

The Schematic Clinic: Gendered Gynecological Healthcare Practices in the Wellcome

Apocalypse Manuscript

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Abstract

Women in the medieval period seldom had access to medical texts about their own bodies. Current scholarship and evidence suggests that midwives, often of a lower class and without access to the education that would allow for a reading or working knowledge of Latin, were sometimes taught by male physicians and clerics who owned medical texts using illustrations that, in rare occasions, addressed gynecology and obstetrical medicine. Of particular interest, and unique in its heavy illumination, is the Wellcome Apocalypse Manuscript (MS.49), which includes most of the standard models of illustrating women's medicine, including the Muscian fetus-in-utero images, the schematized uterus and fetus found in MS Ashmole 399, the 'disease women,' and the inclusion of scenes of a presumed cesarean section and a conversation between a female patient and a midwife. While much work has been done to discuss the provenance and development of this manuscript, little work has been done to understand and analyze the implication of these illustrations in the construction of gendered dynamics in women's medicine. Through visual analysis, I argue that the illustrations operate as a key site in the creation of gendered gynecological health care and masculinized women's medicine. In understanding how illustrations played a role in gender dynamics between male physicians and female midwives, I argue that these images functioned as a site of male authority in cultural representations of women's bodies, schematizing female patients into controlled visual types that delineated the circumstances under which midwives and physicians could engage in women's medicine.

Brief Introduction on the Wellcome Apocalypse and its Function

Women in the medieval period rarely had access to medical texts that directly addressed their own bodies. Midwives, who were often of lower social standing and excluded from the

educational institutions where Latin was taught, generally relied on oral instruction rather than on written sources. Yet clerics and physicians who possessed medical texts occasionally used illustrations to communicate knowledge about gynecology and obstetrical medicine to women practitioners.¹ The Wellcome Apocalypse (MS.49) is an important case study within this tradition. Although primarily an apocalyptic manuscript, it contains a small but striking set of images devoted to women's medicine, including the widely circulated Muscian fetus-in-utero imagery, a depiction of the uterus also found in MS Ashmole 399, a "disease woman" figure, and original scenes depicting a c-section, a consultation between a midwife and a patient, a midwife talking to a male physician and suffumigation scene.

The inclusion of medical illustrations within a manuscript otherwise concerned with religious instruction reflects the involvement of clerics in women's healthcare. Monks and priests often advised women on illnesses that were socially sensitive to disclose, offering an alternative to physicians who might attribute such conditions to moral failing. As Monica Green has argued in *Making Women's Medicine Masculine*, contemporaries of the Wellcome Apocalypse struggled with the tension between addressing the obstetrical concerns of the Church and maintaining secrecy around women's medicine. Thomas of Cantimpre's thirteenth-century recommendation that priests instruct midwives privately in single-sex groups illustrates this negotiation of knowledge. For midwives who could not read Latin, images such as those in MS.49 provided essential access to obstetrical instruction.² While Almuth Seebohm has suggested that the compiler of the manuscript prioritized illustration "at all costs, in some cases even at the expense of achieving their primary didactic purpose," such a reading overlooks the

¹ Green, Monica H. *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology*. OUP Oxford, 2008.

² Green, "Making Women's Medicine Masculine," 160.

possibility that the images themselves constituted the didactic content.³ For an audience of midwives trained through visual models, illustrations functioned as mnemonic devices and instructional tools rather than as mere supplements to the text.

The manuscript's ownership further situates it within a setting of growing clerical authority and concern with women's medicine. The Wellcome Apocalypse was likely compiled and owned by a male cleric, with the first half devoted to the Book of Revelation and the second half including a distinct medical section. Clerical investment in obstetrics was not unusual, though it often excluded broader gynecological concerns. As Green observes, there was a "willingness among clerics to share obstetrical information," but "no such generosity seems to have led to the sharing of gynecological knowledge."⁴ Within this context, the manuscript's medical illustrations take on significance as carefully mediated visual knowledge, intended to be shared selectively with female midwives in settings controlled by their clerical owner. The reliance on illustration allowed the transmission of information while preserving clerical authority over its interpretation and use.

The medical illustrations in the Wellcome Apocalypse were not merely decorative but central to the manuscript's pedagogical purpose. These illustrations not only provided access to obstetrical knowledge for audiences excluded from textual literacy, but are a key intervention by male clerics concerned with women's medicine to reproduce and represent gendered dynamics in medicine.⁵ Given the unique background of this manuscript, I argue that a visual analysis of these illustrations highlights how they played a role in negotiating male authority in women's

³ Seebohm, Almuth, editor. *Apokalypse, Ars Moriendi, Medizinische Traktate, Tugend- und Lasterlehren: Die Erbaulich-didaktische Sammelhandschrift London*, Wellcome Institute for the History of Medicine, Ms. 49 : Farbmikrofiche-Edition. H. Lengenfelder, 1995.

⁴ Green, "Making Women's Medicine Masculine," 160.

⁵ For a more in-depth survey of manuscripts on obstetrical and gynecological medicine, see Green, Monica Helen, editor. *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*. Translated by Monica Helen Green, University of Pennsylvania Press, 2002 and Green, Monica Helen. *Women's Healthcare in the Medieval West: Texts and Contexts*. Ashgate, 2000.

medicine by shaping and reproducing the select conditions in which male physicians and surgeons could be involved in women's medicine, and the conditions in which midwives could be involved in women's medicine. By placing women's medicine into images that delineate select clinical conditions, the manuscript both enabled midwives to learn through visual models while simultaneously asserting clerical control over the meanings and contexts of that knowledge.⁶ To develop this argument, this paper will first provide a brief overview of the existing scholarship on the Wellcome Apocalypse before breaking the manuscript's original illustrations down by analyzing the figures present in the 4 clinical scenes.

Scholarship on the Wellcome Apocalypse

There is little scholarship devoted to the analysis and understanding of the original illustrations included in the manuscript. The manuscript was initially published in 1942 by Fritz Saxl with the medical section appended by Otto Kurz.⁷ Saxl describes the illustrations accompanying the gynecological sections of the manuscript “is as dry and learned as a medical text can be. It is in the very style of our manuscript to illustrate what can hardly be illustrated or need not be shown.” The majority of Saxl's analysis on the Wellcome Apocalypse rests on the opening ‘Apocalypse’ section of the manuscript, rather than the medical section (what Saxl says “may be qualified as encyclopedic”). In 2018, Ruth Evans published “An Unusual Depiction of a Vulva in a Medical Illustration in London, Wellcome Library, Western MS 49,” in which she argued that one of the illustrations present on folio 38v is not a depiction of a cesarean section, as previously thought, but a depiction of a vulva.⁸ The formulation of this argument is twofold; she

⁶ For further analysis of material culture and motherhood from an art historical perspective, see Gislou Dopfel, Costanza, editor. *Maternal Materialities: Objects, Rituals and Material Evidence of Medieval and Early Modern Childbirth*. Brepols, 2024.

⁷ Saxl, F. “A Spiritual Encyclopaedia of the Later Middle Ages.” *Journal of the Warburg and Courtauld Institutes*, vol. 5, 1942, pp. 82-142.

⁸ Evans, Ruth. “An Unusual Depiction of a Vulva in a Medical Illustration in London, Wellcome Library, Western MS 49.” *Manuscripta*, vol. 62, no. 2, 2018, pp. 157-172, <https://doi.org/10.1484/J.MSS.5.117289>.

argues both that the shape of the wound mimics other vulva-emulating topos present in Christian imagery, and the woman shown in the illustration is not related to the depiction of the cesarean section shown above it, since women did not survive cesarean sections during this time period. Prior to Ruth Evan's analysis of these original illustrations, the work of Almuth Seebohm in *Apokalypse, ars moriendi, medizinische Traktate, Tugend- und Lasterlehren: die erbaulich-didaktische Sammelhandschrift* conducts qualitative analysis of the manuscript to track its unusually high emphasis on illustration. The manuscript's balance between text and image varies depending on the subject matter, but the medical section contains the only text-only pages in the codex. Of particular interest for this study are folios 37v and 38r, which Seebohm notes have "subject-matter covering two pages [placed] on facing pages in order to be seen and apprehended together".⁹

While existing scholarship has noted the unusual prominence of illustration in the Wellcome Apocalypse, little direct analysis has been devoted to the manuscript's original medical images. Apart from Ruth Evans's close reading of folio 38v, which focused on identifying whether the scene depicts a vulva or cesarean wound, scholars have largely bypassed the gendered implications of these illustrations. By turning to the original medical illustrations not only as curiosities of representation but as interventions in the construction of women's medicine, my study seeks to fill this gap. I build on Evans's contribution by shifting the focus from what the images depict to how they depict, emphasizing their role in shaping visual and cultural narratives of women's bodies and in reinforcing clerical authority over gynecological knowledge.

Dissemination of Knowledge

⁹ Seebohm, "Apokalypse, Ars Moriendi." 13

The illustrations on folios 38v and 39r of the Wellcome Apocalypse directly engage with the question of how medical knowledge was transmitted and to whom. These images establish a hierarchy of authority in the dissemination of women's medicine, structuring knowledge around gendered dynamics and reinforcing the increasing presence of male control over gynecological practice. While existing scholarship often follows Monica Green in arguing that male clerics were primarily concerned with women's medicine insofar as it related to childbirth, baptism, and the fate of the child's soul, the Wellcome Apocalypse suggests a broader scope. The manuscript includes an array of medical scenes, some extending beyond obstetrics, that would have been used to instruct female midwives. This expansion indicates a growing clerical interest not only in childbirth but also in regulating women's health more broadly, thereby consolidating male authority across a wider spectrum of women's medicine.

Green observes that "the presence of so much material on women's medicine in what was clearly a cleric's manual may seem surprising, but when we recall not only clerical concerns about baptism and the fate of the newborn's soul, but also the fact that priests would often have been summoned to administer last rites to women on the brink of death in difficult labors, the idea that clerics might feel obligated to have some knowledge of childbirth becomes obvious".¹⁰ This context clarifies the presence of the cesarean section scene, in which a male physician operates on a deceased patient to deliver her child. Yet the manuscript does not limit itself to such moments of clerical obligation. It also takes the time to depict an interaction between a midwife and a female patient (fig. I).¹¹ Why would the compiler include such a scene if clerical concern extended only to childbirth and baptismal emergencies? These depictions suggest an interest in more than the fate of the child: they show a concern with how medical conversations

¹⁰ Green, "Making Women's Medicine Masculine," 157.

¹¹ For a translation of the interaction between the female patient and her midwife, see Evans, "Unusual Depiction of a Vulva," 175

and encounters were structured, who could participate in them, and under what circumstances. In this way, the images visualize an ordering of “clinical” encounters, delineating the roles of patients, midwives, and physicians and establishing the scope of their authority in different aspects of women’s medicine.

One particularly striking image depicts the oral transmission of medical knowledge: a midwife is shown quoting directly from a medical treatise while discussing obstetrical medicine with a male figure (the same male figure shown in the cesarean section scene on folio 38v) (see fig III). The scene highlights the tension between oral and textual traditions in late medieval medicine. As Green notes, “from women’s perspective, of course, there may have been no automatic privileging of knowledge that came from books over that of experience or oral tradition. It is quite clear that much medical practice, among both men and women, was even at the end of the Middle Ages still based on oral instruction, apprenticeship, or individual empiricism; to the degree this was true, differentials in literacy would have had little effect in limiting women’s medical practices”.¹² While midwives likely valued experiential and oral traditions, the manuscript’s decision to embed these spoken exchanges within a written and illustrated framework suggests a reordering of authority. By inscribing oral instruction into a clerically owned codex, the manuscript privileges textual authority and places the oral traditions of midwives under the control of male-authored texts.

This dynamic is particularly relevant when considered alongside Thomas of Cantimpre’s thirteenth-century recommendation that priests gather midwives in single-sex groups and instruct them privately. The Wellcome Apocalypse functions in precisely this spirit: it provides visual scripts for how medical encounters should unfold, situating the midwife within a controlled pedagogical environment defined by clerical authority. The manuscript thus reveals not only how

¹² Green, “Making Women’s Medicine Masculine” 119

medical knowledge was transmitted but also how its transmission was shaped to reinforce hierarchies of gender and authority. Through illustration, the Wellcome Apocalypse presents a model of women's medicine that both acknowledges the importance of oral instruction and simultaneously subordinates it to written, clerical knowledge.

Schematizing the Female Patient

Thomas of Cantimpre's suggestion that manuscripts such as MS.49 might serve as instructional tools for teaching midwives must be understood in the context of the social conditions that governed when and how women's bodies could be made visible. In the centuries following the Black Death, men's access to women's medicine was limited not only by professional boundaries but also by concerns of modesty and sexual shame. As Monica Green notes, male practitioners often avoided direct engagement with women's naked bodies, since "for the sake of both men and women, therefore, the problem of sexual shame in cross-sex medical practice was solved by employing female intermediaries to perform the visual and manual tasks that the male physician or surgeon could not or would not do" (Green, 74). Within this framework, the illustrations in the Wellcome Apocalypse stand out: the female patient is consistently depicted nude, even in scenes where her exposure would have been socially fraught.

Ruth Evans has highlighted the cultural significance of this nudity, noting that the patient shown without a head covering, with loose hair, carries particular connotations in late medieval iconography. Loose hair could signal virginity, but it was equally associated with sexual availability or with women outside normative social boundaries, such as prostitutes or rape victims.¹³ Building on Evans's analysis, I argue that the Wellcome Apocalypse deliberately employs two contrasting depictions of the female patient—one clothed with a head covering while undergoing a cesarean section performed by a male physician (fig.II), and one entirely

¹³ Evans, "An Unusual Depiction of a Vulva" 152

nude, speaking with a midwife (fig. III). These contrasting figures operate as schematic models of the female patient. The veiled figure, married and socially enclosed, is presented as a legitimate subject of male intervention in moments of surgical or spiritual crisis, while the unveiled, nude figure is cast as a patient in conversation with other women, able to “let her hair down” both literally and metaphorically in exchanges about gynecological concerns.

Such schematization flattens the complexity of women’s lived experiences into archetypes, delineating the “proper” circumstances in which men or women could intervene in women’s health. The head-covered patient signals the acceptable visibility of a wife’s body to male practitioners, usually only at the point of death; the nude, unbound patient signals the private and candid world of midwife-patient interactions. By codifying these types within a clerically owned manuscript, the illustrations do not simply reflect women’s healthcare encounters but actively reproduce and reinforce clerical authority over defining them. What might otherwise remain hidden within the intimate, “secret” spaces of women’s medicine is made visible, yet strictly mediated, in ways that assert male ownership of knowledge about the female body.

The ambiguity of these depictions is further heightened by the problem Evans identifies on folio 38v: whether the image depicts a cesarean section wound or a vulva. Evans argues that the scenes in fact show two different women, but I contend that the very slippage between cesarean wound and vulva is integral to how the manuscript schematizes female anatomy (fig. I). By reusing the same mandorla-like form for both, the illustrator creates an intentionally ambiguous image that avoids depicting women’s genitalia directly, while still signaling the reproductive functions that were the focus of clerical interest. In doing so, the manuscript renders women’s bodies legible in a familiar symbolic language while sidestepping the potential

obscurity or scandal of explicit representation. This ambiguity both reveals and conceals, allowing clerical readers to access the “secrets” of women’s bodies while containing that access within acceptable cultural boundaries.

This same process of flattening and schematization is visible in the figure of the “disease woman,” whose body is segmented into neatly compartmentalized ailments deemed appropriate for representation. Taken together, these images establish a visual taxonomy of the female patient: veiled or unveiled, married or sexually available, diseased or reproductive. The Wellcome Apocalypse thus does not document actual women’s medical experiences so much as it creates a visual schema that circumscribes them, reducing the complexity of women’s embodied lives to a set of controlled, clerically authorized images.

Conclusion:

The Wellcome Apocalypse stands as an unusually rich site for examining the intersections of medicine, visual culture, and gender in the later Middle Ages. While the manuscript has attracted scholarly attention for its apocalyptic content and for its unusual inclusion of medical material, its original illustrations of women’s medicine remain an underexplored locus for understanding how authority over women’s bodies was constructed and contested. By reading these images not simply as didactic aids but as interventions into the gendered dynamics of medical practice, we can see how they participated in a broader clerical project of defining the terms on which midwives, physicians, and patients encountered one another.

The manuscript’s images simultaneously enabled and constrained female participation in medicine. On the one hand, they functioned as mnemonic and pedagogical tools that could grant midwives access to obstetrical knowledge otherwise locked within Latin texts. On the other

hand, they placed that access under clerical control, framing midwives' oral and experiential traditions within a textual and visual regime authored, owned, and interpreted by men. The very act of schematizing the female patient into veiled, nude, diseased, or reproductive forms reduced the complexity of women's embodied lives into typologies that reinforced clerical oversight. Similarly, the ambiguous iconography of the cesarean wound and vulva highlights the strategies through which clerics could visualize women's reproductive functions while evading the scandal of explicit representation, producing images that both revealed and obscured the female body in ways that maintained male authority.

Seen in this light, the Wellcome Apocalypse is not an anomaly but a crucial case study in the masculinization of women's medicine. It demonstrates how illustrations were not neutral conveyors of information but active participants in shaping cultural narratives about women's bodies, patienthood, and the legitimacy of medical authority. By transforming private, embodied experiences into clerically mediated images, the manuscript reproduces what feminist scholars such as Carol Stable identify as the emergence of the "invisible woman"¹⁴ a patient whose body is subordinated to visualized reproductive functions and whose agency is displaced by male interpretive control.¹⁵

Ultimately, the Wellcome Apocalypse reveals how medieval medical illustration could operate as both a tool of instruction and a site of power. Its images illuminate not only obstetrical practice but also the gendered negotiations that structured who could see, know, and speak about women's bodies.

¹⁴ Stable, Carol. "Shooting the Mother: Fetal Photography and the Politics of Disappearance." *The Visible Woman: Imaging Technologies, Gender, and Science*, edited by Paula A. Treichler, et al., NYU Press, 1998, pp. 171-197.

¹⁵ For more sources on focusing on how visualization of the uterus and pregnancy impacts pregnant people in the contemporary, see Pollack Petchesky, Rosalind. "Foetal Images: The Power of Visual Culture in the Politics of Reproduction." *The Gendered Cyborg: A Reader*, edited by Gill Kirkup, Routledge, 2000, pp. 171-192; Newman, Karen. *Fetal Positions: Individualism, Science, Visuality*. Stanford University Press, 1996; Duden, Barbara. *Disembodying women: perspectives on pregnancy and the unborn*. Harvard University Press, 1993.

Figures:



Fig. I

Source: Wellcome Apocalypse, Wellcome Collection.
<https://wellcomecollection.org/works/du9ua6nd>

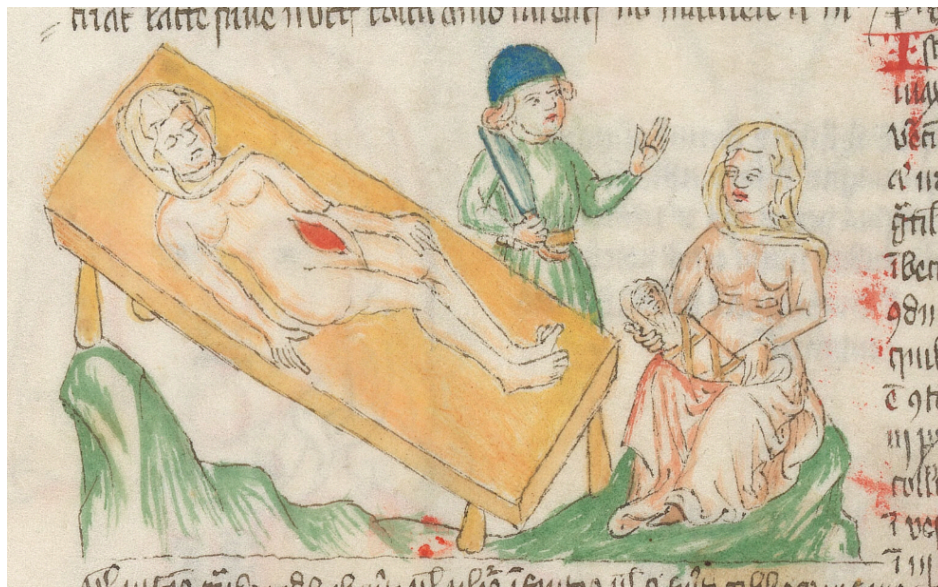


Fig. II

Source: Wellcome Apocalypse, Wellcome Collection.
<https://wellcomecollection.org/works/du9ua6nd>

Works Cited

- Duden, Barbara. *Disembodying women: perspectives on pregnancy and the unborn*. Harvard University Press, 1993.
- Evans, Ruth. "An Unusual Depiction of a Vulva in a Medical Illustration in London, Wellcome Library, Western MS 49." *Manuscripta*, vol. 62, no. 2, 2018, pp. 157-172, <https://doi.org/10.1484/J.MSS.5.117289>.
- Gislon Dopfel, Costanza, editor. *Maternal Materialities: Objects, Rituals and Material Evidence of Medieval and Early Modern Childbirth*. Brepols, 2024.
- Green, Monica H. *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology*. OUP Oxford, 2008.
- Green, Monica Helen, editor. *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*. Translated by Monica Helen Green, University of Pennsylvania Press, 2002.
- Green, Monica Helen. *Women's Healthcare in the Medieval West: Texts and Contexts*. Ashgate, 2000.
- Newman, Karen. *Fetal Positions: Individualism, Science, Visuality*. Stanford University Press, 1996.
- Park, Katharine. *Secrets of Women: Gender, Generation, and the Origins of Human Dissection*. Zone Books, 2006.
- Pollack Petchesky, Rosalind. "Foetal Images: The Power of Visual Culture in the Politics of Reproduction." *The Gendered Cyborg: A Reader*, edited by Gill Kirkup, Routledge, 2000, pp. 171-192.

Saxl, F. "A Spiritual Encyclopaedia of the Later Middle Ages." *Journal of the Warburg and Courtauld Institutes*, vol. 5, 1942, pp. 82-142.

Seebohm, Almuth, editor. *Apokalypse, Ars Moriendi, Medizinische Traktate, Tugend- und Lasterlehren: Die Erbaulich-didaktische Sammelhandschrift London, Wellcome Institute for the History of Medicine, Ms. 49 : Farbmikrofiche-Edition*. H. Lengenfelder, 1995.

Stabile, Carol. "Shooting the Mother: Fetal Photography and the Politics of Disappearance." *The Visible Woman: Imaging Technologies, Gender, and Science*, edited by Paula A. Treichler, et al., NYU Press, 1998, pp. 171-197.