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Female Healers and the Boundaries of Medical Practice in Post-Plague England

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ABSTRACT

Female Healers and the Boundaries of
Medical Practice in Post-Plague England

Celeste Chamberland

This study is an exploration of the unlicensed and semi-official medical activities of women in England from 1348 to 1500. The emphasis is placed on the diversity of women's medical practice in both urban and rural areas. Some of the issues to be addressed are: the importance of herbalists and wet nurses as unacknowledged health care practitioners, the social and medical significance of hospital sisters, the variety of services offered by midwives and female surgeons, and the images of women healers in literature and science. The conclusions of this study are based on a critical analysis of traditional notions of professionalization and constructs of health and sickness.

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Contents

Chapter 1

Introduction: The Idea of Health and the Climate for Health Care in Post-Plague England

After the devastation brought by the Black Death in the mid-fourteenth century, the people of post-plague England certainly were no strangers to the grim visage of sickness and disease. Even after the first attack of the Black Death in 1348, subsequent outbreaks of the plague in addition to a variety of serious ailments and illnesses troubled the English population. As Katharine Park explains, high infant mortality, low-life expectancy, frequent malnutrition and the general squalor of living conditions among the poor left many people in search of able or at least readily available medical practitioners.[1] Although they experienced more restrictions than their male counterparts, women practitioners provided vital services for a population afflicted with a variety of ailments. By no means restricted to gynecology or female patients, female medical practitioners in post-plague England performed a wide array of valuable and often highly skilled medical and pharmaceutical procedures. As midwives, empirics (herbalists who based their experience on observation and experimentation rather than theory),

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[1]Katharine Park, "Medicine and Society in Medieval Europe," in *History of Medicine in Society,* ed. Andrew Wear (Cambridge: Cambridge University Press, 1992), 62.

wisewomen, wet nurses and a variety of other practitioners too numerous to name here, the domain of medical women was marked by diversity and variety just as it was for their male counterparts.

In recent years, some medical historians have investigated the breadth of medieval medical practice. In particular, Nancy Siraisi's *Medieval and Early Renaissance Medicine* provides a comprehensive survey of academic medical practice and education in Italy from the twelfth to fifteenth centuries.[2] The strength of Siraisi's book lies in its extensive analysis of the intellectual aspects of medicine in late medieval Italy. Although Siraisi provides a thorough and insightful investigation of academic medicine, she focuses less on unlicensed or non-academic medical practice. As well, female practitioners are virtually excluded from this study.

The subject of medical practice in late medieval England is explored in Carole Rawcliffe's *Medicine and Society in Later Medieval England*.[3] Rawcliffe's study provides a wealth of information about all types of medical practitioners in fourteenth- and fifteenth-century England. Rawcliffe also provides an extensive analysis of women's roles in medical practice. Like Monica Green in "Women's Medical Practice and Health Care in Medieval Europe," Rawcliffe challenges

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[2]Nancy Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: Chicago University Press, 1990).

[3]Carole Rawcliffe, *Medicine and Society in Later Medieval England* (Phoenix Mill: Alan Sutton Publishing Ltd., 1995).

traditional notions of medical practice.[4] Green and Rawcliffe both demonstrate that women not only practised various types of medicine in late medieval Europe, but also contributed to medieval medical knowledge.

Despite Rawcliffe and Green's groundbreaking work, scholarship on female medical practitioners remains scarce. Because traditional studies of medieval medicine like Charles Talbot's *Medicine in Medieval England* have focused on the upper echelons of learned medicine, women's participation in the medieval healing arts has generally been ignored.[5] Their absence is partly due to the rigid definition of medical practice that has dominated traditional medieval medical scholarship. Margaret Pelling and Charles Webster, for instance, define medical practitioner as "any individual whose occupation is concerned with the care of the sick."[6] Health care, however, did not simply revolve around the care of the sick. Preventive medicine, wet nursing and cosmetic pharmacology, for instance, were all important but frequently overlooked aspects of health care in post-plague England. Some patients, such as pregnant women and young children, were not sick, but still required medical attention. To acknowledge the breadth of medical women's activities in post-plague England, a radical reconstruction of our understanding of late medieval health care and conceptions

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[4]Monica Green, "Women's Medical Practice and Health Care in Medieval Europe" in *Sisters and Workers in the Middle Ages*, ed. Judith Bennett et al. (Chicago: Chicago University Press, 1989).

[5]Charles Talbot, *Medicine in Medieval England.* (London: Oldbourne Book Co.), 1967.

[6]Margaret Pelling and Charles Webster, "Medical Practitioners," in *Health, Medicine and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge: Cambridge University Press, 1979), 166.

of the "healthy" body must occur.

In order to understand the tradition in which medieval medical practice was steeped, the climate for health care in post-plague England must first be addressed. In an age without vaccines or a clear knowledge of contagion, sickness and disease were unfortunate but common aspects of medieval life. According to Katharine Park, a number of factors contributed to the rapid spread of disease and infection in late medieval England. Starvation and poor personal hygiene combined with the lack of adequate water supplies in the cities often formed a dangerous combination.[7] For Park, the inaccessibility of soap also provided an opportunity for deadly parasites and bacteria to thrive. The potential for dangerous bacteria to flourish in mid-fourteenth century London is highlighted by the following description of the River Thames in 1357:

> When passing along the water of the Thames, we have beheld dung, laystalls, and other filth, accumulated in divers places in the said city, upon the bank of the river aforesaid, and have also perceived the fumes and other abominable stenches arising therefrom; from the corruption of which if tolerated, great peril, as well to the persons dwelling within the said city, as to the nobles and others passing along the said river, will it is feared ensue, unless indeed some fitting remedy be speedily provided for the same.[8]

Although they lacked the precision of modern microscopes and a germ theory of contagion, city authorities in late medieval London were conscious of the

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[7]Park, 62.

[8] *Memorials of London and London Life in the XIIIth, XIVth, and XVth Centuries*, ed. & trans. Henry Thomas Riley (London: Longmans, Green and Co., 1868), 113.

dangerous "corruption" emanating from the polluted River Thames. Human waste and run-off from fishmongers' and butchers' shops certainly created a rich breeding ground for a whole host of parasites and bacteria.

Most rural dwellers did not fare much better. Although they did not share the overcrowded living conditions of their urban counterparts, an improper and generally insufficient diet plagued most of the rural peasantry. Frequent bouts of malnutrition left the rural population susceptible to a host of ailments from scurvy to dental infirmities. The typical peasant diet, depicted by William Langland in *Piers Plowman,* describes the paucity of fresh fruits, vegetables and meat between harvests in mid-fourteenth century England :

> "I have no peny, " quod Piers, "Pulettes for to bugge,
> Ne neither gees ne grys, but two grene cheses,
> A fewe cruddes and creme and [ek] an haver cake,
> And two loves of benes and bran ybake for my fauntes.
> And yet I seye, by my soule, I have no salt bacon
> Ne no cokeney, by Crist, coloppes to maken!
> Ac I have percile and porett and manye [plaunte coles],
> And ek a cow and a calf and a cart mare
> To drawe afeld my donge the while the droghte lasteth.
> And by this liflode we mote lyve til Lammesse tyme."[9]

For poor peasants and hired labourers, a lack of essential nutrients made malnutrition a basic fact of life for most of the year. Without fresh greens or a stable source of protein, a weakened physical state was inevitable. However, even those who could afford a nutrient-rich diet did not escape disease or infirmity.

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[9]William Langland, *The Vision of Piers Plowman* , ed. A.V.C. Schmidt (London: Everyman, 1995), 108-109.

Noble or peasant, everyone was a potential victim of sickness. Both the damaging effects of a nutrient-deficient diet and the dangerous combination of filth and bacteria left medieval people in a prime position for a whole host of diseases. Attempts to heal or prevent these rather unfortunate occurrences were essential aspects of life in the later Middle Ages. Medical practitioners of all types, male and female, were thus in great demand in rural and urban areas.

Medical practitioners in late medieval England were distinguished by the type of training or licence they received. Although medical licensing was not a uniform practice until the early sixteenth century, some practitioners did receive official permission to practise their craft. "Official" medicine included practitioners, like physicians and surgeons, who received a degree or licence to practise medicine. Some practitioners also provided medical services at the "semi-official" level. Semi-official practitioners, like midwives and nurses, were not granted official licences to practise medicine, but they were recognized as essential health care practitioners by ecclesiastical and civic licensing authorities. Their work was sanctioned but was not accorded the same status as university-educated physicians or guild-licensed surgeons. However, most medical practitioners in later medieval England were unlicensed or "unofficial" practitioners. Unofficial medical practitioners, like herbalists and empirics, were not recognized as qualified health care professionals by licensing authorities. They usually received some form of informal training and were not granted official licences to practise medicine.

Licensing authorities generally determined the type of training necessary for officially sanctioned medical practice. "Licensing authorities" in this study refers to officials that authorized qualified individuals to practise medicine. However, as Nancy Siraisi explains, late medieval medical licensing was in no way a "uniform system of medical regulation or medical qualification."[10] Prior to the Parliamentary Act of 1512, which restricted the practice of surgery and physic to appropriately trained individuals, licensing involved a system of informal hierarchy rather than a set of uniform regulations. Licences could be granted by university or guild officials. At times, ecclesiastical and civic officials were also involved in medical licensing.[11] According to Nancy Siraisi, several forms of medical qualifications were legitimate, but a university education carried the greatest prestige.[12]

Medical historians like Siraisi have traditionally divided medical practice in late medieval Europe into two levels - learned and unlearned.[13] Learned medicine

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[10]Siraisi, 19.

[11]Siraisi, 18-19. 3 Henry VIII, c. 11.

[12]Siraisi, 21.

[13]Siraisi, x . Learned or official medicine in this case denotes all officially sanctioned healing practices. Although the training of learned practitioners varied, they all received some form of official training or licence. Official medical practice was usually distinguished by its theoretical base .Unlearned or unofficial practitioners, on the other hand, did not possess official licences or receive formal training. This is not to say that unlearned practitioners were not trained. Because most unlearned practitioners were illiterate, they generally received their training through observation and oral transmission. Most received some form of training or informal apprenticeship that was not officially recognized, but in many ways left them better prepared to deal with a wide range ailments due to practical experience. For an analysis of unlearned medical training in the later Middle Ages, see Vern L. Bullough, "Training of the Nonuniversity-Educated Medical Practitioners in the Later Middle Ages, " *Journal of the History of Medicine and Allied Sciences* 14 (1959): 446-58 and Pearl Kibre, "The Faculty of Medicine at Paris, Charlatanism and Unlicensed Medical Practice in the Later

included physicians, surgeons and barber-surgeons recognized by university degree or licence. Physicians' and surgeons' training was readily identifiable by its theoretical base. While surgeons tended to identify their practice as a skilled craft, however, physicians usually associated their practice with learned culture. As Monica Green points out, physicians were responsible for the diagnosis and treatment of internal diseases, while surgeons and barber-surgeons were involved with manual aspects of medicine like bone setting and trephining.[14]

Most physicians' and surgeons' fees, however, were beyond the reach of the majority of the English population. Unlike Italy and France, however, official medicine in England was largely unregulated and marked by fairly ambiguous boundaries. In France and Italy an academically educated physician emerged from university with the same background as a "humanistically inclined scholar."[15] In England, however, medical faculties were comparatively small and required a narrow and conservative course of reading.[16] Consequently, English universities produced relatively few medical graduates in comparison with larger universities like Paris or Montpellier. Those who either could not afford or chose not to procure the services of learned physicians turned to the ranks of popular practitioners. As

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Middle Ages," *Bulletin of the History of Medicine* 27 (1953): 1-20.

[14]Green, 44.Trephining, or Trepanning, was a treatment for head injuries that involved cutting holes in the skull.

[15]Pelling and Webster, 189.

[16]Carole Rawcliffe, *Sources for the History of Medicine in Later Medieval England* (Kalamazoo: Medieval Institute Publications, 1995), 60.

Nancy Siraisi explains, unlicensed practitioners were not in competition with their licensed counterparts, but served a different clientele.[17] In fourteenth- and fifteenth-century England, the vast majority of medical practitioners fell into the category of popular medicine.

Because official medicine represented only a handful of medical practitioners, it was in the domain of unlearned medicine that the majority of female and male healers practiced in late medieval England. Unlearned medicine included a whole realm of healers from herbalists to midwives and wet-nurses. Despite the prestige that is traditionally associated with learned medicine, popular medicine was no less valuable, nor was it any more wrought with magic and a reliance on the supernatural. According to Muriel Joy Hughes, "at a more learned level, magic and astrology were both essential and at bottom inseparable components of the view of the natural world transmitted from late antiquity and Islam."[18]

A mere two-tiered, popular/official, distinction, however, is simply not extensive enough to capture the intricacies of late medieval health-care. Popular medicine was by no means a homogeneous, unified discipline or practice in post-plague England. The education, training and status of popular practitioners varied throughout the country. To suggest that medical practice in late medieval England

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[17]Siraisi, 34.

[18]Muriel Joy Hughes, *Women Healers in Medieval Life and Literature.*(New York: Books for Libraries Press, 1943, reprinted, 1968), 149.

could be divided into a simple two-tiered description would suggest that female healers were a homogeneous group, which, of course, they were not. Although a few women like Cecilia of Oxford in the mid-fourteenth century practised as surgeons, licensed medical practitioners were, for the most part, men.[19] Female healers generally flourished in the ranks of "popular" medicine because they were prohibited from studying medicine at the universities and all but a few midwives and widows were usually prohibited from obtaining licences. While in France and Italy this exclusion made it difficult for women to practise medical procedures akin to those practised by physicians and surgeons, in England the situation was somewhat different. Certainly in France, Spain and Italy, a more organized regulatory body of medical officials made it easier to restrict the practice of non-licensed healers. Ordinances like those passed in mid-fourteenth century Valencia are typical of the increasing restrictions that surfaced throughout the continent as physicians and surgeons sought to exercise a monopoly over medical practice:

> No woman shall practice medicine or give potions, under penalty of being whipped through town; but they may care for little children and women -- to whom, however, they may give no potion.[20]

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[19]Thomas Benedek, "The Roles and Images of Medieval Women in the Healing Arts," in *The Roles and Images of Women in the Middle Ages and Renaissance*, ed. Douglas Radcliffe-Umstead (Pittsburg: University of Pennsylvania Press, 1975), 152.

[20]Valencia, municipal law, 1329 from A.M.V., Furs de Valencia in *Medical Licensing and Learning in Fourteenth-Century Valencia*, ed. Luis Garcia Ballester et al., in *Transactions of the American Philosophical Society*, 79/6 (1989), 60-61.

Official ordinances against women's participation in medicine did not appear in England until the mid-fifteenth century. The following petition, brought before parliament by a group of senior surgeons in 1421, for instance, was characteristic of a few organized attempts to regulate medical practice. Although it was accorded royal assent, it was virtually impossible to implement nationwide and thus relatively ineffective.[21]

> ..no man, of no maner estate, degre, or condicion, practyse in fisyk, from this tyme forward, bot he have long tyme y used the scoles of fisyk withynne som universitee, and be graduated in the same. That is to sey, but he be bachelor or doctour of fisyk, havynge lettres testimonyalx sufficeantz of on of those degrees of the universite in the whiche he toke his degree yn, undur peyne of long emprisonement, and paynge of xl li. to the king. And that no woman use the practyse of fisyk under the same payne.[22]

Formal attempts to regulate medical practice in England, however, had little influence until the early sixteenth century. Cambridge and Oxford, the two major centres for formal medical training in England, were relatively small towns in comparison to London. Their isolation from London, the centre of wealth and patronage, weakened the influence of university licensing authorities. As well, the poor tutelage and lack of financial incentives for medical students at English universities produced a relatively small group of medical graduates in the late

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[21]Rawcliffe, *Sources for the History of Medicine*, 61.

[22]*Rotuli Parliamentorum*, ed J. Strachey et al., 6 vols. (London, 1767-77), 4: 158. in Rawcliffe, *Sources for the History of Medicine*, 63.

fourteenth and early fifteenth centuries.[23] To many potential medical practitioners, London would have seemed a far more attractive and lucrative location for health-care. As Carole Rawcliffe points out, between 1300 and 1499, a total of 153 individuals are recorded to have taken a degree in medicine in Oxford or Cambridge. Compared to the flood of candidates graduating with medical degrees from the major French and Italian universities like Paris and Montpellier this figure is relatively insignificant.[24]

For Rawcliffe, the relatively low number of university-trained medical practitioners in England in the post-plague period was due to the emphasis on theology in English universities and the poor salaries with which English physicians were faced.[25] Peter Murray Jones blames the lack of patronage on the nobles' and monarchs' ambivalent attitudes towards medicine and science. In the fifteenth century, members of the English nobility including John Tiptoft, earl of Worcester, and bishops like John Sherwood supported Italian humanism, but showed little interest in medicine or science.[26]

Despite the lack of official approval in late medieval England, healing women still flourished. Though it was virtually impossible for women to obtain the type of training available for physicians and surgeons, their presence as healers

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[23]Rawcliffe, *Sources for the History of Medicine*, 60.

[24]Rawcliffe, *Sources for the History of Medicine*, 60.

[25]Rawcliffe, *Sources for the History of Medicine*, 60.

[26]Peter Murray Jones, "Information and Science, " in *Fifteenth-Century Attitudes*, ed. Rosemary Horrox (Cambridge: Cambridge University Press, 1994), 98.

was strong. This is not to say that they were always readily accepted. In no way did women enjoy a golden age of medical practice unfettered by restrictions. Even though they did not face the scorn of powerful licensing authorities like those in France, Spain and Italy, they did encounter the societal restrictions typically placed on women of all trades in the later middle ages. Unlike male medical practitioners of the same training and social background, women had to face the scrutiny of a patriarchal society that restricted their status socially, legally and professionally. For P. J. P. Goldberg, the customs, laws and scriptures of fifteenth-century England limited women's opportunities far more then their male counterparts. Relying on ancient medical notions of the body that depicted women as inferior to men, licensing authorities sought to limit women's voices and restrict their involvement in the public sphere.[27] As Judith Bennett explains in *Women in the Medieval English Countryside*, the notion of femaleness in the later Middle Ages denoted submissiveness while maleness was defined by authority in domestic affairs and community matters.[28]

As herbalists, empirics and midwives, women certainly faced a great number of societal obstacles, but they continued their work for a large portion of the population that greatly needed their services. University-trained physicians were not only few and far between, but also extremely expensive in England. As

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[27]P.J.P. Goldberg, "Women, " in *Fifteenth-Century Attitudes: Perceptions of Society in Late Medieval England*, ed. Rosemary Horrox (Cambridge : Cambridge University Press, 1994) , 118.

[28]Judith Bennett, *Women in the Medieval English Countryside: Gender and Household in Brigstock Before the Plague* (New York: Oxford University Press, 1987), 6.

well, the physicians' and surgeons' cures were not always the most effective or pleasant manners of treatment. Eager to avoid the unpleasant prospect of surgery or treatments derived from questionable concoctions, many people thus turned to the tried and true remedies of "popular" healers, both male and female. In 1464, for instance, Margaret Paston warned an ailing John Paston to "beware what medesynys [he took] of any fysissyans of London."[29] Despite criticism from representatives of learned medicine, a variety of unlearned healers performed essential services for an ailing population. Because traditional studies of medieval medicine like Nancy Siraisi's *Medieval and Early Renaissance Medicine* have focused on learned and licensed medical practice, the healing activities of women outside the ranks of official medical practice have largely been excluded.[30] The present study will focus on the semi-official and unlicensed healing activities of women in England from 1348 to 1500.

Although they are frequently ignored by medical historians, semi-official and unlicensed healing women provided essential services for the general population in post-plague England. Their knowledge of first-aid, herbal remedies and contraceptive methods was an essential component of health care at all levels of medical practice. Not restricted to the treatment of gynecological ailments

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[29] *The Paston Letters and Papers of the Fifteenth Century*, ed. Norman Davis. (2 vols, Oxford: Clarendon Press, 1971), vol. I, p. 291.

[30] Siraisi, x. Although traditional studies of medieval medicine exclude women's roles as medical practitioners, Carole Rawcliffe's *Medicine and Society in Later Medieval England* does discuss the activities of female medical practitioners.

alone, women practiced a broad spectrum of medical occupations. Indeed, women's participation in late medieval health care was characterized by diversity. Broadening the spectrum of studies of medieval health care to pay tribute to the validity and enormous influence of female practitioners will eventually provide a clearer picture of the vitality of women's involvement in medieval medicine. From wet nurses to herbalists, women clearly left their mark on the world of medical practice in post-plague England.

If we are to understand the breadth of women's medical activities in late medieval England, we must first revise our understanding of the boundaries of popular medicine. Although by focusing on popular medicine we will perhaps "catch more than a handful of women in our analytical net ," we must recognize that the boundaries of popular medical practice were often ambiguous and overlapped the boundaries of other professions.[31] To portray adequately the breadth of health-care in post-plague England, we must first abandon modern concepts of professionalization. For Monica Green, if we are to identify individuals who were "explicitly labelled practitioners, " our understanding of medical practice will be immensely limited. She explains that women in late medieval Europe were rarely identified by occupational titles.[32] As well, most female practitioners combined their medical practices with other professions or worked part-time. Wet

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[31]Monica Green, "Documenting Medieval Women's Medical Practice," in *Practical Medicine from Salerno to the Black Death,* ed. Luis Garcia-Ballester et al. (Cambridge: Cambridge University Press, 1994),

[32]Green, "Documenting Medieval Women's Medical Practice," 329.

nurses, for instance, though not explicitly labelled medical practitioners, were certainly important caretakers of children's health in late medieval England. In the midst of high infant disease and mortality rates, wet nurses were forced to include pediatric care with their duties as nurturers. As professional caretakers of children's health, wet nurses were perhaps more knowledgeable about pediatric medicine than any other group of health care practitioners in late medieval Europe.

Twentieth-century notions of health care narrowly limit the boundaries of medical practice to a clearly identified group of professionals responsible for the well-being of the general population. Bound by modern concepts of empiricism and standardization, current medical practice is regulated by rigorous educational and licensing standards. In the later Middle Ages, however, health-care was characterized by rather different structural features partially due to a particular understanding of the body and the cosmos.

Firstly, medicine was inextricably linked with magic and the supernatural at all levels. Although by modern standards, supernatural practices in medicine generally constitutes quackery, during the Middle Ages, the validity of magical practices like astrology was based on a world-view characterized by a vision of the world as a magical place. Thus, empirics or wisewomen who invoked the aid of the supernatural in their cures were not quacks or charlatans, but valuable contributors to the stock and practice of medical knowledge in late medieval England. Surgeons and physicians also incorporated astrology and charms into

their cures. Astrology was a viable scientific method of explaining a patient's conditions. To the late medieval physician, the stars had a significant influence over one's health and bodily disposition.

Medical practitioners truly believed in the effectiveness of their cures, as did most of their patients. As Katharine Park explains, despite the helplessness of medieval medicine in the face of diseases like cancer or puerperal fever, the image of various practitioners was positive and "consistent with contemporary social expectations of medicine."[33] Medical practitioners at the local level, including herbalists, empirics and even mothers caring for their children, in fact often produced medical knowledge that was appropriated by university-trained physicians or surgeons.

Without a rational system of explanation or viable cure in the face of devastating diseases and infirmities, the medical practitioner's only recourse was often magic or prayer. The notion of God's Will certainly influenced the way medieval health-care practitioners interpreted causation and effected treatments. Ultimately, the patient's destiny rested in God's hands. Far from being unorthodox, prayers for medicinal purposes were common and accepted aspects of treatment. One London surgeon in 1392, for instance, turned to a religious charm when medicine failed to heal his patient:

> ...If that thee likith not to worche in this caas with siche manere of medicuns, thanne thou shalt doon in this wise:

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[33]Park, 1.

> ffirst, it is necessarie that thou and also the pacient be clene schrryven: and thanne seie thre Pater Noster and thre ave in worschipe of the Trinite, and sithen seie, "in Nomine Patris,etc., adiuro te per Deum verum et per agios et per askiros ut exeas inde."[34]

Not only was the conception of sickness tempered by a late medieval world-view characterized by a preoccupation with the Divine, but the conception of the "healthy" body was also influenced by societal norms. Certainly sickness and health had their own biological realities. As Lyndal Roper explains in *Oedipus and the Devil*, certain physiological dimensions of the body, like the capacity to feel pain, are fairly universal.[35] Indeed, certain aspects of sickness are clearly identifiable in any age. A stomach-ache or a fever, for instance, are telltale signs of a diminished physical state regardless of time or location. As well, certain external influences like blistering heat or poisonous substances like mercury will produce the same physiological reactions in any age. Other levels of illness or infirmity, however, are tempered by social and cultural assumptions of causation, contemporary knowledge of the body and ideals of health.

For Raymond Firth, the ideal of health is created by conscious and unconscious conceptions of the body's positive functioning. He explains that the

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[34]Wellcome Historical Medical library, Western MS. 564 fols. 75, 76v. in Rawcliffe, *Sources for the History of Medicine*, 93.

[35]Lyndal Roper, *Oedipus and the Devil: Witchcraft, Sexuality and Religion in Early Modern Europe* (London and New York: Routledge Press, 1994), 21. Roper also acknowledges the fact that constructions of the "body" are not based entirely on universal biological characteristics. For Roper there are also social and cultural dimensions of the body and the individual.

idea of health occurs subjectively and collectively:

> The two are linked together and influence one another very intricately. But a personality, even an animal personality does not function in isolation. It operates in a social context in relation to other personalities with shared interests...There is, then, a social level of health.[36]

Although Firth's study focuses on concepts of health in modernity, his notion of the social level of health is universal. As concepts of health and sickness change, so does the manner in which a given society responds to the preservation of the body's physical, spiritual and mental well-being.

Mental illness, for instance, provides an interesting example of how a particular society responds to illness. Due to a limited understanding of the brain's physiological functions, mental illness was often interpreted and treated not as a medical concern, but as a spiritual or religious matter in late medieval England. As Carole Rawcliffe explains, the Church and the medical profession were in accord that sin was the principal cause of insanity.[37] At times, medical practitioners and clerics recommended prayer as a remedy for mental illness. In less severe cases, mental illness was sometimes admired. In *Piers Plowman*, for instance, Langland describes a positive image of the mentally ill. He depicts them as touched by the hand of God: "Under Godes secre seel [their] synnes [were]

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[36]Raymond Firth, "Acculturation in Relation to Concepts of Health and Disease," in *Medicine and Anthropology,* ed. Iago Galdstone (Freeport: Books for Libraries Press, 1971), 132.

[37]Rawcliffe, *Sources for the History of Medicine,* 86.

ykevered."[38] In Piers Plowman's world then, mental illness was not a sickness, but a gift. Thus illness was transformed into a positive virtue. Instead of medical attention, the mentally ill for Langland deserved a special form of reverence.

Linked to changing notions of the body, medical practice was defined by specific parameters that bonded the physiological with the social.[39] Although a fever may be universally recognized as an elevated body temperature or a warm forehead, what the fever *signifies* changes. Based on a particular understanding or image of the body, a particular ailment will produce reactions effected by location and time. How an illness is interpreted then affects how it is treated. As treatments change, so too does the range of practitioners called upon to implement cures. Biology may not change (apart from genetic changes occurring gradually over millions of years), but societal reactions do. In late medieval England, for instance, the link between the spiritual dimension of an illness and its physical manifestation was very real and thus required a different sort of

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[38]William Langland, *Piers the Plowman in Three Parallel Texts*, ed. W.W. Skeat, 2 vols. (Oxford, 1886), 1:234-37 in *Sources for the History of Medicine*, ed. Carole Rawcliffe, 86.

[39]Self-imposed starvation is a perfect example of the link between the physiological body and the collective. The act of self-imposed starvation has different meanings in different milieus. A relatively modern disease, *anorexia nervosa* is unique to societies that portray a particularly thin body as the ideal of femininity. As explained in Caroline Walker Bynum's *Holy Feast and Holy Fast* (Berkeley: University of California Press, 1987), some medieval women may have starved themselves in much the same manner as twentieth-century anorexics, but their self-imposed starvation was interpreted as an act of piety that deserved praise rather than medical attention. Although self-imposed starvation produces the same physiological responses in any case, societal norms and the subject's intentions affect whether it is interpreted as a disease or a pious act. Rudolph M. Bell has also interpreted the phenomenon of self-imposed starvation in the Middle Ages in *Holy Anorexia* (Chicago: University of Chicago Press, 1985). Unlike Bynum, however, Bell claims that women who starved themselves for religious purposes in the Middle Ages were in fact anorexics. They may not have exhibited the same psychological symptoms as modern anorexics, but their bodies still manifested the same physical symptoms. Thus for Bell, the disease is primarily a physical phenomenon.

treatment. Healers specializing in spiritual remedies thus were no less valid as medical practitioners than internal medical specialists like surgeons. The late medieval interpretation of leprosy, for instance, elicited a response that treated the disease not only as physical infirmity, but as a punishment for the sexual act.[40] Treatment, thus, not only required some form of tangible physical remedy, but also an effective spiritual cure.

As the interpretation of illness changes, so does the meaning of health. The preservation of health in the Middle Ages was just as important as the treatment of illness. Like masculinity and femininity, health and sickness are inextricably linked. If the meaning of one changes, so must the meaning of the other. High mortality rates and frequent bouts of dangerous or debilitating ailments made an early death the rule rather than the exception in post-plague England. With the spectre of death looming around every corner, "health," as a state of physical, mental and spiritual well-being, was a valued ideal. A rigorous lifestyle for nobles, peasants and merchants alike made a healthy, resilient body a necessity for survival. An ideal mate, for instance, was one who could stand up to the toils of everyday life and cheat the grip of death and disease for as long as possible. The search for a partner thus often centred on specific physical attributes like a sturdy frame and a healthy complexion. In 1481, for instance, Richard Cely advised his brother George to select an appropriately healthy wife. He mentioned a

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[40]Claude Thomasset, "The Nature of Woman," in *A History of Women: Silences of the Middle Ages,* ed. Christiane Klapisch-Zuber (Cambridge: Harvard University Press, 1992), 68.

particularly suitable "3enge whomane" as "fayr" and "whelbodyd" and tried to convince his brother to "sette [his] harte ther."[41]

Health and beauty were inextricably linked in late medieval England. Physical attributes, like the complexion, were at once indicators of health and symbols of beauty. Among popular and learned practitioners alike, the state of a patient's complexion revealed clues about his or her state of health. As Philippe Braunstein and Georges Duby explain in their study of the emergence of the individual in the fourteenth and fifteenth centuries, according to the *Calendrier des Bergers*, character is revealed in the face. As well, the complexion was believed to have been the "result of various internal decoctions."[42] The ideal of a balanced "fayr" complexion that was neither too red nor too white was physically appealing because it indicated a "healthy" body. Practitioners specializing in the care of the complexion thus were healers in the sense that they sought to preserve their patients' health or at least to provide them with the appearance of health. Trotula's *The Diseases of Women*, for instance, included a section on the "adornment and whitening of the face."[43] Local-level medical women, as well, developed a wide array of concoctions developed to treat the complexion that

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[41] *The Cely Letters: 1472-1488,* ed. Alison Hanham (London: Oxford University Press, 1975), 106.

[42] Georges Duby and Philippe Braunstein, "The Emergence of the Individual," in *A History of Private Life: Revelations of the Medieval World,* ed.Georges Duby (Cambridge: Harvard University Press, 1988), 584.

[43] Trotula of Salerno, *The Diseases of Women*, trans. Elizabeth Mason-Hohl (Los Angeles: Ward Ritchie Press, 1940). Although Trotula herself did not practise medicine in the post-plague period, her work was translated and read by medical practitioners in fourteenth and fifteenth-century England.

were often appropriated by physicians and surgeons. Cosmetic pharmacology, thus, was a serious business at all levels of medical practice. Indeed cosmetic specialists must be included as serious health-care practitioners in any discussion of medicine in late medieval England.

As concepts of health and sickness changed, so did the face of medical practice in late medieval England. Characterized by a diverse and thriving community of male *and* female medical practitioners, the post-plague period offered a variety of medical services from wet nursing to cosmetic pharmacology. If we are to grasp the true breadth of medical practice in post-plague England, we must first address the fluidity of the boundaries of medicine. Expanding our perception of health care will, perhaps, foster a better understanding of the important roles played by female medical practitioners in late medieval England. Active in traditionally overlooked aspects of medical practice, women provided a broad range of medical services that were important components of English health care in the post-plague period. From midwives to empirics, then, women not only contributed to the growing pool of medical knowledge in medieval England, but also provided essential services for a population that truly needed their assistance.

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This thesis will be primarily concerned with expressing the diversity of

women's medical activities at the semi-official and unlearned levels in post-plague England. Since female practitioners traditionally have been ignored or misrepresented by many medical historians, this study will focus on the breadth of women's roles as medical practitioners and perhaps provide a more accurate picture of medical practice in later medieval England. Despite the scrutiny of their learned male counterparts, medical women provided a variety of indispensable services for all types of patients in fourteenth- and fifteenth-century England. Although the activities of female medical practitioners are rarely highlighted in conventional sources, women often provided the most basic level of health care throughout England in the post-plague period.

Part of the reason women have been absent or misrepresented in traditional accounts of medieval medical practice is the difficulty of locating female medical practitioners in historical records. Information about most female medical practitioners in medieval England is indeed scarce. What material does exist tends to have been written by men. Although much information written *about* female medical practitioners survives, little information written *by* them exists. Wet nurses, midwives and herbalists are particularly difficult to locate in primary source material. However, this does not mean that they were less skilled or less important than their male counterparts. In fact, as we shall see, female medical practitioners were not only active at all levels of medical practice, but often provided services, like wet nursing, that were unavailable from their male counterparts. If we are to capture the breadth of women's involvement in the

medical arts, however, we must approach old sources with new questions and broaden our source-base to include a wide variety of material. Since the majority of medical women practised at the unofficial level, this investigation will concentrate on sources that deal specifically with semi-official and unlearned medical practice.

The present study will focus on several types of primary source material. English translations of handbooks of health and healing like Trotula's *The Sekenesse of Wymmen* have provided a particularly fruitful focus for the completion of this project. With detailed instructions for the care of a wide range of ailments, Trotula's work provides valuable information about health care in general and midwifery in particular. Other types of published manuscript material like the *Leechbook or Collection of Medical Recipes of the Fifteenth Century* also provide information about the types of cures available to male and female herbalists in the fifteenth century. They also reveal information about common illnesses and ailments in later medieval England.

Handbooks, however, certainly are not the best or the only place to look for evidence of women's involvement in the medieval healing arts. Legal evidence is also useful for locating female healers. Court records are not without their flaws. As Shannon McSheffrey explains, the inherent bias of the courts and the recorder of the document must be considered when using legal evidence.[44] Despite its

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[44]Shannon McSheffrey, *Gender & Heresy: Women and Men in Lollard Communities, 1420-1530* (Philadelphia: University of Pennsylvania Press, 1995), 11.

flaws, however, legal evidence is an important indicator of traditionally overlooked types of medical practitioners like wet nurses. Because no equivalent to the large scale records of wet nurses like those of the Florentine *ricordanze* exist for the study of medieval England, court records provide vital information about the practice of English wet nursing in the fourteenth and fifteenth centuries. Legal evidence not only demonstrates that wet nurses were active in late medieval England, but also provides clues about their duties as nurturers and unofficial pediatricians.

Literary sources are also especially helpful for locating women's contributions as medical practitioners in later medieval England. Since most medieval literature tends to have been written by men, literary sources are not without their limitations. Literature written by women must be highlighted if we are to understand the reality of women's experiences as healers in medieval England. Letters written by women like Margaret Paston not only demonstrate that most women were required to provide healing services at some point in their lives, but also provide insight into women's perceptions of medical practice and their roles as healers.

I have also included literature about female medical practitioners authored by men. Works like Chaucer's *Canterbury Tales* and Langland's *Piers Plowman* are powerful indicators of male perceptions of women's involvement in medieval medical practice. More often than not, literate men criticized or satirized female medical practitioners. I have purposely placed this section at the end since the

focus of this project is women, not the masculine gaze. Instead of focusing on negative perceptions of women's medical practice, therefore, we will begin by addressing the importance and diversity of women's involvement in the healing arts.

By incorporating evidence drawn from literary, legal and medical sources, this thesis will perhaps foster a better understanding of women's roles as medical practitioners in later medieval England. Since many women were silenced by illiteracy and licensing controls, their legacy as medical practitioners is more difficult to trace in the historical record. Although much work remains to be done, by focusing on unconventional types of sources and abandoning modern concepts of professionalization we will perhaps bring to light the diverse achievements and contributions of female medical practitioners in post-plague England.

Chapter 2

Female Practitioners at the Fringes of Official Medicine: Nurses, Midwives and Surgeons

Although midwives, hospital sisters and female surgeons have been recognized as medical practitioners by most medical historians, their contributions to medieval health care in the later Middle Ages have been somewhat understated. Despite the variety of occupational titles that clearly labelled them as medical practitioners in late medieval England, the scope of female practitioners' contributions at the semi-official level is rarely addressed. Medieval medical women traditionally have been treated as a homogeneous group of practitioners. Historians like Beryl Rowland, for instance, have made the assumption that female practitioners only treated female patients. For Rowland, "women's sicknesses were women's business."[1] As Monica Green argues, however, Rowland's claim is unsubstantiated by historical evidence.[2] According to Green, female *and* male healers of all types treated both male and female patients suffering from a wide variety of illnesses and infirmities.[3]

"Semi-official" in this study denotes medical practice that fell somewhere

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[1]Beryl Rowland, ed., *Medieval Woman's Guide to Health* (Kent: Kent State University Press, 1981), xv.

[2] Green, "Women's Medical Practice and Health Care in Medieval Europe, " 40.

[3]Green, "Women's Medical Practice and Health Care in Medieval Europe," 44.

between learned and unlearned medicine. Most semi-official practitioners were women. Since it was easier for men to acquire licences, their roles were more clearly defined as official or unofficial. Female semi-official practitioners were designated by occupational titles, like *obstetrix* or hospital sister, that identified them as healers. They were, however not accorded the same status as their learned male counterparts. Although they generally were not granted licences, semi-official practitioners were granted official permission to practise medicine. In theory they could not receive the same type of formal instruction as university-trained physicians, but in practice they often performed procedures similar to those of their learned counterparts.

Female practitioners were by no means limited to gynecology at the unlearned level, nor were they at the semi-official level. As hospital sisters, midwives, surgeons and occasionally physicians, many women performed a variety of healing practices that ranged from treating leprosy to caring for the aged. Many female healers at the fringes of official medicine, in fact, offered most of the same types of services as university-trained physicians or guild-licensed surgeons. Although their work was not always appreciated by their male counterparts, nurses, midwives and female surgeons offered important and highly skilled medical services to a wide range of patients. In almshouses and royal courts alike, female practitioners treated patients of both genders and all ages suffering from miscellaneous infirmities.

Perhaps the most common locations for semi-official medical practice were

the medieval English hospitals. The only recognizable centres for public health care in medieval England, hospitals catered to patients who were either too sick or too poor to procure treatment elsewhere. As caretakers of the ill and infirm, hospital sisters emerged as eminent medical practitioners at hospitals throughout England in the post-plague period. Faced with a variety of duties, women performed a myriad of unparalleled medical and nursing practices for male and female hospital inmates. Nurses may not have been members of guilds or university associations, but they were clearly identified by their occupational titles.[4] Although they were not officially licensed as medical practitioners, hospital sisters did practise within the confines of established and accepted centres of healing. Their work was not only deemed acceptable, but essential by hospital inmates and ecclesiastical licensing authorities.

Medieval English hospitals were important centres of healing both in the towns and the countryside. There were three distinct types of hospitals scattered throughout England. Some were created in conjunction with older monastic houses, some were created as smaller almshouses and others were designated as lazar-houses (hospitals restricted to patients afflicted with leprosy).[5] Generally the refuge of the poor, the aged, the infirm and the occasional surgical patient, hospitals in the later Middle Ages were often referred to as "God's houses",

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[4]Nicholas Orme and Margaret Webster, *The English Hospital: 1070-1570* (New Haven and London: Yale University Press, 1995), 83. Most nurses were referred to as hospital sisters or lay sisters, but some rose to managerial positions in larger hospitals and were referred to as *matrons*.

[5]Rawcliffe, *Medicine and Society*, 107.

"bedehouses", or *maisondieux*.[6] As Carole Rawcliffe explains, hospitals in later medieval England were usually connected with convents and monasteries.[7]

Hospitals were religious houses and work in them was considered a life of religion. According to Rebecca Gilchrist and Marilyn Oliva, hospital sisters and brothers took vows and wore the same types of religious garments as cloistered monks and nuns.[8] Caring for the sick and indigent was considered a genuine religious vocation for hospital sisters. As Gilchrist and Oliva point out, hospital sisters frequently received testamentary bequests because "their ministry to the sick and poor was considered spiritually as well as socially significant."[9]

For the poor, the terminally ill and the aged, hospitals provided necessary health care and lodging. Although most inmates came from the lower strata of medieval society, members of the lesser nobility occasionally appeared as patients in some of the more established hospitals.[10] The houses operated out of Christian charity and relied on wealthy patrons for funding.[11] Patrons either contributed to established houses or built their own infirmaries. In the fourteenth

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[6]Rotha Mary Clay, *The Mediaeval Hospitals of England* (London: Frank Cass & Co., 1909; reprint, 1966), 15.

[7]Rawcliffe, *Medicine and Society,* 207.

[8]Rebecca Gilchrist and Marilyn Oliva, *Religious Women in Medieval East Anglia: History and Archaeology c. 1100-1540* (Norwich: Centre for Anglian Studies, 1993), 70.

[9]Gilchrist and Oliva, 71.

[10]Orme and Webster, 112.

[11]Orme and Webster, 75. Most patrons were bishops, members of knightly families or widows of wealthy nobles. The crown also frequently asserted its claims to patronage as a means of securing places for ill royal servants.

and fifteenth centuries, some lords founded small almshouses specifically for the treatment of their own servants.[12] While hospitals usually acted as acute-care facilities, almshouses focused on providing geriatric care. Regardless of the type of care offered, caring for patients proved to be an expensive endeavour for infirmaries of all sizes. Most hospitals and almshouses were constantly searching for financial support. In *Piers Plowman*, for instance, the figure of Truth beseeches wealthy nobles to provide essential monetary assistance for the *maisondieux:*

> Ac under his secret seel Truthe sente hem a lettre,
> [And bad hem] buggen boldely what hem best liked
> And sithenes selle it ayein and save the wynnynges,
> And amende mesondieux therwith and myseisé folk
> helpe.[13]

In addition to the general almshouses and hospitals, lazar-houses also offered important health care services. Because the lack of a clear idea of contagion led to a fear of contracting leprosy by touch or through "corrupted" air, lepers were usually segregated from the rest of society. In the mid-thirteenth century, for instance, a royal proclamation decreed the exclusion of lepers from the city of London:

> All persons that have such blemish shall within fifteen days from the date of [this decree], quit the city and the suburbs aforesaid, on the peril which is thereunto attached, and betake themselves to places in the country, solitary and notably distant from the said city and suburbs and take

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[12]Orme and Webster, 114.

[13] Langland, *The Vision of Piers Plowman*, 113.

> their dwelling there; seeking them victuals, through such sound persons as may think proper to attend thereto, wheresoever they may deem it expedient.[14]

For most people afflicted with leprosy, therefore, the *lazar-houses* were their only possible places of refuge. There they would receive medical care, clothing and lodging, which was generally provided by hospital sisters and brothers who had themselves contracted leprosy. In many cases, nursing in leper hospitals was also performed by poor women who sought shelter within the hospitals. They would change the inmates' bandages, provide basic medical care and offer domestic services like cleaning floors and preparing food.[15]

Although lazar-houses were restricted to the treatment of leprosy, almshouses and hospitals dealt with a variety of ailments. Arthur Lewis Wyman's study of Fulham hospital, for instance, reveals that in the later Middle Ages, the hospital's inmates suffered from a wide range of illnesses including measles, smallpox, cancer, tuberculosis and complications due to malnutrition.[16] Hospital staff thus had to be prepared to treat a multitude of afflictions.

Women played a particularly important role in the care of hospital inmates. Most commonly, women acted as hospital or lay sisters caring for the sick and providing certain domestic services.[17] In theory the hospitals' main function was

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[14]*Memorials of London Life in the XIIIth, XIVth, and XVth Centuries*, 115.

[15]Rawcliffe, *Medicine and Society*, 206.

[16]Arthur Lewis Wyman, *Medicine in the Parish of Fulham from the Fourteenth Century: Fulham Hospital 1884-1959* (Surrey: Fulham and Hammersmith Historical Society, 1988), 3.

[17]Orme and Webster, 83.

grounded in spiritual healing and nurses along with resident monks or nuns spent some time in prayer for their patients.[18] Although many nurses were also nuns, they spent less time in spiritual contemplation than resident monks and nuns. Hospital sisters fulfilled their religious duties by caring for hospital inmates. Their primary responsibilities involved cleaning, feeding and providing basic medical care for the sick. By the fifteenth century, some hospital sisters also appeared in managerial positions in larger infirmaries.

Although their reasons for becoming hospital sisters varied, the nurses' duties within hospitals required some knowledge of the intricacies of practical medical care and domestic responsibilities. Some women became nurses as a means of supporting themselves while others sought vocations in the hospitals as a means of avoiding the confines of the cloister.[19] Whatever their reasons for becoming nurses, hospital sisters were commonly associated with notions of Christian charity and healing. Nursing was a way that a woman could serve God. In *The Book of the City of Ladies*, for instance, Christine de Pizan describes women's work as nurses within hospitals as a particularly *female* way of serving God:

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[18]The hospital staff also included brothers, servants and monks and nuns who performed managerial duties. Schedules of prayer were strictly adhered to by the monks and nuns, but the menial work of caring for the sick was usually left in the hands of the nurses so they would not distract the in-house clergy from their prayer obligations. Because hospitals were created primarily as houses of spiritual healing, great emphasis was placed on the care of the soul. Monks were usually charged with sorting out spiritual concerns whereas the nursing staff performed most quasi-medical duties. These duties are described at length in Rawcliffe, *Medicine and Society,* 207.

[19]Gilchrist and Oliva, 68.

> And 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 the hospitals and buries the dead? It seems to me that these same works are the supreme footprints which God commands us to follow.[20]

The quality of care at hospitals was normally determined by the quality of nursing. The majority of practical medical work usually fell to the capable hands of hospital sisters. Even though feeding and bathing patients were typical responsibilities, years of treating wounds and administering poultices and herbal remedies must have left nurses with a great deal of practical medical experience. While their counterparts were busy in prayer, nurses were busy mastering a range of skills that, at times, included surgical techniques. The infirmary at Syon Abbey, for instance, had particularly high nursing standards. Nurses were expected to perform a wide range of duties that included attending to the needs of the infirm and providing skilled medical care. In this case, the nurse is a nun at the abbey fulfilling her duty to God :

> To kepynge of the seke in the fermery schal be depute such a suster by the abbes that dredethe God, hauyng a diligence aboute hem for hys loue, and kan skylle for to do seruyse to them... Ofte chaunge ther beddes and clothes, geue them medycynes, ley to ther plastres, and mynyster to them mete and drynke, fyre and water, and al other necesseryes, nyghte and day, as nede requyrethe[21]

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[20]Christine de Pizan, *The Book of the City of Ladies*, trans. Earl Jeffrey Richards (New York: Persea Books, 1982) in *Woman Defamed and Woman Defended: An Anthology of Medieval Texts*, ed. Alcuin Blamires (Oxford: Clarendon Press, 1992), 293.

[21]G.J. Aungier, *The History and Antiquities of Syon Monastery* (London, 1840) in , ed. Carole Rawcliffe, *Sources for the History of Medicine*, 116-117.

Nicholas Orme and Margaret Webster explain that the number of women caring for the sick in hospitals was quite high. In most cases, hospital sisters far outnumbered hospital brothers.[22] A combination of factors contributed to the large number of women who worked in medieval English hospitals. According to Orme and Webster, women were easier to recruit, cheaper to employ and usually had a better chance of survival than men.[23]

As endemic diseases spread, the demand for the services of hospital sisters grew. Large numbers of women thus joined various orders to devote themselves to the care of the sick. As their numbers grew, their diversity increased. Indeed, the medical work of hospital and infirmary sisters was largely determined by the order to which they belonged. As Muriel Joy Hughes points out, the Antonines, for example, cared for people afflicted with "St. Anthony's Fire" while the poor Clares specifically nursed victims of the plague.[24] Some of the hospital sisters occupied themselves with tasks ranging from surgery to the treatment of mental infirmities since in most hospitals, physicians were to be summoned only in the most extreme cases.[25] Some nursing sisters, like Ann at St. Leonard's, York in the late thirteenth century, were even designated as *medicae*.[26]

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[22]Orme and Webster, 83.

[23]Orme and Webster, 83.

[24]Hughes, 126.

[25]Hughes, 126.

[26]Rawcliffe, *Medicine and Society*, 211.

Furthermore, many women associated with monastic houses but not actually resident in them provided "physik" services for hospitals. According to Rawcliffe, they would visit hospitals and offer their services as medical practitioners to inmates with dire medical emergencies or severe complications.[27]

However, since visits from physicians were irregular, hospital sisters most likely developed practical medical skills out of necessity. The nursing staff was faced with a variety of complaints and complications on a daily basis that, although serious, were not urgent enough to require a physician. For instance, since hospitals generally housed large numbers of aged people who required a great deal of specialized care, nurses probably became quite astute in the treatment of geriatric cases.[28]

Hospital sisters represented a group of healers that not only increased women's visibility in medical practice but also laid the foundations for public health care in later medieval England. Although in theory their medical duties were restricted to the menial work of changing bandages and feeding the infirm, in reality, their responsibilities fell within the sphere of skilled medical practice. Not only did they prepare traditional herbal remedies, but they also occasionally performed skilled surgical and medical techniques like phlebotomy (bloodletting) and uroscopy (the examination of urine).[29] Although their duties varied from

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[27]Rawcliffe, *Medicine and Society*, 211.

[28]Rawcliffe, *Medicine and Society*, 205.

[29]Rawcliffe, *Medicine and Society*, 211.

hospital to hospital, nursing sisters most likely understood the basic rudiments of medical theory and the practical applications of traditional herbal medicine.

Outside of hospitals, women also performed valuable healing services as midwives. Unfortunately, as Jean Donnison explains, not much is known about English midwives in the later Middle Ages.[30] Since most midwives were illiterate, they are difficult to locate in the historical record. Perhaps the best documentation of English midwives comes from legal evidence. In court records, midwives were sometimes identified by their occupational titles. For instance, Johanna Keryng, a midwife in the parish of St. Mary Fenchurch in the late fifteenth century, was referred to as an *obstitrix*.[31] Similarly, Johanna Buntyng, a midwife from the parish of St. Sepulchre was identified as a *mydwyfe* in 1472.[32]

Generally, the midwife was recognized by her ability to deal with concerns involving childbirth and fertility problems. According to Donnison, midwives were most likely married women who had themselves borne children.[33] For John Trevisa, the medieval English midwife was a "womman that hath craft to helpe a womman that travaileth of childe, that sche bere and bring forth here childe with

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[30]Jean Donnison, *Midwives and Medical Men* (London, 1988), 3.

[31]London, Guildhall Library, MS 9064/3, Act Book of the Commissary Court of Canterbury, 1480 - 1482, fol. 17r. Transcripts of these entries were provided to me by Shannon McSheffrey.

[32]London, Guildhall Library, MS 9064/1, Act Book of the Commissary Court of Canterbury, 1470 - 1473, fol 164r.

[33]Donnison, 3.

the lasse woo and sorowe."[34]

Although not all midwives were women, most were until the end of the fifteenth century. Certainly women's medical care was by no means restricted to female practitioners. According to Monica Green, few men may have been officially designated as midwives, but some did practise midwifery. Many male practitioners, however, were not only interested in female medical concerns, but also wrote treatises on the treatment of gynecological problems.[35] In Italy, for instance, there is abundant evidence that men like the fifteenth-century physician, Anthonius Guainerius, were interested in obstetrics and gynecology. For Green, "women's health was women's and men's business."[36] Not only did men like Guainerius sanction the activities of midwives, but they even wrote manuals specifically for their instruction.[37] As long as they did not threaten the stability of learned medicine, midwives were generally tolerated.

Before the sixteenth century, midwives' training was usually oral with occasional recourse to printed manuals. Since most midwives were probably illiterate, they relied on the advice of their elders. According to Sylvie Laurent, information traditionally was passed down from old women to younger,

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[34]*On the Properties of Things: John Trevisa's Translation of Bartholomaeus Anglicus De Proprietatibus Rerum*, ed. M.C. Seymour, 3 vols. (Oxford, 1975-88) in Rawcliffe, *Sources for the History of Medicine*, 107.

[35]Green, "Women's Medical Practice and Health Care in Medieval Europe," 62.

[36]Green, "Women's Medical Practice and Health Care in Medieval Europe," 77.

[37]Helen Rodnite Lemay, "Anthonius Guainerius and Medieval Gynecology, " in *Women of the Medieval World*, ed. Julius Kirschner and Suzanne F. Wemple (Oxford: Basil Blackwell, 1985), 317.

inexperienced midwives.[38] Due to extensive experience, most midwives developed practical skills that physicians rarely attained. The practice of midwifery was, therefore, generally accepted by ecclesiastical and university licensing authorities as a necessary aspect of medical practice in later medieval England. As Carole Rawcliffe argues, physicians and surgeons maintained an interest in the workings of the female reproductive system on a theoretical level. Because physicians were reluctant to affront the modesty of their female patients, however, the practical work of examination, treatment and assistance in childbirth was usually left to knowledgeable midwives.[39]

Since neither midwives nor physicians had a clear understanding of contagion, childbirth could often be a dangerous event. From the moment of birth, medical intervention often proved to be disastrous.[40] However, some contemporaries believed that one would have been better off to seek the services of an experienced midwife. The *Medieval Woman's Guide to Health*, for instance, recounts the story of a woman who experienced "dropsy of the uterus." Even though doctors deemed her condition incurable, a midwife was able to relieve her

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[38]Sylvie Laurent, *Naître au Moyen Age* (Paris: le Léopard d'Or, 1989), 172.

[39]Rawcliffe, *Medicine and Society*, 194.

[40]Mark Hansen, *Royal Facts of Life: Biology and Politics in Sixteenth-Century Europe* (London: Scarecrow Press, 1990), 213. Even with the most prestigious education, physicians understood little about infection and even less about the importance of sanitary measures. Many pregnancies attended by physicians ended in tragedy. Because forceps were not used until the seventeenth century, physicians used their hands, which were more often than not filthy, to aid in the delivery. This unsanitary practice usually led to puerperal fever, which they would treat by administering rhubarb purges and bleeding. This led to the death of many women including queens like Jane Seymour and Anne of Austria.

ailment:

> There was a woman in London who had this dropsy, and she was considered incurable by all the London doctors. But this woman took and made her pottage with these herbs through her own common sense. She took a handful of watercresses, a sixth part of a handful each of sow thistles, marsh sow thistles, wild sage, parsley, betony, milfoil, and marigolds, and made a pottage and ate it all fresh.[41]

For Monica Green, midwives were generally more prepared than their learned counterparts to deal with the complications of childbirth.[42] Their knowledge was based on experience rather than theory. In England until the sixteenth century, they were usually required by medical authorities to prove their competence to at least four experienced midwives.[43] Midwifery was never completely accepted into the realm of official medicine, but it was recognized by ecclesiastical and secular authorities as a necessary component of medieval health care. However, this is not to say that midwives did not encounter any opposition from proponents of learned medicine.

In the years leading up to the European witchcraze, in the late fifteenth and early sixteenth centuries, restrictions were increasingly placed on the practice of midwifery. Because midwives were generally older women, they were drawn from

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[41]*Medieval Woman's Guide to Health*, 111.

[42]Green, "Women's Medical Practice and Health Care in Medieval Europe," 55.

[43]Green, "Women's Medical Practice and Health Care in Medieval Europe," 55.

the same social group as witches and were thus subject to greater suspicion.[44] The Reformation and attendant anxieties about religion drew attention to midwives and their baptismal duties. Concern for the child's soul was the main cause of concern. Midwives were allowed to perform emergency baptisms, particularly if they knew the child would soon die. Parish priests were frequently charged with the responsibility of teaching midwives how to perform baptisms:

> And yf the wommon thenne dye,
> Teche the mydwyf that scho hye
> For to vundo hyre wyth a knyf,
> And for to saue the chyldes lyf
> And hye that hyt crystened be,
> For that ys a ded of charyte.[45]

Although there were midwifery ordinances on how to perform baptisms properly, religious authorities did not always trust midwives to perform such an important ceremony without inducing some form of evil on the child. Like other types of medical practitioners in medieval England, midwives occasionally mixed their practical experience with traditional charms, magic and prayers. Certainly, the following technique, which was used to determine the sex of an unborn child, contained an element of supernatural divination:

> For knowing whether a woman is carrying a male or female
> child take water from a spring and let the woman draw out
> two or three drops of blood or milk from the right breast.
> Let them be poured into the water and if they seek the

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[44]Merry Wiesner, *Women and Gender in Early Modern Europe* (Cambridge: Cambridge University Press, 1993), 277.

[45]John Myrc, *Instructions for Parish Priests*, ed. E. Peacock, Early English Text Society, 31 (1868, revised 1902; reprint, New York, 1975), 31.

bottom she is bearing a male; if they float on top she is bearing a female.[46]

According to Carole Rawcliffe, midwives had to "tread carefully" when using charms or invoking supernatural aid.[47] It was easy to overstep the boundaries of accepted practice. By the sixteenth century, female midwives came under increasing attack from men like John Bale, a prominent Protestant reformer and polemicist. In his *Comedy Concernynge thre Lawes*, Bale depicts midwives as superstitious old crones dabbling in the evil magic of Catholicism:

> Yea, but now ych am a she,
> And a good mydwyfe per De,
> Yonge children can I charme,
> With whysperynges and wysshynges,
> With crossynges and with kyssynges,
> With blasynges and with blessynges,
> That spretes do them no harme.[48]

Despite occasional bouts of criticism from their male counterparts, most midwives performed valuable services throughout the post-plague period. As long as women continued to bear children, problems associated with fertility and procreation perpetuated the necessity for midwives. Because pregnancy entailed various physiological changes, most pregnant women did experience some physical discomfort ranging from fatigue to potentially fatal hemorrhaging. A thirteenth-century treatise on maidenhood described some of the common

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[46]Trotula, *The Diseases of Women*, 21.

[47]Rawcliffe, *Sources for the History of Medicine*, 107.

[48]John Bale, "Comedy Concernynge Thre Lawes, " in *The Complete Plays of John Bale*, ed. P. Happe, 2 vols. (Woodbridge, Suffolk, 1985-86), 2: 79.

ailments associated with pregnancy and childbirth as a means of deterring young women from marriage:

> When the offspring in thee quickeneth and groweth how many miseries immediately wake up therwith... Thy ruddy face shall turn lean, and grow green as grass. Thine eyes shall be dusky, and underneath grow pale; and by the giddiness of thy brain, thy head shall ache sorely. Within thy belly, the uterus shall swell and strut out like a water bag; thy bowels shall have pains, and there shall be stitches in thy flank and pain rife in thy loins.[49]

Even the smoothest of pregnancies often required some form of assistance, particularly when the time came to deliver the baby. Midwives provided vital assistance and advice during pregnancy and childbirth. Complications like unusual presentations or false labour, for instance, required the skill and experience of seasoned midwives. However, even older, more experienced midwives occasionally consulted gynecological handbooks. For those who could not read, books sometimes were read aloud.[50]

By the mid-fifteenth century, literature about health care in general and gynecology in particular became available in vernacular translations. Learned medical authorities encouraged midwives to read available literature or to seek the advice of more experienced midwives when faced with particularly complicated cases. Several guides based on the work of the legendary eleventh-century

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[49]*Hali Meidenhad: An Alliterative Homily of the Thirteenth Century*, ed. F.J. Furnivall (Early English Text Society, 1922; reprint, New York: Greenwood Press, 1969) in Amt, *Women's Lives in Medieval Europe*, 93.

[50]Rawcliffe, *Medicine and Society*, 198.

midwife and physician, Trotula, were circulated throughout Europe. Trotula's *Passionibus Mulierum Curandorum* first appeared in an English translation in the early fifteenth century. In England, *The Diseases of Women* was used as a reference manual by midwives and physicians. Contained in the manual were a variety of suggested treatments for gynecological ailments ranging from suffocation of the womb to retention of the afterbirth. Advice for the treatment of women about to give birth was also given with specific reference to the role of the midwife:

> When the time for giving birth is imminent, let the woman prepare herself as the custom is, and the midwife likewise. Let sneezing be done with great caution, holding tightly the nostrils and the mouth, in order that the greatest part of the strength and spirits may tend toward the womb. ...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.[51]

Medieval Woman's Guide to Health (the text of the Sloane 2463 manuscript) was another fifteenth-century gynecological handbook based on Trotula's writings. Although it was based on Trotula's work, the guide also incorporated information from a variety of sources. While some of the information contained in the manual was gleaned from learned physicians, most of the remedies and instructions were most likely appropriated from experienced midwives. The remedies "advanced as done by midwives" probably played a major role in the creation of the guide. Although physicians consulted the

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[51]Trotula, *The Diseases of Women*, 22.

handbook, its main function was to instruct less experienced midwives. For, "on numerous occasions, different women experience great distress in giving birth through lack of a good midwife."[52]

Although most midwives were clearly well-versed in the practice of gynecology, they were by no means limited to treating disorders of the female reproductive system. Although medieval English midwives have been represented by historians, like Margaret Wade Labarge, as a group of generally elderly women occupied with the treatment of "women's disorders,"[53] midwifery was as diverse and varied as other forms of medical practice in post-plague England. Some midwives expanded their practice beyond the domain of obstetrics and gynecology and delved into the domain of physicians and surgeons.[54] Midwives even treated male patients occasionally. The *Medieval Woman's Guide to Health*, for instance, contains information on the treatment of women's *and* men's ailments. Palsy, for example, is described as "a disease which makes a man shake."[55] The handbook also contains several recipes for the treatment of specifically male disorders. For instance, "the herb columbine extinguishes lust in the testicles."[56]

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[52]*Medieval Woman's Guide to Health*, 165.

[53]Margaret Wade Labarge, *A Small Sound of the Trumpet: Women in Medieval Life* (London: Hamish Hamilton, 1986), 181.

[54]Benedek, 153.

[55]*Medieval Woman's Guide to Health*, 171.

[56]*Medieval Woman's Guide to Health*, 157.

Similarly, in *The Diseases of Women* a large portion of the text is devoted to remedies for general physical ailments. The guide includes suggestions for the treatment of ailments ranging from dysentery to toothaches. One particularly unpleasant remedy was intended for treating "scruff of the lips":

> For this condition of the skin the following is helpful: take root of enula, vinegar, mercury, and as much oil - axle grease - as is necessary to mix them.[57]

The manual also contains recipes for cosmetic purposes including whitening the face and removing wrinkles. Since health and beauty were inextricably linked in the Middle Ages, the preservation of a balanced complexion was a valid medical concern. The preservation of health was also a concern addressed by Trotula. One recipe is described as " a water of marvellous effectiveness for the preservation of the human body from various infirmities."[58] The elixir made from various salts and minerals is touted as a treatment for the prevention of leprosy, old age, epilepsy, foul breath, freckles and swelling of the liver. So powerful is the mixture that "everything that is touched with it then is fine gold."[59]

Most guidebooks thus contained something for everyone. Even those who were not sick, but wished to avoid illness, could benefit from the treatments suggested by the guidebooks. Since midwives consulted and even contributed recipes to these manuals, it is reasonable to assume that they applied and even

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[57]Trotula, *The Diseases of Women*, 42.

[58]Trotula, *The Diseases of Women*, 49.

[59]Trotula, *The Diseases of Women*, 49.

invented some of the aforementioned treatments. As caretakers of women's and men's health, midwives offered their services not only as gynecological experts, but as practitioners of general health care. Although they were not officially licensed, midwives were officially sanctioned and, for the most part, publicly appreciated healers at the semi-official level in later medieval England.

Beyond midwifery, some female practitioners also practised as surgeons and physicians. Even in areas where women could not legally practise as physicians, they could often legally practise surgery. Although women were barred from most universities after the thirteenth century, an academic education was not a prerequisite for becoming a surgeon. Women who practised as surgeons could receive their training from relatives who were in the medical profession. As Muriel Joy Hughes explains, the records of the English barber-surgeons' guilds refer to women surgeons. Some female surgeons were indeed highly valued and often served a distinguished clientele. King Edward III's wife, Philippa (1314-1369), for instance, employed a female court surgeon named Cecilia of Oxford. Similarly, in France, Hersend, the wife of King Louis IX's apothecary, practised as a surgeon during the seventh crusade in the mid-thirteenth century.[60]

For Margaret Wade Labarge, women surgeons, although few in number were highly valued and popular with their patients, particularly their poorer

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[60]Benedek, 152.

patients. Women usually charged less than their male counterparts and treated poorer patients who could not afford the services of the more expensive male surgeons.[61]

Some women even practised as physicians. Since they could not receive university degrees, they usually received their training from their husbands or fathers. For most women, their only means of financial support was the income from their husbands' professions. For the wives of physicians, this meant continuing the family medical practice after their husbands died. Joanna Lee, for instance, begged Henry IV to let her practise "physic" as a means of financial support:

> Your poor petitioner, Joanna, lately the wife of William Lee, begs humbly that, because her aforesaid husband was killed on your first expedition to Wales, your poor petitioner found herself continuously without any means of support from then onwards....She had nothing to live off except the physic which she had learnt. May it please your exalted and very gracious lordship to grant your said poor petitioner a letter under your great seal, so that she may venture safely around the country to practice her art.[62]

Female physicians, however, were not always readily accepted within the learned medical community. John of Arderne, a fourteenth-century English surgeon, was rather sceptical about female practitioners. For Arderne, women's "physic" had potentially dangerous repercussions:

> The pacient, forsoth, hauntyng or using the medycynes of

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[61]LaBarge, 177.

[62]Public Record Office, SC8/231/11510 in Rawcliffe, *Sources for the History of Medicine*, 118-119.

> ladies, as it war by moneth, evermore, had hymself worse. At last he soght and asked my help. And when I biheld his arme gretly bolned and replete of rednes and of brennyng and hardnes and akyng, ffirst I made hym ane emplastre.[63]

Certainly some female physicians were not always successful in their treatment of certain ailments. Many, however, were not only successful (at least by fifteenth-century standards), but appreciated in hospitals and royal courts alike. Some women were even renowned for their skillfull mastery of specific ailments. In 1391, for instance, a female physician in Spain was recorded by civic officials to have "effected great cures of the eyes."[64] As well, male physicians and surgeons made their own share of mistakes and often appeared before English courts in malpractice suits. In 1408, for instance, John Luter, a London "leche," was sued by a former patient, John Clotes. Clotes claimed that he paid Luter a rather handsome sum of money and goods to cure him of "a disease called *lepre,*" but Luter had failed to do so. The mayor eventually ruled that Luter "had taken the plaintiff's goods fraudulently, deceptively and injuriously."[65]

Both male and female practitioners were subject to the limitations of post-plague medical knowledge. Medical practice at any level was far from ideal in later medieval England. Instead of focusing of female practitioners' mistakes, therefore,

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[63]John of Arderne, *Treatises of Fistula in Ano*, ed. D. Power, E.E.T.S., 139 (1910) in Rawcliffe, *Sources for the History of Medicine*, 120.

[64]Castella, municipal record, 1391, A.M.C. 4 July, 1391 cited in *Medical Licensing and Learning in Fourteenth Century Valencia*, ed. Luis Garcia Ballester et al., in *Transactions of the American Philosophical Society*, 79/6 (1989), 61.

[65]*Calendar of Plea and Memoranda Rolls of the City of London, 1381-1412* (Cambridge, 1932) in Rawcliffe, *Sources for the History of Medicine*, 42-43.

we must recognize their important contributions to medical practice and health care at the semi-official level in late medieval England. As nurses, midwives, physicians and surgeons, semi-official medical practitioners provided a variety of important services for a diverse and often ailing population. By no means limited to female patients or "female" disorders, their practice was marked by heterogeneity, just as it was for their male counterparts. If we are to arrive at a complete picture of women's medical practice in the fourteenth and fifteenth centuries, we must shed traditional associations of women's medical practice with gynecology. Rather than judge their errors harshly, we must celebrate their achievements. Not only did they contribute to medical practice on a theoretical and practical level, but they also laid the foundations for generations of female practitioners to develop their skills and continue their work as medical practitioners. In the midst of an environment that was hostile towards women's involvement in any type of skilled work, medical women in late medieval England left their mark on the medieval medical establishment and forged a permanent place for women's involvement in the healing arts.

Chapter 3

Herbalists and Wet Nurses: Unacknowledged Medical Practitioners

In any age, the definition of medical practitioner is clearly affected by a myriad of elements. Conceptions of health and sickness, as well as the control of licensing authorities, for instance, affect how healing is both perceived and practised. Due to the particular social structure of late medieval England, many non-conventional types of healers provided valuable services that have traditionally been ignored by medieval medical historians. In particular, many unlicensed medical practitioners women provided a variety of important but overlooked treatments. All too often, accounts of medieval medical women have focused almost exclusively on midwifery. In reality, midwives accounted for only a small portion of female medical practitioners healers in post-plague England. Even though most female practitioners in the late Middle Ages practised as unlicensed healers, they were no less influential than their learned counterparts.

The most fundamental levels of health care were, in fact, provided by two traditionally overlooked types of medical practitioners: herbalists and wet nurses. Although they were not specifically labelled as medical practitioners by licensing authorities, herbalists and wet nurses nonetheless provided a variety of significant

treatments for a population that frequently relied on their expertise. By incorporating wet nurses and herbalists into our discussion of medieval medical practice, we will not only get a clearer sense of the breadth of women's medical activities, but also of the broad spectrum of services that constituted health care in post-plague England.

In addition to ideological influences and regulatory considerations, medical practice in later medieval England was also affected by social elements. If gender and status divisions affected how other professions like brewing developed, then they most certainly affected how health care was practised.[1] In the countryside, for instance, women's importance within the private sphere of the home gave them the opportunity to experiment with garden herbs. According to Judith Bennett, the realm of feminine work and influence was generally restricted to the private sphere.[2] While countrywomen did help their husbands in the field from time to time, their main sphere of labour was usually centred in the household. Among other tasks, one of their primary responsibilities was caring for their families' health and welfare. As wives and mothers, they were expected to care for their families in sickness or health. From cleaning wounds to repairing dislocated bones, it was essential for medieval women to be prepared to deal with a variety of

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[1]Judith Bennett describes brewing as an almost universal female skill that changed with shifts in marital status in "The Village Ale-Wife: Women and Brewing in Fourteenth-Century England, " in *Women and Work in Preindustrial Europe,* Ed. Barbara Hanawalt (Bloomington: Indiana University Press, 1986), 27.

[2]Bennett, *Women in the Medieval English Countryside*, 6.

injuries their family members might incur in their daily lives.[3] For instance, when Margery Kempe's husband fell down a flight of stairs and injured himself, she was expected to attend to his needs:

> It happened one time that the husband of the said creature [Margery]... slithered, or else missed his footing and fell to the ground from the stairs, with his head twisted underneath him, seriously broken and bruised so much so that he had five linen plugs in the wounds in his head for many days while his head was healing...Then the said creature, his wife, was sent for, and so she came to him
> .....
>
> Then she took her husband home with her and looked after him for years afterwards, as long as he lived.[4]

Margery and her husband had previously agreed to take vows of chastity so she could pursue a life of spiritual contemplation. Even though at this point in their lives Margery and her husband did not live together, she was still expected to take him back into her home and nurse him back to health. It was Margery's duty as a wife to nurse him when he was injured. So great was her obligation to care for her husband's infirmity, that she would be held responsible in the event of his death:

> He was sick for a long time after and people thought he was going to die. And then the people said that if he died, his wife deserved to be hanged for his death, for she could have stayed with him and did not.[5]

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[3]Labarge, 170.

[4]Margery Kempe, *The Book of Margery Kempe*, trans. B.A. Windeatt (London: Penguin Books, 1985), 219-221.

[5]Kempe, 220.

Margery's obligation to her husband was not unique. Whether or not they lived in the same house as their families, late medieval women undoubtedly understood the importance of their duty to care for their children and husbands. Even women who were separated from their families felt a responsiblity to care for their health. Margaret Paston also took her responsibility as caretaker of her husband's health seriously. While her husband, John, was absent, for instance, she was obviously concerned for his welfare. When he fell ill in 1443, Margaret and her mother were deeply troubled and appealed for divine intervention. Margaret later described their endeavours in a letter to her husband:

> My moder and I were nowth in hertyses fro the tyme that we woste of your sekenesse tyl we woste verely of your a-mendyng. My moder hat be-hestyd a-noder ymmage of wax of the weytte of yow to Oyur Lady of Walsyngham and sche sent iiij nobelys to the iiij orderys of frerys at Norweche to pray for yow; and I have be-hestyd to gon on pylgreymmages to Walsyngham and to Sent Levenardys for yow.[6]

Appeals for divine intervention were common practices that should be included within the boundaries of health care in post-plague England. Pilgrimages may not have involved direct bodily manipulation or application of materials to the body, but they were part of the supernatural facet of late medieval health care. Appealing for divine aid was a common practice among layfolk and practitioners alike. As Carole Rawcliffe explains, due to the widespread belief that sickness and disease might be cured by God at the intercession of Christ, the Virgin Mary or the

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[6]*Paston Letters and Papers of the Fifteenth Century*, 218.

Saints, the use of charms, prayers and incantations for healing purposes was common at all levels of medical practice.[7] For instance, one late fourteenth-century surgical treatise recommended a charm to prevent the loss of blood:

> Take and say "Crist was borne of a uirgyne and mayde: aftir the birthe and baptiste in flowe Jordane, and as the floure flowe tho stode stille as stoon, right so stand thou blood for the nose of wounde." Take the blood of the pacient: ther with wright this word of man in his forhede "veremist." And ghif it of a woman "verima." Amen.[8]

Appeals for divine intervention were used by both male and female practitioners of all types. While physicians used supernatural practices like astrology to determine the state of their patients' health, wives and mothers used a variety of religious and quasi-religious charms to ensure the health and safety of their families. While some women mixed charms and prayers with herbal remedies, others like Margaret Paston embarked on pilgrimages to appeal for divine intervention. Most people truly believed in the effectiveness of religious and quasi-religious healing practices. For many women, medical charms and prayers combined with traditional herbal remedies offered them an opportunity to protect their families from harm and sickness and fulfill their duties as wives and mothers.[9]

Although women in both urban and rural areas were responsible for their

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[7]Rawcliffe, *Sources for the History of Medicine,* 90.

[8]York Minster Library, MS. XVI, E. 32, fol. 58. in Rawcliffe, *Sources for the History of Medicine,* 92-93.

[9]Rawcliffe, *Medicine and Society,* 178.

families' health and welfare, their obligation was especially important in the countryside. The paucity of learned practitioners meant that any type of officially-sanctioned medical practice was rare in rural areas. Women were thus expected to fill the gap and provide a myriad of medical services. Without the convenience of corner drugstores, a well-developed herb-garden was a necessity for survival in rural areas of later medieval England. According to Carole Rawcliffe, medieval housewives were responsible for keeping well-stocked kitchen gardens and herbers.[10] For Rawcliffe, "the bulk of the population had to make do with home-made remedies culled from herb-garden and kitchen."[11] Even those of higher station relied on the kind of herbal remedies that were apparently the rule among lower social orders. John Paston, for instance, relied on his wife's expertise and begged her to send him one of her home-made herbal remedies for his friend James Hobart's knee injury. The Pastons had access to physicians, but nonetheless, John sought out a home-made remedy for his friend's problem:

> In all hast possybyll to send me by the next swer messenger that ye can gete a large playster of your flose ungwentorum for the Kynges Attorney James Hobart; for all his dysease is but in his knee...ye kond with your playster depart hym and hys peyne...ye must send me wryghtyng hough it shuld abyd on hys knee unremeveyd, and houghe longe the playster wyll laste goode.[12]

By the mid-fourteenth century, the average herb garden generally included

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[10]Rawcliffe, *Sources for the History of Medicine*, 97.

[11]Rawcliffe, *Medicine and Society*, 149.

[12]*Paston Letters and Papers of the Fifteenth Century*, 628.

several types of effective medicinal herbs. According to Marty Williams and Anne Echols, after 1200 a variety of spices from Eastern markets became available to western Europe. Although some wealthy households hired servants and cooks to gather and prepare herbs, the vast majority of countrywomen cultivated, gathered and prepared their own medicinal herbs.[13] Most household gardens contained a variety of powerful herbs including ginger, garlic, fennel, betony, saffron and dill. Even the humblest of gardens contained enough herbs to cure a variety of ailments. Each herb was generally used to treat a variety of afflictions. Garlic, for instance, was a particularly versatile herb and was used to treat numerous ailments. For instance, a fourteenth-century German herbary recommends it for dogbites, snakebites, worms and tuberculosis.[14] Betony, another common garden herb in post-plague England, was also used in the treatment of several infirmities including deafness and tooth-aches:

> Jus of Betayn tempered with watur of rosis clere
> comfortyth the erys that may not here
> .....
>
> And if a man have the tuth ake,
> betayn sodyn with wyn he take,
> And kepe it in his mouth euyn and morowe,
> And it schall dryue away all the sorowe.[15]

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[13]Marty Williams and Anne Echols, *Between Pit and Pedestal: Women in the Middle Ages* (Princeton: Markus Wiener Publishers, 1994), 19.

[14]Herbert Reier, *Die Altdeutschen Heilpflanzen, ihre Namen und Anwendungen in den Literarischen Überlieferungen des 8.-14. Jahrhunderts* (Kiel, 1983), 279.

[15]Trinity College, Cambridge, MS. R. 14.32 in Rawcliffe, *Sources for the History of Medicine*, 100-101.

Simply cultivating their gardens, however, was not enough. Housewives were also expected to know how to prepare and apply herbal remedies. They had to know when and how to pick certain herbs. As Carole Rawcliffe explains, medical authorities claimed that the time, place and manner in which herbs were gathered was crucial to the effectiveness of their healing properties.[16] As Muriel Joy Hughes explains in *Women Healers in Medieval Life and Literature*, herbs that possessed healing properties were generally noted for their magical attributes. In administering herbal remedies, women were in some ways as successful as the formally trained medical practitioners, but they too generally relied upon magical qualities of herbs and potions.[17] Medieval people understood that herbs like betony or garlic had healing capabilities, but they generally attributed this to some sort of magical power. In order to tap into these magical powers, therefore, the manner in which herbs were gathered was of the utmost importance:

> Many herbs there be that have a special time to be gathered, and in that time they have the virtue, and they be gathered in any other time, they have not the virtue, or else not so good. Some help whensoever they be gathered and some be harmful if they be gathered out of time.[18]

Clearly the preparation of home-made remedies required specialized

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[16]Rawcliffe, *Medicine and Society*, 117.

[17]Hughes, 136.

[18]*A Leechbook or Collection of Medical Recipes of the Fifteenth Century*, Ed. W.R. Dawson (London: MacMillan and Co., 1934), 142-143.

knowledge. By mixing traditional lore with common-sense, women did much useful work in herbal medicine. By treating their families with home-made herbals, many women filled a significant gap in rural health care. In unseen, but important ways, women who cared for their families' ailments provided the most basic dimension of health care and practical instruction in late medieval England.

There was, however, a distinction between women who treated their own families and women who served a larger clientele. Many women and men, in fact, did become known as village healers. Their contributions to the healing arts were also important, but their practice was not as common as the everyday cures concocted by women for their families since the bulk of the peasantry sought medical care within their own families.[19] Most village herbalists likely derived some of their knowledge from observing their mothers and sisters.

Remedies of all types were passed down from generation to generation. In addition to preparing remedies intended for healing or curing, most women also applied some form of preventative medicine at some point in their lives. In particular, cosmetic and contraceptive practices were fairly common. As Peter Biller explains, contraceptive knowledge was usually passed from mother to daughter in the thirteenth and fourteeth centuries.[20] From its use in brothels or within married life, contraception was an important part of late medieval health

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[19]Rawcliffe, *Medicine and Society*, 149.

[20]P.P.A.Biller, "Birth Control in the West in the Thirteenth and early Fourteenth Centuries," *Past and Present*, 94 (1982), 19.

care that women were often involved in either as mothers passing on information to their daughters or as herbalists prescribing plant mixtures with known contraceptive properties.[21]

According to John Noonan, herbs like mint, pennyroyal, lettuce seed and rue were known to possess contraceptive properties. For instance, John of Gaddesden, a fourteenth-century English physician, recommended a mixture of camphor and rue to prevent unwanted pregnancies.[22] As well, various talismans and amulets were purported to prevent conception. Agate, for example, could be worn around the neck or hung over the bed to hinder conception.[23]

For Sylvie Laurent, contraceptive methods rarely appeared in medical manuals since they were frowned upon by some ecclesiastical and medical authorities. According to James Brundage, however, theological opinion on contraception was not entirely unanimous. Some church officials, like Gratian, viewed the use of contraception as a slight sin while others, like Augustine, took a far more severe stance on contraception.[24] Augustine claimed that by preventing procreation, contraception counteracted the purpose of marriage.[25] Contraceptive

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[21]Biller, 19. For more information on contraceptive practices in brothels see Jacques Rossiaud, *Medieval Prostitution*, trans. Lydia G. Cochrane (New York: Basil Blackwell, 1988) and Leah Lydia Otis, *Prostitution in Medieval Society* (Chicago: Chicago University Press, 1985).

[22]John Noonan, *Contraception: a History of its Treatment by the Catholic Theologians and Canonists* (Cambridge: Bellknap Press, 1986), 208.

[23]Noonan, 208.

[24]James Brundage, *Law, Sex and Christian Society in Medieval Europe* (Chicago: University of Chicago Press, 1987), 93.

[25]Brundage, 93.

knowledge was, therefore, largely transmitted orally.[26] We might infer that mothers passed on a great deal of knowledge to their daughters. They perhaps recognized that their daughters would most likely be responsible for the health and welfare of their own families some day. By passing on their knowledge and expertise, they made a major contribution to the stock of medical knowledge in later medieval England.

With the benefit of years of empirical knowledge and practical experience on their side, women contributed to the growing stock of practical medical knowledge in post-plague England. Although they may not have understood why certain herbs healed various conditions, they certainly were able to deduce which ones were effective in treating certain ailments. For Richard Kieckhefer, "precisely why this or that remedy worked was not the healer's concern...what mattered was whether a remedy worked, not how."[27] While physicians spent a great deal of time learning about theoretical aspects of medical practice, most housewives were employing practical remedies. As Carole Rawcliffe explains, the physician's knowledge often came from texts full of scribal errors and misinterpretations rather than practical instruction. For Rawcliffe, herbalists tended to be in better touch with effective remedies by virtue of practical experience.[28]

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[26]"La condamnation de la contraception est unanime, mais pour une raison indépendante de l'homicide: elle est contraire à la substance du mariage, la procréation." Laurent, 40.

[27]Richard Kieckhefer, *Magic in the Middle Ages* (Cambridge: Cambridge University Press, 1990), 66.

[28]Rawcliffe, *Medicine and Society*, 185.

Remedies of herbalists and housewives were, in many cases, even appropriated by learned physicians. Helen Rodnite Lemay's study of Anthonius Guainerius, a fifteenth-century medical professor at the University of Pavia, reveals that Guainerius frequently exchanged ideas and treatments with peasant women. Recognizing the value of folk remedies, he even incorporated them in his treatise *Tractatus de Matricibus.*[29]

Certainly the lines dividing official and unofficial medicine were often subject to the reciprocal exchange of information. While some aspects of learned medicine certainly trickled down to unofficial practitioners, knowledge of herbal remedies most certainly bubbled up to learned physicians from practitioners like herbalists and countrywomen. The *Leechbook or Collection of Medical Recipes of the Fifteenth Century*, for instance, owes a great debt to traditional plant lore. Since the *Leechbook* was written in English, it was most likely read by laypeople, particularly noblewomen. According to W.R. Dawson, the leechbook is a compilation of remedies drawn from a variety of sources.[30] A few of the recipes listed in the collection are clearly based on learned medicine. The following treatment for aching eyes clearly makes reference to Galen:

> Make the white colyrium for aching of eyes and Galen teacheth it. Take ceruse, wash eight drachms of sarcocolla [a gum from Persia]; amydum [starch] three drachms; two drachms of dragance; one and a half apium; powder them

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[29]Lemay, 321.

[30]W.R. Dawson (ed.), *A Leechbook or Collection of Medical Recipes of the Fifteenth Century*, 9.

well, and make them soft on a tile-stone with rainwater.[31]

Most of the herbal remedies in the *Leechbook* perhaps were borrowed from housewives or village herbalists. Many of the recipes were in reality rather complicated and required an ability to recognize numerous plants and a knowledge of preparatory techniques. As Carole Rawcliffe points out, "the pounding, mixing, stirring, sieving and blending required came easily enough to women used to running their own kitchens."[32] The following ointment for wounds clearly required a specialized knowledge of herbal properties and experience with herbal compounds:

> An ointment for wounds. Take a pound of virgin wax, a pound of lard, a pound of pitch rosin, half a pound of olibanum, a pound of dittany, a pound of plantain, a pound of rhubarb, a pound of little consolida, a pound of milfoil, a pound of watercress. Take these herbs and stamp each one by itself, and temper them with wine; and let them rest a night, and on the morrow put them in a pot over the fire, and let them seethe and boil with wine; afterwards take them down, and dry them through a cloth.[33]

As we will see below, learned practitioners did not always value women's work as healers, but they often recognized the value of traditional herbal remedies. By developing herbal remedies that were often more effective than the physicians' unpleasant cures, women as herbalists and housewives contributed to the growing stock of medical knowledge in late medieval England. Although their

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[31]*Leechbook or Collection of Medical Recipes of the Fifteenth Century*, 161.

[32]Rawcliffe, *Medicine and Society*, 184.

[33]*Leechbook or Collection of Medical Recipes of the Fifteenth Century*, 217.

achievements may not have been recognized by medical authorities, female herbalists provided essential services for the majority of the English population in the post-plague period. Without their services, most rural dwellers and many urban dwellers would have had nowhere else to turn in times of sickness and disease.

Herbalists are not the only overlooked group of female medical practitioners in the later Middle Ages. Wet nurses are also frequently slighted by medieval medical historians. Even though wet nurses were clearly important (and exclusively female) caretakers of children's health, their contributions to medieval health care and practical pediatric medicine are rarely acknowledged.

In some cases, wet nurses were a medical necessity. For children whose mothers had died or could not provide milk for physiological reasons, a wet nurse was vital. For Shulamith Shahar, however, alternatives to human milk were virtually unheard of. Not only were babies incapable of digesting animal milk, but without pasteurization, the milk of cows, goats or sheep was too dangerous for infant consumption.[34] In such cases, wet nurses were essential for the infant's survival. Foundling hospitals that tried using animal milk to feed their charges, for instance, usually witnessed high infant mortality rates.[35]

Some women hired wet nurses if they became pregnant while nursing.

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[34]Shulamith Shahar, *Childhood in the Middle Ages*, trans. Chaya Galai (London & New York: Routledge, 1990), 53.

[35]Valerie Fildes, *Wet Nursing: A History from Antiquity to the Present* (Oxford: Basil Blackwell, 1988), 45.

Pregnancy while nursing was supposedly harmful for the nursing child. Learned medical authorities claimed that if a nursing woman became pregnant, the good milk, normally used to nourish infants through breastfeeding, would be transferred to the foetus and only the remaining, bad or "corrupt" milk would be left for the nursing infant.[36] The practice of wet nursing, however, more often than not, had nothing to do with medical reasons. As Shahar explains, most women who sent their children to wet nurses did not do so out of a lack of maternal feeling, but because it was "the done thing."[37] According to Christiane Klapisch-Zuber, wet nursing became the dominant practice for middle-class families in Florence by the fifteenth century.[38] The fastidious records of the Florentine *ricordanze* and *catasto* have provided historians like Klapisch-Zuber with a wealth of information about wet nurses. Florentine civic officials treated wet nursing as an officially sanctioned occupation.[39] Since evidence for wet nursing in England is difficult to locate, Florentine society provides much better evidence for the study of this phenomenon.

As Shahar points out, there is no possibility of obtaining statistics of the number of wet nurses in late medieval England. Certainly, extensive records of wet nurses' activities like those of the Florentine *ricordanze* did not exist in late

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[36]Shahar, 55.

[37]Shahar, 75.

[38]Christiane Klapisch-Zuber, *Women, Family, and Ritual in Renaissance Italy*, trans. Lydia Cochrane (Chicago & London: University of Chicago Press, 1985.), 135.

[39]Klapisch-Zuber, 133.

medieval England. Although the exact number of English wet nurses in post-plague England is unavailable, judging by their appearance in court records we *do* know that some were, in fact, active in the fourteenth and fifteenth centuries. The late fifteenth-century Act Books of the Commissary Court of the diocese of London, for instance, contain several references to women who were labelled as *nutrix*. Although *nutrix* can also mean nurse, most of the women with the occupational title of *nutrix,* like a wet nurse known as Cristiana in 1487, were clearly involved in the care of infants.[40]

According to Klapisch-Zuber, the social standing of the wet nurse was unimportant. Most wet nurses, in fact, came from the lower echelons of society.[41] A wet nurse's personality and physical characteristics were far more important than her social standing. Learned medical authorities, like Avicenna, claimed that the wet nurse could transmit her personality and even some of her physical characteristics through her milk.[42] Many advice manuals, therefore, offered advice on what qualities to look for in a wet nurse:

> The nurse should be between twenty-five and thirty-five years of age...As regards her features, she should have a good healthy complexion, strong neck, broad chest and well-developed muscular body. She should be cheerful and of good moral character. She should not be subject to

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[40]London, Guildhall Library, MS 9064/2, Act Book of the Commissary Court of Canterbury, 1486-1488, fol.168v.

[41]Klapisch-Zuber, 139.

[42]Avicenna was an Arab physician who wrote extensively during the early eleventh century. Although Avicenna himself did not practise medicine in the post-plague period, his work was translated and read by medical practitioners in fourteenth- and fifteenth-century England.

> frequent emotional outbursts such as anger, grief and fear which tend to undermine the development of character and sometimes adversely affect the baby's emotions
>
> .....
>
> A nurse of immoral character cannot be trusted to give conscientious care to the baby and her behaviour could adversely affect the child's character.[43]

Wet nursing clearly entailed more responsibility than simply feeding an infant. Wet nurses were also involved in the development of the child's character. Since infants in late medieval Europe faced a variety of serious ailments, a wet nurse had to be prepared to deal with diverse illnesses and infirmities. Accidents also occurred frequently. In 1487, an English wet nurse named Cristiana left her charge in the middle of the street next to a canal. The canal filled the child's mouth with corrupted water and rendered him half-dead.[44]

Although wet nurses' attempts to heal or care for their charges were not always successful, they were in reality the primary caregivers and thus often the infants' only guardians in health *and* sickness. Since most wet nurses did not live in the same house as the child's parents, they could not simply ask the infant's mother or father for advice.[45] Most wet nurses were also too poor to procure the services of any type of medical practitioner. This meant that they were forced to

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[43]Avicenna, *Tha Canon of Medicine*, trans. Mazhar H. Shah (Karachi: naveed Clinic, 1966), 286.

[44]"Cristiana <blank> nutrix cuiusdam infantis dimisit eandem infantem in medio cuiusdam strate vocate <blank> iuxta le canell ita prope quod aqua corupta currens in eodem canell intrauit in os eiusdem infantis in tanto quod erat sememortuus." London, Guildhall Library, MS 9064/2, Act Book of the Commissary Court of Canterbury, 1486-1488, fol. 168v.

[45]Shahar, 61.

offer some kind of medical care in the face of injury or illness. In many ways, wet nurses were probably better prepared to deal with children's ailments than physicians or surgeons. As Luke Demaitre explains, the physician's diagnostic methods, the pulse and uroscopy, were generally useless with children. Physicians also recognized that systemic drug treatments and drastic curative approaches like cautery were too harsh for infants.[46] The wet nurse, however, could attempt to heal a sick child by altering her diet. For Avicenna, "in the treatment of infants, the first consideration should be given to the wet nurse."[47]

Human milk was, in fact, attributed various healing properties and was often purported to be a viable remedy for several adult diseases. According to Valerie Fildes, for instance, in the fourteenth century, John of Gaddesdon recommended human milk for people who suffered from phthis (pulmonary tuberculosis).[48] The *Leechbook or Collection of Medical Recipes of the Fifteenth Century* also contains several recipes which include "woman's milk" as an essential ingredient for healing certain infirmities. The following remedy for parasites of the eye, for instance, relies heavily on the healing properies of human milk mixed with yarrow:

> For worms that eat the lids of the eyes... Take flowers of yarrow and stamp them with woman's milk, and put in the

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[46]Luke Demaitre, " The Idea of Childhood and Child Care in Medical Writings of the Middle Ages," *Journal of Psychohistory,* 4 (1976-77), 476.

[47]Avicenna, 291.

[48]Fildes, 34.

eyes, and it shall heal them.[49]

Human milk was also prescribed for a variety of other ailments ranging from broken bones to dysentry. One remedy for broken bones in the head even recommended treating the patient's wound with a woman's milk as a soothing remedy for brain hemorraghing:

> And afterwards let a woman that feedith a male child, if it be a man that is wounded, milk her pap softly on the flour that is strewn on the cloth. An afterwards lay another cloth thereupon, and strew it with flour as thou didst the other, and with the milk, till it be even with the flesh. And cover the head and let it be still till the morrow.[50]

Wet nurses, therefore, not only provided nourishment for children, but also a potent medicinal ingredient for many healing recipes. Although their services were not always procured out of medical necessity, wet nurses were, nonetheless, important medical practitioners in late medieval England. By providing a service that was in some ways necessary for an infant's survival, wet nurses were responsible for providing the most basic level of children's health care throughout Europe in the later Middle Ages.

Although they were not always acknowledged as medical practitioners by their learned contemporaries, housewife-herbalists and wet nurses in many ways provided the basic foundations of health care in post-plague England. Underpaid and overworked, their work was far from glamourous, but nonetheless vital for the

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[49]*Leechbook or Collection of Medical Recipes, 167.*

[50]*Leechbook or Collection of Medical Recipes*, 43.

majority of the English peasantry and urban merchants. If we are to construct a comprehensive picture of medical practice in late medieval England, we must start by addressing the valuable contributions made by medical women like herbalists and wet nurses. Subject to the rigid boundaries of professionalization in post-plague England, herbalists and wet nurses are often invisible in traditional medical sources. By manipulating old sources in new ways and uncovering new sources, we must work towards an understanding of medical practice in the later Middle Ages that includes all types of female medical practitioners, not just midwives and hospital sisters.

Chapter 4

Conclusion: Images of Female Medical Practitioners in Literature and Society

Despite women's important contributions to medical practice in post-plague England, they often encountered the negative attitudes of their male counterparts in life and literature. Although they performed a variety of important healing practices, female medical practitioners were not always appreciated by their male contemporaries. At times they faced the rigid regulations implemented by licensing authorities and the scorn of learned physicians and natural philosophers. As licensing authorities began to assert their control and exercise the reins of power, unlicensed male and female medical practitioners were increasingly faced with criticism, penalties and occasionally imprisonment. Women were particularly faced with opposition. In literature, medical women often appeared as charlatans or were attributed unrealistic, almost mythical healing capabilities that set a virtually impossible standard for all types of female medical practitioners to follow. Although literary and medical sources in no way provide a comprehensive account of attitudes towards women's participation in the medieval healing arts, they do provide a glance at the often hostile environment female practitioners were forced to deal with. Regardless of their social status, virtually all female medical practitioners encountered some form of opposition or restriction at

some point in their lives.

University-trained physicians and civic authorities seemed to be the most resistant to women's widespread participation in medieval medical practice. However, their attitudes towards female practitioners were not always negative. Midwives and hospital sisters sometimes were accorded a certain degree of respect for their expertise and skill. Certainly among those who had nowhere else to turn in times of sickness and disease, female healers were probably granted a particularly favourable image. Unfortunately, the bulk of evidence that reveals attitudes towards female healers tends to have been written by representatives of learned culture or medical licensing authorities who helped create negative stereotypes of women in life and literature.

Perhaps the greatest source of opposition to women healers was the learned medical profession. Not only did women healers encounter the societal restrictions typically placed on women of all trades in the later Middle Ages, but they also faced the scorn of medical licensing authorities. Although licensing authorities were usually intolerant of both male and female unlicensed practitioners, they were especially critical of female practitioners. According to Monica Green, "medieval Europe was a battleground for all medical practitioners - women being caught in the crossfire."[1]

Natural philosophy and medical theory provided the main sources of

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[1]Green, "Women's Medical Practice and Health Care in Medieval Europe," 52.

learned physicians' hostility towards female medical practitioners. The learned medical community's animosity was due in part to medical interpretations of female physiology that circulated throughout Europe in the later Middle Ages. Medical theory tended to depict women as inferior in intellect, physical strength and reproductive function.[2] These derisive notions affected many aspects of women's lives both within the macrocosm of society and the microcosm of personal relationships in later medieval England. From their treatment as wives to their status within the church, most women experienced some form of restriction at some point in their lives.

Female medical practitioners of all types were certainly familiar with the opposition of their male counterparts. Ancient theories of physiology made their way into Latin and vernacular translations throughout Europe in the fourteenth and fifteenth centuries. Since many stereotypes about women were rooted in natural philosophy, most physicians became well-versed in physiological explanations of women's inferior status. A medical education at a late medieval English university included instruction in philosophy and the work of ancient Greek medical theorists. Most medical students, therefore, probably had access to Latin and English translations of major medical philosophical works. [3]

According to Joan Cadden, ancient medical authorities and church fathers

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[2]Danielle Jacquart and Claude Thomasset, *Sexuality and Medicine in the Middle Ages*, trans. Matthew Adamson (Princeton: Princeton University Press, 1988), 3.

[3]Siraisi, 50.

offered a range of interpretations that debated the moral and intellectual attributes of men and women. In theory, men's and women's characters, personality traits and level of intelligence were determined by their respective physiological characteristics and reproductive functions.[4] The physiological characteristics of men and women often translated into their assigned social roles. The debate included countless medical authorities, ecclesiastical figures and philosophers too numerous to name here.[5] Despite the complexity and diversity of the debate, however, the majority of medical authorities depicted women as inferior to men. For instance, Aristotle, whose physiological writings had considerable impact on scholasticism in general and medical theory in particular, from the twelfth century onwards painted a rather uncomplimentary image of women:

> females are weaker and colder in their nature; and we should look upon the female state as being as it were a deformity, though one which occurs in the ordinary course of nature.[6]

Scientific explanations of women's natural inferiority were especially evident in humoral theory. Although first advanced by ancient Greeks like

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[4]Joan Cadden, *The Meanings of Sex Difference in the Middle Ages: Medicine, Science and Culture* (Cambridge: Cambridge University Press, 1995), 31.

[5]This issue is pursued at length in several influential studies including Cadden's *The Meanings of Sex Difference*. See also Monica Green, "The Transmission of Ancient Theories of Female Physiology and Disease through the Early Middle Ages, " (Ph.D. diss, Princeton University, 1985); Danielle Jacquart and Claude Thomasset, *Sexuality and Medicine in the Middle Ages*, trans. Matthew Adamson (Princeton: Princeton University Press, 1988); Ian McLean, *The Renaissance Notion of Woman: A Study in the Fortunes of Scholasticism and Medical Science in European Intellectual Life* (Cambridge: Cambridge University Press, 1980) and Thomas Lacqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge: Harvard University Press, 1990).

[6]Aristotle, *Generation of Animals*, ed. A.L. Peck (Cambridge: Harvard University Press, 1942; reprint, 1979), 459-460.

Hippocrates and Galen, humoral theory dominated the study and practice of learned medicine across Europe throughout the Middle Ages.[7] The theory of humours was based on the notion that the body was composed of four humours that corresponded to the basic elements of the earth. Each person was endowed with their own complexion that revealed the status of their bodily humours.[8] Although humoral theory was primarily used to detect imbalances within the body, it was also used to discern character and personality traits. According to humoral theory, women were by nature colder and moister than men and thus inferior to men's warmer and drier complexions.[9] The particular traits associated with a cold and moist ,or phlegmatic, nature included sluggishness and inferior intellect:

> The fflewmatyk is sompnelent and slowe,
> With humours grosse, replete, ay habundaunt,
> To spitte Invenons the flewmatyk is knowe,
> By dulle conceyte and voyde, unsufficiaunt.[10]

Because they were colder and moister than men, women were thus deemed to possess inferior intellectual capabilities. Although medical ideas of women's character perhaps affected perceptions of women throughout medieval English society, they especially affected physicians' attitudes towards women healers. Since most physicians were familiar with humoral theory they were

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[7] Rawcliffe, *Medicine and Society,* 172.

[8]Siraisi, 106.

[9]Rawcliffe, *Medicine and Society,* 171.

[10]*Secular Lyrics of the Fourteenth and Fifteenth Centuries*, ed. R.H. Robbins (Oxford: Clarendon Press, 1952; reprint, 1961), 73.

probably eager to prevent their "dull of wit" phlegmatic counterparts from treading into the sphere of learned medicine.[11] However, surgeons and physicians alike not only sought to restrict women's involvement in official medicine, but to limit the activities of all unlicensed practitioners. In 1512, a parliamentary act expressed concern for the quality of medical care provided by all types of unlicensed medical practitioners:

> Forasmoche as the science and connyng of physyke and surgerie, to the perfecte knowlege whereof bee requisite bothe grete lernyng and ripe experience, ys daily within this royalme exercised by a grete multitude of ignoraunt persones, of whom the grete partie have no maner of insight in the same, nor in any other kynde of lernyng; some also can no lettres on the boke, soo far furth that common artificers, as smythes, wevers and women, boldely and custumably take upon them grete curis and thyngis of grete difficultie, in the which crafte, partely applie such medicyne unto the diseases be verey noyous, and nothyng metely therfore, to the high displeasure of God, great infamye to the faculties, and the grevious hurte, damage and distrucion of many of the King's liege people.[12]

Medical ideas were not the only reasons for criticism of female practitioners. Learned authorities not only doubted the intellectual capacity of female practitioners, but also the quality of their remedies. According to Muriel Joy Hughes, an increase in the number of unlicensed practitioners caused university

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[11]A phlegmatic complexion could also be used to describe men. Unlike women, however, a plegmatic complexion in men denoted a humoral imbalance or deficient physical state. According to Nancy Siraisi in *Medieval and Early Renaissance Medicine*, the various humoral qualities could also be used to describe moral character and mental state. For women, a phlegmatic nature was not the result of imbalance, but treated as a reflection of their natural physical state.

[12]*Statutes of the Realm*, ed. A. Luders et al., 11 vols. (London, 1810-28), 3 Henry VIII, c. 11.

officials to prosecute female empirics whom they referred to as quacks and witches.[13] Although licensing authorities were wary of the dubious charms and incantations commonly used by empirics and herbalists, they were not trying to eliminate supernatural practices from medicine. As Danielle Jacquart and Claude Thomasset explain, such a task was impossible since physicians themselves solicited the aid of supernatural forces in some of their remedies.[14] Activities that threatened the stability of learned medicine, however were harshly criticized. For Muriel Joy Hughes, fifteenth-century physicians in England regarded "all women healers as charlatans."[15] Hughes' statement is somewhat exaggerated since some physicians did appreciate the skill of midwives and certain herbalists. Hughes' assertion, however, is an accurate depiction of most physicians' attitudes in late medieval England. Even though some women were praised for their success as medical practitioners, they were never held in high regard. John of Arderne, for instance, was quick to condemn the "medycines of Ladies" in the *Treatises of Fistula in Ano* by recounting the story of a man whose injured finger worsened after he had been treated by a female healer :

> Licium hath vertu iif the fynger, forsothe, af any man have be long unheled of unwise cure - as sometyme it befell of oon that was vnder the cure of a lady by halfe a yere, after that the uppermore iuncture of the bone of the fynger was drawen out. ffor why; that the lady entended for have heled

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[13]Hughes, 92-93.

[14]Jacquart and Thomasset, 6.

[15]Hughes, 85.

hym al-oonly with drynk of Antioche and other pillules.[16]

If female medical practitioners encountered opposition in reality, their situation was not much better in fiction. Condescending depictions of female medical practitioners were also found in literature. As Joan Cadden explains, the work of university scholars reached a broad audience of the literate elite.[17] Literate men like Geoffrey Chaucer, for instance, had access to medical writings and presumably had a basic understanding of learned medical theory and practice. As Laurel Braswell explains, Chaucer understood the intricacies of humoral theory and the practical applications of astrology. In his *Treatise of the Astrolabe*, for instance, Chaucer demonstrates a basic understanding of medical astrology .[18] Chaucer's knowledge of medical theory made its way into the rest of his writings as well. In the "prologue" of the *Canterbury Tales,* Chaucer makes references to several important medical authorities in his description of the "perfect practising physician":

> [the physician] was well-versed in Aesculpius too
> And what Hippocrates and Rufus knew
> And Dioscorides, now dead and gone,
> Galen and Rhazes, Hali, Serapion,
> Averroes, Avicenna, Constantine,
> Scotch Bernard, John of Gaddesden, Gilbertine.[19]

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[16]Arderne, 119.

[17]Cadden, 164.

[18]Laurel Braswell, "The Moon and Medicine in Chaucer's Time, " *Studies in the Age of Chaucer* vol. 8 (1986), 151.

[19]Geoffrey Chaucer, *The Canterbury Tales*, ed. Nevill Coghill (Harmondsworth: Penguin Books, 1977), 30.

Even though Chaucer's attitude towards the physician's "special love of gold" is mildly satirical in places his attitude towards female medical practitioners is even worse.[20] In the "Nun's Priest's Tale" the hen, Pertelote, tries to heal her husband Chauntecleer's nightmares and humoral imbalance with a variety of homemade remedies and herbal concoctions:

> I shall myself instruct you and prescribe
> Herbs that will cure all vapours of that tribe,
> Herbs from our very farmyard! You will find
> Their natural property is to unbind
> And purge you well beneath and well above
> .....
> Worms for a day or two I'll have to give
> As a digestive, then your laxative
> .....
> Peck them right up, my dear, and swallow whole.[21]

Despite her claims of medical expertise, however, Pertelote is unable to cure her husband. Chauntecleer, in fact, is repulsed by her cures:

> Upon your laxatives I set no store,
> For they are venomous. I've suffered by them
> Often enough before, and I defy them.[22]

Chaucer was not the only English writer who expressed disdain for female medical practitioners. Other writers chose to mock specific types of female medical practitioners. John Bale, for instance, mocked midwives claiming their cures were not only unpleasant, but ineffective. Bale's fictional midwife was more

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[20]Chaucer, 31.

[21]Chaucer, 236.

[22]Chaucer, 241.

of a quack than a skilled medical practitioner. Her cures included sheep droppings and useless charms:

> A dramme of shepes tyrdle,
> And good saynt Frances gyrdle,
> With the hamlet of a hyrdle,
> Are wholesom for the pyppe.
> Besydes these charmes afore,
> I have feates many more
> That I keep styll in store.[23]

While Bale ridiculed midwives in general, some authors chose to isolate specific healers. According to Lorraine Baird-Lange, variations of the name of Trotula (the famous eleventh-century Salernitan midwife and physician) were frequently used in pejorative form. For Baird-Lange, *trot, troteuale, trotenale* and *walterot* were used by several authors in late medieval England to denote superstition, old wives' tales, absurdity and even a vicious and diabolical old witch.[24] In *Piers Plowman*, for instance, the figure of Truth describes an absurd story as "a tale of waltrot."[25] Langland was not the only author to abuse the name of Trotula. As Baird-Lange explains, Trotula also appears as the "patroness of charlatans" in Rutebeuf's *le diz de l'erberie* and as a "personification of medieval misogyny, both clerical and medical" in Chaucer's "Wife of Bath's Tale".[26]

However, not all depictions of female medical practitioners in late medieval

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[23]Bale, 112.

[24]Lorraine Y. Baird-Lange, "Trotula's Fourteenth-Century Reputation, Jankyn's Book, and Chaucer's Trot, " in *Studies in the Age of Chaucer*, 1 (1984), 248-49.

[25]Langland, 312.

[26]Baird-Lange, 246.

English literature were negative.There were many poems and epics that praised women for their ascetic healing practices. For instance, clerical authorities pointed to the tale of St. Elizabeth of Hungary as a means of inciting the faithful to found almshouses and perform charitable work.[27] St. Elizabeth was praised for her ascetic work as a nurse in the *Golden Legend of Jacobus de Voragine*. Not only did Elizabeth build a hospital, but she herself cared for the sick in the midst of unpleasant situations:

> In order to give shelter to the pilgrims and to the homeless, she had a large house built at the foot of her lofty castle. In this house she cared for a great multitude of the sick, visiting them each day maugre the steepness of the way, ministering to their needs and exhorting them to patience. An although she was sorely distressed by the least taint of the air, she shrank not from the sores of the sick, even in the summer weather, for the love of God.[28]

Although St. Elizabeth's work as a healer was admirable, most female medical practitioners did not have the financial resources to build a hospital or the stamina to care for the inmates singlehandedly. In reality, such accounts did little to improve the position of female healers. By setting unrealistic standards, the important work of female practitioners appeared slightly pale in comparison. As Marty Williams and Anne Echols point out:

> In philosophy and literature, womankind occupied either the pit of hell with Eve or the pedestal of heaven with Mary. Women's literary presence in between those two extremes

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[27]Rawcliffe, *Sources for the History of Medicine*, 113.

[28]*The Golden Legend of Jacobis de Voragine*, trans. G. Ryan and H. Ripperger (New York, 1969) in Rawcliffe, *Sources for the History of Medicine*, 116.

> was rare, but neither stereotype was especially helpful to the majority of real women - those *between pit and pedestal.*[29]

Female medical practitioners certainly faced a variety of reactions in post-plague England. When they were not being raised to unrealistic pedestals, they were reduced to foolish old crones by satire, mockery and criticism. At all levels of medical practice, most women healers probably never experienced complete freedom to practice medicine as they wished. In the face of adversity, however, women healers continued to flourish in post-plague England. Judging by their presence in literature, court records, hospitals and rural herbal gardens, women made their way into virtually all levels of medical practice. As unlicensed or semi-official medical practitioners, women's healing services were marked by diversity and variety.

As we have seen, women provided essential and highly skilled healing services at the semi-official level as midwives, physicians, surgeons and hospital sisters. From pregnancy to leprosy they treated a variety of physical ailments and conditions with skill and expertise. Their patients were neither exclusively female, nor exclusively poor, but rather, a heterogeneous group of men and women of all ages and social standing. Even if licensing authorities and learned physicans condemned the work of female medical practitioners, their continued presence attests to the popularity of their services among their patients.

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[29]Williams and Echols, 3.

Unofficial female practitioners also provided a variety of significant treatments for a population that frequently relied on their expertise. Although they were not formally recognized as medical practitioners by their learned counterparts, they nonetheless provided the basic foundations for health care in late medieval England. As wet nurses and herbalists, unofficial medical practitioners also have been frequently overlooked by medieval medical historians. Despite their absence from traditional accounts of medieval medical practitioners, unofficial female healers were by no means absent from medieval England. Although their remedies were far from perfect, most female healers provided a viable alternative to the expensive and generally unpleasant cures of their male counterparts.

While a great deal of work remains to be done, the contributions of medieval healing women are finally coming to light. Indeed, a great deal of progress has been made since Muriel Joy Hughes published her landmark work, *Women Healers in Medieval Life and Literature* in 1943. Historians like Monica Green and Katharine Park have successfully countered the notion that women's medical practice in medieval England was synonymous with gynecology.

If we are to truly acknowledge the breadth of healing women's roles, however, we must continue to question traditional notions of professionalization and health care. Including unacknowledged practitioners like wet nurses and herbalists within the boundaries of medieval health care will result in a more accurate picture of medical practice in post-plague England. After all, just as

conceptions of health and sickness changed, so too did the boundaries of medical practice. Even though female medical practitioners were not always appreciated by their male counterparts, they certainly demonstrated their medical expertise in a variety of situations with a variety of techniques. In hospitals, royal courts, cottages and cities female medical practitioners provided the most fundamental levels of health care in post-plague England. Although their remedies had varying degrees of success, women's responses to disease, sickness and injury were not only marked by diversity, but also skill and fortitude.

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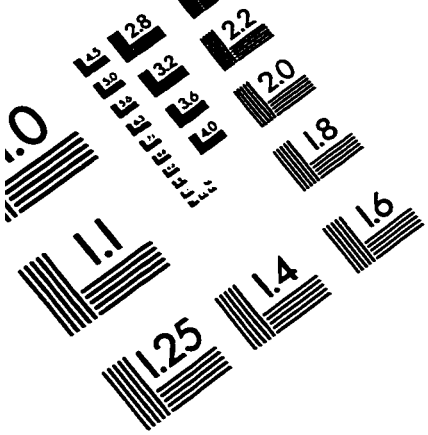

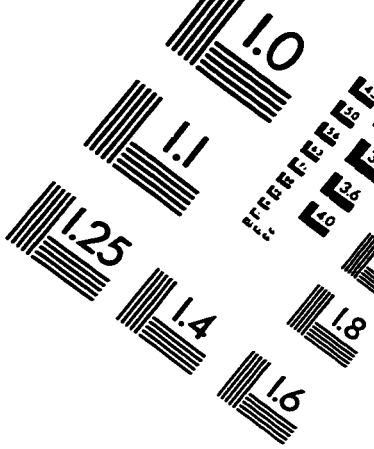

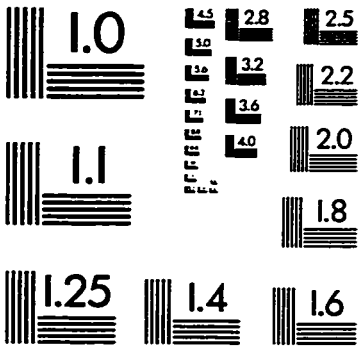

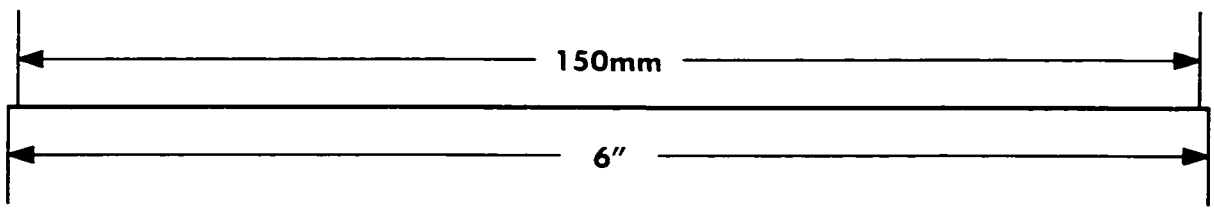

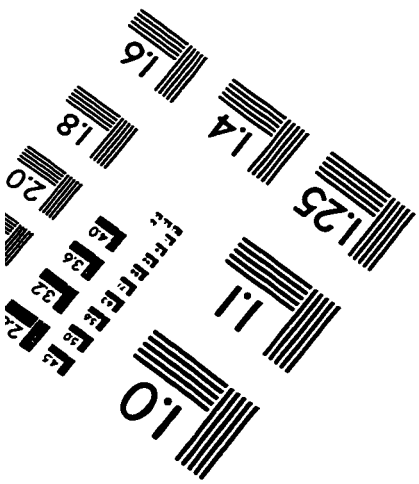

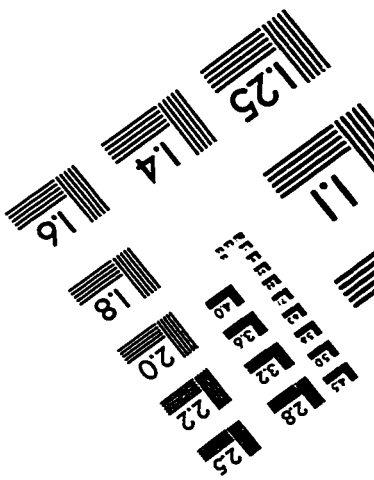

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