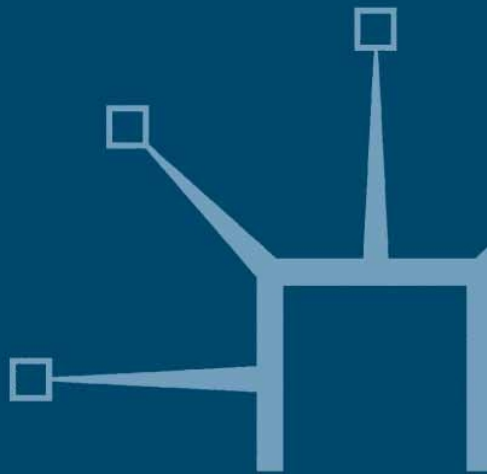


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Leigh Whaley



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Contents

<i>Acknowledgements</i>	vi
Introduction	1
1 The Medieval Contribution	7
2 New Medical Regulations and their Impact on Female Healers	26
3 Early Modern Notions of Women: Contradictory Views on Women as Healers	48
4 Medical Treatises and Texts Written by Women and for Women	68
5 Female Midwives and the Medical Profession	91
6 The Healing Care of Nurses	112
7 The 'Irregular' Female Healer in Early Modern Europe: A Variety of Practitioners	131
8 Motherly Medicine: Domestic Healers and Apothecaries	150
9 The Wise-Woman as Healer: Popular Medicine, Witchcraft and Magic	174
Epilogue	196
<i>Notes</i>	198
<i>Bibliography</i>	264
<i>Index</i>	297

Acknowledgements

The idea of writing about Early Modern European women medical practitioners arose when I was completing a chapter on a select group of women and their struggle to become physicians in my last book, *Women's History as Scientists: A Guide to the Debates* (2003). The battle fought by these women in the late nineteenth century to become medical students and practitioners led me to delve deeper into the past of women healers. Discussions with colleagues convinced me to examine the world of women healers in a comparative fashion.

This book would not have been written without the financial support and sabbatical leaves from Acadia University. At Acadia, I would thank Dr Beert Verstraete, former head of the Department of History and Classics, who has been very helpful and supportive with this endeavour. At Queen's University, Belfast, Northern Ireland, Professor Mary O'Dowd, and at the University of Saskatchewan, Professor Michael Hayden, read the entire manuscript and provided many useful comments.

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Introduction

This book studies the role of women healers, their contributions and the challenges they faced in France, Spain, Italy and England from the later Middle Ages to approximately 1800. Attitudes towards the woman healer are also under consideration. This book provides an introduction to the work performed by female medical practitioners, healers and writers, and it stresses the importance of gender in the healing arts. Particularly important is to underscore the wide variety of medical practitioners employing their skills during the Middle Ages and Early Modern era. The book does not claim to be definitive, rather it is a synthesis of women's contributions to and activities in health-care and medicine.

As a starting point, we must consider the meanings of medicine and medical practitioner and the role of medicine throughout history. The standard textbook definition of medicine as found in dictionaries indicates that firstly, medicine is the science and art of preventing, treating or alleviating diseases of the human body and mind. Secondly, medicine is directly connected with drugs or pharmaceuticals in the treatment of disease. Furthermore, medicine can be understood to be a profession with various levels of specialization.¹ This work adopts a very broad and inclusive definition of medicine to mean any sort of healing and treatment by healers and non-professional health-care practitioners. Medicine must be understood within the broader social and cultural perspective, rather than constrained within a narrowly scientific view.

Intimately related to medicine is the doctor or physician. Before the Middle Ages, no clear identity to physicians, and no single name for healers existed. The university-conferred title of doctor was the first distinction.² With the founding of medieval universities, medicine became a profession and women were shut out. The new doctors were a university trained coterie of elite professionals. Women and other non-university trained practitioners were formally excluded from medicine, but they did not stop healing. They were forced to become more creative in order to continue their important work. With the exception of women practising midwifery, which

involved much more than delivering babies, they were obliged to heal on the margins. Even midwifery would become masculinized during the later years of the Early Modern era with the rise of the man-midwife, often an obstetrician or gynaecologist.

Women have engaged in healing from the beginning of history. Well-being, care-giving and healing have always been the concern of women, often within the context of the home. The Early Modern period was no exception in spite of the institution of new regulations for healers by medical guilds and secular and ecclesiastical authorities. This era witnessed a plethora of different types of healers, both men and women. Many – among them charitable ladies and mothers taking care of the ill in the home – provided their services free from charge. Regular practitioners – healers who received payment for their work – included university trained physicians, nurses and those with an apprenticeship and licences such as surgeons, barber-surgeons and midwives. There were also those who worked outside the law. These were various types of ‘quacks’: itinerants, mountebanks and wise-women (often considered to be witches).³ It is the work of these many healers – with the exception of university trained physicians – that is examined in this book.

Until very recently, the role of women healers has been largely neglected by historians of medicine, who have primarily focused on the great male university trained physicians. This attitude has changed in the past few years. Current works in the history of medicine have focused more on popular and ‘marginal’ healers who worked outside the university setting.⁴ Most of these practitioners were on the periphery of the profession and often found themselves in conflict with and perceived as a threat to the university trained or academic physician. In addition, the newer history of medicine has explored the medical world by examining local history, illness and the experiences of patients as well as institutional healing in hospitals. Women, although often on the margins, were integral and important contributors to health-care.

This book aims to make a contribution to the history of popular medicine by examining the roles performed by and the achievements of women medical practitioners in France, Spain, England and Italy, over a period of several hundred years. Previous studies of women and medicine have tended to focus narrowly in terms of geographical concentration – for example, they deal with one country – and in terms of a limited time span. Although the problem is being addressed – one example is a recent issue of the *Bulletin of the History of Medicine* (Spring 2008), which has ‘Women, Health and Healing in Early Modern Europe’ as its focus – many of the current works about women and medicine concentrate on either the medieval or the modern period.⁵ There is a gap between these two time periods. By dealing with the Early Modern years, this book intends to begin to fill the lacuna. This study aims to be wider in scope than most of the existing literature, which narrowly focuses on one aspect of women’s contribution to

medicine: midwifery, nursing, unofficial village healers or domestic medicine. This study includes all of the above and more. Finally, many of the existing studies are biographical rather than thematic in nature. This book utilizes both approaches.

In addition, this book seeks to explain why women were, for the most part, excluded from the practice of formal medicine. Why were women healers marginalized from the late medieval period? Why were women not permitted to enter the profession of medicine until the final decades of the nineteenth century? In order to discern this, I have turned to the writings of contemporary authors, both medical and non-medical men, who have written on the subject of women's proper role in society, their intelligence and their ability to understand science.

There are further important questions that this book intends to address and which have not been fully considered in the existing literature. At what point in history were women considered unsuitable to practise the healing arts? What social factors determined that women would not practise medicine? Were these factors based on ideologies, political systems, physiology (the perceived unfitness of women)? What strategies did women adopt to counteract the prevailing dominant culture when they were no longer permitted to practise official medicine?

The text is organized both chronologically and thematically. It begins with an introductory chapter, 'The Medieval Contribution', which takes a chronological and comparative view and explores the world of women practitioners in the medieval period in various European countries. A great diversity of women practised some form of medicine during the Middle Ages. Medical historians have identified a wide variety of female practitioners, from those engaged in general healing to more specialized branches of medicine including midwifery, surgery, barber-surgery and apothecary.⁶ Moreover, these women practitioners had considerable freedom within the law before the advent of strict licensing regulations and the growth of medieval medical schools within traditional universities.

Chapter 2, 'New Medical Regulations and their Impact on Female Healers', analyses the significant impact that the professionalization of medicine would have on female practitioners. The development of medical licensing and a more 'scientific' approach to healing would greatly affect women healers. The chapter explores the changes in medicine beginning in the thirteenth century and continuing into the sixteenth with the growth of licensing by church and secular authorities.

Chapter 3, 'Early Modern Notions of Women: Contradictory Views on Women as Healers', discusses a wide range of societal views and expectations of women and their roles. Men contributed to the debate concerning women from many different perspectives, medical, theological, legal and philosophical. Some doctors still held the Aristotelian view of women as incomplete men and, as such, incapable of abstract thought. Ideas varied

between countries and cultures, with the Spanish recommending a very cloistered life for women, either in the home or in a convent, while French writers such as the Cartesian philosopher Poulain de la Barre, who wrote a curriculum for women which included science, medicine and mathematics, recommended an academic education for women. The Spanish humanist Juan Vives also recommended an education for women, but only one that prepared them for a private rather than a public role.

In Chapter 4, 'Medical Treatises and Texts Written by Women and for Women', the noteworthy and often neglected contributions made by women to treatises on various medicines and healing substances are chronicled. Many women prescribed new therapies for ailments that were adopted by university trained physicians. This chapter investigates a variety of published medical writings by and for women from Spain, Italy, France and England.⁷ As Hannah Wolley or Woolley (b. 1623), allegedly the first successful author of cookery and household management books,⁸ aptly recounted in the introduction to her *Gentlewoman's Companion, or, A Guide to the Female Sex* (1673), it was no small feat for a woman to be published at this time: 'It is no ambitious design of gaining a name in print (a thing as rare for a Woman to endeavour as obtain); that put me on this bold undertaking...'⁹ A Spanish woman, Doña Oliva Sabuco de Nantes y Barrera, wrote an important treatise on healing, *New Philosophy of Human Nature not Known and not Reached by the Ancient Philosophers that Improves Human Life and Health* (1587). This amazingly modern text had, until recently, been attributed to her father, Miguel Sabuco. It made pioneering contributions to the mind-body relationship in illness and the field of homeopathic medicine.¹⁰ A shadowy Italian noblewoman, Isabella Cortese (d. 1561), published *Secreti medicinali artificiosi ed alchemici* (1561–65), a recipe book about medicine and cosmetics. In France, the vicomtesse de Vaux, Marie de Maupeou Fouquet (1590–1681), authored a book of medical recipes, *Recueil de recettes, où est expliquée la manière de guerir à peu de frais toute sorte de maux tant internes, qu'externes inuetez, & qui ont passé jusqu'à present pour incurables*, which was translated into several languages and reprinted in a number of European countries from 1675 into the mid-eighteenth century. Marie-Geneviève-Charlotte Darlus d'Arconville (1720–1805) wrote an *Essai pour servir à l'histoire de la putrefaction* (1766) in addition to translating and providing a commentary on important medical publications by other writers. In common with Sabuco de Nantes, d'Arconville's translation of Alexander Monro's *The Anatomy of Human Bones and Nerves* (1726) had also been attributed to a male author. In d'Arconville's case, the wrongful attribution was to French novelist Eugène Sue.

Chapter 5, 'Female Midwives and the Medical Profession', presents a comparative overview of the most important developments in European midwifery during the Early Modern period, including subjects such as the training of midwives, attitudes held by male practitioners of medicine, and the changes that occurred throughout the Early Modern period. Leading

midwives, their contributions and treatises are also under discussion.¹¹ The chapter's focus is on midwives and midwifery in France and England, given the rich sources available and the important contributions made by French midwives such as Louise Bourgeois Boursier to the profession.

Chapter 6, 'The Healing Care of Nurses', explores the essential role of nurses or nursing sisters in the care of the poor and the sick from the Middle Ages to the late Renaissance. In addition to chronicling the important but neglected role of nurses in the history of medicine, this chapter aims to redress the often negative image of the nurse in the Early Modern period as incompetent and uneducated.¹² As recent experts have confirmed, despite being denied a university education, nurses performed many functions which could barely be differentiated from those carried out by university trained doctors, and often 'nursing healing activities were superior to those of physicians', presumably because the university trained practitioner received more of a theoretical than a practical education.¹³

Chapter 7, 'The "Irregular" Female Healer in Early Modern Europe: A Variety of Practitioners', studies the role and activities of the irregular or unlicensed female practitioner outside the realm of nursing and midwifery in the Early Modern period. It looks at the function of female healers after the rise of universities and the professionalization of medicine. What role could women play if they were not university trained and were unable to obtain local licences to practise medicine other than midwifery? And what part did they play in Italy where they could hold chairs of anatomy? This chapter is concerned primarily with the unlicensed female healer, and is based upon sources such as diaries and correspondence, private papers, trial records, advertisements, newspapers and published pamphlets. There are many limitations to official sources, such as records of licences or lists of physicians, barber-surgeons and surgeons and apothecaries compiled by their guilds or corporations. These lists are often inaccurate and incomplete.

Chapter 8, 'Motherly Medicine: Domestic Healers and Apothecaries', focuses on domestic or household medicine as practised by women. It provides a window onto minor illness and domestic cures. The chapter is based primarily upon a sampling of manuscript receipt books penned by mainly upper-class English women between the early seventeenth and the mid-eighteenth century. The Wellcome Library for the History and Understanding of Medicine possesses a significant archive collection of these medical receipts compiled by women. Some thirty-three manuscript collections dating from 1621 to the mid-eighteenth century provide the basis for this chapter.

Chapter 9, 'The Wise-Woman as Healer: Popular Medicine, Witchcraft and Magic' concentrates on wise-women as healers, and, to a lesser extent, as midwives,¹⁴ in both of which roles they were often designated as 'witches'. In the Early Modern era, in many, but not all cases, they were accused of practising witchcraft even though healing was clearly their chief objective.

The witch-hunt,¹⁵ as applied to wise-women, can be interpreted as another step in the removal of women from healing. Wise-women were important healers in Early Modern Europe and women played a pivotal role in village medicine in pre-industrial Europe.¹⁶ In rural areas of Europe, amateur healers, many of whom were women, were ubiquitous. They cured all manner of illnesses with herbs, poultices, prayers and ointments. This healing role was threatened during the Renaissance. To cite one expert: 'During the Renaissance, however, the first concerted efforts were made to remove medicine from the realm of popular culture and establish it as the preserve of a restricted profession.'¹⁷ Furthermore, at the time of the Renaissance when 'medicine and science lost their spiritual dimensions; as healers, magicians, and witches lost their claim to manipulate the spiritual forces of the world, the ground was prepared for a mechanization of the world picture'.¹⁸

1

The Medieval Contribution

This chapter explores the world of women medical practitioners in the late medieval period in various European countries. During the Middle Ages, as throughout history, women's role was to take care of the sick. Poet, treatise writer and proto-feminist Christine de Pizan (1365–c.1430), writing at the end of the fourteenth century, attested that 'if women possess such piety, they also possess charity, for who is it who visits and comforts the sick, helps the poor, takes care of hospitals and buries the dead? It seems to me that these are all women's works...'¹

A great diversity of women practised some form of medicine during the Middle Ages. Medical historians have identified a wide variety of female practitioners from those engaged in general healing to more specialized branches of medicine including surgery, barber-surgery and apothecary.² Moreover, these women practitioners had considerable freedom legally to engage in healing practices before the advent of strict licensing regulations and the growth of medieval medical schools within traditional universities curtailed their work.

Prior to the establishment of universities as the centres of medical learning and the exclusion of women from the medical world through allocation of licences and degrees, women, particularly in Italy, were welcome to extend this healing and care-giving role outside the domestic sphere. Universities granted licences to physicians. Since women could not attend universities with the exception of the medical school of Salerno, they were often barred from practising medicine. However, there were exceptions in certain Italian cities where women would be granted licences to cure specific ailments and to perform minor surgery. Medieval European women contributed substantially to health-care in areas beyond the traditional female speciality of midwifery.³ They were trained, and practised, as surgeons, empirics, anatomists and barber-surgeons.

The relatively low numbers of recorded female practitioners of medicine during the medieval period does not necessarily reflect reality or provide historians with an accurate portrayal. A 2001 study states that 'fewer than

five per cent of official or licensed physicians were women'.⁴ However, Monica H. Green, an expert in the history of women's health-care during the Middle Ages has noted a number of problems that face the historian of women medical practitioners, not the least of which are sources. Women do not always figure in official documents such as wills, court records and guild records, and women from this period, as contrasted with those from the Early Modern era, did not commonly leave memoirs, diaries or other personal records.⁵ Other scholars have made similar comments in their works on medieval women and healing.⁶ One source which has proven fruitful is that of medical treatises, which were often concerned with female disorders. These treatises were translated from the Latin to the vernacular for use by women. One such example is a fourteenth-century English version of the *Trotula* (see below). The preface clearly indicates that it was women who were practising medicine: The woman would '...help them [other women] and counsel them in their maladies without showing their disease to man...'⁷ Other sources utilized by scholars include tax records and judiciary records, such as those of the Paris Parlement (highest court of appeal) and medical courts including that of the Faculty of the University of Medicine of Paris.

A starting point for discussion of the contribution made by women healers in the Middle Ages is the story of Anna Comnena, an early female medical practitioner. Anna Comnena (1081–1153), daughter of King Alexius I of Constantinople, the emperor of Byzantium, is principally remembered as the world's first female historian. Comnena was highly educated for a woman of the twelfth century, having studied Greek and read the works of Aristotle and Plato.⁸ Her fifteen-volume work, *The Alexiad* (c. 1148), told the history of her father's reign. It is a rich source of ideas of contemporary medicine and astronomy and is descriptive of the role of Comnena herself as a female healer in a time of war and crusade.

Anna Comnena provides a model of the more traditional female caregiver, who, although educated – she had studied the quadrivium – and very well-versed in the medicine of her time, was not a physician, but like many women, practised medicine in the home.⁹

One of Comnena's biographers has argued that 'Anna had an unusual aptitude for medicine.'¹⁰ She diagnosed illnesses, recommended treatments and used medical terminology to identify afflictions such as gangrene, and gout, which she described as pains in her father's feet caused by 'soft living' and 'anxiety'. She also diagnosed pleurisy.¹¹ Comnena understood that there were many causes to illness, from climate to diet. In keeping with the contemporary understanding of medicine derived from the Greeks, she referred to 'the humours of our animal juices, as the cause of our fevers'.¹² Hippocrates and Galen stressed the importance of the equilibrium of the humours or fluids of the body. The four humours are blood, phlegm, and black and yellow bile. They originate from the four elements of air, water, earth and fire. An imbalance of the humours was believed to result in

illness.¹³ In her discussion of her father's illnesses, Comnena once again mentioned 'humours' in describing his pain, 'drawing the humours to themselves...' And she wrote that he went riding 'in order that part of the flowing down matter might be carried off'.¹⁴

Anna Comnena described her father's illnesses in considerable detail and her narrative provides interesting insights into her medical knowledge and skills. She diagnosed his illness as 'rheumatics' which had moved to one of his shoulders. Reporting that the physicians did not take his illness seriously enough, with the exception of Nicholas Callicles, she commented that he was 'the only one who urged the cleansing of his system with purgatives'.¹⁵ Comnena discussed in some detail the pros and cons of the use of purgatives. Pepper, one of these purgatives, she asserted, would do more harm than good.¹⁶

During Alexius's final illness, Anna consulted with the king's physicians, the most eminent doctors of Constantinople, who discussed various methods of treatment with her. When her father was near his death, it was Anna and her mother who carried out round the clock nursing care. In addition to nursing her father, it was Anna rather than the physicians who conducted the medical side of his care. She recalled: 'At one moment I watched the movements of his pulse and studied his respiration, then at another I would turn to my mother and cheer her up as much as possible. But ... the regions were quite incurable ... the Emperor could not recover from his last faint...' Significantly, it was Anna, rather than the doctors, who recognized that 'the pulse in the arteries had finally stopped'.¹⁷

In addition to treating her father, Anna performed several other medical duties. She looked after her husband who suffered from a tumour. She chronicled what she thought to be the various causes of his tumour, from the rough conditions endured by those in the military to the climate and to anxiety about his family.¹⁸ She diagnosed duke Robert Guiscard, head of the Norman forces in Byzantium, with fever and pleurisy.¹⁹ It is clear from her accounts in *The Alexiad* that Anna provided crucial medical care in her family and beyond.

Health-care was of great importance to the people of Byzantium. Byzantine doctors, including women, made contributions in virtually every field of medicine, including anatomy, hygiene, obstetrics, surgery, paediatrics, urology and neurology.²⁰ Byzantine commitment to medicine may also be demonstrated in the nature of the hospitals that they established. Scholars credit the Byzantine people with the 'first fully equipped European hospitals'.²¹ Alexius I himself founded a hospital for the treatment of many illnesses, such as blindness, leprosy and orthopaedic ailments. According to Anna, 'residences for mutilated men, blind, lame, or some other defect' were constructed. Anna herself established a medical school in the Byzantine capital in 1083. The hospital had two storeys and both male and female patients and practitioners of medicine.²²

Even more impressive was the hospital constructed by John II Comnenus and his wife Irene. John was Alexius's successor and became emperor in 1118. Founded in 1136, the Pantocrator, was a hospital, a hospice and a monastery all in one. Its mission was to treat the poor, the elderly and women. The hospital was very modern in its operation and structure. Its constitution, the *Typikon*, written in October 1136, provides details about the structure of the hospital. There were five clinics or wards, each allocated to the treatment of particular medical problems – illnesses requiring surgery, eye problems, intestinal ailments, general illnesses and a woman's clinic. There was also an emergency room and an outpatient clinic staffed by four physicians. The woman's clinic may have been a maternity ward. The constitution is not clear on its exact function.²³

Anna Comnena was not the only woman to practise medicine in Byzantium. In the Pantocrator, health-care providers were both male and female, including the physicians. The hospital had sixty-one beds and thirty-five doctors. Clearly, the high proportion of doctors to patients indicates the importance of medical care to the people. Each evening five doctors, four male and one female, would stay in the hospital. The hospital had its own medical school where doctors were trained. Here, women were engaged in the study and practice of medicine.²⁴ Medical schools within the hospital existed into the fifteenth century.²⁵ The fact that women in Byzantium could become physicians reflects the positive societal view of women and their role. Women exercised important functions in the religious and social work of the Byzantine church. They worked as deaconesses, they baptized women, and they ministered to the sick, orphans and the poor.²⁶

The *Typikon* provides evidence that the hospital possessed a support staff that was also composed of both women and men: nurses or attendants, a pharmacist and three assistants, and a midwife in the women's unit of the hospital. Nursing care was an important role for women, dating back to the fourth century AD. In hospitals, it was performed by women who were employed as 'servants'.²⁷ In addition to their work in the regular hospital, the constitution provided for six nurses to care for twenty-four men housed in the 'old-age home'.²⁸

To John II Comnenus, the spiritual side of healing was as important as the medical or clinical element. As stated above, he not only founded a hospital, he also established a monastery. The hospital included a chapel which held regular services and the two priests heard confessions of the sick and dealt with burials. The chapel was segregated by gender with separate male and female sections. Each hospital worker was charged with carrying out his or her duties in the spirit of Christian charity. Serving the patients was akin to serving God. Nursing care was considered to be a sacred duty. The canons of the church provided for punishments for nurses who failed to carry out their duties of feeding and caring for patients in this spirit.²⁹

Throughout Europe, women were, for the most part, excluded from medical schools located within universities. European universities were founded during the High Middle Ages, beginning in the later thirteenth century.³⁰ However, there was one medical school that accepted women. This was the School of Salerno, the *Schola Medica Salernitana*, the first western institution to introduce degrees. The *Schola* dates from the ninth century.³¹ Salerno is located thirty-five miles south-east of Naples and became a health resort because of its location. It was a secular rather than an ecclesiastical establishment having received its laws from Robert I. The school itself, which has been called 'the unquestioned fountain and archetype of orthodox medicine', had a difficult course of study. Students were required to complete three years of philosophy and literature before pursuing a five-year course of medical studies. During the twelfth century, translations of Arab texts were becoming an important part of the course of study. By the twelfth century, Salerno was the leading medical school in Europe, known for the production of medical literature by scholars such as Matthaëus Platearius and Archimatthæu. Students came from all over the European continent and England to attend the school.³² According to the Anglo-Norman historian, Orderic Vitalis of St Évroul (1075–c. 1142), hundreds of women and men studied medicine at Salerno, 'the ancient seat of the best medical school', in the eleventh century. They were taught by monks as well as by lay practitioners, several of whom were women, and one of whom was Trotula.³³ They were known as the *Mulieres Salernitanae* (the 'Ladies of Salerno'), physicians and professors of medicine.³⁴

The most prominent female medical practitioner at the School of Salerno was a woman named Trota, often cited as Trotula. What do we know about Trota and her contribution to medicine? According to existing records, Trotula was born circa 1050 and died around 1097 at Salerno. She was the wife of Johannes Platearius, a doctor and medical writer. There are extant manuscripts by her in the libraries of France, Germany, Belgium, Austria and England. France, particularly in the Bibliothèque Nationale, has a large collection.³⁵ She wrote a number of works concerning the female ailments, including *De Passionibus Mulierum*, also known as *Trotula Major*. It has sixty-three chapters and was copied and recopied many times. Topics under consideration include menstruation, conception, pregnancy, childbirth and general diseases. H.P. Bayon argues that in spite of the controversy over authorship, this work was the first major treatise on gynaecology in history.³⁶ Trotula or Trota's text, *The Diseases of Women*, remained the standard medical handbook until Louise Bourgeois began writing in the seventeenth century.

P.O. Kristeller claims that Italy continued the Greco-Roman tradition which accepted female doctors.³⁷ But the authors of a recent biographical dictionary of women in science assert that a good part of the reason for the controversy over Trotula as a medical doctor stems from prejudice against women in medicine. Women were simply not considered capable of

practising medicine. Shearer and Shearer maintain that Trotula was indeed a historical person who taught medicine at the School of Salerno and authored a number of treatises. These included *Practica Brevis* (Brief Handbook) and *De Compositione Medicamentorum* (On the Preparation of Medicines) in addition to the two works cited above.³⁸ Instances of this prejudicial attitude can be traced back to the sixteenth century and Kaspar Wolff of Basel who disputed the fact that a woman like Trotula was capable of producing a medical treatise. He attributed her writing to a man by the name of Eros Juliae (a physician to Julia, Emperor Augustus' daughter). Wolff published an edition of the *De Passionibus Mulierum* in 1566.³⁹ The twentieth-century German medical historian Karl Sudoff maintained that Trotula and the Ladies of Salerno were not physicians but midwives and nurses. Since they were not doctors, they could not possibly have possessed the medical knowledge to produce a textbook on gynaecology. The controversy continued until the late twentieth century. Scholar Josette Dall'ava-Santucci, stated that 'currently the medical world accepts the conclusions of John F. Benton that a medical woman named Trotula existed but she was not the author of the famous treatise on female illnesses'.⁴⁰ Benton concluded that 'the professionalization of medicine in the twelfth and thirteenth centuries, combined with the virtual exclusion of women from university education, prevented them from entering the best paid and most respected positions ... Though the treatises of "Trotula" bear a woman's name, they were the central texts of the gynecological medicine practiced and taught by men.'⁴¹ However, the authors of the 1986 *Oxford Companion to Medicine* wrote that the earliest medical school was at Salerno and that Trotula was its 'most famous teacher and practitioner'. They give her credit for classifying diseases as 'inherited, contagious and other'.⁴²

The latest scholar to study the Trotula problem is Monica H. Green, who has provided a modern translation of the compendium of Trotula's works with a substantial introduction and a lucid commentary. The historical person and the texts, she maintains, are linked. *The Trotula* was originally a title; it was the 'most popular assembly of materials on women's medicine from the late twelfth to the fifteenth centuries'. These are written in Latin and their intended audience was the elite. The author, Trota, cited the medical masters, Galen and Hippocrates in her work. However, unlike many later medieval medical treatises, the book was much more pragmatically than philosophically oriented.⁴³

Green posits that *The Trotula* forms three separate texts, each authored by a different person. These texts are as follows: *Conditions of Women*, *On Women's Cosmetics* and *On Treatments for Women*. According to Green, the first two texts were written by men and the last one by a woman from Salerno named Trota.⁴⁴ *On Treatments for Women* is a gynaecological treatise that provides guidelines for treating female diseases and gynaecological complications complete with recommended medicines. It lacks a theoretical framework in the sense that the recipes are listed in what appears to be

an arbitrary fashion. A recipe to cure 'the itching and excoriation of the Pudenda' is followed by an 'ointment for sunburn'.⁴⁵ Yet, as Green argues, 'there are several consistent principles of female physiology and disease that underlie this seemingly random string of remedies'.⁴⁶ Much of the book is concerned with female problems for which Trota often recommended the use of herbs. Chapter Two, entitled, 'Concerning the Scantiness of Menses', provides a prescription to cure light periods: 'Take the red roots of willow, the kind of which baskets are woven and crush them after cleaning them well of their outer bark. When crushed, blend them by cooking with wine or water and the next day give a warm draught of the decoction for drinking.'⁴⁷ For problems in conceiving, she advised taking the livers and testicles of a pig '... and let them be dried; make a powder of this and give it in a drink to the man and woman who cannot conceive and they will procreate'.⁴⁸ In Chapter Sixteen, labour problems are discussed and the expertise of the midwife is stressed: 'It is to be noted that there are certain physical remedies whose virtues are obscure to us, but which are advanced as done by midwives. They let the patient hold a magnet in her right hand and find it helpful.'⁴⁹

In addition to folk remedies as prescribed by midwives and in common with other medieval physicians dealing with female problems, Trota also recommended cures for ailments suffered by both men and women. Among these afflictions were the 'Protrusion of the Anus', intestinal pain, the stone, lice and scabies. She also considers problems specific to men, such as the 'swelling of the penis'.⁵⁰

Trota is the most famous of the women of Salerno, perhaps because scholars have access to her writings today. Other women physicians authored medical treatises at this time, but unfortunately, only the titles of their works are known today. These women wrote on numerous and varied ailments, not solely female problems. Matthaeus Platearius (d. 1161), author of the *Circa Instans*, a popular medieval medical text, cites at least fourteen recipes from the women of Salerno.⁵¹ Although some of these were for the preparation of cosmetics, others concerned medical problems such as pleurisy, haemorrhoids, female complaints and abdominal pains. Information about these women is difficult to obtain and all we know of them is when they lived and the titles of what they wrote. Judging from the titles of their texts, it is evident that they had knowledge of many branches of medicine. Abella lived during the eleventh century and wrote on black bile or madness, *De Atra Bili* (On Black Bile) and seminal fluid, *De Natura Seminis Hominis* (The Nature of Seminal Fluid). She also taught both of these subjects.

Rebecca Guarna lived circa 1200. She was a doctor who wrote on uroscopy, *De urinis* (On Urine), pre-natal development, *De febribus* (On Fever) and *De embrione* (On the Embryo). Her treatise, *De urinis*, introduced the method of using urine samples in diagnosing illnesses.⁵² Mercuriade wrote treatises on pestilential fevers, *De febre pestilenti* (On Crises in Pestilent Fever), the

treatment of wounds, *De Curatione* (The Cure of Wounds) and *De Unguentis* (On Unguents).⁵³ The titles of these works are cited in the *Collectio Salernitana*.⁵⁴ Marguerite of Naples, active in the late fourteenth century, was apparently a graduate of the school of Salerno. She became a licensed oculist in Frankfurt-am-Main.⁵⁵

Very exceptional women received a university medical education. One of these was Costanza Calenda, who lived in the fourteenth century. She was the daughter of the Dean of the Faculty of Medicine at Salerno, Salvatori Calenda. He was a doctor of medicine who lectured at the University of Naples. Costanza studied medicine and passed an examination. Some scholars claim that she was a doctor of medicine from the University of Naples and was the first western woman to earn this degree.⁵⁶ Both Guarna, who flourished during the thirteenth century, and Calenda came from distinguished medical families.⁵⁷

The Italians were among the most favourable of the Europeans toward medical women at this time. Italian women could receive a medical education through apprenticeship. Naples was particularly encouraging to female medical practitioners. Here, women could take a medical examination set by the royal physicians and surgeons. Women were permitted to care for other women in cases of childbirth and gynaecological matters, but they were also instructed in surgery. The illustrious Italian professor of medicine at the universities of Siena, Bologna and Parma, Ugo Benzi (1376–1439), urged midwives to expand their medical knowledge beyond the mechanics of childbirth to the treatment of illness and the understanding of human anatomy.⁵⁸ Midwives in the Middle Ages often performed medical tasks other than delivering babies and many knew a great deal more about medicine than the birthing process.⁵⁹

Most commonly, women practising medicine were the daughters of doctors or surgeons and they were instructed by their fathers or a male relative. They would obtain a letter attesting to their medical knowledge, take it to the authorities and be examined by crown physicians and surgeons. However, this was not invariably the case, for Charles, Duke of Calabria (1296–1309), King of Naples and (nominal) Jerusalem and Sicily (1309), granted a licence that permitted Francesca, wife of Matteo de Romana of Salerno, to practise medicine and surgery: 'Francesca ... has explained to the Royal Court that she is reputed to be proficient in the art of surgery ... She has been examined and found competent by our own royal physicians and surgeons ... We grant her the license to heal and to practice ... Naples, 10 September 1321.'⁶⁰ Jacobina (medica), the daughter of the surgeon, Dr Bartholomew, who trained her, practised in Bologna.⁶¹

Women licensed as surgeons carried out complex surgical procedures on female patients. Francesca, for reasons of 'morals and decency', was only permitted to treat female patients. The female Neapolitan surgeon Maria Gallicia was licensed in September 1309. Her speciality was gynaecological

surgery and her licence specified that she was limited to curing wounds, abscesses and hernias of the womb.⁶² While treatment of women by women was very common at this time, surgical licences which were not limited to practising on female patients were also issued to female practitioners. These include Isabella da Ocre,⁶³ whose specialities included abscesses and wounds, and Raymunda da Taberna who treated 'cancers, simple wounds and ulcers'.⁶⁴ Margarita da Venosa and Polisenia da Troya were granted surgical licences in 1333 and 1335.⁶⁵ Evidently, these women were not performing major surgical operations but were undertaking minor procedures to heal wounds, ulcers and abscesses.⁶⁶

In most cases, women received licences to treat specific ailments rather than to practise general medicine. Clarice di Durisio da Foggia was a specialist in diseases of the eyes and treated only women. Sibyl of Benevento received a licence to treat buboes (abscesses from the plague), while Margharita from Naples was a specialist in female problems such as breast abscesses (perhaps cancer) and womb ailments.⁶⁷ Marguerite Saluzzi, licensed in 1460, was a popular doctor known for her medicinal knowledge of herbs.⁶⁸ Although there are several examples of women like Francesca de Romana practising medicine at this time in southern Italy, their numbers were still low in comparison to men: approximately three thousand to eighteen over a period of thirty-five years in Naples.⁶⁹

Other licences received by women during this period were granted by King Robert the Wise to Trotta da Toya (1307) and Francisca di Vestis (1308). These women went through a similar procedure as male medical practitioners when applying for a licence: they were examined by the experts in the field, Trotta by a surgeon, Master Raynaldo, and Francisca by Master Giovanni, a surgeon. Francis of Piedmont, a leading physician and professor at the University of Naples, examined a female doctor by the name of Lauretta Ponte da Saracena Calabria.⁷⁰

Women were also to be found practising medicine in other regions of the Italian peninsula during the later Middle Ages. Maestra Antonia of Florence (1386–1408) had a medical degree. Caterina of Florence (fl. 1400s) was a 'medica' at the hospital of Sancta Maria Nuova. Her signature is found on extant prescriptions.⁷¹ Women were sometimes licensed to practise medicine on the poor who could not afford a university trained physician: Virdimura of Catania, Sicily, a Jewish woman married to a Doctor Pasquale, was licensed in 1276 for this purpose. She had passed medical tests.⁷²

An Italian woman who was not associated with Naples and the School of Salerno was the anatomist, Alessandra Giliani. Although there is no evidence that Giliani treated patients, she made a significant contribution to medicine. Giliani flourished circa 1313 to 1326.⁷³ Educated at the University of Bologna, she was an assistant to Mondino de' Luzzi (Mundinus) (1270?–1326) who made important contributions to the practice of dissection for teaching purposes. Dissection was not a common practice in the fourteenth century.

Luzzi was a medical professor at the University of Bologna. His anatomy textbook, *Anathomia Mundini* (Mondino's Anatomy), written in 1316 and published in 1478, was based on his observations of dissections. It was the first text of this nature and remained a key instructional book for centuries.⁷⁴ Giliani studied philosophy and anatomy with Luzzi. She prepared bodies for dissection. All contemporary accounts state that she was very skilled at her craft and that she introduced the practice of filling the veins and arteries with fluids of different colours.⁷⁵ In other words, she pioneered the anatomical injection. A dedication written after her untimely death at the age of nineteen, attests to her skill in anatomy: 'In this urn enclosed, the ashes of the body of Alessandra Giliani ... skilful with the brush in anatomical demonstrations and a disciple, equaled by few of the most noted physician, Mundinus of Luzzi ... She lived only nineteen years; she died consumed by her labors.'⁷⁶

Finally, at the University of Bologna was Dorotea Bucca (fl. 1390, d. 1436), sometimes spelled Bocchi, the daughter of a professor of medicine. She not only taught medical and moral philosophy, but was her father's successor in holding a chair in medicine at this institution. She held this chair for forty years.⁷⁷

Italian women, unlike their counterparts in other European countries, were able to reach a similar level in medical practice to men and were thus considered equal in rights and responsibilities.

Female medical practitioners were also found in the Iberian Peninsula. Doctors (*metgesses*) and medicine women (*comadromas*) worked for the Crown of Aragón.⁷⁸ The surgeon Çahud was employed by the Crown of Valencia in the fourteenth century.⁷⁹ Records exist for five women licensed to practise medicine in Catalonia. These women received their licences from Pedro III of Catalonia and IV of Aragón, known as the Ceremonial. Four of the five women were Jewish and one was Christian. The first of these licences was expatiated in Barcelona on 20 January 1374 to Floreta of Santa Coloma de Queralt, widow of Jucef Ça-Noga, 'in arte Medicine'. According to the licence, she possessed 'sufficient aptitude' to practise. She was doctor to Leonor de Sicilia, the third wife of Pedro del Punyalet.⁸⁰ Two of the Jewish women were licensed in Zaragoza: these were Bellayne, widow of Samuel Gallipapa and mother of Jehuda Gallipapa, Jews of Lérida, her licence granted 10 September 1380, and Na Pla, wife of Jehuda Gallipapa, licence granted 5 March 1387.⁸¹ Juana, wife of Arnaldo Sarrovira, citizen of Barcelona, native of Calda de Montbuy, was a Christian woman doctor. She received her licence on 25 May 1384. Dolcich, wife of Maymo Gallipapa, Jew, from the city of Leyda, received her licence on 28 August 1384.⁸²

In common with women in other European countries, Spanish women often practised medicine with their husbands. If their husbands died, the women assumed control of their husbands' practices. This was the experience of Elicsenda who assumed her husband's herbal and apothecary

business, and that of Sibilía, widow of Guillem Duran, apothecary (who died in 1313). She ran the business with her sons.⁸³ Unlike other European women, however, Spanish widows did not appear to have taken over their late husbands' barber practices. Instead, the widow would rent out her husband's tools to a male barber.⁸⁴

As was the case elsewhere in Europe, women in Spain practised medicine primarily at the local and village level. Few people at this time were treated by a university trained physician, and it was the crucial role of the female practitioner to provide the meagre health-care that most people received. Historians know little in general of what these practitioners actually did; however, we have one example of a woman named Benvinguda Mallnovell. She treated heart ailments, headaches, throat problems and St Anthony's fire with magical medicine composed of chants and herbal remedies.⁸⁵ Beatriz Anaya, the wife of Dr de la Reina and 'sometime physician was paid 20,000 maravedís a year from the Zamora rents'.⁸⁶ In addition to midwifery, women also provided nursing care in the home, for instance, women cared for the sick members of the royal family of Aragón.⁸⁷

After the passing of the *furs*, or laws regulating the practice of medicine (see Chapter 2) in Valencia in 1329, women were legally allowed only to treat other women and children, and only as long as they did not administer potions. This legislation did not altogether prevent them from treating men. Surgery, for example was not mentioned in these laws, only 'medicina'.⁸⁸

Unlike in Italy, in France women were banned from studying at the universities and therefore had to learn medicine by practice and apprenticeship. The fact that women could not formally study medicine did not prevent them from practising it in many forms. There is evidence of many different types of practitioners in France in the Middle Ages: physicians, or *fiscienmes*, *médecines*, *miresses* (all of whom dealt with internal illnesses), leeches, barbers, *sage-femmes* (midwives) and surgeons. The first documented woman doctor was Helvidis (c. 1176), according to the record of her bequeathing a church in her name.⁸⁹

Medical historians Wickersheimer and Jacquart have identified some 127 female practitioners in France from the twelfth to the fourteenth centuries, out of a total of 7,104, although these numbers are probably far below the actual case.⁹⁰ Our knowledge of these women and their contribution to medicine is limited and is based primarily on court cases in which they were usually prosecuted for practising some form of medicine without a licence. If the prosecution was for some other offence and they were practising legally, the court records have details of their licences. We know their names, although often just their first names, their addresses and the sort of medicine they practised in addition to the penalty they incurred, which was often just a fine. Among these practitioners were Ameline, the *miresse*, who lived in Paris and practised medicine illegally between 1324 and 1325; Antoinette de Bellegarde, living in the region of the Bouches du Rhône;

Théophanie, barber, 1291, who lived in Angers; and Jeanne d'Ausshure (d'Auxerre), surgeon, died in Chalon-sur-Saône, 1366.⁹¹

Further documented evidence for the existence of female medical practitioners is in the tax rolls of Paris from the years 1292, 1297 and 1313.⁹² Isabiau la Megesse, for example, was a popular healer in the Paris parish of St Opportune who paid six *sous* in taxes.⁹³ Denise, barber from the Paris parish of Saint-Germain-l'Auxerrois, earned more than most, paying 30 *sous* in taxes in 1292.⁹⁴ Some female barbers were paid very poorly. These included the Parisian barbers, Edeline and Jeanette du Fossé (d. 1421), who paid only 2 *sous* in taxes.⁹⁵ Ameline la Miresse (fl. 1313–25), who practised with Guillaume Porée, was charged with illegally practising surgery and was fined.⁹⁶ Outside the Paris region, we know of Marguerite la Barbière (fl. 1310) from the Pas-de-Calais who was paid 6 *sous* for healing a child's wound, Marie (fl. 1344) and Jehannette la Mareschaude (fl. 1412–16) both from Rheims,⁹⁷ Jeanne de Cusey, barber and surgeon from Dijon and wife of Girart de Cusey, also a barber. The couple were implicated in poisoning in 1438 and both practised surgery and medicine illegally.⁹⁸

Women could combine several medical specialities. Peretta Peronne (d. circa 1411), was a 'wise-woman' and a surgeon as well as a herbalist. She was prosecuted for both witchcraft and practising without a licence.⁹⁹ Although imprisoned, she was acquitted by Charles VI.¹⁰⁰

In France, as in Italy and England, women tended to learn the craft of medicine from their fathers or other family members. Stephanie of Lyon (fl. 1265), for example, was the daughter of Dr Etienne de Montaneis,¹⁰¹ and Gillette of Narbonne (fl. 1300) was the daughter of a physician, Gerard of Narbonne. She assumed his practice when he died. The Italian writer Giovanni Boccaccio, called her a 'Donna Medica'. Some sources claim that she had a role in healing the king of France of fistula.¹⁰²

We know of two women who were proficient enough in their skills and knowledge to have served royalty, as a physician and a surgeon. Hersend or Hersend la 'fisicienne' (fl. 1249–59) came from Champagne and was married to Jacques, apothecary to Louis IX. According to the records, Hersend accompanied Louis on a crusade to the Holy Land in 1249. She treated the king and was in charge of the camp followers. In return for her services, Louis granted her a life-long pension.¹⁰³

Surgeon Guillaumette de Luys (late fifteenth century) was employed by Louis XI in 1479. She is listed on the king's account book. We possess no other information about her.¹⁰⁴

There are several examples of women who worked with their husbands as barbers. One of these was Catherine Ramy of Montpellier who practised from 1469 to 1480.¹⁰⁵ In France, widows of barbers often assumed their deceased husband's practice. Marie de Gy [de Gys] married to François, a barber, practised medicine at Dijon at the start of the fifteenth century.¹⁰⁶ Jeanne Pouquelin, who worked as a barber in Paris, was successfully ordered

to stop working by the 'communauté des barbiers' of the city of Paris in August 1426. She was the widow of Alain Pouquelin. She had continued his work as member of a barber guild after his death. Her case was tried at the Châtelet of Paris. She appealed the case to the Parlement of Paris.¹⁰⁷ The Parlement ruled that she could keep her barber business open; however, she was not permitted to bleed people (conduct phlebotomies) or infringe upon the practice of surgeons unless these treatments were conducted by experts, and approved by certain commissioners as ordered by the court.¹⁰⁸

Most women conducted their medical work outside the walls of the hospital, although there were exceptions to this. For example, Margot, who treated 'a sick person in their beds', at the hospital of Lectoure, and Marguerite, barber at the Hôtel Dieu of Beauvais, 1380.¹⁰⁹

In general, the organization of the trades did not prohibit women from practising medicine and both sexes were admitted equally into the corporations or guilds. It was not until the late sixteenth and particularly during the seventeenth century that the trade guilds, including those of barber, barber-surgeon and apothecary began to demand some sort of instruction by its members.¹¹⁰ However, the statutes of the barbers and surgeons did not anticipate what happened in the case of the death of a husband and when the widow did not remarry.

Like women in continental European countries, women in medieval England were active practitioners of medicine.¹¹¹ However, as in other European countries, with the occasional exception of Italy, they were also excluded from the upper echelons of education. They were thus confined to the lower levels of medical practice, unable to qualify for higher levels which required a university education and, usually, the study of theology. In the Middle Ages, the highest level of medical practitioner was a cleric.¹¹² As was the case elsewhere, there were many different types of medical practitioners, among them *medicus* or *medica*, leech, barber, barber-surgeon and midwife. The categories of these healing practitioners were far more fluid than was the case in France where demarcation was more rigid.¹¹³ Female medical practitioners are found in medieval documents dating from 1232 to 1470. These include Agnes of Huntingdon (fl.c. 1270), Christiana (fl.c. 1313), Alice Skedyngton (fl.c. 1400), Johanna (fl.c. 1408), and Lady Beauchamp (fl.c. mid-fifteenth century). According to the records, Agnes was a very skilled *medica*.¹¹⁴ Alice was a lay healer who had been a servant. Her speciality was eye care, but she also claimed to have cured smallpox by preventing pitting with the use of red cloths. Apparently this method of treatment was utilized by male physicians at the time.¹¹⁵ Joan, widow of William of Lee, practised as a physick. She petitioned Henry IV for his protection after her husband had been killed in battle: 'And she has nought whereby to live save by physick which she has learned.'¹¹⁶ Johanna or Joan de Sutton of Westminster practised as a leech. Lady Beauchamp is thought to be Anne Beauchamp, wife of Richard Nevil, Earl of Warwick. The name

of another medical practitioner, Juliana Burdet, is found amongst recipes in the Bodleian and Wellcome Library manuscript collections. Burdet was an expert in curing icteric or jaundice.¹¹⁷

Although the English took longer than the continental Europeans to develop their medical practices, there is evidence going back to the ecclesiastical laws of Edgar, who was crowned in 973, of women possessing the authorization to heal. The law stated: 'Possent et vir et femina medici esse.'¹¹⁸ Women in Anglo-Saxon England could own property, defend their rights in court, and receive enough education to run their estates. Some even had knowledge of Latin.¹¹⁹

Medicine in medieval England was often practised in families. Evidence for the existence of female doctors can be found in twelfth-century documents (writs of an endowment to Leominster Priory) of an Anglo-Norman family of physicians, John, Matilda and Solicita Ford, all siblings. All are listed as *medicus* (John) or *medica* (Matilda and Solicita). The term *medicus* means physician, someone with training, rather than a barber, bleeder or the like. Matilda and Solicita are apparently England's first female doctors.¹²⁰ *Medicus* can also be defined as 'any sort of medical practitioner'.¹²¹

More common than the brother and sister were the husband and wife or father and son, even father and daughter teams of family surgeons and physicians. Katherine, who operated as a 'surgeon' c. 1286,¹²² was apparently followed into the family business by her female children who practised surgery without opposition from the local authorities, the monks of Westminster Abbey. There are many examples of this sort of arrangement in medieval England. One is that of Thomas and Pernell de Raysn practising medicine in Devonshire in the fourteenth century.¹²³ Another family team involved a mother and daughter: Agnes and Joan Collins practised as barbers in fifteenth-century Canterbury as did Agnes and Jane Goddeson in sixteenth-century Bristol. What distinguished Jane was that she had served an apprenticeship with a man. Further, we have evidence of a minimum of two London barbers, who bequeathed their tools to male apprentices with instructions that they were to be supervised by the barbers' widows.¹²⁴

The application of potions and charms was a common healing practice among women of Europe. The famous Catalan physician Arnold of Villanova who practised medicine in Spain, France and Italy, wrote that he witnessed older local women curing 'quinsy sore throat by some secret method and a man who was threatened by death by a continual haemorrhages [sic]'.¹²⁵ Medical professor at the University of Padua, Antonio Guaineri, suggested charms and incantations as well as a plaster purgative just below the navel as cures for various ailments.¹²⁶

Reports made by male physicians also provide insight into women healers. Gilbert of England (fl. 1230–40) wrote about Marcellus, who uses 'empirica' (treatment with herbs and plants) to help women who had been sterile to conceive a child. Her method was to take various herbs by their roots while

repeating the Lord's Prayer three times and speaking to no one. She also had advice on how to conceive a male or female child: 'In silence, too, extract the juice from the herbs and write on a piece of parchment these words, "The Lord said, 'Increase' x Uthiboth x 'and multiply' x thabechay x 'and fill the earth' x amath x." Then a man should wear these words around his neck for a boy, a woman for a girl.'¹²⁷ Gilbert cited a recipe taken from an old woman that was supposed to cure jaundice using the 'cooked juice of the plantagenet [*Planta genista*: broom]'.¹²⁸ Gilbert was apparently the first physician to refer to 'red colours in the treatment of small pox'. Once again, he attributed this to the recipes of 'old-wives' with various potions and drinks.¹²⁹

Attitudes towards non-licensed practitioners – such as the 'old wives' – hardened at the end of the medieval period. We see this in the views of the physician Conrad Heingarter, the Franciscan friar Roger Bacon and the French surgeon, Guy de Chauliac.¹³⁰ Conrad Heingarter (fl. late 1400s), who was a physician to John II, duke of Bourbon, condemned the treatments and cures offered up by uneducated practitioners – women, wandering charlatans, gypsies and other sort of quacks, ecclesiastics and monks who poisoned with snakes, old witches or vagabonds, who 'promise you with their lies health, flattering you for money...'¹³¹ Bacon (fl.c. 1220), who was a highly influential proponent of experimental science, denounced the medicine of women who employed charms and magic in their cures.¹³² Chauliac, in his magnum opus, *Chirurgia Magna*,¹³³ the standard surgical text for two centuries, placed 'women and many fools', in the fifth and lowest level of those engaged in surgery. According to Chauliac, this sect 'referred the suffering of all illnesses to the saints alone, basing their practice upon the belief that the Lord has given as He had pleased and the Lord would take away as he pleased'.¹³⁴ Another example of this attitude may be found in the comments uttered by John of Arderne¹³⁵ who was critical of women practitioners whose cases he assumed. One case involved a woman healer who had attempted to cure a finger wound by administering medicines through the mouth. The healer only made the finger worse.¹³⁶ The surgeon John of Mirfield (d. 1407), denounced all non-university trained practitioners, but reserved special venom for females: 'At the present time, not only ignorant men – but what is worse and must be judged yet more horrible – vile and presumptuous women usurp that office to themselves and abuse it, since they have neither learning nor skill.' He focused on the unnecessary deaths they caused 'because of their stupidity ... since they operate neither wisely nor with proper diagnosis, but casually, and are wholly ignorant of the causes and names of diseases which they declare that they know how to and can heal'.¹³⁷

Although men in religious orders were prohibited from practising medicine from the twelfth century onwards, women in convents continued to do so throughout this period. The regulations which the church passed against monks and, later, regular clergy, who practised some form of medicine, were

intended to force them to focus on their religious duties rather than on medicine.¹³⁸ While we know about famous women like Hildegard of Bingen (1098–1179), the abbess of Rupertsberg, and Harrad, or Herrad of Landsberg (1130–1195), the abbess of Hohenburg in Alsace, no definitive study has been made of medical practice within convents in the Middle Ages.¹³⁹ Women had practised informal medicine in their convents for generations. Hildegard was a special case in that she possessed a sophisticated knowledge of human biology and herbal medicine. The works of Hildegard of Bingen represent the high point of scientific and medical writings written by a European woman of the Middle Ages.¹⁴⁰ Harrad authored or was in charge of the writing of an illustrated encyclopaedia called the *Hortus Deliciarum* or the Garden of Delights. It was an all-encompassing work in terms of subject matter and included sections on astronomy and geography. The work was written for her convent sisters between 1160 and 1170.¹⁴¹

In France, there were a number of nuns with medical knowledge. One of these was Héloïse, who was trained in blood-letting and basic medicines, and possessed the skills of a barber. Others included two barber-surgeons from the Abbaye de Longchamp: Jeanne de Crespi, a barber, who entered the abbey of Longchamp in 1334 and Macée de Chaumont who died 22 March 1485. The rules for several orders of nuns, including the Benedictines and Poor Clares, stated that convents should possess an infirmary and that nuns should be able to conduct their own medical care.¹⁴² This was common to most convents in Europe in order to prevent a man from treating the nuns.

Although nuns were primarily nursing sisters, there is evidence for some who practised as physicians. One example is a Sister Ann who is called '*medica*' at St Leonard's Hospital, York, in 1276. The title implies that she performed more complex medical tasks than most nursing sisters.¹⁴³ In hospitals, women patients were generally treated by other women in wards separate from men. In Italy, female doctors who treated women patients were called '*magistra*' and possessed surgical skills.¹⁴⁴

Religious houses with more than twenty nuns would often have an infirmary for lay people. There might be a separate building where lepers and those with mental illnesses would be treated, in addition to a room or parlour for people suffering from physical ailments. This was the case in the Syon Monastery, an English religious house in Middlesex, where the nuns looked after the sick. Founded in 1415 by Henry V, with a complement of sixty nuns and twenty-five monks, the rule of Syon indicated that the '*infirmarian*' would provide both nursing and medical care. She would '*often change their beds and clothes, give them medicines, lay their plasters, and minister to them meat and drink, fire and water, and all other necessities night and day as need required*'.¹⁴⁵

Jewish physicians, both male and female, made substantial contributions to medicine in the medieval period. They became particularly skilled in

treating diseases of the eyes and ophthalmology was often their speciality. Indeed, there were many female Jewish doctors who treated diseases of the eyes. In Seville, one Dona Leal was licensed to practise ophthalmology.¹⁴⁶

The Jews were also often proficient in many languages – Greek, Latin, Arabic and Hebrew – and thus were able to read and translate a wide range of medical texts. This meant that they tended to be a more educated group of physicians than their Christian counterparts. In spite of their skill and expertise, Jews suffered from persecution and prejudice and Paracelsus (1493–1541) was not unique in his view: ‘As regards medicine, the Jews of old boasted greatly, and they still do, and they are not ashamed of the falsehood; they claim that they are the oldest and foremost among all the other nations, the foremost rascals that is.’¹⁴⁷

They also had to deal with restriction through papal bulls and royal ordinances which forbade them to treat Gentiles. Nevertheless, their services were used by high ecclesiastical figures such as bishops, popes and kings.¹⁴⁸ Although Jewish women doctors did not reach the same prominence as their male counterparts and, like their non-Jewish contemporaries, they represented a minority of medical practitioners overall, there were still a good number of Jewish women doctors in the Europe of the Middle Ages.

There is substantial evidence that Jewish women practised a wide variety of medicine as physicians, surgeons, ophthalmologists and midwives, especially between the twelfth and the fifteenth centuries in parts of Italy, Spain and France, and in Western European cities such as Paris, Florence, Valencia, Naples, Sicily and Frankfurt. Jews, like women, were prohibited from studying at universities, but as scholars have demonstrated, they still became prominent and skilled doctors. Viridimura, as mentioned above, practised medicine throughout Sicily. She successfully passed a medical examination. She specialized in treating the poor and charged them less for her services than the male doctors. Castilian royalty, most famously Ferdinand and Isabella, always used Jewish physicians. In addition, Jews worked as physicians for many cities of Spain.¹⁴⁹ The fact that a few Jewish women of Spain were able to become licensed physicians and not merely wise women or practitioners of domestic medicine is surprising given the attitude towards women in Spain at this time and their almost non-existent education. Perhaps the fact that they were Jews was the reason why these women could become doctors.

Jews, both male and female, received their medical education at home. They were usually taught by their fathers or other male relatives.¹⁵⁰ Licensed Jewish women physicians also worked for the royal family in the kingdom of Aragón-Catalonia in the fourteenth century.¹⁵¹ Alfonso IV hired a medical practitioner called Francisca to care for the queen. And at the court of Aragón, there are references to three Jewish women who practised obstetrics between 1368 and 1381 during the reign of Pedro IV. Still with Aragón, two Jewish women were authorized to practise medicine for Juan I.¹⁵²