

Gender, Health, and Healing, 1250-1550

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Centring on the period from the 11th to the early 16th centuries, this collection of eleven essays and a foreword by both well-established and younger scholars addresses a range of still-unexplored aspects of medieval women's involvement in medical treatment and health care, as well as their role in the consumption, transmission, and production of medical knowledge. In spite of the title, in most of the essays, the focus is firmly on women rather than on gender.

As outlined in the ambitious introduction, one of the volume's principal aims is to expand our understanding of what was considered sick care in medieval societies. In this respect, the project builds on interpretive frameworks already experimented with by early modernists studying similar themes. Hence the foundational concept of "bodywork"—aptly coined years ago by Mary Fissell—recurs across the volume, denoting the authors' attention to operations such as washing, cleaning, ventilating, feeding, and dressing that constituted the necessary complements to the mere provision and administration of remedies to the sick. Likewise, the management of the six non-natural things on which physical and mental wellbeing was seen to depend (sleep, cleanliness, exercise, diet, emotions, and air) is evoked several times as a key constituent of contemporary notions of healthcare. Echoing some of the objectives pursued in Sharon Strocchia's recent award-winning monograph, this volume also aims to expand the range of female figures that we can count as health agents, bridging the gap between domestic and institutional, professional and empiric, paid and unpaid care.⁽¹⁾ This attention to the recognised expertise of unofficial healers also shifts the focus from official qualifications and textual knowledge to ways of acquiring medical skills based on observation, imitation, repetition, and other informal transmissions of knowledge.

At the same time, the chapters in the volume contribute important new analytical perspectives which could be fruitfully applied to subsequent historical periods. Particularly noteworthy is the attention that the authors devote to practices concerned with improving the emotional balance of patients, and aimed therefore at consoling and reassuring the sick, and at increasing their comfort. These concerns, which entailed round-the-clock assistance, appear in multiple chapters among the prime aims of medical treatment. Nolte provides a vivid picture of such caring arrangements in the German domestic environment by focusing on their spatial and material characteristics. This was not, as one would expect, the isolated bedroom, but the *stube*: the

warm, central, and constantly populated part of the home where householders cooked, ate, and entertained visitors. Here the sick person would receive not just medical attention in the form of the prescribed cures, but aid to their mobility, human company, and continuous moral support. This inclusive effort was supported by a material culture that facilitated the involvement of the patient in homelife.

The psychological strategies deployed in attending to the sick are also the object of Ritchey's inspired essay on the spiritual comfort that the beguines of St. Christopher in Liège offered to their patients in the hospital and the community. The contents of their psalter reveal the performative nature of their caregiving activities: the prayers they said, the poems they recited and the chants they sung at the patient's bedside were an integral component of their tasks. By encouraging the sick to contemplate the illuminations in their prayer book, the beguines also stimulated processes of identification with the Saviour or with Mary's painless labour that would calm the sufferer and divert their attention away from their condition. Ritchey's fine analysis of the language of the poems reveals how these rituals, whose efficacy often relied on repetition, and whose pace could be adapted to the situation (for example to the parturient's contractions), were meant to conjure salubrious effects at both physical and emotional levels.

The relationship between spirituality and medicine was therefore much closer than usually expected. Religious practices such as prayers or pilgrimages did not represent, as often assumed, the last resort for the sick and a replacement for failing medical treatment, but forms of healthcare in their own right. In Kandzha's essay they notably appear as one of the few resources available to women to prevent complications in childbirth. Medical treatises even encouraged pregnant women to pray to patron saints for easy deliveries and to use relics as amulets while giving birth. The study of the cult of Saint Cunigunde, patron of expectant mothers, shows that the rise of this devotion in the town of Bamberg was stimulated precisely by the need to provide local women with a "near," accessible saint to which they could easily turn for protection, rather than by any "competence" of the saint in reproductive matters. Hence the childless and chaste Saint Cunigunde became the patron of women in difficult pregnancies. The success of this cult in Bamberg seems to be linked to the availability of the saint's relics (her garments), which local patients could borrow and wear in their homes as a form of protection instead of engaging in long journeys to other shrines while pregnant.

Another important contribution of the volume is the in-depth exploration of themes not yet sufficiently developed in the scholarship of pre-modern medicine: in particular the health and illnesses of the breast (Tuten, Cabré-Salmon), a preoccupation that afflicted many new mothers also in later periods, and the therapeutic use of baths. So far associated almost exclusively with the medicinal waters of SPAs, medicinal baths emerge as an integral component of domestic medicine even in radically different religious and cultural contexts (Atat, Nolte).

As Atat elucidates, the bath's therapeutic benefits derived from the humoral qualities of the substances that were diluted in the water and which, by affecting the whole surface of the body, were thought to be particularly effective. This explanation strikes me as dense with methodological implications for the study of this practice: in Western scholarship the debate on baths has centred entirely upon the supposedly debilitating role of hot water and on the harm that the opening of the pores prompted by the hot temperature, and their subsequent sealing on leaving the bath, would bring to the body. Atat, by contrast, shifts attention from water and temperature to the *materia medica* that went into the bath and its preparation. She shows that by the 15th century medicinal baths were commonly used in the Ottoman empire to treat a variety of ailments in male and female patients alike. They were a popular remedy since they did not require elaborate preparations but the mixing and boiling of relatively common ingredients. Employed especially to relieve pain, baths acted as a form of immediate medical aid administered in the home that replaced or postponed the need to call the doctor. Likewise, in German lands, the domestic bath was used as a soothing therapy prescribed by practitioners in post-surgical care (Nolte).

As these examples indicate, the geographical breadth of the volume, which includes chapters on not only Northern and Southern Europe, but also, remarkably, on the Islamic world (Atat, Verskin) is another

valuable feature of the work, and brings to light unexpectedly similar patterns of treatment and medical cooperation across the Christian/Muslim religious divide.

The collection also presents significant instances of an imaginative use of unconventional sources: besides the already mentioned prayer-books of Belgian beguines and the ego-documents and visual and material evidence mobilised by Nolte to illuminate the domestic healing experience, the legal sources used by Verskin challenge the dominant picture of a rigid separation between the sexes in Muslim societies. Indeed, juridical opinions on what was forbidden or permitted in the medical encounter describe obstetrical examinations by male practitioners as a regular occurrence.

In spite of the dismissive comments towards 'traditional' academic texts in the editors' introduction, the majority of the chapters do rely on more conventional (but no less valuable) evidence, i.e., texts produced by intellectual medical elites (or popularizations of such texts). Certainly, medical treatises present limitations if one wants to retrieve the actual everyday practices of health maintenance and treatment, but they also hide surprises. The casebook of the distinguished doctor Amato Lusitano analysed by Cohen-Hanegbi, for example, provides insightful snapshots of the actors and activities ongoing in the healing scene.

Even if actual medical practice remains difficult to document, the volume contributes in important and multifarious ways to our understanding of the relationship between women and medicine. Cersovsky explores the arguments that contributed to present the enduring association between women and care as grounded in female nature. Medieval and early modern adaptations of the biblical proverb 'Where there is no woman the needy groans' indicate that the ability to care was depicted as an innate and embodied feminine talent descending from the role of men's helpers assigned to women at Creation. It was also justified by women's distinctive humoral constitution, which made them naturally inclined to compassion and feeling for the needy on account of the cold qualities prevailing in their bodies. These beliefs bound women to their existing caring roles. At the same time, they also worked to their benefit: for example, these associations supported the arguments in favour of women's superiority to men in the discussions that shaped the 16th century *querelle des femmes*. Moreover, women's bodies were themselves understood as a source of healing for the sick and dying. Remarkably, the chapter highlights the full ambivalence of these beliefs, showing that female caring skills could also empower women, tilting the balance of authority towards them within the couple and the family, as well as in institutional settings.

A group of chapters engage with the production of medical knowledge about, by, or for women. In an essay admirable for its erudition, Cabré and Salmon explore the medical conceptualisations of two alleged menstrual pathologies and their broader gender implications. The debate that develops around the supposedly venomous consequences of these conditions convincingly shows how, far from being static and entirely dependent on classical antecedents, the humoral paradigm allowed the introduction of significant innovative elements. We even witness the emergence of a newly defined disease called "fascination" at the turn of the fifteenth century. However, the extent to which these theorizations were influenced by broader attitudes to women remains an open question. The argument that the medical interpretations of these pathologies were part of a broader tendency to construct the female body as potentially harmful and should be attributed to the 'generalised contempt for women, a misogyny increasingly reflected in the domain of natural philosophy' (p.101) fails to convince. The medical literature considered extends from Galen to 16th century works, so it isn't clear to which period, specifically, we should ascribe these radically misogynistic ideas. This view also clashes with the evidence supplied by Cersovsky, which documents the therapeutic virtues that ancient natural philosophers as well as 16th century authors assigned to menstrual blood, and to the female body more broadly.

Martins postulates a growing female consumption of vernacular medical advice texts focusing on the *Dificio di Ricette*, a well-known chapbook which, following previous authors, she presents as the first recipe book printed in Italy (in 1525). In reality, we are now aware of numerous precedents to this title (e.g., the extremely popular *Thesaurus Pauperum*), often printed renditions of collections of recipes already circulating in manuscript form in previous centuries. The novelty of the text and its contents, which, like

many medieval precedents, also included remedies to assist conception and reproduction, is therefore overestimated in the essay.⁽²⁾ Surely, the printed form of this and similar booklets expanded the number of potential readers and, possibly, female readers. We are however in the realm of speculation: the gender of users is hard to define on the simple basis of the book's contents. It is equally likely that the recipients of these titles also included professional healers involved in the micro-production of medical and cosmetic remedies for the market—a common occupation of middling sort households, as recent studies have demonstrated.⁽³⁾

Comparing a small sample of recipes in the Italian and French versions of the text, the essay also confirms the role of translators as cultural agents highlighted by previous studies: translation widened the potential use of the book by making the language clearer and more accessible, and by introducing variants of the recommended plants or ingredients (as often occurred also in re-editions of a text). However, this evidence is too thin to posit an increasing social appeal of the French over the Italian version of the work. Many other features of the book would need to be considered to prove its popular or less popular character.⁽⁴⁾

A tendency to automatically associate textual contents considered to be of feminine interest with a lay female audience is also evident in Tuten's chapter. She examines a tract on diseases of the female breast included in a wider 15th century medical compendium in Italian that has survived in two copies. The tract borrows amply but selectively from earlier works on breast-feeding, singling out practical sections and topical remedies easy to prepare and apply. These clues, together with the integration of experiential information into the text, are sensibly taken as evidence of a practical consumption of the work. More conjectural, however, is its attribution to an extended aristocratic household and, more specifically, to one that employed multiple wet-nurses. By isolating the tract from the rest of the manuscript, the analysis risks underestimating the possible professional destinations of the compendium. Indeed, its briefly sketched characteristics (the inclusion of treatises on surgery, alchemy, astrology, phlebotomy, recipes in Latin, and citations from previous medical authorities) make it quite plausible that the manuscript as a whole, including the tract on breastfeeding, was assembled for a medical expert.

Barker and Strocchia move our attention to female authorship, concentrating on the newly found manuscript copies of Caterina Sforza's recipes, beyond those already known and published. The discovery reveals the huge scale of the collection of remedies put together by this noblewoman, Countess of Imola and Forlì at the turn of the 15th century. The composite and experimental nature of the recipes suggests their employment in the service of the various needs of Caterina's court, as well as their use as political tools in the gift economy of noble society. Unfortunately, the manuscripts do not seem to provide any information on the actual production of the recipes, where and by whom were they manufactured, nor the relational landscape in which their collection and experimentation took place. The authors' attention centres entirely on the individual figure of this extraordinary woman and we lack a sense of whether she engaged in forms of cooperation with other women, men, practitioners, or servants and the extent to which her enterprise was the result of a collaborative effort.

The collaborative dimension in the construction and deployment of medical expertise emerges as an important theme elsewhere in the collection. Nolte presents sick care as a collective endeavour within the household which, to an extent, transcended gender boundaries. She also highlights cases in which men were the main caregivers, opening the question of how they were perceived and presented themselves, as well as what ideological tools they could mobilise to justify their nursing roles.

The separation between male and female health agents was not so great even in the professional domain. Nolte and Cohen-Hanegbi offer examples of women (often poor and needy themselves) who made domestic care their profession and main source of income. They often operated in partnership with male practitioners who relied on their nursing services and diagnostic skills for the success of their cures. Verskin presents unexpected cases of cooperation between midwives and male doctors in Muslim societies that recall those common in Christian contexts. She also raises the important question of whether a division of labour existed between male and female practitioners attending to childbirth and in gynaecological care more broadly.

Although the question presently remains unanswered, her material highlights intriguing instances in which the most demanding and intrusive operations were performed by the midwife, not by the allegedly more knowledgeable male practitioner.

To further complicate the idea of simple and timeless gender biases, Rider shows that, unlike in modern times, age was considered a more significant cause of infertility than gender in medieval academic texts. The humoral imbalance prompted by aging was seen to determine a loss of heat that made it more difficult to produce seed and which was therefore thought to affect men and women in the same way. As also argued by Cabré and Salmon, a symmetrical understanding of male and female bodies prevailed, meaning that gender discrimination manifested itself in more subtle and indirect ways than we would expect.

This essay, like many others in the collection, offers therefore a nuanced picture of the complex relationship between gender and theories of health. At the same time, the volume as a whole significantly advances our awareness of the variety, persistence, and pervasiveness of women's contributions to the maintenance and restoration of health, as well as how their medical and caring roles were understood and represented. Undoubtedly the focus on women does at times obscure the often mixed-gender relational context in which they operated. In other cases, however, the interconnectedness between the domestic, professional, and institutional or communal medical spheres emerges with clarity, producing precious empiric material as well as stimulating questions that will inspire future research developments.

Notes

1. Sharon Strocchia, *Forgotten Healers. Women and the Pursuit of Health in Late Renaissance Italy*, Cambridge Mass., 2019.[Back to \(1\)](#)
2. On the continuity between manuscript and printed vernacular medical advice literature see for example Elizabeth W. Mellyn, 'Passing on Secrets: Interactions between Latin and Vernacular Medicine in Medieval Europe', *I Tatti Studies in the Italian Renaissance*, 16:1, 2013, (pp.289-309). [Back to \(2\)](#)
3. Tessa Storey, 'Face Waters, Oils, Love Magic and Poison: Making and Selling Secrets in Early Modern Rome' in Elaine Leong and Alisha Rankin (eds.), *Secrets and Knowledge in Medicine and Science, 1500–1800*, Farnham, 2011, (pp.143–63); Sabrina Minuzzi, *Sul Filo dei Segreti: Farmacopea, Libri e Pratiche Terapeutiche a Venezia in Eta? Moderna*, Milan, 2016.[Back to \(3\)](#)
4. On what is a popular book see the forthcoming issue of *Nuncius*: 'Printing Medical Knowledge: Vernacular Genres, Reception and Dissemination'.[Back to \(4\)](#)

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