

PREMODERN HEALTH, DISEASE, AND DISABILITY



Edited by Sara Ritchey and Sharon Strocchia

# Gender, Health, and Healing, 1250-1550

Amsterdam  
University  
Press

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# Premodern Health, Disease, and Disability

*Premodern Health, Disease, and Disability* is an interdisciplinary series devoted to all topics concerning health from all parts of the globe and including all premodern time periods: Antiquity, the Middle Ages and Early Modern. The series is global, including but not limited to Europe, the Middle East, the Mediterranean, and Asia. We encourage submissions examining medical care, such as health practitioners, hospitals and infirmaries, medicines and herbal remedies, medical theories and texts, care givers and therapies. Other topics pertinent to the scope of the series include research into premodern disability studies such as injury, impairment, chronic illness, pain, and all experiences of bodily and/or mental difference. Studies of diseases and how they were perceived and treated are also of interest. Furthermore, we are looking for works on medicinal plants and gardens; ecclesiastical and legal approaches to medical issues; archaeological and scientific findings concerning premodern health; and any other studies related to health and health care prior to 1800.

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# Table of Contents

Acknowledgments	11
Abbreviations	13
Introduction	15
Gendering Medieval Health and Healing: New Sources, New Perspectives	
<i>Sara Ritchey and Sharon Strocchia</i>	

## Part 1 Sources of Religious Healing

1 Caring by the Hours	41
The Psalter as a Gendered Healthcare Technology	
<i>Sara Ritchey</i>	
2 Female Saints as Agents of Female Healing	67
Gendered Practices and Patronage in the Cult of St. Cunigunde	
<i>Iliana Kandzha</i>	

## Part 2 Producing and Transmitting Medical Knowledge

3 Blood, Milk, and Breastbleeding	93
The Humoral Economy of Women's Bodies in Medieval Medicine	
<i>Montserrat Cabré and Fernando Salmón</i>	
4 Care of the Breast in the Late Middle Ages	119
The <i>Tractatus de passionibus mamillarum</i>	
<i>Belle S. Tuten</i>	
5 Household Medicine for a Renaissance Court	139
Caterina Sforza's <i>Ricettario</i> Reconsidered	
<i>Sheila Barker and Sharon Strocchia</i>	

6	Understanding/Controlling the Female Body in Ten Recipes Print and the Dissemination of Medical Knowledge about Women in the Early Sixteenth Century	167
	<i>Julia Gruman Martins</i>	

### Part 3    Infirmity and Care

7	<i>Ubi non est mulier, ingemiscit egens?</i> Gendered Perceptions of Care from the Thirteenth to Sixteenth Centuries	191
	<i>Eva-Maria Cersovsky</i>	
8	Domestic Care in the Sixteenth Century Expectations, Experiences, and Practices from a Gendered Perspective	215
	<i>Cordula Nolte</i>	
9	Bathtubs as a Healing Approach in Fifteenth-Century Ottoman Medicine	245
	<i>Ayman Yasin Atat</i>	

### Part 4    (In)fertility and Reproduction

10	Gender, Old Age, and the Infertile Body in Medieval Medicine	267
	<i>Catherine Rider</i>	
11	Gender Segregation and the Possibility of Arabo-Galenic Gynecological Practice in the Medieval Islamic World	291
	<i>Sara Verskin</i>	
	Afterword Healing Women and Women Healers	315
	<i>Naama Cohen-Hanegbi</i>	
	Contributors	325
	Index	327

## List of Figures and Tables

### Figures

- Figure 1.1 Hours of Nativity of the Virgin, at Matins showing birth of the Virgin with midwife handing baby to Joachim and midwife bathing the baby 56  
Bibliothèques de l'Université de Liège, MS 431, fol. 152v.
- Figure 1.2 Full-page miniature featuring Christ washing feet, Last Supper, Gethsemane, Crucifixion; exterior roundels depict saints Dominic, Leonard, Martin, Bartholomew, Denis, and Lawrence 60  
Bibliothèques de l'Université de Liège, MS 431, fol. 10v.
- Figure 2.1 Fragment from the catalogue of relics of Bamberg Cathedral showing one of the mantels of Cunigunde and her tunic with the belt 80  
From *Die weysung vnnd auszruffung des Hochwirdigen heylthumbs zu Bamberg* (Bamberg: Johann Pfeil, 1509), fol. 4r. Bamberg, Staatsbibliothek, R.B. Msc. 3. License: CC-BY-SA 4.0.
- Figure 2.2 Last page of the printed legend of Henry and Cunigunde with the measurements of Cunigunde's body 83  
From Nonnosus Stettfelder, *Dye Legend und Leben des heyligen sandt Keyser Heinrich* (Bamberg: Pfeyll, 1511), fol. 70r. Bamberg, Staatsbibliothek, R.B. Inc. typ. E.1. License: CC-BY-SA 4.0.
- Figure 3.1 Avicenna as an Eastern master demonstrating the breast to a male student 110  
Illuminated initial of a fourteenth-century copy of the Latin translation by Gerard of Cremona of Avicenna's *Canon*, bk. 3, fen 12, 'De mamilla', probably from a Swabian workshop. Vatican City, Biblioteca Apostolica Vaticana, Urb. Lat. 241, fol.166vb, detail. © 2019 Biblioteca Apostolica Vaticana. Reproduced by permission. All rights reserved.
- Figure 4.1 An original recipe from the *Tractatus de passionibus mamillarum* 130  
Venice, Biblioteca Nazionale Marciana, MS Latin VII 40, fol. 20r. Used by permission.

- Figure 5.1 Front cover of Sforza's recipe book marked with initial 'B' 147  
 Florence, Biblioteca Nazionale Centrale di Firenze, Magl. XV 14, unfoliated. By permission of Ministero per i beni e le attività culturali/ Biblioteca Nazionale Centrale di Firenze.
- Figure 5.2 Index page in B volume showing taxonomy of recipes 150  
 Florence, Biblioteca Nazionale Centrale di Firenze, Magl. XV 14, fols. 147v-148r. By permission of Ministero per i beni e le attività culturali/Biblioteca Nazionale Centrale di Firenze.
- Figure 8.1 'Die Instrumenta soltu han/ Ee dich deß schnidts solt vnderstan' ('You must have these instruments before performing herniotomy') 231  
 Caspar Stromayr, *Practica copiosa von dem Rechten Grundt Deß Bruch Schnidts*, 1559, fol. 63r. Lindau, Ehemals Reichsstädtische Bibliothek, P I 46.
- Figure 8.2 The surgeon applies a drainage while a woman provides the patient with a potion 233  
 Caspar Stromayr, *Practica copiosa von dem Rechten Grundt Deß Bruch Schnidts*, 1559, fol. 129v. Lindau, Ehemals Reichsstädtische Bibliothek, P I 46.
- Figure 8.3 The surgeon is instructed to bathe the patient and help him into the bed, which meanwhile has to be prepared 235  
 (Fol. 137v: 'leg jn widerumb nider jnn sein angemachts Beth/ das jm angemacht soll worden sein die weil her jnn dem Bad gesessen ist'). Caspar Stromayr, *Practica copiosa von dem Rechten Grundt Deß Bruch Schnidts*, 1559, fol. 141v. Lindau, Ehemals Reichsstädtische Bibliothek, P I 46.
- Figure 8.4 The surgeon applies the warm, moist wound dressing (*Beefetzen*) 236  
 The vessel on the table probably contains the decoction of boiled herbs with which the *Beefetzen* is drenched. The presence of the female figure may indicate her learning how to change the wound dressing. Caspar Stromayr, *Practica copiosa von dem Rechten Grundt Deß Bruch Schnidts*, 1559, fol. 142r. Lindau, Ehemals Reichsstädtische Bibliothek, P I 46.

## Tables

Table 4.1	Transcription of an original recipe from the <i>Tractatus de passionibus mamillarum</i> Following Venice, Biblioteca Nazionale Marciana, MS Latin VII 40, fol. 20r-v.	131
Table 6.1	Recipe ingredients compared	183
Table 9.1	Conditions treated by bathtub therapies in al-Shirwānī, <i>Rawḍat al-ʿiṭr</i> , chapter 33	253
Table 9.2	Plants used in al-Shirwānī's remedies, <i>Rawḍat al-ʿiṭr</i> , chapter 33	257



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# Abbreviations

dm. (pl. dms.)	dirham (a unit of weight)
KBR	Bibliothèque royale de Belgique (Koninklijke Bibliotheek and Bibliothèque royale)
BML 38	Boston Medical Library MS 38
BNCF	Biblioteca Nazionale Centrale di Firenze Magl. Magliabechiana
BNM VII 40	Biblioteca Nazionale Marciana, Latin VII 40



# Introduction

## Gendering Medieval Health and Healing: New Sources, New Perspectives

*Sara Ritchey and Sharon Strocchia*

The essays in *Gender, Health, and Healing, 1250-1550* take as their point of departure an integrative, hybrid model of analysis that illuminates the intersections between healthcare and other aspects of medieval and Renaissance culture.<sup>1</sup> Taking this integrative approach widens the lens from the narrow terrain of academic, text-based medicine to include common forms of health maintenance and curative practice such as bathing, prayer, the use of cosmetics and wellness products, and other methods of caring for the body and self. By situating a range of caregiving techniques within the more inclusive framework of 'health and healing', the essays place diverse strains of healthcare such as household medicine and spiritual-liturgical therapeutics on a continuum with academic medicine, and then show how these varied modes of healing interacted with and informed one another. The volume thus decentres theoretical medicine to make room for the lived experience of healthcare in all of its diversity at a formative moment in history. The period under examination here, ranging from the thirteenth to the sixteenth centuries, warrants particular scrutiny because it is commonly identified with the emergence of professional medicine as a distinct body of knowledge and practice.<sup>2</sup> During these centuries, university-trained physicians sought to assert their superior professional competencies, in part by laying claim to theoretical principles that governed the natural world

<sup>1</sup> Green, 'Integrative Medicine', calls for an approach that incorporates the history of medicine, health, and body maintenance into other historical subdisciplines such as cultural, social, and political history. The essays here build on that call both by foregrounding healthcare practices and by channeling sources, methods, and insights from these subdisciplines in order to demonstrate the latitude of healthcare knowledge and practice in this period.

<sup>2</sup> McVaugh, *Medicine before the Plague*, argues for both the medicalization of European life and the beginnings of professional medicine in the thirteenth and fourteenth centuries.

and human bodies, and to which their extensive education and institutional affiliation gave them unique access.<sup>3</sup> The operation of gender shaped this process in fundamental ways by coding certain acts and identities as professional and others as informal or unskilled.

One of the most significant ways in which this volume achieves an integrative picture of late medieval and Renaissance healthcare is through the intentional expansion of the sources and methods that traditionally constitute medical history. The essays in this volume plumb a wide array of materials that run the gamut from the religious, domestic, and legal to the literary, homiletic, and visual. By taking a more capacious approach to sources beyond canonical texts, the volume showcases the sheer complexity of everyday caregiving and health maintenance in the late medieval and Renaissance period. Drawing on a broader palette of sources informs our understanding of how varieties of bodywork and caregiving were organized and practised on an aggregate social scale as well as in the more intimate realms of household and community. A number of sources used in this volume have been catalogued or 'coded' as religious, literary, household, and even legal sources that refer to matters of the home or ritual practice, rather than to health and healing. A principal aim of this volume, then, is to untether our sources from the categories that have obscured the complex terrain on which healthcare interactions unfolded in this period.

The volume enlarges the scholarly corpus for studying late medieval and Renaissance healthcare in three main ways: by unearthing completely new material or making it available in English translation for the first time; by mining sources whose medical value has been overlooked because they have been considered primarily as 'religious' or 'legal' in nature; and by rereading more familiar canonical sources from a gendered perspective. Some of the sources analysed here, such as manuscript and printed recipe books, belong to the domain of vernacular household medicine that has sparked tremendous interest in recent years. These troves of practical know-how not only substantiate women's widespread ownership of medical knowledge in late medieval and Renaissance societies, but also highlight the authority wielded by experiential knowledge within the domestic realm and beyond. Other types of sources examined in this volume, such as psalters, courtesy books, and manuals for Islamic market inspectors, have been considered either secondary or even unrelated to health and healing. This body of evidence has long been hiding in plain sight but has not been fully exploited

3 See, for example, the analysis by Cabré and Salmón of the dynamic of power and authority at work in the case of Jacoba Felicie in 'Poder académico *versus* autoridad femenina'.

for its 'medical' content. Still other essays in the volume view from new angles little-known medical treatises, vernacular health regimens, and surgeons' manuals, while several contributions tackle established theoretical discourses from both the Christian and Islamicate worlds. Reading this diverse evidence through a gendered lens opens new insights into such topics as breast care, infertility, balneotherapy, postsurgical care, and the corrosive properties of menstrual blood.

This more encompassing approach to source material yields a picture of medical multiplicity in which many varieties of healers tended to bodily needs within homes and princely courts, on city streets, at religious shrines, as well as in hospitals and religious communities. Consequently, these essays reimagine the lived experience of healthcare beyond the limited sphere of scholastic or theoretical medicine. They place on a mutually informing continuum acts of caring and curing, domestic and institutional settings for caregiving, and spiritual and physical approaches to healthcare. In so doing, the essays in this volume reveal the multiplicity of sites for the construction, storage, and transmission of body knowledge that was largely pragmatic in its orientation.<sup>4</sup> Widening the source base for medical history beyond authoritative discourses produces a richer, more nuanced picture of what people actually did to sustain or recover good health and the ways in which they understood their own bodies.

Excavating new or non-traditional sources requires imaginative thinking and painstaking research, but an even greater challenge is the question of how to conceptualize that evidence. The contributors to this volume deploy a variety of perspectives and interpretive frameworks that yield new angles of vision on late medieval and Renaissance healthcare. Borrowing insights from anthropology, feminist critique, the material turn, and contemporary healthcare practices, they document the plurality of medical knowledge and practice and uncover a range of unseen healers, healing practices, and bodily threats. In the process, the authors give sustained attention to knowledge categories that encompass the miraculous and affective, which traditionally have been regarded as unstable and thus unauthoritative means of understanding the body and physical world. They value knowledge claims and body experiences that were expressed in highly local contexts that never sought universal articulation, and recapture aspects of the orally driven, informal knowledge networks that informed the late medieval and Renaissance economy of health and healing.

4 Park, *Secrets of Women*, 82, notes that the body of knowledge amassed by household practitioners in this period was largely 'orally transmitted, experience-based, concrete and bodily oriented'.

The essays also experiment with innovative methods for reading sources in order to make meaning out of textual silences and other forms of 'non-evidence'. Even accounting for references to professional midwives, official records for the late medieval period demonstrate a genuine scarcity of female medical professionals.<sup>5</sup> In part, this absence stems from the fact that, in order to emerge as a distinct professional class, university-trained physicians simultaneously professed their superior knowledge of the body and belittled the untheorized experiential knowledge associated with female practitioners.<sup>6</sup> Consequently, relying on professional documents that were premised on an effort to subordinate feminine caregiving does little to substantiate the vital roles played by women healers in this period. Rather, as the essays collected here demonstrate, scholars must develop new ways of reading non-evidence and archival silences. The authors in this volume do so by valuing local descriptions of healthcare practices and by working creatively with fragmentary evidence.

The major methodological through-line uniting all of these essays, however, is the use of gender as a fundamental tool of analysis. This approach – which in itself is complex rather than uniform – illuminates both the sheer variety of medical care practised by women as well as the discursive constructions of gendered bodies. Studying discourses, spaces, and practices through a gendered lens makes visible healthcare activities performed within the home and other non-institutional settings that were not recorded in systematic, academic, or even 'official' records such as guild registers. Importantly, foregrounding gender enables the contributors to challenge traditional binaries that ahistorically separate health-related texts and practices; at the same time, it illuminates the epistemic and practical boundaries that have detached care from cure, medicine from religion, and domestic healing from paid labour. These separations have been highly consequential: they both conceal and devalue forms of healthcare labour as well as the body knowledge produced and transmitted outside the traditional settings of university, guild, and academy. Since informal nodes of knowledge and practice often constituted a continuum with academic medical theories, attending to the gendered nature of caregiving helps to elucidate the differently calibrated degrees of skill and knowledge involved in caring for the human body.

5 Green, 'Documenting Medieval Women's Medical Practice'. From the twelfth to fifteenth centuries in France, England, and Italy, the number of female specialists, including midwives, constituted between 1.2 and 1.5 per cent of the total population of professional healers. Similar disparities characterize the records in the Hispanic kingdoms.

6 Solomon, *Literature of Misogyny*; Wear, *Knowledge and Practice*, 62–64.

In adopting gender as a principal analytical lens, the contributors build on the work of several generations of feminist scholars who have probed the ways in which intellectual and institutional structures limit the visibility of female practitioners in late medieval and Renaissance societies. Generally speaking, earlier studies, such as Mélanie Lipinska's *Histoire des femmes médecins* and Eileen Power's 'Some Women Practitioners', examined individual cases of female practitioners, along with barriers to women's medical advancement. More recent works have harnessed the analytical power of gender to interrogate the systemic mechanisms of women's erasure from what we commonly understand to be histories of medicine.<sup>7</sup> Studies by Monica Green and Montserrat Cabré, for instance, have provided an interpretive framework for uncovering the presence of female practitioners in premodern medical regimes – one that is sensitive to mechanisms of knowledge transmission beyond the written text.<sup>8</sup>

One of their key conceptual interventions has been to problematize issues of occupational markers, including the absence of these markers within the semantic domain of 'woman'. The roles of women *as* women – that is, as sisters, mothers, daughters, friends, neighbours, and servants – included daily healthcare tasks that were not differentiated from their expected social roles of mothering, cooking, cleaning, and the performance of other routine chores. Cabré has affirmed the wide range of expert activities conducted by women in medieval households to maintain health and treat sickness.<sup>9</sup> Despite the skills involved, these forms of labour were not considered to be professional or full-time occupations, even when performed outside one's immediate household.<sup>10</sup> The makeshift, often situational nature of that work failed to generate the occupational markers that typically locate healthcare practitioners in medieval and early modern societies.

Moving away from professional titles, feminist scholars instead have portrayed women as 'agents of health' who cared for bodies while also

7 Lipinska, *Histoire des femmes médecins*; Power, 'Some Women Practitioners'; for a later period, see Walsh, *Doctors Wanted*. Other foundational works include Pelling, 'Thoroughly Resented', who first articulated the significance of the household as a locus of care; Duden, *Woman beneath the Skin*; and Klapisch-Zuber, 'Blood Parents and Milk Parents'.

8 Green, 'Books as a Source'. Green has shown that female practitioners were active in early Salernitan medical circles, only to be alienated from authoritative medicine due to impediments in accessing Latin texts. On this process see her *Making Medieval Medicine Masculine*.

9 Cabré, 'Women or Healers?'; Green, 'Bodies, Gender, Health, Disease', 3–6; Horden, 'Household Care and Informal Networks'.

10 The lawsuits filed by female household practitioners in late medieval Valencia document the valuable medical services they offered to their community, as well as the difficulties they encountered in obtaining compensation for them; Blumenthal, 'Domestic Medicine'.

facilitating or coordinating healthcare within households and institutions.<sup>11</sup> This reformulation not only opens the way to understanding the place of household medicine within a complex hierarchy of resort, it also underlines the fact that body knowledge acquired through domestic duties could be repurposed to serve broader public health agendas. In sixteenth-century London, for instance, poor elderly women who had amassed a panoply of nursing skills tended the parish sick as paid 'keepers'; this same group of women advanced public health initiatives in their role as 'searchers' of the dead, whose diagnoses formed the statistical backbone of English bills of mortality.<sup>12</sup> Similarly, married women in Italian and German cities carried out hospital work in medical partnerships organized around domestic models.<sup>13</sup>

Among the most critical interventions on display in this volume is the concept of 'bodywork' developed elsewhere by Mary Fissell.<sup>14</sup> This concept provides a crucial framework for thinking about the many varieties of caregivers that treated suffering bodies, as well as the different types of medical agency they exercised. The notion of bodywork reorients what it means to do the history of medieval and early modern medicine by encompassing a broad, highly variegated array of healers beyond such canonical actors as physicians, surgeons, and guild-licensed apothecaries. Bodywork immediately recognizes the value of healing activities performed by herbalists, empiricists, possessors of relics, shrine guards, wise women, and hospital nurses. It also underscores the practical know-how developed by mothers, sisters, daughters, beguines, birth attendants, and domestic servants who diagnosed ailments, made remedies, and tended ailing bodies without ever being identified by a professional title.

Other scholars have used the tools of gender analysis to uncover the social and cultural significance of 'female' and 'male' bodies, that is, the markers of sex difference and the bodily experience of gender in this period. For example, Joan Cadden has assessed how medical, theological, and philosophical discourses intersected when covering topics such as reproduction, embryology, and sexual pleasure.<sup>15</sup> The gendered understandings of

11 Green coined this term in 'Bodies, Gender, Health, Disease'.

12 Munkhoff, 'Poor Women and Parish Public Health'; Munkhoff, 'Searchers of the Dead'.

13 Stevens Crawshaw, 'Families, Medical Secrets and Public Health'; Kinzelbach, 'Women and Healthcare'.

14 Fissell, 'Introduction', 11. In proposing the concept of 'bodywork' Fissell builds on previous scholarship such as Cavallo's notion of 'artisans of the body', Cabré's notion of modification of body surfaces in 'From a Master to a Laywoman', and Green's term 'technologies of the body' in 'Bodies, Gender, Health, Disease'.

15 Cadden, *Meanings of Sex Difference*.

physiology and anatomy that learned male authors produced were sometimes conflicting, at other times mutually reinforcing, but always multivalent and complex.<sup>16</sup> According to these intellectual traditions, the most basic distinction between the sexes was the uterus, which was defined by its function in menstruation, conception, and the generation of offspring. This singular physiological difference cast the uterus as an 'enigmatic space where both life and knowledge began' and launched a whole genre of texts investigating 'the secrets of women'.<sup>17</sup> Discussions of women's 'secrets' in Latin and vernacular texts often fashioned women's bodies as dangerous and women themselves as untrustworthy; yet they also demonstrate a genuine thirst for practical knowledge of gynecology, obstetrics, contraception, and fertility among non-elite practitioners.

Several essays in this volume advance this discussion by emphasizing the importance of bodily function in medieval explanations of sex difference. Stressing the centrality of the uterus and its function within the humoral system, they show how that very centrality became a means of naturalizing certain characteristics for women, such as nurturing and compassion. Their analyses implicitly challenge the argument regarding the prevalence of a 'one-sex model' proposed by Thomas Laqueur, which has enjoyed tremendous staying power among scholars since its publication in 1990.<sup>18</sup> Relying on Galen's fragmentary discussion of the 'one-sex model' in his *The Uses of Parts*, Laqueur asserted that, until the eighteenth century, Europeans operated with an understanding that there was only one sex, based on inverted morphological similarities between male and female genitals. It was the performance of gender, rather than differentiated sex organs, that determined social hierarchies among male and female. While there certainly were some medieval traditions that recapitulated the one-sex model, late medieval and Renaissance notions of sex difference were hardly monolithic.<sup>19</sup> The authors in this volume provide a more nuanced picture by showing that contemporary explications of sex difference hinged on function far more than on morphology or form.

In foregrounding gender as an analytical tool, this collection intersects with other recent work that seeks to enlarge our understanding of medical culture

16 Although the authors surveyed are primarily male, Cadden does include a discussion of Hildegard of Bingen, 70-87. On gender and sex difference in intellectual traditions, see also Park, *Secrets of Women*, and DeVun, 'Jesus Hermaphrodite'.

17 Park, *Secrets of Women*, 35.

18 Laqueur, *Making Sex*.

19 For criticisms of Laqueur's 'one-sex' thesis, see Cadden, *Meanings of Sex Difference*, 3; Park and Nye, 'Destiny is Anatomy'; and King, *One-Sex Body on Trial*.

in this period. The essays in *Medicine, Religion and Gender in Medieval Culture* (2015) similarly argue that gender allows us to think in expansive ways about what ‘counts’ as medicine.<sup>20</sup> Both collections feature an array of medieval texts – mystical, legal, literary, hagiographic – that reveal the conceptual interdependence of physical and spiritual health and the many different kinds of practitioners that tended to matters of health. Despite sharing a rich feminist legacy, however, the two collections differ in significant ways. The essays in the 2015 collection focused primarily on language and representation – the points ‘where literature and medicine collide’ – rather than on knowledge and practice, which take centre stage here. Broadly speaking, they examined medical discourse and metaphorical language as a way to better understand literary production, religious experience, and the causal dimensions of sin. By contrast, the essays in the present volume mine documents of practice such as hospital statutes and monastic inventories, literary and hagiographic texts, and material artefacts in order to produce a more comprehensive picture of medieval and Renaissance healthcare – one that includes its caregiving dimensions. This expanded source palette allows the authors to probe some of the under-represented ways that both practitioners and patients negotiated healthcare resources, as when nurses at the Paris Hôtel-Dieu protested their working conditions or when parturient women sought assistance from relics held by a local abbey. Still another difference between the two volumes is geographic. The present collection extends well beyond the earlier volume’s tight focus on English and Anglo-French communities to encompass the Mediterranean and to connect it to parts of northern Europe. Putting northern European healthcare practices in conversation with those circulating throughout the Mediterranean basin emphasizes the transregional, cross-confessional construction of humoral knowledge that made it highly adaptable to local practices and faith traditions.

Indeed, the widened geographic scope on display in this volume reflects increasing contact between multiple cultures, languages, and faith traditions in late medieval and Renaissance societies. In this sense, the volume participates in aspects of the ‘global turn’ currently transforming the field of medieval and early modern studies. Scholars have increasingly recognized that areas within overlapping contact zones shared common experiences with plague outbreaks, and that their disease environments were increasingly integrated by commercial circuits.<sup>21</sup> These interactions occurred

20 Yoshikawa, ed., *Medicine, Religion and Gender*.

21 For the integration of disease environments across broad geographic regions, see Green, ed., *Pandemic Disease in the Medieval World*, and Varlik, *Plague and Empire*.

on multiple scales. Microhistorical evidence, for instance, demonstrates that medically aware travellers utilized a variety of medical traditions when traversing the maritime highways between the Mediterranean and Indian Ocean.<sup>22</sup> Archaeological evidence, meanwhile, establishes extensive borrowings in the spatial architecture of hygienic practice as witnessed, for example, in the Abbasid *hammams* of Spain and the Maghreb, which were adapted from earlier Umayyad traditions, which themselves had evolved from a previous Byzantine model.<sup>23</sup> On an even broader scale, the acceleration of exchanges between and across the Mediterranean basin, the Atlantic world, and Asian maritime colonies after 1500 cross-pollinated practical knowledge and exposed practitioners to new *materia medica*. Even within more localized settings, however, vernacular health regimens and 'books of secrets' facilitated the circulation of medical knowledge in both Latin and various vernaculars within the heady mix created by manuscript, print, and orality.<sup>24</sup> Differences in language or confession apparently did not pose insurmountable barriers to exchange; in fact, confessional and linguistic differences may have enlarged the scope of local body knowledge and healthcare practice in some instances.<sup>25</sup>

The essays in *Gender, Health, and Healing* mine this hybridity and exchange by considering the multiple pathways through which knowledge transfers took place in these centuries. Specialists and everyday caretakers conveyed practical and theoretical knowledge about the body through professional texts, vernacular regimens and compilations, oral communications, demonstrations of practice, and observation and exchange of the implements of care. As several of the essays show, the vernacularization

22 Lambourn, *Abraham's Luggage*, 219-39, discusses the medicinal substances carried by a twelfth-century Jewish trader who shuttled between Egypt and the western Indian Ocean, which borrowed from Indic, Islamic, and Jewish medical traditions.

23 Boisseuil, ed., *Le bain: espaces et pratiques*, explores bathing practices among Jewish, Christian, and Muslim communities in the Mediterranean. See Cressier, 'Prendre les eaux', for a discussion of Andalusian *hammams*. As with *mikva'ot* constructed for Jewish women, the sex segregation that characterized bathing practices points to the bath as a potential site of feminine transmission of body knowledge; see Marienberg, 'Le bain des Melunaises'.

24 Cavallo and Storey, *Healthy Living*; Leong and Rankin, 'Introduction: Secrets and Knowledge'; Strocchia, *Forgotten Healers*; and more generally, Fissell, 'Marketplace of Print'. Nicoud, *Les régimes de santé*, provides a comprehensive study of the origins and diffusion of health regimens before the age of print.

25 For example, around 1400 three Muslim midwives, Marién, Seynça, and Xency, were summoned to attend at the childbed of the Christian Queen Leonor, who must have desired the particular form of care these women could provide. On this case, see Narbona-Cárceles, 'Woman at Court'. Green also discusses these women in terms of the professionalization of midwifery in 'Bodies, Gender, Health, Disease', 24-25.

of medical knowledge from the twelfth century onward not only enabled the translation of learned medical concepts into local idioms, it also created new forms of knowledge by adapting and blending local and traditional practices with humoral theories and professional standards. The process of vernacularization thus encouraged the decentralization of medical discourses. English medical literature from the late fourteenth century provides a good case in point. Linda Voigts has shown that the production and circulation of medical and scientific texts in Middle English and Anglo-Latin increased dramatically in this period, with Latin transcriptions often appearing next to English treatises in a single codex.<sup>26</sup> These hybrid texts speak volumes about the heterogeneous nature of their audiences.<sup>27</sup> Several essays in this collection extend our understanding of the process of medical vernacularization into early Renaissance France and Italy, where female householders in cities and courts put learned discourse to practical uses in their quest to sustain healthy households and familial interests. They highlight the fact that vernacularization not only braided different kinds of know-how across linguistic and geographical settings, but also frequently involved first-hand experimentation by practitioners eager to develop effective remedies for everyday ailments.

Often, the acquisition and transfer of body knowledge evaded textual documentation altogether. Scholars such as Pamela Smith and Pamela Long have called attention to the importance of embodied knowledge developed by artisans, makers, and practitioners through repeated, hands-on experience over time.<sup>28</sup> This kind of sensory-based, experiential knowledge of the body and the natural world gained greater legitimacy throughout the later

26 Voigts, 'What's the Word? Bilingualism in Late-Medieval England'. In conjunction with Patricia Deery Kurtz, Voigts compiled a database of over 7,700 scientific and medical manuscript texts in Old and Middle English, which is accessible through the *Voigts-Kurtz Search Program*. More recently, Orlemanski, *Symptomatic Subjects*, has explored how the vernacularization and broad dissemination of medical texts in England created new subjectivities.

27 Solomon, *Fictions of Well-Being*, illustrates a similar process in Iberia, where the medical text came to stand in for the professional practitioner. It is also worth noting that the editors of the three-volume primary source anthology, *Women Writing Latin*, call into question the patriarchal and literary canonicity of Latin in the Middle Ages, arguing that there was a 'complicated relationship' between Latin literacy and the development of European vernaculars. They posit that women as producers of Latin texts can be re-embedded into medieval textual culture by focusing on non-literary and collaborative texts; Churchill et al., eds., *Women Writing Latin*.

28 Recent studies of embodied knowledge include P. Smith et al., eds., *Ways of Making and Knowing*; P. Smith, *Body of the Artisan*; and Long, *Artisan/Practitioners and the Rise of the New Sciences*.

Middle Ages and Renaissance. Although embodied knowledge was one of the most important ‘ways of knowing’ in premodern societies, it is nevertheless difficult to grasp textually or systematically because it was inherently oral, performative, or even liturgical in nature. Rather than being transmitted through texts, embodied knowledge was acquired and circulated through some combination of verbal instruction, informal learning arrangements, and repeated practice, often under the tutelage of a skilled practitioner. The concept of embodied knowledge is central to understanding how medieval and Renaissance women developed and transferred their understandings of regimen, as well as their knowledge of herbal properties, distilling methods, bathing therapies, and other healing skills.<sup>29</sup>

Building on these notions, the essays in this volume recognize that not all sites of knowledge production, storage, and transmission are textual, even though texts can often communicate certain instantiations. Several authors consider the ways in which material objects, collective work arrangements, and the spatial choreography of caregiving facilitated the circulation of embodied knowledge within everyday settings. In so doing, they enlist commonplace objects such as the bathtub and the prayerbook as medical technologies that speak to local, communal circumstances of knowledge exchange; they also highlight the diverse sites and spatial dimensions of care, ranging from the bedside in sixteenth-century German households to stalls in the Syrian marketplace. These thoughtful examinations simultaneously extend the spatial reach of gendered medical interactions while nuancing the class distinctions at play within them.

Other essays allow us to glimpse aspects of embodied knowledge by focusing on what Peregrine Horden has called ‘the non-natural environment’.<sup>30</sup> The non-natural environment refers to the six external factors that influenced bodily health in humoral medicine that spanned both Galenic and Arabic systems. The Islamicate physician Hunyan ibn-Ishaq (d. 873 CE) delineated these factors as air, food and drink, diet and rest, sleeping and waking, evacuation and retention, and the passions of the soul.<sup>31</sup> These principles, whose influence varied over time, may have gained greater traction in medieval life as a result of the health regimens proliferating in the thirteenth and fourteenth centuries. Although the non-naturals threaded through distinct humoral systems, they still needed to be adapted to local

29 Rankin, *Panacea's Daughters*, 139–59, discusses the keen attention to detail and technique involved in making household remedies, which was considered to be a type of skilled handiwork.

30 Horden, ‘Non-Natural Environment’.

31 Maurach, ed., ‘Johannicius’, 160.

circumstances, especially since the non-natural environment encompassed everyday activities such as prayer, pilgrimage, reading, and bathing.<sup>32</sup> Within the household itself, female householders helped manage the non-naturals on a daily basis. Their roles as guardians of healthy living became especially apparent with the resurgence of a preventive paradigm in Italian urban centres after 1500.<sup>33</sup> Friends, family, and caregivers attended to the non-naturals in other ways by helping the sick re-establish a sense of physical and emotional equilibrium through letters, personal visits, and spiritual consolation.<sup>34</sup> Foregrounding the complexity of healing, the essays in this volume urge a rethinking of the historical trajectories that have placed the epistemological centre of gravity in cure rather than care, in academic texts rather than everyday practice, in stable interpretations of basic health principles rather than local and historical variations.

The chapters of this book are organized thematically into four sections that make visible gendered medical practices and the transmission of gendered medical discourse from different angles. This scheme moves topically from religious healing to knowledge production, from infirmity and care to reproductive matters. At the same time, the essays share numerous points of contact that cut across sections. Running throughout the volume are common concerns with bodywork and vernacular knowledge-making; relationships between gender and bodily function that underpinned understandings of sex difference; and innovative ways of making meaning from 'non-evidence'. The volume concludes with an elegant afterword that draws many of these strands together and reflects on directions for future research.

The essays in Part 1, 'Sources of Religious Healing', harness religious sources, specifically psalters and miracle tales, to illuminate the ways that women used prayer, liturgy, pilgrimage, and saintly intercession as an integral component of healthcare practice. They focus on the broader therapeutic role played by seemingly 'religious' texts and objects such as sermons, miracle stories, records of charity, and theological doctrines, which

32 Recent studies of therapeutic reading include McCann, *Soul-Health*; Solomon, *Fictions of Well-Being*; and Olson, *Literature as Recreation*; on music, see Horden, ed., *Music as Medicine*.

33 Cavallo and Storey, *Healthy Living*; see also Cavallo and Storey, eds., *Conserving Health in Early Modern Culture*.

34 Weisser, *Ill Composed*; Strocchia, *Forgotten Healers*, 67-84. Women's epistolary networks have become rich terrain for exploring the circulation of vernacular medical knowledge in the late medieval and early modern period; see inter alia Whitaker, 'Reading the Paston Letters Medically'; Rankin, *Panacea's Daughters*.

encompassed important healthcare knowledge and practice.<sup>35</sup> As the essays in this section attest, body knowledge existed in the common tradition of religious communities and cults, and in the patterns of repeated practice embodied in liturgical rhythms.

The opening essay by Sara Ritchey navigates the apparent ‘absence’ of professional medical treatises in women’s religious communities by examining the kinds of books women *did* possess: psalters. Archaeological and archival evidence confirm the caregiving mission of the beguines of St. Christopher in Liège, who maintained historic ties with the hospital of St. Christopher and even founded their own hospital and leprosarium. Ritchey therefore asks how their prayer life may have informed their presence in hospitals and at bedsides. Although psalters have typically been understood as ‘religious’ or ‘liturgical’ books, Ritchey shows that the prayers, illuminations, and poetry inscribed within a psalter from St. Christopher’s (Liège, Bibliothèque de l’Université MS 431) would have fit comfortably into a non-natural environment oriented toward hospital care. Borrowing methods from anthropology and linguistics, she emphasizes the function of performative language in wielding efficacious bedside care. The psalter, she argues, acted as a technology that structured caregiving interactions between patients and their beguine custodians, while also enabling beguines to maintain their own regimens of self-care. As a result, she opens up a new body of evidence – psalters – for thinking about how religious women would have drawn on their skills in the performance of prayer, liturgy, and regimen, as well as the modulation of the passions in order to serve as occasional healthcare practitioners.

In a similar vein, Iliana Kandzha examines the miracles of the German empress St. Cunigunde, outlining the female clientele of the cult seeking her medical intervention. She approaches cult activity with a wide-angle lens to show how sources that scholars typically have interpreted as reflecting religious life can be harnessed to illuminate gendered patterns of healthcare behaviour. In the first century after Cunigunde’s death in 1033, the miracles recorded at the Bavarian shrine of this virgin saint demonstrated no discernible preference toward female petitioners. However, by the fifteenth century in faraway Leuven, manuscript evidence such as relic registers and account books indicates the proliferation of material objects supporting Cunigunde’s role in facilitating ‘an easy delivery in childbirth’. A devotional manuscript used by the Augustinian canonesses at Bethlehem and a cache

35 On the perils of applying ‘religion’ as an analytical category to premodern peoples, see J. Smith, ‘Religion, Religions, Religious’.

of relics (including the saint's girdle and mantle) kept at Bamberg Cathedral and the Benedictine abbey of Michelsberg signify the development of a cult dedicated to Cunigunde's potent intercession in childbirth. Because these obstetric objects represent a localized healthcare practice and a later efflorescence of miraculous activity, they have not been integrated into scholarship on childbirth rituals or on Cunigunde's saintly activity. Kandzha thus elucidates the ways that the economy of relics served as an important source of healing for parturient women during a time when childbirth had not yet been fully medicalized.

The essays in Part 2, 'Producing and Transmitting Medical Knowledge', turn to little-known or recently discovered texts to examine masculine medical constructions of the female body, on the one hand, and feminine constructions of medical knowledge, on the other. Montserrat Cabré and Fernando Salmón examine two medieval medical commentaries on a Hippocratic aphorism to reveal how physicians yoked madness to lactation problems and thus to mothering. Their careful attention to this medical tradition uncovers an interpretive model for understanding female bodies as physiologically predisposed to manic conditions; in the process, they highlight the flexibility of the humoral system and late medieval imaginings of the female body as fundamentally characterized by the function of menstruation.

The co-authors analyse a series of Latin treatises on transformational 'failures' within women's bodies. First, they discuss the condition known as *fascination*. Two Spanish physicians writing in the late fifteenth and early sixteenth centuries, Diego Álvarez Chanca and Antonio de Cartagena, effectively brought this new disease category into being when they described the harmful effects that the accumulation of venomous menstrual blood could have on a woman's body. Because women's health depended on the function of menstruation, these physicians theorized that when menstrual blood stopped 'flowering' it could become potentially poisonous. Humoral epistemology in this period required that blood had to go *somewhere* in order to maintain balance in the fluid economy of the body; hence, the physicians surmised that women's bodies must have expelled the venomous menstrual vapours through their eyes. The vapours then corrupted the air where they threatened to be absorbed into the pores of weak bodies, like those of children. Sudden, inexplicable illnesses or death thus could be blamed on the fascination caused by elderly women. Turning to the dreaded condition of the 'bloodbreast', Cabré and Salmón also note a central paradox in late medieval understandings of female bodies: how was it possible that the generative maternal body could also be potentially venomous? Their

exploration of Latin commentaries on a Hippocratic aphorism regarding 'bloodbreast' demonstrates how late medieval physicians wrestled with this paradox. Bloodbreast referred to menstrual blood that failed to properly transform into breast milk, thus causing toxic vapours to rise into the brain where mania set in. Latin authors such as Taddeo Alderotti and Ugo Benzi reconciled the nutritive maternal body with the insufficient one by positing a late onset of the effects of mania. As Cabré and Salmón show, it was the flexibility of the humoral system that enabled physicians to simultaneously uphold the imagined fatal capacities of the elderly female body, the maniacal body beset by bloodbreast, and the idealized maternal body.

The next essay by Belle Tuten continues elements of this discussion by focusing on female physiology and breast care, but shifts the analysis toward vernacular practice and the hybridization of medical knowledge. Tuten studies a short, fifteenth-century Italian medical treatise devoted to breast care, particularly to painful problems accompanying lactation. This little treatise combined sections from the *Lilium medicine* of Bernard de Gordon with original recipes for treating various breast complaints with home-made plasters and poultices. Tuten situates this text within medieval discourses on breastfeeding, as well as within vernacular concerns about maternal health emerging in Italian Renaissance cities. In the fifteenth century, Italian merchants and humanists alike cultivated deep interests in the family, as evidenced by scores of genealogies, family diaries, and vernacular writings. Although this treatise bears no specific authorship or date, its sharp focus on breast complaints spoke to common problems experienced by affluent new mothers as well as paid wet nurses. Tuten also transcribes one of the treatise's original recipes, which utilized ordinary, inexpensive ingredients confected through relatively simple processes – an excellent example of what has often been called 'kitchen physic'. Female householders could readily manufacture this remedy for themselves, their friends and neighbours, and perhaps even their hired wet nurses. Tuten's detailed attention to this treatise allows us to trace with some degree of precision the ways in which academic medicine and household medical knowledge were combined and disseminated.

Continuing the exploration of vernacular knowledge production, Sheila Barker and Sharon Strocchia examine a recently discovered volume of the encyclopedic recipe collection compiled by the Italian noblewoman Caterina Sforza in the early sixteenth century. They demonstrate how the genre of recipe books reflects the experimental terrain on which Renaissance women could engage in medical and scientific discourse. The vast range of Sforza's recipe collection – much of which was tested empirically – included

magical incantations, distilling techniques, veterinary medicine, cosmetics, and household remedies focused on common ailments, reproduction, and female sexuality. What united this miscellany was an overarching principle of utility and pragmatism. Barker and Strocchia argue that these 'secrets' must be read intentionally within the context of a household economy writ large – one that simultaneously served the health needs and the political objectives of a Renaissance court. Besides enlarging Sforza's medical and scientific legacy, this newfound manuscript highlights the authority wielded by experiential knowledge within the domestic realm and beyond. At an unknown date, her recipe collection was methodically censored and its contents expunged of all recipes that trafficked in 'magic'. The authors are aided in the task of reading this 'non-evidence' by the discovery of a partial, separate index that documents the excised recipes. Their reconstruction of now-lost evidence reveals how shifting intellectual regimes reshaped the parameters of licit medicine, science, and religion.

The final essay in this section, by Julia Gruman Martins, shows how medical authors capitalized on early print technologies to disseminate knowledge about the female body to a broad vernacular audience. Martins takes us into a world of household knowledge and control of the body by examining how printers and translators adapted one of the earliest 'books of secrets' – the *Difcio di ricette* (House of secrets), first published in Venice in 1529 – in order to satisfy new readers when translating its contents from Italian to French. This cheaply printed booklet, whose influence extended well into the nineteenth century, included ten recipes that both instructed readers about the workings of the female body and facilitated control over them, especially in matters of reproduction. Martins demonstrates how several strands became intricately intertwined in the process of knowledge-making. Female readers could utilize the recipes, practices, and experimental models put forward to actively regulate their own bodies. With the help of this book, they could manage the periodicity, quality, and quantity of menstruation, assure conception, and answer questions about future children. At the same time, clever translators had to adapt the recipes to differing market conditions such as the availability and cost of key ingredients. Martins argues that the publication of the *Difcio* can be considered a turning point in the broader dissemination of vernacular knowledge about the female body in the multiple ways it took readers' concerns into account.

Part 3, 'Infirmary and Care', tackles the medical significations of feminine caregiving in domestic settings. Eva-Maria Cersovsky's essay derives significant meaning from a short biblical proverb taken from the book of Sirach. This proverb, 'Ubi non est mulier, ingemiscit egens', appears in numerous

late medieval texts, ranging from conduct manuals to hospital ordinances and literary tracts. In each case, it reflected the role of women as *women* in the provision of effective caregiving. Sometimes this proverb was used to question or even parody a wife's duty to assist a sick or needy husband, as when Chaucer and Rabelais expressed through it an underlying unease with the power women might yield over weakened husbands and their wealth. At other times, it was cited to naturalize women's association with charity, compassion, and almsgiving; for example, both the thirteenth-century statutes governing the hospital of Spoleto and sixteenth-century Parisian hospital legislation invoked this proverb when appealing to religious women's ideals of compassion and service to the sick poor. Cersovsky also observes, particularly in the *querelle des femmes* literature that debated 'womanly' virtues, an Aristotelian framing of sex difference based in the colder, softer nature of women's bodies – a trait that 'naturally' inclined women to pity. For instance, the sixteenth-century humanist physician and theologian Henricus Cornelius Agrippa conjoined the proverb to an Aristotelian construction of women's bodies as naturally suited to caregiving, citing their breast milk as a physical manifestation of their bodily capacity for healing. Contrary to the *fascinatio* treatises discussed by Cabré and Salmón, Agrippa also praised the salubrious powers of menstrual blood for healing both physical and psychological ailments. Through such constructions, the proverb naturalized women's caregiving capacities so completely as to render their very bodies as sources of healing, transforming customary caregiving roles into thaumaturgic flesh.

Utilizing a combination of visual analysis, thick description, and contemporary theories of caregiving, Cordula Nolte interrogates a wide array of sources in order to query the extent to which domestic care was a gendered field of action in sixteenth-century Germany. By attending closely to furnishings, equipment, objects, and bodily choreography, she illuminates the means by which the spatial, material, and performative dimensions of household care were gendered. Her detailed attention to the spatial arrangements for caregiving and its material instruments – for instance, the placement of beds in relation to the heated centre of the house – shows that even domestic spaces were characterized by various vectors of gendered activity. Echoing the biblical proverb discussed above, Nolte gives medical meaning to the scandalous decision made by Bartholomäus Sastrow, mayor of Stralsund, to marry his wife's caretaker shortly after her death. The newly widowed Sastrow feared dying from a suffocating cough; his perceived survival depended so deeply on the intimate presence of a woman dedicated to his care that he was willing to risk social criticism

resulting from a hasty cross-class marriage. Moving nimbly across different scales of analysis, Nolte reconstructs urban networks of care that relied on poor women who worked as travelling nurses or who opened their homes to care for the infirm. In tracing these support networks, she demonstrates that domestic and institutional spheres were linked, even when they were spatially separate. Further, by examining the illustration scheme in a German surgical manual for herniotomy, Nolte reveals an intricate choreography of care in which women acted as key bedside caregivers who learned the intricacies of wound care by observing surgeons and other practitioners. In these sensitive readings, Nolte elicits evidence from silence: that is, from bodily performances that took place at a distance from texts.

Turning from a European Christian context of care to an Ottoman Mediterranean one, Ayman Yasin Atat delves into the pharmaceutical encyclopedia written by the fifteenth-century Ottoman physician, Muḥammed ibn Maḥmūd al-Shirwānī, in order to examine the therapeutic uses of the bathtub as a home remedy. In this essay, Atat provides the first English-language translation of al-Shirwānī's thirty-third chapter of the *Rawḍat al-ʿiṭr* (Garden of pharmacy/perfumes) devoted to bathtub remedies. Atat's analysis of both the medical conditions and materia medica described in this chapter of the compendium demonstrates the continuity of bathtub therapeutics among Arabic and Ottoman physicians. Bathtubs provided an ideal form of household medicine for several reasons. They permitted external remedies to achieve a significant amount of contact with the skin surface; users gained additional benefits from exposure to the warm water prescribed in treatment; and the therapy could be applied at home without the patient's need to leave, thereby eliminating the difficulties associated with out-of-home treatments. This latter advantage could be especially important in cases of severe pain. Moreover, the ready availability of ingredients prescribed in al-Shirwānī's remedies, which often included ordinary culinary materials, suggests additional reasons for the longevity of this therapy. As Atat observes, the elaboration of this accessible therapy within a formal medical treatise points to the more authoritative standing commanded by household medicine in the mid-fifteenth-century Islamic world.

The fourth and final section, '(In)Fertility and Reproduction', turns to the intersection of gender and generation. Catherine Rider investigates medieval discussions of sex difference, focusing in particular on the problem of infertility among both sexes. Although the loss of fertility in the aging female body is a paramount concern today, Rider shows that medieval discussions of infertility factored age more prominently than gender. Examining a wide

range of Latin texts authored by university-trained physicians from the late eleventh to the fifteenth centuries, she demonstrates an increasing interest and growing level of detail in discussions of infertility. Borrowing heavily from the influx of Islamicate medical treatises, in particular those of Ibn Sīnā and Ibn al-Jazzār, learned medical writers in Europe argued that old age rendered both men's and women's bodies unfit for reproduction, because age similarly affected the quality of their seed and humoral balance. In discussions of age and fertility, then, physicians considered men's and women's bodies in fairly comparable terms so that gender was only one factor affecting fertility rates. Additionally, Rider shows that *practicas* and other specialized treatises on infertility and reproduction authored by physicians found wider audiences in vernacular translations, testifying to a desire among non-elites for practical knowledge about the body and reproduction.

Finally, Sara Verskin's essay on gender segregation in Islamicate medical practice challenges reigning assumptions through a close reading of assorted medical and legal texts. Historians of the last century have largely recapitulated paradigms of modesty that dictated limitations on male contact with female bodies in medieval Islamicate medical practice. By taking a broad chronological, geographic, and typological view of gynecological interactions, Verskin shows that Muslim women did indeed receive gynecological care from male professional practitioners, while revealing the multiple occasions on which female agents could act as trained medical intermediaries. For example, she notes that treatises on medical ethics included many 'conversational' moments that warn against women learning about contraceptives and abortifacients. These exhortations point to social situations in which medical practitioners presumed that women *might* encounter this information. Elsewhere, Verskin notes that jurists writing law books simply assumed that female nudity was an expected component of medical care. Consequently, they outlined a hierarchy of factors, such as religion, familial relationship, and age, for selecting an appropriate practitioner. Verskin also draws on books of *ḥisba*, or manuals for market inspectors, to show that male phlebotomists treated women by cupping and bleeding; her examination of medical ethics literature demonstrates that male practitioners regularly engaged with women in pulse taking and urinalysis. Still other sources point to medical collaborations between male and female practitioners. Surgical treatises indicated that a skilled woman should carry out intimate procedures, while other medical compendia present various obstetric tasks to be performed by the male physician, midwives, female attendants, or sometimes by the patient herself. By attending to the many interactions occurring in diverse sites of care,

Verskin shows that barriers between the sexes did not render impossible the practice of learned gynecological medicine, despite the prevailing culture of modesty in the medieval Islamic world.

The volume closes with a brief, insightful afterword by Naama Cohen-Hanegbi, who uses a case history recounted by the sixteenth-century Portuguese physician Amato Lusitano as a way to weave together the twin threads of healing women and women healers running throughout the collection. Drawing on his academic training, this learned physician contributed significantly to the medical debates of his day regarding humoral imbalances in women's bodies. His diagnoses of women's ailments concentrated on the uterus, which functioned to balance the fluid humoral economy. Yet hovering in the background of his case history are unnamed female caregivers (*mulierculae assistentes*) who simultaneously performed the day-to-day tasks of healing and acted as narrative agents. It was these practitioners who orchestrated care, determined some of the next steps in treatment, and funneled critical information about the patient's progress to Lusitano as members of a fruitful medical partnership. Cohen-Hanegbi encourages scholars to pursue subtle clues like these in order to reconstruct the vast, largely hidden extent of women's agency and authority in providing healthcare.

Due to their proximity to institutional power and means of textual transmission, learned physicians and the professional practitioners who were their heirs cast historical trajectories that have shaped the way we think about body knowledge and healthcare practice. The essays in this volume strive to dismantle those trajectories. They peel back the dense layers of representation that over time have come to produce a stable and monolithic image of professional knowledge and power. By interrogating the conditions that allowed those professional competencies to emerge, the essays argue instead that healthcare was a communal enterprise dependent on a continuum of reciprocal knowledge and practice. Underneath, beyond, and on the periphery of the canonical texts and the licensed practitioners who projected a powerful image of their own singularity, the contributors in this volume search for the quiet, informal modes of labour and the unseen knowledge transmissions that made possible the daily struggle to survive. By expanding the sources for the history of late medieval and Renaissance healthcare and reading them in new ways, the essays capture the complexity and range of care practices and transmissions of body knowledge. In doing so, they recentre therapeutic epistemologies that unfolded in everyday acts of caregiving as well as the local contexts in which women held sway.

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