing spirits/deities, that midwives traditionally practised their craft.¹⁸

The midwife’s intimate physical contact with life and death incorporates pervasive beliefs about the body and the cosmos, and fosters deep-seated relations between the human and the divine. Her “blessing touch confers the power from spiritual beings or ancestors. It summons the goddess of birth, calls on companies of angels, and confers mana or spiritual power” (Kitzinger 1997: 215-216). And so does the material and immaterial culture involved in the midwife’s practice, such as the hypnotic myths/hymns/incantations she recites to ease delivery and prevent haemorrhage, or the propitious words she utters to cut the umbilical cord and determine the fate of the newborn; her ritual attire (e.g. headdress, girdle); the plant, animal and mineral pharmacopoeia she employs, and her professional paraphernalia. This equipment encompasses medical implements (e.g. obstetric knife, vessel for the placenta’s ritual disposal, and other objects accordingly to local traditions – birth bricks/birth stool); amulets (e.g. shells, birth stones) (see Chapters 3-4, 7); as well as anthropomorphic figurines at times embodying the reassuring presence of the supernatural facilitators of birth, which may be used for a variety of ritual purposes.

Ethnohistorical research provides ample evidence for the cross-cultural use of figurines as spiritual ‘oxytocic agents’ to ease birth, teaching aids in matrescence rites, or devices to promote conception and protect the newborn. In many indigenous South American cultures pottery figures of birthing goddesses enhanced the power of the midwife’s blessing touch during parturition (Kitzinger 1997: 216). After a successful

¹⁷ Similar *narungani* songs (i.e. first sung by the female totemic ancestors), known only to the women, were chanted to regulate menstruation (Kaberry 2004: 235).

¹⁸ Ränk reports that the Yakuts celebrated the birth of a child with a ritual feast attended only by the women. In this ceremony the midwife set fire to the placenta, animal figurines and other objects. Then, joined by the other women, she began a continuous wailing to bring the birth goddess Ajysyt out of the yurt (1955: 285).

delivery, the Guatemalan midwife kneels before a censer placed under the mother's bed to thank the guardians of the childbed and the spirits of the deceased midwives for their caring help. She prays "in a manner reminiscent of the midwives among the ancient lowland Maya who knelt in worship before an image placed under the parturient's bed: the image of Ix-Chel, goddess of childbirth, weaving, divination and medicine" (Paul and Paul 1975: 710, citing Tozzer 1941: 129); a lunar deity presiding over rain, fertility and the harvest who was depicted as an aged midwife, like her Aztec counterpart Toci Yoalticiti, literally 'Our Grandmother the Nocturnal Physician' (Miller and Taube 1993, Taube 1994, Milbrath 1995, González Torres and Ruiz Guadalajara 1995). Among the Pomo people of California, who did not link pregnancy to sexual intercourse but to the agency of supernatural forces, women wishing to conceive resorted to the *ma'chama* ('earth woman'), a clay or wooden figurine they received during their puberty initiation to promote fertility (Bibby 2004: 12-13).

In Africa, the Bantu tribes of Tanzania used female figurines in puberty and matrescence rites. These artefacts, made by the women themselves, also served a didactic purpose in the transmission of knowledge and values regarding sexuality, procreation and motherhood (Hechter-Schulz 1966; Bolger 1992: 153, citing Cory 1956: 52-65). The Ashanti women of Ghana, wishing to conceive and safely deliver a healthy child, tuck in the back of their waistcloth wooden female figures known as Akua'ba (Figs. 3-4), which are also used to teach pubescent girls about motherhood (Wahlman 1979: 36). Peule author Souleymane Baldé reports the following practice among his people in southern Senegal (pers. comm. in Caldwell 2009: 69):

A Peule woman who wants to become a mother is given a leg bone from a goat which is variously called a *jilankonnde* or simply a *boobo* or *biddo* – which both mean 'baby'. The bone is drilled with holes for its sex and perhaps the insertion of jewellery like earrings. The woman feeds and cares for the bone – which has a personal name – exactly as if it were her infant, and wears it under her clothes. During labour, she grips the protective figure to help her. Then, after the baby is born, the bone is called the child's elder sister or brother and is still imbued with power since it remains the interface between dimensions. First with animals, who [...] are aware of the invisible in all directions; and, two, the dead, who return to the wilderness where they

commune with animals and the invisible. For without the accord of the ancestors, we believe there can be no birth.



Figs. 3, 4: Wooden Akua'ba figurines of the Ashanti people; to the right, as worn by women in Ghana

In 19th c. China, when the parturient's life was at stake a ritual involving the image of a birth goddess was enacted on the threshold of the birthing room; to enhance the therapeutic effect of this performance the divine image was moved about the woman's belly (Matignon 1898: 409). Russian midwives regularly resorted to propitiatory icons and prayers to the Mother of God, whose veil was deemed to protect the labouring woman and her child (Belousova 2002). The Italian *levatrici* (midwives) placed amulets and icons on the parturient's womb (Gentilcore 1992: 191); highly revered was the image of Virgin Mary's mother, Santa Anna, the Christian version of Anna Perenna (Pasquali Coluzzi and Crescenzi 2010), an old Roman moon goddess propitiating the rebirth/renewal of the life cycle, health and plenty.

In modern Greece, the supernatural instance most frequently invoked by women seeking cure for infertility and protection in childbirth was – and still is – the Panagia, whose icons were often worn throughout pregnancy and pinned to the newborn's clothes as apotropaic devices (Georges 2008: 126, 151). Labouring women sometimes clutched an

icon of Agios Eleutherios (linked by popular etymology to *eleutheria*, ‘liberation’), the Orthodox saint deemed to free them from the pangs of childbirth (Georges 2008: 126), whose worship superseded that of the ancient Eileithyia (see Chapters 5-6).

Similar practices are documented among Alaskan, Greenlandic and North Eurasian peoples. The Chukchi carved bone figurines to facilitate labour (Fig. 5), and tied images of ‘guardians’ to the infant’s clothes. Buryat mothers who had lost their offspring carried and nursed figurines fashioned by their kinswomen to ward off childlessness. The Gilyak made wooden images of parturient females to ease delivery (Czaplicka 1969: 135, 139, 143), and so did the Alaskan Inuit (Fig. 6) (Caldwell 2010). In Central Siberia and Greenland phalangeal figurines were employed as birthing amulets (Caldwell 2009: 68).



Fig. 5: Bone figurine employed by the Chukchi to facilitate birth



Fig. 6: Wooden birthing figurine with dilated vagina and human hair. Kodiak Island, Alaska, 1500-1750 AD

Abakan women kept on their side of the tent the images of the healing goddesses that guarded females against illness and helped them in childbirth. The figure of a similar goddess protected Ainu women during childbed seclusion. Among the Tungus, mothers-to-be did not dare to give birth without their *emegender* figurines embodying the ancestral healing goddesses; as it was believed that without their assistance the parturient might die and her offspring be born blind. Similar figurines, usually made by the women themselves,

were also found among the Teleuts, the Soyots, the Kumandins, the Mongols and other North Eurasian peoples (Fig. 7). The goddesses/spirits depicted by such images belong to the oldest religious strata of these populations; they are everywhere connected with the health of women, children and young domestic animals, and particularly with obstetrics and menstruation. These supernatural healers are the ‘first ancestresses’, the primeval midwives-shamans portrayed in a number of archaic myths as those who fashioned the world. In the Yakutian tradition, Ajysyt, the creatress of humans and animals, was thought to personally attend births; if she did not come, the woman and the child died. Among the Swedish Lapps, the supreme deity was the midwife goddess Sar-akka; she created the world, fashioned the body of human beings, and assisted women in labour (Ränk 1955).



Fig. 7: *Emegender* cloth figurines of the Teleuts

Historical and ethnographic sources attest to the similarity of many obstetrical beliefs and practices worldwide. Pondering on this phenomenon, Artschwager Kay wondered whether it may represent “some kind of archetype existing in the mind of all [hu]mankind” (1982: 6). The cross-cultural therapeutic metaphor of the divine midwife seems indeed to reflect such an archetype. Instrumental to a closer understanding of archaic midwifery complexes is therefore the analysis of the prototypical functions of the traditional midwife, soon to be addressed (see Chapter 3).

As illustrated by the above examined data, the images ritually employed to hasten labour often incarnate these spiritual/ancestral/divine healers; their supernatural assistance is thus ‘materialized’ to appease the parturient’s anxiety hindering uterine contractions and cervical dilation. These anthropomorphic representations imbued with supernatural healing power constitute therefore genuine oxytocic devices used by midwives in the attempt to lessen maternal and perinatal mortality. When they do represent divine midwives, the figurines of periparturient females – crouching, kneeling, with dilated vulvas, etc. – could actually be portraying one of the wise-woman’s ancestral birthing techniques: miming/enacting *herself* the process of labour (e.g. squatting, breathing, moaning) to pace, support and ease the parturient’s liminal journey (see Chapter 4). It may in any case be concluded that female figurines, particularly those emphasizing sexual attributes and/or depicting pregnancy-delivery, constitute a tangible category of materials liable to belong to archaic midwifery complexes.

2. 5. Prehistoric birth iconography

We have so far explored the atavism of assisted birth (i.e. obligate midwifery); assessed the healing dimension of birth rituals; introduced the therapeutic metaphor of the divine midwife; and reviewed cross-cultural evidence of anthropomorphic figurines ritually used to ease labour, protect the newborn, promote conception, and transmit knowledge about sexuality, procreation and motherhood. In the endeavour to tentatively trace the emergence of midwifery as a fully articulated *techne*, attention must now be paid to the oldest attested iconography of pregnancy and birth, bearing in mind the constraints placed on women by evolutionary reproductive flaws.

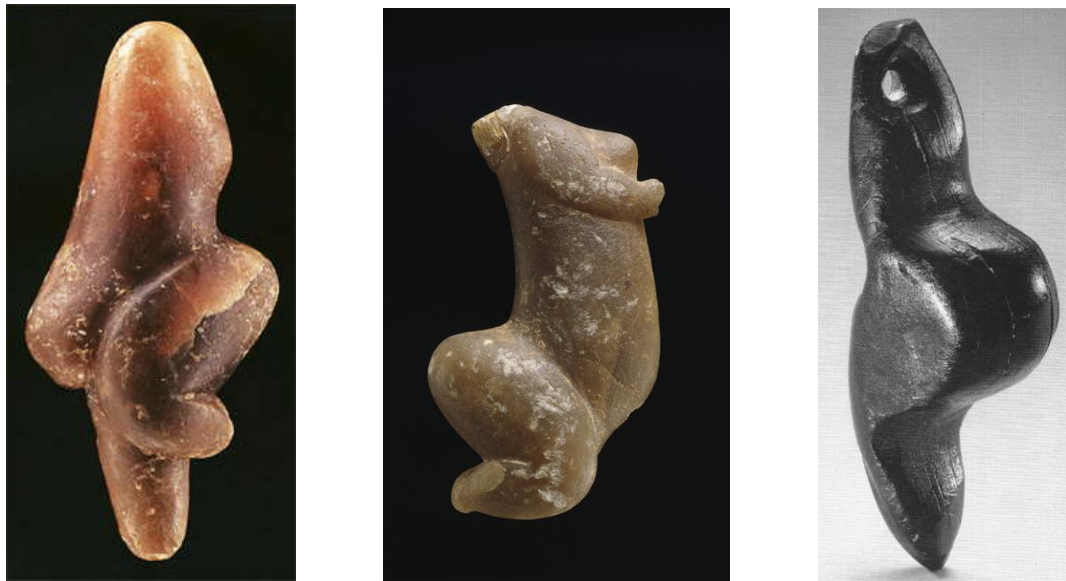
In our species, the neonatal head is roughly 102% the size of the mother’s pelvic inlet width (Fig. 1) (Rosenberg 1992), so during labour the pressure of the narrow birth canal generally molds the infant’s skull into an oblong shape. Uterine atony (i.e. lack of adequate contractions), cephalopelvic disproportion, and foetal malpresentation (breech or transverse presentation) are the main causes of dystocia (i.e. obstructed labour), which occurs in circa one fifth of births (Zhu et al. 2006). Another life-threatening condition, mainly due to uterine atony, is postpartum haemorrhage, the leading cause of maternal death in developing countries (Ronsmans and Graham 2006). Preeclampsia/eclampsia, a hypertensive disorder that can prove fatal for the expecting mother, occurs in 10% of human births (Robillard et al. 2003). Miscarriage, whose incidence including early

pregnancy losses is 17-22%, may also lead to severe obstetrical complications (García-Enguádanos et al. 2002). In the poorest countries of the world, lifetime risk of a woman dying as a result of reproductive health issues is as high as one in six (Ronsmans and Graham 2006). These general figures may provide a rough picture of the impact of maternal morbidity and mortality on anatomically modern females of childbearing age prior to the recent introduction of antibiotics, medical asepsis and advanced surgical techniques.

2. 5. 1. Pregnant and periparturient figurines from the Upper Paleolithic

Analyses of the fossil record reveal that the advent of anatomically modern human pubic morphology entailed increased difficulties in birthing; “problems for which cultural compensation in the form of improved obstetrical techniques and neonatal care of the mother and the infant would have been necessary” (Trinkaus 1983: 182-183). Childbirth must already have been rather stressful in the evolutionary transition from *Homo erectus* to *Homo sapiens*, which is associated with the increasingly large newborn head (McClenon 2002: 48) and the emergence of obligate midwifery (i.e. assisted labour) (Trevathan 1987, Rosenberg 1992).

The traditional school of thought postulates that the ability of symboling is exclusive to anatomically modern humans (*Homo sapiens sapiens*), but a growing body of evidence testifies to symbolic behaviour in the Middle Paleolithic (d’Errico et al. 2003, Bednarik 2005). From very early on then, therapeutic rituals devised to lessen the negative impact of stress on the outcome of delivery may have increased survival rates in hominids (McClenon 2002: 48); as discussed earlier, the ritual manipulation of birth can have oxytocic effects on the parturient, effects which may be enhanced through the use of figurines embodying medico-religious narratives. Relevant in this context is that the first attested corpus of anthropomorphic depictions – inscribed in a wider range of representational imagery – is not only overwhelmingly female and recurringly refers to the reproductive process (Figs. 8-15), but emerges in the Eurasian archaeological record soon after the establishment of anatomically modern humans. Namely, when increased birthing difficulties seemingly called for improved obstetric skills; a specialized knowledge, that of midwifery, traditionally imbued with far-reaching cosmological significance, as it deals with the creation and continuity of life (birth-rebirth).



Figs. 8, 9, 10: Stone figurines from the Upper Paleolithic sites of Tursac (*c.* 20000 BP), Sireul (*c.* 23000 BP), and Petersfels (*c.* 13000 BP)

The female figurines occurring in Upper Paleolithic sites from France to Siberia (Delporte 1979) are representations of nude or partially clad women¹⁹ often alluding to the life-giving process/experience. Indeed, these images embodying the earliest representations of human beings frequently display large breasts, ample wombs and emphasized vulvas. The figurines with prominent gravid bellies clearly portray women in the late stages of pregnancy. Those fashioned in a squatting or kneeling posture may be depicting the very act of delivery (Figs. 8-10), as these are customary birthing positions in premodern cultures.²⁰ Unmistakable representations of periparturient females are in any case the images with dilated vulvas, such as the striking figurine from Monpazier (Figs. 11-12), some of the figurines found in the Grimaldi caves (Figs. 13-14), or the one unearthed at the Hohle Fels cave (Fig. 15).

The Paleolithic female figurines have been the subject of sustained scholarly debate ever since they were first described in the late 19th c. (Piette 1895, Reinach 1898). Mislabelled ‘venuses’, and too often described as ‘fat’ or ‘obese’ women displaying ‘exaggerated’ sexual attributes, these images have traditionally been interpreted within the

¹⁹ Some are portrayed wearing headgear, bandeaux and jewellery; consistent evidence for refined textile production is attested as early as 26.000 BP in Gravettian sites (Soffer et al. 2000, 2002).

²⁰ See, for example, Dundes 1987; Stol 2000: 123, n. 86; Wegner 2009; Boriak 2002: 35.

dominant androcentric paradigm revolving around naturalized concepts of fertility, anachronistic notions of eroticism, and the assumption that the statuettes were all made by men (Nelson 1990; Nelson 2008: 131-134). Some glaring instances of gender bias are the interpretations of the figurines as erotica, genre “Pleistocene pinup or centerfold girls” (Chard 1975: 182) fashioned to stimulate masculine sexual drives (Luquet 1930: 109-111; Kurten 1986: 113-114); as trophies celebrating acts of violence against women (Eaton 1978); or the early generalizing theories that postulated the use of the figurines as ‘fertility’ symbols propitiating the success of the hunt, assumed to be an all-male activity (Reinach 1903, Bégouën 1924, Breuil 1952).

In the context of prehistoric (and ancient) female iconography, the term ‘fertility’ is one of those catchwords often used as if it were self-explanatory (Nelson: 2008: 120). Does it refer to the female capability to become pregnant? To bear many children? As critical scholars have noted, these would have been unlikely concerns of Paleolithic peoples, since cross-cultural evidence of historical foraging societies suggests that they typically avoid having large families (Hays-Gilpin 2004: 50, cited by Nelson 2008: 120; White and Bisson 1998). As anthropologists have long stressed, when applied to human reproduction the notion of ‘natural fertility’ is a mere cultural construct; just like that of ‘natural birth’ (MacCormack 1982a: 2, Davis-Floyd and Sargent 1997). Yet, still featuring as the standard interpretation in many college-level anthropology textbooks is the monolithic ‘fertility’ function traditionally ascribed to the figurines, which underpins the idea of a Paleolithic ‘mother/nature/fertility’ goddess cult. And this despite the fact that, over the past decades, a range of new interpretative frameworks challenging such stereotypes and the purported sameness of the figurines have argued for their multiple meanings and functions (Nelson 1990). It has been proposed, for instance, that they not only depict motherhood but all the stages of the female life cycle, including the premenstrual and the postmenopausal (Rice 1981). Drawing ethnographic parallels with shamanistic cultures, some scholars have postulated that the figurines represent ritual practitioners/shamanesses, priestesses or clan ancestresses (Klíma 1962: 203-204; Abramova 1967: 81). Interestingly, it has also been argued that some of these portable images may be related to childbirth rituals, gynaecology and obstetrics (Marshack 1972: 282; 1996: 261; Pfeiffer 1982: 204; Conkey 1983: 222; Duhard 1993; McDermott 1996; McCoid and McDermott 1996; McClenon 1997; 2002: 48; White and Bisson 1998; Tedlock 2005: 33).

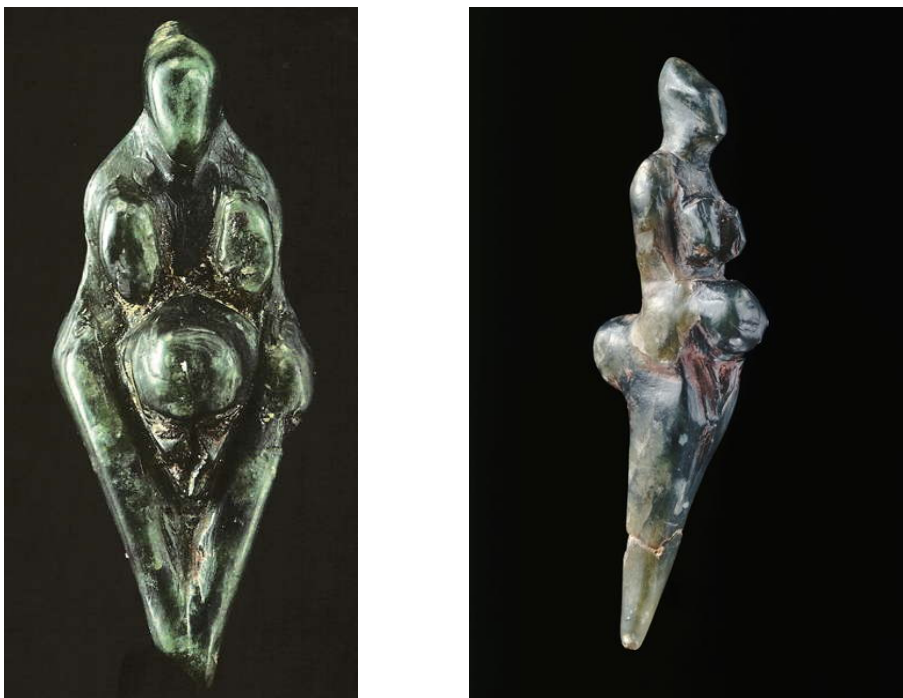


Figs. 11, 12: Limonite parturient figurine showing advanced cervical dilation. Monpazier, *c.* 20.000 BP

Marshack (1972, 1991), who viewed the Paleolithic female image as a time factored symbol of generalized fertility and renewal (birth-rebirth), was among the first to suggest that some of the figurines may have been pregnancy-childbirth amulets, or ex-votos offered out of gratitude for successful deliveries. He linked the centrality of the female in Upper Paleolithic iconography to myths related to women's primary processes, "including maturation, menstruation, copulation, pregnancy, birth and lactation" (1972: 282). Reflecting upon the Monpazier figurine and its finely carved gaping vulva (Fig. 12), Marshack claimed that such a view of cervical dilation "could probably only have been seen by a midwife or another female who was aiding in a delivery". Consequently, he argued, this image was possibly "created and used in a ritual seeking an easy and safe delivery" (1996: 261). The Monpazier figurine may thus have belonged to the self-made ritual equipment of a midwife, namely a female shaman, which should come as no surprise since most of the earliest graves interpreted as shamanic burials are female inhumations (see Chapter 3).

In their study of the figurines from the Grimaldi caves, White and Bisson establish that nine of them are pregnant and eight clearly parturient, as they display dilated vulvas (Figs. 13-14) or a crowning baby's head (1998). Some of these small portable images –

max. height is 8 cm – have suspension holes, traces of manual wear, and remains of red ochre (White and Bisson 1998); an earth pigment closely connected with reproduction, motherhood, blood, and with rituals and symbolism related to life and death/rebirth (Wreschner et al. 1980: 633; Marshack 1991: 18). Drawing careful analogies with ethnographic birthing figurines, White and Bisson posit that the Grimaldi statuettes were intended to protect pregnant and labouring women, whose main concern would have been surviving childbirth, rather than ensuring fertility in the sense of frequent birthing – a reproductive pattern not found among modern hunter-gatherers (1998).



Figs. 13, 14: The so-called ‘Lozenge’ and ‘Polichinelle’, green steatite figurines displaying full-term pregnant bellies and dilated vulvas. Grimaldi caves, c. 24.000-19.000 BP

In light of our species’ reproductive hazards, McClenon argues that therapeutic rituals likely benefitted females more than males, which may account for the occurrence of female figurines suggesting that “Paleolithic rituals involving fertility and childbirth were particularly important” (2002: 48). According to McDermott, “the first tradition of human image making probably emerged as an adaptive response to the unique physical concerns of women” (1996: 227). He posits that the Gravettian, Pavlovian and Kostenkian female figurines from Central and Eastern Europe may actually be women’s self-representations,

because their distinctive anatomical omissions and proportional distortions mirror how pregnant women view themselves when looking down upon their changing bodies (1996). McCoid and McDermott suggest that the figurines may have served as “obstetrical aids” devised to improve women’s “understanding of reproduction and thereby reduce infant and maternal mortality” (1996: 323). In view of the increased reproductive challenges brought about by anatomically modern pubic morphology, Conkey wonders whether “the mislabelled Venus figurines might have something to do with the development of innovative obstetric practices (midwives?)” (1983: 222).

As far as the pregnant-periparturient figurines are concerned, their association with obstetric practice is indeed plausible, since the pattern of assisted birth must have paved the way for the development of midwifery, and the increasing birthing difficulties further fostered its articulation as a structured *techne*. Early on in the Upper Paleolithic, improved midwifery skills may thus have included the therapeutic use of elaborated symbolic signifiers such as figurines. In other words, midwifery complexes may already have been in place at that time. Their articulation may even have played a significant role in the Upper Paleolithic transition; as scholars have repeatedly argued that visual symbolism and social bonding fostered by shamanic healing rituals played a major part in this transition (Winkelman 2002, 2004; McClenon 2002; Rossano 2009; Dickson 1990).

The earliest undisputed human figurine, found in the lower Aurignacian horizon of the Hohle Fels cave (Germany, 40.000-35.000 BP) (Conard 2009), is a small mammoth-ivory pendant with swollen breasts and prominent belly, displaying the enlarged vulva and splayed legs characteristic of parturition (Fig. 15). Morriss-Kay, who interprets this figurine as a newly-delivered female (2012), rightly contests male-biased views of the statuette as endowed with ‘exaggerated’ sexual attributes (Conard 2009), or as ‘bordering on the pornographic’ (Mellars 2009). The Hohle Fels figurine lay in the vicinity of a bird-bone flute (Fig. 16), one of the four recovered in the cave, which to date are the oldest known musical instruments (Conard et al. 2009). Significantly, the presence of “shamanic paraphernalia, including evidence of percussion instruments and bird-bone flutes”, is seen as suggesting the use of cave sites for shamanic rebirth rituals (Winkelman 2002: 76-77). Archaic midwifery remains largely unacknowledged as the full-blown shamanic practice it is. And yet the wise-woman’s expertise in the mysteries of (re)birth may have been the first shamanic *techne* to actually crystallize (see Chapter 3).



Figs. 15, 16: Mammoth ivory figurine pendant with enlarged vulva and legs spread apart, and bird-bone flutes. Hohle Fels cave, c. 40.000-35.000 BP

The typological variations of the figurines across time and space, their occurrence in a variety of archaeological contexts, and the polysemantic dimension of ethnographic figurines call, however, for broad interpretative frameworks. Among the fundamental insights from anthropology is that the human body often serves as a model for explaining society and the world (Synnott 1993, cited in Simkins 2014). Haaland and Haaland, who stress the symbolic multivocality of prehistoric figurines, argue that embodied representations may be viewed in terms of human concern with vital processes such as birth, growth and death; concerns which are often expressed metaphorically through analogies between human physical processes and cyclic phenomena in the macrososm, such as seasonal changes or celestial movements (1996). As Gilchrist points out, in many cultures the female body is regarded as a metaphor for social reproduction, and ethnographic evidence attests to the use of metaphors and figurines alluding to pregnancy, birth and female fertility *also* in male initiation rites (1999: 98). It is possible then that similar allegories and embodied representations were involved in prehistoric rites connected with the formation of male identity (Haaland and Haaland 1995: 118, cited in Gilchrist 1999: 98).

Every culture shapes its own concepts of illness, healing and therapeutics. Within shamanistic cosmologies, healing is frequently conceived as a rebirth process; myths on the origin of maladies and their cure are often closely connected with cosmogonic myths

that enable the sick person to make a new beginning of her/his life, “since the return to the origins gives the hope of rebirth.” In this semantic universe “life cannot be repaired, it can only be re-created by a return to sources” (creation-birth) (Allen 2002: 199). Within the broad context of therapeutics in symbolic systems patterned by the death-rebirth archetype, prehistoric female imagery may then have served for prophylactic purposes in women’s rites propitiating delivery and other passages in the multi-stage reproductive process (e.g. menarche, initiation to sexuality, pregnancy, nursing, childrearing); as well as in other gendered and ungendered ceremonies aimed to ease liminal transitions conceived as metaphorical rebirths (e.g. healing rituals, male initiations, seasonal changes, social crises, etc.).

2. 5. 2. Birthing symbolism in the Eastern Mediterranean: Çatalhöyük and Chalcolithic Cyprus

The female sexual cycle, namely the foundation of human existence (Buckley 2010: 213), remains a primary focus of attention in the iconographic record of the first farming societies. In the Eastern Mediterranean – and elsewhere in Eurasia – the anthropomorphic figurines commonly occurring in Neolithic and Chalcolithic sites often emphasize the female reproductive attributes (pubic triangle, vulva, breasts), pregnancy, and/or the squatting/kneeling position commonly associated with childbirth (Hutchinson 1938, Nelson 2008). Drawing from known archaeological and ethnographic parallels, Ucko proposed alternative interpretations to the traditional assumption that the female figurines represent ‘mother goddesses’; arguing that they could have been dolls, toys, images of ancestors, servants of the deceased, commemorative figures, used for mourning, in initiation rites, as teaching aids to transmit knowledge about sexuality, as vehicles for healing, or birthing amulets (Ucko 1968: 420-426). In reflecting on the kneeling, sitting and squatting figurines from Neolithic China, mostly found in domestic contexts and often described as ‘fertility figures’, Nelson argues that if fertility alludes to the ability to conceive, this might have been less of a concern for prehistoric people than maternal and infant mortality; and thus postulates that the figurines could represent requests to the powers for safe deliveries and healthy mothers and babies (2008: 120-121). Significantly, Hutchinson suggested that in Crete the Neolithic squatting figurines may have been related to the cult of (the midwife goddess) Eileithyia (1938: 57) (see Chapter 9).

Relevant in the context of Near Eastern prehistory is Çatalhöyük, which yielded birth-related iconography including explicit depictions of parturition. This large Neolithic site in southern Anatolia produced figurines of squatting (Hodder 2005: 2) and multiparous or postpartum females (Figs. 17-18); the famous statuette of an enthroned female giving birth to a child (Fig. 19) (Mellaart 1967: 139, figs. 67-68; 184, fig. 52; 157 Pl. 9); as well as several plaster reliefs of full-bodied figures with upraised arms and widely splayed legs, some with swollen bellies emphasized by concentric red circles (Fig. 20) and others described by Mellaart as delivering animals (e.g. a ram), that the archaeologist interpreted as images of birthing goddesses (1967: 76; 47, figs. 25-26; 113, 124-125, 127).



Fig. 17: Clay squatting pregnant figurine with the hands on the breasts. Çatalhöyük, c. 7th millennium BC



Fig. 18: Marble figurine of a postpartum or multiparous female with the hands on the breasts. Çatalhöyük, c. 7th millennium BC

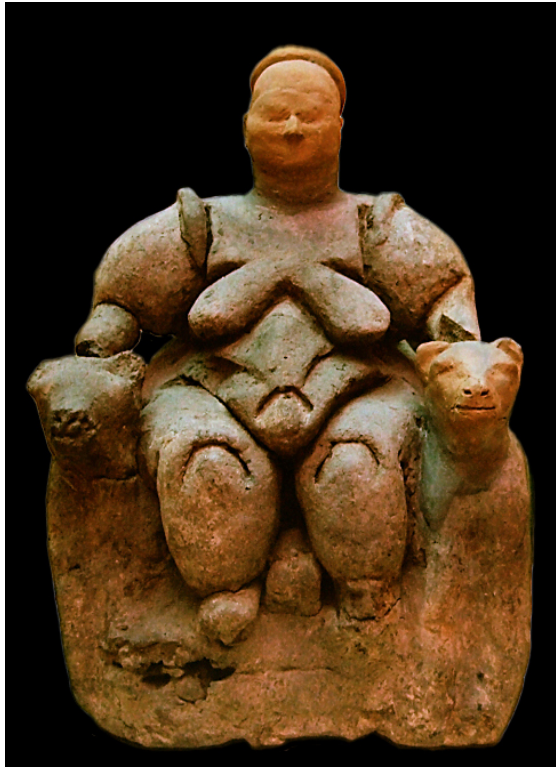


Fig. 19 : Clay figurine of an enthroned female in the process of giving birth. Çatalhöyük, c. 6000 BC



Fig. 20: Plaster relief figure with upraised arms and emphasized swollen belly, in the splay-legged stance suggestive of childbirth. Çatalhöyük, 7th millennium BC

The seal stamp of a bear with upraised arms and splayed legs found in recent years at Çatalhöyük led Hodder to argue that the plaster relief figures in the same bodily position represent neither women nor goddesses, but bears (2005: 2), or an “animal-human hybrid” (2006: 201). However, it is unlikely that modern dualistic assumptions such as that “a symbolic image cannot be a goddess because it is a bear” would have had any currency in prehistoric belief systems, as Marler and Haarmann remark in their approach to hybrid imagery at Çatalhöyük. Underscoring the long-lived religious association of the bear with ancestral female spirits/goddesses who oversee birth/fecundity/prosperity/healing in Eurasian shamanic traditions, ancient Greece,²¹ and European folklore, Marler and Haarmann alternatively propose that Çatalhöyük’s bear-female imagery may be evidence for the cult of a Bear Goddess fostering the birth-rebirth cycle (2007: 61-75). Plaster reliefs of women’s breasts found at the site – some associated with the splay-legged figures – contained embedded skulls of vultures, foxes and weasels, the animals’ teeth/beak protruding from the open nipples (Mellaart 1967: 101, 106, 126, 183). Interestingly, foxes feature as prominent spirit helpers in Eurasian shamanistic traditions, at times assisting midwives in their practice. As for the association of weasels with breasts, it may be noted that mustelids are connected with women and female therapeutics since prehistoric times in the Mediterranean, and play a relevant role in ancient obstetrics (see Chapters 3, 7-8).

Mellaart interpreted the birthing and broader female iconography at Çatalhöyük as evidence for the cult of a goddess overseeing the birth/life-death cycle of humans, animals and plants (1967: 181-183). Hodder and his team, in charge of the excavations for the past twenty-five years, have engaged in a systematic reinterpretation of the site’s symbolism primarily in male terms, as noted by Marler and Haarmann (2007: 50-51):

This new approach [...] focuses on the importance of “dangerous” wild animals which Hodder associates with with male “hunting-feasting-prowess-ancestry” rituals that, in his view, “dominated much of the symbolism at Çatalhöyük” (2006: 249). In shifting the emphasis from female to male, he writes, “We can talk about the violence, sex and death of the imagery at Çatalhöyük simply in terms of male prowess” (2006: 203).

This ideological shift may explain why the Çatalhöyük archaeological reports are reluctant to gender female figurines – ambiguously presented as human, anthropomorphic

²¹ At Artemis’ sanctuary at Brauron girls initiated into puberty ritually embodied she-bears.

or portraying “the familiar fleshy human form” (Meskell et al. 2015: 137); and why they tend to downplay, even obliterate, the site’s birth-related symbolism. When addressing the splay-legged plaster figures “with swelling, decorated stomachs” (Fig. 20), Meskell et al. stress that they “do not interpret this focus as a preoccupation with fertility or birth”, since in their view “there are no representations in the wall art of pregnant women, scenes of birth and so on” (2007: 280). Pregnancy or the broader reproductive process are hardly mentioned in their descriptions of figurines “with large breasts and protruding” or “markedly distended stomachs”, which are said to “emphasize non-reproductive female traits” in an artistic trend that reflects a “strong tendency for exaggerating the buttocks and stomach region” (Meskell et al. 2007: 278-279); leaving one to wonder whether the ‘distended stomachs’ reveal a form of chronic constipation, or some other unidentified malady affecting women at the site. The data reviewed here undermine such arguments and suggest that, whatever birth-related imagery may have meant at Çatalhöyük, it played a relevant role in the religious practices and beliefs of this Anatolian Neolithic community.

Of special interest in this discussion on prehistoric birth symbolism in the Eastern Mediterranean are the anthropomorphic figurines from Chalcolithic Cyprus. Those made of clay depict mainly nude females, often expressing aspects of sexuality and fertility including birthing (Campo 1994: 54-58). As for the stone specimens, the commonest are cruciform figurines mostly made of picrolite,²² whose broad distribution reflects an island-wide cult (Campo 1994: 51, 97). The cruciform figurines, including pendants, display outstretched arms and flexed knees in the squatting position reminiscent of parturition (Peltenburg 1992). Cruciform picrolite pendants are found in women’s and children’s burials (Peltenburg 1992; Bolger 2002: 72, 76), and one such ornament is worn by a parturient figurine from Kissonerga-Mosphilia (Fig. 23), which argues for their use as birth pendants “in life and death” (Peltenbug 1992).

The repeated association of these pendants with adult females and children, and the fact that none has to date been found in the grave of an adult male, suggests that women had restricted, differential access to the procurement of raw picrolite, and were centrally involved in the manufacture and exchange of the squatting picrolite figurines (Bolger 2002: 76). Significantly, where sex is clearly indicated on Chalcolithic anthropomorphic imagery, it is invariably female. And while the figurines and pendants are modelled in different shapes and materials, all seem related to birthing rituals. The fact that they are

²² Picrolite is a soft blue-green stone native in Cyprus.

found in domestic and funerary contexts demonstrates both the degree to which the birth icon permeated social life and the centrality of females in the rituals of 4th millennium BC Cyprus. Indeed, the symbolic emphasis on women's roles in fertility, pregnancy and birth suggests that they were highly regarded "as fundamental contributors to social reproduction and survival" (Bolger 2003: 105).

A pit at the site of Kissonerga-Mosphilia (Unit 1015) yielded a unique ritual deposit (*c.* 3000 BC) illustrating the impact that the symbolic system represented by the birthing figurines must have had on the beliefs and practices of Cypriot Chalcolithic communities (Bolger 2003: 105). The pit contained a building model, nineteen stone and clay figurines, and shells including a complete triton (Figs. 21-24) (Bolger and Peltenburg 1991, Goring 1991, Sharpe 1991).

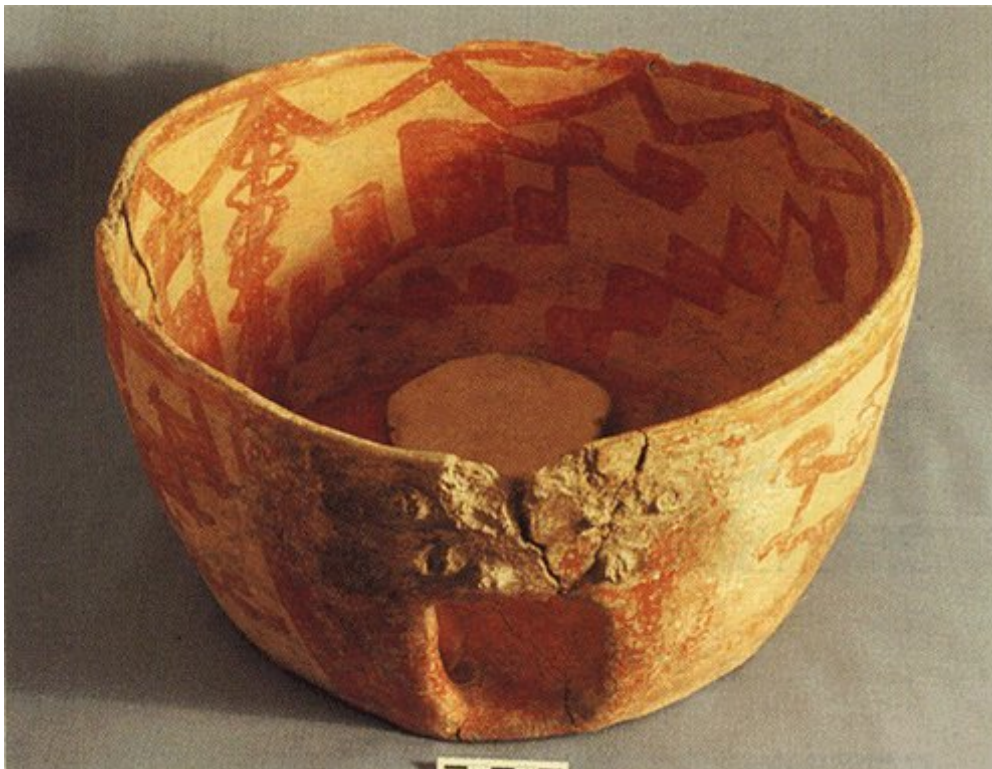


Fig. 21: Clay model of a roundhouse from the Kissonerga birth deposit. Cyprus, *c.* 3000 BC

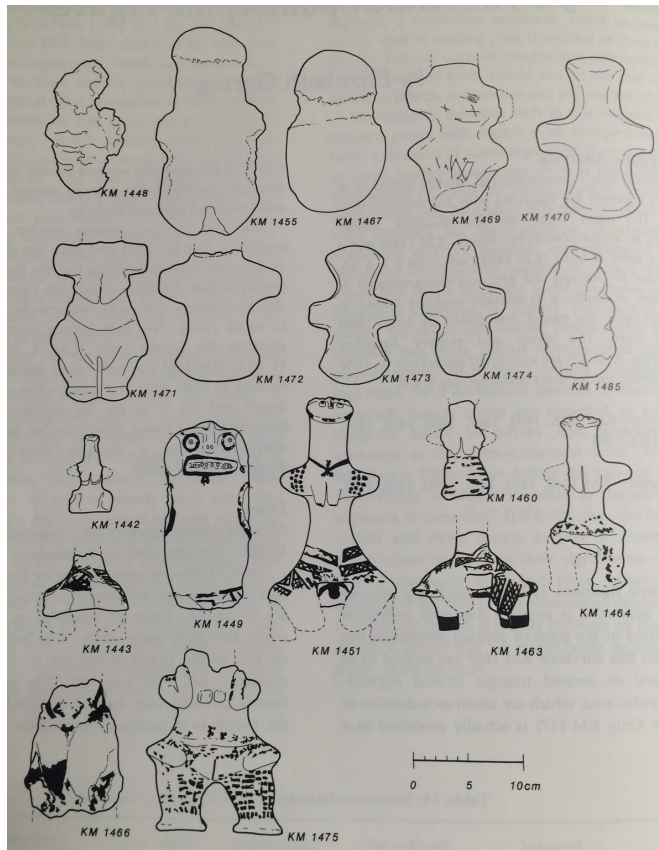
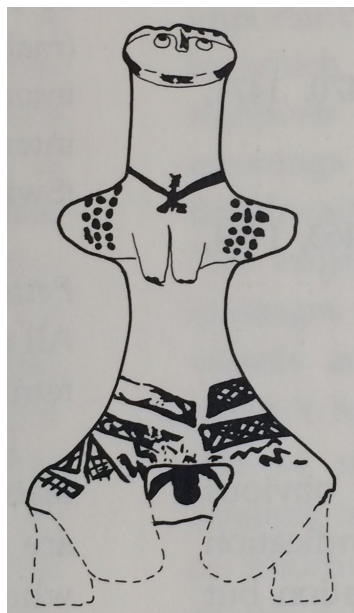


Fig. 22: Stone and clay figurines.
Kissonerga birth deposit



Figs. 23, 24: Clay parturient figurine with cruciform pendant
(KM 1451) and complete triton shell. Kissonerga birth deposit

Some of the figurines from the Kissonerga deposit are pregnant, and one clearly parturient, as an infant painted in red emerges between her splayed legs (Fig. 23); their postures – squatting, sitting on birth stools, upright with head flung back and outstretched arms – seem to indicate different stages or positions of childbirth (Fig. 22) (Goring 1991: 53). Goring, who has analysed the wear patterns of the figurines, suggests that the self-standing clay specimens could have served as teaching aids to transmit knowledge about pregnancy and birth, and the stone ones as charms to be clutched during labour (1991: 55). The figurines were found in and around the building model, a circular vessel replicating the roundhouses at Kissonerga (Fig. 21); the model had a door allowing to isolate the inner space from the outer world, which may point to the common practice of female seclusion during childbirth (Bolger and Peltenburg 1991: 12).

The pit containing the building model, the figurines and the shells hosted also heat-cracked stones, quern fragments, pestles, pounders, pebbles and a few vessels (Peltenburg and Thomas 1991, Elliot 1991). Similar heat-cracked stones were found in other nearby pits devoided of traces of white plaster that almost invariably coated hearths at Kissonerga; suggesting that such firepits may not have been the product of common domestic pursuits. An increasing number of studies in Mediterranean and Near Eastern archaeology show that burnt stones may be associated with cooking and brewing, but also to other processes ranging from sweating to the use of hallucinogenics (Barfield and Hodder 1987, Hodder and Barfield 1991, Ó Drisceoil 1988, cited in Peltenburg and Thomas 1991: 8). Peltenburg and Thomas have thus put forward the interesting suggestion that the association of hot stone technology with the extraordinary birth deposit and the surrounding pits could be indicative of the use of sweatbaths in childbirth and postnatal care; this obstetric therapy, broadly attested by cross-cultural ethnographic evidence, was in recent times practised in Cyprus, where women sat in heated *pithoi* (1991: 8-9).

The quern fragments found in the Kissonerga deposit bear traces of red pigment. Elliot argues that this pigment may have played a role in birthing rituals (body paint?), and relates the pestles, pounders, pebbles and vessels to the preparation of special foods, which are a feature of childbirth in many societies (1991). While this may indeed have been the case, the preparation of medicinal substances should also be taken into consideration in light of the rich pharmacopoeia commonly related to obstetrics. Surprisingly, no attention has been paid to the healing dimension of the plant remains associated with the Kissonerga birth deposit, encompassing *Heliotrope heliotropium* sp., *Astragalus* sp., clover or trefoil (*Trifolium* sp.), gromwell (*Buglossoides arvensis*), bedstraw (*Galium* sp.), mallow (*Malva*

sp.), a daisy-like plant (*Matricaria* sp.), and charred spores of Ascomycete Cleistothecia/Sclerotia (Murray 1991). Let us take a look at these plants in the context of midwifery practice:

- Heliotropium species have traditionally been used in Cyprus to prevent conception and induce abortion (i.e. as oxytocics).²³ In the Western Mediterranean, *Heliotropium europaeum* was employed to stimulate menstruation, namely as an emmenagogue (Font Quer 1988: 546).

- Astragalus or milkvetch (*Astragalus membranaceus*) is reputed to increase milk secretion (Scott and Jacobson 2005). In Chinese medicine plants of the genus *Astragalus* are used to help recover from childbirth and severe blood loss following traumatic injuries;²⁴ in Central Asia, to promote conception in barren women; in tropical Africa, to encourage fertility, relieve uterine pains after parturition, and enhance breast milk production (Quattrocchi 2012: 465-466). Tragacanth, a gum obtained from several species of *Astragalus*, was employed in 19th c. Western gynaecology as a soluble solid vehicle to introduce drugs in the uterine cavity (Mundé 1885: 249-250).

- Among the several *Trifolium* species indigenous of Cyprus is the red clover (*Trifolium pratense*),²⁵ which contains isoflavones reputed to relieve premenstrual and menopausal conditions (Castleman 2009: 388).

- Gromwell (*Buglossoides arvensis*) has a long cross-cultural history of use as a contraceptive (Watts 2007: 81-82).

- Medicinal properties traditionally attributed to bedstraw (*Galium* sp.) include easing childbirth, slowing the flow of blood, reducing fever, and soothing the nerves. As its name implies, bedstraw was once used to stuff mattresses. According to a medieval legend, the Virgin Mary delivered Christ on a manger lined with *Galium verum* (Lady's bedstraw); mattresses filled with it were deemed to boost fertility and relieve the pangs of labour (Runkel and Roosa 2009: 65; Watts 2007: 66, 221). Significantly, *Galium verum* features as a pharmacological attribute of Frigg/Freya, the Norse goddess assisting women in labour; the plant, used as a sedative, was called Frigg's grass (Howard 1987: 163).

- Mallow (*Malva* sp.) was employed in Classical antiquity to facilitate delivery and stimulate menstruation (Plin. *NH* 20. 84. 21); in Early Imperial China, it appears regularly

²³ See <http://cypruswildflowers.com/cgi-bin/site/main.pl?action=medicinal>

²⁴ See <http://www.askdrmao.com/natural-health-dictionary/astragalus/>

²⁵ See http://www.flora-of-cyprus.eu/cdm_dataportal/taxon/8dfabaf1-c560-4d07-a9c2-77824fad9b95

in medical prescriptions for childbirth complications (Lee 2013). In present-day Palestine, vaginal baths with a decoction of common mallow (*Malva sylvestris*) are a popular remedy to promote uterus postpartum recovery; the plant, eaten cooked for the same purpose, also serves to treat anaemia (Ali-Shtayeh et al. 2015: 89).

- *Matricaria*, meaning ‘of-the-womb’, derives from Latin *matrix*, *matricis*, on account of the medicinal use of these species in the treatment of uterine infections (Gledhill 2008: 252), irregular menstruation, and painful lochial discharges after delivery (Crellin et al. 1989: 209-210; Font Quer 1988: 812). According to Pliny, the *parthenium* – identified by Linnaeus with *Matricaria parthenium* – is a remedy for inflammations of the uterus (*HN* 21. 104. 30); and Dioscorides reports that the plants known as *anthesis* – identified by Linnaeus with *Matricaria chamomilla* and *Matricaria recucita* – promote the menses and have abortifacient properties (*Mat. med.* 3. 154).²⁶ *Matricaria aurea* presently features among the five top plants used in childbirth and infant healthcare in Palestine (Ali-Shtayeh et al. 2015).

- Interestingly, of the various pits documented at Kissonerga-Mosphilia, the only which produced spores of Ascomycete Cleistothecia/Sclerotia – and identifiable weed seeds more broadly – were the two containing ritual assemblages: Unit 1015, hosting the birth deposit, and the immediately adjacent Unit 1225, yielding seeds of fumitory (*Fumaria* sp.) (Murray 1991), a plant broadly used in ethnomedicine (Chandra Gupta et al. 2012). It may be noted that the Ascomycete fungus *Claviceps purpurea* (i.e. ergot) contains powerful oxytocic alkaloids used in obstetrics since antiquity (Hofmann 1978: 32-33; Ruck 1978: 117; Hart 1999);²⁷ ergot alkaloids are among the main oxytocic agents presently employed in biomedicine to prevent postpartum haemorrhage (Prendiville and O’Connell 2006: 101-102).

Further research is required to document the ethnomedicinal uses of these species in Cyprus, and find out whether the Ascomycete Cleistothecia/Sclerotia spores from Units 1015 and 1225 could belong to the genera *Claviceps*. Yet, brief as it is, the evidence reviewed here suggests that the plants associated with the Kissonerga birth deposit may have pertained to the local midwifery pharmacopoeia used in initiations to menarche, pregnancy, birth, lactation, and infant care. In any case, their therapeutic dimension in

²⁶ See Osbaldeston 2000.

²⁷ In the Middle Ages midwives administered ergot to hasten labour and prevent postpartum bleeding (Hart 1999).

traditional female medicine in the Mediterranean – and beyond – reinforces Goring’s suggestion that the deposit may have been part of the equipment of the community’s midwife:

The ritual nature of the deposit itself perhaps provides an indication that the figurines could have belonged to the community rather than to an individual. Is it possible that they comprised part of the tool kit of the community midwife/shaman, composed of teaching aids for initiation purposes and handling; charms for childbirth, and that all were buried together as part of a specific ritual event with no intention to retrieve them? The figurines point to the start of the life cycle. It is clear that they played a significant role in Chalcolithic society, fundamental to the continuity and transmission of life itself (1991: 55).

The predominance of birthing symbolism in Cyprus comes to an end in the 3rd millennium BC, within an overall framework of increasing social complexity that fosters changes in gender constructs, and patterns of kinship and descent; transformations which take place within the context of emerging family structures anticipating the rise of Bronze Age state-level society. Figurines and coroplastic scenes reflecting some of these changes include depictions of men and women as husband-and-wife pairs, scenes of everyday activities showing divisions of labour along gender lines, and unprecedented representations of females holding and nursing children (i.e. kourrotrophic images) which emphasize the re-defined social role of the woman as mother (Bolger 2002); as *mater* rather than *genitrix*, a conceptual shift pointing to an ideological decline of female status (Bolger 1996: 369, 371).

Prior to this paradigm shift, however, a symbolic system associated with life-cycle rituals of birth and death was in place in Chalcolithic Cyprus (Bolger 2002). The centrality of the birth icon and the preeminence of females in (re)birthing rituals suggests that a midwifery complex may lay at the core of this symbolic system patterned by the death-rebirth archetype; the same could apply to other prehistoric societies displaying an iconography with a strong focus on the female and the birth icon. In any case, Goring’s suggestion that the Kissonerga deposit may have been part of the professional equipment of the community’s midwife-shaman is consistent with cross-cultural archaeological data indicating that women played a central role in medico-religious practices before the

emergence of social stratification (see Chapter 3).

Gender biases in anthropological and historical research have long distorted and dismissed the primeval healing figure of the midwife. In the endeavour to develop a conceptual and methodological framework for the study of archaic midwifery complexes, we must therefore address the largely neglected topic of midwifery as a core shamanic *techné*; examine the relevant funerary evidence for female shamanism in prehistoric contexts; and identify the prototypical functions of the wise-woman in the ethnographic and historical records.

Chapter 3

‘She who knows’

The archaic midwife and her shamanic skills

3. 1. Seeing through words: The practitioner behind her names

Language is the archive of history...
The etymologist finds the deadest words
to have been once a brilliant picture.
Language is fossil poetry.

– Emerson 1903: 329

Any definition of health is at once a political, economic and social product (Larson 1991: 1), and the same obviously applies to the definition of health practitioners in any given therapeutic system. With the rise and consolidation of the biomedical model that has become the dominant paradigm in capitalist societies, the term ‘midwife’ has come to signify something quite different from its original meaning. It no longer designates the archaic *wid-wife* or *wyse wyff* (‘wise woman’),¹ the premodern healer who dealt with reproductive issues including childbirth, but whose knowledge and skills were not confined to this field of practice since she treated a broad range of ailments and medical conditions (Carleton 1840: 203; Wear 2000). Nowadays in the so-called developed countries ‘midwife’ alludes to a rather different kind of practitioner: one specifically providing prenatal, birth and postnatal care who is closer to a nurse/assistant than to a full-fledged healer/physician; as she is usually subordinate to the ultimate authority of the (often male) gynaecologist-obstetrician-surgeon within a highly specialized health system that has thoroughly medicalized birth, exacerbating the use of invasive surgical procedures (e.g. routine induction of labour, epidural analgesia, episiotomy, exceedingly high rates of cesarean deliveries, etc.).²

¹ ‘Midwife’ goes back to the Old English term *wid-wife*, ‘wise woman’ (Stol 2000: 171). A midwife sentenced to be burnt as a witch in Edinburgh in 1591 was locally known as the ‘wyse wyff of Keyth’ (Wilby 2005: 115).

² As Atlee wrote when describing the attitudes of his North American colleagues, “we obstetricians seem to think and act as if pregnancy and labor constitute a pathology rather than a physiologic process... Our entire basic medical education is so obsessed with pathology that it is practically impossible for us to think of any woman who comes to us as other than sick... Medicine [...] is perhaps the last remaining field [...] in which one can perform miracles. The emotional immaturity evinced in this yen to play God seems particularly to infect surgeons, and since as gynecologists we are also surgeons, we tend to carry over the attitudes and behaviors of our pathologic role as gynecologists into what should be our physiologic one as obstetricians... Yet how can we persuade ourselves to regard obstetrics as a physiologic manifestation when our vested interest lies in expanding its pathologic overtones?” (1963: 514-516). In the Western context, Dutch midwifery is

The archaic and the biomedical midwife may share the same appellation but the latter is a subordinate figure, whereas the former stands out as *the* foremost female healer; actually, as the most primordial of healers (Breckinridge 1927: 1147), practising medicine since time immemorial, far before – and then in parallel to – “the implementation of the historical scientific discourses that were to make a base for the present Western modes of interpretation” (Andreeva et al. 2014: 280). So, although the archaic and the biomedical practitioners are indistinctly called *midwife*, the two can hardly be compared because they belong to radically different medical cosmologies; that is, to therapeutic systems with differing and often conflicting ways of conceptualizing the being, the body and the cosmos, health, disease, gender roles, the functions and status of healers, and medical practice altogether.

Thus, when trying to grasp the figure of the archaic midwife we must necessarily set aside the anachronistic assumption that she was a secondary specialist, and obviously the ingrained ethno-androcentric conceit that she was primitive, ignorant and superstition-prone. These and other negative stereotypes, already apparent in Classical sources,³ were spread in the wake of the epistemological and technological changes brought about by the scientific revolution and the Enlightenment; in the resulting struggle between different health-care traditions, to stigmatize midwives as unsafe practitioners facilitated the penetration and appropriation by male barber-surgeons and university-trained physicians of an area of medicine that had traditionally been a female domain of knowledge and practice (Chapter 1, fig. 4) (Wiesner 2004: 63; Donnison 2004: 111; Lowis and McCaffery 2004: 21, 23; Hallam 2004: 25-26; Fahy 2007).⁴ In the endeavour to develop a general model for the study of archaic midwifery systems we first need to understand who are the practitioners articulating such systems, keeping in mind that the demise of the midwife as an authoritative independent healer constitutes a recent historical phenomenon; this

an exception to the rule; midwives are autonomous and powerful practitioners operating within a healthcare system reluctant to pathologize birth (Lowis and McCaffery 2004: 24-25).

³ See, for instance, Bettini 2013: 179-187.

⁴ Prior to this paradigm shift, in Britain midwives treating affluent women in urban contexts only summoned male practitioners in desperate situations, when obstructed birth resulted in the death of the mother or the infant. Barber-surgeons would then perform either a post-mortem cesarean to try to remove the foetus alive, or an embryotomy – dismembering the foetus *in utero* and remove it piecemeal in the attempt to save the mother – though the midwife might do that in any case (Wear 2000: 22; Hallam 2004: 25). When the forceps was developed, only licensed physicians and accoucheurs had the right to use this new obstetrical device, which enabled male practitioners to gradually become involved in life births (Hallam 2004: 25).

awareness is critical to avoid both the misguidance of scholarship projecting dismissive views onto traditional/ancient female healers, and our own misreading of the relevant primary evidence.

When first approaching the figure of the archaic midwife (henceforth simply ‘midwife’), reading into her lexicon is helpful to semantically frame the kind of practitioner we are dealing with and the nature of her expertise. What strikes the eye when looking at the midwife’s appellatives is her recurring identification with knowledge, wisdom, skill and expertise. Indeed, the names given to her in many languages indicate that in traditional societies she was regarded as embodying such gifts. This is still apparent in modern French *sage-femme* and Dutch *vroedvrouw*, which mean ‘wise/known woman’, as does *midwife*, a term deriving from Old English *wid-wife* (Stol 2000: 171). Cretans call her *mastorissa*, ‘she who is skilled’. For Catalans in the Pyrenees she is the *entesa*, ‘the expert’, ‘she who understands’. In Malay language she is known as *bidan*, a term derived from Sanskrit *vidvān*, ‘wise’ (Monier-Williams 1899). In Persian the midwife is called *ghobeleh*, ‘she who is competent’, ‘she who is worthy’,⁵ and in Turkish she is the *kabil*, ‘the capable one’.⁶

The association of this female healer with knowledge, wisdom, expertise and discernment goes very far back, in all likelihood to prehistoric times, since it is attested in the earliest written sources. Akkadian *šabsūtu*, ‘midwife’, is a loan from the Sumerian word *šà.zu*, ‘knowing the inside (of the body)’. The Old Babylonian *naditu*-women, performing as obstetricians, were said to ‘give the womb life by wisdom’, which is an idiom for midwifery. A Babylonian fragment on difficult birth refers to the practitioner as *la-mit-tum*, ‘she who learns’. The Hebrew and Aramaic term *h^ekāmā* means ‘the wise one’ (Stol 2000: 171-172). In ancient Rome the popular midwives were known as *sagae*, ‘sage/wise women’ (French 2004: 56). The same applies to divine/mythological midwives, who are characterized like their human counterparts. The Babylonian goddess Mama is *erištu*, ‘the wise one’, when she performs as the midwife of the gods (Stol 2000: 171). The Canaanite divine midwives who liberate the foetuses trapped in the womb are called Kosharot (*Ktrt*), namely ‘the skilled/wise ones’, ‘the cunning ones’, ‘the experts’ (Caquot 1970: 154; Lipiński 1995: 112; Stol 2000: 83; Archi 2013: 14, 17). As for the Greek Eileithyia, she is εὔλιτος, the ‘skilful spinner’ of fate (Paus. 8. 21. 3), while her companions, the Moirai, are βαθύφρονες, goddesses of ‘deep understanding’ (Pi. N. 7. 1).

⁵ Elisabeth Louy and Narimon Safavi, pers. comm. 14-3-2014.

⁶ Dimitra Silioli, pers. comm. 7-9-2014.

In a version of Herakles' obstructed birth (Paus. 9. 11. 3), the woman who against all odds manages to deliver Alkmene is called Historis, a name meaning 'she who knows', 'she who is learned', 'she who is skilful' (see Chapter 7).

This pervasively emphasized knowledge obviously relates to the ability to heal in the context of the mysteries of birth. But what *kind* of expertise is the midwife's lexicon alluding to? Can words further enlighten us as to what specific skill lies at the core of her *techne*? An illuminating clue to this issue is supplied by the Roman *sagae*, the 'sage/wise women', or rather, by their most ancient divine counterparts, the Carmentes/Carmentis/Carmenta; a multiple deity stemming from a pre-Roman religious stratum (Tels-de Jong 1960: 32). Fowler, for whom the Carmentes "may originally have been wise women whose skill and spells assisted the operation of birth", associates their divinization to the fact that "the spiritual origin attributed to superior knowledge transforms the owner of the knowledge into a divine person" (1916: 292). What is this superior knowledge about? Revealingly, Carmentis means 'she who par excellence knows, possesses, the *carmen*', or 'she who is the *carmen*'; namely the medical charm, the 'rhythmic formula', the 'religious chant', the visionary-prophetic incantations that cure ailments and help women bring forth (Tels-de Jong 1960: 29-58).⁷ Thus, the divinized *sagae* literally embody the mastery of the medical *carmen*. We have here a clear portrait of the wise-woman: she is the healer unsurpassed in the art of charming (< *carmen*). This suggests that the midwife's *techne* involved the ability to mesmerize/hypnotize/enrapture for therapeutic purposes, which was actually the case.

Like the Roman *sagae*, ancient Near Eastern wise-women mastered the charming skill since time immemorial; the oldest recorded birth incantation dates to the Fara period (Stol 2000: 60), when syllabic writing began. Healing spells and incantations, some containing medical recipes, were commonly used by Sumero-Akkadian midwives (Stol 2000: 59-73). And so did their peers in ancient Greece. Socrates, who among all crafts chose midwifery (*maieutike*) as the best metaphor for his wisdom-extracting philosophical method, states that the *maiai* were able to induce the throes of labour or quell them at will by giving *pharmaka* and chanting incantations (Plat. *Theaet.* 149c 9-149d 3). Among the Australian Wolmeri, the old women and those who had borne children went apart with the parturient and danced around her uttering songs "to make birth easier and charm the pelvis and the genital organs" (Kaberry 2004: 242). Yoruba birth-attendants utter incantations to

⁷ The use of incantations for healing purposes was common practice in antiquity. Charming an open wound to arrest haemorrhage is attested in the *Odyssey* (19. 455-458).

induce hypnosis (Madu and Jumo 1996);⁸ and analogous practices are found across time and space in premodern cultures (Bowen 1999: 424-425; Giladi 2015: 140, 142; Jones and Olsan 2015: 411; Carleton 1840: 204; Boriak 2002: 34; Rouhier-Willoughby 2003: 230). Singing songs, playing instruments, and the performance of mesmerizing gestures symbolic of loosening and unbinding formed indeed an important part of the traditional management of birth (Baur 1902: 82).⁹ Undoubtedly because, as stated earlier, rhythmic movements and sounds may trigger or intensify the (endogenous) trance of parturition stimulated by the ecstatic hormones involved in the birth process;¹⁰ these ‘charming’ techniques can arouse altered states of consciousness that ease pain, favour cervical dilation, facilitate delivery, and lessen the incidence of postpartum haemorrhage. Midwives induce these ecstatic analgesic states to treat or prevent medical conditions. And in many parts of the world they themselves enter trance to practice healing (Tedlock 2005: 33).

Ranging from light trance,¹¹ dream states and rapture to out-of-body and death-like experiences (Hultkrantz 1973; Walsh 1989; Nishimura 1987), altered states of consciousness constitute a basis for the training of medico-religious healers, who are found in all premodern societies (Winkelman 1990). Among such healers stands a therapeutic figure that scholars often designate by the anthropological term ‘shaman’ (*šaman*).¹² This

⁸ In the so-called developed countries, some hospitals have just about started to adopt hypnosis as a “highly effective technique” in the management of labour (Bienvenu et al. 2013). Within Western medicine there is an emerging interest in meditation and mindfulness techniques, previously ignored or even sneered at.

⁹ Ancient birth deities or daemons are at times depicted playing instruments or otherwise related to music. See Wolters 1892: 226; Roth 1992: 143; Spieser 2011.

¹⁰ Allen Rabuzzi offers a tantalizing glimpse into one such ecstatic experience: “As my baby crowned, I felt myself expand infinitely out-ward. This did not exactly hurt; it was on ‘the other side’ of pain, where *pain* is no longer an appropriate word. Possibly *ecstasy* will do. By whatever name, my unusual feeling simultaneously contracted me inward with such intensity that I felt myself compacting into a very dense version of my habitual self. A few years later I recalled this strange phenomenon when I read a description of a dwarf star, a star so imploded that, assuming an original circumference of a square mile, it is now the size of an orange. Yet it retains its original million pounds of weight. [...] How I could simultaneously feel *both* movements, I did not know. Accompanying them was a loud ‘pop’ which seemed to both trigger and form part of the two opposed movements. At the same time I was also ‘dying’, ‘being born’, and giving birth” (1994: vii). As Gaskin notes, however, orgasmic/ecstatic trance during labour and delivery “doesn’t seem to happen very much in women whose births are medicated with narcotics, epidurals or barbiturates [...]. This may be a significant reason why this phenomenon is so under-recognized by birth professionals and the general public” (2003: 161).

¹¹ The word *trance*, deriving from Latin *transeo* (< *trans*, ‘beyond’ + *eo*, ‘to go’), means ‘to go beyond’ (Nishimura 1987: 59).

¹² It must be noted that the use of the term *shaman* is contested. For some, it should be restricted to Northeast Asian practitioners on the grounds that shamanism is primarily a Siberian religious phenomenon (Anisimov 1963; Bowie 2000), while others claim that it applies only to healers from

word, borrowed from the Tungusic peoples of Siberia, denotes the specialist endowed with clairvoyance who, acting as a mediator between the human and the spiritual worlds, helps solve his/her community's problems, and assists individuals confronting critical transitions. The mastery of trance techniques and the interaction with spirit helpers for healing, divinatory and psychopomp purposes are among the defining features of the *šaman* (Eliade 1989, Hultkrantz 1973, Walsh 1989, Price 2001). Unsurprisingly then, indigenous societies often designate the shamanic practitioner with expressions that bespeak of knowledge, wisdom, skill and far-reaching sight. *Šaman*, deriving from the root *ša*, 'to know' (Hultkrantz 1973; Nelson 2008: 59), signifies 'the one who knows', a meaning also conveyed by the term for shaman in other cultures, such as Finnish *tietäjä*, Japanese *munusu*, Bella Coola *kusiut*, Nahuatl *tlamatiquetl*, and Quichua *yachaj* (Tedlock 2005: 24).

The wise-woman falls neatly into this category of healers associated with belief systems that perceive the world as an ensouled reality.¹³ Indeed, the shamanic capacity of the midwife that we found embedded in the very names given to her is cross-culturally attested. As argued below, the wise-woman, who masters the medical charm and other trance-inducing techniques, is 'the one who knows' the mysteries of (re)birth, the foremost specialist in life-cycle transitions, the one who helps the souls cross the boundaries between the worlds, namely the shamanic practitioner par excellence. So much so that she has been divinized since time immemorial.¹⁴ But before addressing the midwife's prototypical functions, let us review ethnographic and historical evidence for midwifery as a shamanic praxis; and pinpoint the main obstacles hampering the identification of women shamans, which in turn hinder the visualization of archaic midwifery complexes.

hunting-gathering societies (Winkelman 1990). However, many scholars employ the term shaman cross-culturally because a wealth of religious traditions across the world display key features of shamanism, including the use of trance/ecstasy, the soul-flight to other worlds/realities, and the interaction with spiritual helpers for healing, divinatory and psychopomp purposes (Hultkrantz 1973; Walsh 1989; Morris and Peatfield 2004).

¹³ I borrow this vivid expression from Price 2001: 3.

¹⁴ See Zimmermann-Kuoni 2012.

3. 2. Midwifery as a core shamanic expertise

In culture after culture I have found that
women shamans are nearly always midwives.

– Tedlock 2005: 206

Rarely acknowledged in the scholarly literature is the nature of midwifery as a *cross-cultural* shamanic expertise, and the remote antiquity of this female craft encompassing ritual, pharmacological and mechanical skills. Owing to these omissions the wise-woman's *techne* is yet to be recognized as a primeval cultural achievement having far-reaching implications in the (pre)history of medicine and religion. The most common pitfalls awaiting investigators on the topic arise from presentist views of the archaic midwife as a mere 'birth attendant' (see Chapter 4); and obviously from the androcentric bias pervading mainstream approaches to ethnographic, historical and archaeological data that are relevant to a broader understanding of medico-religious practices and associated belief systems across the world.

In her pioneering study of Aboriginal Australian women, Kaberry stressed that "women's rites associated with childbirth and menstruation have often been unrelated to the general context of religion, treated cursorily, and as a minor feature of native life" (2004: 219); a statement that applies more generally to early (and not-so-early) anthropological studies, and may be further elaborated in the context of this research. As we saw, in premodern societies birth and menstruation-related rituals lie at the epicentre of female bodies of therapeutic knowledge and practice; these rites, particularly those enacted to ease parturition, have an indisputable healing dimension and are inextricably linked to pharmacological and mechanical performances. Hence, when researchers treat such rituals cursorily, if at all, the practitioners involved (e.g. women shamans), their therapeutic lore and related cosmological underpinnings remain either unrecorded, or are underplayed and displaced from the general context of religion *and* medicine.

Tedlock, one of the rare scholars identifying midwifery as a cross-cultural shamanic expertise, rightly argues that the existing evidence on women shamans is often wilfully misread. When discussing this distorting bias, she addresses some common misconceptions that foster the invisibility of female practitioners, such as the idea that shamanism is primarily related with hunting, and the associated myth of man-the-hunter as

the primordial shaman (2005: 64-69). Tedlock also raises another critical issue, namely the enduring impact of Mircea Eliade's erasure and dismissal of female shamans in his most influential but inaccurate book *Shamanism: Archaic Techniques of Ecstasy*. As Tedlock points out, although the written historical record attests to the common occurrence and high status of women shamans in Siberia, nearly all the Northeast Asian practitioners described by Eliade are men. He views the predominance of women shamans in Korea as a "deterioration in traditional shamanism"; and portrays the Mapuche female shamans of Chile as "sorceresses" engaged in evil doings. He states that women shamans in ancient China were "possessed persons of a rudimentary type", despite the fact that one of Eliade's sources on the topic, the authoritative Groot, notes the predominance of female practitioners in early Chinese shamanism and their regard as great healers. As for Japanese shamanesses, Eliade dismisses their rituals as mere "techniques of possession by ghosts", depicting them as spiritualists; here again Eliade disregards his own primary sources revealing that the earliest and most powerful shamans in Japan were women, the highly respected *miko*, who only became relegated to the 'folk' tradition under Buddhist influence (Tedlock 2005: 63-64).

Within interpretative frameworks resting on the overarching misconception that the shaman is originally and normatively male, the woman shaman becomes a deviant or, at best, uncommon figure if mentioned at all. Many are the ways by which scholars who are reluctant or simply unable to conceive women as competent ritual specialists downplay, bend or dismiss the existing evidence for shamanesses. They may conflate female practitioners with their male counterparts under the not-so-gender-neutral term 'shamans'; re-gender women shamans as 'medicine-men';¹⁵ demote shamanesses to the subordinate role of 'wives' or 'assistants' of their male colleagues;¹⁶ or label them as 'witches', 'sorceresses', and the like. Worth reporting here is also the binary divide often established between (male) shamans who exert *active* control over supernatural forces, and *passive* (female) mediums who are possessed by the spirits;¹⁷ it has even been argued that women's "propensity to be easily impressed" and "to become possessed by spirits" is a "function of their abnormal psychology" (Yanagita 1990: 25, as cited in Kawamura 2003: 261).

¹⁵ See, for instance, Otto 1948: 13, as quoted by Porr and Alt 2006: 396.

¹⁶ See Arutiunov and Sergeev 2006: 132, and the telling cases reported by Tedlock 2005: 70-72.

¹⁷ See, for example, Winkelmann 1990: 316, 340-342. As Nelson has noted, the scholarly distinction between those who are believed to journey to the spirits (shamans), and those in whom the spirits descend (mediums) may at times prove useless (2008: 58).

While openly demeaning views on women are readily identifiable, the critical eye should beware of more subtle forms of sexism; beware, for instance, of the gender politics of translation that may be at work to mask the female shaman emerging in the record. Tedlock reports the case of an ethnographer who rendered “the Quichua word *yachaj* (literally ‘the one who knows’) as ‘powerful shaman’ when he referred to males, but as ‘master-potter’ when he referred to females. With this seemingly simple act of translation he removed women from a spiritual role and placed them in a secular feminine one.” Another instance is that of the *putari*, the indigenous term for the Australian shaman which was first translated as ‘witch doctor’ and thought to refer to men only; it was later discovered that midwives were also *putari*, like other herbalists and traditional healers with shamanic powers (Tedlock 2005: 70).

Clearly then, the willingness to theorize man as universal that underpins early and not-so-early scholarship on shamanism obscures the relevance of female agency in traditional healing practices, much to the disservice of knowledge. However, more inclusive approaches to the ethnographic and historical records reveal the common occurrence of women shamans in many medico-religious complexes across the world; and also shamanic traditions that are originally female. Moreover, gender-sensitive scholars have begun to recognize midwifery as a full-fledged shamanic *techne* in an increasing number of indigenous healing systems. Significantly, Tedlock argues that women shamans are nearly always midwives because the act of helping souls cross from the other world into this world lies at the heart of feminine shamanic traditions worldwide (2005: 206); a most insightful argument that we shall develop further after reviewing the evidence for midwifery as a cross-cultural shamanic practice.

In Mesoamerica midwives, bonesetters, and snake and spider-bite specialists all join the ranks of healing shamans (Tedlock 2005: 208). Among the ancient Aztecs, the women tended to be the healers; because they practised divination and engaged the spiritual world in their curing, the *ticitil* (a generic nahuatl term for physician or midwife) was sometimes regarded as a sorceress in colonial times (Anderson 1997: 81). The functions of Aztec midwives went beyond practical healing, since they officiated at rites marking the main life-cycle transitions: childbirth, the naming of the newborn, puberty rituals, engagement ceremonies, and marriages of the children they had brought into the world (Tedlock 2005: 248; 2008). In San Pedro La Laguna (Guatemala), the Mayan word for midwife is *iyom*, “but the role so designated embraces a wider range of attributes than is currently conveyed by the English term midwife or either of its Spanish equivalents

(*partera, comadrona*)”; because, “like the shaman, her calling is divine, she mediates between the mundane and the supernatural world, and she performs rituals to safeguard the lives of her patients” (Paul and Paul 1975: 707). Likewise, in the traditional Andean health system *parteras* (midwives), *curanderos* (folk doctors), *entendidos* (‘those who understand’) and herbalists are among the medical practitioners who enlist spiritual help in their curing (Pratt 2007: 21). Among the Australian aborigines, female *putari* are the shamanic figures holding specialized knowledge in reproductive issues such as menstruation, childbirth, contraception, etc. (Berndt et al. 1993: 193); but owing to their skills in herbal and folk remedies, their healing activities transcend what we term midwifery (Bell 1998: 337-343); significantly, the only consistent use of herbal medicines observed by Bell among the Warrabri people of Central Australia was that of plants and herbal preparations in the childbirth rituals (1997: 151).

Dais (midwives), herbalists, bonesetters and pulse specialists are among the traditional folk healers still practising in India, especially in rural areas and slums (Chawla 2006: 138, 284). When discussing the figure of the *dai*, the Sanskrit scholar and historian Sukumari Bhattacharji stresses that she performs the “only rites where a new life enters the earthly plane”, and portrays her as follows:

The *dai* is a substitute priest working between two worlds (like the priest’s intermediacy between the sacred and the mundane). She mediates the prenatal, foetal, and the parturition/postnatal. And, like the priest, or more like the shaman, she discharges her function through control of the spirit world. This is because there are demons which seek to delay, prevent or muck up the birth (causing a defective or stillborn babe or the postpartum diseases or death of the mother). Birth means the advent of a departed soul in a new incarnation, a fact which has cosmic significance, hence other hostile souls/spirits/persons seek to prevent it. The *dai*’s unique position is equivalent of a shamaness’s (Chawla 2002: 151-152).

The same applies to Balinese midwives (*balian manak*), who join bonesetters, masseurs, peddlers of curative substances and diviners in the category of therapists called *balian*, namely consecrated practitioners performing many priestly functions. Visionary experiences, when publicly recognized and ritually endorsed, establish their claims to be *baliangs*; that is, *sakti*, ‘spiritually powerful’ mediators between the human world and the

deities, ancestors and demons who compose the supernatural realm. According to popular understanding, each Balinese comes to the world with four elder siblings who provide protection throughout life and link the individual with the cosmic forces. These spiritual siblings, whose physical manifestation at birth are the placenta, blood, amniotic sac and amniotic fluid, are represented by parts of the body, dances, mantra syllables, topographical/natural features, temples, and symbols of the alphabet. Such spiritual siblings guide the *balian*'s practice and invite her/his guardian deity to choose the spirit or deity who will take her/him over in the healing session. Of all *baliangs*, midwives are the ones who have been most successfully incorporated into the modern healthcare system (Connor et al. 1986: 21-30, 107). Javanese midwives, who belong to the category of healers called *dukun* (i.e. 'shaman' or 'ceremonial specialist') engage in practices similar to those performed by their peers in Bali (Tedlock 2005: 218- 220).

When the Spanish colonized the neighbouring Philippines in the 16th c., female *baylan/balian* were the religious leaders of the local communities, and the few existing male shamans, the *bayog* or *asog*, dressed and performed as women. Midwives, who practised among the *baylan*, used to summon the aid of 'the first midwife' of the world; and after the safe delivery of a child a pig was sacrificed to thank that primordial shamaness and keep her appeased for future births. Eager to suppress indigenous practices and beliefs, the Spanish missionaries introduced Catholic male saints such as the man-midwife Ignatius to bestow protection on women in childbirth, and actively promoted the demonization of the *baylan* by stigmatizing her as a 'witch', 'she-devil', 'infernal woman', and the like (Brewer 2004: 83-99). But traditional medico-religious practices and beliefs are extremely tenacious. The Filipino midwife, called among others *hilot* ('massage') and *ambuya* ('grandmother'), has held a most important role in rural communities; as besides providing pregnancy-birth-postpartum care, she advises families on their health problems, cures various diseases, treats sick children, performs menarche and marriage rituals, and is "consulted about almost anything experienced in the course of village life" (Verderese and Turnbull 1975: 4, 8, 10). Apostol, a Filipino healer, reports the case of his grandmother, an eminent midwife with broad therapeutic skills including bone setting, who was destined to engage in midwifery because she was the outcome of a difficult (breech) birth (2010: 2-3); an instance of the widespread shamanic belief that those who overcome critical conditions have the healing gift.

In Manchuria, midwives, herbalists, specialists in divination and bonesetters all practice as healing shamans, impersonating the spirits or deities with the help of whom

maladies are cured (Bing-an 1989). The same holds true for Mongolian midwives, the *bariyachis*, who were particularly skilled in mastering the fox spirit. In Inner Asia giving birth was symbolically akin to death, so when assisting a delivery the *bariyachi* summoned supernatural helpers to bring the mother and child back to the world of the living. She prayed to Ome Niang Niang – the moon-goddess overseeing birth and childcare – uttered spells and called down the fox spirit, who would take her over and guide her steps throughout the delivery (Humphrey and Onon 1996: 323; Stutley 2003: 68-69). We shall further address the role of animal helpers in midwifery, particularly that of mustelids (e.g. weasels, martens, badgers) (see Chapters 7-8). So worth noting here is that the fox and the weasel headed a group of sacred animals broadly worshipped in China in association with shamanic practices (Kang 2006: 47-49). And in Japan, before it came to be labelled a ‘witch animal’, the fox was considered a benevolent protective deity that would bestow on worshippers its power of clairvoyance and healing (Blacker 1999: 65). In the Tohoku area, the paraphernalia of the wandering shamaness (*Kuchiyose-miko*) included a bead rosary strung together with polished skulls and fangs of fox, mustelids (badger, sable), bear or antelope; when someone had died of childbirth complications or met an unnatural death, the *Kuchiyose-miko* was required to perform the ‘opening of the dead person’s mouth’, a ceremony deemed essential for the salvation of the departed soul (Hori 1974: 206-207).

The evidence reviewed so far indicates that in many indigenous societies across the world midwifery is a core shamanic *techne*; an expertise often encompassing healing practices and transition rituals that far transcend the specific domain of pregnancy-childbirth. The shamanic functions of the wise-woman call thus for a detailed analysis. But before engaging in this venture, a Western construct that hampers the identification and study of archaic midwifery complexes needs to be thoroughly contested: the myth of the shaman as an originally male practitioner.

3. 3. Midwives in the prehistoric funerary record?

The midwife's calling is so ancient that the medical and nursing professions, in even their earliest traditions, are parvenus beside it...
As a calling it is more than primeval; it is primordial.

– Breckinridge 1927: 1147

When attempting to trace the origins of midwifery we argued that it may have been the earliest shamanic expertise to crystallize, as this broad-ranging healing craft embedded with powerful metaphors of (re)birth=(re)creation=continuity developed in response to *Homo*'s reproductive flaws. That is to say, as an integrated medico-religious response to the high rate of maternal and infant morbidity and mortality that has been a major social concern across the ages; a concern persisting throughout the vast span of prehistory, affecting all historical communities until very recent times, and still lingering in many parts of the world. Mainstream narratives on shamanism readily disseminating the conceit of the shaman as primordially male (e.g. Eliade 1989, Clottes and Lewis-Williams 1998) erase at the stroke of a pen the relevance of women's agency in the shaping of early medical epistemes. But as persuasive as such narratives may be, neither the historical nor the archaeological record provide any consistent support to the assumption that the shaman was originally a male practitioner. This idea relies not on the existing evidence, but on essentialist notions of gender pervading dominant Western epistemologies. It must therefore be challenged, not with alternative mental constructs, but with indisputable data on shamanistic traditions in which women have played a central role.

As reported earlier, when the Spanish landed in the Philippines in the 16th c. AD women shamans (*baylan/balian*) were the communities' religious leaders, and the few existing male practitioners (*bayog/asog*) dressed and performed as women; it was the Catholic missionaries who fostered the semantic reversal of the highly respected figure of the *baylan* by stigmatizing her as a 'witch' (Brewer 2004: 83-99). Shamanesses had traditionally outnumbered shamans in Korea (Hori 1974: 181) before the female-led household religion was barred from official Buddhist and Confucian rituals. Indeed, Korean shamanism "was suppressed by official decree, and its female practitioners were social outcasts; midwives, meanwhile, were condemned by neo-Confucianism in the Song dynasty as a 'despised' female profession" (Birn and Kendal 2008: 433).

In Japan the oldest shamanic figure attested in the archaeological and textual records is the Shinto *miko*. This sacral woman serving in shrines across the land engaged in trance and performed as a sibyl in the late prehistoric period. From some *haniwa* terracotta figures (5th-6th c. AD) confidently identified as female shamans, it can be inferred that the ancient *miko* was attired with a flat headdress, a girdle, a mirror, bells, a bow, quivers of arrows, and strings of *magatama* beads twined about her arms and hair; a panoply partially recalling that of Siberian shamans (Blacker 1999: 104-108). In the Ryukyu Islands (Japan), where the belief in female supernatural power survived until recent times, only women had the faculty for invoking the spirits, and when a man “required such power for the exercise of his office ... [he] was entirely dependent on a woman relative for its acquisition” (Blacker 1999: 113). Significantly, among the Ainu from Hokkaido (Japan) midwives played a crucial role in the transmission of spiritual, pharmaceutical and medico-physiological wisdom and skills; to date they are the most important keepers of the shamanic heritage of their people (Tanaka 2004: 660).

In Japan the general term for the shamaness is *miko*, but no specific word exists to generically denote her male counterpart (Hori 1974: 181). In ancient Chinese texts, the term *wu* (shaman) could be applied to both female and male practitioners, though sometimes a different word was used to signify the latter; suggesting “that the first shamans were women, since the unmarked member of the pair is female” (Nelson 2008: 5). According to Bing-an, our anthropological term shaman (*šaman*) was originally a Jurchen¹⁸ word denoting female shamans only, the term later becoming widespread among the Tungus-Manchu peoples (1989: 263); in Manchuria a woman shaman was the heroine of *Wubuxiben Mama*, the earliest known shamanic epic (12th c. AD). Historical evidence attests that women were the most numerous and powerful shamanic healers in all of Central Asia between the 12th and the 14th c. AD; and the only practising shamans among the Altaian nomads of Siberia from the 4th to the 8th c. AD (Tedlock 2008: 31-32).

Bogoras, Troshchanski and Stadling, who were among the first ethnographers to study Siberian shamanism, believed that in former times only shamanesses existed; and argued that the male shaman was a later development which to some extent supplanted females when the practice shifted from family to professional shamanism. The scholars put forward several arguments to support this theory: 1) the fact that nearly all Neo-Siberians have a common term for shamaness, while each of the tribes has its own name for the male

¹⁸ The Jurchens are a Tungusic people indigenous from Manchuria (presently Northeast China).

shaman; 2) the prominent position of shamanesses in many contemporary Siberian tribes; 3) several tribal traditions according to which the gift for shamanizing was first granted to women, such as the Mongolian myths of goddesses who were both shamanesses and the bestowers of the shamanic gift on humankind; 4) and, last but not least, the feminine attributes often displayed by men shamans (e.g. iron circles representing the breasts, female attire, habits and privileges) (Czaplicka 1969: 244, 247).

The association between shamanic power and gender ambiguity is a widespread phenomenon documented among many Siberian groups, the Sámi of Fenno-Scandia, the Hungarians of Central Europe, the Central Asian Uzbek, the Araucanians, the Burmese Patagonians, several North American tribes and other indigenous peoples across the world. Cultures that envision the feminine as an all-inclusive principle often ascribe a special status to men who are able to transcend the limits of masculinity; within such cosmologies the gender variance of the male shaman is not just accepted but expected (Pratt 2007: 184; Hollimon 2001). Nevertheless, the gender ambiguity of male shamans – often called ‘soft’ or ‘transformed’ shamans – has been alternatively interpreted “as their appropriation of birth symbolism and power from women”, which may be exemplified by instances where they perform as ‘male mothers’, have spirit ‘husbands’, or ‘give birth’ to animals in an altered state of consciousness (Hollimon 2001: 126). Some shamans argue, however, that bringing together both feminine and masculine symbols is essential for successful healing (Tedlock 2008: 32).

Be it as it may, narratives portraying shamanism as an originally male expertise remain unsupported by the prehistoric funerary record, which suggests instead an intimate association between women and shamanistic practices. Cross-cultural research indicates that shamans are often buried with artefacts reflecting their medico-religious role in life, such as remains of particular animals and contents of healing kits (Grosman et al. 2008: 17668). Claassen reports that in the Shell Mound Archaic sites (5.500-3.000 BP) of the Eastern United States, “a significant portion of the excavated ceremonial equipment – medicine bags, turtle shell rattles, and flutes – was found with women” (1991: 289). As for the Eurasian context, most of the prehistoric graves thought to be shamanic burials belong to female individuals, some of whom display congenital pathologies that have been interpreted in accordance with the ‘wounded healer’ archetype;¹⁹ since among the tenets of

¹⁹ On the wounded healer archetype, see Halifax 1982.

shamanism is the belief that those surviving challenging ordeals/pathologies are gifted with healing and spiritual powers.²⁰

One such grave (DV-III-1949), unearthed at the Upper Paleolithic site of Dolní Věstonice (Czech Republic, 29.000-24.000 BP), hosted a female skeleton placed beneath two mammoth scapulae.²¹ The woman, who had been sprinkled with red ochre, held in her fist canines and skeletal parts of a polar fox, and near her head was a flint point. Her left maxillary joint had a deformation that physical anthropologists link to peripheral paralysis of the nerves of the cheek. Remarkably, the carved ivory head of a female and an engraved human face found at the site portray this same pathological feature, which suggests that they may be depictions of the ‘wounded’ woman thought to have fulfilled a leading religious role in the community. Dolní Věstonice yielded other significant finds associated with ritual practices and beliefs. Among them are many fragments of clay animal figurines; and a clay female statuette with large breasts and ample womb found in a hearth that Klíma, the excavator, regarded as the ‘ancestral/primordial mother’ protectress of the (matrilineal) clan (1962: 199-204).²²

Excavations at the Natufian cave site of Hilazon Tachtit (Israel, 12.000 BP) revealed a burial that is unprecedented in the archaeological record. The grave, very elaborate, contained the remains of a *c.* 45 year-old woman with congenital skeletal pathologies that would have affected her gait. Her body had been carefully arranged with a unique array of goods that typically occur in (later) shamanic burials. These comprised 86 tortoise shells (*Testudo graeca*), selected body parts of a wild boar (*Sus scrofa*), a golden eagle (*Aquila chrysaetos*), a leopard (*Panthera pardus*), a cow (*Bos primigenius*); an articulated human foot, a pointed bone tool, and a basalt bowl fragment. Flanking the woman’s hands lay the skulls of two stone martens (*Martes foina*) with no skinning marks, suggesting that the mustelids’ crania were buried with their skins attached (Fig. 1) (Grosman et al. 2008; Grosman and Munro 2016). Relying on ethnographic parallels, the woman has been confidently interpreted as a shamaness; a healer closely bonded to the spirits of the animals that accompanied her to the afterworld (Grosman et al. 2008).

²⁰ As with the ordeal of being born by breech birth in the Filipino example reported above.

²¹ In the ethnographic record of the northern Far East, animals’ scapulae served as instruments for divination (Kiriya 2007: 150).

²² These are to date the oldest known ceramic productions (Klíma 1962: 199).

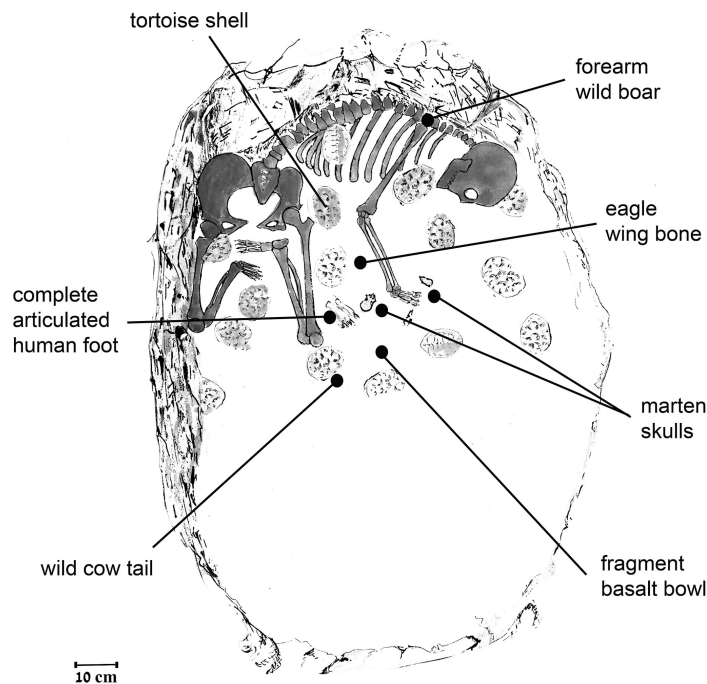


Fig. 1: Remains of a woman thought to be a shamaness, whose funerary array included 86 tortoise shells and two marten skulls. Hilazon Tachtit, Israel, 12.000 BP

This grave is particularly relevant to our topic. No attention has been paid to the significance of the shamaness' association with *both* tortoises and mustelids. And yet, in later Mediterranean traditions tortoises (shells and figurines) are commonly offered to divine midwives, and mustelids sacred *only* to such goddesses; the association of mustelids with birth-midwifery is so tenacious that it has survived into modern times, leaving pervasive traces in the historical, ethnographic and linguistic records (see Chapters 7-8).

When discussing Neolithic birth-related iconography from Çatalhöyük in Anatolia, we mentioned the occurrence of weasel skulls embedded in plaster representations of breasts, the animals' teeth protruding from the open nipples (Mellaart 1967: 101, 106, 183). With this imagery in mind, attention must be drawn to a remarkable female burial from Çatalhöyük that remains surprisingly unstudied despite its acknowledged relevance in the 1999 excavation reports. Indeed, burial 513 (building 6, space 163) is recorded as “a very interesting grave because of [the] red ochre spread under [the woman's] body”.²³ However, this burial is very interesting also for other reasons that seem to have gone unnoticed. The

²³ See <http://www.catalhoyuk.com/database/catal/featuresheet.asp?num=513>

woman had possible vertebral pathologies,²⁴ which again evoke the ‘wounded healer’ archetype. But what is most striking is that she was interred with a complete weasel skeleton and the bones of a puppy dog,²⁵ her burial, in the centre of a room, was surrounded by the graves of six neonates/infants (Hamilton 1999). The woman’s association with a weasel and a puppy calls for attention because *both* animals fulfilled important therapeutic roles in later Mediterranean midwifery. Wise-women in Anatolia used puppies in rituals intended to foster conception, purify and ward off death (Collins 2006: 173-174), and dogs/puppies were customarily offered to midwife goddesses in the ancient Near East and Greece. According to the textual record, however, only two of these deities patterned on the wise-woman bear both the weasel and the dog as attributes, Eileithyia and Hekate (see Chapters 7-8); significantly, the cult of Hekate, who displays the weasel as a sacred attendant (Ant. Lib. 29. 4. 1) and to whom puppies were typically sacrificed (Dillon 2002: 246-247), is thought to have originated in Caria, namely in Southwestern Anatolia (Marquardt 1981: 250; Boedeker 1983: 80). Since birth-related practices are extremely tenacious, and divine midwives bear the emblems of their human counterparts (see Chapters 4, 7), it is possible that the female in Çatalhöyük’s grave 513 was a midwife=wise-woman=shamaness interred with the animals relevant to her healing practice.²⁶

One of the richest Mesolithic tombs in Europe, found at the site of Bad Dürrenberg (Germany, 9000-8000 BP), has successively been interpreted as belonging to a ‘medicine-man’ (Otto 1948: 13), a ‘healer’ (Geschwendt 1972: 91), and a ‘female shaman’ (Grünberg 2001: 156; Porr and Alt 2006: 396). The grave, filled with red ochre, contained the bones of a woman (*c.* 25-30 years old); fragmentary remains of a neonate (*c.* 4-6 month’s old) possibly buried between her legs; and an exceptional funerary array comprising 65 fragments of tortoise shells, 120 fragments of sweet-water mussels, 50 pendants made from teeth of several animals (*Bos*, *Bison priscus*, *Cervus elaphus* and *Capreolus capreolus*), a crane bone container with 31 refined microliths, and a polished axe. Osteological analyses of the female skeleton have revealed “a pathological structure in the

²⁴ See <http://www.catalhoyuk.com/database/catal/featuresheet.asp?num=513>

²⁵ See <http://www.catalhoyuk.com/database/catal/featuresheet.asp?num=513>

The Early Natufian levels at ‘Ain Mallaha yielded the burial of a woman with her hand on a puppy placed above her head (Maher et al. 2011: 8).

²⁶ The sequence of deposition of the deceased newborns surrounding her grave could shed further light on this seemingly shamanic figure, but it is unfortunately left unrecorded in the archaeological report.

atlas vertebra and the *foramen magnum*, which might have caused variants of altered states of consciousness” in the woman (Porr and Alt 2006: 395).

As we may recall, early historical evidence from Central and Northeastern Asia attests to traditions in which women were either the most powerful (e.g. in Manchuria), or the only practising shamans (e.g. among the Altaian nomads) (Tedlock 2008: 31-32). The prehistoric funerary record suggests that such traditions go far back in time. In Mongolia, one of the best preserved Neolithic and Bronze Age shamanic graves is a female burial from Ust'-Uda (c. 3500 BP). The shamaness was interred with two anthropomorphic figurines of *erens* (spirit helpers) on her chest, seemingly part of her ritual attire, fragmentary remains of which have enabled the likely reconstruction of her coat and headdress (Fig. 2) (Okladnikov 1955, cited in Devlet 2001: 51-52).



Fig. 2: Burial of the shamaness from Ust'-Uda and reconstruction of her ritual attire. Mongolia, c. 3500 BP

As for Northeastern Asia, two female graves feature prominently among the prehistoric burials displaying shamanic attributes. The Middle Neolithic tomb of a woman on the Panteleikha River (Yakutia-Northeastern Siberia) comprised a full set of such attributes, which were necessary during her trip “to the distant spaces of the universe and the underworld, as well as in medical practice”. Among the objects accompanying the

shamaness were bone and antler phallus halves that do not match; stylized images of birds; a pendant with triangles and snake-like figures; a disk with hoof-like handles and solar symbolism; and a large disk of mammoth tusk engraved with rows of small human figures that resemble the images of deceased ancestors' souls on drums of Nganasani shamans (KiriyaK 2007: 150). Interestingly, triangular holes carved in the shell of these drums were intended to perform rituals over women in childbirth, and for the spirits of the upper world (KiriyaK 2007: 180).

The Evken Cemetery in Chukotka (3rd-4th c. AD) is possibly the most important site in terms of Arctic archaeology. In this ancient Eskimo cemetery, the richest burial (n° 154) was that of an elderly woman symbolically interred within the body of a whale.²⁷ Her grave was built with a whole set of whale bones (mandibles, ribs, scapula), and her body carefully arranged in a stone-lined cist along with a remarkable funerary array (Fig. 3) (Arutiunov and Sergeev 2006: 67).

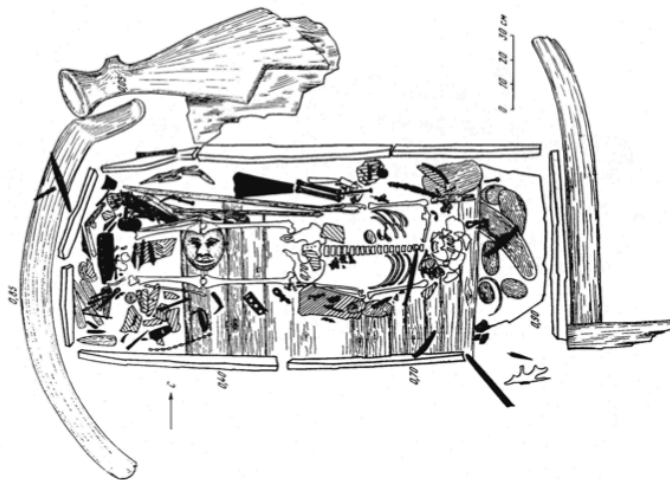


Fig. 3: Skeleton and funerary goods of the shamaness from Evken, whose grave was built with whale bones. Chukotka, 3rd-4th c. AD

Arutiunov and Sergeev speculate that the woman, “probably, after the death of her husband, had taken over his role as the keeper of tribal traditions and the head of religious ceremonies” (2006: 132); the conjectural husband, whom the scholars fancy as the community’s “best hunter” (2006: 132), is nowhere to be found, but aptly fits the myth of the hunter as the primordial shaman. The Evken shamaness was buried with 166 objects,

²⁷ Cf. Tedlock 2005: 29.

including shells, chisels, harpoon heads, adzes, a seal scapula spoon with red ochre, the carved head of a fox, a drum handle, the walrus tusk carving of a human foot, and a wooden mask. Significantly, the healer was also accompanied by the wooden figurine of a pregnant woman (Fig. 4), and a gynaeco-zoomorphic towing hook depicting two intertwined figures discernible when viewed from different perspectives; frontally, the carving represents a walrus carrying her baby on her back, whereas laterally it portrays a woman with pendulous breasts and a protruding belly (Fig. 4). This artefact evoking beliefs about the transformation of humans into animals, and vice versa, has been linked to Myghym Agna – the ‘Sea Woman’ represented in legends as a walrus or an old woman; namely the Eskimo worship of the ‘Big Woman’ mistress of the sea described by Bogoras (Arutiunov and Sergeev 2006: 67-70, 131-132, 186; Kiriyaq 2007: 135). As for the wooden mask, it has been identified with Yughym-Yua (Arutiunov and Sergeev 2006: 185-186), a powerful spirit under the rule of Myghym Agna “who devours the souls of the deceased, but regurgitates them and lets them enter the bodies of newborn babies.”²⁸

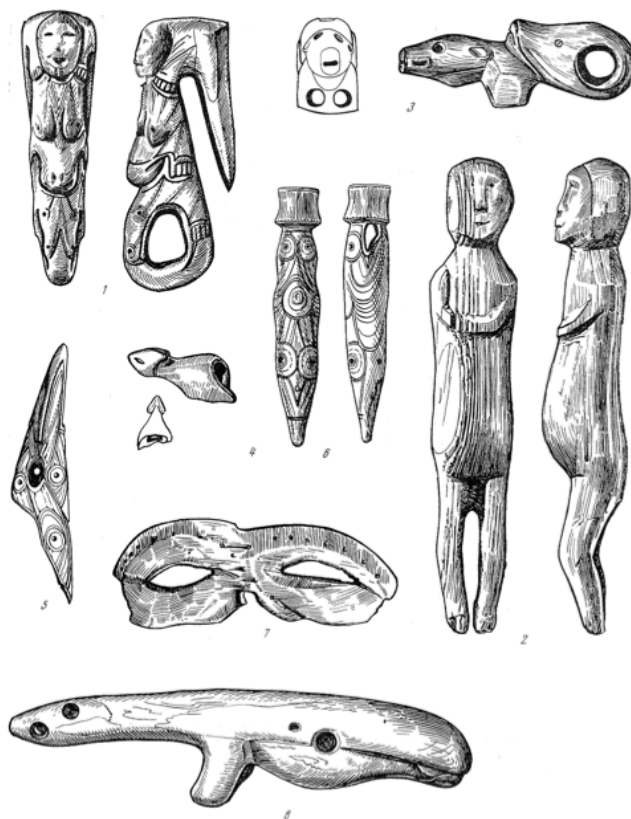


Fig. 4: Gynaeco-zoomorphic towing hook (n° 1), pregnant figurine (n° 2) and other funerary goods of the Evken shamaness

²⁸ See <http://eskimo-art.org/pdfs/obs-shamans-plaque.pdf>

This review of prehistoric burials displaying shamanic attributes indicates that women played a primary role in healing and ceremonial practices prior to the emergence of social complexity. Therefore, not to be projected into prehistoric contexts is the lower status of women traditionally associated with institutionalized hierarchical religions in stratified societies; a lower(ed) status ultimately ensuing the marginalization, subordination or suppression of female healers (Birn and Kendal 2008: 432-435). In prehistoric and early historical contexts we may thus confidently expect the occurrence of material remains associated with therapeutic practices involving specialized female knowledge. All the above discussed graves have been interpreted as hosting women shamans, except for the overlooked Çatalhöyük burial (513), though the woman therein interred might be one such specialist. Most significantly, many of these graves contain a range of funerary items which are linked to the universe of birth-midwifery in later historical traditions (e.g. figurines of pregnant females; faunal remains of mustelids, dogs/puppies and tortoises; red ochre; shells). This is fully consistent with Tedlock's well documented argument that women shamans are nearly always midwives because the act of helping souls cross from the other world into that of the living lies at the heart of feminine shamanic traditions worldwide (2005: 206).

Our analysis of the prehistoric graves is also fully consistent with the cross-cultural evidence for the divinization of the midwife, a phenomenon that seems primeval in many a religious tradition. When addressing the widespread use of figurines as spiritual 'oxytocic agents' to ease birth, we reported that those employed by the Tungus women embodied their ancestral healing goddesses. Similar figurines were used by the Teleuts, Soyots, Kumandins, Mongols and other North Eurasian peoples. The goddesses/spirits portrayed by such images belong to the oldest religious strata of these populations; they are everywhere connected with the health of the women, children and young domestic animals, and particularly with obstetrics and menstruation. These supernatural healers, regarded as the 'first ancestresses', are the primordial midwives-shamans depicted in some archaic myths as those who fashioned the world. The Yakutian divine midwife Ajysyt was the creatress of humans and animals. Among the Swedish Lapps, the supreme deity was Sarakka, the midwife who created the world, fashioned human beings, and assisted women in labour (Ränk 1955).

A similar type of divinity also belonging to the oldest mythic-cultic layer is found in Japan. The *Yama no kami*, a mountain deity traditionally interpreted as a 'fertility/vegetation goddess' and 'mistress of animals', is a divine midwife. She brings

back the souls of ancestors into the children to be born; presides over the (re)birth of humans, plants and animals; and is worshipped as a healing goddess able to cure a broad range of ailments (Naumann 1963). In the mythologies of several native American peoples, such as the Kiowa, the Iroquois, the Cherokee and the Arikara, creation is performed by a midwife goddess (Leeming 2010: 50, 310, 342, 352). Among the Maya, the supreme genetrix of creation was Ix-Chel, the goddess of medicine, childbirth and divination; this lunar deity also presiding over rain, fertility and the harvest was portrayed as an aged midwife, like her Aztec counterpart Toci Yoalticitl, a name meaning ‘Our Grandmother the Nocturnal Physician’ (Miller and Taube 1993; Taube 1994: 658; Milbrath 1995; González Torres and Ruiz Guadalajara 1995). Similarly, the pre-Slavic goddess Rozhanytsi/Mokosh, usually interpreted as the ‘Great Mother’, displays many of the features of the traditional *baba* (midwife) (Boriak 2002: 44). In the Sumero-Akkadian tradition, Nintu, who creates humans from clay, and Ninisina/Gula, the goddess of medicine, are patterned on the wise-woman (see Chapter 4). The Cretan Eileithyia, whose cult is rooted in prehistory, “has an obvious origin in the human midwife” (Willets 1958: 221). The same applies to the Roman Parcae/Fates (Dasen 2013: 35), and to the Carmentes, wise-women transformed into divine personae on account of their superior knowledge (Fowler 1916: 292). These are but a few instances attesting to the divinization of the midwife, a pervasive religious phenomenon that betrays the ancestral transcendence of her shamanic expertise.

As discussed earlier, the midwife’s wisdom is imprinted in the names given to her in many languages. But to fully grasp the nature of her ‘superior knowledge’, we must further inquire into her distinctive features as a healer. Let us then identify and examine the main functions of the wise-woman, as this analysis provides a closer understanding of her expertise and the reasons underlying her recurring supernatural projection as a therapeutic metaphor; as well as a sound epistemological foundation enabling us to develop a model for the study of archaic midwifery complexes.

3. 4. What ‘She who knows’ knows: The midwife’s prototypical functions

Anthropologists have long noted the similarity of many birth-related practices and beliefs across the world. Early scholarship regarded these widespread similarities as independent responses to the common physiology of childbirth; the ‘psychic unity of humankind’ would thus explain the ubiquity of similar solutions to the same biological problems (Artschwager Kay 1982: 6-7; Beausang 2005: 7-8). Favouring instead a diffusionistic approach, Artschwager Kay suggests that a potential spreading source of common obstetrical theory may be found in the Babylonian medical tradition, the first one to be recorded. As the scholar observes, however, this “leaves unanswered the origins of that source, and whether it represents *some kind of archetype existing in the mind of all mankind*” (Artschwager Kay 1982: 6) (my italics).²⁹ Given that archaic midwives share a number of similar features across time and space, some insight on ‘obstetrical universals’ may be gained by shifting the focus of attention from beliefs and practices to the expert practitioners themselves. Applying anthropological and comparative approaches to midwifery as a cross-cultural phenomenon rooted in the common experiences of human physiology, we shall now argue that the midwife embodies a *primal archetype* on account of her distinctive shamanic functions. To assess these functions, let us rely on Eliade’s characterization of the shaman in his book *Shamanism. Archaic techniques of ecstasy*, a most influential piece of research in later scholarship on the topic.

Eliade, who conceives the shaman as normatively male, defines him as the great master of the techniques of ecstasy (i.e. altered states of consciousness), which constitute the core of his healing skills. The shaman is not just a medicine-man and a diviner who engages the spiritual world in his curing, but a psychopomp, one who ferries the deceased into the netherworld. He has spirit helpers – often the souls of deceased shamans, whose assistance he regularly summons in his practice. The shaman is the great specialist in the human soul, for he alone knows its form and its destiny. As the repository of arcane mythical knowledge and the mediator between the living and the spiritual realm, he fulfills the role of a priest. The shamanic vocation may be hereditary or bestowed directly by the gods and spirits, but in both cases it involves initiation and apprenticeship. This vocation is usually sanctioned by divine election in the form of initiatory dreams; visions of spiritual

²⁹ Cf. Beausang 2005: 7.

beings; ecstatic journeys; and/or sicknesses entailing extreme suffering (e.g. being – metaphorically – dismembered or ripped apart), symbolic death (descent to the underworld) and resurrection (e.g. renewal of internal organs) (Eliade 1989). Comparative research shows that the wise-woman is a full-blown shamanic practitioner.

3. 4. 1. Parturition as initiation. Visionary and prophetic powers

Human nature cannot know the mystery of an art without experience, that is why the barren did not become midwives (Plat. *Theaet.* 149c). This Socratic statement applies far beyond the ancient Greek context; as in many parts of the world a woman must have borne her own children and successfully raised them before she can fully engage in midwifery practice (Gélis 1986: 38-39; Jordan 1993: 119; Rouhier-Willoughby 2003: 230; Verderese and Turnbull 1975: 11; Boriak 2002: 31). The transformational crisis which initiates women into a shamanistic career is often the liminal experience of childbirth (Kawamura 2003: 258-259; Tedlock 2005: 206; Lahood 2007).³⁰ Parturition embodies the traditional scheme of an initiation ceremony: suffering, death, and resurrection; but this initiation is the only one entailing the advent/creation of a new human being. It is the ordeal described by Eliade as being ripped apart and experiencing the renewal of internal organs; but this ordeal is *literal* rather than metaphorical.

In the Philippines having endured a breech birth was a prerequisite to pursue a midwifery career later in life. This initiatory death and resurrection consecrated the parturient as a (future) midwife, since women surviving such a severe condition were deemed supernaturally skilled to deal with obstructed labour (Hart 1965, cited by Lahood 2007: 7). This pattern is clearly in accordance with the ‘wounded healer’ trajectory of the shamanistic career (Lahood 2007: 7), and appears to be widespread if we pay heed to other traditions across the world. It seems actually far from fortuitous that many Christian saints protectors of childbirth are reputed to have miraculously overcome serious obstetric

³⁰ In Siberia women are commonly selected as shamans right after childbirth, an initiatory event that may be a real parturition, or a symbolic birth experienced in dreams or spiritual journeys. Women shamans in Siberia, China, Vietnam and northern Thailand may lure spirit helpers down into their bodies through birthing ropes; these are the cords or cloths lashed to the ceiling onto which women hold during labour. Since babies are regarded as reincarnated ancestors, the birth rope is charged with a symbolism that fits both bringing ancestors back to the world of the living (childbirth), and calling down the ancestral spirits consulted during shamanic séances (Tedlock 2005: 206-207).

hazards, or be the outcome of such challenging conditions;³¹ and that in ancient mythologies twins, the offspring of high-risk pregnancies, are often endowed with the divine gift of healing.³²

The practice of midwifery, which involves an initiation and a long apprenticeship, may be inherited along the female line (Gélis 1986: 38; Sike 1986: 141), or bestowed directly by divine/spiritual forces. The midwife's calling is traditionally sanctioned by supernatural signs – dreams, ecstatic experiences, visions, encounters with spiritual/ancestral midwives (Jordan 1989; 1993: 196; Paul 1975; Paul and Paul 1975). In the Mayan tradition, “the *sine qua non* of divine election” to become a midwife is “the wandering of the future practitioner's spirit into the realm of the supernatural – what Eliade terms ‘the ecstatic journey’” (Paul and Paul 1975: 711-712). The midwife's calling, however, may also be determined from birth. In many cultures, those born in the caul are destined to become shamans, as to this portion of the amniotic membrane are ascribed the supernatural gifts of healing and seeing ‘beyond’ (Doja 2005: 450; Eliade 1989: 16; Paul 1975: 450; Runz 1986: 102); like many other birth-related beliefs, the idea that the caul heralds good fortune is widespread (Mikkor 2000: 115; Forbes 2003).

One of the distinctive ritual functions of the midwife was thus prophetic; as she determined the fate of the newborn by reading its specific birth signs (foetal presentation, occurrence of the caul, timbre of the first cry, birthmarks, etc.) (Boriak 2002: 34; Rogoff 2011: 201, 205; Runz 1986: 108). The midwife was “a great interpreter of dreams, omens, auguries and signs of all possible sorts” (Carleton 1840: 203). She was “the only person who possessed the entire repertoire of essential skills, and consistently performed the relevant ritual actions, as well as uttering the necessary verbal formulae and making predictions about the child's destiny” (Boriak 2002: 33). The oracular function of the wise-woman is cross-culturally mirrored by divine midwives (e.g. the Sumerian Nintu and Ninisina; the Greek Eileithyia and the Moirai; the Roman Carmentes, the Parcae/Fates, Fortuna; the Norse/Germanic Norns). As Fowler remarked, “where we find women worshipping a deity of prophecy we may be fairly sure that that deity also has some influence on childbirth” (1916: 291).

³¹ Among the protectors of birth worshipped by pregnant women in Spain are saints Casilda, Rita, Librada, Orosia, Antonio de Padua, Domingo de Guzmán, Roque, Valentín, and Ramón Nonato; these saints are said to have survived gynaeco-obstetrical ailments or difficult birth, or to have eased complicated deliveries through their intercession (Herradón 2013: 45).

³² Renowned mythological twins with healing powers are Artemis and Apollo, the Dioscuri, the Asvins of the Rig Veda, or the Christian saints Cosmas and Damian (Hankoff 1977).

3. 4. 2. The mastery of drugs. General medical practice

Paraphrasing Eliade we may say that the midwife is the mistress of the techniques of ecstasy. Altered states of consciousness during parturition constitute an experiential training for ecstatic flight (Lahood 2007); midwives enter trance to practice healing (Tedlock 2005: 33) and induce it in their patients through ritual ‘charming’. The mastery of drugs often plays a crucial role here, as wise-women are the keepers of arcane bodies of knowledge in which ‘ecstatic’ substances hold a primary place (Le Court 1986). To facilitate delivery, Mazatec midwives employed psilocybe mushrooms,³³ a highly ‘visionary’ drug central to indigenous healing and transition rituals. In Mexico, the pangs of childbirth were alleviated with *Datura stramonium* (Bildik et al. 2011), a practice also attested in India (Sundar and Jawahar 2010). At the Early Mississippian site of BBB Motor (Illinois, USA), a space interpreted as a ‘women’s house’ – for puberty, menstruation and childbirth rituals – yielded red bauxite female figurines, red ochre, “a large quartz crystal with a dramatic red impurity [...] and *Datura stramonium*, which could have been used for abortions or difficult childbirth” (Galloway 1997: 60). The Kiowa indians of the Great Plains employed peyote (*Lophophora williamsii*) to ease delivery (La Barre 1959), as did the Huichols in Mexico (Schaefer 2006). Ayahuasca was used as an obstetric analgesic and an oxytocic in the Amazonian region of Brazil (McKenna et al. 1998, Cemin 2010). Some Egyptologists have identified as hemp the hieroglyph *smsm.t* included in an obstetric prescription in the Berlin Papyrus (3027 H), which might be related to the prevention of postpartum haemorrhage (Ramos Atance and Fernández Ruiz 2000, Russo 2007). The burial of a full-term pregnant woman in Jerusalem (c. 400 BC) contained carbonized hemp; a drug that may have been given to the mother-to-be as an oxytocic and sedative medication (Zias 1995). Significantly, hemp was an emblem of the Ukrainian midwife (Boriak 2002: 43). The opium poppy (*Papaver somniferum*), datura (*Datura stramonium*), aconite (*Aconitum sp.*), belladonna (*Atropa belladonna*), mandrake (*Mandragora officinarum*) (Fig. 5), and ergot (*Claviceps purpurea*) – the source of lysergic acid diethylamide (LSD) (Fig. 6) – are among the powerful psychoactive plants pertaining to the ancestral pharmacopoeia of European midwives; these drugs were employed early on to ease birth, induce abortion and treat specifically female ailments, as is attested by ancient and later sources (Le Court 1986). In the Hippocratic Corpus, for instance, the poppy is prescribed mainly for female conditions (Guerra Doce 2006: 141). As for Modern

³³ See <http://botanicaldimensions.org/mazatec-project/#/0/6>

Greece, the ‘ecstatic’ pharmacological knowledge of the *mammi* (midwife) is illustrated by an amulet she made for pregnant women, to be worn as a reminder of the plants they should avoid to prevent miscarriage or harming the foetus; the amulet contained mandrake (*Mandragora officinarum*), hemlock (*Conium maculatum*), hellebore (*Helleborus niger*) and rue (*Ruta graveolens*), among other psychoactive ecbolics (i.e. agents inducing uterine contractions) (Oikonomopoulos and Oikonomopolou 2012: 675-676).



Fig. 5: The often human-like mandrake root, broadly used to foster conception



Fig. 6: Ergot, a cereal fungus containing a powerful oxytocic substance

Midwives are thus expert pharmacologists; and more often than not medicine-women whose expertise is far from confined to birth and other female issues. *Parteras* (midwives) who are broader *curanderas* (healers) abound in Mesoamerica and Peru (McClain 1975, Glass-Coffin et al. 2004). The traditional Filipino midwife advises families on health problems, treating many of their ailments (Verderese and Turnbull 1975). For Mennonites who settled in Upper Canada in the early 1900s, the community midwife was the only available practitioner to provide essential health care services (Epp

2007). Until recent times the *dayeh* (midwife) was the popular physician in Syria.³⁴ In Kabylie (Algeria) the *qibla* (midwives) were the communities' doctors up to the 1950s, when they were superseded by male 'saint healers' (Makilam 1999: 78). In Russia, where professional medical practice has traditionally been associated with women, serving as a midwife was synonymous to healing and divining (Rouhier-Willoughby 2003: 234). In Ireland she was a "doctress", a woman "not only brimful of medicinal knowledge, but possessed of many secrets, which the mere physician or apothecary could never penetrate" (Carleton 1840: 203). Midwives were often the local pharmacologists in the rural communities of Middle Age Europe (Ehrenreich and English 1973: 11-12; Beteta Martín 2010). In Ancient Greece the healing activities of the *maiai*, conventionally translated 'midwives', far transcended what we now call midwifery (Lloyd 1992: 568); for Soranus, the 'best midwife' is knowledgeable in all branches of therapy, including surgery and pharmacology (*Gyn.* 1, 4).

In the texts from the Mesopotamian city of Mari, "midwives are not called *wise women* but *female physicians*" (Benjamin 1989: 118). Direct evidence on their earthly practice is very scant, but the skills of Sumero-Akkadian wise-women may be inferred from literary sources describing goddesses as midwives (Stol 2000: 171); all the more so when such deities are not approached through presentist conceptions of midwifery and/or as 'mother goddesses' relating to nature rather than *techne* (see Chapters 4, 7). Ninisina, the Sumerian goddess of medicine praised as "the midwife of the mothers of the land, the great physician of the dark-headed (=humankind)" (Stol 2000: 79), is portrayed as follows in the hymn *Ninisina A*:

She takes a piece of cloth and wipes (the wound carefully) with it,
 She softens the wound dressing,
 Makes comfortable the plaster to be put (on the wound).
 She cleans the wound from blood and supuration,
 And lays (her) warm hand on the severe wound.
 Ninisina recited the incantation and it turned out well.
 She recited the spell over the ghee,
 Poured it into her great bowl
 And brought it along with her soothing hands.³⁵

³⁴ Adonis Wardeh, pers. comm. 12-5-2012.

³⁵ As translated by Böck 2014: 16.

Gula, as Ninisina is called in Akkadian, “makes the offspring perfect”, and determines the destiny of the newborn once she has cut the umbilical cord (Stol 2000: 79 n. 215, 63). The *Gula Hymn of Bullusa-rabi* offers a ‘self-portrait’ of the medical goddess illustrating her manifold skills:

I am the physician, I know how to heal.
I take along all healing plants, I expel disease.
I am girded with a bag containing life-giving incantations.
I carry a scalpel for curing.
I am giving medication to people:
The pure bandage soothes the skin sore,
The soft poultice eases the sickness.
My very glance at the moribund revives him,
My mere words make the weak stand up.
I am merciful; even from afar I am listening.
I bring back the moribund from the netherworld.
I am girded with a leather bag, I...a scalpel and a knife.
I am watching over the enfeebled, I examine the sick, I open the skin sore.
I am the Lady of Life;
I am the physician, I am the seeress, and I am the exorcist.³⁶

Sumero-Akkadian sources provide the earliest and most comprehensive evidence on the archaic midwife’s role as a healer, a ‘charmer’ and a diviner. We shall come back to these relevant sources as we look at other distinctive functions of the wise-woman further attesting to her shamanic capacity.

3. 4. 3. (Re)making the dead: Fostering rebirth

In many traditions the midwife delivers not only the babies, but also the deceased. Acting as an obstetrician and a psychopomp, she escorts the souls *in both directions*, in and out of this world (birth-rebirth). In Burgundy (France), the *sage-femme* ‘made’ the babies, who came through water, and ‘made’ the dead, who departed through water. She washed and dressed the corpses, observing all the domestic rituals required to prevent the departed

³⁶ As translated by Böck 2014: 2-3.

souls from going astray (Verdier 1976). The Algerian *qibla*, who serves as attendant to the dying, washes the dead and performs as a wailer (Jansen 1987: xiii, 78; Makilam 1999: 107). The Kurdish *kabilé/ebé* engages in similar practices. In Polesia, the midwife customarily prepares the body of the deceased, “probably an ancient custom indicating parallels between entry into this world and departure from it.” The water used to bathe the corpses, called ‘dead water’ or ‘water from the deceased’, “is variably ascribed harmful and healing properties and is used accordingly” (Havryl’iuk 2003: 10). In Slavic popular beliefs, the world of the midwife is identical to the realm of the dead (Stankiewicz 1958: 117). Peruvian wise-women ferried the deceased into the afterlife (Glass-Coffin et al. 2004: 93). In the Early American Republic, midwives prepared the corpses for burial (Tunc 2010: 425), and ‘delivering’ the dead was also among their functions in the 19th c. Canadian Mennonite communities (Epp 2007: 339). Baptism and burial records indicate that in 17th and 18th c. Quebec the *sage-femmes* (‘wise-women’) baptized dying infants (McNelley 2013), a rite which is tantamount to administering the extreme unction; in many places Christian ecclesiastical authorities bestowed upon the midwife the (priestly) prerogative to baptize babies in the first minutes of life to save their souls ‘from Purgatory’ were they to die shortly after birth (Gentilcore 1992: 156-157; Canziani 1928: 214; Boriak 2002: 37). Reflecting upon the midwife’s role as a psychopomp in premodern Europe, the birth historian Jacques Gélis writes:

Every man, every woman drew a sort of arc of life, longer or shorter according to the length of their existence; they emerged from the earth through conception, and re-entered it through death. Underground was the residence of the departed, the reserve of souls awaiting reincarnation: souls of ancestors who would some day be reborn into one of their grandchildren. In this universe, the role of the midwife was to practically and symbolically ensure the continuity of the cycle, to build ancestry: assisting births was also ‘remaking ancestors’. Behind these beliefs and behaviours surfaces the circular structure of this original *life cycle* disclosing the idea of a full world, of a large family of living and dead always equal in number, losing here what it retrieves there. In this imaginary universe death is all the more acceptable, for it is not a true death but a promise of renewal (1987: 22).³⁷

³⁷ My translation.

The midwife is thus the shamanic figure who *circulates* the souls across the worlds, binding the living and the dead in the ever-perpetuating cycle of birth-rebirth. The wise-woman links past, present and future, thereby enabling the continuity of life. Her role, however, appears to be not just that of *facilitator* of this continuity, as she is often credited with *making* it.

3. 4. 4. Making the foetus: Fashioning life

In a number of traditions across the world the midwife is endowed with the all-encompassing power of *creating* life itself: she is the ‘maker’ of babies. This ancient belief may be rooted in a primeval non-association of sexual intercourse with conception-pregnancy, and in the idea that supernatural knowledge/agency, rather than biological factors, is the driving force in the creation of living beings. Borrowing a Babylonian idiom for midwifery, we may say that the midwife ‘gives the womb life by wisdom’.³⁸ Namely, through an embodied knowledge that “is in the hands and is transferred by the hands” (Jordan 1993: 192); a set of manipulative skills which are inherent to medical practice, as is expressed by the ancient Greek term for surgery *cheirourgia*, ‘hand work’. In historical sources the soothing hands of the midwife are recurrently mentioned as one of her distinctive attributes.³⁹ It is with her gentle, knowledgeable hands that the wise-woman fashions the foetus in the maternal womb (*in utero*), or at birth.

Throughout pregnancy, the Jamaican *nana* provides abdominal massages that ‘shape’ the foetus and help it ‘grow right’ (Kitzinger 1997: 212). An Indian *dai* referring to her practice as a work of service asserted her genesic skills with these words: “God is the doer, the hands are mine” (Chawla 2006: 21).⁴⁰ Aztec midwives were deemed to ‘create’ and ‘fashion’ the infant manually (Sullivan 1966: 75). In Burgundy, the *sage-femme* ‘made’ both the babies and the dead (Verdier 1976). The Ukrainian *baba* shaped and moulded the

³⁸ See Stol 2000: 172.

³⁹ According to Soranus the midwife must have soft hands (*Gyn.* 1. 2. 4). Gentle, soothing hands are characteristic of divine midwives. The ‘soothing hand’ of Gula is a theme central to the image of the Babylonian medical goddess (Böck 2014: 15-17). Artemis has gentle hands when appearing at birth (*Anth. Pal.* 6. 271) (Baur 1902: 83). Lucina, Eileithyia’s Roman counterpart, touches Myrrha in travail with her gentle hand, while reciting an incantation (*Ov. Met.* 10. 503-513); according to Baur, “in like manner it must also be explained that Cheiron = χερῖσσοφος, the god of the ‘pain-mitigating hand’, was received into the circle of the Thera birth-deities” (1902: 90, n. 140).

⁴⁰ A Guatemalan midwife reports that she knows how to massage because “God is in her hands” and guides her (Cosminsky 2001: 355).

newborn, which was perceived as a formless, amorphous mass (Boriak 2002: 36).⁴¹ A 13th c. AD Italian medical text compares the newly born child to a lump of warm wax that requires due fashioning by the midwife for it to acquire its ‘natural’ human shape (Pasquali Coluzzi and Crescenzi 2010: 30). The same belief and associated practice are attested earlier in Soranus and other Classical medical authors: it is through intensive massage that the ancient *maia/obstetrix* ‘moulds’, ‘fashions’, ‘stretches’ and ‘corrects’ the unfinished newborn (Gourevitch 1995), so “that which is not yet fully formed is shaped into its natural characteristics” (Sor. *Gyn* 2. 32) (Dasen 2009: 204). Interestingly, the *maia*’s moulding function appears transferred to bears, animals sacred to the midwife goddess Artemis; bear mothers were thought to lick the shapeless cubs into their proper form and beauty (Plin. *NH* 8. 34) (Bevan 1987: 19). The idea that the wise-woman is *the agent* fashioning human life with her masterful hands can be traced back to the earliest written sources. In the Old Babylonian poem of *Atrahasis*, the ‘midwife of the gods’ Nintu/Mami is the ‘wise one’ who moulds humankind from clay. She does so in an all-female event portraying Mesopotamian obstetric practices, such as the use of birth bricks upon which women squatted during delivery. Nintu/Mami supervises the whole operation (nipping of clay, gestation and delivery) assisted by ‘twice seven’ divine wise-women (*šassurrātu*, translated as ‘birth goddesses’ below). This is how she performs the creation=midwifery of the first human beings:

After she had recited her incantation
 [She] put [her hand out] to her clay.
 She nipped off [fourteen] pieces of clay,
 Seven she put to the right,
 [Seven] she put to the left,
 Between them she placed the brick.
 [...]... hair (?), she... the cutter of the umbilical cord.
 The wise and learned
 Twice seven birth goddesses had assembled,
 Seven produced males,
 [Seven] produced females.
 The birth goddess, creatress of destiny –

⁴¹ In Hungary, it was the rituals performed at birth by the wise-woman which ‘completed and perfected’ the process of gestation and parturition (Lozonczy 1986: 152).

They completed them in pairs,
 They completed them in pairs in her presence,
 Since Mami conceived the regulations for the human race.
 [...]

The birth goddesses were assembled
 And Nintu [sat] counting the months.
 At the destined [moment] the tenth month was summoned.
 The tenth month arrived ⁴²
 And the elapse of the period opened the womb.
 With a beaming, joyful face
 And covered head she performed the midwifery.
 She girded her loins as she pronounced the blessing,
 She drew a pattern in meal and placed the brick,
 ‘I have created, my hands have made it.’ ⁴³

The divine midwife Nintu/Mami is thus a *Dea faber*: ‘she who builds humankind’⁴⁴ with her masterly hands. King Sennacherib tells that Nintu/Belet-ili “looked purposively at me in the womb of the mother who gave birth to me, devising my shape” (Jacobsen 1973: 287); the same obstetric metaphor of creation is used for the making of cult statues in Mesopotamia and Egypt (Asher-Greve 2013: 143; Roth 1993: 74-75, 77-78).⁴⁵ The form-giving process in the womb is conceived as analogous to the kind of shaping and fashioning performed by artisans (Jacobsen 1973: 287). Nintu is thus called ‘The Expert Hand’, ‘Lady Potter’, ‘Carpenter of the Inside’, ‘Sculptor of the Land’, ‘Bronze-caster of the Gods’, ‘Fashioner (of) all things in which is breath of life’, among other epithets praising her craftswomanship (Stol 2000: 74; Jacobsen 1973: 287-288).

In the ancient Near East the obstetric metaphor of creation is very ancient since it stems from the Sumerian mythology, the earliest to be recorded. The notion that the midwife’s *techne* embodied the ultimate genesiac craft was a core religious belief in later

⁴² Ten lunar months amount to 280 days = 40 weeks, the average length of a full-term pregnancy.

⁴³ Translation by M. Civil in Lambert and Millard 1969: 61-62.

⁴⁴ This is how Nintu/Aruru is described in the *Epic of Gilgamesh* when she ‘builds’ the hero Enkidu with clay (Amiran 1962: 24, n. 5).

⁴⁵ An inscription on statue A of Gudea mentions that the king brought down dolerite from the highlands of Magan and shaped (lit. ‘gave birth to’) the stone into a statue of Ninhursag (Jacobsen 1973: 278).

traditions, although Nintu's role as *creatrix* of humankind was gradually taken over by male gods. In the *Enūma Eliš*, the Babylonian epic of creation, superseding Nintu is the supreme god Enki/Ea,⁴⁶ who becomes 'the wise' one, the fashioner of human life (Tablet 6. 33-35). Likewise, in Egypt we find Nintu's genesiac function transferred to male gods. Khnum is credited for creating humans, deities and animals on his potter's wheel; for instilling health into their bodies (Hart 2005: 86); and as "He who causes the giving of birth" (Ritner 1984: 217).⁴⁷ Ptah, the creator god of Memphis, is the divine artisan – smith and sculptor – who fashions humans (Hart 2005: 128-131). The Sumerian obstetric metaphor of creation is also adapted by the compilers of the Old Testament. In the Book of Genesis (2: 7) Yahweh takes over Nintu's function as the fashioner of humankind from clay (Benjamin 1989: 119).⁴⁸ He forms man from the dust of the ground, and breathes into his nostrils the breath of life; just like midwives do when they suction the mucus from the newborn's nose to facilitate breathing.⁴⁹ In Psalm 29, the Hebrew god is again cast as a midwife, this time explicitly engaged in massaging=forming the foetus in the maternal womb (Benjamin 1989: 118):

Oh Lord, you searched me
 ... and you know me.
 You formed my parts unseen,
 You massaged me in my mothers's womb.
 I will always give you thanks

 Your accomplishments are incredible,
 Your works are wonderful.
 You know me well,
 You numbered my bones.
 As I grew in my mother's womb,
 As I took shape in the depths of the earth,
 You watched my foetus form,
 You recorded every day.

⁴⁶ See <http://oracc.museum.upenn.edu/amgg/listofdeities/mothergoddess/>

⁴⁷ In royal birth narratives, however, Khnum is not present during labour and delivery; only divine midwives attend the mother-to-be (Widell 2011: 290-291), a reflection of actual human practice.

⁴⁸ On Biblical birth metaphors, see Bergmann 2008.

⁴⁹ Cf. Benjamin 1989: 117-118.

The midwife's function as shaper of the foetus is thus projected into the divine realm as the genesiac skill par excellence.⁵⁰ The fact that this role is attested by both historical and ethnographic sources indicates that the primary capacity attributed to the wise-woman was the creation of life itself.

3. 4. 5. The wise-woman as a foremost shamanic healer

Through comparative research we have identified the main shamanic functions of the midwife following Eliade's classical characterization of the shaman. According to Eliade, who pictured this practitioner as normatively male, the shaman is the master of the techniques of ecstasy, a medicine-man, a diviner, and a psychopomp (1989). His initiation usually involves a symbolic death and resurrection, which may take the form of ecstatic experiences, visions, or extreme suffering – e.g. metaphorical dismemberment of the body and renewal of the internal organs (1989: 33-34). He has spiritual helpers, including animals and the souls of ancestral shamans (1989: 88-95, 107), and “is the great specialist in the human soul; he alone ‘sees’ it, for he knows its ‘form’ and its destiny” (1989: 8).

The archaic midwife fits neatly into this characterization. She masters the techniques of ecstasy, namely the endogenous ‘flight’ of parturition, the medical *carmen* (charm) and the use of ‘visionary’ drugs. She is the great specialist in the human soul; as she is the one who brings the souls back into the world of the living, shapes=creates their earthly form=body with her hands, and determines their destiny at birth. Her initiation is often the trance of parturition, the primary experience of dismemberment and renewal of the internal organs. The midwife is a full-blown medicine-woman who assists her people in transitioning critical passages, such as birth, puberty, engagement/marriage, parturition, illness, and also death; as she delivers the deceased into the netherworld, fulfilling the role of psychopomp. With the aid of her spirit helpers, including animals and ancestral/divine midwives, the wise-woman circulates the souls across the worlds enabling the perpetual renewal/recreation of the life cycle (birth-death-rebirth). As the expert in the mysteries of (re)birth, she is practically and symbolically the *maker of eternity*, namely a major, if not the foremost, shamanic figure.

The shamanic features of the midwife identified so far illuminate the reasons underlying her widespread association with knowledge and her cross-cultural divinization.

⁵⁰ As reported above, in the mythologies of the Yakuts, the Swedish Lapps, the Maya, the Kiowa, the Iroquois, the Cherokee and the Arikara, creation is also performed by midwife goddesses.

From our comparative analysis emerges an image of this archaic practitioner that stands in sharp contrast to the unlearned/ignorant superstitious ‘old wife’ often portrayed in traditional scholarship; a portrayal supported by ethno-androcentric views which are accountable for the exclusion of the wise-woman’s figure and *techne* from mainstream narratives of early medical history. The midwife’s roles as a healer, diviner, psychopomp and ‘maker’ of human life are already attested in ancient Near Eastern and Egyptian sources, which suggests that they are most ancient, *prototypical* functions of the wise-woman. Bearing these functions in mind is an essential tool to develop a methodological template for the study of archaic midwifery complexes.

Chapter 4

Towards a methodological template for the study of archaic midwifery complexes

4. 1. The eye of the beholder: On the invisibility of archaic midwifery complexes

We have already defined archaic midwifery complexes as therapeutic systems patterned by the death-rebirth archetype, emerging as integrated medico-religious responses to the reproductive pathologies of our species. At the heart of these systems are the mechanical, pharmacological and ritual procedures devised to lessen the morbidity and mortality associated with childbearing. Having gained a broader understanding of the wise-woman's functions, it now becomes apparent that archaic midwifery complexes encompass bodies of knowledge and praxis providing physical and metaphysical therapeutic responses to a range of other critical human issues; issues far removed from parturition but conceived, experienced and handled as symbolic (re)births. Thus birth, the embodied process of (re)creation of life, is the structural metaphor articulating these pervasive healing systems that revolve around the axial shamanic figure of the midwife and her projections into the supernatural realm (i.e. spiritual/divine midwives). Rooted in prehistory, midwifery complexes are deeply embedded in ancient societies, as indicated by the ubiquity of cults of the so-called 'birth goddesses'. Female healing lore (e.g. drugs, instruments, rituals), religious metaphors (e.g. supernatural midwives, birth daemons) and cosmological understandings (e.g. creation and other origin myths) belonging to these therapeutic systems bespeak of women's agency in the early history of medicine and religion. But how can we possibly identify historical and archaeological evidence for such systems if midwifery complexes are not conceptualized in the scholarly literature?

As we endeavour to develop a methodological template for the study of these complexes it is important to tackle the main assumptions that doom them to invisibility. First and foremost is the misleading construct that human birth is a 'natural' event, rather than a process *culturally* shaped and managed in all societies (Jordan 1993). As we may recall, it is only over the past few decades that anthropologists have consistently challenged the presumed 'naturalness' of human reproduction (Jordan 1993; MacCormack 1982a; Artschwager Kay 1982; Laderman 1983), and begun to address indigenous birth customs as integrated systems of knowledge and praxis (Davis-Floyd and Sargent 1997: 2; Beausang 2005: 7). The study of childbirth in antiquity has traditionally been neglected, and while it is now an emerging research topic, ancient birth-related lore is still rarely

addressed more integrally as *both* conveying data on female therapeutic knowledge, and reflecting core values and structural principles of indigenous belief systems.

Within the field of archaeological research childbirth is seldom considered owing to the underlying assumption that it leaves behind no material traces, a judgement based on the refusal to acknowledge it as an important social event (Beausang 2000). Beausang, who has pioneered a systematic identification of possible material culture linked to childbirth in prehistoric contexts, writes that when explaining her work at a conference one of the participants exclaimed: “Oh, that’s interesting, but I have never come across anything that could be related to childbirth during all my years as a field archaeologist!” (2005: 10). Recently, while discussing my own research with a historian of medicine I made my point that, considering *Homo*’s reproductive flaws, the earliest structured bodies of medical knowledge were likely associated with female and children’s health issues; and that the archaic midwife, the main keeper and transmitter of such *corpora*, was a full-fledged healer, not a mere birth-assistant. My interlocutor nodded and replied: “This makes sense. And should be obvious ... but the obvious often remains unseen and unexplored.”

Like beauty, visibility lies in the eye of the beholder. When traditional birthing, the focal point of archaic midwifery complexes, is regarded as a ‘natural’ event, its related epistemic practices inevitably slip out of the category of culture. And so do the associated experts, the midwives (and their supernatural counterparts). In prevailing interpretations of historical data relevant to archaic midwifery, gender stereotypes underpinned by biological determinism often conspire with the scarce understanding of the wise-woman’s expertise to support pervading misconceptions: equations such as midwifery=nursing-nurturing or midwifery=motherhood which displace this core medical craft to the realm of the ‘natural’. As noted by Kehoe, for centuries now and until fairly recent times women in Western societies have been precluded from access to the respected rank of physician by the “stereotype of women dominated by their maternal capacity” (1973: 272-273). In mainstream historical research, it is by this very stereotype that archaic midwives are often denied recognition as wise-women, namely practitioners regarded as full-blown healers within their own medical cosmologies.

In *Childbirth and Mothering in Archaeology* Beausang (2005) offers an unprecedented attempt to materialize childbirth in prehistory. Drawing from cross-cultural historical and ethnographic data, and archaeological remains that have been interpreted as relating to birth, she identifies categories of materials linked to the life-giving process which are liable to occur in prehistoric contexts. These materials include depictions of

childbirth, female figurines, representations of birth-related deities; amulets (e.g. exotic stones); standard equipment used in delivery, such as birth bricks and stools, sharp devices to cut the umbilical cord, and containers (for water, oil, drugs and depositing the afterbirth); as well as archaeobotanical remains of medicinal plants (e.g. poppy, hemp) possibly employed to facilitate labour and delivery. Beausang's contribution to make childbirth visible in prehistoric contexts is indeed most significant. Yet, she only addresses 'birthing-attendants' in passing (2005: 31-32), and relates the above-listed artefacts and ecofacts to mothering practices rather than to the actual *techne* of midwifery.

The lack of general models for framing such materials *within structured medico-religious systems of knowledge and praxis*, namely archaic midwifery complexes, hinders our ability to further trace, identify, interconnect, and possibly interpret archaeological, iconographic and textual data liable to belong to such *corpora* in prehistoric and early historical contexts. In ancient written records, direct evidence on lay midwives is painfully scarce. So, when developing a methodological template for the study of archaic midwifery complexes we need to turn to the axial therapeutic metaphors articulating these medico-religious systems; in other words, we must further address the wise-woman's divine personae to gain a closer understanding of the material and symbolic universe of midwifery. Instrumental as we engage in this endeavour is to illustrate to what extent the stereotype of femininity emphasizing women's maternal and nurturant capacities constitutes the main conceptual hindrance to the visibility of archaic midwifery complexes, their study, and ultimately their inclusion in mainstream narratives of the early history of medicine.

4. 2. The specular pattern: As on earth, so in heaven

It has long been noted that ancient goddesses presiding over birth are divine personhoods modelled on the figure of the earthly midwife (Baur 1902 : 12, 77; Fowler 1916: 292; Willetts 1958: 221; Stol 2000: 171; Bergmann 2008: 43; Taube 1994: 658; Dasen 2009: 202; 2013: 35; Dutheil de la Rochère and Dasen 2011). This transposition into the supernatural world, that we shall term the *specular pattern*, has crucial implications for the study of women's agency in the early history of medicine; as given that the so-called 'birth goddesses' are conceived *in the image* of the human midwife, studying the sources relating to their cults may reveal the most significant (i.e. divinized)

elements of indigenous midwifery complexes. This is an inference that stands to reason. And yet, looking into the specular pattern remains an underexplored methodological tool to bring to light ancient female healing lore. Why is that so?

Assyriologists and other scholars who have addressed the topic of birth in the ancient Near East do gather data on practical and symbolic aspects of the wise-woman's craft drawing from myths and incantations that depict goddesses as midwives (e.g. Jacobsen 1973, Stol 2000, Bergmann 2008). But this is rarely the case among Egyptologists,¹ and even less so among Classicists. It is true that the preeminence of Nintu's genesiac=midwifery role in Sumerian religion finds no parallels in Egyptian and Graeco-Roman traditions. Hence the Sumero-Akkadian textual record provides information on (divine) midwifery which, although sketchy, is altogether more consistent and explicit than that found in Egyptian and Classical written sources. Nevertheless, textual, iconographic and archaeological data on midwife goddesses is generally available in ancient contexts because their cults are deeply embedded in traditional societies.

Therefore, the reason why the epistemological potential of the specular pattern for the study of ancient female healing lore is often overlooked lies elsewhere. In our view, it is to be found in the pervasive trend to categorize goddesses presiding over the reproductive cycle as deities primarily associated with biological motherhood and the 'natural' world; namely, in their labelling as 'mother/nature/fertility goddesses'. Underpinned by the naturalization of human reproduction and related practices, the birth=mother goddess equation is so delusive that it fosters confusing, not to say paradoxical, interpretations of historical data at times leading to baffling oppositions between midwifery and medicine. Let us examine and contest this misleading trend which, phrased in surgical terms, may ultimately entail the resection of the midwife's *techne* from the cultural practice of medicine.

4. 2. 1. Challenging the midwife-nurse-mother-nature semantic misassociations

In the Sumero-Akkadian religious tradition, most prominent among the deities performing as midwives are Nintu/Belet-ili and Ninisina/Gula. There is no doubt that Ninisina/Gula is a medical goddess; explicitly praised as "the midwife of the mothers of the land, the great physician of humankind", she presides over a broad range of health conditions including reproductive issues (Stol 2000: 79; Robson 2008: 465-466; Böck

¹ But see, for instance, Roth 1992, 1993; Roth and Roehrig 2002.

2014). As for Nintu/Belet-ili, in the *Atrahasis* epic she creates humans through her technical midwifery skills, *not* biological motherhood; and is portrayed elsewhere with her medical equipment (see below). But despite this telling evidence, Nintu/Belet-ili is usually interpreted as a ‘mother goddess’, not as a divine healer (Stol 2000: 74, 81, 114; van Dijk 1975: 75-76; Frankfort 1954: 57). The contradictions nested in this categorization emerge here and there in secondary sources.

In his remarkable study *Birth in Babylonia and the Bible*, Stol draws most of the information on the work of Sumero-Akkadian wise-women “from literary passages in myths which describe goddesses as midwife” (2000: 171), thereby acknowledging the epistemological potential of the specular pattern for the study of Mesopotamian midwifery lore. Yet, when discussing the medical goddess Ninisina, Stol at the same time opposes and equates her to Nintu/Belet-ili, the so-called ‘birth/mother goddess’:

Nin-isina, “the Lady of Isin” (also: Gula), *is neither a birth nor a mother goddess*. But as the goddess of medicine she is “the midwife of the mothers of the land, the great physician of the dark-headed (=mankind)”. She is “the great physician of the land, Nin-isina, the mother, the ‘womb’ of the land”. Here “womb” means “midwife”. *She can even be equated with Belet-ili* (2000: 79) (my italics).

The conflicts nested in labelling divine midwives as ‘birth=mother goddesses’ surface again when Stol addresses a well-known hymn to Ninisina (*Ninisina A*):

[...] a Sumerian hymn to Ninisina, goddess of medicine, says that one task of the goddess is “to establish fertility for thousands of girls: to deal rightly with the pot of the deposited afterbirth, to cut the (umbilical) cord by a reed, to determine the fate; to put the hands in the door of the (chapel) Nigar, to... a malformed birth; the human child, after it has been received in the lap: to make it cry loudly, to put the belly downwards, to turn it upside down ...” The line about the chapel Nigar and the malformed births fits Jacobsen’s idea that this chapel was “a cemetery for still-born or premature babies and a depository for the afterbirths”. The goddesses Inanna and Ninisina reside in this chapel, *not the goddess of birth* (2000: 112) (my italics).²

² Inanna/Ishtar has healing capacity and is involved in the protection of childbirth (see below).

In her research on Gula/Ninisina, Böck discusses this same hymn to the medical goddess, highlighting the emphasis placed by this and other literary sources on Ninisina's "soothing hand" (2014: 15, 17), a recurring attribute of (divine) midwives (see Chapter 3). In her concluding remarks, Böck states:

The hymn to Ninisina (*Ninisina A*) is meaningful on other grounds too: it refers to diseases and inflicted body parts the goddess treats, the knife she uses, the demons she threatens, and mentions *her role as midwife associating her thus with some of the activities of a mother goddess* (2014: 17) (my italics).

We find here a medical deity slotted into the 'mother goddess' paradigm on account of her midwifery skills, namely conflated with the notion of motherhood. Similar disassociations of midwifery from culture-medicine are supported by presentist misrepresentations of archaic midwives as mere assistants rather than healers in their own right.

In her analysis of written sources on childbirth in ancient Egypt, Töpfer argues that the reason why parturition and related activities are never mentioned in medical texts is that "childbirth was not considered a disease for which a physician or magician was required. It is more likely that midwives accomplished the childbirth and they received the necessary knowledge by oral tradition." Töpfer goes on to state that this is the reason why in accounts of mythical births no god or male figure is present "who could be interpreted as a divine physician or magician [...]. Only goddesses and divine midwives are present to help the woman in labour and to care for the newborn. *Thus, childbirth is not a matter of healing it is a matter of helping*" (2014: 334-335) (my italics). Are we to understand that the absence of male 'divine physicians or magicians' makes obstetrics a mere 'helping' practice? The specular pattern is at work in these literary accounts of mythical births: only divine midwives are present because actual childbirth was managed by female *practitioners*. This is documented also by iconographic sources; male figures are never shown attending the labouring or newly delivered mother in the extant birth scenes (see below).

The view that in ancient Egypt the management of childbirth was related to helping rather than healing seems to pervade mainstream scholarship. No words denoting the

midwife have yet been identified in the textual record (Dupras et al. 2015),³ but this may be due to a scarce understanding of the wise-woman's manifold functions and to translation issues. As illustrated earlier, translations are not value-free; interpretations are built into every chosen word (Robson 2008: 460). It has been suggested that a midwife is implied by the Old Kingdom title *in't* and that this term is related to the word *mn't* (*menat*), meaning 'nurse'. But given that the title *mn't*, sometimes assumed to signify 'wet-nurse', is also given to men, it is believed to have encompassed the professions of both tutors and nannies (Graves-Brown 2010: 82-83). Both the feminine *mn't* and the masculine *mn'*, rendered 'nurse' and 'tutor', derive from words for suckling or nursing (Roehrig 1990: 2, quoted by Budin 2011: 30). As Budin remarks, "subliminal gender evaluations" are built into these translations:

The feminine form conveys notions of nourishment and the physical. The masculine translation, by contrast, suggests notions of intellectual advancement and the cerebral. The terms become differently engendered, leading once again to a notion of woman=nature and nurture, man=culture, even when such ideology is absent in the original terminology (2011: 30).

In line with this gender biased trend, secondary sources often semantically conflate Egyptian midwives with helpers and nurses. And yet, it appears from medical texts that a female healing system was in place in ancient Egypt (Graves-Brown 2010: 82; Dupras et al. 2015); a midwifery system which, if we pay heed to funerary evidence, encompassed therapeutic practices transcending gynaecology, obstetrics and paediatrics. Translated as 'nurse' is also the term *hnmt.t* denoting divine figures (Graves-Brown 2010: 83). On a wall of the 18th Dynasty tomb of Bebi at Elkab female figures designated as *hnmt.t* extend towards the tomb owners implements usually termed apotropaic, amuletic or magical knives/wands (Figs. 1-2) (Altenmüller 1965, 1983, 1987; Ritner 2012: 176), that we shall henceforth call birth/obstetric wands. Scholars agree that these arched ivory devices portraying supernatural protectors of birth (e.g. Taweret, Heket, Beset) were used in rituals aiming to safeguard the labouring-postpartum mother and the newborn; and were also placed in tombs to propitiate the rebirth of the dead (Altenmüller 1965, 1983, 1987; Dasen 1993: 68; Teeter 2011: 169).

³ There are two late references of women serving as midwives, *-rini*, a term used in the 3rd c. AD (Dupras et al. 2015: 54).



Fig. 1: Egyptian obstetric wand with carved supernatural protectors of birth, such as Taweret, the standing hippopotamus holding a knife; Heket, the frog goddess; or the lion-headed Beset, portrayed as a snake-handler. Thebes, 12th Dynasty, c. 1850 BC



Fig. 2: The deceased Bebi and his wife are flanked by divine females holding birth wands, snake rods and lotus flowers, therapeutic attributes ensuring the couple's rebirth. Elkab, Second Intermediate Period, 1782 -1570 BC

The common occurrence of obstetrical implements (e.g. birth wands, bricks, knives) in funerary contexts indicates that Egyptian death rites symbolically paralleled those of childbirth (Roth 1992; Roth and Roehrig 2002; Graves-Brown 2010: 24; Wegner 2009: 447; Weingarten 2013: 371, n. 2). Further attesting to such parallels are the Unas Pyramid texts (*c.* 2360 BC), which mention the instruments, charms and foods used in the delivery, breastfeeding, weaning and teething of those reborn into the afterlife (Roth 1992: 120-121). As discussed earlier, the traditional keeper of this therapeutic knowledge was the midwife, among whose prototypical ritual functions was to ferry the deceased into the afterworld (rebirth). Considering the specular pattern, it may be argued that, rather than ‘nurses’, divine females with obstetric wands depicted in Egyptian tombs are supernatural midwives mirroring the psychopomp function of their human counterparts. Fulfilling this same role in funerary contexts is Taweret, often represented on the birth wands (Fig. 1) and the so-called ‘paddle-dolls’ (Figs. 3-4), flat wooden female figurines often displaying large pubic triangles which are found in tombs, domestic shrines, and temples of Hathor.



Figs. 3, 4: Wooden ‘paddle-dolls’ bearing the image of Taweret on the womb, and the back. Middle Kingdom Egypt, *c.* 2000-1630 BC

‘Paddle-dolls’ have traditionally been interpreted as toys, dolls, fertility figurines, and as ‘concubines’ of the deceased, a theory now largely dismissed since they occur in

tombs of men, women and children (Waraksa 2008). Recent scholarship relates these flat female figurines to apotropaic-medical rituals aimed at favouring conception-birth, curing ailments and ensuring the rebirth of the dead (Waraksa 2008; Teeter 2011: 90). This sounder interpretation, resting on a gender-sensitive approach to archaeological and textual evidence (Waraksa 2008), accords well with Taweret's multiple functions as a supernatural wise-woman (e.g. obstetrician, psychopomp); and lends support to our argument that the females holding birth wands depicted in Egyptian funerary contexts represent (divine) midwives rather than nurses.

Significantly, when turning to Graeco-Roman inscriptional sources no evidence is found to support the suggestion put forward by some scholars of a “blurring of the edges between the tasks of midwives and nurses” (Laes 2011: 157). As phrased by Kehoe, the nurse is a purely nurturant figure, “like a mother, a vessel from which life-enhancing actions flow” (1973: 273). The trend to conflate midwives with nurses (< Latin *nutrix*, ‘nourish’) reflects the ‘birth-mother-nature-fertility goddess’ paradigm into which divine midwives are commonly slotted, a construct betraying a gender ideology rooted in assumptions of inherent feminine roles determined by biology; allegedly ‘natural’ roles, such as those of mother, nurse or nanny, which obliterate the midwife’s praxis as a healing craft, that is to say a *technological* achievement. In Kehoe’s words, “where women’s dominant attribute for recognition as women is the capacity for maternity, the concept *woman* will include the subordinate attributes of reproductive and nurturant behaviours” (1973: 267).

When addressing sources on ancient divine midwives it is important to bear in mind that the archetype embodied by these goddesses evolves as state-level societies consolidate. Their functions as creators and healers tend to be transferred to male deities, and their genesiac role redefined, shifting from that of *creatrixes* and symbolic/social mothers to that of biological mothers and nurses-*kourotrophoi*; a conceptual shift that legitimizes new emerging gender paradigms associated with patriarchal cosmologies.⁴ Nevertheless, these goddesses are *originally* linked to notions of knowledge and expertise. Pertinent here are Taube’s remarks on Ix-Chel, the Mayan birth and medical deity

⁴ As argued in Chapter 3, Nintu’s genesiac powers are gradually taken over by male gods (e.g. Enki/Ea, Khnum and Ptah, Yahweh). On Graeco-Egyptian uterine amulets, Aubert notes the “conspicuous absence” of Heket, Nekhbet, Renenutet, Mafdet, Menhet and Meskhenet, Egyptian goddesses traditionally associated with the protection of pregnancy and childbirth. According to Aubert, this is “a sign of the twilight into which these deities faded during the Graeco-Roman period, their functions having been taken over” by other gods, like Osiris, Harpocrates/Horus, Khnoubis/Khnum, and Bes (1989: 444).

portrayed as an aged midwife: “Although Ix-Chel may in fact be the mother of the gods, the supreme genetrix of creation, *her primary role is not as a fecund mother but as a [...] midwife*” (1994: 658) (my italics). This statement may be applied to many a mislabelled ‘mother goddess’ from other cultural contexts.

The fact that ancient sources may celebrate divine midwives as ‘mothers’ (e.g. of the land, of the gods) should not lead us astray, as the epithet ‘mother’ is often a metaphor for authority unrelated to biological motherhood.⁵ Considering that these goddesses mirror their human prototypes, it is significant that in many cultures the midwife is regarded as the spiritual mother or grandmother, the godmother of all the community members she has delivered, and is accordingly given such titles of respect.⁶ This is apparent in the ancient Greek term *maia*, meaning ‘midwife’, ‘mother’, ‘grandmother’, ‘foster mother’,⁷ also employed in the masculine plural form *maioi* to denote ‘adoptive parents’.⁸ Similarly, the Romanian term *moasă*, the Slavic *baba*, the Filipino *ambuya*, or the Yiddish *bubbeh* mean both ‘midwife’ and ‘grandmother’ (Karnouh 1986: 76; Boriak 2002: 29, 31; Verderese and Turnbull 1975: 4; Klein 1998: 101). In Mali, midwives are addressed as ‘mothers’ or ‘good mothers’, and their assistants call them ‘mothers of instruction’ (Jespers 1986: 176). Just like their human counterparts then, divine midwives may fulfil the role of social/spiritual mothers of the communities worshipping them.

In ancient sources midwife goddesses may also appear as biological mothers, but this should not overshadow their *primary* role as healers. Turning again to their earthly prototypes, we may recall that in premodern societies having successfully borne children was a *prerequisite* to become a midwife; as without the initiation of parturition followed by an apprenticeship no female would have been granted the authoritative title of wise-

⁵ In ancient Mesopotamia, “the epithet ‘mother’ (*ama*) does not primarily indicate that a goddess is the mother of other deities, but predominantly a metaphor for divine authority, particularly over cities and states” (Asher-Greve 2013: 140). The Sumerian Ninisina, “the great physician of the land”, is called “the mother, the ‘womb’ of the land”, the term ‘womb’ standing here for ‘midwife’ (Stol 2000: 79); the medical goddess is also named “Mother with the soothing hand” (Böck 2014: 15).

⁶ See, for example, Karnouh 1986: 77; Verderese and Turnbull 1975: 8; Salazar Vega 2012: 60; Boriak 2002: 31, 40; Bettini 2013: 206-208.

⁷ *Maia*, meaning ‘mother’, was used to respectfully address elderly women. See Liddell and Scott 1996, s.v. *μαῖα*. Plato reports that the *maiai* were women past childbearing age, namely mature females (*Theaet.* 149b).

⁸ The inscribed base of a statue from Paros (1st c. AD) records the dedication of a child to Eileithyia by his adoptive parents, *μαῖοι*, a word only attested in this instance. Leitao, who addresses this votive inscription, offers an interesting discussion on the term *μαῖα*, and the hapax *μαῖος/μαῖοι* (2007: 254, 263-264).

woman.⁹ As Plato wrote, the barren did not become midwives because human nature cannot know the mystery of an art (*techne*) without experience (*Theaet.* 149c). In this context, it may be noted that the wise-woman manages childbirth relying among others on her own embodied experience of parturition; as phrased by Kitzinger, she “lives through the birth *with* the mother rather than does things *to* her as a patient” (1980: 238). The midwife may thus mime the labour process, squatting, pushing, breathing and moaning *along with* the mother she psycho-physically guides and supports (Fig. 5).¹⁰ These comforting sympathetic procedures intended to ease birth merge the identity of the two women, but do obviously not make the midwife the parturient: the practitioner embodies not literal parturition, but the knowledge and power to guarantee the reproductive process. This should be taken into consideration when looking at depictions of ancient midwife goddesses in the act of birthing or nursing a child; as their expertise and related role as social/spiritual mothers may be expressed *through* images of physical motherhood.



Fig. 5: Midwife supporting a labouring woman. Clay model, cave of Eileithyia at Tsoutsouros. Crete, 8th c. BC

⁹ See, for instance, Gélis 1986: 38-39.

¹⁰ Writing on contemporary Mayan midwifery, Jordan reports that “when the mother is on the [birthing] chair the physical involvement of the ‘head helper’ [who supports the parturient from behind] is at its most intense. Most of the weight of the woman rests on her. When a contraction comes on and the woman begins to push, a matching exertion is visible in the helper’s body. She covers the labouring woman’s nose and mouth with her hand, holds her own breath, and pushes herself until they both run out of air” (1993: 37). In the 1950s, one of the functions of the midwife’s assistant on the Greek island of Mykonos was to moan with the parturient when contractions came on (Stratis Stratigis, pers. comm. 26-7-2015). According to Karatarakis, in Crete the labouring woman was empowered by the words and strength of the *mastorissa* (midwife), who “suffered with her” (1962: 36).

The crucial point to be made in this discussion is that biological motherhood, while required as an initiatory experience, neither defines the midwife's craft nor accounts for her pervasive identification with wisdom and expertise. What does so is her role as mistress of the mysteries of (re)birth: her functions as the fashioner/bringer/perpetuator of life encompassing that of obstetrician, general practitioner, pharmacologist, diviner and psychopomp. Conflating midwifery with allegedly 'natural' female nurturant behaviours such as mothering, nursing or helping is therefore a misjudgement. This and any other presentist assumption establishing a divide between lay midwifery and medicine, or placing the former on the periphery of the latter, stands as the main conceptual obstacle to the identification and interpretation of primary data on archaic midwifery complexes (see Chapter 7). Within the Western binary framework, the 'nature-biology-motherhood' association is diametrically opposed to that of 'culture-science', which among other technological achievements includes the healing arts. So, when ancient goddesses performing as midwives are categorized as 'mother/nature' deities, the fact that they reflect the prototypical functions and attributes of their human counterparts tends to be overlooked as a prospective source of data on indigenous female therapeutics.

Having clarified this fundamental issue, let us now illustrate the epistemological potential of the *specular pattern* by looking at Sumero-Akkadian sources on Nintu and Ninisina/Gula that shed light on their therapeutic attributes, including professional instruments and pharmacological lore.

4. 2. 2. Nintu's medical attributes

In the ancient Near East, where throughout the millennia female deities dominated over the sphere of healing (Asher-Greve and Westenholz 2013: 288), the earliest recorded divine midwife is the Sumerian Nintu, who fashions humans from clay. Identified with the goddess Ninhursag, Nintu is also known as Aruru, Dingirmah ('The exalted goddess'), Ninmah ('The exalted Lady'), Ninmenna ('Lady of the Headdress'), Mami/Mama ('Mom'), and Belet-ili ('Mistress of the Gods') (Stol 2000: 76-78; Jacobsen 1973: 290). As the "mistress of creating, who performs her task in the belly", she presides over the birth of both humans and animals (Stol 2000: 75, 78), probably reflecting the wise-woman's actual practice; in a later Near Eastern source, the Talmud (*Hul.* 43a), midwives are called to deliver not only women but also domestic animals. Some scholars believe that Ninhursag is the Neolithic goddess of humans and animals, "the *potnia theron*, the great goddess of

life and regeneration” identified with the Earth (Stol 2000: 75, n. 167); and that in early times Nintu/Ninhursag was the highest-ranking female deity in ancient Mesopotamia (Asher-Greve 2013: 137). As already mentioned, although Nintu fashions humankind through her midwifery skills, not biological motherhood, she is usually interpreted as the Sumerian ‘mother goddess’. This categorization stands in sharp contrast with the evidence linking Nintu to healing practices.

Priests or sacred personnel with medical expertise were commonly associated with the cult of ancient healing deities. According to hymns celebrating Nintu’s sanctuary in the city of Keš, among the priestesses attached to her cult was the midwife, who sat in a holy place; two female celebrants called ‘wombs’, probably assistants, who tied on the ritual gowns; a priestess who held the staff; and one who brought the gathered waters – a function that remains obscure (Stol 2000: 76; Westenholz 2013: 248). The two female celebrants called ‘wombs’ are probably assistant midwives; because when the Sumerian Ninisina is praised as “the great physician of the land, the womb of the land”, ‘womb’ means ‘midwife’, and the seven and seven wise-women who assist Nintu in the creation of humans are themselves called ‘wombs’ (Stol 2000: 79-80, 82, 114).

In the story of *Atrahasis*, after moulding the first humans with clay Nintu counts the months until the full term of pregnancy. Then, when birth is due, she induces parturition: Nintu opens the womb with her *palû*, ‘spindle’,¹¹ a pointed slender rod for rupturing the uterine membranes (Jacobsen 1973: 290, n. 63; Stol 2000: 83, 171 n. 3). An Akkadian incantation including a medical prescription reads: “... the incantation which Mami [Nintu], the wise one, as medication... gave to Nisaba in order to make the vagina birth well.” The charm goes on to instruct on a mixture to be made with “oil-from-the-jar” that the midwife must thoroughly rub on the parturient for her to “give birth easily” (Stol 2000: 65). Another birth incantation prescribes “the creamy milk”, “the fat of the pure cow” for the same purpose (van Dijk 1975: 68, 70). We thus learn that, to induce or speed labour, wise-women administered oxytocic massages with oily substances, and performed amniotomies with the aid of an obstetrical rod, the *palû*.¹²

A passage from the myth *Enki and the World Order* (393-401) provides a unique

¹¹ According to Jacobsen, the word *palû* is a loan from Sumerian *bala*, ‘spindle’ (1973: 290, n. 63). Folk midwives in modern Greece used a wooden or metallic spindle to ‘break the waters’ (Oikonomopoulos and Oikonomopoulou 2012: 688).

¹² Cf. Stol 2000: 171, n. 3. The practice of amniotomy, i.e. artificially breaking the foetal membranes, usually triggers the rapid increase of prostaglandin production associated with the onset of labour (Mitchell et al. 1977).

depiction of Nintu; an accurate portrait, not of a ‘mother goddess’, but of a divine healer shedding further light on Mesopotamian midwifery practice:

Aruru, the sister of Enlil, Nintu, the Lady of Birth, she has received the pure brick of birthgiving, sign of her office as an *en*-priestess, she took with her the reed that cuts off the (umbilical) cord, the stone *imman*, her leeks. She has received the greenish lapis lazuli (vessel) for the afterbirth, she took with her the pure, consecrated vessel *ala*. She certainly is the midwife of the land (Stol 2000: 111).

A comparative approach to Nintu’s instruments and plants offers a revealing outlook on the materiality of (re)birth-related practices.

4. 2. 2. 1. The bricks of birthgiving

In the ancient Near East and Egypt women usually crouched on mud-bricks during delivery (Figs. 6, 8-9) (Stol 2000: 111; Wegner 2009). Thereby the parturient was raised above the ground, granting the midwife better access to her vulva and perineum, and the emerging infant (Roth and Roehrig 2002: 129-130). Birth bricks, still used in modern Persia (Fig. 6) (Wegner 2009: 477), fulfilled the same supporting function as the “stones” employed by ancient Hebrew midwives (Exodus 1: 16), or the more elaborate birth-stool (Stol 2000: 119-122), early models of which occur in the Chalcolithic birth deposit from Kissonerga (Cyprus) (Chapter 2, figs. 22-23).



Fig. 6: Parturient crouching on stacked bricks in modern Persia

As was often the case with midwifery paraphernalia, birth bricks were charged with the cosmological symbolism of creation-perpetuation-eternity, and employed in rituals metaphorically replicating human parturition. In ancient Egypt, the midwife goddess Meskhenet personified the bricks; depictions of the Weighing of the Heart ceremony in the Book of the Dead portray Meskhenet as a female-headed brick above the scale determining whether the deceased deserved or not to be reborn (Fig. 7) (Roth and Roehrig 2002; Wegner 2009: 471; Spieser 2011). In New Kingdom royal and elite tombs four bricks inscribed with spells from the Book of the Dead were often placed around the sarcophagus to ensure rebirth into the afterlife (Roth and Roehrig 2002).



Fig. 7: Two personified birth-bricks appear above the scale weighing the heart of the deceased in the Book of the Dead. Anhai Papyrus, c. 1100 BC

The bricks of birth were seemingly present in the Opening of the Mouth ritual allowing the dead and cult statues to partake of food offerings (Roth 1992, Roth and Roehrig 2002). And obstetric bricks were also involved in temple foundation ceremonies, placed at each corner of the building; a ritual practice illustrating the role of the temple as a model of the cosmos, a repository of life that must be born and animated (Adly 1981 and Goyon 1983, quoted by Roth and Roehrig 2002: 135-136). The Egyptian term for the obstetric brick, *mshnt*, has been translated as ‘that which is in front of birthing’ (Wegner 2009: 471). The goddess Meskhenet (*mshnt*), who personifies the brick, would then be ‘she who is in front of birthing’, which is actually the meaning of *obstetrix*, ‘she who is/stands

in front (of the parturient)’. In the above quoted passage of *Enki and the World Order* the “pure brick of birthgiving” is the sign of Nintu’s office as an *en*-priestess (high priestess), the preeminent attribute identifying her as “the midwife of the land”. Thus, in the Near East and Egypt the birth brick symbolically embodied the (divine) midwife and her foundational, (re)creative *techne*.



Figs. 8, 9: Painted birth brick from Abydos and reconstructed scene. The midwife, her assistant and the newly delivered mother have blue hair identifying them with Hathor, whose flanking images propitiate a successful birth. Middle Kingdom Egypt, c. 2000-1700 BC

4. 2. 2. 2. The obstetric knife

Together with her birth brick Nintu displays the “reed that cuts off the (umbilical) cord”. The *lutû*, a knife in the form of a sharp reed (Stol 2000: 113, n. 24), could also be a flint or a bronze blade (Jacobsen 1973: 291, n. 67). The act of severing the cord and forecasting the destiny of the newborn was accompanied by incantations belonging to the arcane knowledge of midwives. One of Nintu’s divine assistants says in boasting her midwifery skills: “I assist Nintu at the place of delivery (lit. ‘extraction of the child’), I know the propitious words pertaining to cutting the umbilical cord and determining fate”. During this critical transition, regarded as formative for the child, any rash or ill-omened utterance might have lasting consequences on its life (Jacobsen 1973: 291-292).¹³ The obstetric knife played a part in the cult of Ninhursag/Nintu. In an offering list from Drehem (late 3rd millennium BC), the votives dedicated to the goddess include one silver and forty-one copper clippers for severing the umbilical cord (Hilgert 1998: 19). Were these clippers offered by worshippers hoping or thanking for a safe childbirth?

Let us turn to likely parallels in ancient Egypt. The *psš-ḳf* knife, whose cutting edge resembles a bicornate uterus (Figs. 10-11), constitutes the headdress of Meskhenet (Fig. 13), and is connected with the curls of Hathor (Roth 1992: 147). Interestingly, a similar symbol was worn by modern Egyptian women as an amulet to ward off the dangers of childbirth (Fig. 14) (Frankfort 1944). Roth, who consistently argues that *psš-ḳf* knives were originally used to cut the umbilical cord, reports the occurrence of Hathor-headed *psš-ḳf* blades in female graves (First Intermediate Period-Middle Kingdom), and suggests that they were given to women for a safe delivery; *psš-ḳf* blades with suspension holes appear in any case to have been worn as amuletic devices (Fig. 11) (1992: 136). *Psš-ḳf* flint knives, sometimes stained with red ochre probably representing blood, are found in Predynastic Nagada settlements and also in burials; in these womb-shaped graves the dead lay in a foetal position, suggesting a symbolic return to the uterus. In later times, *psš-ḳf* knives are involved in the Opening of the Mouth ritual, and placed in foundation deposits. Thus, like the obstetric brick, the umbilical cord-cutter had a practical and ritual use in childbirth, as well as an extended ritual function in the rebirth of the dead and in foundation ceremonies (Roth 1992).

¹³ Cf. Stol 2000: 82.



Fig. 10: *Pšš-kf* flint knife. Egypt, First Dynasty, c. 3000 BC



Fig. 11: Human-headed gold and carnelian *pšš-kf* pendant. First Intermediate Period/ Middle Kingdom, c. 2100-1700 BC

The Sumerian Nintu is herself associated with an oblong Ω symbol (Fig. 12), which has been interpreted as the depiction of a cow uterus, and paralleled to both Meskhenet's distinctive headdress (Fig. 13) and the double-spiral amulet worn by pregnant women in modern Egypt (Fig. 14) (Frankfort 1944). Dedicated to Nintu/Dingirmah are votives called 'wombs' made of precious materials, which may represent the Ω symbol or the vulva (Stol 2000: 77, n. 187). Gold and lapis lazuli vulvas were offered to Ishtar (Sumerian Inanna) (Leemans 1952: 4), a goddess bearing the epithet 'Opener of the Womb' (Diesel 2008: 74), whose role as a healer traverses frontiers in the Middle East (Hart 2005: 79). According to an exorcism from Assur, in case of illness votives including the model of a vulva should be granted to Ishtar. Primary sources suggest that on the occasion of certain rituals the goddess wore a vulva-shaped ornament on her head (Leemans 1952: 4); an attribute befitting her role as 'Opener of the Womb' that brings to mind Nintu's uterine symbol. The womb-like Ω and the obstetric knife emblematic of Nintu are depicted on Babylonian boundary stones (*kudurru*) of the 1st millennium BC (Fig. 15) (Frankfort 1944: 198; Jacobsen 1973: 291; Stol 2000: 80), further illustrating the use of midwifery symbolism in liminal contexts that transcend parturition.



Fig. 12: Nintu flanked by two embryonic figures crouching beneath her womb-like Ω symbol. Old Babylonian terracotta plaque, c. 2000-1600 BC



Fig. 13: Meskhenet with her headdress, holding the *ankh*, a symbol of life. Temple of Hatshepsut, Deir el-Bahari

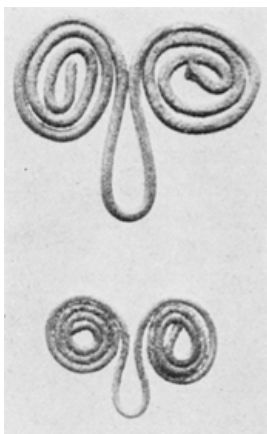


Fig. 14: Wire amulet for pregnancy. Modern Egypt



Fig. 15: Nintu's Ω symbol and obstetric knife on an altar. Babylonian boundary stone, 1st millennium BC

4. 2. 2. 3. Healing stones

In the above cited passage from *Enki and the World Order* Nintu also displays the stone *imman*. Stol wonders whether it was a type of soap to rinse the newborn since, together with alkali soap, Sumerian laundries used a white clay called *im* (2000: 111). Alternatively, the stone *imman* could be a nodule of medicinal clay¹⁴ involved in the management of the more critical passage of parturition; Egyptian, Classical and later sources prescribe different kinds of clay to staunch uterine haemorrhage, or induce labour.¹⁵ Babylonian lists of medicinal amulets, pregnancy and birth-related medical rituals and incantations mention over one hundred thirty stones used to prevent miscarriage and ease delivery. Interestingly, one of the ‘stones’ associated with pregnancy was the shell (Stol 2000: 51); as we may recall, the Cypriot Chalcolithic birth deposit from Kissonerga contained shells (Chapter 2, fig. 24). Among the array of Babylonian female amulets is a seal called *haltu* – seemingly associated with the verb *hâlu*, ‘to be in labour’ – that pregnant women wore as a pendant; and the *ittamir* stone, ‘the stone of giving birth’, which according to one ritual was to be hung around the woman’s neck with other stones and two leather-bags filled with herbs (Stol 2000: 49-50, 111).

On Old Babylonian terracotta plaques Nintu is portrayed holding an oblong object in her raised hand (Fig. 12). Could it be one of these ‘oxytocic’/protective stones? The Talmud mentions the ‘preserving stone’, an amulet to forestall miscarriage that later traditions identify as the *lithos aetites*, the ‘eagle stone’ (Stol 2000: 50-51); its Akkadian name is ‘stone for pregnancy’, *aban erê*, from *erû*, ‘to be pregnant’ but also meaning ‘eagle’, which gave rise to the belief that it was found in the nests of eagles (Reiner 1995: 123-124). Pliny reports that the *lithos aetites* was used for many healing purposes, but best reputed as a birth amulet. It somehow had the quality “of being pregnant, for when shaken,

¹⁴ Elsewhere Stol quotes a passage from the Babylonian Talmud mentioning the oral administration of a reddish medicinal clay (2000: 107), which attests that clay was used as a pharmacological agent.

¹⁵ The Ebers papyrus recommends suppositories with mineral earth to staunch uterine haemorrhage (Steinert 2012: 8 n. 37, as published online). Soranus prescribes Samian earth to arrest uterine bleeding (Temkin 1991: 239-240), and Pliny Lemnian earth for the same purpose (*HN* 35. 14). A 19th c. British doctor reports to have seen “many profuse bleeding from the groin” stopped by Armenian bole (earth) mixed with other styptics (Cooper 1833: 195). Until recent times in Greece, small clay balls were administered orally as ‘pills’ to bring on labour. This was one of the many remedies the *mammes* (midwives) resorted to when no significant uterine activity ensued the spontaneous or induced ‘water breaking’ (Oikonomopoulos and Oikonomopoulou 2012: 689).

another stone is heard to rattle within” (*HN* 10. 4).¹⁶ Attached to pregnant women and domestic animals, the ‘eagle stone’ was deemed to prevent abortion; but it had to be removed to ease delivery when birth was imminent, otherwise uterine prolapse would ensue (*HN* 36. 39. 21). In southern Europe midwives employed the *aetites* until the turn of the 20th c. (Fig. 16) (Baronti 2008: 273-276; Gélis 1986: 44-45; Gaillard-Seux 1998: 79).

Throughout antiquity up to modern times, exotic stones, coral, red ochre and other minerals were used to promote conception, delivery and lactation, prevent postpartum haemorrhage, regulate the menses or protect the newborn. Worn as amulets, some were also pounded to be ingested as *pharmaka* (Forbes 1963; Steinert 2012); among them were gemstones, which in ancient Near Eastern literature symbolize sexuality and fruitfulness (Stol 2000: 1). Red stones, notably haematite (‘bloodstone’), were believed to have styptic properties (i.e. to cause or arrest bleeding), and were thereby favourite materials for a variety of gynaecological amulets (Forbes 1963: 394-395; Ritner 1984: 213; Faraone 2011: 56; Baronti 2008: 278; Hildburg 1951: 434).

Alongside the aforementioned forty-two umbilical cord-clippers, the Drehem offering list to Ninhursag/Nintu records carnelian and other red-stone beads, many sealstones, and wooden stands for assorted stones (Hilgert 1998: 19). Pliny reports that the *galactitis* (‘milk-stone’) strikingly resembles milk in taste and colour when pounded in water, and promotes lactation in nursing women (*HN* 37. 59). In Medieval sources the ‘galactite’ is reputed for both increasing the mother’s milk supply and preserving the health of the child when worn around the neck (Evans 1922: 30). Lactescent stones (e.g. chalcedony, agate, steatite, slate) were still employed recently as galactagogues in Spain and Italy (Hildburgh 1951). The equipment of the modern Greek *mammi* (midwife) included the ‘stones of deliverance’, thought to be haemostatics preventing postpartum haemorrhage (Fig. 17) (Oikonomopoulos and Oikonomopoulou 2009: 140). The modern use of Minoan sealstones as amulets to ensure abundant breast-milk supply is well documented in Crete (Ridgeway 1901: 330; Evans 1909: 10; Faure 1973: 177, 350); to arrest lactation, these *galopetres* (‘milk-stones’) were to be worn between the shoulder-blades. Elderly Cretan women in the villages still owning *galopetres* treasure them as heirlooms.¹⁷

¹⁶ The *aetites* is a hollow nodular iron-stone composed of concentric layers, often containing a loose rounded nucleus which is sometimes filled with friable yellow earth. These nodules occur frequently in alluvial soil (Bakewell 1819: 570).

¹⁷ For instance, at Kritsá in northeast Crete (Giorgos Aphordhakos, pers. comm. 26-1-2016).



Fig. 16: Eagle stone amulet.
Bavaria/Austria, 17th c.



Fig. 17: ‘Stones of deliverance’ and other amuletic devices used by modern Greek *mammes*

4. 2. 2. 4. Professional vessels

In the myth *Enki and the World Order* Nintu is also equipped with two vessels. That called *ala*, recorded by another source as a waterpail, is ‘consecrated’, which in Sumerian literally means ‘instructed’. Midwives presumably used this container – ‘instructed’ through the appropriate spells – to bring and heat water for washing blood off the mother and the newborn before it was rinsed with salt and swaddled (Jacobsen 1973: 290, n. 60; Stol 2000: 111, 142). The second container, Nintu’s greenish lapis lazuli vessel, was for the ritual disposal of the placenta. One of the functions of Ninisina, the Sumerian goddess of medicine, was “to deal rightly with the pot of the deposited afterbirth” (Stol 2000: 143), an organ which is the focus of an array of post-birth rituals around the world. In many traditional societies the placenta is considered an ensouled being, the ‘brother’/‘sister’ of the newborn baby; a spiritual sibling that remains connected for life to the infant and can jeopardize its health if improperly handled. The midwife may thus gently address the afterbirth in the first person when she interts it – as in a human burial – or proceeds to its disposal through other rituals seeking to ensure the well-being of the

child, and often also of the mother (Jones and Kay 2003: 108-109; Buckley 2006; Croft Long 1963; González Casarrubios and Timón Tiemblo 2018: 289).¹⁸

These practices, which reflect cultural beliefs about the close relationship of living things to one another (Jones and Kay 2003: 109), are atavistic. The ancient Egyptian cemetery of Deir-el-Medina yielded many burials of neonates interred in domestic vessels;¹⁹ some contained placentas in bloody cloths, and most of them flint blades probably used to cut the umbilical cord (Meskell 1999: 163, 171). To date, the peasants from Upper Egypt call the afterbirth ‘the other’ or ‘second child’, and often treat it as a dead infant (Metawi 2008: 194). This brings to the fore a symbol occurring in the earliest Egyptian royal iconography (e.g. the palette and mace head of Narmer) which remains associated with the pharaoh throughout dynastic times: a bag-shaped object that tops a standard frequently preceding the king in ceremonies and processions (Fig. 18) (Frankfort 1948: 71; Metawi 2008: 192). Many scholars endorse the theory, supported by ethnographic parallels from other Hamitic African cultures, that this bag-shaped symbol represents the royal placenta, the king’s stillborn twin linked to the divine essence (royal *ka*) that was passed from ruler to ruler (Blackman 1916; Frankfort 1948: 70-72; Wilkinson 1999: 170, 258; Metawi 2008: 193-194). In early times the bag-shaped symbol displays an attached cord, which among other evidence lead Blackman to suggest that the actual placenta of the pharaoh, dried and preserved, was the object of worship (1916: 200). Probably depicting the royal afterbirth are two wooden models from the tomb of Haremhab at Thebes (Metawi 2008: 196).

¹⁸ Stol reports that in the Arab world the afterbirth can be called ‘sister’ and the midwife addresses it as such with soothing words. In Iraq, the words ‘companion’, ‘neighbour’ are also used (2000: 144). Among the Indonesian Toradja, before it is left behind the afterbirth is sometimes addressed with these words: “You, afterbirth, do not say that I do not love you; we love you. Do not tickle the soles of the feet of your little brother/sister and do not pinch his stomach” (Adriani and Kruyt 1951, cited in Jones and Kay 2003: 109). The people from Achinsk (Siberia) believe that the soul of the disposed placenta can leave to play with the child, an event that takes place when the infant laughs in his/her sleep. In Timor (Australia) the afterbirth is preserved in a covered pot and ‘fed’ for three days before it is buried (Croft Long 1963: 234-235).

¹⁹ The widespread ancient practice of burying the dead – mostly babies, but also adults – in ceramic pots has traditionally been regarded as indicative of low status (Power and Tristant 2016). Recent scholarship argues instead that ceramic vessels may have served as metaphorical wombs facilitating rebirth into the afterlife (see Chapter 9) (Goodison 1989: 42-43; McGeorge 2012, 2013; Power and Tristant 2016).



Fig. 18: The royal placenta with its cord shown atop the standard preceding the pharaoh. Narmer Palette. Nekhen, Naqada III period, c. 3100 BC

A Hellenistic well in the Athenian Agora yielded the skeletal remains of c. 500 newborn/infants and over 150 dogs/puppies, animals commonly sacrificed to goddesses presiding over birth (e.g. Eileithyia, Hekate, Artemis, Genita Mana) (Liston and Rotroff 2003: 63, 66, 68). It has been suggested that the accompanying pottery, mainly large, open household ware-shapes, may have been part of the birth equipment – Soranus mentions water and sponges (*Gyn.* 2. 2. 2) – and used to carry the dead babies and related afterbirths to the Agora well, probably by the midwives themselves, as the *maiai* traditionally disposed of deceased infants (Liston and Rotroff 2013: 66-67, 76-77). In southern Europe placenta rituals survived well into the last century. *Jarras parías* ('delivered jars') regularly emerge while carrying out renovation works in village houses in Almería (Spain); elderly women recall that until the 1960s, when hospitals became the locus of birth, these jars containing the afterbirth were buried in the home's yard observing the customary ritual precautions to protect both mother and child (González Casarrubios and Timón Tiemblo 2018).²⁰

²⁰ See also <https://www.ideal.es/almeria/20080506/cultura/museos-terque-recuperan-jarras-20080506.html>

Along with its transcendent symbolism, the afterbirth had therapeutic uses. Dried placenta appears as an ingredient in ancient Egyptian spells (Montserrat 1996: 30). In Chinese, Javanese, Mexican, Moroccan, and European midwifery traditions the afterbirth has been employed as a drug to hasten labour, prevent afterpains, promote lactation, or treat infertility (Croft Long 1963: 238; González Casarrubios and Timón Tiemblo 2018: 291); dried placenta was still sold by 19th c. pharmacists (Croft Long 1963: 238). We will come back to the pharmacological applications of this female organ (see Chapter 7).

4. 2. 2. 5. The oxytocic leeks

In the myth *Enki and the World Order* Nintu carries “her leeks”. According to Stol the use of this plant remains a mystery (2000: 112), but Römer perceptively argues that it could have been employed to arrest bleeding during delivery (1984: 414, n. 397, cited in Bergmann 2008: 41, n. 90). Similarities in the use of female *materia medica* may be found across time throughout the Near East and the Mediterranean. The Hippocratic gynaecological texts prescribe leeks to favour the flow of lochia (i.e. postpartum uterine discharge), promote lactation, treat genital ulcers, and as an emmenagogue (Andò 2001: 57, 250). Pliny describes a wool pessary containing saffron and leek juice to expel the dead foetus, and a remedy composed of leek juice and woman’s milk to arrest bleeding after miscarriage (*HN* 28. 79. 19; 20. 21. 6). Trota of Salerno, a female physician practising in Medieval Italy (12th c.), states that the combination of leeks and parsley is highly effective for expelling the afterbirth (Green 2008b: 500).

Leeks and onions, two closely related *Allium* species, have a very similar phytochemical structure (Hedges and Lister 2007); laboratory analyses indicating that onion extract increases the frequency and amplitude of uterine contractility (Alrefaie et al. 2010). Modern Greek *mammes* used pessaries of roasted onions to staunch postpartum haemorrhage (Oikonomopoulos and Oikonomopoulou 2012: 678, 681). Noteworthy in this context is that leeks played a focal ritual role in the Bulgarian *Babin Den*, a yearly ceremony honouring the village midwife thought to be a survival of ancient ‘fertility’ cults (Lodge 1947); like the analogous *Babo Day* celebrated in northern Greece (Thrace), a ritual restricted to the midwife (Babo), her assistants and married women. During the

ceremony the midwife moulded a vulva and a phallus, which were objects of worship.²¹ And after presiding a meal elapsed amidst salacious songs and gestures, the midwife was adorned with jewellery and braids of onions and garlic²² by the attending women, who then drove her merrily around the village (Sike 1986: 144; Anastassiadou 1976: 72-73). The ritual significance of leeks and onions in the *Babin Den/Babo Day* ceremonies suggests that these *Allium* species were pharmacological emblems of midwifery in the Balkans. This must have been the case, as in the Byzantine Greek tradition midwives used leeks in childbirth.²³ Thus, given that the plant features among Nintu's professional attributes, we may infer that wise-women in ancient Mesopotamia were already well acquainted with the oxytocic properties of leeks.

This comparative approach to the above cited passage from *Enki and the World Order* shows the epistemological potential of the specular pattern in the study of archaic female medicine.²⁴ From the *Atrahasis* myth we further learn that Mesopotamian midwives wore a headdress; and also a girdle, a garment closely related to female sexuality and childbirth since very ancient times (see Chapters 7-9). Upon completing her creation of humankind Nintu girds her loins; in human practice no knots or restrictions were permitted during birth, so when assisting the parturient the wise-woman removed her belt, and put it back on again once she had annointed the child and ritually disposed of the afterbirth (Jacobsen 1973: 292). Before engaging in the moulding of human beings, Nintu covers her hair with a headdress, a divine insignia reflected in her epithet Ninmena, 'Lady of the Headdress' (Jacobsen 1973: 290). This garment customarily worn by midwives might have had therapeutic uses during the third stage of labour; as in modern Palestine the wise-woman folds a thick cloth on her head with which she presses against the parturient's belly to induce the expulsion of the afterbirth (Stol 2000: 75). According to Jacobsen, with the rise of patriarchal ideology the unquestioned traditional prominence of Nintu in the cosmic

²¹ Models of male and female genitalia were ritually handled during the ancient Greek Haloa, a festival held at Eleusis celebrating women's fecundity and the vine (Dillon 2002: 121-124). Dough phalluses were sunk into the earth during the Thesmophoria, a festival in honour of Demeter and Kore (Baur 1902: 48). According to Athenaeus (14. 647a), vulva-shaped honey breads called *mylloi* were carried around during the Thesmophoria in Sicily.

²² Leeks, onions and garlic all belong to the genus *Allium*. According to modern research, garlic has emmenagogue effects (Ernst 2002: 231).

²³ See Clark 2011: 240.

²⁴ When called to deliver a child, the Ukrainian midwife brought the tools and equipment common to her craft: implements such as a knife, a piece of cloth and a swaddling band, along with herbs both medicinal and symbolic (Boriak 2002: 33).

hierarchy proved untenable, since “a goddess as a supreme ruler, rather than a god, a midwife rather than a warrior, was difficult to fit into the pattern”; thus, as Nintu gradually yielded before a male god (Enki/Ea) who took over her genesiac powers, the midwife’s headdress became reinterpreted as an emblem of the priestly and royal crowns (1973: 294).

Our analysis of Nintu’s professional equipment and attire reveals how problematic is the ‘mother goddess’ label traditionally used to categorize her, and shows that elements of indigenous midwifery traditions including drugs may come to light when examining the attributes of the so-called birth goddesses. To further illustrate that looking into the specular pattern is a useful methodological tool for the study of ancient midwifery lore, let us briefly address the figure of Gula, the great healing goddess in early Mesopotamia also known as Ninisina/Ninkarrak/Nintinugga/Baba/Bau.²⁵

4. 2. 3. Ninisina/Gula’s medical attributes: The dog and the ‘dog’s tongue’

An explicitly healing goddess from the earliest known attestations (Avalos 1995: 222), Ninisina/Gula is praised as “the midwife of the mothers of the land, the great physician of the humankind” (Stol 2000: 79). Unlike Nintu then, she is categorized as a medical deity. And yet in the hymn *Ninisina A* she is said “to create offspring for thousands of young women, to make things in order like a potter, to cut the umbilical cord, to determine destinies”,²⁶ functions clearly paralleling those performed by Nintu, the *dea faber* who creates infants from clay, like a potter. This suggests that both goddesses are patterned on the same archetypal figure: the wise-woman.

Avalos, who notes the “long association of Ninisina/Gula with the care of pregnant women and infants”, speculates that she “was originally associated with birth and midwifery, activities which can involve herbs and other types of remedies, and then the link progressed to more general types of healing” (1995: 107, 193-194, 219, 223). Following Avalos’ suggestion that medical practice may have grown out of midwifery in Mesopotamia, Rodin examines the relationship between healing and midwifery and interestingly wonders whether “we can assume a similar developement” for Gula and Ninhursaga/Nintu (2014: 212-214).

The main plant and animal attributes of Ninisina/Gula support our hypothesis that her human prototype is the wise-woman; a shamanic practitioner with *broad* healing

²⁵ See Avalos 1995: 101; Böck 2014: 9-14.

²⁶ See ETCSL translation: t.4.22.1 at <http://etcsl.orinst.ox.ac.uk/cgi-bin/etcsl.cgi?text=t.4.22.1#>

competence. In Babylonian medical handbooks the plant most frequently associated with Gula is the ‘dog’s tongue’ (*Cynoglossum officinale*) (Böck 2014: 130, 157-158), which was an obstetric *pharmakon*. It is prescribed “for women who cannot give birth” or are “in hard labour” – and treating a range of other ailments including fever, cough, jaundice and erectile dysfunction (Stol 2000: 53-54, 133; Böck 2014: 129-168). Gula’s sacred animal is the dog, which stands as a divine symbol for the medical goddess in Babylonian imagery (Fig. 19) (Ornan 2004). Dedicated at her temples were hound figurines and actual dogs/puppies (Chapter 7, fig. 16) (Avalos 1995: 202; Böck 2014: 44, 173, 176), figurines of suppliants with their hands placed on the afflicted body parts, and anatomical votives (Spycket 1990; Gibson 1990), the latter an offering type commonly associated with healing deities (see Chapters 7-8).



Fig. 19: Gula and her dog as represented on a *kudurru* of Nebuchadnezzar I. 1126-1105 BC

Scholars have traditionally related Gula’s connection with dogs to the beneficial effect of their saliva in the healing of wounds through licking (Böck 2014: 38 n. 156); saliva contains histatins, major wound-closure stimulating factors (Oudhoff et al. 2008). However, another interpretation that is relevant to our topic has recently been proposed. Gula’s oponent, Lamaštu, the demoness causing obstetric and infant mortality whose favourite trick was to pose as midwife, is often represented suckling puppies and piglets

(Fig. 20) (Wiggermann 2000: 230; 2010). Wiggermann suggests that this iconography may reflect an actual prophylactic practice attested by ethnographic studies, the suckling of puppies by women seeking to reduce lactation so as to prevent breast engorgement after the death of an offspring (2010). Lending support to this suggestion is the fact that bitches and puppies, commonly sacrificed to midwife goddesses in the ancient Near East and broader Mediterranean, had important therapeutic applications in gynaecology and obstetrics until fairly recent times (see Chapter 7).



Fig. 20: Stone medicinal amulet used by women to ward off Lamaštu, depicted about to suckle a puppy and a piglet. Neo-Assyrian period, 883-612 BC

We have so far demonstrated the epistemological potential of the *specular pattern* for bringing to light ancient midwifery lore (e.g. professional instruments, plant, animal and mineral healing agents). It is now time to tackle a largely overlooked feature distinctive to archaic supernatural protectors of birth deserving of a study of its own. Since scholarship tends to categorize such protectors as ‘mother/nature/fertility’ or ‘fate’ goddesses, to visualize this specific feature can be instrumental for identifying midwife-type deities/daemons in primary sources; especially in prehistoric contexts, where iconographic but no written data are available (see Chapter 9).

4. 3. One and several: Divine midwives as multiple entities

A characteristic trait of archaic midwife goddesses is their *replicability*: they are often conceived as one and several personae, and thus worshipped in both their single and multiple form. As argued here, this feature is *mediated* by the specular pattern. In premodern cultures, by far the most usual practice is for the expectant mother to have two or more female attendants for labour and delivery (Figs. 8-9, 21, 26, 28, 30), in a birth setting that is generally kept off limits to all but the midwife and her helper(s) (Gélis 1986: 39, 41; Jordan 1993: 20, 24; Newton and Newton 2003: 11). The most qualified helper is the midwife's personal attendant/apprentice, but female relatives and friends of the parturient already initiated into motherhood often perform assistential tasks too (Argenti 1944: 349; Jaspers 1986: 176; Gélis 1986: 39; Sike 1986: 129-130; Gourevitch 1996: 2087).



Fig. 21: Midwife delivering the newborn while her assistant supports the parturient from behind. Clay model from Lapithos, Cyprus, c. 500 BC

Hence, the midwife and her helpers constitute a grouping, be it a dyad, a triad or a larger therapeutic ‘constellation’, a plurality that is projected into the divine realm (Figs. 22-23, 25, 29, 31-33). Supernatural midwives may thus be represented concurrently as single and multiple entities. Cross-cultural evidence shows that, in their single form, all the therapeutic functions associated with the (re)birth process are condensed into one figure;

whereas in their multiple form, they may act as a manifold unity and/or as differentiated personifications of specific functions inherent to midwifery practice. First attested in the Sumero-Akkadian record, multiple divine midwives recurringly occur in ancient Near Eastern, Egyptian, Greek and Roman religious traditions. Replicability is therefore a *prototypical* feature of supernatural protectors of birth.

In the *Atrahasis* myth, when Nintu/Bēlet-ilī performs her midwifery=creation of humankind she is assisted by “seven and seven *šassūrātu*”, “wise and knowing” women (i.e. midwives) who fashion seven males and seven females from the fourteen pieces of clay previously moulded by the goddess (Stol 2000: 82). A theological text identifies “The Seven Bēlet-ilī’s” as Nintu, Aruru, Ninmah, Ninhursaga, Ninmena and other names or epithets of the goddess (Stol 2000: 78). In the myth *Enki and Ninmah* (34-37), Nintu has eight (?) divine assistants, among them Nin-imma, a vegetation goddess; the other attending deities also bear Sumerian names suggesting a specific expertise. However, in her single form Nintu may assume all the functions herself (*Enki and the World Order* 394-402) (van Dijk 1975: 76; Stol 2000: 82). Seemingly associated with Bēlet-ilī/Nintu are the Lamassus, two protective female spirits paralleled by the Elamite divine midwives Narundi and Nahundi. These dyads function as ‘angelic’ attendants to the woman in labour, as is illustrated by “A Cow of Sîn”, a well-known Akkadian birth incantation which equates the parturient to a labouring cow (Stol 2000: 67, n. 67):

Two Lamassus descended from heaven.

One of them carried “oil-from-the-jar”, the other brought “water of labour”.

With “oil-from-the-jar” she touched her forehead,

with “water of labour” she sprinkled her whole body.

Once again she touched her forehead with “oil-from-the-jar”,

with “water of labour” she sprinkled her whole body.

When she touched for the third time,

the calf fell down on the ground like a gazelle’s young.

Amar-ga (“Milk-calf”) she called the calf.

Just as Geme-Sîn gave birth normally

may also the young woman in labour give birth.

Let the midwife not be held back,

let the pregnant one be all right.

The Lamassus, who descend from heaven with remedies to hasten labour, are obviously supernatural wise-women. In the so-called magico-medical literature, they frequently appear under the name of ‘Daughters of Anu’ in groupings of two, seven, or ‘seven and seven’ (Veldhuis 1991: 1-2; Bergmann 2008: 22), like Nintu’s attending wise-women, the *šassūrātu*. The Canaanite counterparts of the *šassūrātu* and the Lamassus are the Kosharot (*Kīrt*) (Margolis 1972: 54),²⁷ whose name means ‘the experts’, ‘the skilled/wise/cunning ones’ (Caquot 1970: 154; Lichtenstein 1972: 108-110; Lipiński 1995: 112; Stol 2000: 83; Archi 2013: 14, 17). Portrayed in primary sources as goddesses of conception, pregnancy and birth (Archi 2013: 14), they liberate “those trapped” in the womb (Caquot 1970: 154), bestow protection over children, and come down to mourn the dead (Virolleaud 1936: 214, 225-226), thus performing as psychopomps. The Kosharot, whose singular form is Koshart (Patai 1976: 203, n. 3), are the seven midwives or stars daughters of Astarte (Venus), and probably also the seven *p’amp*, goddesses of abundance associated with growth and childrearing (Du Mesnil du Buisson 1973: xxii, 82, 94, 101-103). They constitute a conceptual unity, though each one seems to have an identity of her own, a name and a specific function.²⁸ The Ugaritic lists equate the seven Kosharot with the Ḫutena-Ḫutellura goddesses from the Hurrian tradition, themselves heptads of divines midwives whose name derives from the verb *ḫut(e/i)*, ‘to favour’ (Archi 2013). Their Hittite counterparts, the Gulšeš, assist Dingirmah in the creation of humans from clay, count the months (of pregnancy) and determine fate (Archi 2013); Dingirmah, “who moulds the creature”, is identical to Nintu (Stol 2000: 76). These Near Eastern multiple goddesses, who appear to have developed from the same ancestral symbolic stock, find parallels in many other ancient belief systems.

Egyptian religion includes ‘families’ or groupings of divine beings, especially among deities associated with birth (Dasen 1993: 56). As in the case of the Sumerian *šassūrātu*, the Akkadian Lamassus, the Canaanite Kosharot and the Hittite Gulšeš, the Egyptian groupings express a conceptual unity. Hathor, sometimes credited with spinning the potter’s wheel (i.e. creating humans with clay) (Graves-Brown 2010: 102), is worshipped in multiple form, the Seven and the Twelve Hathors (Dasen 1993: 56; Hart

²⁷ *Kīrt* is also transcribed Kotharāt.

²⁸ A hymn from Ras Shamra, *Nikkal and the Kosharot*, refers to Parhabash, “the youngest of the Kosharot” (Virolleaud 1936: 225; Margolis 1972: 57); and mentions a human bride commended to El and the Kosharot, suggesting that the hymn was sung at a ceremony for a mortal rite of passage (Dalley 2002: 59). The two other Kosharot to have been singled out bear names denoting a type of marriage gift or dowry (Margolis 1972: 57); as reported earlier, (divine) midwives preside over women’s initiation into marriage.

2005: 64; Wegner 2009: 457; Spieser 2011). The Seven Hathors, who appear depicted in anthropomorphic and bovine shape (Fig. 22), are endowed with distinct identities, since in the Book of the Dead each one has her own name (Hart 2005: 64). Significantly, their therapeutic/ritual functions are not confined to easing birth and allotting the newborn's fate, as they are described treating scorpion bites, and invoked to safeguard from harm or bestow protection on the ailing body until health is regained (Hart 2005: 64; Spieser 2011).



Fig. 22: The Seven Hathors playing the tambourine and the sistrum. Stone relief, Temple of Hathor at Dendera

As the personification of the four bricks upon which women squatted in labour, Meskhenet is attested in multiple form. The Four Meskhenets (Fig. 23),²⁹ goddesses of birth and rebirth (Spieser 2011: 71-73), are closely connected with the Four Renenutets (Mougenot 2015); Renenutet, represented as a cobra or as a woman, propitiates birth, the harvest, the abundance of the storeroom, and prosperity more broadly (Hart 2005: 135-136; Mougenot 2015). As for Taweret, the popular divine midwife depicted as a bipedal hippopotamus, she is also worshipped as a manifold deity, the Twelve and the Fourteen Tawerets; we will come back to her replicability when addressing the Minoan Genius, a mythological creature derived from the Cretan adaptation of Taweret (see Chapter 9).

²⁹ For further references on these goddesses, see Dasen 1993: 56, n. 14.

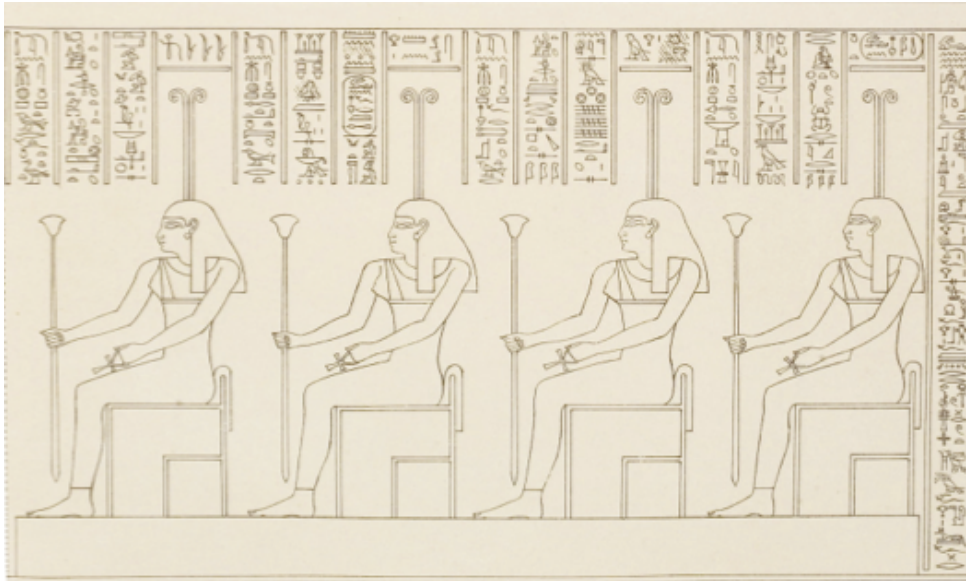


Fig. 23: Relief of the Four Meskhenets. Temple of Hathor at Dendera

Female pluralities, particularly dyads and triads, pervade Greek mythology and cult (Hadzisteliou Price 1971; Burkert 1985: 173-174; Larson 2001: 7). Dyads may represent one duplicated deity (e.g. Eileithyiai), or two closely related supernatural entities (e.g. Artemis and Leto, Demeter and Kore, Hyperoche and Laodice, Damia and Auxesia) (Figs. 24-25) (Hadzisteliou Price 1971; Demargne 1930: 200-201). Many of the pre-Hellenistic votive representations of double and triple females were consecrated to goddesses concerned with procreation and nursing (e.g. Artemis Orthia at Sparta, Athena at Lindos, Artemis at Larnaca). They constitute a standard type of offering traditionally interpreted as depicting Demeter and Kore or the Nymphs, but may equally represent the Eileithyiai, Moirai, Eumenides and similar multiple entities (Hadzisteliou Price 1971, Salapata 2009). These offerings also frequently occur in graves (Hadzisteliou Price 1971: 69), which brings to mind the psychopomp function of divine midwives. Often associated with human and animal reproduction, goddesses unfolding into two or more selves were broadly worshipped in Archaic Greece. Linked to religious traditions stretching far back in time, they mostly ended up relegated to a lesser role in historical canonical pantheons (e.g. Eileithyiai, Erinyes, Eumenides/Semnai, Damateres) (Demargne 1930: 200-203).



Fig. 24: Possibly Artemis and Leto. Ivory figurine, Sparta, Archaic period



Fig. 25: Two Eileithyiai attend the labouring Zeus. Athenian black-figure amphora, 6th c. BC

Eileithyia, a major prehistoric Cretan goddess assimilated as a lesser deity in the canonical Greek pantheon (see Chapters 5-6), appears in Homeric texts in both her single and plural forms (*Od.* 19. 188; *Il.* 11. 270; *Il.* 19. 119) (Demargne 1930; Hadzisteliou Price 1971; Salapata 2009). Two Eileithyiai are most commonly represented in Greek vase iconography (Fig. 25) (Baur 1902: 77; Demargne 1930: 200-201; Bruno 1989-1990), but sometimes three Eileithyiai occur in one and the same depiction (Baur 1902: 77, n. 110).³⁰ As observed by Burkert, the Eileithyiai are a reflection of the women who come together to assist at birth (1985: 173).³¹ Baur remarked that even though the depictions of three Eileithyiai are rare, “three midwives correspond more to real usage”, for Soranus (*Gyn.* 2. 5) tells us that three practitioners must be present at every delivery, two at the sides, and a third behind the labouring woman to hold her firmly so that she may not sway with the pains (1902: 77).

Reflecting the roles of these practitioners are the telling names given to the modern Greek *mammi* and her assistants, which reveal some of the functions they perform, their positional relationship to the parturient at given stages of childbirth, and the hierarchy existing within the grouping. The ‘chief midwife’, *kyra-mammi*, is also called *mammogiatrissa*, ‘midwife-physician’ (Oikonomopoulos and Oikonomopoulou 2012: 658,

³⁰ In her sanctuary at Athens Eileithyia had three *xoana*, i. e. wooden statues (Paus. 1. 18. 5).

³¹ Cf. Gantz 1993: 83.

665, 667), or simply *giatressa*, ‘doctress’, a colloquial term still used by the elderly in the countryside.³² Two other names for the chief midwife are *ebrosthomammi*, ‘fore midwife’ (Oikonopoulos and Oikonopoulou 2012: 689, 705, 708), which parallels the Latin *obstetrix*, ‘she who stands before (the parturient)’ to deliver the infant; and *sikotou*, ‘she who lifts’ (Oikonopoulos and Oikonopoulou 2012: 682), like the Italian term for midwife, *levatrice*, ‘she who lifts’ the newborn into the world. As for her assistants, the *plagiomammes*, ‘side midwives’, who support the labouring woman from either side, they are also known as *kratitikies*, ‘grabbers/holders’, when they engage in rhythmically shaking the parturient as an oxytocic procedure. The *opisthomammi*, ‘rear-midwife’, provides back support to the mother, and the *dynamocheri*, ‘strong-handed’, lifts her in obstetrical manoeuvres intended to hasten labour (Oikonopoulos and Oikonopoulou 2012: 681-684, 693).

The chief, rear- and side-midwives are attested in ancient iconographic sources portraying both human practitioners and their divine counterparts (Figs. 8-9, 21, 25, 26, 28-30). These images depicting childbirth as an all-female event bring to mind the healers who occasionally surface in Classical medical texts – mainly as ‘helpers’ of the male physician; the female practitioners who commonly explored women’s bodies and managed labour and delivery (see Chapter 1).



Fig. 26: Mesopotamian midwife and attendants delivering a female surmounted by a crescent and a star, who rests on a bed with bull legs. Cylinder seal, late Early Dynastic III or Akkad period, c. 2400-2100 BC

³² Alex Papageorgiou, pers. comm. 2-2-2016.

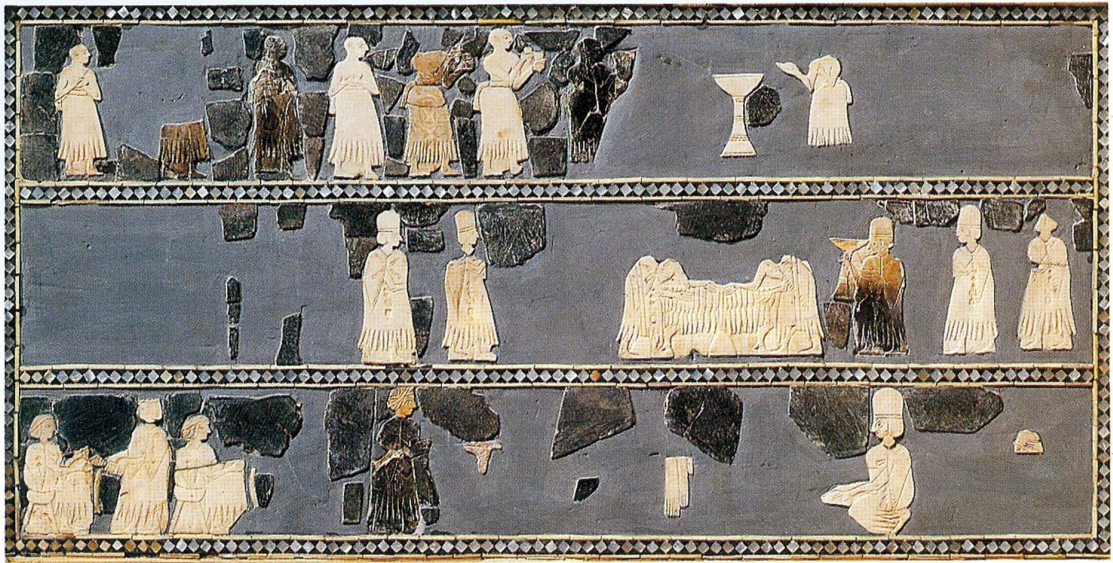


Fig. 27: The 'Panneau des rites', possibly representing the birthgiving of a high-ranking Akkadian woman and the related festivals. Mosaic panel, Mari, 2500-2300 BC



Fig. 28: Detail of the 'Panneau des rites' showing two midwives at work, before a bed with bull legs that recurs in contemporary birth scenes



Fig. 29: Two Hathorian figures performing as side-midwives hold a squatting parturient. Relief from the temple of Hathor at Dendera, c. 330 BC



Fig. 30: A Roman *obstetrix* delivers the infant while her assistant, acting as rear-midwife, holds the seated parturient firmly. Tomb relief from Isola Sacra, 2nd c. AD.

Coming back to Eileithyia, the poet Olen speaks of her as εὔλινος, ‘spinner deft’ (Paus. 8. 21. 3), thus identifying her as a Moira, a goddess of destiny (Baur 1902: 29; Papachatzis 1978: 9); εὔλιμος refers to the midwife’s function as foreteller of the newborn’s fate. The Moirai, who assist Eileithyia in the birth of Iamos (Pi. *O.* 6. 41-44) and Herakles (Ant. Lib. 29), appear as spinners of the human fate or lot (*moira*) already in Homer (*Il.* 24. 209-210, *Il.* 20.127-128, *Od.* 7.196-198) (Dietrich 1962: 86). They preside

over life's major transitions (parturition/birth, marriage, and death), and sanction the foundation of the Olympic games (Pi. O. 10. 51-52) (Pirenne-Delforge and Pironti 2011: 100); as we saw in the Egyptian context, the act of foundation may be conceived as a metaphorical birth. The canonical Moirai were a triad, each one fulfilling a specific function: Klotho, the 'Spinner', spun the thread of life at birth; Lachesis, the 'Allotter', whom Isyllus calls "noble midwife",³³ measured the length of the thread; and Atropos, the 'Unturnable', determined the time of death and cut the thread (Fig. 31) (Burkert 1985: 174; Pirenne-Delforge and Pironti 2011: 98, 100). However, like in the case of the Eileithyiai, the number of Moirai might not have been fixed; in modern Zante (19th c.) they were not three but twelve (Rodd 1892: 109-110).

Genetyllis, who presides over generation and birth, occurs both as a single and multiple goddess. The Genetyllides or Gennaides are mentioned as companions of Aphrodite Koliai (Aristoph. *Thesmoph.* 130); and Genetyllis is also a surname of Artemis, to whom women sacrificed dogs (Hesych. s. v. Genetulis; Aristoph. *Lys.* 2).³⁴ Hekate, at times identified with Eileithyia (Plut. *Quaest. Rom.* 52), is a single and triple goddess. Artemis, a protectress of marriage and childbirth, occurs in multiple form in Beotia, *Artemides Praai*,³⁵ paralleling the Eileithyiai (Demargne 1930: 201; Hadzisteliou Price 1971: 53-54); on an inscription from Lebadea, a woman thanking "the gentle Eileithyiai" calls them *Artemides* (Farnell 1896: 609).

The Roman Carmenta/Carmentes, who masters the medical *carmen* (charm) that cures ailments and help women bring forth, is a single and multiple goddess with healing and prophetic functions patterned on the human *sagae* ('wise women') (Tels-de Jong 1960: 21-65; Fowler 1916: 292). The Greek Moirai and their Roman counterparts, the Parcae/Fates (Figs. 31-32), whose human prototype is the midwife (Dasen 2009: 202; 2013: 35), find parallels in the Norse/Germanic Norns (Fig. 33) (Runz 1986: 108; Doja 2005: 449; Bettini 2013: 197); in some northern dialects, the midwife is called *norne*, or *Norne*, the ancient goddess of childbirth and fate who, like Eileithyia and the Moirai, is celebrated as a spinning goddess (Bettini 2013: 197).

³³ In an inscription from Epidauros by Isyllus, Apollo entrusts his newborn son Asklepios to the Moirai, particularly Lachesis who is praised as μαῖα ἀγαυά, 'noble midwife' (IG IV. 1 (2), 128, line 50) (Pirenne-Delforge and Pironti 2011: 100, n. 20).

³⁴ For fuller references see <http://www.mythindex.com/greek-mythology/G/Genetyllis.html>

³⁵ *Artemides Praiai* means 'Sweet Artemides'. Horace also calls Eileithyia *lenis*, 'sweet' (*Carm. Saec.* 13). This epithet alludes to the divine midwives' ability to ease parturition; as in an epigram Artemis is said to sweeten the birth-pangs, ὠδίνων μελίχρος Ἄρτεμις (*Anthol. Palat.* 6. 242). See Daremberg and Saglio 1873-1919, s.v. Diana, p. 134.



Fig. 31: The three Fates/Parcae: Klotho holds a distaff and spindle to spin the thread of life; Lachesis, a scale to weigh it and a cornucopia; and Atropos, an open scroll possibly symbolizing 'the book of fate'. Roman sarcophagus, 2nd c. AD.



Fig. 32: The Parcae with a newborn holding a torch. Roman glass gem

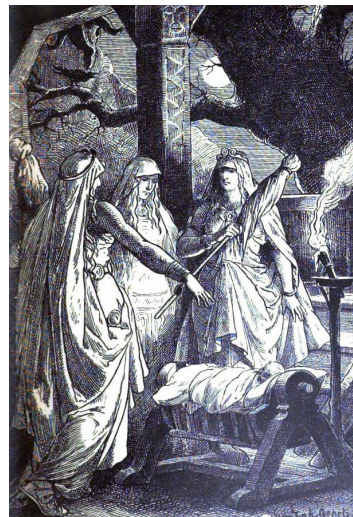


Fig. 33: The Norns at the birth of a child in a 19th c. illustration

Some ancient male deities/daemons having protective attributions over birth/infancy also appear in multiple form, as is for instance the case of the Egyptian dwarf god Bes (Fig. 34); or the Cretan Kouretes, the guardians of the newborn Zeus (Paus. 5. 7. 6) who are closely connected to Eileithyia' s cult (see Chapters 6, 9).



Fig. 34: Stela of multiple Bes figures wearing snake-belts. Egypt, Graeco-Roman period

Lastly, multiple divine midwives are also documented in the ethnographic record. In rural Malaysia wise-women used to summon the ‘Seven Celestial Midwives’ (*Bidandari*) who came to alleviate labouring women (Laderman 1983: 132). Twelve divine midwives (*Ba Mú*) were worshipped in Vietnam (Van Hao 1964; Túng and Krowolski 2005). In Guatemala the *comadronas* invoked the assistance of their deceased peers, the ‘invisible Midwives’ (*Comadronas invisibles*) (Cosminsky 1982: 208, 226; 2001: 355). Christianized versions of these ancestral spiritual healers helping Guatemalan midwives are the “twelve Marías”, who watched over mother and child during the week of bedrest, and the “thirteen Marías”, two of whom were the “Mero Jefes” (main chiefs) (Paul and Paul 1975: 723, n. 13); a hierarchy reflecting that actually existing in human births between the dyad composed by the midwife and her assistant, and the rest of female helpers. We shall come back to the replicating pattern of supernatural protectors of birth (see Chapter 9), but now let us complete our review of the practico-symbolic materiality of archaic midwifery.

4. 4. Ancient themes and motifs persistently associated with birth

Sumerian-Akkadian sources reveal a number of themes and motifs that seem archetypically associated with birth, as they find parallels in many other ancient traditions across the Near East, the Mediterranean and beyond. The systematic analysis of such parallels, calling for an exhaustive study in its own right, falls beyond the scope of our research. But pinpointing the most salient cross-cultural recurrences allows us to further visualize the materiality of birth-related lore in the historical record; and may prove useful for detecting and possibly interpreting iconographic and archaeological data relevant to archaic midwifery complexes in prehistoric contexts.

4. 4. 1. Water and related imagery

In humans and the rest of mammals the foetus forms and grows in the amniotic sac, commonly known as the bag of waters. The most visible sign of the onset of labour is water breaking, when the sac ruptures and the amniotic fluid leaks out via the mother's cervix and vagina. Water is thus a primary element associated with birth, and as such plays a genesiatic role in all creation myths recounting the emergence of life/the cosmos from the primordial waters, which are clearly a metaphor for the amniotic fluid. As phrased by Leeming, "we are born of the maternal waters and so, in these myths, is creation itself"; in manifold ways, all cultures recognize water as a vital source of life and survival, and regard it as a symbol of creative fertility (2010: 341).

In the Sumerian myth *Enki and Ninmah*, the divine wise-women who create humans fashion their bodies with clay from above the Apsû, the primordial underground waters (Lambert and Millard 1969: 153; Stol 2000: 82). Another source calls a midwife goddess the "Expert knower of the lâl.har", a variant of a Sumerian term for the Apsû, which is conceived as a cosmic ocean (Stol 2000: 125). A passage from a birth incantation describes how the human foetus is created by a coagulation of fluids (Bergmann 2008: 32):

In the waters of intercourse, bone was created;
in the muscular tissue, the baby was created.

In the ocean waters, frightening, turbulent,
in the far-off waters of the sea, where the little one is (with) his arms bound...

The Sumerogram for ‘pregnant’ is the sign ‘belly’ with ‘water’ written inside it (Chapter 8, fig. 66); birth incantations portray the mother-to-be “filled like a waterskin”, and as a jug about to be broken. The ancient Semites designated the delivery after the flowing of the amniotic water (Stol 2000: 125). Near Eastern literature likens birth to an ocean travel involving navigation metaphors (Bergmann 2008: 1, 23-29, 52-54). Several sources identify the pregnant woman with a fully loaded boat about to unload its precious cargo, the infant (Stol 2000: 62; Bergmann 2008: 53-54); another text compares the child to be born to a boat steered by divine midwives – Ninhursag and Inanna – through the (amniotic) water (Farber 1984: 311; Bergmann 2008: 29). The foetus, conceived as a ship journeying across the ocean, is formed on the quay of death, a place shared by the unborn and the deceased. When delivery is obstructed, the ship is held back at the quay of death and distress; when successful, the boat reaches the quay of health and life (Bergmann 2008: 27, 53), as reads the following Neo-Babylonian birth incantation (Bergmann 2008: 24):

May the ship (arrive) well in the ...! May the boat (arrive) happily in the...!
May her strong bonds be slackened, may her closed hips be opened!
The rope of the ship for the quay of safety!
The rope of the boat for the quay of health!

In ancient Egypt water is also associated with creation, birth and divine midwives. According to the Esna cosmology, Neith emerged from the primeval waters to create the world.³⁶ She then followed the flow of the Nile, escorted by the subsequently worshipped lates-fish, to found the city of Sais in the Delta (Hart 2005: 101).³⁷ Taweret, the hippopotamus-shaped midwife deity, bears epithets such as “She Who Removes Water”, likely alluding to the birth process, or “The One Who is in the Waters of Nun” (Houser-Wegner 2002: 352), the primordial waters of Creation. The goddess is linked to another life-giving liquid, milk. Vases shaped in the form of Taweret, who displays female human

³⁶ In the sources Neith is credited with the invention of birth. An inscription reads that Amenhotep II (28th Dynasty) is the pharaoh “whose being Neith moulded”. Neith’s consort, Khnum, is himself involved in the making of life, as he fashions embryos on his potter’s wheel (Hart 2005: 86, 101).

³⁷ A passage from the Ebers medical papyrus suggests the existence of a school of midwifery at the Temple of Neith at Sais, where the midwives-to-be might have learned their craft from the attendants of the goddess (David 1996: 125).

breasts, had a perforated nipple allowing the pouring of milk to accompany a spell (Chapter 9, fig. 48) (Hart 2005: 155).

In Old Babylonian and later incantations, the Lamassus bring down health-producing water, the ‘water of labour’ they use to hasten delivery (Stol 2000: 67). Interestingly, modern Greek *mammes* (midwives) employed *eukoloneria*, ‘easing waters’ from *piges euodines*, ‘fountains for good birth-pangs’, and also sea water as pharmacological oxytocic agents (Oikonomopoulos and Oikonomopoulou 2012: 669-673). As shall be argued when addressing the Cretan cult of Eileithyia, ancient midwife goddesses, like healing deities more broadly, were usually associated with springs and rivers deemed to have therapeutic properties (see Chapter 6).

4. 4. 2. Light and astral imagery

When labour comes on, the infant journeys from the sheer darkness of the womb into the light of the world. The Spanish phrase for giving birth is *dar a luz*, ‘giving (the child) to light’; an expression that evokes the biblical *Fiat lux*, ‘Let there be light’, marking the creation of the world (Genesis 1. 3). In ancient Near Eastern texts, coming out of the darkness into the sunlight is a metaphor for the birth event (Bergmann 2008: 44-45). Whereas the dead fall asleep into a gloomy existence, the child goes the opposite way as it awakens into life=light when delivered from the maternal womb (Verderame 2014: 7), which has remained sealed during pregnancy, as is illustrated by a birth incantation from Assur (Stol 2000: 65):

May the limbs be relaxed, the muscles loosen,
may the sealed one ease, may the creature come forth.
The separate bone, the human form,
may it come forth soon and see the sunlight!

The name of Meskhenet, the Egyptian goddess personifying the birth bricks, seems to derive from a verb meaning ‘to alight’; the bricks would then be ‘the place of alighting’ (Roth and Roehrig 2002: 130-131). Neith, the creatress associated with the primeval waters, is said to be the one “who illuminated the first face” (Hart 2005: 101). The Greek Eileithyia is a deity of light (Baur 1902: 15), like her Roman counterpart Lucina (< *lux*, *lucis*), the ‘Light-bringer’; burning lights to ward off evil spirits was an old Roman custom

observed where a woman was in labour (Baur 1902: 28). Iconographic sources recurrently portray Classical goddesses presiding over birth bearing torches.³⁸ Artemis and Hekate display them as a distinctive emblem (Figs. 35-36).³⁹ Eileithyia appears with a torch in each hand on coins from Aigion, where she had a sanctuary. Her cult statue there held up a torch, an attribute that according to Pausanias (7. 23. 5-6) symbolizes Eileithyia's role as bringer of children into the light; and possibly the birth-pangs, which burn like fire (Baur 1902: 27-28).



Fig. 35: Hekate with twin torches. Attic red-figure bell-krater, c. 440 BC



Fig. 36: Artemis holding torches, with her dog. Marble relief from Megara, 350-300 BC

Supernatural protectors of birth are often connected with bright celestial bodies; particularly with the moon (Baur 1902: 17; Aubert 1989: 444; Ornan 2007), which in antiquity and many premodern societies was thought to govern women's menstrual cycle and reproductive functions (Aubert 1989: 446-447).⁴⁰ In the Akkadian birth incantation "A cow of Sîn", the two Lamassus descending from heaven to alleviate the parturient act on behalf of the moon deity Sîn (Stol 2000: 67). The multiple Kosharot from the Canaanite tradition, the seven stars daughters of Astarte (Venus) (Du Mesnil du Buisson 1973: 103),

³⁸ See Daremberg and Saglio 1873-1919, s.v. Fax.

³⁹ See Daremberg and Saglio 1873-1919, s.vv. Diana and Hekate.

⁴⁰ See Daremberg and Saglio 1873-1919, s.v. Diana, p. 134.

are lunar goddesses (Virolleaud 1936: 214). A unique group of Late Bronze Age Canaanite plaques represent a birthing female pregnant with twins who wears a crescent-shaped pendant, probably the symbol of a moon deity in charge of safe delivery (Fig. 37) (Ornan 2007: 215); these plaques have been interpreted as images of a goddess overseeing reproduction (e.g. Ashera as *creatrix*), or as birth amulets portraying a mortal female (Ornan 2007).

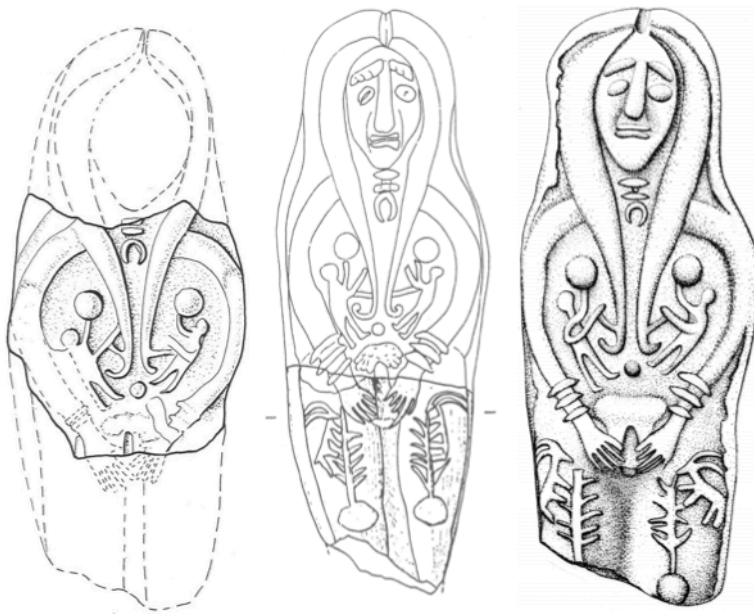


Fig. 37: Images of a female pregnant with two foetuses, wearing a crescent-shaped pendant and opening her vulva with her hands. Terracotta Revadim plaques. Canaan, Late Bronze Age, 13th c. BC

Nahundi and Narundi, the Elamite dyad paralleling the Lamassus, are identified with the sun and the moon (Stol 2000: 69). A sun disk set between cow horns composes the headdress of Hathor, one of whose epithets is ‘Female Sun’ (Spieser 2011). The Seven Hathors, thought to personify the constellation of the Pleiades (Müller 1918: 40), are the seven daughters of the sun god Rê at times described wearing red ribbons; the red colour, which is associated with the rising sun, also evokes the blood of birth (Spieser 2011). Along with the dog, stars frequently occur in Gula’s iconography; textual sources ascribe to the medical deity the qualities of light and radiance (Ornan 2004: 23). Nana/Nanaya,

another Babylonian goddess linked to childbirth (Streck and Wasserman 2012: 184, 198), is herself associated with celestial imagery (Fig. 38).



Fig. 38: The enthroned goddess Nanaya with upraised arms, a star, a moon crescent and the sun. Babylonian boundary stone, 12th c. BC

The torch displayed by Classical goddesses that preside over the reproductive cycle is an iconographic motif identifying them with the moon; the torch-bearers Eileithyia, Artemis and Hekate are all lunar goddesses to whom dogs were sacrificed (Baur 1902: 17 n. 22; 22; 28; 89; Sergis 2010).⁴¹ In Greek literature and inscriptions, Selene, the personification of the moon (Fig. 39), is frequently assimilated with Hekate, Artemis, Eileithyia, Prothyraia, Demeter, Persephone and Aphrodite; and called *λοχίας* ('aiding birth'), *λυσίζωνος* ('girdle loosener'), *μογοστοκός* ('of birth-pangs'), *σοωδίνα* ('saving in travail'), *ωδίνων επαρωγός* ('helping in childbirth'), and *οκυλόχεια* ('giving a quick birth') (Aubert 1989: 444), all epithets befitting (divine) midwives.

⁴¹ The moon, often identified with Artemis and Hekate, is called Eileithyia by Nonnus (*Dion.* 38. 150). In Hesiod's genealogy, Hekate's mother is Asteria, meaning 'starry' (Athanasakis and Wolkow 2013: 73, 75). For further references on Artemis and Hekate as light/torch-bearers and moon deities, see Daremberg and Saglio 1873-1919, s.vv. Diana and Hekate.



Fig. 39: The moon goddess Selene flanked by torches and the rising and setting stars. Roman marble altar, 2nd c. AD

Ix-Chel, the Mayan goddess of medicine portrayed as an aged midwife, is identified with the moon (Milbrath 1999: 141-142); among the ancient lowland Maya, midwives used to place an image of her under the parturient's bed (Paul and Paul 1975: 710, quoting Tozzer 1941: 129). When calling down the fox spirit who would guide them throughout the delivery, Mongolian shamanesses (*bariyachis*) prayed to Ome Niang Niang, the moon-goddess presiding over birth and the care of children (Stutley 2003: 68-69; Humphrey and Onon 1996: 323). As we may recall, (divine) midwives record the time of pregnancy by counting the months (Lambert and Millard 1969: 62; Benjamin 1989: 118; Stol 2000: 177), and measure=foretell the length of the newborn's life (e.g. Moirai/Parcae). The moon plays a central role here, as tracking lunar month cycles is the earliest known time-keeping method and the basis of traditional calendars (Marshack 1972; Becker 2010: 149).

4. 4. 3. Doorways, keys and knots

The foetus descends into the birth canal when uterine contractions cause the dilation of the cervix, and emerges into the light when this opening process is completed. Unsurprisingly then, a recurring motif associated with birth is the door, which serves as a metaphor for the opening of the womb, or its blocking when delivery is obstructed. This motif is well attested in ancient Near Eastern (Veldhuis 1991: 40; Stol 2000: 130; Bergmann 2008: 55-56) and Classical sources. A passage from a Middle Assyrian incantation describes obstructed delivery as follows (Stol 2000: 130):

The woman in travail has great difficulty in giving birth,
she has great difficulty in giving birth, she is stuck with the baby.
She is stuck with the baby to the point of ending her life.
The bolt is lowered, the door is closed for the suckling,
the opening of the womb is blocked.

The same text calls the baby the “sealed-up one”, illustrating the idea that the womb’s locked door and secured bolt keep the child inside the mother like in a sealed vessel (Bergmann 2008: 55). Gula’s oponent, Lamaštu, who deceptively poses as midwife to cause birth-related mortality, blocks ‘the door’ of labouring women; a true midwife does the exact opposite (Wiggermann 2000: 230; Stol 2000: 177; Bergmann 2008: 55), as is expressed by Ishtar’s epithet ‘Opener of the Womb’.

The Lamassus fulfil the role of doorkeepers (Veldhuis 1991: 1, 40), and Classical divine midwives are themselves protectors of doorways, gates and thresholds, which stand as metaphors for the liminal/critical transitions they symbolically facilitate. Eileithyia, Artemis and Hekate share the cult title *Prothyraia*, ‘She who is at the door’ (Harris 1916: 178; Athanassakis and Wolkow 2013: 75). In the *Orphic Argonautica*, Hekate is identified with Artemis and called ‘Our Lady of the Gate’ (Harris 1916: 181). Artemis, Hekate and Hera bear the epithet *kleidouchos*, ‘key-bearer’ (Figs. 40-41) (Harris 1916: 178; Cipriani 1997: 218). According to written evidence, Roman women wishing to ensure an easy childbirth customarily offered keys to midwife-type goddesses (Fig. 42) (Aparicio Resco 2009: 3; Dasen 2013: 32). Such votives occur, for instance, at sanctuaries of Hera (e.g. at Argos and Paestum) (Fig. 42), the sanctuary of Aphaia on Aegina, the cave consecrated to the nymph Corycia at Delphi (Aparicio Resco 2009: 1); and in a temple deposit from Praeneste possibly dedicated to Juno,⁴² including also anatomical votives of uteri and figurines of a weasel-woman (Tedeschi 2007), all relevant to midwifery cult (see Chapter 8).

⁴² Juno Lucina is Eileithyia’s Roman counterpart.



Figs. 40: Hera's head and a key on a coin from Argos



Fig. 41: Priestess of Hera or Artemis with a key. Attic votive relief, 5th c. BC



Fig. 42: Votive iron keys from Paestum

The belief that keys opened and closed the 'door' of the womb, thus facilitating menstruation, conception and delivery, and preventing haemorrhage and miscarriage, was deeply embedded in the Mediterranean (Ritner 1984; Aubert 1989: 446; Gaillard-Seux 1998: 74; Dasen 2013). Together with protective formulae, keys features on Graeco-Egyptian uterine amulets carved on gemstones (e.g. haematite, red carnelian, red jasper) deemed to have styptic and other gynaecological properties (Figs. 43-44); these medical gems, broadly used in Hellenistic and Roman Imperial times (Ritner 1984; Dasen 2013, 2014), often display lunar symbols, the key being one of them as in some rituals it 'locks the moon in place' (Aubert 1989: 446-447).

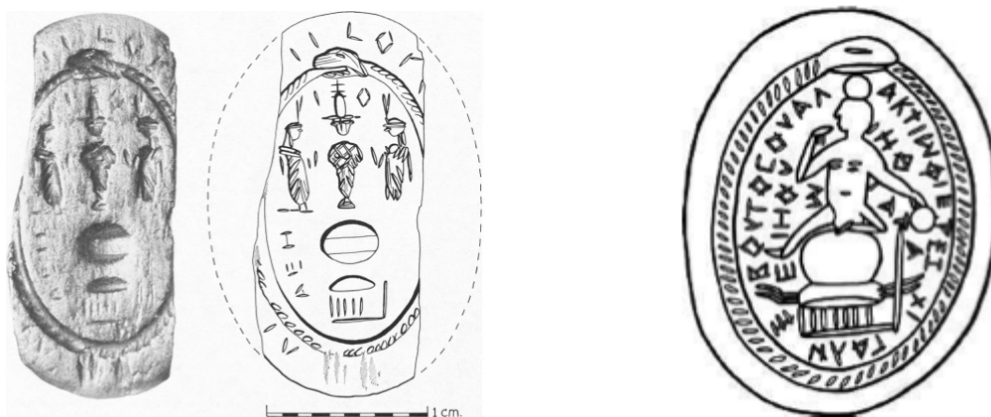


Fig. 43, 44: Uterine gems displaying birth deities atop the womb – symbolized to the right by an inverted pot – below which lies a multiple-teethed key; enclosing both scenes is a snake biting its tail, the protective ouroboros. Hellenistic period

Related practices have been perpetuated into modern times. According to popular belief, placing a key under the pillow of the labouring woman eased delivery (Howes 1929, Bates and Turner 1985). In Spain an iron key hung between the shoulder blades was deemed to arrest the milk flow in lactating women (Hildburgh 1951: 446-447). Pregnant women in Egypt sometimes wore padlocks, which they unlocked when labour approached to ensure a swift and safe delivery (Frankfort 1944: 198). The first care of the Greek *mammi* was to open all the locked elements in the home (doors, chests, trunks), untie the parturient's hair, and make sure that none of the attending women crossed their fingers, arms or legs (Argenti 1944: 346; Sike 1986: 136).

Like closed doors and keys, knots were endowed with the power to block=bind the womb, a belief that is cross-culturally attested (Day 1950: 248; Bergmann 2008: 55-54; Hulubas 2011: 77; Bettini 2013: 69-82). In the ancient Near East, rituals involving the tying of knots were performed to prevent miscarriage and arrest vaginal bleeding during pregnancy (Bowen 1999: 424; Stol 2000: 60). Mesopotamian midwives customarily untied their girdle when assisting the parturient, and avoided any other knots or bindings that would prevent the infant from freeing itself in the delivery (Jacobsen 1973: 292; Stol 2000: 199). A divine midwife associated with Gula's cult is called Pašertu, 'The Loosener' (Stol 2000: 82-83), a name reflecting the wise-woman's function as a deliverer from bonds. So does λυσίζωνος, 'girdle loosener', a common epithet of Eileithyia and Artemis (Aubert 1989: 444, n. 48; Brugnone 2011: 80). In ancient Greece the labouring woman laid aside

her girdle and hairbands, and anything knotted that could obstruct birth was properly untied (Baur 1902: 67). The modern Greek *mammi* ritually loosened the tie and all knots in the clothing of the father-to-be (Kitzinger 2010: 77), and performed also practical bindings having a clearly therapeutic scope; on the island of Rhodes, the midwife tied the abdomen of the newly delivered mother with two kerchiefs knotted together to promote the process of uterine closure (Georges 2008: 141).

4. 4. 4. Snake iconography

The snake, an animal featuring in a wealth of cosmogonic and other origin myths (Leeming 2010), is a key birth symbol in many cultures across the world (Tedlock 2005: 215). Several ancient Near Eastern texts employ serpent imagery to signify a swift and easy delivery (Michel 2004: 410; Bergmann 2008: 45-46; Stol 2000: 69). An incantation summoning the Elamite divine midwives Narundi and Nahundi reads: “May he [the child] come out like a snake, may he glide out like a little snake” (Stol 2000: 68). Another birth incantation encourages the infant to come forth with these words: “Slip out to me like a little snake. I, Assaluhi, am the midwife. I will receive you” (Stol 2000: 69). In the so-called *Göttertypentext* Nintu is portrayed as an anthropo-ophiomorphic goddess (Stol 2000: 80):

From her head to her girdle, the naked body of a woman.

From her girdle to her foot-stand she appears (?) with scales
like a snake; waves are drawn over the... of her belly.

Her name: *Nintu*; (of) those of *Dingirmah*.

On Egyptian birth wands and bricks, Beset-type figures protecting the reproductive process are often shown handling snakes (see Chapter 8). Renenutet, who presides over childbirth, the harvest and the abundance of the storeroom, is a cobra goddess assimilated to Wadjet (Mougenot 2015). Wadjet is the cobra deity from Buto in the Delta – identified by the Greeks with the midwife goddess Leto (Hdt. 2. 59) – whose sceptre, a papyrus stem with a coiled *uraeus*, is thought to be an ancestral form of the caduceus (Johnson 1990: 4), a medical emblem. The ouroboros symbol, a serpent biting its tail, recurringly features on Graeco-Egyptian uterine amulets enclosing and protecting depictions of the womb, the embryo and/or associated divine figures (Figs. 43-45) (Bonner 1951: 327; Ritner 1984).

Placed atop or beside the uterus, one deity predominates on these medical amulets: Khnum, the fashioner of infants, who appears in his snake form Khnoubis (Fig. 45) (Ritner 1984: 217). Hymns from the temple of Khnum at Esna attest to his role as ‘opener’ of the womb. One passage urges “pregnant women who have passed their term” to respect the god, as he “opens the lips of the vagina and makes firm the birth brick”; another passage admonishes men and women “who desire that their seed be firm” to respect Khnum, “for there is *no contraction of the womb/body* lacking his work” (Ritner 1984: 213 n. 33, 215) (my italics). On Graeco-Egyptian uterine amulets then, the Khnoubis serpent appears to embody the oxytocic power of Khnum.⁴³ The image of Khnoubis is still found engraved on medical amulets of the later Byzantine tradition (Vikan 1984, Spier 1993).



Fig. 45: Graeco-Egyptian uterine gem depicting the ouroboros, and the Khnoubis serpent on a womb with a seven-bitted key. On verso, *ororiouth*, a protector against female ailments

Earlier Mediterranean midwife goddesses are frequently associated with the snake, an animal embodying broad notions of fertility (birth-rebirth) and a foremost medical emblem; as will be argued when addressing the animal’s connection with Eileithyia, snakes played an important pharmacological role in midwifery practice (see Chapter 7).

⁴³ Cf. Ritner 1984: 217.

4. 5. Identification and analysis of archaic midwifery complexes:

A guiding template

A number of relevant conclusions can be drawn from the data examined in the first part of this research, which may serve as conceptual and methodological guidelines for the study of archaic midwifery systems in the Near East and broader Mediterranean:

1) In premodern societies, the epistemic practices related to reproduction were encompassed by midwifery, a *techne* expressed, performed and passed down within the cults of spiritual helpers, divine midwives: the wise-woman impersonated the therapeutic powers of these supernatural healers propitiating birth/creation and the cyclic continuity of life (rebirth), who guided her in her practice. Embedded cults of ancient deities presiding over birth are thus the most conspicuous indicator of the existence of associated midwifery complexes.

2) The cult of ancestral/spiritual/divine midwives as supernatural helpers of the reproductive process might be as atavistic as the shamanic *techne* of midwifery itself. Birth-related practices and beliefs tend to be persistently perpetuated in traditional societies. In the Near Eastern-Mediterranean context, this is attested for instance by the diachronic use of leeks as a gynaecological *pharmakon*, first documented in the Sumerian tradition; by the pervasive use of exotic stones to prevent miscarriage, ease birth, arrest uterine haemorrhage, facilitate lactation and protect the newborn; or by the belief that the womb may be opened/locked through binding/unbinding rituals and the amuletic use of keys. The fact that archaic elements of midwifery lore have survived until very recent times indicates that therapeutic practices and beliefs belonging to traditional medicines only die out when medical cosmologies underpinned by radically new technological paradigms set in (e.g. the biomedical paradigm). Given that the transition from prehistory into history, marked by the emergence of writing, entails no such paradigm shift, it seems safe to assume that prehistoric midwifery lore was largely perpetuated into historical times. The study of ancient sources on divine midwives known to have been worshipped since the Bronze Age (e.g. Eileithyia) should hence shed light on midwifery complexes associated with their prehistoric cults.

3) Conceived as the supernatural doubles of the human practitioner, divine midwives mirror the wise-woman's prototypical *functions* and *attributes*, a phenomenon we have termed the *specular pattern*. These deities perform as obstetricians with broader

healing competence, pharmacologists, diviners and psychopomps. Reflecting actual midwifery practice, their attributes may include medical implements (e.g. obstetric knives, birth bricks), amuletic devices endowed with healing power (e.g. shells, exotic stones, sealstones, birth wands), as well as plants and animals having relevant therapeutic applications in ancient female medicine (e.g. Nintu's leeks, Gula's 'dog-tongue' plant; dogs, snakes). When studying ancient sources on goddesses presiding over birth, the systematic analysis of the specular pattern is therefore a useful methodological tool for assembling and assessing data on drugs, medical equipment, ritual devices and symbols (e.g. Nintu's womb-shaped Ω) that are emblematic of indigenous midwifery traditions. This evidence should be available wherever there exists a reasonably consistent body of iconographic, archaeological and/or written sources on the cult of divine midwives, be they categorized as 'birth/mother/nature/fertility', 'fate' or explicitly medical goddesses in the scholarly literature.

4) Medical texts emerge in early state-level societies in concomitance with the professionalization of medicine as a primarily male practice. Written sources dealing with women's ailments record remedies and *pharmaka* belonging to the oral lore of midwives, but tend to remain tight-lipped when it comes to these female practitioners; the Hippocratic gynaecological treatises occasionally mention them, but just in passing and usually just as 'helpers' of the institutionalized (male) physician. However, owing to the specular pattern we can discern human midwives *through* their supernatural reflections.

5) Birth as a physiological process leaves very little trace in the archaeological record and is thus hardly tangible, but not so related epistemic practices, as these appear inextricably linked to religious beliefs and ritual performances that are *materially* expressed; beliefs and rituals associated with, but not confined to, literal parturition, since the embodied act of creation (birth) deploys most powerful metaphors of origin, renewal and continuity (rebirth). Death rites often symbolically parallel those enacted to ease childbirth, as is attested for instance by the squatting figurines – clearly a birthing icon – found in domestic and funerary contexts in Chalcolithic Cyprus; by the common occurrence of midwifery devices (e.g. birth wands, obstetric knives) and depictions of divine midwives in Egyptian graves (e.g. 'paddle-dolls' with images of Taweret, female figures holding birth wands); or by the pre-Hellenistic representations of double and triple females in the Greek funerary record, generally interpreted as multiple deities overseeing the reproductive cycle. Artefacts and ecofacts belonging to midwifery cult and practice may also be involved in other rites marking major life-cycle transitions (e.g. puberty,

marriage), in healing and renewal/purification rituals, foundation and other ceremonies metaphorically replicating the birthing process. Archaeological materials having a bearing on birth-midwifery are therefore liable to occur not only in domestic spaces within settlements where parturition is managed, or at sanctuaries where divine midwives are known to have been worshipped (e.g. caves), but also in funerary and other contexts in which the liminality of critical transitions is ritually dealt with as in childbirth.

6) Comparative research revealing cross-cultural parallels and/or long-lasting continuities in birth-related lore (i.e. survivals in modern folklore) is essential for tracing, gathering and possibly interpreting material remains linked to the wise-woman's *techne*. Following this methodological approach, we have endeavoured to make tangible the practico-symbolic universe of lay midwifery, and identified categories of materials, and iconographic themes and motifs belonging to archaic midwifery complexes:

- Models of childbirth; pregnant figurines; parturient figurines, either explicitly birthing or in traditional delivery positions (e.g. seated, squatting/crouching, splay-legged, kneeling); nude and semi-nude figurines and other female depictions with emphasized pubic triangle and/or breasts.
- Representations of deities and other mythical beings associated with the birth process.
- Depictions of multiple (i.e. replicating) deities and other mythical beings.
- When occurring in association with female imagery, iconography of plants and animals (e.g. snakes, dogs) featuring as attributes of divine midwives that are recorded as sources of gynaeco-obstetric *pharmaka* in ancient medical texts and other written sources (e.g. myths, incantations).
- Archaeobotanical and archaeozoological remains of such plants and animals in assemblages dedicated to midwife-type deities.
- Obstetric paraphernalia encompassing instruments and amuletic devices that are used cross-culturally (e.g. obstetric knives, carved or uncarved exotic stones, shells, vessels), or specifically belong to local traditions (e.g. birth bricks and wands), as attested by written and/or iconographic sources.
- Anatomical votives embodying female health concerns (e.g. models of uteri).
- Water-related iconography accompanying depictions of birth deities, and/or included in assemblages that have a bearing on their cults.
- Light-related and astral iconography on depictions of periparturient females and birth-related deities, and/or included in assemblages connected with their cults.
- Votive keys, and iconography of keys and knots.

- Red ochre occurring on artefacts and ecofacts associated with midwifery cult and practice.

These guidelines result in a methodological template for the identification and study of midwifery complexes in ancient and possibly also prehistoric contexts in the Near East and the broader Mediterranean. To assess the usefulness of this guiding template, we shall now apply it to the study of the most conspicuous material remains suggesting that one such therapeutic complex was in place in prehistoric Crete, where Eileithyia – or her Minoan prototype – is known to have been worshipped since the early 2nd millennium BC.