
Women or Healers? Household Practices and the Categories of Health Care in Late Medieval Iberia

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SUMMARY: Assessments of medieval health care used to focus on practitioners holding some sort of occupational label, resulting in a meager representation of women. This article intends to illustrate how women's significant contribution to healthcare can be mapped out by looking at the domestic space that is largely left outside the histories of medieval medicine. First, it explores the language that names women's activities to maintain health and alleviate illness, showing how words identifying women's capacities to heal come from everyday actions and belong to the semantic domain of women and mothers. The caring meanings ascribed to the words women, mothers, midwives, and nurses in the Iberian mother tongues conflate and describe a *continuum* of practice whose origin is the household, from where it expands to the community. Second, it discusses the importance of women's ordinary domestic care within the theoretical frame of the six non-naturals, particularly feeding and nourishing, as well as presenting the household as an open and flexible space providing health care beyond the family. Third, by considering recipes as privileged evidence, it attempts to piece together a preliminary textual history of women's household knowledges that for centuries had been circumscribed to the domain of the oral. It identifies the written contexts where women's recipes appear through a long timespan, attesting changes in women's literate practices that give rise to new genres that illuminate a sphere previously opaque to the historical record.

KEYWORDS: health care, women, household, self-care, care-giving, recipes, medical genres, Middle Ages, Iberia

This article has been ripening over many years during which I have been fortunate to receive sound suggestions and support from many people and audiences who took my work seriously. To all of them, my heartfelt thanks. My deepest debts of gratitude are to Monica Green and Katharine Park, who have shared their expertise with me and are a constant source of inspiration. Mary Fissell's unyielding trust provided a wonderful and caring home for this piece. My indebtedness also extends to three anonymous referees whose suggestions were helpful and generous. I am happy to acknowledge that funding for research has been provided by the Spanish Ministry of Education and Science (Dirección General de Investigación, HUM 2005-03635). Finally, without the ongoing encouragement of Fernando Salmón, neither this nor many other of my projects would have seen the light. All translations of primary sources are mine.

Almost two decades ago a leading American journal of women's studies published an article on medieval women's health care by the historian of medicine Monica Green. It is a scholarly and thought-provoking essay which identifies and evaluates contributions spread out internationally over half a century, elaborating a new interpretive framework within which to develop further questions and lines of research; together with a follow-up essay, it soon became a founding text in the strict sense.¹ Prior to Green's work there had been scattered attempts to address the issue, and women physicians' organizations had long shown explicit interest in medieval women's health-care activities.² But it was the confluence of feminist historiographies, the social history of medicine, and the new medievalism that created the intellectual niche in which the articles would be conceived and welcomed in the scholarly community.³ Since the early 1990s, women's engagement with health practices has been considered to a greater or lesser degree by every piece of serious medieval history of medicine—normally noting women's meager presence in the historical record, and customarily citing Green's work. In fact, a recent review has identified women's history as the lively novelty in medieval medical

1. Monica Green, "Women's Medical Practice and Health Care in Medieval Europe," *Signs*, 1989 n. 11 p. 4, 14: 434–73; reedited in Judith Bennett et al., *Sisters and Workers in the Middle Ages* (Chicago: University of Chicago Press, 1989), pp. 39–78 (when referring to this article I will quote from this edition, which was reprinted in Green, *Women's Healthcare in the Medieval West: Texts and Contexts* [Aldershot: Ashgate, 2000], Essay 1). The analysis was furthered in Green, "Documenting Medieval Women's Medical Practice," in *Practical Medicine from Salerno to the Black Death*, ed. Luis García Ballester et al. (Cambridge: Cambridge University Press, 1994), pp. 322–52 reprinted in Green, *Women's Healthcare* (n. 1), Essay 2.

2. On the side of historiography, significant attempts noted by Green, "Women's Medical Practice" (n. 1), p. 41, are Muriel Joy Hughes, *Women Healers in Medieval Life and Literature* (1943; Freeport, N.Y.: Books for Libraries Press, 1968); and Paul Diepgen, *Frau und Frauenheilkunde in der Kultur des Mittelalters* (Stuttgart: Thieme, 1963). On women physicians' quest for history, see Montserrat Cabré, "Kate Campbell Hurd-Mead (1867–1941) and the Medical Women's Struggle for History," *Collections*, 1993, 26: 1–4, 8; Cabré, "Toward a History of Us All: Women Physicians and Historians of Medicine," in *Feminist Science Studies: A New Generation*, ed. Maralee Mayberry, Banu Subramaniam, and Lisa Weasel (New York: Routledge, 2001), pp. 120–24; Teresa Ortiz, *Medicina, historia y género: 130 años de investigación feminista* (Oviedo: KRK, 2006), pp. 81–133.

3. Helpful guides to the intellectual atmosphere of North American scholarship in the 1980s and early 1990s are Joan Scott, ed., *Feminism and History* (New York: Oxford University Press, 1996); Susan Reverby and David Rosner, "'Beyond the Great Doctors' Revisited: A Generation of the 'New' Social History of Medicine," in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Warner (Baltimore: Johns Hopkins University Press, 2004), pp. 167–93; Paul Freedman and Gabrielle Spiegel, "Medievalisms Old and New: The Rediscovery of Alterity in North American Medieval Studies," *Amer. Hist. Rev.*, 1998, 103: 677–704.

history.⁴ The impact of women and gender studies on lengthy projects undertaken over the last decade has transformed their very focus, as Katharine Park has recently acknowledged, creating a lens with which to see women at the heart of the work of healing.⁵ Women are finally accorded a place in the history of medieval medicine, not only as recipients but also as providers of health care.

From the time of its publication, Green's work became (as it still is) a point of reference for historians who took a social approach while working on different aspects of medical practices in medieval and early modern Europe.⁶ The problem set out in those articles was how to document women's healing activities. The prosopographic histories of the medieval health occupations that flourished in the eighties and nineties offer very poor data relating to women. When systematic counts are attempted, the numbers of women identified in the sources as specialists in medical tasks are very low, even including midwives. For example, in France for the period of the twelfth to fifteenth centuries, women represent 1.5 percent of the total of acknowledged experts.⁷ In England, the figure is 1.2 percent, and for Italy it is no better.⁸

4. Fernando Salmón, "Trends and Recent Work in the History of Medieval Medicine (1993–1998)," in *Bilan et perspectives des études médiévales (1993–1998)*, ed. Jacqueline Hamesse (Turnhout: Brepols, 2004), pp. 489–505.

5. Katharine Park, *Secrets of Women: Gender, Generation, and the Origins of Human Dissection* (New York: Zone Books, 2006), p. 10.

6. Starting with the leading handbook of medieval medicine: Nancy Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990). Significant works that make visible room for women's health activities while considering broader aspects of medieval medical practice include Michael McVaugh, *Medicine before the Plague: Practitioners and Their Patients in the Crown of Aragon, 1285–1345* (Cambridge: Cambridge University Press, 1993); Carole Rawcliffe, *Medicine and Society in Later Medieval England* (Phoenix Mill Gloucestershire, U.K.: Sutton, 1995); Patricia Skinner, *Health and Medicine in Early Medieval Southern Italy* (Leiden: Brill, 1997); Faye Marie Getz, *Medicine in the English Middle Ages* (Princeton: Princeton University Press, 1998); Fernando Serrano Larráyo, *Medicina y enfermedad en la corte de Carlos III el noble de Navarra (1387–1425)* (Pamplona: Departamento de Salud del Gobierno de Navarra, 2004). Other works integrate women's scant data within their structures, without an explicit chapter: Danielle Jacquart, *La médecine médiévale dans le cadre parisien, XIVème–XVème siècle* (Paris: Fayard, 1998); Luis García Ballester, *La búsqueda de la salud: Sanadores y enfermos en la España medieval* (Barcelona: Península, 2001); Marcelino Amasuno, *Medicina ante la ley: La "licencia practicandi" y el ejercicio de la medicina en la Castilla bajomedieval* (Valladolid: Junta de Castilla y León, 2002); Carmel Ferragud, *Medicina i promoció social a la baixa edat mitjana (Corona d'Aragó, 1350–1410)* (Madrid: CSIC, 2005).

7. This figure comes from Danielle Jacquart, *Le milieu médical en France du XIII^e au XV^e siècle* (Geneva: Droz, 1981), pp. 47–55, and is provided by Monica Green, who counts six more women in the lists offered by Jacquart: Green, "Women's Medical Practice" (n. 1), pp. 45–50; Green, "Documenting Medieval Women's Medical Practice" (n. 1), pp. 321–52.

8. Green, "Women's Medical Practice" (n. 1), pp. 45–48.

The same is true for the Hispanic kingdoms, where women identified as medical practitioners are very few in comparison to men.⁹ In Catalonia, the practice of surgery seems to have been privileged by women over other specialties, particularly in the first half of the fourteenth century.¹⁰ However, the increasing control of the medical practices by municipal and royal authorities, and the progressive development of a medical system that was institutionally centered, were accompanied by a gradual degradation of the image and reputation of the woman healer—and her status was notably diminished as misogynist intellectual traditions regained currency.¹¹ In a recent monograph on medical pluralism in the Crown of Aragon between 1350 and 1410, only three women, all apothecaries, appear on a list of more than five hundred practitioners.¹² Women have been barely visible in quantitative studies that attempt to describe the medieval health-care system.

More enlightening have been approaches centered on women's health agency, especially microhistories based on particularly rich and descriptive documents. In fact, much of what we know about medieval women in charge of healing processes is due to the interpretive possibilities of a few precious documents. The records of the trial that brought Jacoba Félicíe

9. Ibid.; Luis García Ballester, Michael R. McVaugh, and Agustín Rubio-Vela, *Medical Licensing and Learning in Fourteenth-Century Valencia* (Philadelphia: American Philosophical Society, 1989), esp. pp. 29–32; McVaugh, *Medicine before the Plague* (n. 6), pp. 103–7.

10. McVaugh, *Medicine before the Plague* (n. 6), pp. 103–7.

11. Michael Solomon, *The Literature of Misogyny in Medieval Spain: The Arcipreste de Talavera and the Spill* (Cambridge: Cambridge University Press, 1997); Solomon, "Women Healers and the Power to Disease in Late Medieval Spain," in *Women Healers and Physicians: Climbing a Long Hill*, ed. Lilian R. Furst (Lexington: University Press of Kentucky, 1997), pp. 79–92; Jean Dangler, *Mediating Fictions: Literature, Women Healers, and the Go-Between in Medieval and Early Modern Iberia* (Lewisburg: Bucknell University Press, 2001); Fernando Salmón and Montserrat Cabré, "Fascinating Women: The Evil Eye in Medical Scholasticism," in *Medicine from the Black Death to the French Disease*, ed. Roger French et al. (Aldershot: Ashgate, 1998), pp. 53–84.

12. Ferragud, *Medicina i promoció social* (n. 6), p. 76, lists Simona Tevera, Llorença des Soler, and the widow of an apothecary named Roca. This work considers doctors (*metges*), physicians (*físics*), barbers, surgeons, apothecaries (*especiers*), and toothdrawers (*queixalers*); the global counting is mine from the alphabetical list of healers on pp. 667–702. For the city of Barcelona, Carles Vela offers two more identifications in the fourteenth century, Na Blanca and Na Llorença; he also documents a woman called Verdaguera who sold medicines but is not identified as an apothecary, as well as Sança, the wife of the apothecary Francesc ses Canes, whose handwriting appears in the accounts book of her husband's shop. For the fifteenth century only two are known, an anonymous woman and madona Eloia, both active in Barcelona. See Carles Vela, *L'obrador d'un apotecari medieval segons el llibre de comptes de Francesc ses Canes (Barcelona, 1378–1381)* (Barcelona: CSIC, 2003), pp. 28–29.

face-to-face with a court of justice are a case in point regarding women's general practice.¹³ For midwifery, we owe the best step-by-step description of how an actual delivery was attended to a unique report written by a meticulous Aragonese notary.¹⁴ Particularly telling are the difficulties of identifying the full extent of midwifery, an all-female activity in the Middle Ages: from the thirteenth century onward there is constant documentary evidence of midwives, but they do not seem to exist in the historical record in numbers that equate with the childbearing women who we presume needed their help. In her recent evaluation of the scholarship published over the last decade, Monica Green has again confronted this distortion; taking into full account the Iberian case, she has suggested that the emergence of full-time midwifery may have been a very slow and gradual process.¹⁵ In regard to early modern history, Margaret Pelling's extensive work on medical occupations has also highlighted how problematic is the identification of midwives in sixteenth- and seventeenth-century England,

13. The historical significance of these records was first signaled by Eileen Power, "Some Women Practitioners of Medicine in the Middle Ages," *Proc. Roy. Soc. Med.*, 1922, 15 (6): 20–23. The case was thoroughly studied by Pearl Kibre in "The Faculty of Medicine at Paris, Charlatanism and Unlicensed Medical Practice in the Later Middle Ages," *Bull. Hist. Med.*, 1953, 27: 1–20 (reedited in Chester R. Burns, *Legacies in Law and Medicine* [New York: Science History Publications, 1977], pp. 52–71, and in Kibre, *Studies in Medieval Science: Alchemy, Astrology, Mathematics and Medicine* [London: Hambledon, 1984], art. 13). More recent approaches are Montserrat Cabré and Fernando Salmón, "Poder académico versus autoridad femenina: La Facultad de Medicina de París contra Jacoba Félicie (1322)," *Dynamis*, 1999, 19: 55–78 (reissued in *Sanadoras, matronas y médicas en Europa, siglos XII–XX*, ed. Montserrat Cabré and Teresa Ortiz [Barcelona: Icaria, 2001], pp. 55–74); and a study of its historiographic *fortuna* in medieval women's history surveys: Monica H. Green, "Getting to the Source: The Case of Jacoba Felicie and the Impact of the *Portable Medieval Reader* on the Canon of Medieval Women's History," *Mediev. Fem. Forum*, 2006, 42: 49–62.

14. The document was first published by María del Carmen García Herrero, "Administrar del parto y recibir la criatura: Aportación al estudio de la obstetricia medieval," *Aragón en la Edad Media*, 1989, 8: 283–92, and reedited in García Herrero, *Las mujeres en Zaragoza en el siglo XV*, 2 vols. (Zaragoza: Ayuntamiento de Zaragoza, 1990), 2: 293–95. In 2005, she again included it in a book of essays, reflecting on how fifteen more years of work in Aragonese notary archives have not brought to light a record as rich as this one: García Herrero, *Del nacer y el vivir: Fragmentos para una historia de la vida en la Baja Edad Media*, ed. Angela Muñoz Fernández (Zaragoza: Instituto Fernando el Católico, 2005), pp. 42–46. The document has been translated into English: *Public Record of the Labour of Isabel de la Cavallería*, trans. Montserrat Cabré (ORB: Online Reference Book for Medieval Studies), <http://www.the-orb.net/birthrecord.html> (accessed 1 August 2007).

15. Monica Green, "Bodies, Gender, Health, Disease: Recent Work on Medieval Women's Medicine," *Stud. Mediev. & Renaiss. Hist.*, 3rd ser., 2005, 2: 1–46, on pp. 13–16.

as well as of women practitioners generally, revealing the long-term character of this aspect of women's work.¹⁶

If looking systematically and carefully at the labels that are recognized as indicating healing practices has resulted in histories where women's health agency carries little weight, we have a historiographic problem. These historical narratives contradict anthropological approaches that highlight the contributions of women to a great diversity of historically specific systems of organizing health care. And they also contravene what we know of medieval people's perceptions—implicit and explicit—of the importance of women in attending health. These perceptions are particularly vivid in the literary sources, richly descriptive documents and medical writings that amply acknowledge what women do, albeit frequently in a dismissive or disapproving manner.

In this article I intend to show the significance of women's activities in the medieval health-care system, where the theoretical framework of the "six non-natural things" included a wide variety of ordinary actions within the confines of health care. My assumption is that neither medieval medical resources nor women's health agency can be accurately mapped without thorough consideration of the domestic sphere, normally left outside the histories of the art of maintaining health and alleviating illness. During a period of lively development of new health occupations, of a rich proliferation of a diversity of authorized and unauthorized practitioners, it is crucial to look at the language that records women's health-maintenance actions in the sources, since the labels identifying women's practices differ from those for men. While male categories of health care relate to occupational markers, the words describing female practices, as I hope to demonstrate, are connected to the semantic domain of "woman" and "mother," as well as to other categories that designate women at certain life stages.

Since quantitative methods have proved inadequate for the identification of women's health-care practices, I try here to construct a patchwork tapestry made up of multiple small-scale cases. It is my hope that as a group they describe what women did in the medieval health-care system better than do histories of medical pluralism that impose categories clearly alien to women's work. I suggest that any attempt to describe fully the medieval health-care system and what women contributed to it should consider that

16. Margaret Pelling, "Older Women: Household, Caring and Other Occupations in the Late Sixteenth-Century Town," and "Nurses and Nursekeepers: Problems of Identification in the Early Modern Period," in *The Common Lot: Sickness, Medical Occupations, and the Urban Poor in Early Modern England* (New York: Longman, 1998), pp. 155–75 and 179–202, respectively.

women's health actions form a continuum that runs from the ordinary to the occupational, from gratuitous therapeutic attention to paid acts of health care. My analysis is limited to the Iberian territories, where records are rich—as are the historiographies of medieval women and of medieval medicine that have been steadily profiting from them over the last three decades. While acknowledging the cultural and linguistic specificities, I would also like to suggest that perhaps the essence of my argument could be valuable for other Western European regions.

Women and the Categories of Health Care

In Iberian sources, women's health practices that are identified as expert healing activities emerge in four different situations. First, there are authorized healers: women legally allowed to practice under certain conditions, whose licenses, granted by royal or municipal authorities, are extant; second, women who were accused of using diagnostic and healing methods that were worrying to the church and hence were investigated by ecclesiastical officials; third, women hired by individual people or institutions to carry out specific health practices, normally during a defined period of time; and fourth, medical expert witnesses required by the courts to testify in judicial cases.¹⁷

Of all these women practitioners noted in documentary evidence, only midwives are designated with a label that we currently understand as an unequivocal sign indicating a provider of health care (unlike other vernacular labels related to health care in the Iberian languages, words meaning “midwife” are explicitly marked by gender, since they come semantically from and refer only to women).¹⁸ With few exceptions, the rest of women's healing practices are identified either by narrative descriptions of what they do or by contextual inference, especially regarding their participation in the—labeled—health occupations of their husbands.¹⁹ Historians use

17. I have brought together examples of these four groups, as well as a description of Sereneta's case in Montserrat Cabré, “Como una madre, como una hija: Las mujeres y los cuidados de salud en la Baja Edad Media,” in *Historia de las mujeres en España y América latina*, 4 vols., ed. Isabel Morant, vol. 1: *De la Prehistoria a la Edad Media* (Madrid: Cátedra, 2005), pp. 637–57.

18. Montserrat Cabré, “Nacer en relación,” in *De dos en dos: Las prácticas de creación y recreación de la vida y de la convivencia humana*, ed. Marta Bertran, Carmen Caballero, Montserrat Cabré, Milagros Rivera, and Ana Vargas (Madrid: Horas y Horas, 2000), pp. 16–32.

19. See Green, “Documenting Medieval Women's Medical Practice” (n. 1); and Alison Klairmont-Lingo, “Women Healers and the Medical Marketplace in 16th-Century Lyon,” *Dynamis*, 1999, 19: 79–94, who documents this phenomenon of shared work identities, as well as how women worked as healers for institutions that hired them in the capacity of “women.”

such labels to identify healers, but they are categories previously chosen as signifiers of medical practices: physicians, barbers, surgeons, apothecaries, infirmarians, medical masters, and medical students populate studies based on the new institutional organization of medieval health care, while irregular itinerant practitioners, sellers of medicines, specialized healers, and midwives populate studies that consider the margins of the new and more formalized occupations. Since women are rarely designated with such labels, it is not surprising that they are barely present in the global data assembled to describe healers.

The scarcity of female identifications in studies that intend to encompass medical pluralism—including midwifery—could be caused by a difficulty in recognizing the specific ways that medieval documents record women's healing, as I will discuss later. But most importantly, historians of medieval health practices commonly overlook the wide range of expert activities both to maintain health and to cure or relieve sickness that were conducted in households. In fact, sick people were regularly tended at home by friends and relatives, as well as being occasionally visited by outside specialists called in by their caretakers. Medieval hospitals substituted for these domestic spaces when the latter failed to manage a medical crisis or to cope with a chronic situation where the sick person did not have the social resources—including, but not exclusively, the family—to handle adverse circumstances, or was economically unable to pay for the needed care.²⁰

As a Mother, as a Daughter

Although it is rarely the center of the historiographic endeavor, the household was the primary locus of the medieval provision of health care.²¹ The

20. In this context it is interesting to note that institutionally organized care took in more men than women. From 1473 to 1491, the Hospital de la Santa Creu in Barcelona admitted an average of 264.5 patients each year, 191.8 male and 72.8 female; the Hospital del Rey in Burgos housed 29 men and 12 women, and that of the Emperador had 9 beds for males and 3 for females: James W. Brodman, *Charity and Welfare: Hospitals and the Poor in Medieval Catalonia* (Philadelphia: University of Pennsylvania Press, 1998), pp. 70, 189 n. 2. Whether hospitals responded to actual differential needs of women and men deserves further research. Women had poorer access than men to economic wealth, but whether their capacity to receive care through social resources was higher is a question to be measured. On the ability of poor women to create and maintain relationships of support beyond family ties, including the provision of household care in times of illness, see Sharon Farmer, "Down and Out and Female in Thirteenth-Century Paris," *Amer. Hist. Rev.*, 1998, 103: 345–72; Farmer, *Surviving Poverty in Medieval Paris: Gender, Ideology, and the Daily Lives of the Poor* (Ithaca: Cornell University Press, 2002), pp. 136–64.

21. Peregrine Horden, "Household Care and Informal Networks: Comparisons and Continuities from Antiquity to the Present," in *The Locus of Care: Families, Communities, Institutions*,

basic activities of daily care were conducted by women within the domestic environment. Both in health and in illness, the control of the six non-naturals embraced the everyday management of the regimes of sleep and waking, exercise, and bodily retention and evacuation. Together with the supervision of the quality of the air, the attempt to balance the passions of the mind, and the regulation of food intake, these were the basic tenets of a conceptualization of health and disease that was loosely rooted in Hippocratic-Galenic principles and was broadly shared, with different degrees of elaboration.²² Such management involved the performance of routine but skilled operations such as washing clothes, bodies, and different types of bowls and containers; cleaning spaces and making beds; administering purges and cooking; perfuming the body and the atmosphere; and feeding as well as ensuring emotional well-being.

Health-care practices carried out at home on an ordinary basis interacted with those of labeled practitioners, who were sometimes actively invited to cooperate. Households were open and receptive centers of care. Physicians and other healers could be involved in health-recovery processes as the result of a decision made by the sick person or by her or his close entourage. A case recently published from the town of Cocentaina in Valencia supports this point: In 1318, through the mediation of a male acquaintance, a woman named Guillema called a Christian physician to visit her; she wanted to consult him regarding her pregnancy, and asked him explicitly to inspect her urines. A few days later it was her father who called a Jewish doctor, who was later sued for malpractice and charged with having medicated the woman without previous consent.²³

and the Provision of Welfare Since Antiquity, ed. Peregrine Horden and Richard Smith (New York: Routledge, 1998), pp. 21–67. Working with English sources, Felicity Riddy has recently pointed out how medieval housekeeping meant in fact attending to the demands of the body; it was the responsibility of wives and mothers either directly or with the mediation of servants: see Felicity Riddy, “Looking Closely: Authority and Intimacy in the Late Medieval Urban Home,” in *Gendering the Master Narrative: Women and Power in the Middle Ages*, ed. Mary C. Erler and Maryanne Kowaleski (Ithaca: Cornell University Press, 2003), pp. 212–28.

22. For a thorough and comprehensive study of the medieval tradition of regimens of health, see the introduction by Pedro Gil-Sotres to the edition of Arnau de Vilanova’s contribution to the genre, *Regimen sanitatis ad regem Aragonum*, ed. Luis García-Ballester and Michael R. McVaugh, vol. X.1 of *Arnaldi de Villanova Opera Medica Omnia* (Barcelona: Fundació Noguera and Universitat de Barcelona, 1996), pp. 473–904.

23. The woman had an abortion, allegedly as a consequence of the purge prescribed by the Jewish doctor, although his Christian colleague testified in his favor. That there was no other heir in the family and that the fetus’s sex was male seem to have been important factors for the involvement of Guillema’s father in the suit: Carmel Ferragud, “Organització social i atenció mèdica a la Cocentaina baixmedieval: El procés a Abraham Abengalell (1318),” *Asclepio*, 2005, 57 (2): 3–24.

But decisions on how to handle an illness could also explicitly avoid physicians—like the case of Bartomeu Sancho, a peasant from Valencia with a chronic illness who did not trust physicians and was treated at home by his wife for a long time. She sought outside help in the form of pills to purge him that she bought from another woman, who regularly sold them at the local market.²⁴

Not only open to incidental visits, households also welcomed health providers who supplied constant care, as illustrated in the case of Francisca Monpaón. Probably a widow, she died in her house in Zaragoza in 1399 after having been ill for nine weeks; without family around, it was María de Tena who attended her. Nothing is known about their relationship, but neither the carer nor the ill woman was in economic need: María paid for the medicines, foods, wine, dressings, and laundry in the first place, and after Francisca's death the executors of her will reimbursed María for these expenses.²⁵ The hospitable character of the household beyond the family is a significant trait that enhances its value as a healing space.²⁶ Further research is needed—like that of the historians of women María del Carmen García Herrero and Teresa Vinyoles, who are uncovering rare documents that reveal the hospitable nature of late medieval domestic settings.²⁷

We can see a women's world of caring practices in the case of Guillemona de Togores, who suffered from a cyclical and recurring illness that was eloquently recounted by the group of people who managed the process and endured it. Guillemona was one of the three main ladies-in-waiting

24. Carmel Ferragud, "La atención doméstica practicada por mujeres en la Valencia bajomedieval," *Dynamis*, 2007, 27: 133–55.

25. Ana del Campo, "Enfermar, morir y descansar: El caso de Francisca Monpaón en la Zaragoza de 1399," *Turiso*, 2003–4, 17: 177–96.

26. For examples of poor women's networks beyond family ties, see Farmer, "Down and Out" and *Surviving Poverty* (n. 20). The central place of family relations as the basic resource for the provision of health care was the focus of a thought-provoking essay by Margaret Pelling, who reflected on how women's primary intimacy with healing in the domestic space could have influenced physicians in the context of their upbringing; Margaret Pelling, "The Women of the Family? Speculations around Early Modern British Physicians," *Soc. Hist. Med.*, 1995, 8 (3): 383–401.

27. Last wills and testaments may acknowledge this caring hospitality in times of illness in the form of important donations: see María del Carmen García Herrero, "Actividades laborales femeninas en la baja edad media turolense," *Aragón en la Edad Media*, 2006, 19: 181–200, on p. 188. For Teresa Vinyoles's contribution, see below, n. 28. A recent evaluation of medieval women's history in Spain is Angela Muñoz Fernández, "¿Eran los bárbaros buenas personas? (A propósito de la edad media, la historia de las mujeres y Joan Scott)," in *Joan Scott y las políticas de la historia*, ed. Cristina Borderías (Barcelona: Icaria, 2006), pp. 101–38.

of the Catalan-Aragonese queen Elionor of Sicily, and was sick during the winter of 1374 and the following year.²⁸ A collection of letters allows the reconstruction of her long sickness through the eyes of the patient, her main carer, and a circle of friends who managed the crisis. Na Togores (as Guillemona was normally called) lived in the queen's newly built palace in Barcelona and suffered from lack of appetite, general discomfort, and fever.²⁹ A name is never given for her ailment, but there was consensus among all the people involved that "neither the physicians nor anyone likes it."³⁰ The patient herself and a group of male and female friends were very worried about her state, for they feared the worst and felt impotent: "nothing can be done," writes the woman who became her carer, soon after welcoming Na Togores to her place.³¹ Some interesting observations come to light from the written communications of Na Togores and her network of acquaintances. First, the group decided that from a certain moment in the course of her illness she would be better cared for and attended to away from the queen's palace, at a friend's house. Na Togores did not want to leave the palace where she was serving the queen, and resisted her friends' plan for a time—but when the moment came that "she could not breathe," her women friends convinced her that another place would be a better option for recovery. She then moved to the house of her younger friend Sereneta de Tous, a married woman who also lived in Barcelona, and she stayed there this first time for twenty days, until she experienced a significant improvement.³²

When it came to domestic care, Na Togores seems to have had other options as well. Another friend, Francesca, who was also a widow, on this occasion decided not to offer her house as a place of recovery because she considered that it was not safe: another woman, Bartomeua, had just died there, and yet another, Na Cali, was staying with her preparing for death; Francesca's health-care space was at its limit. An organized women's world of caring is revealed here, a world that perceives the needs of the sick and responds to them for no fee. In the upper and middle classes, household

28. The letters have been studied and edited by Teresa Vinyoles i Vidal, "L'amor i la mort al segle XIV: Cartes de dones," *Miscel·lània de Textos Medievals*, 1996, 8: 111–98 (henceforth Vinyoles).

29. Ulla Deibel, "La reina Elionor de Sicília," in *Sobiranes de Catalunya: Recull de monografies històriques publicades sota la direcció de la Real Acadèmia de Buenas Letras de Barcelona* (Barcelona: Fundació Concepció Rabell y Cibills, viuda Romaguera, 1928), pp. 351–452, on p. 387.

30. "Ni els metges ni neguns no s'alten del seu mal": Sereneta de Tous to her husband, Ramon de Tous, 29 November [1374], Vinyoles (n. 28), p. 153.

31. "No s'hi pot àls fer": Sereneta to Ramon, 24 October [1374], *ibid.*, p. 151.

32. "Com no pot més aspirar": Sereneta to Ramon, 24 October [1374]; Guillemona de Togores to Ramon de Tous, 27 October [1374], *ibid.*, pp. 151–52.

resources cooperated with physicians—in this case, the royal physicians who worked for the court in a paid capacity. In one of the letters, the sick woman herself explains that queen Elionor was very worried and that she took care of her “as if I were her daughter,” while she was at the palace and also while away: “it was a rare day that she did not send three or four physicians to see me, and afterward she wanted them to explain to her the course of my illness.”³³ And despite all those attentions it seemed that the air, atmosphere, and care that she could receive at an ordinary home would be essential for her recovery.

During the time that this recurrent illness lasted, the patient and her friends evaluated her symptoms and managed and monitored the necessary means of relief. Of fundamental importance was the meaning that was given to the loss of appetite, both by the patient herself and by those around her. Na Togores explained that when she got worse after learning about the death of a friend (at a time of famine and plague), she felt very bad for two days and “there was nothing in this world that I could eat, and I was very afraid of dying.”³⁴ Eventually she got better, but only to get worse a few weeks later, when a woman friend writes that “she has got worse and is now in bed, and has lost her appetite, and now eats nothing, and Berenguer Marqués [a friend in common] does not like this illness, and I do not like it either, as far as I can know, and I do not think her life will last, since she has lost her appetite.”³⁵

The importance of being nurtured and its central role in the process of recovery is highlighted here. During periods of great physical vulnerability, eating was not an individual action done at will but rather the result of regulated feeding that medieval hospitals saw as a fundamental part of their functions in the absence of other options.³⁶ Ensuring food intake

33. “Com si jo fos sa filla, que pocs dies eren que III ho IIII metges ella no fes venir a mi, e puis volia que’ls metges li fessin relació de la mia malautia”: Guillemona to Ramon, 30 November [1374], *ibid.*, p. 154.

34. “No ha cosa al món que jo’m posqués menjar, e jo havia gran por que no’m morís”: Guillemona to Ramon, 27 October [1374], *ibid.*, p. 152.

35. “De madona de Togores vos faç saber que és recruada e jau en lo llit malalta, e ha perdut lo menjar, que ara no menja res, e segons que en Berenguer Marqués m’ha dit no s’alta de la sua malaltia ni jo aitamoc no me n’alt aitant com jo hi puix conèixer, que no’m par que la sua vida sia llonga, pus lo menjar ha perdut”: Francesca, widow of Guillem Morey, to Ramon de Tous, [December 1374], *ibid.*, p. 156.

36. Magdalena Santo Tomás and Ruth González, “Les soins donnés aux malades dans la Castille du Bas Moyen Âge: L’hôpital royal de Burgos, prototype de l’hôpital castillan,” in *Fondations et œuvres charitables au Moyen Âge. Actes du 121^e Congrès National des Sociétés Historiques et Scientifiques, section Histoire Médiévale et Philologie, Nice 1996*, ed. Jean Dufour and Henri Platteau (Paris: Éditions du CTHS, 1999), pp. 281–92, on p. 289.

was a primary concern of household health care and involved deciding on the diet, preparing the food, and, in many cases, actively feeding the patient. In this story of Na Togores, we have no reference to the particular diet that physicians may have prescribed, or to Sereneta's resolutions regarding special foods to give to her, beyond an incident with pears—a fruit sought by Sereneta because it appealed to Guillemona very much.³⁷ But the relevance of eating in this story and the role of the carer as a guarantor of food intake is directly recognized by the patient. While writing a letter to the husband of her temporary caregiver, at a time when she felt better, Na Togores tells him not to worry about her. She describes her process of recovery, sharing out the merit: she has recovered “with the help of God and I have been so well cared for, and I have such a good complexion that I have recovered well”; she goes on: “I am very grateful to your wife, Sereneta, who has taken care of me as well *as if I were her mother*, and certainly she would not spare in anything that I might need, and *nobody but her would talk to me about food*, and she has done for me as much *as if I had been her mother*.”³⁸ Lack of appetite clearly required special attention on the part of the carer, and Guillemona readily highlights this point while praising Sereneta's accomplishments.

It is important to note that Na Togores chooses to praise the attention received with the language of kinship that named medieval ties of love, reciprocity, and trust much beyond consanguineal bonding. In a letter written a few days after having moved to Sereneta's house, Na Togores appreciates that Sereneta has treated her as well as a sister, “and even better than if I were her sister.”³⁹ However, the analogy that prevails is that of mother and daughter. We have seen that she says that she was treated by queen Elionor, whom she served, “as a daughter,” and by Sereneta “as a mother.” Sereneta was not much younger than Na Togores, and her position was no higher in the social scale. Not only the patient but

37. Sereneta's husband, an official of the court of countess Maria de Luna, was supposed to be sending pears, but he forgot about them; Sereneta insists on asking for them because Guillemona cried when she learned about the neglect: Sereneta to Ramon, 4 January [1375], Vinyoles (n. 28), p. 160.

38. “Quant és de mi, vos faç saber, sènyer, que som gorida, mercè de Déu, e així no n'hajats ànsia ne por, ab l'ajuda de Déu, que jo he haüt ten bon pens e ten bona complexió que som gorida bé, mercè de Déu, e faç-vos cert que jo no m'he res plant. Faç-vos, sènyer, moltes gràcies de madona Sereneta, vostra muller, qui m'ha així pensada *com si jo pròpiament fos sa mare*, que per cert ella no s'estauviava en res que jo hagués mester, ne *negü no me parlava de menjar sino ella*, així que madona m'ha fet aitant *com si jo pròpiament fos sa mare*”: Guillemona to Ramon, 30 November [1374], *ibid.*, p. 154 (emphasis added).

39. “Madona Sereneta pensa així bé de mi com si jo era sa germana, e més que si era sa germana”: Guillemona to Ramon 27 October [1374], *ibid.*, p. 152.

also the temporary caregiver compares the caring relationship in these terms: “if she had been my mother I would not have done more for her.”⁴⁰ The mother/daughter bond seems to express the most powerful caring relationship that a woman can establish with another of a different age and/or status.⁴¹ The meanings these women give to the caring bond are symbolically informed by the feminine genealogy that structures the caring relationship itself.

Women, Mothers, Midwives, and Wet Nurses

In fact, I would argue, first, that in the late Middle Ages, not only the mother/daughter relationship, but also other words of the semantic domain of “mother” and of “woman” were loaded with caring meanings.⁴² If we look at how these words were given meaning by their medieval speakers in Catalan, Castilian, or Aragonese, rather than taking them as self-explanatory of kinship (mother) or sex attribution (women), we find that they embody practices intended to maintain health and to cure or alleviate illness. Second, I would suggest that the original meaning of care embedded in these words expands along a continuum to labels that historiography unequivocally uses to identify women as medical practitioners. These observations may help us to recognize that women appear as health providers in the sources more frequently than hitherto acknowledged, but they surface in ways that we do not usually look for.

In Zaragoza in 1398, four women acted as expert witnesses at a judicial procedure, manually examining Cateriniqua, a nine-year-old girl who had been raped. This was common practice, since virginity tests were routinely entrusted by the courts to women specialists who were acknowledged to have (at least) this medical expertise.⁴³ One of them, María de Fuentes,

40. “En veritat, sènyer, si ella era madona mare jo no li poria[à] als fer; per amor de vós jo, sènyer, ne faria això e molt més, que tenguda, sènyer, vos en som”: Sereneta to Ramon 2 November [1374], *ibid.*, p. 153.

41. For the sixteenth century, Margaret Pelling has pointed out the importance of this mother-daughter link, especially visible through the significant number of older women living with daughters: Pelling, “Older Women” (n. 16), p. 165.

42. On “old woman” as an identifier of medical practice, with increasingly negative connotations in the late Middle Ages, see Jole Agrimi and Chiara Crisciani, “Savoir médical et anthropologie religieuse: Les représentations et les fonctions de la *vetula* (XIIIe–XVe siècle),” *Annales*, 1993, 48: 1281–1308.

43. For other documented cases, see Marie A. Kelleher, “Law and the Maiden: *Inquisitio, Fama* and the Testimony of Children in Medieval Catalonia,” *Viator*, 2006, 37: 351–67; María Isabel Falcón, “Procesos por causas matrimoniales en Zaragoza en la Baja Edad Media y Primer Renacimiento,” *Aragonia Sacra*, 1994, 9: 209–52, on pp. 226–30. A comprehensive study of virginity in medieval culture, including its testing, is Kathleen Coyne Kelly, *Performing Virginity and Testing Chastity in the Middle Ages* (New York: Routledge, 2000).

is identified with an occupational title, a label that today we interpret as an identification of medical practice: that of midwife, *madrina*. The other three are referred to simply as “women,” and nothing else in the document differentiates what they do:

Urracha, and the honorable women Thoda Sánchez del Castellar, wife of García Ballobre, deceased; María de Fuentes, *midwife or wet nurse*; Gracia Sánchez del Castellar, wife of Andrés Valles, deceased; Sancha de Val, wife of Bertholomeu d’Aguarón, deceased; and other women here present . . . according to what the aforesaid *midwife and women* previously mentioned said, that they had inspected her and had found her corrupted.⁴⁴

It is important to notice not only that the activities of the midwife and the “women” are undifferentiated in this document, but also that the words *madrina* and *ama* (midwife and wet nurse) are presented as interchangeable in the Aragonese source. In the late Middle Ages, *madrina* designated the woman who received the baby at a delivery—but it also referred to the woman who literally received the baby from the font after baptism, in a ritual that gave birth to the baby as a member of Christian society: the godmother. In attending a birth with serious complications, late medieval midwives were the first resource for an emergency baptism, and canon law acknowledged the spiritual bond between the baptizer and the child.⁴⁵ The word *madrina* is intimately linked with the Castilian and Aragonese *comadre* and the Catalan *comare*, meaning “mother with another”—an association that also occurs in other Romance languages.⁴⁶

44. “Urracha, muller del dito scorgador, las honrradas dona Thoda Sanchez del Castellar, muller de don Garcia Ballobre, 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”: García Herrero, *Las mujeres en Zaragoza* (n. 14), 2: 109 (emphasis added).

45. Aragonese midwives were authorized to perform such baptisms in the councils of 1328 and 1462: María del Carmen García Herrero, “Elementos para una historia de la infancia y de la juventud,” in *Del nacer y el vivir* (n. 14), 61–103, on pp. 72–73. On midwives’ emergency baptisms more generally, see Kathryn Taglia, “Delivering a Christian Identity: Midwives in Northern French Synodal Legislation, c. 1200–1500,” in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (York: York Medieval Press, 2001), pp. 77–90.

46. Joan Coromines, *Diccionario crítico etimológico castellano e hispánico* (Madrid: Gredos, 1980), p. 754. Coromines also notes the conflation of the meanings of midwife and godmother in the word *madrina*: Coromines, *Diccionari etimològic i complementari de la llengua catalana* (Barcelona: Curial, 1985), 5: 478. In addition to acknowledging this link, the first dictionary of the Castilian language also indicates that *madrina* could designate the woman who accompanied the bride in the ceremony of marriage in place of the mother: Sebastián de Covarrubias, *Tesoro de la lengua castellana o española* (Madrid: Turner, 1979), pp. 340, 778.

María de Fuentes is also designated as *ama*, a word that, like “woman,” does not have a specifically medical meaning, and in this period is used to identify women hired as wet nurses. The word comes from baby talk, for words with similar phonetical formations, originating concurrently but independently, are found in other languages meaning “mother,” “grandmother,” or “wet nurse.”⁴⁷ The interchangeability with which the document treats the words *muller*, *ama*, and *madrina* shows how late medieval categories to describe women’s provision of health care are permeable, semantically linked through a symbolic bond that relates the activities they designate to what women do on an ordinary basis. Nor is the correspondence between the words “mother,” “wet nurse,” “midwife,” and “woman” exclusive to this document.

For instance, in February 1376 the Infanta of the Catalan-Aragonese Crown, Mata d’Armagnac, wrote in Catalan to Joan Gener, one of her officials. She wanted to explain to him what she and her husband, Infante Joan, had decided regarding the payments that their servants ought to receive. Mata gives specific orders about satisfying the economic necessities of “our beloved daughter and those women who nurse her and keep her”: the money should be given either to one of the women who is with her, N’Albamunt, or to the physician who accompanied them, master Joan Dordàs.⁴⁸ It seems that these two are in charge of the child. The physician

47. From the original Latin-Hispanic female root *amma* (“mother who nurses”), which developed into the meaning of “wet nurse,” “mistress of the house,” and “schoolmistress,” as well as “family mother,” “housewife,” and “female owner.” It is interesting that the male *amo* (“owner,” “schoolmaster”) derives from the female *ama*: Coromines, *Diccionari etimològic* (n. 46), I: 281–83; Coromines notes the same for Castilian and Galician Portuguese: Coromines, *Diccionario crítico etimológico de la lengua castellana* (Madrid: Gredos, 1954), I: 177–78. On *mama* as a word that early seventeenth-century Castilian children used to designate both mothers and wet nurses, see Isabel Echevarría, “La voz de las mujeres en el *Tesoro* de Covarrubias,” in *Análisis del discurso: Lengua, cultura, valores. Actas del I Congreso Internacional* (Madrid: Arco Libros, 2006), pp. 2185–205, on p. 2202.

48. “La duquessa. Sapiats quel senyor duch marit e senyor nostre molt car e nos, havem fet açí regonexer i sumar quant ha menester cascun dia nostra cara filla ab aquelles que la nodrexen e la tenen en poder e Mossen P.G.m Catala conseller e Camerlench e lo dispenser del dit senyor duch han promes açí que faran dar e pagar aqui a vos la dita summa dela mesio dela qual vos trametem translat ab la present perqueus dehim e manam que tingats aprop los dits mossen P.Gm Catala e lo dispenser queus donem los dits diners e tantots trametets los a nalbamunt [*sic*] o a Mestre Johan Dordas, qui son ab la dita nostra filla. E aço no hage falla per res. Datum en Gerona a III febrer lany MCCCLXXVI . Berenguer Prothonotarius. Dirigitur Johanni Januarii”: Aurea Javierre, *Matha d’Armagnac, duquesa de Gerona* (Madrid: Tipografía de Archivos, 1930), p. 115. On the important role played by the nurses caring for the children of the French royal family from the late fifteenth through the sixteenth century, see Susan Broomhall, *Women’s Medical Work in Early Modern France* (Manchester: Manchester University Press, 2004), pp. 188–213.

is not listed in the daily accounting of food and fees, but N'Albamunt is referred to several times—first, as *ama* (wet nurse): “The lady infanta ought to have, for her own provision and for her *ama* and [the *ama*’s] son, daily, the things said below”;⁴⁹ and later in the same document, as *madrina* (midwife).⁵⁰ The conflation of the meanings of “midwife” and “wet nurse” in the word *ama* occurs also in Castilian, but what is most interesting in this source is that the very same woman is called *ama* and *madrina*.⁵¹ And the document clearly states that N'Albamunt, at the same time wet nurse and midwife, has other “female companions who attend her.”⁵²

Still another document in Catalan connects the words *madrina*, *ama*, and *dona* (woman). In Barcelona in 1410, in a court procedure that lasted several months, the knight Arnau Alberti, doctor in law, was accused of having repeatedly raped three girls. The court commissioned several women for the examination of Úrsula and Isabel, who were nine years old, and Domenja, who was ten:

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 three women 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.⁵³

49. “Deu haver la senyora infanta per sa provisio cascun dia e da sa ama e del fill dela dita ama les coses desus dites”: Javierre, *Matha d'Armagnac* (n. 48), p. 116.

50. “La madrina per ella e per son fill e per una cambraera per provisio, cascun dia III sous I diner”: *ibid.*

51. Maria Teresa Herrera, ed., *Diccionario español de textos médicos antiguos*, 2 vols. (Madrid: Arco, 1996), 1: 92.

52. “E axi muntaria la messio dela dita senyora ab la quitacio e provissio de las companyes qui la servexen, de III meses primers vinents que començan lo primer dia del present mes de febrer IIm CCXLII solidos IX diners jaccenses”: Javierre, *Matha d'Armagnac* (n. 48), p. 117. Apart from N'Albamunt, the physician, and the unspecified number of women attendants, there is individual mention of a woman servant, a delivery man, a male head of domestic resources, and a male cook. Male cooks were few and very appreciated by the upper classes; most of the work of cooking was done by women, who were not called “cooks” but servants: see Ana del Campo, “Moza y mozos sirvientes en la Zaragoza del siglo XIV,” *Aragón en la Edad Media*, 2006, 19: 97–111, on p. 99.

53. “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”: Jaume Riera i Sans, *El cavaller i l'alcajota* (Barcelona: Club Editor, 1987), p. 81.

After the examination had taken place, the three women declared that Úrsula was not a virgin and that she presented signs of having been raped. The trial records again: “This declaration was made by the said midwives or women”;⁵⁴ here the interchangeability of the terms is between *madrina* and *mujer*.

A few weeks later two of these women, Maria and Blanca, examined another child, Isabel, and were identified in the same way. They stated that the girl had been penetrated by a man, although they were unable to determine whether this had happened recently; as they declared, “the nature” had dried and therefore they could not speculate as to when the rape had taken place. Physicians spoke in this trial only once, and then not in relation to the evaluation of the girls but rather to testify about the illness that prevented the defendant from attending the court sessions.⁵⁵ That women and not physicians were called in to examine the girls was normal practice in the Middle Ages, when women undertook most of the examinations and manual treatments of the female body.⁵⁶ This included childbirth, for midwives (Jewish, Christian, and Muslim) are regularly documented as attending the deliveries of royal women, although male physicians might also assist.⁵⁷

While the use of the words “mother,” “woman,” “midwife,” and “wet nurse” as synonyms is frequent, as I have shown, examples of consistent use of the terms also abound.⁵⁸ But recognizing the late medieval equivalence

54. “La qual declaració feren les dites madrines o dones, present la dita Franciscona.”: *ibid.*, p. 81.

55. *Ibid.*, pp. 131, 134.

56. Monica Green, “From ‘Diseases of Women’ to ‘Secrets of Women’: The Transformation of Gynaecological Literature in the Later Middle Ages,” *J. Mediev. & Early Mod. Stud.*, 2000, 30: 5–39.

57. Physicians’ assistance was particularly sought in cases of ill health: see Michael McVaugh, “The Births of the Children of Jaime II,” *Medievalia*, 1986, 6: 7–16.

58. For instance, in a deposition regarding a case of circumcision, the priest Antoni Genovès consistently refers to the attending midwife as *madrina*: Josep Hernando and Angels Ibàñez, “El procés contra el convers Nicolau Sanxo, ciutadà de Barcelona, acusat d’haver circumcidat el seu fill (1437–1438),” *Acta Medievalia*, 1992, 13: 75–100, on pp. 86–92. When the midwife is interrogated, we learn that her name is Salvadora and her occupation is described in Latin at the beginning of her deposition as *obstetrix sive “levadora d’infants”* (*ibid.*, p. 92); the Catalan expression literally meaning “infant raiser” has designated midwives down to the present day, together with *comadrona*. In Castilian a label most often used for midwives is *partera*—literally, “deliverer”; see, e.g., Juan Riera, “Dos parteras sevillanas (siglo XV),” in *Actas del IV Congreso Nacional de Historia de la Medicina* (Granada, 1975), 2: 63–68. In Catalan the word *partera* more often designates the woman who gives birth, as in the document published by Hernando and Ibàñez cited above, p. 91. The form *paridera* is used in Aragon as the nickname of a Valencian midwife working there: Ronald E. Surtz, “A Spanish Midwife’s Uses of the Word: The Inquisitorial Trial (1485/86) of Joana

and the semantic connections of words designating women—and what they ordinarily did—with health occupational labels allows for seeing a continuum of women’s health practices from which their gender-specific identifying categories arise. I do not suggest that there were no differences in what late medieval Iberian women did in the domain of health care; their degree of experience and expertise did vary, and the process of differentiation would continue, as the history of female health occupations attests. Rather, I suggest that at this point in the history of health-care provision the link between women’s occupations and women’s regular activities at home is alive and visible. Late medieval meanings of the words from the semantic domain of “woman” and “mother” encode healing activities. The permeable connections between women’s occupational labels and words that name the feminine sex may help us to map a late medieval health-care system in which women’s actions can be better identified, and thus made significant. The relevant categories to describe women’s contributions to health-care systems are not those coming from male-defined occupations, but those that record women’s everyday practices whose center was the household. The late Middle Ages was a period of diversification of health specialties, and occupational identities were in the process of construction; the frontiers between what defined each type of practitioner were flexible. Male occupational labels confronted one another; women’s labels mirrored women and mothers.

Household Recipes as Women’s Texts

A broader range of activities that women and mothers performed ordinarily in domestic spaces can be traced through other sources that offer an inside look at a world of unlabeled practices that are often mentioned in passing but are left largely uncharted. It was a world of healing knowledge that functioned primarily in the oral register, the hardest sphere of medieval culture to capture, but one particular type of evidence—recipes—may nevertheless be fruitful. From the confection of perfumed waters, oils, and incenses to change the smell of the surrounding air, to the preservation and cooking of all kinds of foods, household recipes attest to the basic everyday management of the six non-naturals as well as close attention to the body and its well-being. Purgative concoctions, a variety of pain-killers for headaches, plasters for breasts, and eye drops

Torrellas,” *Mediaevistik*, 2006, 19: 153–68. The Aragonese notary Domingo Cuerla presents two midwives as “parteras vulgarment clamadas madrinas”: García Herrero, “Administrar del parto” (n. 14), p. 44.

were among the many medical recipes that circulated among women. Together with a considerable sum of beauty procedures to improve the skin and hair, they amount to an important portion of medieval health care, defining an inexact but significant area of women's involvement. In the medieval West, notions of health—of how to maintain it or restore it—were not restricted to the absence of illness but were concerned with a more ample sense of well-being; particularly for women, this encompassed cosmetics—the manipulation of body surfaces, as I have argued elsewhere.⁵⁹ Monica Green has called this extended domain of women's activities “technologies of the body.”⁶⁰

Recipes are well-known sources for the history of medicine; from the Hippocratic Corpus onward, they are found in every medical genre, from the most learned treatise to the least theoretical practical handbook; they appear either individually or assembled in collections of varying length.⁶¹ But recipes also permeate medieval manuscript culture at large. In non-medical contexts we find them—in single presentations or in groups of different size—written literally everywhere: in the margins of notarial records, in accounting books, behind a title deed, or inserted into literary narratives. Paradoxically, their omnipresence makes recipes historically hard to handle, for they are copied here, there, and everywhere. In close connection with a scholarly interest in the late medieval vernacularization of medicine, medievalists have been working intensely with recipes from both a philological and a historical point of view:⁶² philological approaches tend to emphasize the analysis of formal features, and of course the fundamental work of editing; historical studies are more concerned with exploring the contexts of their use.⁶³ In a manner that somewhat resembles what has

59. Montserrat Cabré, “From a Master to a Laywoman: A Feminine Manual of Self-Help,” *Dynamis*, 2000, 20: 371–93.

60. Green, “Bodies, Gender, Health, Disease” (n. 15), pp. 3–6.

61. For a history of the medieval medical receipt and its underlying traditions, as well as a close examination of formal features and types of collections, see Tony Hunt, *Popular Medicine in Thirteenth Century England* (Cambridge: Brewer, 1990), pp. 1–23. A thematic classification of medieval recipes is found in Jerry Stannard, “Rezeptliteratur as Fachliteratur,” in *Studies on Medieval Fachliteratur*, ed. William Eamon (Brussels: Omirel, 1982), pp. 59–73.

62. A good sample of the work being done was published by William Crossgrove and Linda E. Voigts in various issues of *Early Science and Medicine*; for a summary, see William Crossgrove, “The Vernacularization of Science, Medicine, and Technology in Late Medieval Europe: Broadening Our Perspectives,” *Early Sci. & Med.*, 2000, 5 (1): 47–63.

63. Interesting formal analyses are Irma Taavitsainen, “Middle English Recipes: Genre Characteristics, Text-Type Features and Underlying Traditions of Writing,” *J. Hist. Prag.*, 2001, 2 (1): 85–113; Ruth Carroll, “The Middle English Recipe as a Text-Type,” *Neuphilologische Mitteilungen*, 1999, 100 (1): 27–42; Francisco Alonso-Almeida and Mercedes Cabrera-Abreu,

happened with studies of medieval healers, the underlying focus of much of the work done on medieval recipes is the labeled practitioner—either as the author of a collection, or as its reader.

Here, instead, I intend to use late medieval Iberian recipes as evidence of women's ordinary practices in the household context. I suggest that they may be a privileged source with which to look at the domestic sphere of health care, as work done for the early modern period, with both printed and manuscript recipes, clearly attests.⁶⁴ Recipes and women's household work have certain features in common. Although some medieval recipes are very complex and theoretically informed (theriac being the most extreme instance), the bulk are short, very often anonymous, and lacking in explicit conceptual elaboration; further, they are repetitive and nonnarrative in character, resembling the nature of housework. Recipes also problematize notions that reify individual authorship and originality in knowledge production; they are very flexible and are constantly modified; they possess a high degree of geographic and economic adaptability. Usually, they are difficult to date reliably beyond their codicological context, and it is often impossible to ascertain their origin. The lifetime of a recipe can be extraordinarily long, and it may be transmitted faithfully through the centuries. In fact, the basic mnemotechnical structure of the recipe has been considered to be an efficient standardized textual

"The Formulation of Promise in Medieval English Medical Recipes: A Relevance-Theoretic Approach," *Neophilologus*, 2002, 86: 137–54. Tony Hunt has been at the forefront of editing vernacular collections of recipes: see n. 61 above, as well as Hunt, *Anglo-Norman Medicine*, vol. 2: *Shorter Treatises* (Cambridge: Brewer, 1997). For the Iberian territories, the Catalan tradition is being thoroughly studied by Lluís Cifuentes; see Cifuentes, *La ciència en català a l'edat mitjana i el renaixement* (Barcelona–Palma de Mallorca: Universitat de Barcelona–Universitat de les Illes Balears, 2002), pp. 110–21, for the recipe collections generally. For single recipes, see Gemma Avenoza, "Del calaix de l'apotecari i l'especier," *Scripta philologica in memoriam Manuel Taboada Cid* (A Coruña: Universidade da Coruña, 1996), pp. 781–804; Lourdes Soriano, Glòria Sabaté, and Anna Mar Beltran, "Textos mèdics inèdits medievals en català," *Romance Philol.*, 2003, 56: 319–53.

64. The fruitfulness of research in this area for the Middle Ages was advanced by Monica Green, "The Possibilities of Literacy and the Limits of Reading: Women and the Gendering of Medical Literacy," in Green, *Women's Healthcare* (n. 1), Essay 7, pp. 46–48. Pioneering work for the early modern period includes Elaine Hobby, *Virtue of Necessity: English Women's Writings, 1649–1688* (London: Virago, 1988); Jennifer Stine, "Opening Closets: The Discovery of Household Medicine in Early Modern England" (Ph.D. diss., Stanford University, 1996); Lynette Hunter, "Women and Domestic Medicine: Lady Experimenters, 1570–1620," in *Women, Science and Medicine, 1500–1700*, ed. Lynette Hunter and Sarah Hutton (Phoenix Mill: Sutton Publishing, 1997), pp. 89–107; María de los Ángeles Pérez Samper, "Los recetarios de mujeres y para mujeres. Sobre la conservación y transmisión de los saberes domésticos en la época moderna," *Cuadernos de Historia Moderna*, 1997, 19: 121–54.

unit, adequate for both oral and written transmission. Written recipes are vital as historical evidence, but recipes also existed as oral texts. The stability of the format over long periods of time demonstrates its high level of utility.⁶⁵ Similarly, the nature of women's domestic work falls into a pattern of *longue durée*: a single historical time links recipes as sources with women as ordinary agents of health care.

Recipes may be considered potential caring and curing actions; they do not necessarily bear the imprint of practice as real undertakings. Nevertheless, their goals indicate what was conceived as a plausible, possible, useful, or desirable action by somebody who wrote, memorized, or collected a recipe. In order to create a framework of evidence where women's elusive health-care activities may emerge, I propose to explore women's engagement with recipes in the context of the household—that is, to map the ways we may find late medieval Iberian women appropriating written recipes in domestic spaces. I do not intend to imply that women had any sort of exclusive relationship with recipes in the context of the household: as will become apparent later, men compiled and wrote down recipes for women to use at home. Rather, what I would like to suggest is that it is *also* possible to look at recipes as women's texts, and that by doing so we bring into historical existence a world of knowledges and practices that we often assume to exist but can rarely trace. As with the categories identifying the provision of health care, I suggest that we can develop strategies to identify what medieval women did in the provision of health care, although these strategies are not always straightforward, nor do they provide the certainties of clearly defined limits or dazzling individual figures.

I will try to sketch a map of women's engagement with recipes in Iberia between about 1350 and 1650. This time span allows us to see long-term trends as I take into consideration manuscript cultures in Catalan, Castilian, and Galician-Portuguese that not infrequently appear mixed in a single book.⁶⁶ This type of evidence, I suggest, is the best available source

65. Stine, "Opening Closets" (n. 64), pp. 40–42, 140–64.

66. Although I am very aware that Hebrew and Arabic were spoken in late medieval Iberia (Arabic but not Hebrew being a mother tongue at that time), I have excluded them from consideration here since their histories, as well as the ways in which they recorded and transmitted knowledge, differ greatly from the Romance languages; their evaluation is beyond my competence. It has been claimed that women are the intended audience of a Hebrew compilation from southern France or Catalonia that approximates the category of closed compilations of recipes; the text has been studied, edited, and translated into English by Carmen Caballero-Navas, *The Book of Women's Love and Jewish Medieval Medical Literature on Women: Sefer Ahavat Nashim* (London: Kegan Paul, 2004). Some sections indeed resemble closely the Catalan instances of that genre, but the extensive inclusion of magic (among other differences) is peculiar.

for approaching women's health-care knowledge. I consider only cases where it is possible to ascertain women's use of, possession of, or attested interest in recipes, or where I have found it reasonable to make such a claim; therefore, I have excluded recipes aimed exclusively at women if there is no other indication of women's involvement with them. This is an important precaution, since an inclusive estimation may obscure the male quest for control of knowledge about women that was taking place in Western Europe in the late Middle Ages, as Katharine Park and Monica Green have demonstrated.⁶⁷

Working within these parameters it is possible to identify three different contexts for women's recipes: first, loose recipes that women sent to each other in the course of their epistolary exchanges; second, compilations of recipes for women's use assembled by named male or anonymous authors at a certain moment in time, which I call "closed" compilations; and third, what I call "open" collections of women's recipes, texts of multiple feminine authorship written over long periods of time, even over various generations, that can be interpreted as a register of personal notes of all that was considered worthy of keeping. To a certain extent, any individual text may overlap categories, but I believe the core of the classification is useful in identifying differences and distinguishing historical trends.

Loose Recipes in Women's Epistolary Exchanges

Recipes were exchanged in the course of women's communications through correspondence, and this form of textual sharing may be considered the written evidence of a realm that developed in the oral register through which women friends, neighbors, and relatives shared their knowledge of health care. Extant examples are those of noblewomen who had access to and used all other medical resources available at the time, including consulting with physicians. For example, a few weeks after childbirth, in July 1374, Mata d'Armagnac asked for a recipe from her mother-in-law, Elionor of Sicily. Mata was suffering from breast pain, and asked the queen to give the recipe to one of her husband's officers, who would then send it to her; although she was already cured when soliciting it, she wanted to have it for the future.⁶⁸ This is an important aspect of the

67. Park, *Secrets of Women* (n. 5); Monica Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynecology* (Oxford: Oxford University Press, forthcoming 2008).

68. "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'hagués haguda, tantost per guarida, per tal senyora vos suplich que la dita recepta vullats e us plàcia donar an Johan Janer, uxer d'armes del dit senyor Duch, lo qual lam trametrà de continent per tal que jo la dita recepta tenga per a quant obs me serà": Josep Maria Roca, *Johan I d'Aragó* (Barcelona: Institució Patxot), p. 77 n. 19.

act of collecting recipes—the wish to empower oneself by having at hand possibilities for self-medication when a problem arises.

This instance is also an example of another trait of loose recipes known to us through their mention in epistolary exchanges: they were normally written on small pieces of paper, separately from the letters that accompanied them, and often the recipe itself is not extant. For the Middle Ages, we have no evidence of these recipes having been assembled in collections by the same women who had asked for them; they were being obtained from different sources over long periods of time, and may have been kept together, loose, in the same place, still on the original sheets of paper. Normally, all that we know about women sharing loose recipes is the mention of the request or the news that the recipe had been sent, but of course loose recipes could just be passed on by hand, or orally—the last medium being the most common way a medieval woman could ask for and get a recipe from another woman close to her.

Women's letters also reveal a personal, face-to-face sharing of recipes, as when a letter reports on a recipe's subsequent efficacy. This is the case of a certain Margarida who gave Elionor d'Aragó a recipe intended to make her hair blond, probably in the 1460s. A few months later she wrote again, asking how it had worked—she was eager to hear about it since she had had no news. Knowing how it worked was important information for this recipe provider, since the only explicit goal of the letter is to ask about the result of its application, to discover “if it had done the job that I know it usually does.”⁶⁹ As in any form of gift exchange, providing a good recipe would enhance the value of its giver.

Most of the examples we have of these exchanges concern noblewomen, who were literate and whose marriages frequently took them away from their parental families. (Logically, women who lived near each other would not need to correspond about recipes, so their exchanges are invisible in the historical record.) The letters that Estefania de Reque-

69. “Molt ilustra seniora. Aprés la partida de la senyoria vostra só estada esperant desigosa saber la recepta que per fer rósos los cabels vos doní si auria feta aquella hobra que yo sóc certa acostuma de ffer. E fins vuy per letra de la eccelència vostra, axí com me oferís farieu, no'n só estada avisada de que un reputa, a mala sort mia, tota via sopicant la serenitat vostra me y vulla scriure, acordant-vos me ffont més sofert escriure que al servey no ha fallit la parlaura vostra, ne alt manant-me scriure no'm vingue a menys. So acò a la mercè vostra tengre a singular gràcia, manant de mi com de serventa, de servir desigosa de cor tost. A V de abril. De vostra ilustra senyora servir prompta e prest. Margarida. A la ilustra seniora la seniora dona Alionor d'Araguó”: Margarida to Elionor d'Aragó [mid-fifteenth century], Archivio di Stato di Venezia, Miscellania Gregolin, B.8. I am indebted to Daniel Durán i Duelt for bringing this document to my attention.

sens wrote to her mother, Hipòlita Roís de Liori, provide an example of a longtime relationship sustained through epistolary exchanges. Estefania, whose family lived in Barcelona, married Juan de Zúñiga and went with him to Castile, where she soon became an important figure in the court of the Empress Isabel of Portugal. In April 1535, Estefania writes from Madrid to her mother asking her to send a large jar of *unguentum cetrinum*, which she wants to use herself and also to share with one of her friends at court. This ointment, regularly listed in medieval antidotaries, must be well known to her since she has precise information on how to use it and what it must look like: it should be fresh, white, and soft, and she specifies that it should not contain sublimated mercury; it is most effective when used at night to clean the skin of the face and to prevent pimples, as well as to alleviate her personal tendency to reddish skin at a time when women's white skin was a sign of social distinction.⁷⁰ Two months later, Estefania asks her mother to send her jars of herbs to use while pregnant as well as quail's fat for her breasts.⁷¹ In another letter, Estefania acknowledges having received various other recipes from her which are very profitable at the court since they are very useful and have become very popular.⁷² The social value that possessing a good recipe might have for a woman is even more explicit in another example in the same series: Estefania asks her mother, on behalf of the queen, to prepare for her and send a cosmetic oil that she has not yet tried and whose recipe she sends on a different sheet of paper (now lost) together with the letter; she also asks her mother to keep quiet about the recipe.⁷³ In certain circles, secrecy around knowledge mediated by recipes would seal significant social relationships between

70. Estefania de Requesens to her mother Hipòlita, 7 April 1535: Eulàlia de Ahumada, *Epistolaris d'Hipòlita Roís de Liori i d'Estefania de Requesens (segle XVI)* (València: Universitat de València, 2003), p. 194. An earlier, now superseded edition is Maite Guisado, *Estefania de Requesens: Cartes íntimes d'una dama catalana del s. XVI. Epistolari a la seva mare la comtessa de Palamós* (Barcelona: LaSal, 1987).

71. "Soplique la m'envie algun pot d'escorsa y de llengua bovina, que n'auré menester per a mentres seré partera. Así dupte que puga trobar grex de guatle, y jo trobe-m'i molt bé per als pit[s], per so rebria mercè que de aquí me n'enviàs." Estefania to her mother, 19 June 1535: *ibid.*, p. 214.

72. "Si a vostra senyoria li par que li à de aprofitar, la soplique o mane fer, pux d'ella tinc jo estes receptes y altres, de les quals me só aprofitada así consellant-o als que-m paria que n'aven menester, y axí són entrats en fuga los meus caldos." Estefania to her mother, 21 November 1536: *ibid.*, p. 276.

73. *Ibid.*, pp. 193–94.

women. Recipes could be precious commodities used by women for their own promotion, creating true networks of social exchange.⁷⁴

While household knowledge could be used to construct and maintain important relationships, it could also be a source of potential conflict. The correspondence between Elisabeth of Valois, queen of Spain between 1559 and 1568, and her mother, Catherine de Médicis, not only shows a mother's intense involvement with her daughter's health from afar (including sending a large number of recipes for her physician) but also highlights how issues surrounding Elisabeth's medical treatment were negotiated along nationalistic lines: the French physicians and ladies-in-waiting on one side—following Catherine's advice—and the Spanish women and physicians on the other.⁷⁵

In arguing that women shared health-care knowledge through recipes, I do not imply that all women had the same amount of information or the same level of expertise regarding recipes or procedures aimed at caring for health. As I suggested above when considering occupational labels, the degrees of women's skills certainly differed; what I convey is that recipes are the nearest source to look at the common ground that they shared, and they allow us to access the difficult sphere of the everyday.

Compilations of Recipes for Women's Use, and Open Collections of Women's Recipes

As with loose recipes, throughout the period 1350–1650 we find women's collections of recipes for household use in the Iberian mother tongues. In fact, even for the earlier period there are signs of women's interest in medical texts of a basic practical nature: a dedication to a *regina hispaniarum* of a Latin translation of a fragmentary pseudo-Aristotelian *Secretum secretorum*; an early fourteenth-century Old French version of a tract on the four humors, also dedicated to a Spanish queen; and the Catalan translation of Arnau de Vilanova's *Regimen sanitatis ad regem Aragonum* commissioned by the king's wife, Blanca d'Anjou, between 1305 and 1310.⁷⁶ However, what appears to be a new development in fourteenth-century Iberia is the composition of new vernacular texts that identify women as

74. For recent work in this area regarding sixteenth-century Germany, see Alisha Rankin, "Becoming an Expert Practitioner: Court Experimentalism and the Medical Skills of Anna of Saxony (1532–1585)," *Isis*, 2007, 98: 23–53.

75. Broomhall, *Women's Medical Work* (n. 48), pp. 214–56.

76. Green, "Possibilities of Literacy" (n. 64), pp. 49, 62, 64, providing important comparative data on women's relationships with medical books in Western Europe, whether as owners, readers, or commissioners of texts.

their intended audience: new compilations of recipes specifically aimed at women, written for them at a particular moment in time. New findings may of course change this assertion, as well as the preliminary picture that follows.

I have identified two compilations that are explicitly addressed to women by their male compilers, as stated in the initial prologue and afterward throughout the text: *Tròtula* by master Joan (second half of the fourteenth century), and the anonymous *Flowers of the Treasure of Beauty* (*Flors del tresor de beutat*, first half of the fifteenth century)—both written in Catalan, and the last known in two different renderings.⁷⁷

Master Joan's *Tròtula* is closely related to the Aragonese royal court, and it seems to have been commissioned by royal women. It is a longer and more sophisticated text than the *Flowers*, and broader in its contents: about half of its pages are devoted to cosmetic and hygienic recipes (especially dealing with the care of the skin and hair), and one third to gynecological complaints and recommendations to improve heterosexual coupling; its last part is a short but complete regimen of health that includes seasonal dietary advice. Rhetorically, it is constructed as a women's manual of self-help: if a woman follows its advice, she will not need to consult a physician. The compiler of the *Flowers of the Treasure of Beauty*, for his part, explicitly limits his function to offering women recipes to improve their beauty, although he also includes a few to treat common complaints such as male and female headaches and ear, tooth, and eye pain, and even adds a prayer to help childbirth. Neither master Joan nor the anonymous compiler of the *Flowers* ascribe their recipes to any individual author, but both works refer in general to other texts as their source (as its title indicates, the *Flowers of the Treasure of Beauty* is said to be an extract from an unidentified *Treasure of Beauty*).

Medieval compilers of recipes for women stress their educational role and the need that women have for their works. Master Joan states:

I want to offer her my knowledge. . . . And this is why here, taking the flowers from many authors, like those who take different flowers from the meadow, I want to show how every woman may know how to take good care of her hair, and how to remove it from the places it should not be, either for a while or forever, and to make hair grow if one so wishes, or to change to any desired color. 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

77. Both have been described and edited in Montserrat Cabré, *La cura del cos femení i la medicina medieval de tradició llatina* (Barcelona: Universitat de Barcelona, 1996), microfiche ed., pp. 240–400. On master Joan's *Tròtula*, see also Cabré, "From a Master to a Laywoman" (n. 59).

its color fresh and clear for a long time and beautifully, and all the rest of the body, as this book shows.⁷⁸

Or, as the anonymous compiler of the *Flowers of the Treasure of Beauty* assures: “I have compiled for you this [book] so that you could use it for help with the contingencies that will occur diminishing your gracefulness.”⁷⁹

In these closed compilations of recipes, women are the recipients of knowledge: they are taught what they need and what they can choose to do. Codicologically, the manuscripts that contain these compilations are reasonably well written and organized. When the compilers introduce their work, they present and advertise themselves as mediators between women and literate culture, for they claim to have chosen the best from the written texts. The second person and the impersonal form of verbs are used throughout to describe the composition, preparation, and application of the recipes. When the voice of the compiler appears, it addresses a “you,” as in the cases presented above. It is likely that noblewomen themselves commissioned these texts, as in the *Tròtula* case.

Master Joan ends many of his *Tròtula* recipes with the impersonal statement “and this has been proved”; the compiler of the *Flowers of the Treasure of Beauty* starts with the general statement that he has chosen the recipes that “I have found more noble and more proved by experience of some notable persons.”⁸⁰ Women—the audience of these texts—are not straightforwardly acknowledged either as the experiential source of the recipes offered or as authoritative agents of the contents of the compositions themselves.

However, it is possible to identify a more subtle way in which women’s agency in health care is inscribed in one of the closed compilations. Master Joan, whose text contains more than one hundred and twenty recipes, records women’s actions in five of them, all cosmetic procedures; while few in number, these acknowledgments are nonetheless significant, since he does not reveal his other sources except for a single allusion to Hippocrates

78. “[V]uy-li servir de mon saber en tal manera que sa beutat ne vayla més e sa amor pusch conquerre. E per çò aquí, presa la flor de molts actors, axí que cel qui cuyl 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 ser créxer si-s vol, o mudar en qual color se vuyla, après que hom tenga gint sa cara e en mova payns e pigues e berruc, si n’i ha, e totes altres coses que mal hi estien, e tinga fresca e clara sa color longament e de beila manera e tot l’altre cors, axí com aquest libre o mostra”: fol. 2^{ra}, Cabré, *La cura del cos femení* (n. 77), p. 248.

79. “[A]quel vos é fet e compost per tal que per alguns achcidents qui s’esdevenen disminuins les dites gràcies, vós poguésets d’aquell servir e ajudar”: fol. 151^r, *ibid.*, p. 353.

80. “[S]egons aquelles é trobades pus nobles e pus aprovades per esperiència d’algunes notables persones”: *ibid.*

and Galen.⁸¹ Women's authority does not come from a written text, but surfaces in descriptions of what they do: "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."⁸² This textualization of women's practices in written recipes is not restricted to the rubric; it permeates the explanation of the procedure. The recipe continues: "And they make it [the ointment] with elder bark, diluted in rose oil, and after, they leave it cooking over fire for a long time. And when it is cooked and filtered, they melt white wax in that oil."⁸³ In the recipe compilations for women's use, we find women's agency in health care inscribed in the texts: they are the audience and can be the patrons as well; their practices are also mediated through the writing of the compilers.

A (later) third collection of recipes shows significant differences from the two described above. Like the *Flowers*, it is an anonymous compilation, but it lacks a prologue or the voice of a compiler. Nevertheless, the work of an editor surfaces from the beginning, since the manuscript starts with a carefully crafted thematic index, written after the collection of recipes was finished. The title (along with other, internal features) leaves little doubt as to the audience of the text: *Women's Handbook (Manual de mugeres)*. It was written in Castilian and has been dated by its modern editor, Alicia Martínez Crespo, between 1475 and 1525.⁸⁴ It is a well-written

81. The recognition of women as an authority in cosmetics is a common feature of medieval cosmetic literature, in Latin and the vernaculars: see Monica Green, *The Trotula: A Medieval Compendium of Women's Medicine* (Philadelphia: University of Pennsylvania Press, 2001), p. 46; Green, "Reconstructing the *oeuvre* of Trota of Salerno," in *La Scuola Medica Salernitana: Gli autori e i testi*, ed. Danielle Jacquart and Agostino Paravicini Bagliani (Florence: Sismel, 2007), pp. 183–233; and Montserrat Cabré, "Autoras sin nombre, autoridad femenina (siglo XIII)," in *Las sabias mujeres II (siglos III–XVI): Homenaje a Lola Luna*, ed. María del Mar Graña (Madrid: Asociación Cultural Al-Mudayna, 1995), pp. 59–73.

82. "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": fol. 13^{vb}, Cabré, *La cura del cos femení* (n. 77), p. 290.

83. "E fan-la d'escorxa migana de sahuc, trempada ab bel oli rosat; e puis fan-ho coure ensems molt, sobre lo caliu; e con és cuit e colat, fonen en aquell oli cera blanca. E puis meten-hi amén la pólvora de càmpfora e de cristail, e de bòrraix. E con tot assò on ben mesclat, meten-hi argent viu, amortat ab sàlvia. E poden-hi ajustar blanch cuhit o pólvora de rail de orticella, si's solen. E con si volen lavar, torquen lo suau ab cotó muylat en aygua calda, e après escuren-se e laven-se bém ab sabvó o ab aygua de sagó": fol. 13^{vb}, *ibid.*, p. 290.

84. Alicia Martínez Crespo, *Manual de mugeres en el qual se contienen muchas y diversas recetas muy buenas* (Salamanca: Universidad de Salamanca, 1995), p. 9.

manuscript produced by a single scribe, who was perhaps responsible for the elaboration of the index; nothing is revealed about the authorship of the text, and it indicates only male owners.⁸⁵ Two thirds of its contents are devoted to recipes intended to alter body surfaces and body odors—offering instructions on how to prepare perfumed waters, soaps, and oils; how to produce ointments to beautify and care for the face, hands, teeth, gums, and hair; and how to get rid of unwanted body hair. The cosmetic section is similar in scope, procedures, and contents to those of the *Tròtula* and the *Flowers*. The rest of the text deals with food preservation and cooking, and coping with common ailments such as pain in the ears, coughing, and even plague.⁸⁶ The text does not mention the sources of the recipes, either personal or textual. Although the extant copy is a closed compilation, having been beautifully written at a moment in time, in its contents and organization it is very similar to the open collections of women's recipes for household use that flourished in Iberia from the mid-sixteenth century on.

It is not unreasonable to think that the *Women's Handbook* might have existed in a previous version—as a gradual accumulation of recipes, not necessarily written by the same person or at the same time. Although we do not know of earlier lengthy collections, women did write recipes, inserted in personal documents to keep them at hand for long periods. For instance, Sança de Cabrera annotated a handful of household recipes in her book of accounts, including one for eye drops and another for cooking eggplant.⁸⁷ Together with recipe exchange, this form of women's personal recording of recipes that we find incidentally in the late Middle Ages developed considerably in the sixteenth century and eventually gave birth to a new genre of texts, fueled by women's increasing literacy.⁸⁸

I call this early modern genre *open* collections of women's recipes, to distinguish it from the compilations intended for women's use written at a single time and conceived by their authors as *closed* texts. As a genre,

85. *Ibid.*, p. 27.

86. *Ibid.*, pp. 46, 55, 71.

87. Teresa Vinyoles, "La cotidianidad escrita por una mujer del siglo XV," in *Mujer y cultura escrita: Del mito al siglo XXI*, ed. María del Val (Gijón: Trea, 2005), pp. 117–30, on pp. 127–28.

88. For surveys of patterns of literacy of late medieval and early modern Spanish women, see Isabel Beceiro, "La relación de las mujeres castellanas con la cultura escrita (siglos XIII–inicios del XVI)," in *Libro y lectura en la Península Ibérica y América: Siglos XIII al XVIII*, ed. Antonio Castillo (Salamanca: Junta de Castilla y León, 2003), pp. 15–52; Fernando Bouza, "Memorias de la lectura y escritura de las mujeres en el Siglo de Oro," in Morant, *Historia de las mujeres* (n. 17), vol. 2: *El mundo moderno*, pp. 169–91.

it is difficult to define with precision, since it encompasses a wide range of women's own personal notes—including (sometimes prominently) recipes, but not necessarily restricted to them.⁸⁹ In these open collections women directly keep, choose, modify, learn, validate, and exchange knowledge in the form of household recipes. They are in command of the process of writing, and what they write reveals their domestic activities and their potential actions as caregivers—in a textually more powerful and direct way than previous sources attest. Although in various texts one topic may be privileged over the others, the majority—with one exception—contain recipes for treating common illnesses, for cooking, food preservation, and cosmetics.⁹⁰ These same basic areas of household practice informed sixteenth- and seventeenth-century printed recipe books for women's general use in the domestic context.⁹¹

The manuscript open collections are much more disorganized than the closed compilations, being written by many hands, and their composition and authorship being layered over long periods of time. They were kept open to include new recipes, written by women of the same or of different generations and transmitted by them in the context of the household. Authorship and ownership intersect and both are of a multiple nature. The domestic nature of these works does not preclude male involvement;

89. The English tradition deserves thorough attention: see Stine, "Opening Closets" (n. 64). For a broad, useful characterization of the genre, see Margaret J. M. Ezell, "Domestic Papers: Manuscript Culture and Early Modern Women's Life Writing," in *Genre and Women's Life Writing in Early Modern England*, ed. Michelle M. Dowd and Julie A. Eckerle (Aldershot: Ashgate, 2007), pp. 33–48; and Catherine Field, "'Many hands hands': Writing the Self in Early Modern Women's Recipe Books," *ibid.*, pp. 49–63. For a case study of one particular commonplace book, see Richard Aspin, "Who Was Elizabeth Okeover?" *Med. Hist.*, 2000, 44: 531–40. On the Iberian instances, see Pérez Samper, "Los recetarios de mujeres" (n. 64).

90. In the case of María of Portugal's book—a text probably initiated at the end of the fifteenth century that she brought to Italy at the time of her marriage in 1565—cosmetics are totally absent and only three out of sixty-seven recipes are remedies for health complaints, Giacinto Manupella, ed., *Livro de cozinha da Infanta D. Maria* (Lisbon: Imprensa Nacional-Casa da Moeda, 1987), and Salvador Dias Arnaut *A arte de comer em Portugal na Idade Média. Introdução a O "Livro de Cozinha" da Infanta D. Maria de Portugal* (Lisbon: Imprensa Nacional-Casa da Moeda, 1986).

91. To my knowledge, the Iberian printed books have not been studied; for the English tradition, see Stine, "Opening Closets" (n. 64); Lynette Hunter, "Books for Daily Life: Household, Husbandry, Behaviour," in *The Cambridge History of the Book in Britain*, vol 4: 1557–1695, ed. John Barnard and D. F. McKenzie with the assistance of Maureen Bell (Cambridge: Cambridge University Press, 2002), pp. 514–32. Laura Lunger Knoppers, "Opening the Queen's Closet: Henrietta Maria, Elizabeth Cromwell, and the Politics of Cookery," *Renaiss. Quart.*, 2007, 60: 464–99, shows how printed collections could be presented as the result of the editorial work of male compilers who organized women's practices of recipe keeping and recording.

however, this involvement is much more limited than it is in the closed compilations. A man could be mentioned as the source of a recipe—like the ointment for the breasts, skin, and plague ascribed to master Rincón in Valladolid⁹²—but this happens rarely, since the bulk of recipe acknowledgments are to other women. A man could also be the domestic conduit between two women, as when the husband of Isabel de Seix, Bernat Sala, appropriated her personal book containing a handful of recipes after she died and passed it on to his next spouse, Agnès Safont.⁹³

Like most medieval and early modern Iberian recipes, the recipes compiled in open collections are phrased impersonally. However, some writers record individual notes after offering the standardized procedure, such as “I make it.”⁹⁴ We also find personal notations serving as reminders of the writer’s modification of a received recipe. Sometimes the experiential note is written at the end of the recipe in the negative: “I have not tried it,” or tries to highlight the value of a specific recipe compared to others: “the best pills that I make.”⁹⁵ Being the result of individual observation, experience appears valued here in ways that it is not in the earlier compilations for women’s use. The references to firsthand knowledge suggest the practical uses of the open collections, where a woman records what she fears her memory may not retain. In fact, memory is literally enacted in these texts when some recipes are presented as “Memory of,” followed by a description of what the recipe intends or a woman’s personal name that validates the recipe itself.⁹⁶

The references to books are minimal (a trait that also differentiates open from closed compilations); instead, many of the recipes are identified by the name of the individual from whom each was received or obtained. The open collections describe women’s learning communities,

92. *Recetas de perfumes, medicinas y conservas*, fol. 29^v, Biblioteca Nacional de España, Madrid (henceforth BNE), MS 1462. The text is from the sixteenth and seventeenth centuries; it starts in Portuguese, and later additions are in Castilian.

93. *Llibre de memòries de Bernat Sala, Isabel de Seix i Agnès Safont*, Arxiu de la Corona d’Aragó, Barcelona, Monacals d’Hisenda, vol. 3401. Written in Catalan and Castilian. A general description is found in *Repertori de manuscrits catalans (1474–1620)*, vol. 3 (Barcelona: Institut d’Estudis Catalans, 2003), pp. 337–38. The second woman began writing in 1628; earlier entries are undated. The core of the text is accounting records; it also includes poems, and contains recipes for cooking and cosmetics on fols. 2^r–6^v and 42^r.

94. “Yo lo hago”: *Recetas de perfumes* (n. 92), fol. 32^r.

95. “No lo he provado”: *ibid.*, fol. 106^r; “las mejores pastyllas que yo hago”: *ibid.*, fol. 58^r.

96. E.g., “Memoria para las canas,” in *Recetas y memorias para guisados, confituras, olores, aguas, afeites, adobas de guantes, unguentos y medicinas para muchas enfermedades*, BNE, MS 6058, fol. 74^r. The text is from the sixteenth and seventeenth centuries, written in Castilian.

extensive networks of knowledge exchange: “Memory of the elixir that María de Contreras makes,” or “Water that Isabel Centellas taught me.”⁹⁷ On occasion, the writer says she is copying from recipes that had been previously sent, not necessarily to her: “Copy of the recipes that milady Beatriz de Bovadilla sent to my lady from Valencia.”⁹⁸ These collections view and assert actual practice: “On how to make the sugar sausages that milady Isabel makes.”⁹⁹

The open collections of recipes indicate new literate forms of collecting knowledge regarding women’s regular health-care activities within the household. However, in light of evidence from the earlier period, they are not truly novel; rather, they are the result of a longer-term trend, as oral practice became fixed in texts and thus visible to us.

Conclusions

I think that this preliminary exploration indicates a path of fertile research to document women’s agency in health care and the relationships off of which it feeds. These relationships are still shadowy, but less informal than hitherto portrayed since a pattern seems to be emerging: the mother/daughter bond that appears imbued in women’s practices as the symbolic basis of the care and the need at play in every act of attending to health and illness. From this grounding the caring bond extends to a variety of identifiers that ultimately relate to what late medieval people understood as the province of women, in a variety of roles that a medieval woman might fulfill.

Health-care systems are a web of multiple resources. I have tried to show the possibilities that the medieval sources offer to draw a continuum of women’s practice whose original focus is the everyday experience of care within the household. Sources to identify women’s practices and the knowledge inscribed in them exist in both narrative and nonnarrative forms, if we create appropriate contexts and methodologies to make them meaningful. Breaking the boundaries of classic periodizations helps to establish continuities and changes in historical evidence, while contrasting the same type of sources over a long period of time—allowing

97. “Memoria del elixir que hace María de Contreras”: *Receptas experimentadas para diversas cosas*, BNE, MS 2019, fol. 106^r; “Agua que me enseñó Isabel Centellas”: *ibid.*, fol. 153^v. The text is from the sixteenth and seventeenth centuries, written in Castilian.

98. “Traslado de unas receptas que embió la senora doña Beatriz de Bovadilla a mi señora de Valençia”: *ibid.*, fols. 58^r–62^v.

99. “De como se hazen las melizas de açucar que haze la señora dona Ysabel”: *ibid.*, fol. 209^r.

for a fostered inference that I believe to be more responsible than safe indifference.

It is my hope that this essay will help to further inquiry into the health care provided within the domestic space, probably the most neglected aspect of the agenda of the—now oldish—new social history of medicine.¹⁰⁰ Oddly enough, forty-five years before Roy Porter published a still-unrealized historiographic program with an explicit focus on the household, a physician—a woman physician and amateur historian—had recognized the importance of this space for the history of medicine: as the expert consultant behind the U.S. radio broadcast of a program devoted to women in medicine, she voiced loudly and clearly her conviction that in history there have always been “women making the medicines—from ancient recipes transmitted from mother to daughter in Europe or borrowed from the Indians. Women tending the sick—curing their ills.”¹⁰¹



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100. Roy Porter, “The Patient’s View: Doing Medical History from Below,” *Theory & Soc.*, 1985, 14: 175–98.

101. Jane Ashman, script, assisted by Dr. Kate Hurd-Mead and Janet Selig, *Women in Medicine*, chap. 19 of *Women in the Making of America*, NBC, “Gallant American Women,” 12 March 1940, MS Accession no. 18, Archives and Special Collections on Women in Medicine and Homeopathy, Drexel University College of Medicine, Philadelphia, Pa.