

Midwives and Medical Texts: Women's Healing Practices in the Crown of Aragón, 1300-1600

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Every society recognizes the practice and professional status of certain healers above and beyond the authority of other practitioners. These orthodox healers are socially authorized to read the signs of the body and thereby transform corporeal and behavioral phenomena into categories of disease. It is this *power to disease* that distinguishes the orthodox practitioner from other practitioners. To disease a patient is to give meaning to his or her biological being, conferring on the patient all the privileges, rights, and limitations of the socially defined status of being ill.

Solomon, *Literature of Misogyny* 19

Introduction

In the winter of 1374, Guillemona de Togores suffered from a recurring illness that sapped her strength and took away her appetite. A lady in waiting at the court of the Catalan-Aragonese queen in Barcelona when she became ill, Guillemona moved into the house of her friend Sereneta de Tous to recuperate. Although she wished to remain at court, her friends convinced her she should take up residence in a private home to recover properly (Cabr , *Household Practices* 28). Although the Queen paid for multiple physicians to examine Gillemona, her friend Sereneta's care and her ordinary household were judged to be better suited to her recovery (Cabr , *Household Practices* 29). Sereneta was especially helpful in convincing Guillemona to eat pears, securing a favorite food of Guillemona's when she was particularly afflicted with a loss of appetite. Food was one of the "non-naturals" that were regulated using humoral theory to control and heal the body.¹ After her recovery, Guillemona sent a letter to Sereneta's husband to

¹ The non-naturals were "a lack or excess of air, food, drink, sleep, wakefulness, motion, rest, evacuation, repletion, emotions and coitus." Naturals included the "elements" (earth, air, water and fire), the "qualities" (hot, cold, moist and dry), the "humors" (blood, phlegm, yellow bile, and black bile) as well as the organs and their automatic operations, such as appetite and digestion (Solomon, *Literature of Misogyny* 43). The non-naturals are discussed further on pages 35 and 45 and, more generally, humoral theory is discussed on pages 57, 58, 62 and 74.

assure him she was healthy and to thank him and his wife. “She [Sereneta] has done for me as much as if I had been her mother,” she wrote (Cabr , *Household Practices* 30).

Guillemona’s story illustrates the difficulty of assessing women’s medical practice in the Crown of Arag n in the late medieval and early modern periods. Although physicians– official male healers– are called to treat her illness, she is also assisted by a friend who is never labeled a healer. When Guillemona wants to describe the care her friend has given her, she does not say that Sereneta was an excellent nurse but rather calls her a daughter. The healing that Sereneta offers Guillemona is not discussed in what we would consider healing terms today, nor is Sereneta ever explicitly called a healer. The relationship between Sereneta and Guillemona is described instead as being what a daughter would naturally do for her mother, even though the two are unrelated.

Throughout the kingdom of Arag n, women who performed healing actions were only periodically titled midwives and very rarely called doctors. They were even more infrequently licensed or counted in censuses in such a way that we can reliably estimate the number of female healers. These “average” Aragonese women performed the least studied yet most common health interventions during this period because their services were widely available, inexpensive and customary. For this reason I am largely excluding Moorish and Jewish women from this discussion, who because of Aragonese laws limiting their practice to within their respective communities did not take part in the same range of activities as Christian women, although their participation in certain types of healing is preserved in a fascinating but limited historical record.²

² For more information on this intriguing subject, albeit mostly related to male practitioners, see *Medicine in a Multicultural Society: Christian, Jewish, and Muslim Practitioners in the Spanish Kingdoms, 1220-1610* and *Moriscos y la Medicina*, both by Lu s Garc a-Ballester.

If female healers labeled as *comadronas* (midwives) and *físicos* (doctors) are rare in the historical record of late medieval and early modern Aragón, how can we begin to understand women's involvement in medicine during this time? If censuses and diaries can provide us only with anecdotes and the occasional anomalous female physician, cultural products that reflect the attitudes and anxieties toward medicine and its practitioners must be found. Of particular interest are medical textbooks, which represent the attitudes of the orthodox medical establishment and reflect the process of the professionalization of medicine that took place during this time. Although these medical texts are written by privileged male authors, they reflect the current state of the craft and give us clues as to how the healing arts were practiced. When male authors complain about the activities of midwives, we know that midwives must have had enough of a presence that their interventions frustrated the medical establishment.

In addition to studying medical treatises that promote and denigrate female healers, the laws governing medical practice and works of literature written by doctors can also be examined to provide a wider context for women's medical practice. Between 1300 and 1600, medicine became increasingly regulated and the legal rules governing medical practice were supported by misogynistic literary works. We also have recourse to the texts that women created and owned— their recipes— which reveal the extent of women's agency and participation in medicine in their own words.

As Aragonese society transitioned from the late medieval to early modern period, the professionalization of medicine increased. Laws were written to keep women from practicing medicine and male doctors asserted their supremacy over female healers. While men were able to secure a place atop the medical hierarchy for themselves, they

were never able to halt women's healing practices. Female healers remained popular for a variety of reasons, including custom, availability, cost and perhaps most significantly, the fact that they had their own partially written and partially oral canon of medical knowledge: their recipes.³

Late Medieval and Early Modern Aragón

This study is limited to the literature produced in the crown of Aragón from 1300–1600 in order to focus on one community during one period of transition. Numerous archival documents and records from this region have survived to the present day, and some have been transcribed and even translated into English. Valencia was a noted center of medical learning that was connected to the medical faculty at Montpellier, a possession of the Crown of Aragón until the early fourteenth century. In 1301, Jaume II founded a medical faculty in Lérida, further establishing his kingdom as a place of medical knowledge (Dangler, *Mediating Fictions* 35-37). Although the principality of Cataluña and the kingdoms of Valencia, Aragón and Mallorca were distinct regions, they were all ruled by the same crown throughout this period, allowing me to be relatively secure in supposing that ideas put forth in Valencia could influence those in Cataluña and vice versa. These kingdoms shared a language, making Valencia and Barcelona the natural secondary market for literary works produced in either.⁴ These kingdoms were

³ For a discussion of how “submerged” oral traditions surface in medieval women's recipes and letters, see Monica Green's essay “The Possibilities of Literacy and the Limits of Reading: Women and the Gendering of Medical Literacy,” (47-48).

⁴ For a list of all the scientific works written in Catalan between the thirteenth and sixteenth centuries see pp. 66-68 in Lluís Cifuentes *La ciència en català a l'Edat Mitjana i el Renaixement*. The first chapter of this work, “La cura de la salut,” describes the catalogue of Catalan medical works and includes sections on gynecological works and recipes.

also connected by coastal trade routes along the Mediterranean Sea and contained Muslim and Jewish populations.

The late medieval and early modern period was a time of social change in Aragón. Jean Dangler suggests that new technologies, such as the printing press, and religious and political struggles of the era led to a fundamental change in the way difference was perceived.

While medieval people clearly saw one another as different, powerful groups did not automatically seek to expunge other subjects, because medieval alterity did not center on hierarchies of value between esteemed and denigrated peoples. Rather, two prominent tenets, multifaceted subject formation and the embrace of contrasts and the negative, distinguished medieval alterity from modern notions of otherness. (*Making Difference* 1)

Although differences were apparent in the medieval era, they were not necessary the cause for persecution or ostracism. One subject could be imagined as having multiple attributes, allowing for nuances, such as a woman who was also a healer. Medieval society embraced contrasts, which meant accepting the “negative,” or other, who was outside or opposed to the norm. Dangler elaborates that in the medieval era, people were often depicted as mutable, with elastic identities (*Making Difference* 14-15). As the Castilian nation state consolidated, the need for a homogenous citizenry led to a more rigid and hierarchical concept of identity. The “other” was no longer the negative complement to a positive but rather a pejorative and lesser being (*Making Difference* 25). “Others” threatened the newly created Castilian nation-state and were not to be tolerated.

Another preoccupation of the era was health. Plague ravaged Valencia 25 times between 1348 and 1501 leading to the publication of medical pamphlets aimed at a general audience describing how to avoid harm (Solomon, *Literature of Misogyny* 5).

Other medical manuals aimed at a general audience also began to appear, often in the vernacular languages. At the same time that medical information was being democratized, the profession of “doctor” was being institutionalized. It became more prestigious to learn to be a doctor at a university than as an apprentice. Medical knowledge spread from the translation of Arabic and Greek texts was spread through the university model of medical education, which included completion of the four year *studium generale*. The first medical school was established in Salerno in the twelfth century, and following a military attack on that city some of the faculty moved to Montpellier, which was then under control of the Aragonese crown (*Mediating Fictions* 36-67). More specific laws were passed in Valencia to limit the practice of those excluded from university education, which included women, Jews and Moors.

Even though these groups were decentralized by the law, their medical practice continued. Sometimes they participated in the healing process in other roles, such as that of the *medianera* (go-between). Other times they were granted special licenses to continue their practice. The forces that looked to professionalize medicine, and license and limit its practitioners, struggled with tradition, as both king and commoner routinely turned to unlicensed female practitioners (García-Ballester, *Medical Licensing* 31). Doctors, priests and other esteemed members of the community entered into this dialogue by writing literary works that strove to characterize women as poor healers and themselves a source of ill health and contagion. The *Spill* (c.1460) by Jacme Roig, the *Arcipreste de Talavera, o el Corvacho* (1438) by Alfonso Martínez, the *Celestina* (1499) by Fernando de Rojas, and *La Lozana Andaluza* (1528) by Francisco Delicado, are

commonly cited as examples of this “literature of misogyny.”⁵ Since the emerging law was neither followed nor consistently enforced, these authors sought to change public opinion and practice through written works aimed at men outside the medical community.

It is difficult to empirically determine the success of Roig, Martínez, de Rojas and Delicado in terms of the number of women practicing medicine before and after their works were published, simply because it is impossible to get an accurate count of female medical practitioners at any time.⁶ Unless women were widows with property, they were generally not listed in censuses. A monograph on medicine in the Crown of Aragón between 1350 and 1410 lists only three women, all apothecaries, out of over 500 medical practitioners that the researcher was able to account for (Cabré 21). As mentioned earlier, most women who participated in healing activities would not have been called doctors, surgeons, or even formal midwives. They were also unregulated *parteras*, *curanderas*, *ensalmadoras* and *coniuratrices*, or midwives, medicine women, healers who invoked incantations, and conjurers (Dangler, *Mediating* 20). Often they were *medianeras*, an ambiguous role that involved mediating between health and sickness for a client, by either connecting them with their needs or dampening their desires to maintain health (Dangler, *Mediating* 9). The variety of nomenclature for women healers is not the only barrier to quantitatively assessing the practice of female healers. Frequently, women

⁵ See *Mediating Fictions* by Jean Dangler and *The Literature of Misogyny in Medieval Spain* by Michael Solomon.

⁶ For an enumeration of the difficulties of counting the number of female practitioners see Monica Green’s essay “Documenting medieval women’s medical practice.” For a survey of studies that have attempted to count the number of female medical practitioners found in Western Europe using prosopographical methods see Monica Green’s “Women’s Medical Practice and Health Care in Medieval Europe,” (45-51). Green finds the number of documented medical practitioners to be extremely low.

were not named as healers at all; the words “mother,” “woman,” “midwife” and “wet nurse” were used interchangeably in medieval Iberia, making it difficult to categorize a woman’s work without a description of exactly what task she was performing (Montserrat Cabré 35). Because trying to count the number of female healers is not a reliable way to assess women’s practice of medicine, I will instead look at medical texts, laws that directly govern the licensure of doctors, and literature written by physicians as indicators of how women’s medical practice had or had not changed during the fourteenth, fifteenth and sixteenth centuries. I am not using theological or moral texts to examine the effect of the professionalization of medicine on female healers, but will look for direct evidence of the scope of women’s practice in the texts written by and for doctors that reflect the prevailing medical orthodoxy. Echoes of theological and moral themes will appear in the legal, medical and literary texts I use, but I am limiting myself to these latter discursive spheres.

Why medical texts?

I have chosen to examine the effect of legal restrictions and misogyny in literature on the way the female body and female practitioner are depicted in medical texts because the attitudes of medical texts are especially significant. Most obviously, established physicians had the power to license the next generation of physicians. In the following legislation from Valencia in 1329, it is decided that a council made up of members of the nobility and “wealthy burgesses” shall choose two established physicians to examine and license all new physicians arriving in the city in the next year.

We command and ordain that the justiciar and the *jurats* elect, every year, three days before Christmas, two leading physicians who shall be the examiners of all the practitioners of physic who have recently come to practice in the city or in the towns of

the kingdom; and those whom they find competent, and who have followed the art of medicine for at least four years in a *studium generale*, shall be admitted to practice the said art, and if not they shall not be admitted. (García-Ballester 60)

Entry into the medical profession was controlled by those who were already practicing medicine. These same practitioners of medicine read the available medical texts of the day and occasionally wrote new texts and pamphlets as well as other works of literature. Medical texts reinforced the prevailing views of one generation of physicians to the next and signal to us what canon of medical knowledge a physician needed to have to be allowed to practice. In these texts we can glimpse the way established physicians viewed the practice of female healers. Since these respected doctors had the power to prosecute unlicensed physicians and to discourage or encourage their patients from seeking the help of *medianeras* or midwives, it is useful to try to understand their mindset.⁷

Second, the “power to disease,” a useful phrase that Michael Solomon adopts to describe the license a physician has to group a patient’s symptoms under a name and give meaning to the state of illness, is also a form of social control. It is important to understand the difference between Solomon’s use of the terms “illness” and “disease.”

Patients suffer *illnesses* while doctors and health care professionals diagnose and treat *diseases*. Illness makes itself known in the individual through various forms of pain, dysfunction, deformity, and alienation; diseases are those “pathophysiological or pathopsychological generalizations used to correlate the elements of a diseased state in order to allow (1) explanation of its course and character (2) prediction or prognosis concerning its outcome, and (3) therapy through manipulation of variables important to the course of the illness” (Engelhardt, “Ideology” 257). Succinctly, disease is socially constructed whereas illness is experienced individually. (*Literature of Misogyny* 17-18)

How society constructs disease is a reflection of that group’s priorities and anxieties.

⁷ For a list of all known medieval gynecological texts, see “Medieval Gynecological Texts: A Handlist” by Monica Green.

Since disease is constituted outside (and often even independent of) the pains and disability suffered by the patient, any constellation of signs and symptoms can be classified and treated as a disease. In fact, since medicine is inescapably bound up in ideology, it is possible to categorize any phenomenon that is deemed to disrupt the social as well as the biological order as a disease. Any type of behavioral aberration, complaint, criticism, or discontent can be somatized and pathologized. (*Literature of Misogyny* 18)

Medical texts present to us the definitions and constructions of the diseases of their time.

We can learn from them what was considered a “disease” and we can also learn from their subsequent advice who could reliably cure these diseases, and how these cures might be effected. They are valuable resources as we consider the effects of the professionalization of medicine on women’s practice because they indicate whether women were considered themselves so inherently diseased that they could not possibly cure anyone else. In some cases they may also show that certain diseases, such as *amor hereos*, or lovesickness, could most readily be cured with the help of a woman, making her part of the social control of certain behaviors.

Medical practices and texts may seem far removed from the medicine we receive today. “We often describe contemporary phenomena such as torture as ‘medieval,’ as if they were unfortunate vestiges of a bygone era rather than products of current political and social institutions. Nowhere is this more true than the medical profession...” writes Solomon (*Literature of Misogyny* 12). Instead of focusing on the science behind the treatments prescribed in these texts, and becoming distracted by the alterity and “primitiveness” of their practices, we should instead focus on what these works tell us about the institutions and biomedical discourses that were used by doctors to control their patients (Solomon, *Literature of Misogyny* 12). I would also suggest that these

institutions and discourses controlled the medical practitioners themselves to a certain extent, since they were limited to diagnosing from the canon of diseases enumerated in various medical texts and/or accepted popularly. Just as a doctor telling patients today that they have “love sickness” would elicit disbelief from patients and community, telling a medieval patient that his *amor hereos* could be treated with a simple anti-depressant would also engender disbelief. But there is also a danger in reading too much into the similarities of medicine today and medicine in the late medieval/early modern period.

There is a trope that between the medieval and modern period female healers were entirely marginalized as witches. In this version of history, described by Deirdre English and Barbara Ehrenreich in *Witches, Midwives, and Nurses*, the village wise woman who provided herbs to the sick was converted into a witch by ecclesiastical and civil authorities.⁸ This allowed male doctors to control the medical profession, a phenomenon that continues through today, according to these authors.

Women have always been healers. They were the unlicensed doctors and anatomists of western history. They were abortionists, nurses and counselors. They were pharmacists, cultivating herbs and exchanging the secrets of their uses. They were midwives, traveling from home to home and village to village. For centuries women were doctors without degrees, barred from books and lectures, learning from each other and passing on experience from neighbor to neighbor and mother to daughter. They were called “wise women” by the people, witches or charlatans by the authorities. Medicine is a part of our heritage as women, our history, our birthright. Today, however, health care is the property of male professionals.... Women are still in the overall majority– 70% of health workers are women– but we have been incorporated as *workers* into an industry where the bosses are men. We are no longer independent practitioners, known by our own names, for our own work. (3)

⁸ Their brief work surveys European history through the late medieval period, ending with witch hunts, and then moves to the United States to critique the development of the American health care industry and the role of women as nurses. They end with a call to action to end patriarchal oppression in medicine.

It is tempting to trace the injustices of today's health care system back to the patriarchal oppression of medieval witch hunts, but it is also too easy.⁹ I hope that by examining the process of professionalization as revealed in medical texts I will be able to add some nuance to a time period that may or may not have been decisive in determining subsequent attitudes about female healers in the Western world.

More sophisticated theorists than English and Ehrenreich have attempted to connect the literature of misogyny, the legal rulings of the era, and the practice of female healers. Their theories tend to focus on the shift towards professionalization between the late medieval and early modern periods, and propose that women enjoyed greater freedom to practice medicine in the medieval era. Luis García-Ballester, Michael McVaugh, and Agustín Rubío's analysis of the Valencian *furs* (law codes) governing medical licensure has allowed scholars such as Michael Solomon and Jean Dangler to contextualize misogynistic literature within the politics of its time.

⁹ For an example of the danger of comparing our current medical practices with those of the medieval era and collapsing all discussions of women's health care into the discourse of magic and witch craft, see Marty Williams and Anne Echols's book, *Between Pit and Pedestal: Women in the Middle Ages*, specifically the chapter "From a Crooked Rib Women as Patients and Medical Practitioners." Williams and Echols claim that medical practitioners of this era were uninterested in women's health, although a variety of medical texts from this period exist that discuss men's and women's health equally.

Chapter 1: Legal Texts and Misogynistic Literature

While medical texts have a special relationship to the practice of medicine, reflecting not only customary approaches to treating diseases but also the attitudes of orthodox healers, two other works in Catalan from this period have also demonstrated a unique relationship to medicine. They are not medical school books, but they reflect the daily practice of medicine and their authors are intimately connected to medicine. The first, the *furs* granted to Valencia by King Alfons the IV in the *corts* of 1329, contain a section explicitly regulating medical practice and mandating the election of respected physicians to act as *examinadors* who would license newly trained doctors. Physicians were presumably consulted while the *furs* were being drafted to guarantee that they would be willing to serve as *examinadors*. These laws were supported by university trained physicians, who used them to try to create a monopoly on medical practice. The second work with a special relationship to the practice of medicine is a poem by a physician who once served as an *examinador* in Valencia, which will be examined in detail below.

The *furs*

The *furs* are the second attempt at regulation of medical practice within the Crown of Aragón. In Monzón in 1289 a regulation requiring lawyers to be examined by the town council (*pròhomens*) and take an oath to act faithfully was extended to physicians and surgeons (García-Ballester, *Medical Licensing* 2). The Valencian *furs* are much lengthier; they develop the licensure process to include current physicians, and try to bring apothecaries and women into their ambit. This interest in medical licensure spread from the city of Valencia throughout the entire crown. When a doctor in Cataluña

complained to the *infante* (crown prince) Pere in 1334 about unqualified practitioners, he agreed that only those who had been examined should practice medicine in Barcelona and the surrounding area. The standards for academic training established in the *furs* were extended to the entire Crown of Aragón in 1359 at the *corts* of Cervera (García-Ballester, *Medical Licensing* 7-8).

The Valencian regulations are worth detailed exploration because they are the most comprehensive guidelines issued by the Crown and were a source of contention throughout the rest of the century. The first provision establishes who may practice medicine and how they shall be licensed.

De metges

Manam e establím que.l justíia e els // jurats cascun any lo terçer jorn ans de Nadal eligen .II. físichs de actoritat, los quals sien examinadors de totls les metges de físicha que novellament vinguen per practicar en la ciutat e en les viles del regne, e aquell que trobaran suffitient, e que almenys haja oÿda art de física o medicina per .IIII. anys en estudi general, sia reebut a practica la dita art, e en altra manera no y sia reebut. E si sens la dita examinació e licència usarà, sia caygut en pena per cascuna vegada de .C. morabatins d'or, dels quals la terça part sia de la cort, e la terça de la universitat del loch, e la terça de l'acusador.

(AMV, *Furs de Valencia*, ms B of Boronat Péra, fols. 119v-120r.)

[We command and ordain that the justiciar and the *jurats* elect, every year, three days before Christmas, two leading physicians who shall be examiners of all the practitioners of physic who have recently come to practice in the city or in the towns of the kingdom; and those whom they find competent, and who have followed the art of medicine for at least four years in the *studium generale*, shall be admitted to practice the said art, and if not they shall not be admitted. And if they practice without the said examination and license, they shall be liable to a fine of 100 gold morabatins for each occasion, of which a third part shall go to the court, a third to the town, and a third to the accuser.] (Trans. García-Ballester, *Medical Licensing* 60)

The first regulation continues with a clause prohibiting doctors from taking a cut of the apothecaries' fees and the provision that if doctors could not pay their fines they were to

be expelled from Valencia. Because Muslims, Jews and women were excluded from the universities where the *studium generale* took place, they were officially excluded under this ruling. Paying the accuser one third of the fine had the effect of further encouraging doctors to denounce unlicensed pseudo-colleagues. The second provision calls for current physicians and surgeons to be examined under the new system. The third discusses what types of medicine women may practice.

Alcuna fembra no ús de medicina, ne de dar bouratges, sutz (*sic*) pena de córrer la vila açotan, mas puxen pensar de infans pochs e de fombres, a les quals, emperò, no donen alcun bouratge. (AMV, *Furs de València*, ms B of Boronat Péra, fols. 119v-120r.)

No woman shall practice medicine or give potions, under penalty of being whipped through the town; but they may care for little children, and women– to whom, however, they may give no potion. (García-Ballester, *Medical Licensing* 61)

The fourth regulation required surgeons to give prognoses of wounded patients in their care, and the fifth required barbers who also wished to practice medicine or surgery to undergo the same process of examination outlined in the first section or face the same fines. The sixth regulation required physicians and surgeons to swear annually that they would not treat the gravely ill without first making sure the patient had made confession. The seventh stipulation was that practitioners were to give prescriptions using the vulgar language and weights and measures easily understood by ordinary people (García-Ballester, *Medical Licensing* 61).

This regulation limited women's medical practice yet also sanctioned it within a certain area. There is substantial evidence that these laws were infrequently obeyed and often circumnavigated. A woman named Çahud practiced surgery in the royal household in 1332, and the king granted several *metgesses*, or Muslim midwives, licenses to practice

during the fourteenth century. Elsewhere in the crown of Aragón women seem to be less limited; the ordinances of the town of Valls prohibited anyone “who has not learned the science of medicine, be they man or woman, Christian, Jew, or Saracen” from practice. Physicians in Barcelona indicated that men and women were caring for patients in a document they wrote to defend licensure requirements (García-Ballester, *Medical Licensing* 30-31). Seemingly strict provision in the *furs* governing women’s practice may be a reaction to a regional concern about *metgessas*, which may be why the more tolerant king and not the Valencian *consell* granted the few licenses that *metgessas* received. The *batle general* of Valencia in 1338, who was charged with supervising the Jewish and Mozarabe inhabitants of the city, specifically prohibited “any Saracen woman who acts as *metgessa* to women to bring a Christian woman into her house for treatment.” García-Ballester argues that although anxiety about *metgessas* may have led to official restrictions on female medical practitioners, these rules were rarely enforced due to the shortage of medical practitioners in Valencia during this period.¹⁰ Valencians at this may have been unconcerned that the female practitioners they were comfortable with and trusted were unlicensed (García Ballester, *Medical Licensing* 31-32). In Valencia in 1329 there were just 12 physicians for the entire city of roughly 30,000 (García-Ballester *Medical Licensing*, 37).

There are numerous examples of Aragonese towns trying to attract a physician by either sending a delegation to Valencia to look for a doctor willing to relocate or by petitioning king Pere (1320-1387) or Joan (1350-1396) to grant a license to a local healer

¹⁰ Although corroborating evidence within Valencia is lacking, Mary Elizabeth Perry discusses a similar anxiety in her book *Gender and Disorder in Early Modern Seville* (28-29). She explains that in Granada there was a prohibition forbidding “New Christian” midwives to help other converts give birth, because the new mother might be seduced into heresy again.

who had not been granted a license by the *justiciar* in Valencia. In 1332 the apothecary Ramon Sa Lena of Borriana was denounced before the *justiciar*, and although his case was dismissed, he appealed to the king for a license so he would not be accused again (García-Ballester, *Medical Licensing* 19). The king acknowledged the risk and frustration that residents of Borriana and other town would suffer if they had to travel to Valencia every time they were ill and granted Lena a license (García-Ballester, *Medical Licensing* 20). Records from the 1330s to the 1370s show various regions, including the Pyrenean towns of Rigaborça, Jérica and Castellón petitioning the king for help because they were without sufficient medical practitioners. The shortage of doctors and apothecaries was made especially acute by the Black Death. The first outbreak of plague in 1348 both increased the number of unlicensed practitioners in Valencia and cemented the belief among members of the *consell* that health was a municipal matter for which they were responsible. In November of 1350 the *consell* reiterated its right to license physicians and apothecaries (García-Ballester, *Medical Licensing* 38-39).

The royal practice of granting licenses outside of the formal procedure set up in Valencia frustrated the leaders of the city, who were trying to assert their right to govern themselves, and the doctors who were trying to capitalize on their medical monopoly. In 1356 the licensed doctors of Valencia, led by royal physician Pere Ros d'Orsins, formally protested the king's practice of granting royal medical licenses. They alleged that this allowed ignorant and dangerous men to practice medicine and that the king was violating the *furs* granted to Valencia (García-Ballester, *Medical Licensing* 48). They were particularly unhappy that he had licensed "apothecarii, tintorerii, judei, sarraceni et

apostate” (reg. 898, fol. 253).¹¹ King Pere’s 1356 reply was conciliatory and acknowledged the growing power of the licensed physicians and surgeons of Valencia. He annulled all the licenses he had granted that were contrary to the *furs* and declared that the laws were to be strictly followed in the future, no matter what the individual circumstances of an area were, perhaps an allusion to the scarcity of practitioners. His son, King Joan I (1387-1396), did not consider himself bound by his father’s promise. He granted numerous licenses, sometimes justifying them by asserting that a certain area lacked practitioners, or lacked affordable practitioners. In December of 1394 he granted a license to a woman, Bevenguda of Valencia, who was “vigilant in treating and curing many men and children of both sexes of serious conditions and illnesses.” Her license specifically states that “contrary *furs*, privileges, uses, and other practices of the kingdom of Valencia shall in no way interfere” with her work and refers to those who had tried to suppress Bevenguda’s practice as “those who call themselves expert in medicine” (García-Ballester, *Medical Licensing* 49).

The medical legislation enacted in the fourteenth century helps to mark the beginning of professionalization in the Crown of Aragón. It also begins a lengthy argument over how strictly the regulations should be obeyed in the face of various cultural and demographic pressures. Royal authority was pitted against the authority of the municipal *consells* as part of a larger power struggle. Within this period of flux, women were both persecuted and licensed. There is no clear narrative that shows women definitively losing the right to practice or regaining it, but rather an anecdotal record

¹¹ Without examining the manuscript personally it is difficult to hypothesize who “tintorerii” referred to; it may refer to cloth dyers or tincturers.

showing the occasional licensed healer and the odd accused woman appearing before the *justiciar*. Physicians seem to have exploited the *consells*' desire for control in order to monopolize medical practice, and the *consells* relished the idea of controlling the physicians who had the "power to disease." In addition to discussing the usefulness of that power, Michael Solomon has also examined its relationship to the misogyny evident in the third clause of the *furs*, which prohibited women from certain types of medical practice.

Michael Solomon

Michael Solomon was the first to contextualize the discourse of misogyny within medical theory. In *The Literature of Misogyny in Medieval Spain*, published in 1997, he writes that during the medieval era "lovesickness" was a real disease, with psychological and physical manifestations. The diseased man, however, did not realize he was sick because it was his mind or soul that was afflicted with lovesickness, making it unable to comprehend its own illness. Because the patient would likely attribute his illness to the wrong cause, a physician needed to explain to him that he was suffering from lovesickness. If this alone did not effect a cure, the next step was to "disease" the beloved woman in the mind of the man. The physician would tell the patient how vile and ugly the object of his obsession was in order to turn his fixation from a source of pleasure into one of pain. Solomon connects this therapy to the strategies of Martínez and Roig in their respective works, noting that these authors try to convince men of the diseasing potential of women.

The antifeminism in the *Arcipreste de Talavera* and the *Spill* emerged, at least in part, from this medical theory of amorous pathology. For Martínez and Roig, women are able "to disease" men because men lose their ability to see women as

potential sources of disease. The solution was simply to inform men of the pathological potential of women. (10)

Solomon attributes Martínez and Roig's preoccupation with lovesickness to anxiety about political and religious change and social upheaval, which they believed was caused by "el amor desordenado," or unnatural sexual practices (13). As discussed earlier, medicine is a form of social control which grants the doctor the power to disease. Martínez and Roig reasserted control over the changing society of fifteenth-century Spain by objectifying women as the cause of disease, and then "healed" society by explaining to men the cause and cure for the disease.

Solomon theorizes that these strident essays would have been powerful mediators of health because discursive techniques for healing disease were widely accepted.

But when medical technology is ineffective or unavailable, when therapy requires the participation of the patient, when the healer can find no adequate disease to match the patient's ailments, or when the patient refuses to acknowledge the disease, the healer relies on discursive maneuvers such as descriptions, explanations, instructions, and anecdotes. (34)

A good doctor would be skilled at not only diagnosing the illness, but also in convincing patients they were ill and compelling them to follow the prescribed therapy. This was likened to the skills a priest—preacher or confessor—needed to effectively reach his audience, an interesting parallel as Martínez was a priest and Roig a physician. Both books, in Solomon's opinion, codified numerous discursive strategies for denigrating women, so that the male patient could self-treat his disease through the mediating power of literature, instead of through a physician (Solomon, *Literature* 48).

Solomon also discusses at length the concept of the *confabulatio*, which a person of authority could deliver as discursive therapy. The confabulator might distract the sufferer

of lovesickness, or *amor hereos*, to keep him from imagining his beloved. He could also scare him, either theologically, with stories about Hell, or by describing to him the physical effects *amor hereos* would have on his body. He could then move on to disparaging the beloved, and if all else failed, might show him an “ugly old woman” to underline the foul descriptions of the ill man’s love interest (59-63). This is the first reference Solomon makes to women’s role in *confabulatio* therapy. (Jean Dangler will further elaborate on the role of women in *confabulatio* theory in her work *Mediating Fictions* below.) In his conclusion, Solomon suggests that after showing women to be diseased, Roig and Martínez made it much less likely for men to seek female healing. Jacme Roig’s work, the *Spill*, is particularly interesting because Roig was a physician who held the office of examiner of physicians in Valencia several times in the mid fifteenth century.

Jacme Roig

Roig received his medical education in Lérida and Paris and then returned to Valencia in 1435 to be appointed to the office of examiner of physicians by the city council. Over the next 43 years, until his death in 1478, he was reappointed to that office several times (Dangler, *Mediating Fictions* 51). Throughout his career he was employed at the hospitals En Clapers, Hospital d’Inocents, and Hospital of En Bou. Roig also served as a private physician to Queen María de Castella (1401-1458), wife of Alfons el Magnànim (1396-1458), and at a monastery of Dominican friars in Valencia. By the end of his life, Roig had accumulated at least 58 books, 57 of which were on medical subjects (Solomon, *Literature of Misogyny* 5). His education, prestigious patients, political appointments, and extensive library show the status he achieved during his lifetime.

Sometime around 1460 Roig decided to write a book of his own, but he intriguingly did not choose to write an explicitly medical text. Instead he wrote the *Spill*, a four-part work in five-syllable verse that takes the form of an autobiography. Certain parts of the book are based on the author's life while others are clearly Roig's invention. I will therefore distinguish between Roig the author and the narrator or protagonist of the poem when discussing the work. Written in the first person, the first section of the book recounts the narrator's childhood and eventual journey to Paris, the second describes his marital disasters, the third is a dream encounter with Solomon, and the last describes the author as an old man (Dangler, *Mediating Fictions* 51). Roig's extensive medical knowledge is on display throughout the text; over 175 names for maladies and medicines alone have been identified within the poem (Armiño-Valles 918-19).¹² Medical discourse is used throughout the poem to equate women with disease in order to develop Roig's misogynistic theme.

Why women are diseased

Roig considered women to be diseased for a variety of reasons which included their sinfulness and excessive greed and verbosity. These faults are embodied by his protagonist's three wives, the first of which was young and beautiful yet lazy and loose (Solomon *Literature of Misogyny* 76). The narrator ends his marriage to her after concluding that her personality defects were an illness that would never go away: "Sa malaltia/ ve[e]nt incurable" ["Her disease was incurable"] (*Spill* 3037-3038).¹³ His

¹² Armiño-Valles edition of the *Spill* contains not only a list of all the medical terms used in the work, but facsimiles and transcriptions of Roig's personal letters. Some family documents and correspondence related to the Inquisition's later investigation of his work are also included in this comprehensive edition that exists only in Catalan.

¹³ All references for the *Spill* are for verse numbers as they appear in Armiño-Valles's edition.

second wife physically demonstrated her diseased state by being infertile and compounded her illness by seeking treatment from inappropriate healers, including midwives, who only make her more sick (Solomon, *Literature of Misogyny* 76).

ella no dextra
 cercar metgesses,
 velles urquessas,
 emprenyadores,
 les banyadores
 mores, madrines,
 les adivines
 he potecaris,
 los erbolaris
 e triague[r]s,
 hon que pogues
 remey trobar. (4522-4534)

She did not stop/ visiting midwives/ velles urquessas / impregnators/ bathers/
 moors, midwives/ fortune tellers/ apothecaries/ herbalists/ diviners/ although few/
 remedies they offered.¹⁴

In book three, Solomon reiterates the incurableness of women, reinforcing the permanence of their diseased state.

Si mil mudaves
 he les triaves
 be d'una'n huna,
 per llur fortuna
 he calitat,
 per llur peccat,
 serien tals,
 car tots sos mals
 son, per natura,
 de rarra cura
 o incurables. (6979-89)

[Even if you were able to select among a thousand women, carefully examining each one for their fortune and qualities, you would find them equally sinful for all their illnesses, which are by their nature seldom cured or incurable.¹⁵]

¹⁴ Translation is my own.

These women were permanently diseased because, as Roig tells us in verse 7836, of their “two mouths” (the extra one being the vagina) that increased the passage of air through the female body and made them susceptible to illnesses that resulted from pestilential vapors (Solomon, *Literature of Misogyny* 79).

These permanently diseased women were capable of transferring their illnesses to men in many ways: through menstrual fluids, by physically wounding them, or by feeding them poisonous “medicines” (Solomon, *Literature of Misogyny* 80-83). The poisoning examples are especially pertinent because in both cases the women are not official medical practitioners, yet they are offering medical interventions. In one case (vv.1512-1646) a wife kills her husband with a poison she tells him is a medicine, and in another (vv.1847-1865) a group of women cause fleshy mounds to grow on men’s necks by feeding them a potion. In the *Spill*, Roig argues that women are fundamentally diseased and therefore constantly contagious. Men are in danger from these women whose disease springs from their anatomy and their sinful nature, either from the fluids that flow from their bodies or the evil machinations that spring from women’s minds. This fundamental diseased quality makes them unsuitable healers, more likely to kill than help. The women mentioned earlier who used potions to infect or kill men are analogous to the untitled women who regularly performed medical interventions in their roles as wives and mothers. The midwife who only further sickens the narrator’s infertile second wife is just one of numerous examples Roig provides to demonstrate the dangers of midwives.

¹⁵ Translation is from Solomon, *Literature of Misogyny* 77 with George D. Greenia’s emendations.

In describing how the protagonist's third wife killed their child through neglect, Roig indicts women for failing as healers in three different areas: as mothers, as midwives, and as wet nurses. In the following anecdote, his wife refuses to nurse the child, and moves him from wet nurse to wet nurse. Changing his source of nutrition sickens the child, whose illness the midwives fail to diagnose.

¡No pensseu begua/ –dix ab grans crits–/ llet dels meu pits!/ Yo, novençana,/ no pellicana...(5076-5081)

Lo pobrellet/ pres-lo l'espasme:/ barretes, asme/ alfereçia/ epilençia/ he molt aforro;/ torçé lo morro/ [h]ague bocatge/ he foch salvage/ nunca dormi; de pergami/ li fe mamella./ Ella y [hi] apella/ moltes madrines:/ mil mediçines/ meseschalies/ he burleries/ unten he faxen/ sovint desfaxen/ refreden, guasten;/ suor li tasten:/ ara salada,/ ades gelada;/ troben qu bull;/ ffan per ull,/ res no profita;/ prenen sospita/ si u [ho] han fet bruxes,/ en pits e cuxes,/ blavo[r]s trobaven;/ no's recordaven/ d'[h]aver mudades/ he remudades/ quaranta dides,/ llets infinides/ tants diferents./ Pels mudaments/ e consells varis,/ tant voluntaris,/ ella'l matà/ e'l aplatà/ dejus la tierra. (5240-5281)

["Don't ever expect" she told me screaming, "that he will drink the milk from my breasts! I want to live the good life of a newly wed, not that of a pellican..." The poor thing suffered attacks of spasms, jaw aches, asthma, and epilepsy. His face became twisted, his gums were swollen, and he suffered so much from St. Anthony's fire [ergotism] that he was unable to sleep; this was caused by sending him from breast to breast. She called on the expertise of midwives who with a thousand kinds of medicines, horse remedies, and stupidities anointed and strangled him, only to remove the swaddle to cool him and deprave him; they tasted his sweat, first too salty, then too cold; they warmed him up and treated him for the evil eye, but nothing worked; they found blue marks on his chest and legs, which caused them to suspect the workings of witches, yet they forgot that the poor child had been moved, and moved again, between at least forty wet nurses, tasting an infinite amount of different milks. With so many changes, so many ridiculous remedies, each on account of her whims, she killed my son and left him buried in the ground. (Solomon, *Literature of Misogyny* 89-90)]

Many women contribute to the narrator's son's death, starting with the mother, who refuses to properly nourish her son. The milk from the forty different midwives literally poisons him, once again underlining the dangerousness of the fluids that emanate from women's bodies. The incompetence of the midwives leads them to attempt many

contradictory cures, yet never suspect that what is actually killing the child is the variety of wet nurses that have fed him. Women cover up the mistakes of other women, creating a conspiracy to deprive the narrator of his son. There are other episodes throughout the *Spill* where midwives and women in their capacities as mothers and wives are vehemently criticized, but this one of the most illuminating and illustrative. The women in this story held the three most common female healing roles and yet were utterly incompetent because of their diseased nature.

Solomon argues that by proving women to be diseased and dangerous, Roig was convincing men not to turn to them for medical help, and was offering the *Spill* as a *confabulatio* that could replace a physician and allow a man to self-treat his dangerous interest in women. Solomon restricts himself to describing the effects these works written by men had on other men with respect to their attitudes about women. As an extremely well regarded physician, with famous clients, and a role in licensing the next generation of doctors, Roig is a powerful and authoritative figure. Other physicians presumably emulated him and his disdain for women and their medical interventions. It would seem that women's medical practice must have decreased as a consequence of the anti-feminist rhetoric of the time. Jean Dangler builds on this assertion to examine the effects of misogynistic literature on women.

Jean Dangler

In *Mediating Fictions*, Dangler focuses on the role of women as *medianeras*, which she defines broadly as anyone who mediates for the patient between sickness and well being. She links the Valencian *furs* of 1329 with the beginning of the professionalization of medicine and the change in attitudes toward female medical practitioners. If the rise of

medical texts and the insistence on official medical education and licensing, from which women were excluded, was the beginning of the process, works such as *Spill*, the *Celestina* and *La Lozana Andaluza* were its continuation. The credentialing laws were rarely enforced, so literature was employed to change the actions and attitudes of men towards female healers. The authors of these books offered alternatives to the models proposed in Marian and hagiographical works that aligned medical women with saints and the healing powers of the Virgin. These works separated and abstracted the Virgin and saints from ordinary women and promoted male doctors instead. She also stresses the way that these misogynist texts were supposed to function as *medianeras* for the reader instead of women.

In her 2008 work *Making Difference*, Jean Dangler looks for the effect that these misogynistic works had on women as medical practitioners, while elaborating on many of Solomon's ideas. Dangler proposes that there was a crucial change between the medieval and modern periods in the way difference was perceived.

Complex historical shifts from approximately the late fourteenth century on changed the tenets of alterity, as early modern society created unprecedented ruptures between cultural groups and attributed to them varying degrees of esteem or antipathy.... Early modern Iberia manifested the new focus on division in the changes to the predominant tenets of alterity; subjects were increasingly defined by essential qualities, and contrasts with the negative were rejected rather than embraced. (*Making Difference* 5-6)

The upheavals of the time caused writers to strictly promote social order by defining constituted "the other". Dangler attributes the professionalization of medicine to this rupture, and suggests that women played lesser roles in healing in the early modern era. To support this theory, she offers numerous examples of medical texts written in the late

medieval period that show the complementarities of men's and women's bodies. Some treatises did ascribe to men and women equal roles in reproduction, theorizing that each had a seed that needed to be expelled (94). She also cites medical works that stressed the similarities between male and female genitalia (95-96). She contrasts this with one medical work and two other pieces of literature from the early modern period that draw clear distinctions between men and women and show the contagious and inferior status of the female body.

Dangler puts forth many provocative ideas and supports them with evidence from literary and medical texts of the late fifteenth century. However she neglects at least one medical text from the sixteenth century that promotes the use of female healers, Damian Carbón's *Libro del arte de las comadres o madrinas y del regimiento de las preñadas y paridas y de los niños*, which would contradict her theory that women's medical practice faded in the early modern era. Similarly, she neglects textual evidence that has been unearthed by Montserrat Cabré that records women's household medical practices throughout the medieval and early modern periods. Her theory that a negative construction of gender difference led to the marginalization of female medical practitioners may apply to the fraction of women who attempted to practice medicine as a doctor or surgeon as a man could, but it may ultimately not be an effective way to understand the way the average Aragonese woman took part in healing processes. Historians such as Judith Bennett and Monica Green argue convincingly that the medieval era was no better than the early modern for female workers regardless of their field. The late medieval and early modern periods are a time of transition when many different impulses coexisted. At the same time that we have evidence of misogynistic

invective against female healers, we have records of women practicing a variety of types of medicine.

Chapter 2: Women's Work and Women's Writing

In order to assess women's medical practice, it is necessary to place it within the context of women's work in the late medieval and early modern period. While Dangler argued that women's status and work changed between the two periods, historian Judith Bennett looks generally at the topic of women's work and concludes that there were few significant changes for women between the late medieval and early modern periods.

Judith Bennett

Bennett studies women's history, particularly that of late medieval England, and has published several times on women's work.¹⁶ In both eras, she argues, women worked at lower status jobs, for less money than their male counterparts, received less training, and worked intermittently (163). She rejects the idea that the medieval era was a "golden age" for women's work and claims that women's status remained lowly from 1300-1700 (151). Her research indicates that, at least in England, women's work remained static, with women remaining in the same types of industry in relatively similar numbers. In Southwark, England, in 1381 38% of women worked in domestic service, and in London between 1695 and 1725 the percentage was barely higher at 39.8%. While the number of women making and mending clothes increased, the number manufacturing textiles decreased, keeping roughly the same percentage of women working in some part of the textile industry (156). This view of women's work would suggest that Aragonese women in the fourteenth and the sixteenth centuries were also more likely to hold low status occupations (such as wet-nurse), and had little to lose during the professionalization of

¹⁶ See her works *Ale, Beer, and Brewsters in England: Women's Work in a Changing World, 1300 to 1600*, and *Sisters and Workers in The Middle Ages*, coedited with Elizabeth A. Clark.

medicine. The corollary is that we would then expect women to continue working as low status, intermittent healers throughout the sixteenth century. Bennett's conclusions are based on data she has obtained by combing through census records. While Monica Green uses various legal documents to gauge women's medical work, she also studies a widely read medical text thought in the Middle Ages to have been authored by a woman. This approach allows her to expand her analysis beyond census records and propose her own similarities and differences between women's medical work in the medieval and early modern eras.

Monica Green

Monica Green emphasizes the connection between increased focus on medical texts and the professionalization of medicine in *Making Women's Medicine Masculine* (2008).¹⁷ She shows that in this era, doctors and lawyers were expected to read and write and own the books of their trade, and that women's illiteracy kept them from learning about medical advances and being licensed as physicians. Like Bennett, she rejects the idea of the Middle Ages as a "golden era" for women's medicine, and argues that if women's health care at this time was truly women's business it would have been transmitted orally and there would be no medieval gynecological literature.¹⁸ She theorizes instead that men wrote the gynecological treatises and appropriated the one text

¹⁷ Green also wrote "Women's Medical Practice and Health Care in Medieval Europe," which many consider to be the first article calling attention to the difficult, yet important task of studying women's healing practices in the late Middle Ages. She outlined the difficulty of naming and counting female healers, set out the theory that women must have practiced medicine because it was considered wrong for men to come into intimate contact with women, summarized that state of scholarship of women's medicine throughout Western Europe, and suggested where further scholarship was needed.

¹⁸ Green defines women's work as having the following five characteristics: (1) that women had little formal training, (2) women were segregated into marginal positions within a trade, (3) marital status and position within the household determined the type of work women performed, (4) women worked intermittently and (5) women frequently participated in more than one trade at a time ("Documenting Medieval Women's Medical Practice" 332).

supposedly written by a woman, the *Trotula*, so they could claim authority over the female body even though they were still limited in their interactions with it.¹⁹ Male physicians rarely touched their female patients or examined their unclothed bodies because it would bring shame to both parties. She focuses on the *Trotula* texts and their eventual subversion in a genre she calls the “secrets of women”, which reinforced the idea that women were wicked. Male physicians wrote gynecological texts which redistributed the authority in this field, allowing men to control the theory and employ women to do the manual examinations they could not perform out of propriety (*Making Women’s Medicine Masculine* 20-21). One area that she does note that women demonstrated literacy was in copying and exchanging medical recipes (*Making Women’s Medicine Masculine* 308). Montserrat Cabré i Perrault has gleaned fresh insight into women’s medical practice by carefully studying women’s recipe collections.

Montserrat Cabré

Montserrat Cabré’s scholarship on Catalan women’s household records has shown that women exchanged written recipes and collected them throughout their lives, in note books that were often passed down through extended families (*Household practices*). Green’s archival work convinced Cabré that trying to assess women’s medical practice by counting women in the historical record was not the most effective or enlightening method. Citing a recent monograph on medical pluralism in the Crown of Aragon between 1350 and 1410 that listed only three women, all apothecaries, out of more than 500 medical practitioners, Cabré argues that women are “barely visible” in

¹⁹ For a full discussion of the problem of the authorship of the *Trotula*, see Monica Green’s *The Trotula: An English Translation of the Medieval Compendium of Women’s Medicine*.

these quantitative studies, and the small sample size and the paucity of information makes such studies unreliable (“Household Practices” 21). Cabré herself falls into this trap, asserting that the practice of surgery was open to women in the early part of the fourteenth century, relying solely on Michael McVaugh’s evidence that there were four female surgeons in Barcelona between 1338 and 1342 (“Household Practices” 21; *Medicine before the Plague* 106-107). The cases McVaugh has unearthed are intriguing because they are occasions when the king intervened in the legal process to restrain the prosecution of women practicing as surgeons. There is no context surrounding these four women to indicate how many men were practicing surgery at the same time, making it impossible to tell if women comprised a significant number of surgeons (*Medicine before the Plague* 106-107).²⁰ Cabré wisely decides instead to examine women’s medical practice within the domestic sphere (“Household Practices” 23).

Cabré asserts that while the labels used to mark men’s medical practice are occupational, the labels used to mark women’s practice are “connected to the semantic domain of ‘woman’ and ‘mother’, as well as to other categories that designate women at certain life stages.” Studies of medical pluralism that look for women within specific, professional categories such as “doctor” or “midwife” are imposing labels alien to the nature of women’s work during this period (“Household Practices” 23).²¹ She describes that there were four occasions where women were identified as engaged in expert healing activities in Iberia: when they were licensed as healers, when accused of malpractice,

²⁰ See Michael R. McVaugh’s article, “Royal surgeons and the value of medical learning: the Crown of Aragon, 1300-1350,” for more information on surgery.

²¹ In contrast, Monica Green defines healers as “women who at some point in their lives would have either identified themselves in terms of their medical practice or been so identified by their communities” (“Women’s Medical Practice” 44). Her assessment of the number of female medical practitioners may be artificially low because few female healers would have ever considered themselves professionals.

when hired to perform a health-related service for a defined period of time, and when called as a medical expert in court. Of all the above cases, only those women labeled “midwives” fall into a category that we now recognize as a healing profession, which consigns to obscurity all the women whose practices are identified only by narrative description (“Household Practices” 24). There are further examples of women who are identified as performing healing activities outside of court or bureaucratic records, and these are often even more eclipsed because of their nomenclature. Sereneta nursed Guillemona through her mysterious wasting illness (see Introduction) not as a midwife or a doctor and therefore does not appear in any of the quantitative studies although she provided an important healing service to her friend. Guillemona simply described Sereneta’s actions as those of a “daughter.”

The words “mother,” “daughter” and “woman” have strong healing connotations during this period. This should not be surprising, as food and drink were two of the six non-naturals that could be manipulated to improve health under humoral theory. Women, who provided these medicinal substances, would naturally be considered to have healing functions. Similarly, in an age where few professional midwives existed, women were expected to use the knowledge they acquired observing family and friends give birth, in addition to the knowledge they gained from their own experiences, to help others. The slippage between the mother, daughter, woman, *comadre/comare*, *madrina* and *ama* bears out the societal assumption that women were engaged in healing practices.

The origin of the words *comadre*, *madrina* and *ama* explains some of the overlap between these labels and the label “mother.” Castillian *comadre* and its Catalan equivalent *comare* literally means “co-mother” and was interchangeable with *madrina*

(godmother) at the time. The *madrina* was both the woman who received the baby at delivery and the woman who received the baby at baptism when the child was spiritually reborn. Midwives were also permitted to perform emergency baptisms, further connecting the two functions of the *madrina* (“Household Practices” 32). The term *ama*, or wet nurse, comes from the same Latin-Hispanic root that also gave rise to “mistress of the house,” “family mother,” “housewife” and “female owner” (“Household Practices” 33).²² Cabré provides ample anecdotal evidence that these labels were used interchangeably in late medieval Aragón. In Zaragoza in 1398, four women were asked by the court to serve as witnesses by examining a nine-year-old girl named Cateriniqua to determine whether or not she had been raped. One of the women, María de Fuentes, was identified as a “midwife or wet nurse,” demonstrating the conflation of these two titles, and the other three, who perform the same actions, are referred to only as women.²³

Urracha, muller de dito scorgador, las honradas dona Thoda Sanchez del Castellar, muller de don Garcia Billobre, quondam, dona Maria de Fuentes, **madrina o ama**, Gracia Sanchez del Castellar, muller de Andres Valles, quondam, dona Sancha de Val, muller de Bertholomeu d’Aguaron, quondam, e otras mulleres aqui presentes... segunt que la dita madrina e profenbras de suso nombradas dizieron que la havian guardada e la havian trobada corronpida. (Herrero 109)

[Urracha, wife of the aforementioned *scrogador*, and the honorable lady Thoda Sánchez de Castellar, wife of García Ballobre, deceased; lady María de Fuentes, **midwife or wet nurse**; Gracia Sánchez del Castellar, wife of Andrés Valles, deceased; lady Sancha de Val, wife of Bartholomeu d’Aguardón, deceased; and other women here present... according to what the aforesaid midwife and women

²² The Latin root, *alma*, means nurturing; an example of this usage is the phrase *alma mater*.

²³ Some laws specifically called for the participation of women (but not midwives) in court proceedings. Canon law promulgated by Pope Gregory IX (1227-1241) to govern annulment proceedings involving the husband’s impotence required discerning and upright “matrons” to examine the wife’s virginity. Pope Honorius III (1216-1227) specifically claimed that “prudent matrons” were more reliable than midwives in determining virginity (Green, “Documenting Women’s Medical Practice” 339).

previously mentioned said, that they had inspected her and had found her corrupted. (“Household Practices” 32)]²⁴

María de Fuentes is not the only woman called both *madrina* and *ama*. In February 1376 Mata d’Armagnac, *infanta* of the Catalan-Aragonese crown, set down instructions for the care of her daughter. In this document she refers to the woman N’Albamunt as both an *ama* and a *madrina* (Cabré, “Household Practices” 33-34). This is not the only example of *mullers* and *madrinas* performing the same functions; in fact, sometimes the same woman is referred to with both titles. This court case is from Barcelona in 1410, when the knight Arnau Alberti was accused of repeatedly raping three girls, Úrsula, Isabel and Domenja.

El mateix dia a l’hora de vespres l’honorable regent de la vegueria, de consell de l’honorable judge, es presentà a la casa de Pere Matoses on la dita Urçola havia estat confinada per ordre de la cúria, i presents tres **dones o madrines** anomenades na Marió, viuda de Simon Serra, pagès, na Blanca, muller de Mateu Riba, teixidor de draps de lli, i na Constança, muller de Mateu Taladell, sastre, de la ciutat de Barcelona, va procedir a fer reconèixer la dita Urçola, present na Franciscona, muller de l’esmentat Pere Matoses. (Cabré, “Household Practices” 34)

[The same day, at the time of vespers, the honorable regent of the *vegueria*, on the advice of the honorable judge, presented himself at the house of Pere Matoses where the aforesaid Úrsula had been confined by order of the court, and being present there three **ladies or midwives** named Na Marió, widow of Simón Serra, peasant; Na Blanca, wife of Mateu Tiba, weaver of linen cloths; and Na Constança, wife of Mateu Taladell, tailor, of the city of Barcelona, proceeded to order the examination of the aforesaid Úrsula, in the presence of Na Franciscona, wife of the aforementioned Pere Matoses. (Riera i Sans 81)]²⁵

The terms used to describe women who performed medical actions do not come from the mostly male world of professional practitioners. Instead, they reflect the domestic

²⁴ The translation is Cabré’s except that she omitted the title *doña* or lady from Thoda, Maria, and Sancha, which is present in the Catalan. She also omitted the phrase “wife of the aforementioned *scorgador*.” The corrections are George Greenia’s.

²⁵ The translations are Cabré’s, except that at George Greenia’s suggestion I have changed the translation of “dones” to “ladies” instead of “women.”

sphere of women and their primary roles as wives and mothers. This aligns with Bennett's theory that women did not build careers like their male counterparts but rather moved from activity to activity as necessary. Healing was just one of the duties of a woman running a household. This suggests another category of texts to examine for clues to what women's medical practice consisted of: collections of recipes. Recipes are the compiled wisdom of women who, through trial and error, have arrived at the most pleasing food and drink and most effective unguents and medicines. They may contain information needed to manage one of the "six non-naturals" through food, or the complexion through cosmetics, important information for maintaining medieval health.

Recipes

Cabré identifies three different types of recipes in this time period: loose or epistolary recipes, "open" compilations, and "closed" compilations. Epistolary recipes are those written down and discussed in the course of women's correspondence ("Household Practices" 41). Almost all the extant examples of this form are communications between noblewomen, who were both literate and frequently geographically separated from their families by marriage, giving them reason to transmit their recipes textually rather than orally ("Household Practices" 41). Closed compilations are vernacular texts compiled by one author at a single moment in time that indicate women as their intended audience ("Household Practices" 43). Open compilations are the most loosely defined; they are personal notes that contain at least some recipes and may be handed down through a household to successive generations ("Household Practices" 48). For example, Sança de Cabrera, sometime during the fifteenth century, jotted a recipe for eye drops in her book of accounts ("Household Practices" 47). "Open"

and “closed” collections may even coexist in the same volume; a number of Catalan medical treatises have been found bound with recipes written in another hand at a later date (Soriano, *et al.*). Each of these types of recipes offers clues as to how women practiced medicine and what form it took.

Recipes were frequently written on a separate piece of paper and may have been kept separately from the letter after receipt (Cabr  “Household Practices” 41). Even when the actual recipe is unavailable, the request for the recipe, and later discussions of its efficacy, often describe its purpose. Mata d’Armagnac (1347-1378), wife of the infant Joan wrote to her mother-in-law, Queen Elionor de Sic lia in July 1374 for a recipe to cure breast pain. Although Mata was not currently afflicted with breast pain, she anticipated that she might need it during her pregnancy, and asked the Queen to pass the recipe on to one of her husband’s officers who would be able to send the recipe to her (Cabr , “Master to a Laywoman” 379).²⁶

These recipes were often transmitted within families, which matches Cabr s assertion that women’s healing was often associated with their roles as wife and mother. In another example of familial recipe sharing, Estefania, a woman from Barcelona who followed her husband Juan de Z niga to the Castilian court of Empress Isabel of Portugal, kept up a frequent exchange of letters with her mother. During April 1535 Estefania asked her mother for a jar of *unguentum cetrinum*, a face cream to prevent pimples and redness, for her own use and that of a friend. In November 1536 Estefania

²⁶ ...si per a remei de mal de la mamella que jo he haut vos teniets una bona recepta ab la qual jo serie, si l’hagu s haguda, tantost per guarida, per tal senyora vos suplich que la dita recepta vullats e us pl cia donar au Johan Janer, uxer d’armes del dit senyor Duch, lo qual lam trametr  de continent per tal que jo la dita recepta tenga per a quant obs me ser . (Barcelona, Arxiu de’l Corona d’Arag . Reg. 1809.)

tells her mother that the recipes she has received from her “are very profitable” because of their popularity. Whether the recipes were monetarily or socially profitable, or both, is an interesting question. In another letter, Estefania sent her mother a recipe for a cosmetic oil (now lost) that she wanted her mother to make for the queen. Estefania requests that her mother keep the recipe secret (Cabré, “Household Practices” 42).

Both Mata and Estefania cemented social ties by asking for or providing recipes. Mata, a young woman and mother of an infant, not only receives help for her breast pain, but also flatters her mother-in-law by asking for her help. Estefania uses the knowledge her mother has accumulated to gain support in the Castilian court. These are everyday uses of healing recipes that show how women practicing medicine in the context of being mothers, daughters and courtiers. Some of these women may also have owned or had access to closed collections of recipes. Elionor de Sicília, the mother-in-law with the recipe for breast pain, may have even commissioned a collection of recipes for health and beauty titled the *Tròtula* (“Master to a Laywoman” 380).

Closed Collections

The foundational text of a Catalan genre of medical texts addressed to lay women is Master Joan’s *Tròtula*, preserved today in one manuscript in the Biblioteca Nacional in Madrid.²⁷ Originally composed in the second half of the fourteenth century by one Master Joan, the extant copy dates from no later than 1621, and is bound together with a copy of the *Speculum al foderi*, a manual of male sexual hygiene (“Master to a

²⁷ For a complete transcription of Master Joan’s *Tròtula*, see Cabré’s dissertation *La cura del cos femení i la medecina medieval de tradició llatina. Els tractas “De ornatu” i “De decorationibus mulierum” atribuïts a Arnau de Vilanova, “Tròtula” de mestre Joan, i “Flos del tresor de beaumat”, atribuït a Manuel Dieç de Calatayud*. This dissertation also contains transcriptions of the three other works in the title and an introduction that links the four works together.

Laywoman” 372-73). Both texts were written by 1621 because there is a signed note, dated from that year, on one of the initial *folia* of the current binding stating that Gaspar Galceran de Castre i Pinós, count of Guimerà (1560-1638), found the manuscripts among some books at his family’s estate. In 1735 the count’s heirs sold the works to the Biblioteca Nacional (“Master to a Laywoman” 373-374). The prominent Castre and Pinós families had been close to the Catalan-Aragonese court for some time, and a certain Constança de Pinós served Queen Elionor in the fourteenth century (“Master to a Laywoman” 375). Perhaps this explains how the family came to possess a copy of a work dedicated to two women of the Catalan-Aragonese royal family.

The women of the Catalan-Aragonese royal family had a historical interest in texts about health.²⁸ Blanca d’Anjou (d. 1310), wife of Jaume II (1267-1327), commissioned a translation of Arnau de Vilanova’s *Regimen sanitatis ad inclitum regem Aragonum*, which was finished between 1307 and 1310 (“Master to Laywoman” 378). The introduction to the *Tròtula* states that the work was initially produced for a queen and a princess.

Assí comença lo libre qui parla gint e desliure de tot adop de la regine, per la qual en tot son temos viurà sana; lo qual ha fet mestre Joan a la infante molt agradant, al qual à mès nom *Tròtula*. (Joan, fol. 1ra)

[Here begins the book which speaks well and frees the queen from all cure [sic: should be “care”], so that she might live healthily all her lifetime; it has been done by master Joan and has pleased the infanta very much, he has entitled it *Tròtula*. (“Master to a Laywoman” 377)]

A poem following the above dedication provides further information about the infanta.

²⁸ For a complete list of all the known Catalan medical texts owned by or dedicated to women see tables one, two and three at the end of “The Possibilities of Literacy and the Limits of Reading: Women and the Gendering of Medical Literacy” by Monica Green. Two out of the five female medical text owners are women of the royal Aragonese court.

Salutz a vós, flor d'Aragó
 A qui don Déus rig baró
 E totes coses ben plasent
 Per fer los vostres bons talentz
 E que vós don la sua amor
 Per molt viure ab gran honor
 E·m paradís après la mort
 On vós aiatz tostemps conort
 A vós, na fflor, son enviatz
 E per so us prech que m'i oiatz
 Car per vós son fayt a servir
 E vostre cors per gint tenir
 No u dic per ço que n'i aiatz obs
 Car bela sotz a totz rich opz
 E sotz cortesa e plasenz
 E flor e fruyt d'e[n]senyamens
 Bela sobre tota jent
 E largesa no vos desment
 Eu vos prech que no·m rebugetz
 Car dompnes en agen carretz
 E vostre nom exalsaretz
 E a toste[mp]s mais en valretz
 E si tant s'és que·m rebugetz
 En gran exil me pausaretz
 E eu morray a gran dolor
 Senes parent que mi no plor
 E en inffern tot dret iray
 Senes peccat que no auray
 Car enaxí ho ha mandat
 Aicel qui m'à fayt per beutat
 Sí con o mostren los capítols
 Axí com se seguexen los títols
 De .I. en .I. per mi ordonat
 Der enant prech que·ls entenatz. Joan fol ra-b

[Good health to you, flower of Aragon,
 May God give you a rich nobleman
 And all pleasant things
 To make good your talents
 And may he give you his love
 To live long with great honor
 And in paradise after death
 Where you might always have solace²⁹

²⁹ *Conort* may also be translated as “comfort” instead of “solace.”

To you, flower, am I sent
 And that is why I beg of you to hear me
 For I am made to serve you
 And keep your body in wellbeing
 I do not say so because you are in need of it
 Since every high need is met by your beauty
 And you are graceful and a pleasure
 And flower and fruit of teachings
 Beautiful above all people
 And generosity is not unworthy of you
 And I beg you not to refuse me
 Because women are in want of it
 And your name will exalt
 And it will always be more valuable
 And if you were to refuse me
 You would bring me into great exile
 And I will die of great pain
 With no relative to cry for me
 And I will go straight to hell
 Without having sinned
 Since it has thus been ordained
 By the one who made me for beauty
 As the chapters show
 Thus, the titles that follow
 Ordered by me one by one
 I beg you hereinafter to understand them. ("Master to Laywoman" 375-376]

The "flower of Aragón" is apparently unmarried, as Master Joan has wished her a "rich nobleman," making it possible to speculate about which pair of royal women in the late fourteenth century might have commissioned the work. Queen Elionor had one daughter, Elionor d'Aragó (1358-1382), who did not marry until after her death. Queen Elionor also had a physician, Joan de Foligno, who was compensated by the City Council of Barcelona in 1370 for writing (along with a few other physicians) a medical text for the laity about current health concerns ("Master to Laywoman" 380). Joan de Foligno may be the author of this work, which is really a compilation of medical knowledge culled from various sources.

Regardless of exactly who Master Joan was, and to which women he dedicated his book, the work presumes women's agency. Not only does the author beg the women to whom he dedicated the book to "understand" the chapters in the dedicatory poem, but throughout the book he addresses the reader as "you" in the style of a modern self-help manual. "Altre és esclaridor rich e molt bo e beil, e podets-lo fer sens gran cost: a vós o dic, madona, e no·l metatz en oblit, car més val que no us dic" (fol. 9vb). [Another cleanser, rich, and very good and beautiful, and you can make it without great cost. I say this to you, milady, and do not forget it, since it is more valuable than I say, and it is suitable for rich and poor women ("Master to Laywoman" 383-384).] After the dedication, poem, and list of chapter titles, Master Joan declares that:

...yo vul mostrar en qual guisa sàpia tota dona gint tenir sos diverses flors al prat,
yo vul mostrar en qual guisa sàpia tota dona gint tenir sos cabeyls e ostar del loch
on ésser no deven a temps o per ja sempre, e fer créxer si·s vol, o muder en qual
color se vuyla, après que hom tenga gint sa cara e en mova paynes e pigues e
barruc, si n'i ha, e totes altres coses que mal hi estien, e tinga frescha a clara sa
color longament se de beila manera, e tot l'altre cors, axí com aquest libre o mostra.
(fols. 1vb-2ra)

[...I want to show every woman to know how to take good care of her hair, and how to remove it from places it should not be, either for a while or forever, and to make hair grow if one wishes, or to change to any desired colour. After that, [how] to look after her face, and to remove the spots and warts, if there are any, and all other things that may be bad on it, and to keep its colour fresh and clear for a long time and beautifully, and all the rest of the body, as this book shows. ("Master to Laywoman" 387)]

While Master Joan seems to expect that women will follow his recipes to improve their appearance and the health of their bodily surfaces, he is very clear that his text, and implicitly laywomen's practice, is limited to beauty. "E no vos maraveletz, car no us dic en aquest libre medicines de totes les malalties, car no y parle sinó de embeliment de dones..." (fol. 17va). [(Not) to be astonished, since I do not include in this book the

medicines for all illnesses, since I speak only of beautifying women... (“Master to Laywoman” 387)] This is somewhat contradictory, as the book actually does contain non-cosmetic recipes.

The first and longest section of this *Trótula* concerns the face, skin, teeth and hair, and is based mainly on Arnau de Vilanova’s *De ornatu mulierum*. The second section is devoted to gynecological concerns, and seems to be the Catalan translation of a French text titled *Des aides de la mairie et de ses medecines* [On the aids for the womb and its medicines] (“Master to Laywoman” 384). A short third section advises women on increasing heterosexual sexual pleasure for both partners. This draws an interesting parallel to the *Speculum al foderi* with which the work was found. The *Speculum al foderi* devotes several chapters to sexual pleasure as well as men’s reproductive disorders. Perhaps whoever decided that these works should be bound together realized they had complementary concerns. The fourth and final section focuses on manipulating the six non-naturals to improve health, possibly influenced by Petrus Hispanus’s *Summa de conservanda sanitate* or the Pseudo-Aristotelian *Secreta Secretorum* (“Master to Laywoman” 386).

Master Joan tells us repeatedly that he has selected only certain pieces of knowledge so that the brevity of the book will make it useful (fol. 27ra); he also claims that with the help of this work, a woman will only need to consult a physician for plague or apoplexy (fol. 27rb). Just as he earlier said he would concern himself only with offering beauty-related recipes, here he also outlines what he considers proper for lay women to do and when he considers it proper for them to consult a physician. Master Joan, and the royal

women of the Catalan-Aragonese court, seem to believe that women should regulate the health of the body's surfaces, and some of its gynecological concerns.

Although this work by Master Joan is called *Tròtula*, it is not based on the same texts as the *Trotula*(s) studied by Monica Green.³⁰ The body of medical works known as the *Trotula* was purportedly written by a Salernitan woman named Trota in the twelfth century (Green, *Making Women's Medicine Masculine* 2). It has since been shown that at least some parts of the canonical *Trotula* works were actually written by male authors, but in the medieval era the name *Trotula* would have had connotations of female agency and knowledge. While Master Joan's *Tròtula* is clearly written by a man, it does contain descriptions of women's medical practice. The following recipe creates the image of women performing a series of actions to make a facial ointment, and demonstrates the agency that women had to heal themselves.

De ungüent a escurar la cara. Són de tals dones, a qui plau posar ungüent en la cara, e fan-ne molt per panys e per pigues e per barbs e per totes altres coses que en la cara néxen, e toilen la colradura que's fa per lo sol, e fa-la ben colorada. E fan-la d'escorxa migana de sahuc, tremoadada ab bel oli rosat; e puis han-ho coure ensems molt, sobre lo caliu; e con és cuit e colat, fonen en aquell oli cera blanca. (fol.13vb)

[An ointment to clean the face. There are such women who like to put ointments on their faces, and they make many of them, for freckles, blackheads, and pimples, and for every other thing appearing on the face, and they stop the peeling off due to sunshine, and they make the face nice and rosy. And they make it [the ointment] with elder bark, diluted in rose oil, and after, they leave it cooking over the fire for a long time. And when it is cooked and filtered, they melt white wax in that oil. ("Household Practices" 46)]

In this recipe, the male author mediates between one group of women, with medical knowledge, and another group which desires to learn more about female health. While

³⁰ Green compares and contrasts Master Joan's work with the canonical *Trotula* in "The Possibilities of Literacy and the Limits of Reading: Women and the Gendering of Medical Literacy" (34-35).

there is no reason to suspect that Master Joan would be an unreliable observer, this recipe is still removed from the original feminine sphere in which it was practiced. Intriguingly there are two recipes, in a more cursive hand than those of two manuscripts, inserted between the *Tròtula* and the *Speculum al foderi*. Both are gynecological in nature: “Pólvora per al mal de mare” and “Ungüent per als mugrons” [“powder for vaginal/uterine pain” and “unguent for nipples”] (Soriano, *et al.* 328).³¹ Annotating medical texts with personal recipes was common during this time period (Soriano, *et al.* 320-21). We cannot tell exactly when these recipes were written down, even though we do know that the *Tròtula* and *Speculum al foderi* were likely bound together by 1621. One recipe is on folio 33 and another on 35, the same folio on which the *Speculum al foderi* begins, which may point to the recipes being written down after the two works were bound together (Soriano *et al.* 328). There is no way to know if a woman or a man jotted down the recipes, although it is tempting to speculate that it could have been a woman writing down some personal favorite recipes at the end of her health manual.

Open Collections

Personal recipes added to the margins of medical texts blur the distinction between “closed” and “open” recipe collections and show how people interacted with medical texts in the late medieval and early modern eras. Recipe collections were generally open ended and passed down through generations of women in a household. After Isabel de Seix died, her husband Bernat Sala passed a personal book of hers containing recipes to his next wife, Agnès Safont. There are few references to books or medical authorities such as Galen or Hippocrates as in closed collections; instead, recipes are occasionally

³¹ Translation is my own.

attributed to the man or woman who provided the recipe. Often the recipes include a woman's commentary on how she used the recipe (Cabr  "Household Practices" 49). "Yo lo hago" [I make it] is noted after a standardized procedure in the *Recetas de perfumes, medicinas, y conservas* (fol. 32r). This same text includes notes such as "No lo he provado" [I have not tried it] and "las mejores pastyllas que yo hago" [the best compound that I make], indicating that the woman who compiled this text collected recipes to attempt later and experimented making various different compounds and observing their effects (Cabr  "Household Practices" 49, fol. 106r and fol. 58v).³² Some women who compiled recipes scrupulously kept track of who they received recipes from, leaving a record of other women who also made healing medicines. The author of the manuscript *Receptas experimentadas por diversas cosas* records such recipes as "Agua que me ense  Isabel Centellas," "Memoria de la elixir que hace Mar a de Contreras," and "Traslado de unas receptas que embi  la se ora do a Beatriz de Bovadilla a mi se ora de Valen a" (fol. 153v, fol. 106r, fols. 58v-62v). ["Water taught to me by Isabel Centellas," "Memory of the elixir Mar a de Contreras makes," and "Transcription of some recipes the lady Beatriz de Bovadilla sent to my lady of Valencia."]

The previous recipes all appear in manuscripts that Cabr  has identified as being written by women. There are other medical texts containing added recipes in a different and anonymous hand where it is impossible to determine female or male authorship. In some cases, due to the cosmetic or gynecological nature of the annotated text and recipes, I think it is not unreasonable to speculate that it is at least possible a woman wrote down

³² A *pastilla* in Old Spanish is a mix or mash, best translated as "compound" or "preparation." The translations on this page are my own.

the extra recipes. The gynecological recipes found at the end of Master Joan's *Tròtula* fall into this category. Manuscript 864 of the *Biblioteca de Catalunya* contains extracts of several medical works in Catalan, including the *Liber de orinis*, the *Thesaurus pauperum* of Petrus Hispanus, the *Flos de veritat*, *De corio serpentis* and the *Tresor de beutat*, the cosmetic text inspired by Master Joan's *Tròtula*. Added to the same folios containing the excerpts of the *Flos de beutat* (fols. 56va-fol. 57va) are numerous recipes for treating disorders of the eyes and a few for avoiding drunkenness and stomachache.

Recepta per a macula d'ulls.
 Recepta per a mal d'ull.
 Altra recepta per a mal d'ull.
 Recepta per a desfer la ungla dels ulls.
 Recepta per a cucs.
 Recepta per a mal de sement. (fol. 56rb)
 Recepta per a fer caure o desfer les bues.
 Recepta per a mal de roys e mal de ventrel e còlcha pasió.
 Recepta per fer aigua de tagues (fol. 56 va)

Other works contain recipes attributed to a particular woman. Manuscript 3066 in the *Biblioteca Nacional de Madrid* contains seven different medical works in Latin over 112 folios. Few women read Latin— even queens of Catalan-Aragonese court asked for medical works in the vernacular— so even though the recipes added to the margins of this work are in Catalan, the author was likely male. He still gave credit to the woman who contributed a recipe on fol. 15rb, writing: “A trencadura (recepta per a madona Isabel).” Manuscript 10162 from the same library contains a tract on surgery and a copy of the *Speculum al foderi*, among other works. At the end of the manuscript, several folios after the *Speculum al foderi*, a recipe is described as “Speriment provat per dones que no-s poden enpre[n]yar la qual serví per la reina de Espa[n]ya e per atres nobles dones” (fol.

119r). [Experiment tried by women who could not get pregnant, which I used to serve the queen of Spain and other noble women.]

The recipes that are found in women's personal writing or added to the margins of medical texts show that women tried different formulas, judged their efficacy, and recorded their observations for the future. They also show how the women were connected within an informal learning community, where they regularly shared and taught each other healing information. Sometimes these recipes were passed on to men, who jotted these notes down in their medical texts, perhaps prefiguring the textualization of women's practices that occurred in the *Tròtula*. Master Joan alludes several times to practices he has observed women employ—perhaps these anecdotes began as notes in a manuscript of his, perhaps his copy of *De ornatu mulierum*, and when he was commissioned to compile a beauty manual for the queen of Aragón he incorporated his notes into the new text. Further study of the medical manuscripts in the Biblioteca de Catalunya and the Biblioteca Nacional may yield even more information about the men and women who collected recipes.

There has been little discussion of how the compilers of these manuscripts chose and ordered the excerpts of medical texts that we find collected in single volumes today. Cabré even claims that “It's [the *Tròtula*'s] codicological context is not very revealing about its medieval use: today the text is bound in eighteenth century covers together with the Catalan *Speculum al foderi*...” (“Master to Laywoman” 373). But I would argue that the *Speculum al foderi* and the *Tròtula* are complementary works that have much in common. Each is devoted to the peculiar concerns of one sex, discusses sexual health, and is written in the vernacular to facilitate lay use. Perhaps these two volumes had been

kept together for some time and their eighteenth-century binding merely replaced an older cover, or maybe the two manuscripts were simply found next to each other during the eighteenth century and thought to be compatible. In either scenario a noblewoman of the Castre i Pinós family who decided to consult her cosmetic manual could have easily picked up the *Speculum al foderi* and read about men's health, learning recipes for impotence or aphrodisiacs she could use later. The nobleman or woman who ordered these books bound together also recognized the parity of men's and women's health when he or she bound the two works together. While some modern scholars have considered cosmetics manuals to be the inferior, female version of the more intellectual medical texts to which men had access to, this may indicate that in the medieval period the two areas of knowledge were thought to be equally useful and important. This also reemphasizes the importance of studying women's cosmetic manuals; even if they seem anachronistic today, like *el amor hereos*, they are no less a part of the medieval medical landscape. While some of these speculations likely cannot ever be conclusively proved, it seems too great a coincidence that works with so much in common would be accidentally bound together. The next chapter will delve further into the *Speculum al foderi* and the ways in which it reflects women's involvement in men's health in the fifteenth century.

Chapter 3: Speculum al foderi

The *Speculum al foderi* (Mirror of Coitus) was written in the fifteenth century by an anonymous author who declared in his prologue that his intention was to provide information about sex to men who were not doctors or surgeons. The work is unique because of its scope, tone and implied audience; a brief summary is necessary to appreciate these aspects of the work. The prologue explains that the author desires to write a book accessible to a wide audience and lists the following chapters and their topics. The chapters are arranged logically in that they first offer a disclaimer about the dangers of sex, then provide a counter argument about the possible benefits of coitus, treat impotence so that coitus is possible, offer advice on finding a partner and finally suggest certain types of foreplay and intercourse. The first chapter discusses the damage that excessive coitus can have on the body and lists the types of men (for example, those with “dry” temperaments) who should abstain from sex. The second chapter describes how to cure the illnesses that might arise from previously mentioned overabundance of sexual activity. Chapter three delineates during what time of day and year it is best to have sex and chapter four describes the benefits of coitus. Chapters six treats impotence and the multiplication of sperm, while chapter seven provides recipes for aphrodisiacs. The topic of chapter eight is how to woo a woman and assess her beauty, chapter nine describes various different types of foreplay, and chapter ten is a lengthy list of sexual positions. The *Speculum al foderi* then concludes with three remedies to “encourage erection.”

Because the *Speculum* focuses on men’s sexual health, it contains little to no information on women’s gynecological issues and does not illuminate the world of

midwives. It is relevant, instead, to the discussion of the role of female healers because it promotes the services of a *medianera* to men. Additionally, because the work is focused on sexual hygiene, we can discern men's attitudes toward the female body, which Dangler and Solomon believe are an important indicator of whether men would be willing to seek healing from a woman. In the *Speculum*, women's bodies have the power to heal, making it more likely that men would associate female healers with health and well-being, unlike later texts from Castile, such as the *Tractado sobre el uso de las mugeres*, where the female body is shown to cause disease to such an extent that men would be unlikely to seek healing from a woman.

Written in Catalan, the *Speculum* was accessible to anyone who could read or participated in circles where such works were read aloud, which happened more frequently in the home than in an academic setting. The tone is frank and does not judge the morality of the activities it promotes, which situates the text and its readership beyond literate clerical audiences, at least in their professional environment. These characteristics place this work in the middle of the process of the professionalization of medicine. The book was published during a time when male physicians who owned and read medical treatises were increasingly preferred by the public. The anonymous author, however, is aiming his book at a non-professional audience that does not necessarily read Latin. The author's explains in the prologue that he has chosen to write simply and frankly in order to be useful to a wide audience.

Dix Albafumet que con sie cosa que los libres [que] parlen en molt foder són molts atrobats, may yo viu d'ells negun compliment en aytal fet, ans los atrobe desviats e escampats en manera que ere major lo dan que havian que lo profit. E yo quir parlar per açò en aquesta rahó, e complit e bé declarat, per so que enten tot

hom qui'l vulle guardar; e que's pusque[n] aprofitar d'ell també los fisichs e los
cirurgians e molts d'altre gents. (Prologue, paragraph 1)

[Although Albafumet said that the books which speak of excessive coitus are numerous, I have never seen in them any treatment of the other extreme, but rather have found them rambling and deviating in such a way that the harm they caused outweighed their good. I, therefore, wish to speak of this matter completely and clearly for all who desire to protect themselves from it; and so that physicians, surgeons, and many others may benefit.³³]

The work does not stray into vulgarity, although it deals with a wide variety of sexual problems, such as impotence, and describes various positions for coitus.

The author is clearly conscious of the difference between men and women. He considers them so different that he does not attempt, as earlier medical texts had, to include female gynecological information in the same treatise as information on men's sexual hygiene. Where Dangler finds the *Speculum* to be part of the collection of medieval texts that considered the bodies of men and women to be analogous and gave them corresponding roles in sex, I argue that this cannot be read into the text of the *Speculum*, which is silent on women's anatomy (*Making Difference* 94). The *Speculum* also does not put forth any sort of conception theory, so it cannot be discerned what type of role the author thought women played in the process. In the *Sevillana Medicina*, Juan de Aviñón explains that a man must make sure his partner enjoys coitus, or else the woman will not produce the "seed" that was thought necessary for conception (Dangler, *Making* 96). Later writers would claim that women were merely vessels for children and played no role in their creation. The *Speculum* does claim that coitus is worthless if the

³³ All translations based on Michael Solomon with emendations by Alice Harman and George D. Greenia.

male and female do not experience orgasm together, but the author does not explain if this is a reference to conception theory (chapter 9, paragraph 9).

What the *Speculum* does have in common with other medieval works from outside Aragón that Dangler analyzes is that it promotes moderate sex for health and does not characterize women as temptresses (*Making 109*). The *Speculum* values the female body and advises men to be conscious of their partner's pleasure (chapter 8, paragraph 1). Chapter eight is dedicated to explaining the manners and customs of women, and includes a description how a man should behave while courting a woman and what a woman desires in a man.

Aquell qui volrà haver amor de les fembres, e que no li'n vengua dampnatge, cové que sàpia lurs maneras e lurs costumes, e que les maneig, s sequescha per ço que entena ellam e que açó que més la vença la voluntat. E sia sofferidor per ço que certamen sàpia entrar en sa voluntat. E sapiats que tots los hòmens e les fembres han voluntat e sabors. (chapter 8, paragraph 2)

[He who would have the love of a woman and who would not be harmed by her must learn their ways and their customs by observing and following them, and the best way to win her love is by understanding her. Be persistent and eventually she will begin to desire you. Know that both men and women have desires and take pleasure [in coitus].]

The only rationale the author offers for why men should be considerate is that it will help them avoid being “harmed,” which likely refers to contracting love sickness, as that disease is discussed later in the chapter. Although the *Speculum* does not find any physical parallels between men and women, it does acknowledge emotional similarities (“both men and women experience sexual desire”), which may be another reason for men to be conscious of their partner's pleasure. This positive attitude toward women carries over to its suggestion that men engage the services of a *medianera* when they

suffer from lovesickness (8.6). The author advises a man in love to find a messenger with seven particular qualities and send her to his beloved.

Dix encara més: quant l'ome vendrà a la fembra, e ell ama, e ella no la vist, e [quant] ella al vist e no l'ama, enviuli missatger. E sie fembra que haja en ella set coses: la primera, que sia fembra celada; la segona, que sie enginyosa e sabent de engan; la tersa, que sie d'aquelles que han ocasió de ésser ab les fembres; la quarta, que no sia maridada; la quinta, que sea placent en ses maneras, e que les fembre[s] troben plaser en ella; la sisena, que sie d'aquelles que entren en les cases per so que no la sirquen; la setena, que non sie de les pobres que mendigen; la vuitena que us de sis coses: que sia traccadora de matrimonis, o levadora, o o corradora de joyas de fembres, o corradora de drapes, o matrona, o baguines. (chapter 8 paragraph 2)

[Moreover, I say that when a man approaches a woman he loves but doesn't know, and this woman upon meeting him rejects him, he should send her a messenger. This messenger should be woman who possesses seven characteristics: first, she should be discreet; second she should be ingenious and know how to deceive; third, she should be the type that has opportunities to be with other women; fourth, she should not be married; fifth, she should be pleasant in her ways so that other women find her good company; sixth, she should be the type of woman who can make her way into a household even when she has not been summoned; and seventh, she should be neither poor nor a beggar. As an eighth characteristic, she should have one of the following professions: matchmaker, midwife, vendor of women's jewelry, cloth merchant, matron or a Beguine.]

The *medianera* is more than a messenger. She is, as Dangler writes, "a multivocational, active, mobile worker who is implored to facilitate the good health of her client"

(*Mediating* 27-28). No other healers are mentioned in the text, making women the only source of health from outside the book to be promoted. There are intriguing parallels between the list of seven desirable qualities of a *medianera* and other lists of seven popular during the Middle Ages, such as the seven gifts of the Holy Spirit, the seven joys of the Virgin, and the seven deadly sins. The list of seven qualities the *medianera* should have suggests to the reader that the author has made an exceptionally complete list and

reinforces the importance of the *medianera*.³⁴ There is one other list of seven in the book: the characteristics of an ugly woman. Inserted at the end of chapter 8 as a final, brief paragraph it seems to be a throwaway added for humor, as men presumably already know what they find unattractive.

De la legea della fembra: és que sia fatiera, e que quirà molt lo foder, e que sia magra e leja e enbriagua, e que ola mal sa suor e sa bocha, e que sia ampla de molta aygua. (chapter 8, paragraph 13)

[On the contrary, an ugly woman is one who is a witch, who desires to copulate often, who is thin, inebriated and ugly, whose clothing and perspiration smell bad, and who is swollen with water.³⁵]

Speculum also includes chapters on foreplay and sexual positions in addition to its detailed information on courtship, which sets it apart from the Christian works *De coitu* and *Liber menor de coitu* upon which the *Speculum al foderi* is mostly based. Solomon proposes that the material for these chapters was inspired by *Libro del cuidado de la salud durante las estaciones del año* (also called the *Libro de higiene*), written by a Mozarab in the middle of the fourteenth century (Solomon, *Mirror* xvi-xvii). The *Speculum* is not explicitly Christian in the way that other Iberian works from the sixteenth century are. For example, the *Tractado del uso de las mugeres*, written by the doctor Francisco Núñez de Coria in 1572, equates women with sin and devalues their part

³⁴ The author has a penchant for lists. There are several lists of five: the five ages of woman (chapter 8, paragraph 6), five types of foreplay (chapter 9, paragraph 7) and five basic ways to copulate (chapter 10, paragraph 2). There are also several lists of four: the four black features, the four red features, the four small features, the four thin features, the four large features, the four round features and the four features pleasant smelling features of women (chapter 8 paragraph 12). There are three characteristics of foods that increase sperm (chapter 6, paragraph 2), and three types of women with three types of characteristics (chapter 9, paragraph 2).

³⁵ The translation is Solomon's, except George D. Greenia has emended to translation to read "swollen with water" instead of "chubby with water."

in reproduction. The *Speculum* even goes so far as to criticize those who abstain from sex for religious reasons.

E yo matex viu hòmens de molta sperma que staven de foder per santedat; que refredaven lurs corsos, e perderen movimientos, e tornaren en gran tristor sens rahó, a avé lur manera oradura, e perderen lo menjar. E altresí viu un hom qui lexà lo foder: dabans con l'usava molt, menjave bé e era sà, e depuys, que'l lexà, no podia menjar, e si menjava ere fort poch e no'l podia digerir; e quant havia mengat, movia-lo e havia senyals de oradura; e puy tornà usar lo foder, guorí, e perden tantost los accidents. (chapter 4, paragraph 1)

[I myself have seen men with a plenty of sperm who out of piety forestall coitus. These men lose their body heat, lose agility, become greatly depressed without cause, show signs of insanity, and lose the desire to eat. Furthermore I saw a man who gave up sex; when he copulated often he ate well and was very healthy, but when he refrained from sex he was unable to eat, and if he did it was very little and could not digest it; whatever he ate he threw up and showed signs of madness. When he resumed coitus he became healthy and was cured of all symptoms.]

The author of the *Speculum* shows that the health benefits derived from sex provide the necessary justification for the act. By strictly sticking to humoral theory, which held that an overabundance of sperm would cause illness, the author avoids making moral or religious judgments about sex, which may be one reason why women fare so well in this work.

The *Speculum* is a paradoxical work. Written exclusively for men, it encourages them to seek healing from women. While it does not discuss women's gynecological health, it does encourage its male audience to consider the emotional concerns of the women they are wooing. That the intended audience for the *Speculum* was broader than the orthodox medical establishment may explain some of these inconsistencies. The author's apparent exposure to Arab sources also seems to have contributed to the positive attitude towards women. I would also suggest that these characteristics indicate that the work reflects the many contradictions of the professionalization of medicine. By virtue

of being a book, the work reinforces the importance of written medical treatises, yet by widening the audience beyond male doctors and surgeons, the author subverts professionalization. By focusing solely on men, the author creates a division between men's and women's sexual hygiene that had not existed before, yet at the same time speaks highly of women and advocates that men take time to understand them (8.2). The book itself is a *medianera*, in the sense that it mediates between the author and his audience, and between the reader and his health, yet still promotes female *medianeras* in certain situations.

The *Speculum* shows that the process of professionalization did not follow a clean arc. During this three hundred year period, laws denied women the right to practice medicine, but the king occasionally subverted the *furs* and granted them licenses. Literature compared women to both the Virgin Mary and their bodily apertures to the gates of Hell. Medical texts such as the *Speculum* promoted female healers, while other treatises made it clear that orthodox male practitioners were more knowledgeable. Roig's *Spill* ("mirror" in Catalan) ironically shares part of a name with the *Speculum al foderi*. These two works seem to have little in common— Roig stresses the danger of intercourse of women and the anonymous author of this *Speculum* emphasizing the healthy aspects of sex— but they each seek to persuade the reader to follow their particular brand of advice. They may both borrow the idea of the mirror from various books on proper royal behavior called "mirrors for princes," but each tries to prescribe the behavior of the common man in his interaction with women. The *Spill* and the *Speculum al foderi* represent attempts to control attitudes towards coitus and by extension women's bodies and abilities to heal. They are opposite in tone and opinion, reflecting the contradictions

of being a female healer during this period. The *Libro del arte de las comadres o madrinas y del regimiento de las preñadas y paridas y de los niños*, written by Damián Carbón, is another work that embodies the contradictions of the time. Carbón both promotes and controls midwives in this sixteenth-century text.

Chapter 4: Damián Carbón's *Libro del arte de las comadres*

Damián Carbón's medical treatise *Libro del arte de las comadres o madrinas y del regimiento de las preñadas y paridas y de los niños*, published in Mallorca in 1541, is the first obstetrical text written in Castilian (Perry 26). Although Carbón was a doctor, he wrote this book to instruct midwives, using the words "comadres o madrinas" in his title to signal that this book is about the arts of female medical practitioners. *Comadre* and *madrina* are both vernacular words that in this period mean both midwife and godmother (Cabré, *Women* 32). He also carefully links the vernacular terms he employs for women to their Latin antecedent, firmly placing these women within the orthodox medical tradition. "Y esta comunmente en lengua Castellana es llamada comadre/ o partera. En lengua/ Catalana se dize madrina. En latin es llamada *obstetrix* (19)." [And this [the midwife] is commonly called a *comadre* or *partera* in the Castilian language. In the Catalanian language they say *madrina*. In Latin she is called *Obstetrix*...] ³⁶ He goes on to explain that the word *obstetrix* derives from the midwife's duty to rupture the amniotic sac during birth if necessary to facilitate delivery.

En latin es llamada obstetrix, quiere dezir quasi obstatriz contra parturientem componese ex ob et estera, scilicet, obstetrix obstetricis, que propiamente es la muger que trata la extera, que es el panniculo en el qual la criatura esta embuelta en el vientre de su madre. Aunque se corrompe el vocablo... Y por esso el propio officio dela comadre es con el dedo, o como pueda, romper la extera que es este propio paniculo como y quando natura no lo puede hazer por ser duro y tener mucha resistencia. Y por esso dize obstetrix... (20)

[In Latin [the midwife] is called *obstetrix*, which means something like *obstatriz parturientem* [membrane-breaker dealing with a birthing woman]... composed from "ex" "ob" and "estera", which is to say: *obstetrix obstetricis* which is properly

³⁶ All the translations in this chapter are my own and George Greenia's.

the woman who deals with the *extera* which is the little [amniotic] sac in which the infant is wrapped in the womb of the mother, even though the form of this word is corrupt. And on account of this, the task proper to a midwife is to break the sac with her finger or however she can whenever Nature cannot do it because it is too tough or too resistant; for this reason she is called *obstetrix*.]

Carbón not only legitimizes the title of midwife by deriving it from a Latin term, but he also claims that the Latin word itself indicates a physical, medical intervention that the midwife may frequently carry out. The women he is describing with this title are clearly active healers who are permitted to carry out important procedures. Breaking the amniotic sac is a medical intervention still used today to move births along.

Although the midwives Carbón describes have agency and some authority, they are still subordinate to male practitioners in terms of status and knowledge. The *Libro del arte de las comadres o madrinas* is not addressed to women but rather “un caballero mucho su señor” [“to a very noble gentleman”] whose wife has had several miscarriages. Although she is “bien complisionada, templada en su ejercicio, alegre, honesta en su bivar” [well balanced in her humors, moderate in her exertions, happy of temperament, decently comported of life style] she has suffered three or four still births (11). In order to help this friend or patron and his wife, Carbón writes a treatise to educate midwives in what he thinks are the best practices of their art. This is important, in his opinion, because pregnant women will ask *comadres* for advice before they ask a doctor, and he suggests that midwives have little training and may give them faulty advice. Carbón’s audience is a lay audience composed of the nobleman without medical training and the implicit midwives who Carbón considers to be skilled practically but uneducated in the subtleties of medicine. This forces Carbón to use common vernacular terms, although he does occasionally slip into Latin.

vuestro mucho valer y mi poca abilidad, y la dificultad de la materia y la disproporcion de la lengua para la subjecta materia por ser vuestra merced cavallero y no letrado

[Your great nobility and my poor talent, the difficulty of the subject matter, and imbalance between language needed for the material treated, your mercy being a knight and not a man of letters.]

Just as the *Speculum al foderi* made male sexual hygiene accessible to men without medical training, Carbón is attempting to make medical knowledge about pregnancy and birth accessible to a wider audience. He paradoxically asserts male control over midwives but also offers female healers information they would otherwise be unable to access. This both empowers midwives but also allows physicians to claim that *comadronas* derive their knowledge from male sources.

Carbón claims that this book demonstrates the arts of midwifery sufficiently so that a *comadre* can advise pregnant women, especially those about to give birth, in good conscience.

Y porque tenemos oy una platica que las mugeres preñadas y paridas en sus necesidades y para las criaturas: a las comadres antes que a los medicos piden consejo. Y ellas poco instruidas en su arte: no saben buenamente que hazer: y ansi caen en errores como vuestra merced tiene experimentado.

Y por esso movido de caridad, en esta obrezica les demostrare su arte, y las reglas y forma que tienen de tener para ser suficientes y en buena conciencia puedan tal arte usar y aconsejar para la salud de las preñadas paridas y criaturas: al servicio de Dios y de Nuestro Señor y de su Bendita Madre. (11)

[For just today we had a conversation about how women who are pregnant or who have given birth, for their health concerns and those of their newborns, seek the counsel of midwives rather than physicians. And these women are so poorly trained in their craft that they don't entirely know what to do, and so they fall into mistakes as your mercy has seen first hand. And so, moved by charity, in this little treatise I will show them the craft and rules and the way in which they can be useful and so they can use this craft with a clear conscience for the health of pregnant women, those who have just given birth, and their infants, all in the service of God and his Blessed Mother.]

This also indicates that, at least in Carbón's opinion, women in 1541 were still turning to midwives before they consulted a doctor. As a doctor, he would presumably be knowledgeable regarding the health practices of the women in his area, and this is backed up by the fact that he wrote a whole book dedicated to teaching midwives. He would be unlikely to write a book for a small or disappearing audience, showing that female midwives still enjoyed popular use in sixteenth-century Mallorca. Carbón seems relatively neutral on the practice of midwifery, indicating that he considers them less knowledgeable than himself, yet believes they are capable of learning from his book and improving their skills. Unlike other contemporary writers in Castilla, he does not denigrate midwives or accuse them all of depravity. In fact, the first chapter of this work is titled "*De la necesidad dela comadre y de su officio*" ["On the necessity of midwives and their work"].

Carbón's explanation of the necessity of midwives is one that we might consider sexist, but apparently was convincing to the male medical establishment, and allowed it to accept midwives. He begins by recounting the story of Adam and Eve, how they ate the fruit of the tree of knowledge because they wanted to be like God and were sent out of paradise. God also dealt out punishments to Adam and Eve, telling Adam he would have to survive and Eve that childbirth would become a painful experience. "*A la muger dixo: Yo acrecentare tus trabajos y con dolores pariras tus hijos y seras sujeta al varon*" (17). [To the woman he said: I will increase your work and with pains you will gave birth to your children and you will be subject to men.] Carbón then lists a number of the things that can go wrong at birth: the baby could be in the wrong position, the water

might not break, the fetus might be deformed, and the mother might have trouble nursing.

For these reasons, God gave mankind science to protect themselves from these dangers.

Ansi que, mirado por los sabios la necessidad de los hombres y de las mugeres, compusieron la ciencia medicinal: y proueyeron en las cosas que muchas vezes natura falta: las quales son casuales fortuytas: como a nuestro proposito las mugeres traer sus hijos por abundancia o defecto de nudrimiento a ser difformes por algun defecto interior o exterior.

Y por esso el sabio collegio de los medicos determino por honestidad que fuesse el ministro muger para ayudar a las tales necessidades que suelen a las preñadas acaescer enel tiempo de su preñez y parto y bien informada de su arte supiesse a semejantes cosas socorrer: como se vera adelante por sus capitulos. (18).

[And so learned men saw the needs of men and women and created the science of medicine and supplied the things that Nature lacked, which were random events. So in our view, that women, through excess or deficiency of nourishment [mother's milk] have children misshapen by some internal or external defect. And for this reason the academy of doctors determined out of decency that the care provider should be a woman, in order to assist with such needs that commonly happen to pregnant women during their pregnancy or at childbirth, and well informed in their craft know how to help when such things occur as is seen below in separate chapters.]

Here he explains that the “learned” (*sabio*) physicians determined “for decency”

(*honestidad*) that the female ministry was to take care of the pregnant and the women

giving birth. His second example is that doctors heal by giving topical treatments and

ingestible purges, but do not set bones or perform other operations. Just as they leave

these tasks to surgeons, so should childbirth be left to women.

Y por semejante, vista la necessidad en las mugeres en el tiempo de su preñez y parir, es assaber en mal o bien parir, o en la disformidad de la criatura en tener la cabeça mas gorda que deve o en sacar un braço primero o una pierna o en sallir doblada, para ayudarles dando buen sitio a la criatura y poner la en su lugar para bien salir, fue necessario por honestidad de dexar estas cosas en poder de muger. La qual, bien informada de lo que tocara a su arte, pueda bien valer a la preñada parida o paridera: como haze el buen Cirugiano en sus manuales operaciones. (19)

[And for the same reason, seeing the needs of women during pregnancy and birth, such as easy or difficult births, or the infant being deformed by having too big a head, or having an arm emerge first, or a leg, or in a breech birth, to help them give a good position to the infant and put them in the right posture for a good delivery, it was necessary for decency to leave these things in the power of a woman. Such a

woman, well informed of her craft, can be of good value to the pregnant or delivering woman: just like what the good Surgeon does in his manual operations.]

Equating midwives with surgeons is an intriguing parallel. Surgeons, like midwives, were not expected to have attended a university at this time and learned their art empirically. Although McVaugh has found several records of female surgeons, they seem to be the exception rather than rule for a mostly masculine profession. It accords a degree of respect to midwives to place them on the same “level” as surgeons, as examples of professionals who do work that doctors delegate to others. Carbón makes the distinction that both midwives and surgeons are limited to mechanical interventions, the more menial and dirty aspects of medicine that doctors (such as him) choose not to perform.

The preservation of “decency” that Carbón insists on suggests that he believes that it is bad for both female patients and male practitioners to have intimate contact. In this era it was a common belief that it would be wrong for a male doctor to examine a woman, although Green argues that this notion was eroded throughout the late medieval and early modern period so that male physicians could play a greater role in childbirth (“Women’s Medical Practice” 77).³⁷ Tellingly, when Carbón writes about the three attributes that a good midwife should have, one is essentially moral. “La primera de las quales ha de ser que la comadre sea muy esperta en su arte. La segunda que sea ingeniosa. La tercera que sea moderada, es assaber que tenga buenas costumbres” (20). [The first of these must be

³⁷ Green recounts an intriguing story about a female French physician named Jacoba Felicie who argued in court that she should be allowed to practice medicine between women need female physicians for modesty’s sake. The court apparently dismissed these arguments as frivolous (“Women’s Medical Practice” 61). She does note that men almost never manually examined a woman’s genitalia, even when they asserted theoretical knowledge of gynecology and the ability to treat gynecological illnesses. Female assistants and birth attendants remained necessary (“Women’s Medical Practice” 73).

that she is expert in her craft. The second is that she is clever. The third is that she moderate, which is to say she is upright.] He explains that the best midwives, like the best surgeons, have the most experience and have worked with patients presenting diverse problems. He even suggests that midwives should gather together to discuss technique: “Los quales platicando y conversando con otra experta comadre, saldra muy perfecta, tal que a las sobredichas necessidades, de convenientes remedios” (21). Carbón also explains that to be “ingenioso” (adept) is to be able to manipulate the birthing process and have the physical and mental ability to deal with difficulties. Finally, he argues that a midwife should be good, moral and religiously upright. Others have put forward these same requirements for wet-nurses, since it was believed that milk transferred characteristics of the nurse to the child. Carbón may believe that the qualities of the midwife also rub off on the child, or he may be concerned by the mysterious process of birth.

Sea honrada: sea casta para dar buenos consejos y exemplos/ mire que tiene honestissima arte. Sea secreta que es la parte mas essencial. Quantas cosas les vienen en manos que no se han de comunicar por la verguença y daño que se seguiria. Tenga las manos d<e>lgadas y mire las carnes que tiene a tratar. Sea ligera enel tacto que no haga lision enlas carnes delicadas. Tenga temor d<e> dios. Sea bien christiana porque todas las cosas le vengán en bien. Dexe cosas de sortilegios ni sup<er>sticiones y agujeros/ ni cosas semejantes: porq<ue> lo aborresce la yglesia santa. Sea deuota y tenga deuocio<n> enla v<ir>ge<n> Maria. Y tambien con los sanctos y sanctas de parayso/ porque todos sean en su adjutorio. (22)

[She should be honorable and chaste to give good advice and examples. See that she is decent in her art. The most essential quality is that she is reserved. How many things will pass through her hands that she must not communicate for the shame and harm that would follow. She should have slim hands and examine her skin. She should have a light touch that will not make lesions in the delicate tissues. She should have a fear of God. She should be a good Christian so that all things will go well. She should avoid spells, superstitions, and fortune telling and other like things because the Holy Church abhors them. She should be devout and have a devotion to the Virgin Mary and all the male and female saints in paradise so they will all assist her.]

Interestingly, being pure is equated not only with being a good example, for the pregnant woman or perhaps all women, but also with being gentle and caring in her physical contact with patients. Carbón seems to stress honesty and purity for several reasons.

First, there is the temptation to engage in magic (“sortilegios ni supersticiones y agueros”), perhaps because the birth process is mysterious and frightening. This is bad because it offends the Virgin Mary and the saints just when the midwife needs their support, and if she is unclean her patients will suffer. Purity is also connected to secrecy; Carbón states they midwives will learn many things they should never divulge. This connects back to his explanation that the office of midwife was created for women, and reflects a common belief that male healers should avoid women’s bodies; here the body must not only be physically avoided but knowledge of it segregated from male healers.

Carbón also provides evidence, albeit somewhat grumpily, that midwives also provided medical care to children. “Suelen los niños tener diuersas enfermedades: delas quales acostumbran morir: y es por culpa de sus padres/ y madres: porque en lugar de pedir el consejo del medico lo demandan ala comadre: y ella no sabe las causas y haze remedios” (100). Carbón is skeptical of the midwife’s ability to treat children, but his attitude reveals that it was still standard practice for parents to ask female healer’s opinions before turning to a doctor. This warning, however, may function mostly as a justification for the second half of the book. Just as Carbón claimed that midwives need the training he offers to successfully attend to prenatal women and deliver babies, here he tries to show that midwives are in need of the information he provides in chapters 36-56 on childhood illnesses. Even though he criticizes the skill of midwives in this area, he

writes twenty chapters of advice and recipes for midwives to use for ministering to children. Later in his discussion he acknowledges again the frequent use of midwives to treat children and offers that the information he is disseminating here will allow midwives to give good advice. “Por esta autoridad d[e]termine de todas estas enfermedades propias a los niños: dar informacion a las comadres: porque se hallan por sus visitas y sepa[n] rectamente dar consejos en semejantes necessidades” (109). [All these childhood diseases are described for this reason: to give information to the midwives, because they will encounter them on their visits, and should know the right advice to give in such situations.] His conflicted attitude towards midwives may be a rhetorical strategy to increase the need for his book— if he makes midwives feel they need his information, perhaps he will be able to sell more copies. Carbón’s attitude may also reflect the fact that although doctors considered themselves more reliable healers, they were forced to accept that the general population frequently turned to midwives for a variety of reasons.

Not only can we deduce the scope of midwife’s practice at the time Carbón was writing, we can also learn about what treatments midwives were expected to give. Carbón describes that midwives must be ready to manually assist with birth and even rupture the amniotic sac if necessary. He also provides numerous recipes, for medicines to be ingested and unguents to be spread on the skin. In chapter thirty-nine, he provides two different recipes to treat babies with stomach pain, one an unguent to be applied to the belly and another a “confection” that is presumably to be drunk. In chapter 12, he lists a variety of remedies for pregnant women who have lost their appetite, including one from Avicenna, and one that women arrived at through experience.

Las mujeres, empero, doctas de esperiencias, dan del simiente de la mostaza con vino y hallan lo muy bueno. Y si quereys hazer experimento.

Tomad pimienta y zinzibero zedoario: de cada vno dos dramas: simiente de mostaza vna drama: açucar tres dramas todo sea poluorizado y mezclado.

Del qual poluo le daran media cucharada de plata con un trago de vino tinto en ayunas. (38)

[Women learned in practical matters, however, give mustard seed with wine and find it very good: if you wish, do a test. Take pepper and *zedario* ginger, two drams of each, one dram of mustard seed; three drams of sugar and everything ground and mixed. Put one silver spoon with a cup of red wine taken on an empty stomach.]

The rest of the numerous recipes in this book are either unattributed or credited to Avicenna or another writer of medical treatises. Earlier medical and hygienic texts addressed to women, such as the *Trotula* and *Flos del tesoro de beutat*, were almost entirely composed of recipes. Although the two previous works concentrate on cosmetics and the health of the skin and hair, and Carbón's work provides recipes for medicines for mothers and children, all the works assume that women are reading these recipes and making the appropriate medications for themselves and their children. Although there were prohibitions against women administering medicine in *Furs*, it seems they continued to be acceptable sources of creams, unguents, drinks and syrups for at least some hygienic and childhood complaints.

Finally, Carbón dedicates one more chapter to a group of women who provide health and sustenance—wet-nurses or *amas*. In the chapter titled “dela election dela Ama porsus señales” he does not make any claim that wet-nurses, like midwives, they can be taught to give better treatment through his advice. Instead, he focuses on picking a wet nurse and judging a woman's promise in that job from her physical and moral characteristics. Wet nursing is not presented as a learned skill, but the effects of the wet nurse on the

baby's health and development are clearly delineated by Carbón. "No sea riñosa: sea benigna/ jocunda/ sea diligente/ limpia/ y casta/ no sea triste/ ni timida... porque la co[m]plexion sigue la leche: y por ventura el niño aborreceria la teta... dize que mas trae las costu[m]bres el niño dela ama q[ue] del padre ni dela madre" (34). [She should not be quarrelsome: she should be even tempered, agreeable, diligent, clean and chaste but not sad or timid... because the complexion will come with the milk, and because of this fact the child may dislike the breast... they say that the child has more of the qualities of the wet nurse than of the father or the mother.³⁸] He provides a list of seven qualities that should be examined in every midwife, and provides seven recipes for medicines for wet nurses in case a midwife who complies with every category perfectly cannot be found and instead one with "defects" is hired.

La primera [cosa necessaria] es enla edad dela muger. La segunda enla figura. La tercera en sus costumbres. La quarta enla forma de sus tetas. La quinta enla qualidad dela leche. La sexta enel tiempo/ si nueua / o vieja. La setena enel genero dela criatura ((conuiene assaber)) si macho/ o hembra: y mas si de bue<n> parto/ o malo. (91)

[The first [necessary thing] is the age of the woman. The second is the figure. The third is in her customs. The fourth in the shape of her breasts. The fifth in the quality of her milk. The sixth is her experience, if novice, or seasoned. The seventh in the sex of the child that is if male or female, and even more if it was an easy or difficult birth.]

This list of seven qualities parallels the list of seven attributes of a good *medianera* in the *Speculum*. The number seven once again signals the important nature of this job and shows that this list is complete. It is interesting to note that since this work is addressed to midwives, presumably this information is going to be used by midwives to pick wet nurses for other women. Although the wet nurses are not called healers in this work, it is

³⁸ Note that "complexion" is used here to refer to one's humoral makeup. Carbón is suggesting that the wet nurse will transfer her tendency to be hot, wet, dry or cold to the baby. These traits would in turn affect the baby's health and personality.

made clear that, like midwives, they provide health services through their physical and personal attributes. Wet nurses may be an example of a type of female health practitioner so low in status that she is not even called a healer.

El libro del arte de las comadres show us the complexity of attitudes toward female healers in sixteenth century Aragón. Their continued practice is evident, as Carbón describes medicines that he has observed women make and also discusses how the community goes first to the midwife, and not to the doctor. His disapproval of this practice is clear, yet he then spends the rest of the book educating midwives. This paradox may be indicative of the state of women's practice at the time: continuing, possibly robustly, but with ambivalence at best from the orthodox medical establishment.

Conclusion

At the beginning of this study I thought it might be possible to trace the evolution of women's practice in the Crown of Aragón from a relative golden age at the end of the medieval period to the more restrictive early modern era. Instead I found that the state of women's practice was difficult to define and the laws, medical texts and recipes books I used as sources often contradicted each other. The one constant was that women practiced medicine throughout the late medieval and early modern period, although they rarely had a license or a title other than "woman" or "wife."

The fourteenth century saw a continual process of negotiation within the Crown of Aragón over what type of medicine women could practice. The Valencian *furs* of 1329 attempted to regulate medical practice by defining who could be an authorized healer and prohibiting women from healing men or providing potions, but they were only followed sporadically. The kings of Aragón occasionally subverted the *consells*' licensing requirements and granted women licenses to practice medicine. At the same time, the medical community was trying to move towards professionalization with mixed success. This can be seen in the court records of women who were prosecuted for practicing medicine and in the misogynistic writing of Jacme Roig.

In the same century that Roig wrote the *Spill*, an anonymous author wrote the *Speculum al foderi*, a vernacular medical text that promoted the hiring of *medianeras*. Other medical texts written by men in the fourteenth through sixteenth centuries also continued to promote the selective use of female healers at a time when they were supposedly falling into disfavor. Damián Carbón allows women to give potions and manual interventions to pregnant women and their infants. The cosmetic manuals

produced for royal Aragonese women assert women's need to modify their bodies' surfaces and treat some gynecological concerns. Yet for all that these sources limited women to treating other women, mainly on cosmetic and gynecological matters, women continued to practice on men, as evidenced in the *Speculum al foderi* and various recipe books.

Recent research about what labels were actually given to women engaged in healing practices has opened up new genres of literature for examination, including recipe books, epistolary records, and manuscripts of household accounts maintained by women, which provide evidence in their own words of their uncredited medical practice. Court records show numerous "women" and "wives" who were permitted to offer testimony. These sources indicate the overlap of the terms *comadróna*, woman and mother.

Women as wives and mothers were responsible for providing the food and drink that controlled the body's health. Humoral theory proposed that regulating nutrition and sex was necessary for maintaining balance within the body and women were a necessary part of the regulation of both of these aspects of wellbeing. For this reason, perhaps, they could never be completely separated from their healing practice. Professionalization was not even a concern to the majority of women who provided healing, as they were never identified as healers, both obscuring them in the historical record yet allowing them to flourish unobtrusively in their own time.

The recipes, laws, poems and medical texts that are used to support the above assertions are privileged sources because, whether written by physicians, midwives or women who occasionally made pastes or potions, they record the beliefs and expectations of medical practitioners in Aragón. Many other sources that will provide valuable insight

into the practice of medicine in this time and place remain in need of investigation.

Transcription and translation of the recipe collections discovered thus far is needed to further understand how women practiced medicine. Other moral and theological texts that address women's practice, while outside the scope of this study, may also inform us of the attitudes toward women's healing. Particularly interesting may be the connection between white magic and healing, including logotherapy, or the use of prayers and written charms to heal. Women's healing has been shown to be an ongoing process that continued regardless of professionalization because of cultural tradition and demographic necessity, which may suggest that allegations of witchcraft are linked to the continual struggle of male physicians such as Jacme Roig to consolidate their position. It may also suggest that the connection between the magical arts and the flesh and blood healer is more complex than some have made it out to be, as there is continued evidence that men found female healers valuable. Comparing the evidence from medical texts with documentation about hermetical or magical crafts in Aragón during this period may yield new insights.

It is crucial to investigate the texts produced by healers because they reveal who had the power to disease. Disease is more than a collection of symptoms; it is society's response to threatening and disturbing phenomena. Take a mundane example: a runny nose, a headache, and a sore throat, while frustrating, painful, and debilitating, will not allow you to call in sick. A doctor's note describing your sinus infection, though, will signify to the rest of your community that you are "diseased" and deserve special treatment. You will also expect to be prescribed the standard medicine for sinus infections, an antibiotic, and will not be surprised when the doctor tells you to get more

rest. Medieval medicine functioned the same way: only certain authorized healers had the power to confer a label on a collection of symptoms. These labels were used to give meaning to the experience of being sick and to exert societal control, which is why it is so important to discover who had the power to grant such labels. Misogynistic male writer and physician Jacme Roig used his “power” to disease women’s bodies and frighten men away from approaching female healers. Yet at the same time we have epistolary evidence that women who made various healing powders and creams were able to use them to gain social status at royal courts by diagnosing and treating skin problems.³⁹

Many different claims have been made about who was allowed to be a healer in the late medieval and early modern period. Until thirty years ago, most scholarship on medieval medical practitioners focused on men, especially the officially licensed male doctors. Later scholars claimed that women’s health was women’s business and emphasized women’s role as midwives. This analysis of medical texts and recipe books written by medieval healers, in conjunction with the legal texts that governed their activities, shows that men and women were both involved in women’s– and men’s– health. While men were more likely to be licensed healers, women were accepted as medical experts in courts of law based on the knowledge they were believed to have as wives and mothers. The four women who examined Cateriniqua in Zaragoza and reported to the court that she had been raped gave societally recognized meaning to the girl’s trauma.⁴⁰ While women’s ability to diagnose diseases and assert societal control

³⁹ See page 49.

⁴⁰ See page 36.

may have been more limited than men's, there is strong evidence in the form of recipes and medical texts that that they were able to exercise this powerful role.

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