Acts of Care

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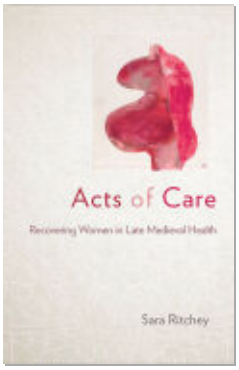

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Introduction: To Heed the Trace

A young beguine named Ida, who later joined the Cistercian community of Roosendaal, routinely visited the poor and sick in her hometown of Leuven, providing them with food, clothing, and other bodily comforts.[1] The unnamed Cistercian monk who recorded her *Life* in the later thirteenth century reports that Ida was once called to a nearby home where she found a man in bed (*aegrotus*), nearly dead, and already having received the viaticum. She quickly inquired into the man's illness, eliciting information about the exact site and symptoms he experienced. After inspecting his pestiferous swelling, Ida drained the puss, and oversaw the salubrious results, which included the reduction of pain and swelling. Ida's success in healing the man proved pivotal for her reputation in the larger community:

> Thus the virgin of God, from this day forward and hereafter, is held in great esteem, clothed with the ornament of sanctity by all that received notice of these events. Indeed all who had seen it for themselves, or had heard of it, shared the unwavering conviction that it was through the merits of the venerable Ida that the vexation of the harshest pain was so dispersed and health, arriving just so suddenly and unexpectedly,

1. *Vita Idae de Lovanio* (*BHL* 4145), in *Acta sanctorum* (*AASS*) April II, 157D–189F; hereafter *VILeuv*.

> took new form in the same sick person. Many took to telling the story of it far and wide, which promoted the fame of Ida's virginal holiness throughout the surrounding region.[2]

According to this report, Ida's successful treatment of the patient promoted her reputation for "virginal holiness"; that is, her health-giving intervention cinched her *fama* not as a healthcare practitioner, but as a "virgin of God." As the citizens of Leuven rendered this healing event into story, they crafted Ida's image as a holy woman. A Cistercian monk then recorded this orally circulating story and assembled it, along with other tales of her "virginal holiness," into a narrative of Ida's sanctity. This transmission process points to the ways that religious women's therapeutic authority was encoded, and then eroded, in other social norms in thirteenth-century Europe. Ida's activity as an efficacious bedside healer was subsumed by her gendered reputation for sanctity. Her therapeutic actions were recorded not as demonstrations of medical acumen but as examples of her intense religiosity.

The case of Ida spotlights the kinds of historical trajectories through which the healthcare behaviors she exhibited, behaviors displayed by numerous women in the thirteenth-century southern Low Countries, failed to be translated as "medical" sources and thus as "medical" history.[3] Women living as beguines and Cistercian nuns in this region served as nurses, herbalists, everyday caretakers, and wonder-workers who assisted patients using charms, blessings, relics, meditations, and prayers, in addition to herbs, stones, purgatives, phlebotomy, and maintenance of a daily regimen. Their labor was increasingly necessary as social needs became more visible under the pressure of the region's rapid urbanization, a response to the growth of the textile industries and the associated expansion of overland trade from Bruges to Cologne throughout the course of the thirteenth and fourteenth centuries.[4] Women immigrated

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2. *VILeuv* 171D: "Ex tunc igitur et deinceps in magna veneratione Dei virgo praetextu suae sanctitatis, apud omnes, ad quorum haec pervenere notitiam, his diebus est habita. Cunctorum quippe, quibus haec videre vel audire permissa sunt, una fuit immutabilisque sententia, quod per venerabilis Idae merita tam acerbissimi doloris fugata molestia tamque repentine et improvise succedens sospitas in eodem esset aegroto procul dubio reformata. Quod cum ex frequenti relatione multorum longe lateque notitiae patuisset, ac virginalis sanctimoniae titulum his temporibus in omni circumjacenti vicinia mirabiliter extulisset."

3. My use of the term "medicine" throughout this book should be distinguished from contemporary Western concepts of "biomedicine." The term "medicine" is more encompassing than biology-based systems of health knowledge because it appreciates various cultures of illness and treatment. On this distinction, see Atwood Gaines and Robbie Davis-Floyd, "Biomedicine," in *Encyclopedia of Medical Anthropology: Health and Illness in the World's Cultures*, ed. Carol Ember and Melvin Ember (New York: Springer, 2004), n.p.

4. On the expansion of trade and urbanization, see Peter Stabel, *Dwarfs among Giants: The Flemish Urban Network in the Late Middle Ages* (Louvain: Garant, 1997). On the connection between

to centers of industry and manufacturing such as Cambrai, Ypres, Bruges, Douai, Leuven, and Brussels, where they found domestic, textile, and hospital work, and regularly engaged in public activities.[5] The women investigated in this book inhabited this urban social scene. They founded, managed, and staffed hospitals, leprosaria, and infirmaries; they cared for the dead and prepared bodies for burial; and they sometimes worked outside of institutional settings, begging for food, medicines, or clothing on behalf of the sick and infirm. They visited the sick and dying at bedsides in private homes, and occasionally the sick would journey from afar to access their healthcare services. This book seeks to reconstruct the therapeutic epistemologies that animated their practices; that is, it looks for the kinds of thinking, the logic or specific rationale, that brought together the variety of caregiving practices religious women used.

Such an endeavor must confront the vexing question of sources, of their supposed scarcity, and of what "counts" as medical history or medical knowledge. It is a lack of sources, scholars have assumed, that makes it difficult if not impossible to write a history of women practitioners in the later Middle Ages. For example, after remarking on the extensive healthcare institutions founded and staffed by beguines, Walter Simons notes that although these women must have received training, "such expertise has unfortunately remained undocumented."[6] And Simons would know. His *Cities of Ladies* is the most comprehensively researched recent account of beguine foundations in this region. At one point, he notes that caregiving was so closely associated with beguine patterns of charity that the terms "beguine convent" and "beguine hospital" were often used synonymously in the sources.[7]

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urbanization and the need for hospital work, see Pierre de Spiegeler, *Les hôpitaux et l'assistance à Liège: Aspects institutionnels et sociaux* (Paris: Les Belles Lettres, 1987), 55.

5. On the demographics suggesting that women outnumbered men in the southern Low Countries, see Roger Mols, *Introduction à la démographie historique des villes du Europe du XIVe au XVIIIe siècle* (Gembloux: Duculot, 1954), 2:374–75; and Martha Howell, *Women, Production, and Patriarchy in Late Medieval Cities* (Chicago: University of Chicago Press, 1986). Walter Simons discusses the unequal migration patterns of women and men in "The Beguine Movement in the Southern Low Countries: A Reassessment," *Bulletin de l'Institut Historique Belge de Rome* 59 (1989): 63–105; Henri Pirenne, "Les dénombrements de la population d'Ypres au XVe siècle (1412–1506): Contribution à la statistique sociale du Moyen Âge," *Vierteljahrschrift für Sozial und Wirtschaftsgeschichte* 1 (1903): 1–32 is slightly later but discusses the role of women as domestic servants. On the public visibility of women as stall managers, vendors, teachers, and innkeepers, see Walter Simons, *Cities of Ladies: Beguine Communities in the Medieval Low Countries, 1200–1565* (Philadelphia: University of Pennsylvania Press, 2001), 10; and Jan Van Gerven, "Vrouwen, arbeid en sociale positie: Een voorlopig onderzoek naar de economische rol en maatschappelijke positie van vrouwen in de Brabantse steden in de late Middeleeuwen," *Revue Belge de Philologie et d'Histoire* 73 (1995): 947–66.

6. Simons, *Cities of Ladies*, 77–78.

7. Simons, 77.

It is here that I stake my intervention into the history both of premodern medicine and of medieval religion and gender. The sources for religious women's caregiving exist. Their recovery simply demands a shift in our thinking about how gendered interactions shape the documentary record. For too long, medievalists have read the sources we do have—psalters, prayers, saints' *Lives*, miracles, relics, liturgical rites—as having little to say about health, healing, care work, and medical practice.[8] Indeed, the overdetermination of late medieval holy women as imitating Christ's suffering has masked the historically situated ways that their embodied performances of prayer and penance also carried medical significations that mattered deeply to the communities surrounding them. Their prayers were experienced as efficacious healthcare practices by those who supported them. Any version of medieval medicine that excludes the demand for, and the perceived effects of, prayer and penance, therefore, is incomplete. The sources of women's bodily therapies, I argue, come not in the form of coherent academic treatises, but in "fragile traces" detectable in liturgy, poetry, recipes, meditations, sacred objects, and the everyday behaviors that constituted their world.[9]

The sources I explore in this book are necessarily fragmentary. They are traces of a practice long forgotten as therapeutic.[10] These traces often appear to scholars of medieval history and religion, and are interpreted and perpetuated by them, as "religious" texts or ritualistic behavior, not as medical practices. I refer to these traces of past practices as "therapeutic" in order to frame them as knowledge and behaviors that fall somewhere in between our current conceptualizations of medicine and religion, as "treatments." There is an abundance of scholarly precedence for framing premodern healthcare in this way. For example, the medical historian Vivian Nutton notes that Galen used the term *therapeutes* to indicate a kind of caregiving and body knowledge connected

8. This is a point made repeatedly by Monica Green in "Gender, Health, Disease: Recent Work on Medieval Women's Medicine," *Studies in Medieval and Renaissance History,* ser. 3, 5 (2005): 1–46.

9. Informing my approach here is the work of Patricia Hill Collins, who provides a framework for deciphering examples of Black women's knowledge and resistance. She argues that "suppression of Black women's ideas within white male-controlled social institutions led African American women to use music, literature, daily conversations, and everyday behavior as important locations for constructing a Black feminist consciousness." Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* (New York: Routledge, 2002), 251–52. Nancy Rose Hunt addresses the search for "fragile acoustic traces" in "An Acoustic Register, Tenacious Images, and Congolese Scenes of Rape and Repetition," *Cultural Anthropology* 23.2 (2008): 220–53.

10. On this process of forgetting the original significations of social practices, see Diana Taylor, "Remapping Genre through Performance: From 'American' to 'Hemispheric' Studies," *PMLA* 122.5 (2007): 1416–30.

to "active worship."[11] More recently, the literary historian Daniel McCann has opted for the terminology of "treatment" to encompass the biological, psychological, and social factors pertinent to efficacy.[12] My use of "therapeutic treatments" as a frame for examining premodern healing practices is informed by my experiences growing up in an Acadian bayou town in southern Louisiana, a region to which I returned as an adult professor of medieval history. There, healers known as *traiteurs* and *traiteuses* have for centuries used prayer, herbal remedies, touch, and ligatures to address an array of afflictions ranging from bug bites to angina.[13] They do not accept money as payment, and their *traitements* (treatments), along with the power to wield them efficaciously, are passed down orally. They do not position themselves in competition with professional biomedical practitioners, but they are an essential component of the healthcare landscape of this region (or at least they were until the mid-twentieth century—these practices have slowly begun to fade as the Acadiana region has become more commercialized, medicalized, and suburban).[14] I propose the term "therapeutic treatments" to describe the caregiving work provided by thirteenth-century religious women because it mingles the physical, social, emotional, and spiritual aspects of their approach to health and care. Like *traiteurs*, their treatments included prayer, touch, counsel, and herbal remedies, in addition to feeding, cleaning, and the provision of daily comfort and assurance. If we consider these treatments from within the context of religious women's communal circuits of care, we can begin to restore their therapeutic meanings.

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11. Vivan Nutton, "God, Galen, and the Depaganization of Ancient Religion," in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (York: York Medieval Press, 2001), 25.

12. Daniel McCann, *Soul Health: Therapeutic Reading in Late Medieval England* (Cardiff: University of Wales Press, 2019), 6.

13. This occupational title might best be rendered in English as "treaters." The *Dictionary of Louisiana French* translates *traiteur* as "traditional healer, faith healer." See *Dictionary of Louisiana French: As Spoken in Cajun, Creole, and American Indian Communities,* ed. Albert Valdman et al. (Jackson: University of Mississippi Press, 2009), 628. This rendering, however, does not quite grasp the blended modes of therapy used by *traiteurs*, which involved prayers, incantations, nonsensical secret phrases, touch, *cordons* (ligatures), *benisons* (blessings), and herbal remedies, especially teas, tonics, and *catepans* (poultices). Some basic remedies involved burying a nail after making the sign of the cross on an afflicted body part and applying holy water or wax to an afflicted limb while saying a prayer. These *traitements*, along with the power to wield them efficaciously, are passed down orally. It is for this reason, in part, that very few historians have examined *traiteurs*, although they do have a place in folklore studies. An earlier study, from the perspective of folklore, is Anna Boudreaux, "Les remèdes du vieux temps: Remedies and Cures of the Kaplan Area in Southwest Louisiana," *Southern Folklore Quarterly* 35.2 (1971): 121–40.

14. The legal and professional process of eroding these healthcare practices was underway even earlier. A February 1919 action in the circuit court of appeals sitting at Baton Rouge, for example, made injunction against two "notorious" traiteurs from Lafayette parish, prohibiting them from practicing medicine. *Abbeville Meridional*, 8 Feb. 1919.

Reading "Nonevidence"

Scholars have long noted that the household operated as the first "port of call" for the sick within premodern Europe, where women provided "the basic recourse for medical care."[15] They were primarily responsible for daily "bodywork"—the maintenance of diet, cleanliness, and comfort.[16] As Mary Fissell has noted, women were central to the practice of everyday healthcare: "Almost everyone in early modern Europe was brought into the world by women and ushered out of it by women. Women's hands birthed babies, cut umbilical cords, and swaddled newborns. Women's hands treated the sick, comforted the dying, and laid out bodies, readying them for burial."[17] Peter Pormann and Emilie Savage-Smith have made similar observations about the omnipresence of women practitioners in Islamicate societies, noting that they were responsible for the medical needs of children, husbands, and other members of the extended family and "contributed fundamentally to the health of the wider society."[18] Anthropological and sociological analysis confirms the picture of woman-dominated caregiving within the domestic sphere.[19] In other words, we *know* that the daily healthcare needs of medieval

15. Margaret Pelling, "Thoroughly Resented? Older Women and the Medical Role in Early Modern London," in *Women, Science, and Medicine, 1500–1700*, ed. Lynette Hunter and Sarah Hutton (Gloucestershire: Sutton, 1997), 70; Alicia Rankin, *Panaceia's Daughters: Noblewomen as Healers in Early Modern Germany* (Chicago: University of Chicago Press, 2013), 3. In this book, I will use Monica Green's definition of "female medical practitioners" as "women who at some point in their lives would have either identified themselves in terms of their medical practice or been so identified by their communities." Monica Green, "Documenting Medieval Women's Medical Practice," in *Practical Medicine from Salerno to the Black Death*, ed. Luis García-Ballester, Jon French, Jon Arrizabalaga, and Andrew Cunningham (Cambridge: Cambridge University Press, 1994), 335–36. Green's definition is an adaptation of Margaret Pelling and Charles Webster's notion of medical practitioner as "anyone whose occupation is basically concerned with care of the sick." See Margaret Pelling and Charles Webster, "Medical Practitioners," in *Health, Medicine, and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge: Cambridge University Press, 1979), 165–235.

16. Mary Fissell developed the concept of "bodywork" to grasp the range of caregiving approaches to suffering bodies. Fissell writes, "I am not proposing that we replace the category 'medicine' with bodywork; rather, that we investigate the relationship between the work we consider medicine and the broader category of attending to the human body, and perhaps place medicine and its learned traditions within or next to the larger category of bodywork or body technologies." Mary Fissell, "Introduction: Women, Health, and Healing in Early Modern Europe," *Bulletin of the History of Medicine* 82.1 (2008): 11. Fissell builds on previous scholarship, such as Sandra Cavallo's notion of "artisans of the body," in *Artisans of the Body in Early Modern Italy: Identities, Families, and Masculinities* (Manchester: Manchester University Press, 2007); Montserrat Cabré's notion of modification of body surfaces, in "From a Master to a Laywoman: A Feminine Manual of Self-Help," *Dynamis* 20 (2000): 371–93; and Monica Green's term "technologies of the body" in "Gender, Health, Disease."

17. Fissell, "Introduction," 1.

18. Peter Pormann and Emilie Savage-Smith, *Medieval Islamic Medicine* (Washington, DC: Georgetown University Press, 2007), 103.

19. For caregiving statistics, see Nicholas T. Bott, Clifford Sheckter, and Arnold Milstein, "Dementia Care, Women's Health, and Gender Equity: The Value of Well-Timed Caregiver Support," *JAMA*

communities were numerically dominated by women, the vast majority of whom did not develop reputations as saints. And yet, as Monica Green has noted, scholars are confronted by the abiding problem of "nonevidence"; that is, women rarely appear in documents of medical practice or in our resulting historical narratives of premodern medicine.[20]

Where professional records do exist, they scarcely capture the presence of women healthcare practitioners. For example, Danielle Jacquart's 1981 study of three centuries of medical practitioners in France, which included midwives, turned up just 127 women, or 1.5 percent of the total recorded practitioners.[21] In England, women made up 1.2 percent of the total, and in the Kingdom of Aragon three women out of five hundred (or 0.6 percent) appear to have held titles as practitioners of healthcare.[22] Turning from archival sources to medical treatises, we find that, on the rare occasions that practitioners identified as women do appear in academic medical literature, it is only to denounce their foolishness in matters of the body that should be left to trained—that is, to literate male—physicians. For example, when Teodorico Borgognoni, the thirteenth-century Dominican bishop of Bitonto and later of Cervia and sometime master of medicine and surgery at the University of Bologna, transmitted a small sample of verbal remedies in his Latin *Chirurgia*, he professed deep hesitation, stating that they struck him as "more the concoction[s] of old women than the prescriptions of a prudent man."[23] Gendered comparatives such as Teodorico's, which distinguish women's verbal remedies from men's learned prescriptions, are found throughout later medieval European texts of scholastic medicine and surgery.[24] In order to legitimize the transmission of

Neurology 74.7 (2017): 757–58; on gender, caregiving, and emotional labor, see Arlie Russell Hochschild, *The Commercialization of Intimate Life: Notes from Home and Work* (Berkeley: University of California Press, 2003); and Amy Wharton, "The Sociology of Emotional Labor," *American Review of Sociology* 35 (2009): 147–65; for a historical approach in the US context, see Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850–1945* (Cambridge: Cambridge University Press, 1987).

20. Green, "Gender, Health, Disease," 18.

21. Danielle Jacquart, *Le milieu médical en France du XIIe au XVe siècle* (Geneva: Droz, 1981), 47–55; Monica Green supplemented Jacquart's list with an additional six healers in "Documenting Medieval Women's Medical Practice." On the English sources, see Stuart Jenks, "Medizinische Fachkräfte in England zur Zeit Heinrichs VI (1428/9–1460/61)," *Sudhoffs Archiv* 69.2 (1985): 214–27.

22. For England, see Monica Green, "Women's Medical Practice and Health Care in Medieval Europe," *Signs* 14 (1989): 434–73; for Aragon, see Carmel Ferragud Domingo, *Medicina i promoció social a la baixa edat mitjana: Corona d'Aragó 1350–1410* (Madrid: Consejo Superior de Investigaciones Científicas, 2005), 76.

23. Teodorico Borgognoni, *Chirurgia*, in *Ars chirurgia Guidonis Cauliaci* (Venice, 1546), fol. 158v: "quia magis videntur nobis vetularum esse quam prudentis viri"; trans. E. Campbell and J. Colton, *The Surgery of Theodoric* (New York: 1960), 2:17.

24. On denunciations of women's remedies in scholastic medical treatises, see Jole Agrimi and Chiara Crisciani, "Savoir médical et anthropologie religieuse: Les représentations et fonctions de la *vetula* (XIIIe–XVe siècle)," *Annales: Économies, Société, Civilisations* 48.5 (1993): 1281–1308.

remedies culturally associated with women practitioners, Teodorico and other scholastic physicians had to obscure any suggestion of feminine origin to assert that *theirs* were affirmed by learned men.

Our current historical narrative of the emergence of medicine in western Europe is progressive; it depends upon an intellectual posture that reaches back in search of familiar professional markers and diagnostic habits, the antecedents of present practice.[25] Such a posture reifies categories of knowledge production separating medicine and religion that were by no means stable or universally embraced in the thirteenth century.[26] For instance, Naama Cohen-Hanegbi has shown that the construction of medicine as a distinct field of investigation in medieval Europe was penetrated by Christian concepts, as scholastic physicians sought to determine how to approach an ensouled body that was premised on its susceptibility to immaterial forces. In those moments of elaborating a medicine that addressed the soul in order to shape the body, practitioners were concerned with a medicine of self, with the continuities of body and spirit. For example, the Italian physician Giovanni Matteo Ferrari da Grado (d. 1472) prescribed the experience of joy to counteract the melancholic fevers of a young patient.[27] While thirteenth-century practitioners and theologians clearly recognized distinctions between medicine of the body and medicine of the soul, the phenomenological experience of embodiment was expressed in mutual terms.

Although an elite minority of educated men known as *physici* attempted to articulate medicine according to natural and rational principles of matter, a vast array of other practitioners understood and deployed the language of medicine and health (*salus*) in far more fluid and unbounded ways. While those medical others were not exclusively women, their vilification and erasure in the learned treatises of medieval medicine resulted in an explicit gendering of certain forms of healthcare practice. When physici chose to distinguish their remedies from those of practitioners unschooled in Galenic principles of medicine, they relied upon the image of the loathsome *vetula*, or "old woman."[28] For instance, Arnald

25. Fissell, "Introduction."

26. Iona McCleery, "Christ More Powerful than Galen: The Relationship between Medicine and Miracles," in *Contextualizing Miracles in the Medieval West*, ed. M. M. Mesley and Louise Wilson (Leeds: Medium Aevum, 2014), 127–54.

27. Giovanni Matteo Ferrari da Grado, *Consilia* (Lyon, 1535), fol. 7v, in Naama Cohen-Hanegbi, *Caring for the Living Soul: Emotions, Medicine, and Penance in the Late Medieval Mediterranean* (Leuven: Brill, 2017), 74.

28. Jole Agrimi and Chiara Crisciani chronicled the increasing suspicion on the part of learned medical practitioners and clerics, who from the thirteenth century onward cast *vetulae* as deviant and untrustworthy in their "Savoir médical et anthropologie religieuse." See also Karen Pratt, "*De vetula*: The Figure of the Old Woman in Medieval French Literature," in *Old Age in the Middle Ages*

of Villanova, seeking to establish the superior knowledge of physicians, referred to *vetulae* as the very incarnation of neglect of reason and natural causes of disease.[29] Guy of Chauliac thought that "women and idiots" were most interested in using herbal charms and incantations.[30] And the French surgeon Henri de Mondeville reported that simple patients (*vulgi*) rejected learned physicians and sought instead "divine surgeons" (*divini cyrugici*) such as the anchorites and "old harlots" (*antiqui meretrices et metatrices*) who, they believed, gained medical knowledge directly from God and the saints.[31] Henri feminized categories of healer other than the scholastic physician when he associated barbers, fortune-tellers, alchemists, midwives, Jewish converts, and Muslims with the ignorance and religiosity of *vetulae*.[32] In order to emerge as distinct, as professional, proponents of academic medicine explicitly lambasted certain practices that they associated with women. These practices included charms, prayers, poetry, liturgical rituals, and meditations. To be sure, many varieties of practitioner, women and men, dabbled in these kinds of affective, performative remedies. But scholastic physicians characterized those remedies as feminine and hence as irrational, unlearned, sometimes even as wicked. As Peregrine Horden has lamented, women healthcare practitioners were the "first and largest casualty of scholasticism triumphant."[33]

The presences and practices of women's caregiving have thus been erased by historical trajectories premised on recorded professional and genre-defined documents, that is, on mechanisms of power from which women

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and the Renaissance: Interdisciplinary Approaches to a Neglected Topic, ed. Albrecht Classen (Berlin: De Gruyter, 2007), 321–42. It was hardly physicians alone who cast suspicion on old women using herbs and charms to care for their neighbors. Theologians engaged in similar maneuvers in which they theorized certain ritual actions, like blessings and charms, as permissible among trained clerics but dangerous when used by the uneducated, especially by old women. See Michael Bailey, "The Disenchantment of Magic: Spells, Charms, and Superstition in Early European Witchcraft Literature," *American Historical Review* 111.2 (2006): 383–404. As Agrimi and Crisciani have shown, clerics and physicians shared biases about *vetulae*, leading to even greater suppression.

29. Joseph Ziegler, *Medicine and Religion, c. 1300: The Case of Arnau de Vilanova* (Oxford: Clarendon Press, 1998), 123. See, for example, Arnald of Villanova's *De cautelis medicorum*, trans. Henry Sigerist, in "Bedside Manners in the Middle Ages: The Treatise *De cautelis medicorum* Attributed to Arnald of Villanova," in *Henry Sigerist on the History of Medicine*, ed. Felix Marti-Ibañez (New York: MD Publications, 1960), 132–40.

30. Don Skemer, *Binding Words: Textual Amulets in the Middle Ages* (University Park, PA: Pennsylvania State University Press, 2006), 235n1.

31. *Die Chirurgie des Heinrich von Mondeville (1306–1320)*, ed. J. Pagel (Berlin: Hirschwald, 1892), 68.

32. *Die Chirurgie,* 661: "sicut barberii, sortilegi, locatores, insidiatores, falsarii, alchemistae, meretrices, metatrices, obstetrices, vetulae, Iudaei conversi, Sarraceni."

33. Peregrine Horden, "Religion as Medicine: Music in Medieval Hospitals," in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (York: York University Press, 2001), 137; Monica Green's *Making Women's Medicine Masculine* shows that it was women's estrangement from Latin medical texts and university centers of medical learning that phased out their participation.

were eclipsed. Because women's practices were not preserved as "legitimate" medical knowledge, their voices were not recorded as medical authorities. Women-identified practitioners, in other words, were socially alienated from professional markers and from the production of generic textual sources, the commentaries and *consilia* (medical case histories) produced by academic or licensed physicians. Therefore, neither occupational markers nor formal medical treatises convey the full range of women's healthcare activities.[34] Recognizing this disjunction between women's daily healthcare practice in medieval Europe and their lack of archival substantiation raises questions about the validity of historical methods that rely on the very media from which women were estranged.[35] Given women's vexed relationship to what was recorded as authoritative medical knowledge and practice, the goal of locating them and their constructions of therapeutic knowledge might behoove us to critically stretch our understanding of the kinds of reading, writing, and performance that inform medical history. By continuing to construct our histories of medicine on these genre-defined sources and technologies of power from which women were socially, culturally, and sometimes legally distanced, we only reproduce feminine erasure and silence.[36]

Rather than searching for women's presence among professional markers in diplomatic or scholastic medical sources, I consider how women's healthcare practices were translated into textual representations. As Montserrat Cabré has shown, women's healthcare roles were subsumed under the semantic domain of *mother*, *woman*, and other categories of feminine life stages.[37] To ascertain women's roles in the medieval health economy, we must desist from imposing "categories clearly alien to women's work."[38] Women's positions in caring for and curing sick and dying bodies in hospitals,

34. That occupational markers were the exception, not the rule, for female healthcare practitioners is a foundational argument of Monica Green's "Documenting Medieval Women's Medical Practice."

35. This point about historical practice and the process of uncovering silenced and estranged voices is derived from Marissa J. Fuentes, *Dispossessed Lives: Enslaved Women, Violence, and the Archive* (Philadelphia: University of Pennsylvania Press, 2016).

36. Laws limiting women's medical practice appear in Valencia in the fourteenth century and in England in the fifteenth. Licensing regulations affected women as early as the thirteenth century, but only insofar as they were uneducated, not *as* women. On Valencia, see Luis García-Ballester, Michael McVaugh, and Augustin Rubio Vela, *Medical Licensing and Learning in Fourteenth-Century Valencia* (Philadelphia: Transactions of the American Philosophical Society, 1989); on England, see Eileen Power, "Some Women Practitioners of Medicine in the Middle Ages," *Proceedings of the Royal Society of Medicine* 15.6 (1922): 20–23.

37. Montserrat Cabré, "Women or Healers? Household Practices and the Categories of Healthcare in Late Medieval Iberia," *Bulletin of the History of Medicine* 82.1 (2008): 23.

38. Cabré, 23.

leprosaria, and private homes reflected their social roles as caretakers of children, preparers of food, attendants at childbirth, and custodians of the dead.[39] This healthcare work failed to be translated textually as medical labor. Instead, as in the case of Ida, communities expressed their gratitude for religious women's care and cure through attributions of sanctity and holiness.

While many different kinds of women in medieval societies cared for the infirm, not all of them developed reputations for sanctity. In this book, I use the records of those that did garner such standing in order to piece together a coherent impression of the array of therapeutic practices and concepts available to women—particularly religious women—in the thirteenth-century southern Low Countries. These sources demonstrate that several communities of religious women in the southern Low Countries were able to position themselves at the center of phenomenological descriptions of health events in their region.[40] In other words, the women who gained reputations for sanctity left behind the kinds of records we can use to better understand women's roles more generally as charitable caregivers in the later Middle Ages. These women were not exceptional; my interest is not in the "saints," but rather in how we can use the stories of saints—and saints identified as women in particular—to learn more about feminine caregiving roles and therapeutic knowledge, forms of care that have been devalued and underrecognized in our historical records and in our resulting historical narratives.

I show that religious women's social association with penitential prayer placed them in proximity to the sick and dying, where they performed a wholly integrated spiritual and corporeal therapeutics that blended prayer with bodily and emotional care and cure. They offered both a conceptualization of the body that was tied cosmically to a community of the dead and living and a therapeutic practice that linked body and soul with individual and communal health. In a culture where death was immanent and among people who earnestly believed that to die unconfessed would lead to eternal misery for their souls and the resulting anguish of their dearest loved ones, certain assemblages of religious women were able to console and care as an efficacious form of therapy.[41] They, and those they treated, were bound

39. Carol Hill, *Women and Religion in Late Medieval Norwich* (Woodbridge: Boydell and Brewer, 2010), 134.

40. On similar positionings, but in the Caribbean, see Pablo Gómez, *The Experiential Caribbean: Creating Knowledge and Healing in the Early Modern Atlantic* (Chapel Hill: University of North Carolina Press, 2017), 106.

41. Stacey Langwick, *Bodies, Politics, and African Healing: A Matter of Maladies in Tanzania* (Bloomington: Indiana University Press, 2011), 6.

together through social obligations of caring and curing, relationships that were perpetuated and strengthened in the form of stories of sanctity.

"Religious Women" and Their Stories

Stories of sanctity form a starting point for this book. I investigate how tales of women's holiness conveyed information about therapeutic resources. The stories of sanctity I explore comprise a unique corpus of *Lives* of so-called living saints written and transmitted in the thirteenth-century southern Low Countries.[42] The saints' *Lives* from the thirteenth-century Low Countries have been variously described as a "corpus," a "canon," and a "dossier."[43] In an effort to recognize the flourishing in this region of stories of meritorious people living in the thirteenth century, I use the terminology of "corpus," but I am intentionally open-ended with regard to the texts and other content that constitute this corpus because I wish to be expansive about who was deemed a "saint" in the thirteenth-century lowlands.[44] The "saints" whose *Lives* appear in this book, for example, were never canonized.[45] But they left

42. On living saints, see Aviad Kleinberg, *Prophets in Their Own Country: Living Saints and the Making of Sainthood in the Late Middle Ages* (Chicago: University of Chicago Press, 1992); Gabriella Zarri, *Le sante vive: Cultura e religiosità femminile nella prima età moderna* (Turin: Rosenberg & Sellier, 1990); C. Ruhrberg, *Der literarische Körper der heiligen Leben und Viten der Christina Stommeln* (Tubingen: Bibliotecha Germanica, 1995).

43. The "canon" of thirteenth-century southern Netherlandish saints' lives can be found in Barbara Newman, preface to *Send Me God*, trans. Martinus Cawley (University Park: Pennsylvania State University Press, 2011), xlviii-xlix. Newman describes the canon as "probably unique in the annals of hagiography" (xxx). A slightly expanded enumeration of the canon can be found in Anneke Mulder-Bakker, *Living Saints of the Thirteenth Century* (Turnhout: Brepols, 2011). Although not all of the lives of mulieres religiosae in this corpus contain information about caregiving, they have all been critical to my understanding of the process of translation of care into textual representations of women's sanctity. As discussed in chapter 2, I also consider the male lives in the larger corpus, though they exhibit far fewer examples of caregiving.

44. On this approach to expanding who we identify as "saints," see Anneke Mulder-Bakker, "The Invention of Saintliness: Texts and Contexts," in *The Invention of Saintliness*, ed. Anneke Mulder-Bakker and Han J. W. Drijvers (London: Routledge, 2002), 3–23; and Julia Smith, "Oral and Written: Saints, Miracles, and Relics in Britany, *c.* 850–1250," *Speculum* 65 (1990): 309–43. According to Barbara Newman's canon, there were twenty-five total saints' *Lives* (fourteen women and eleven men) produced "around" the thirteenth century in the southern Low Countries. This number does not include the many brief anecdotes and summarized *Lives* that appear in collections such as Caesarius of Heisterbach's *Dialogue on Miracles* (*Dialogus miraculorum*), Thomas of Cantimpré's *Book of Bees* (*Bonum universale de apibus*), the *History of the Monastery of Villers* (*Chronica Villariensis monasterii*), and the *Deeds of the Saints of Villers* (*Gesta sanctorum Villariensium*).

45. The Bollandists' enterprise of editing saints' *Lives* originated among the Jesuits of Antwerp, particularly Heribert Rosweyde, who conceived to publish the *Lives* of the saints of the Catholic Church in an eighteen-volume collection that assembled "authentic" documents, dispensing of legend. Rosweyde's idea was brought to fruition by his pupil, Jean Bolland, who commenced the production as the *Acta sanctorum*, or *AASS*. While irrefutably useful, the *AASS* is still a political product. Decisions about truth and legend and the canon law concept of sainthood determined its contents. On the

enough of an impression on their neighbors that those neighbors shared stories of wonder and merit about them, and in some cases, those stories were written down in note form or compiled from notes into life narratives. Saintliness is the chance detail that has enabled the survival of a record of the medical services provided by thirteenth-century women. I contextualize these details of sanctity among an array of other manuscript and archival sources circulating in women's religious communities, such as regimens, prayer books, charms, meditations, testaments, songs, images, relics, and liturgical practices. In reading saints' *Lives* in this context, I seek to peel back the layers of the textual codification of sanctity, to consider why stories of sanctity began circulating in the first place.

Thus far I have described the subjects of this book as "religious women." This is a fraught term, and yet it is one that I am not prepared to discard. The sources used in this book employ a variety of labels to identify women, including nuns (*moniales*), handmaidens (*ancillae*), holy virgins (*sanctae virgines*), and beguines (*beghinae*); but the vocabulary appearing most commonly in the sources is *mulieres religiosae*, "religious women." What this phrase meant in the thirteenth century is not always clear, though it is important to note that *religio* had a meaning rather different from the way we currently tend to conceptualize it in the twenty-first-century North America in which I am writing.[46] To Christians in medieval Europe, *religio* referred to the bond between a devout human and their God, a bond commonly formalized in monastic vows.[47] In the thirteenth-century lowlands, however, it could also be applied to women who were not legally recognized as nuns, but were nevertheless described as "religious."

Who were these mulieres religiosae? Scholars have long struggled to answer this question, to sort the sources of thirteenth-century European women's lives into the appropriate categories of religious life.[48] Jennifer Kolpacoff Deane,

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enterprise, see David Knowles, "The Bollandists," in *Great Historical Enterprises: Problems in Monastic History* (Edinburgh: Nelson and Sons, 1963). On this critical process, see Jan Machielsen, "Heretical Saints and Textual Discernment: The Polemical Origins of the *Acta sanctorum* (1643–1940)," in *Angels of Light? Sanctity and the Discernment of Spirits in the Early Modern Period*, ed. Clare Copeland and Jan Machielsen (Leiden: Brill, 2012), 103–41.

46. Jonathan Z. Smith, "Religion, Religions, Religious," in *Critical Terms for Religious Studies*, ed. Mark Taylor (Chicago: University of Chicago Press, 1988), 269–84. As Smith notes of sixteenth-century attributions of this term by Europeans attempting to describe the indigenous cosmologies they encountered in Peru, "Religion is not a native category. It is not a first-person term of self-characterization. It is a category imposed from the outside on some aspect of native culture. It is the other, in these instances colonialists, who are solely responsible for the content of the term."

47. See Peter Biller, "Words and the Medieval Notion of Religion," *Journal of Ecclesiastical History* 36.3 (1985): 351–69.

48. Alison More uses the term "rubric" to explain how clerics sought to slot religiously inclined women into clear-cut categories. See More, *Fictive Orders and Feminine Religious Identities, 1200–1600*

Michel Lauwers, Elizabeth Makowski, Alison More, Tanya Stabler Miller, and so many other scholars have illuminated the rich and complex individual communities and larger "movements" of women in late medieval northern Europe, raising important questions about the ways that we draw lines around religious identities that defined women as nuns, beguines, penitents, tertiaries, or laywomen.[49] The patient and diligent work of these scholars has exposed the limitations of our language as well as our binary and often teleological thinking when attempting to describe the world in which these women attempted to express their devotion.

Some of the mulieres religiosae discussed in this book lived at least part of their lives as Cistercian nuns. They often appear in the sources as nuns (*moniales*), sisters (*sorores*), or religious women (*mulieres religiosae*, *religiosae feminae*, *devotes mulieres*), and they usually took formal, canonical vows; but their status as "cloistered" and even as "Cistercian" was hardly stable in this period.[50] In the early thirteenth century, they often behaved more like lay religious women by involving themselves in various forms of active charity in hospitals, leprosaria, and homes on their diverse granges, outside of or adjacent to their cloister; moreover, in the thirteenth-century lowlands, they often lived as lay religious women or canonesses attached to other independent houses or hospitals before formal incorporation as Cistercian nuns. The hagiographic sources used in this book to examine the charitable caregiving offered by Cistercian nuns are shaped by clerical interests that often projected a stable Cistercian identity on religious women

(Oxford: Oxford University Press, 2019), 2. She asserts that men "who were charged with providing [women's] spiritual care (*cura*) struggled to find a rubric that would both explain the existence of these women and place them in a recognizable category under canon law" (2).

49. Jennifer Kolpacoff Deane, "Beguines Reconsidered: Historiographical Problems and New Directions," *Commentaria* 34.61 (2008), n.p.; Sean Field, "On Being Beguine in France, c. 1300," in *Labels and Libels: Naming Beguines in Northern Medieval Europe*, ed. Letha Böhringer, Jennifer Kolpacoff Deane, and Hildo van Engen (Turnhout: Brepols, 2014), 117–33; Michel Lauwers, "L'expérience béguinale et récit hagiographique à propos de la *Vita Mariae Oigniacensis* de Jacques de Vitry," *Journal des Savants* 11 (1989): 61–103; Elizabeth Makowski, "Mulieres Religiosae, Strictly Speaking: Some Fourteenth-Century Canonical Opinions," *Catholic Historical Review* 85 (1999): 1–14; Tanya Stabler Miller, *Beguines of Medieval Paris: Gender, Patronage, and Spiritual Authority* (Philadelphia: University of Pennsylvania Press, 2014); More, *Fictive Orders*; Anneke Mulder-Bakker, *Lives of the Anchoresses: The Rise of the Urban Recluse* (Philadelphia: University of Pennsylvania Press, 2005).

50. On the evolution of Cistercian nuns in Liège and Cambrai, see Sara Moens, "Beatrice's World: The Rise of Cistercian Nunneries in the Bishoprics of Liège and Cambrai," *Ons Geestelijk Erf* 89.3–4 (2018): 225–74; on their development more broadly in France and the Low Countries, see Constance Berman, *The White Nuns: Cistercian Abbeys for Women in Medieval France* (Philadelphia: University of Pennsylvania Press, 2018); Erin Jordan, *Women, Power, and Religious Patronage in the Middle Ages* (New York: Palgrave, 2006); Anne Lester, *Creating Cistercian Nuns: The Women's Religious Movement and Its Reform in Thirteenth-Century Champagne* (Ithaca: Cornell University Press, 2011).

prior to their own formal affiliation with or identification as Cistercian. Those sources thus reflect practices that would fit within the parameters of proper behavior for what a cleric might consider a "good" Cistercian nun; this clerical investment in Cistercian women's propriety, in the promotion of "virgins of God," served to mediate and translate these women's lives. Religious women's healthcare acts are thus depicted in these sources as taking place either prior to the time when their saintly subjects entered the cloister or as part of their attendance to the sick within the cloister. But when read alongside the resistance of some communities of Cistercian nuns to strict enclosure, these hagiographic portraits suggest multiple dimensions of their active charity. For instance, from 1229 to 1233, as the abbot of the Cistercian monastery of Savigny in Normandy, Stephen of Lexington visited a number of women's abbeys in northern France. At Blanches-Abbaye and Villers-Canivet, he forbid the nuns to provide "care" to secular women, and he advised the nuns to be highly cautious when determining who, among the sick and pregnant, would be allowed to enter; at Moncey, he ordered the porteress to allow only women and children under the age of four to enter the hospice, and he entirely forbid the entrance of women nearing childbirth.[51] That nuns protested this kind of abbatial visitation and enforcement throughout the 1240s suggests that we should question claims to strict, rigid enclosure, at least prior to the 1249 agreement between Pope Innocent IV and the abbots of the Cistercian order, which legislated that women's houses would be visited by abbots rather than bishops.[52] Even as late as 1257, Cistercian codifications of legislation were reiterating that secular women should not be permitted to stay overnight in the infirmary, an indication that this practice may have occurred with some regularity.[53] Turning from these centrally enforced sources to more local and unofficial documents provides an entirely different picture of Cistercian women's active charity, as Anne Lester has shown

51. Berman discusses these examples of visitation in *The White Nuns*, 23. Stephen of Lexington, "Registrum epistolarum," in *Analecta Sacri Ordinis Cisterciensis* 13 (1232): 241–42.

52. Constance Berman notes that the Cistercian *Statuta* for 1243 record nuns' upheavals in protest of abbatial visitation (regulation and control) at Droiteval, Saint-Antoine-des-Champs, Beaufays, Goujon, Salzinnes, Hocht, Tarrant-Keynes, Notre-Dame de l'Isle at Auxerre, Moncey, Marquette, Heiligenkreuz, Parc-aux-Dames (Vrouwenpark), and Lieu-Notre-Dame at Romorantin. Berman writes, "The nuns were described as insubordinate: some for having locked out their newly appointed visitors and denying their authority, others for shouting and clapping their hands to drown out the new visitors' decrees." Berman, *The White Nuns*, 21.

53. *Les codifications cisterciennes de 1237 et de 1257*, ed. Bernard Lucet (Paris: Centre National de la Recherche Scientifique, 1977), no. 4: mulieres autem seculares in claustris ipsarum vel in infirmitoriis non pernoctent.

with regard to small women's communities in Champagne that cared for the sick and leprous.[54] For much of the thirteenth century, some Cistercian women, like beguines, found ways to exercise an interest in charitable care.

Indeed, there was quite a bit of overlap and contact among Cistercian nuns and beguines and, as we will see, among both of them and anchoresses, hospital sisters, Augustinian canonesses, and recluses. The struggle to define categories of religious women is not unique to our contemporary disciplinary practice. Devout women confounded preexisting categories in the thirteenth century as well. The Franciscan Guibert of Tournai (d. 1288) famously bemoaned that "there are among us women whom we have no idea what to call, ordinary women or nuns, because they live neither in the world or out of it."[55] The Cistercian miracle collector, Caesarius of Heisterbach, referred to uncloistered religious women as "holy women," who "live among people wearing lay clothes [yet] still they surpass many in the cloister for the love of God."[56] And the preacher, hagiographer, and cardinal Jacques de Vitry (d. 1240) used the term "beguine" in a generic sense when he referred to women who lived piously outside of recognized canonical orders. But, as Alison More points out, Jacques also used other terms to describe religious women who chose not to live as nuns: "In France they are known as 'papelardae,' in Lombardy, 'humilitatae,' 'bizoke' (bizzoche) in other parts of Italy, and 'coquennunne' in the German lands."[57] We can add to this list of terms to describe women who lived religious lives outside of formal orders "anchorites," "recluses," "tertiaries," and "penitents."[58]

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54. Lester, *Creating Cistercian Nuns*, 117–46. Sherri Franks Johnson also demonstrates the benefit of nuance that comes from questioning the affiliation of women's religious communities. See her *Monastic Women and Religious Orders in Late Medieval Bologna* (Cambridge: Cambridge University Press, 2014). In the case of Cistercian abbeys in German lands, as Lucy Barnhouse has shown among the hospital sisters of St. Agnes in Mainz, small communities of women could use Cistercian customs and share pastoral staff while maintaining their independence. Lucy Barnhouse, "Disordered Women? The Hospital Sisters of Mainz and Their Late Medieval Identities," *Medieval Feminist Forum* 3 (2020): 60–97.

55. Guibert of Tournai, "Collectio de scandalis ecclesiae," *Archivum Franciscanum Historicum* 24 (1931): 58: "Et apud nos mulieres aliae, de quibus nescimus utrum debeamus eas vel saeculares vel moniales appellare. Partim enim utuntur ritu saeculari, partim etiam regulari."

56. *Dialogus miraculorum*, VIII.

57. More, *Fictive Orders*, 5; Jacques de Vitry's second sermon to the virgins, *Secundus sermo ad virgines*, trans. Carolyn Muessig, *The Faces of Women in the Sermons of Jacques de Vitry* (Toronto: Peregrina Press, 1999), 89, 140–41, 218–20.

58. Catherine Mooney, "The 'lesser sisters' in Jacques de Vitry's 1216 Letter," *Franciscan Studies* 69 (2011): 1–29; Brenda Bolton, "Some Thirteenth-Century Women in the Low Countries: A Special Case?," *Nederlands Archief voor Kerkgeschiedenis/Dutch Review of Church History* 61.1 (1981): 7–29. Bolton demonstrates that there was a great deal of similarity between the women who lived as "anchorites" in Britain and those called "beguines" in the Low Countries.

The terminological indeterminacy that troubles both past and present attempts to identify religious women (or "quasi-religious" or "lay religious women") points to an important aspect of the lives they led.[59] What we can say about these women is that they strove *not* to fit into accepted and clear categories of religious and social life.[60] They sought to live outside of the regulations of canonically sanctioned religious life as nuns, and away from the expectations of patriarchally sanctioned marital life in a family.[61] It was precisely this twinned rejection of existing gender paradigms that enabled these women to practice charitable caregiving, to fulfill a niche in the landscape of thirteenth-century healthcare options.[62] Their efforts at charitable caregiving were clearly appreciated, and much needed. Individuals of varying ranks became their clients and patients, supporting their caregiving practices and sharing stories of their efficacy. But it was the very slipperiness of categories that also led to difficulties and distortions in reporting those stories, in creating textual records of their care. Because their care was valued, institutions emerged to sustain their efforts and to "protect" their chaste bodies, which were seen as a source of their healing as well as a requirement for the intimate forms of contact that their caregiving demanded. Because they were so successful, clerical overseers became increasingly invested in explaining their lives, representing their practices in acceptable terms, thus imposing what Dyan Elliott has called the "frame" of female spirituality.[63] The *Lives*, miracles, and *exempla* that transmit their stories, often our only evidence of their existence, reflect a clerical effort to fashion their activities in acceptable terms. It was through this process of protection and promotion that religious women's roles as medical service providers were distorted in narrative sources. As I will show, at precisely the same moment that scholastic physicians were defining their practices as a distinct category based on a privileged

59. This point is also made by Field, "On Being a Beguine in France."

60. On this negative terminology, see Jennifer Kolpacoff Deane, "Beguines Reconsidered"; and Carol Neel, "The Origins of the Beguines," *Signs* 14.2 (1989): 321–41.

61. As we will see, some of the women were widows, but also appear to have vehemently rejected second marriages and went to great lengths to extricate themselves from obligations to their children.

62. On the rejection of preexisting paradigms, see More, *Fictive Orders*, 7. She uses the term "extra-regular" to describe their rejection in the technical sense, arguing that this extra-regular way of life was characterized by reaching out "to the poor, the destitute, lepers, and those outside of society."

63. Dyan Elliott has figured the representation of female spirituality as a "frame," referring to the factors that played a role in how female spirituality was presented, allowing it to flourish but also repressing certain features that struck clerical promoters of women as unsavory. See her *Proving Woman: Female Spirituality and Inquisitional Culture in the Later Middle Ages* (Princeton: Princeton University Press, 2004), 6.

learning to which women had little to no access, ecclesiastical authorities were invested in translating religious women's healthcare activities into spiritual ideals. Women who had built vibrant reputations serving a loyal clientele as caretakers of the leprous and managers of hospices—women like Elizabeth of Thuringia, Marie of Oignies, Juliana of Mont-Cornillon, Lutgard of Aywières, and Yvette of Huy—underwent a process of hagiographic transformation in which their treatments appear so totally spiritualized that they strike us as no more than literary craft, the tired trappings of Christic mimesis or hagiographic topoi. The hagiographic "frame" that was imposed on these women cast their dedication to confession, penance, and the Eucharist as exemplars of righteous feminine spirituality; but their penitential practices, their visions and other communions with the dead, their foreknowledge of death, and their advocacy of confession and communion were also tools of their trade, extensions of the broader caritative outreach that placed them in proximity to the sick and dying.

As Walter Simons has shown, from roughly 1190 to 1230, pious laywomen commonly called "beguines" in the Low Countries began to gather and live in informal communities dedicated to charitable service and prayer.[64] These small communities of laywomen were regulated and enjoyed papal privileges: they had to wear distinguishing clothing, share property, and observe certain liturgical rites, and following these customs, they were allowed to engage in active service. But they were not nuns according to canon law.[65] For example, by 1190 in the town of Huy there were gatherings of devout women around the widow Yvette, who served a leprosarium before taking up a cell as an anchoress inside the building's chapel. Around 1191, a married woman named Marie left her home in Nivelles to serve with her husband in a leprosarium in Willambroux. She later became a recluse in an Augustinian priory in Oignies, and a cluster of women began to form around her as well. By about 1208 a group of beguines had begun to gather in Nivelles, around the church of St. Sépulchre and the leper hospice of Willambroux. In

64. Simons describes the gatherings of the first beguine communities in the Low Countries in *Cities of Ladies*, 36–48. The first communities of lay religious women to receive formal regulation in the Low Countries begin to appear in ecclesiastical records around 1216, when Jacques de Vitry was traveling in Italy. At that time, Jacques sought papal approval for a rule governing the mulieres religiosae who were already flourishing in Liège. Approval eventually came from Pope Honorius III (r. 1216–27), who issued *Litterae tuae nobis* in August of 1218, which permitted preexisting little dwellings (*domicilia*) of unmarried "women" or "virgins" (*virgines et aliae mulieres*) to continue as long as they received appropriate and regular pastoral care. Honorius did not address this decree specifically to the Low Countries beguines; in fact, it was a response to the movement of poor laywomen in Italy.

65. Makowski, "Mulieres Religiosae, Strictly Speaking"; James Brundage, *Medieval Canon Law* (New York: Longman, 1995), 215.

Liège in the first quarter of the thirteenth century a group of women began to congregate at the leprosarium of Mont-Cornillon, and at the same time another band of women were amassing at the parish church of St. Christopher in the heart of the city, where they also served and attended services at the hospital. Around 1259, a number of religious laywomen began to assemble near the hospital of Gratem just outside of the town of Borgloon, where the laywomen Jutta and Christina (later known as Christina Mirabilis ["the Astonishing"]) lived as recluses. Such thirteenth-century urban hospitals welcomed parishioners who were not patients: vagabonds, pilgrims, and other residents attended Mass in their chapels.[66] Archival and hagiographic sources depict religious women not only gathering around such hospitals and attending services there, but deliberately building communities around hospices and leprosaria so that they could serve patients—an expression of active charity. The care that they provided in these small-scale hospitals and leprosaria was largely palliative and regimental. They made patients comfortable by changing linens, dressing wounds, offering an appropriate diet, preparing simple herbal remedies from the hospital garden, and ensuring that they had access to salubrious prayers, liturgy, and sacraments.[67] While the hagiographic sources that document their emergence depict them as ecstatics and visionaries—and there is little reason to doubt that they indeed engaged in contemplative practice—the foundational interest among these women, around which they began to organize themselves, was caritative. Caregiving was part of their group identity as mulieres religiosae, even if each individual beguine did not engage in caregiving.

The mulieres religiosae of the southern Low Countries were frequently in contact with one another, traveling roads that connected the cities and towns of the Sambre-Meuse valley, Brabant, and Loon.[68] They sought refuge and protection from one another, they appear in one another's *Lives*, *exempla*, and visionary accounts, and they learned from one another. It was not just beguines, anchoresses, and other pious laywomen who participated

66. James Brodman, *Charity and Religion in Medieval Europe* (Baltimore: Johns Hopkins University Press, 2009), 262.

67. The physical and spiritual approaches to caregiving, as we will see, were always intertwined. I make every effort throughout this book not to separate them anachronistically unless analytically necessary or explicitly separated in the sources. On the hospital as a locus of care for body and soul, see John Henderson, *The Renaissance Hospital: Healing the Body and Healing the Soul* (New Haven: Yale University Press, 2006); Carole Rawcliffe, *Medicine for the Soul: The Life, Death, and Resurrection of an English Medieval Hospital; St. Giles's Norwich, 1249–1550* (Stroud: Sutton, 1999); Jessalyn Bird, "Medicine for Body and Soul: Jacques de Vitry's Sermons to Hospitallers and Their Charges," in Biller and Ziegler, *Religion and Medicine in the Middle Ages*, 91–108.

68. Simons, *Cities of Ladies*, 45.

in these feminine communications and affiliations. Cistercian and Benedictine nuns and Augustinian canonesses also demonstrate accommodation of and cooperation with other mulieres religiosae in the region. For example, in 1241, John, the chaplain of St. Gilles in Liège, left his home to the Cistercians at Val-Benoît so that they could offer hospitality to twenty-four beguines, a legal act that founded the beguine convent of la Madeleine.[69] Val-Benoît also offered refuge to Juliana of Mont-Cornillon and her companions when property disputes at the leprosarium she oversaw left the women homeless after the year 1247; Juliana would find asylum in two additional Cistercian women's abbeys as well. At Lille, the hospital sisters who accepted the Rule of Augustine were continually referred to as beguines in the archival records, and possibly represented the female staff who departed from the Hôpital Comtesse to found a beguinage after 1239.[70] And several *Lives* of mulieres religiosae in this region depict their heroines living as beguines, at least temporarily, before transitioning into what they portrayed as a "more perfect" state of Cistercian observance; Lutgard of Aywières, Ida of Nivelles, Ida of Leuven, and Beatrice of Nazareth were among this group.[71] Thus, in both the institutional and the narrative documentation on mulieres religiosae in the thirteenth-century southern Low Countries, there is a great deal of intersection and overlap in identities and categories of religious life available to women.

These affinities are reflected in the manuscript transmission of the corpus of saints' *Lives*, which provide some of the earliest historical sources for the caregiving work of the mulieres religiosae in this region. Although the narrative *Lives* in the corpus fall under the genre now called "hagiography," none of

69. This was the same John who was known as "the abbot" and, as I discuss in chapter 2, was the son of Odilia of Liège, for whom we have a *Life*. The abbess and nuns of Val-Benoît would supervise the beguine hospital of la Madeleine. See entry for 28 August 1241 in *Cartulaire de l'abbaye du Val-Benoit*, ed. Joseph Cuvelier (Brussels: Kiessling, Ibreghts, 1906), no. 80, 93–94.

70. Aubertus Miraeus and Joannes Foppens, eds., *Opera diplomatica et historica* (Leuven: Denique, 1723), 3:594. The suggestion of the possible splitting off of the beguines from the Hôpital Comtesse comes from Simons, *Cities of Ladies*, 285–86n63; he acknowledges that this interpretation differs from Bernard Delmaire, "Les béguines dans le nord de la France au premier siècle de leur histoire (vers 1230–1350)," in *Les religieuses en France au XIIIe siècle*, ed. Michel Parisse (Nancy: Presses Universitaires de Nancy, 1985), 158–59.

71. Their association with Cistercian abbeys stems in part from the efforts of clerical promoters to render their way of life as saintly, hence, as falling within the recognizable confines of monastic life. There is also a lingering historiographical impression, left by Herbert Grundmann's classic *Religious Movements in the Middle Ages*, that all quasi-religious or lay religious movements found their fulfillment in monastic orders. Scholars have had to work through these mediations to situate the sources in their original contexts. Herbert Grundmann, *Religious Movements in the Middle Ages* (South Bend: University of Notre Dame Press, 1999).

these women were ever canonized.[72] The *Lives* were written partly in an effort to manage the reputations these women had already developed. They are depicted as having accrued local followings when they were still alive; that is, they garnered reputations for holiness during their lives, a phenomenon that some historians have called "living sanctity."[73] What distinguished the "living saints" from other women in the surge of thirteenth-century religious activity was the public attribution to them of a perceived infusion of grace. For example, Jacques de Vitry's prologue to the *Life* of Marie of Oignies opens by praising the throngs of women, "many holy virgins," who served the city of Liège in prayer, manual labor, and vigils.[74] Yet when he proceeds to describe not the mulieres religiosae as a group, but the individual holy women among them, he fixates on their reception of grace: "I call your holiness as my witness, for you have seen with your own eyes the wondrous workings of God and the distribution of graces in different people."[75] Observers witnessed the distribution of grace working within and through these women, the spectacle of their sanctity. If the dispersal of grace was involved in this performance, however, a prudent cleric was needed to manage matters. The *Lives* served as a means of clerical control of the image, reputation, and access to the "distribution of grace" among the saintly mulieres religiosae.

Although I rely on hagiographic narratives, I am less interested in the exceptional saintly heroines than in how we can use these narratives to understand the practices, body knowledge, and caritative mission shared by the many anonymous women that made up the social network of mulieres religiosae in the thirteenth- and early fourteenth-century lowlands. Those few exceptional *Lives*, keep in mind, were persuasions, promotions. They safeguarded and protected the work of the many, the unnamed. As the story of Ida of Leuven's treatment of a tumor illustrates, the healthcare interactions and healing relationships established by some of the mulieres religiosae could be experienced or reported as miraculous, grace-filled, or holy. Their

72. A liturgical office for Marie of Oignies was composed for celebration at Villers by Goswin of Bossut, around 1250; her relics had been translated about a quarter century prior to this composition. She is the most likely to have received any sort of official veneration in the thirteenth century, though she was not canonized.

73. Gabor Klaniczay provides a description of the external signs of living sanctity in "Using Saints: Intercession, Healing, Sanctity," in *The Oxford Handbook of Medieval Christianity*, ed. John Arnold (Oxford: Oxford University Press, 2014), 227–28.

74. *Vita Mariae Oigniacensis* (*BHL* 5516–17), ed. Daniel Papebroche, in *AASS* 23 June XXV, 542–72; the modern edition is edited by R. B. C. Huygens in Corpus Christianorum, vol. 252 (Turnhout: Brepols, 2012); hereafter *VMO* refers to this edition. A translation by Margot King can be found in *Mary of Oignies: Mother of Salvation*, ed. Anneke Mulder-Bakker (Turnhout: Brepols, 2006), 37.

75. *VMO*, prol., 49; trans., 45: "Testem invoco sanctitatem tuam: oculis enim tuis vidisti mirabilem dei operationem et in diversis personis divisiones gratiarum."

behavior—visiting the sick, caring for bodies, encouraging and sometimes hearing confession, their proximity to the dead and dying, their frequent, vehement prayer and contemplative ecstasies—was susceptible to suspicion, to condemnation. Living as *non*-nuns, *non*-wives, *non*-daughters in the homes of their fathers, the mulieres religiosae needed the protection of clerical promoters and the safety of their hagiographic tropes. It was far too easy for skeptics to deem their behavior offensive, demonic, unorthodox.[76] Hagiography was only one of many clerical methods of controlling and reforming women's religious life in the region. Oversight was another. For example, Jacques Pantaleon (d. 1264), who was archdeacon of Liège before becoming pope (1261–64), promulgated in 1245 statutes for the life of beguines in the bishopric of Liège.[77] According to principles of reform, episcopal supervisors were also appointed to check in on beguines and "other religious women, ailing and well, living in reclusaria, hospitals, or leprosaria."[78] The hagiographic

76. Rachel Smith, *Excessive Saints: Gender, Narrative, and Theological Invention in Thomas of Cantimpré* (New York: Columbia University Press, 2019), 66. Grundmann's model of the women's religious movement understood the proliferation of independent women's communities as a response to the refusal of male clerics to accommodate women in religious orders. Grundmann fashioned all religious movements in a teleological development as "achiev[ing] realization in religious orders or in heretical sects" (*Religious Movements*, 1). Scholars no longer see mulieres regliosae as a reactionary movement, or as entirely distasteful in the eyes of male clerics. See John Freed, "Urban Development and the 'Cura monialium' in Thirteenth-Century Germany," *Viator* 3 (1972): 311–28.

77. Ecclesiastical regulation and suspicion of lay religious women would persist, and increase, throughout the thirteenth and fourteenth centuries. But this intensifying regulation should not be confused for complete resistance, persecution, or repression. In 1298, Pope Boniface VIII issued the decretal *Periculoso*, which appears to have been aimed at women, like the Cistercians I examine in this book, who may have been involved in caritative work in hospitals and leprosaria near their abbeys or visiting the sick in their granges. *Periculoso* was aimed at "certain nuns" (*quarundam monialium*) who "sometimes go outside their monasteries in the dwellings of secular persons." Boniface VIII, "Periculoso," in *Corpus iuris canonici*, ed. Aemilius Richter and Emile Friedberg (Leipzig: Bernhard Tauchnitz, 1829), vol. 1, c. 119. The 1311 Council of Vienne then addressed beguines and other lay religious women involved in "detestable practices," but absolved the pious beguines among them: "We do not intend to prevent those pious women who live honorably in their hospices, with or without a vow of chastity, from doing penance and serving the Lord with the spirit of humility. They will be allowed to do that." *Decrees of the Ecumenical Councils*, ed. and trans. Norman Tanner (London: Sheed and Ward, 1999), 1.374. As Jennifer Kolpacoff Deane has pointed out, the decrees of Vienne highlight the problem of labels—there was no single canonical category to talk about beguines or religious women who were not nuns. Vienne's decrees thus made all lay religious women seem suspect. But even despite these decrees, lay religious communities of women flourished in the Low Countries and Germany throughout the fourteenth century and beyond. There were occasional local persecutions, but on the whole, houses of lay religious women continued to thrive. See Deane, "From Case Studies to Comparative Models: Würzburg Beguines and the Vienne Decrees," in Böhringer, Deane, and Van Engen, *Labels and Libels*, 53–82.

78. See Mulder-Bakker, *Lives of the Anchoresses*, 131. The original document no longer exists, but a reconstruction based on a charter of 1 August 1266 from Henry of Guelders, bishop of Liège, to his diocesan administrator, Renier of Tongres, can be found in Jean Paquay, "L'archidiaconat liégeois d'Urbain IV," *Leodium* 2 (1903): 61: "aliarum religiosarum personarum infirmarum et sanarum,

promotions of the few local "living saints" as chaste, prayerful, and so closely associated with clerics or with specific abbeys facilitated the many nameless mulieres religiosae to carry on with their caregiving work.

Although I focus on the Low Countries as a case study of the caregiving that religious women provided in later medieval Europe, the mulieres religiosae from this region were no geographic exception. Mary Doyno and Janine Peterson have recently published monographs exploring the late medieval Italian phenomenon of laypeople living religious lives, some of whom became recognized locally as saints.[79] Among these saints a number of women were noted for their charitable activities, including the Italian penitent Umiliana of Cerchi (d. 1246), who fed and clothed the poor. After becoming a widow, Margaret of Cortona (d. 1297) founded the hospital of Santa Maria dalla Misericordia. Another widow named Aldobrandesca (d. 1309) worked in the hospital Saint'Andrea in Siena; and a single woman named Ubaldesca (d. 1206) served the hospital of St. John of Jerusalem in Pisa.[80] A community of women who provided charitable healthcare was approved in 1254 by the bishop of Spoleto, Bartolomeo Accoramboni, who regulated their care according to the Augustinian Rule in the Ospedale Nuovo.[81] And in 1216, when Jacques de Vitry wrote to an interlocutor in Liège from his travels in Perugia, he commented on the habits of the religious laywomen whom he observed. Jacques asserted that these *sorores minores* "abide together in various hospices near the city."[82] The many varieties of religious women in northern Italy who lived outside of regular orders thus

in reclusoriis, hospitalibus ac leprosorum domibus degentium." The bishop affirms the presence of holy women in the region known as beguines and orders that Jacques Pantaleon's statute (*libellum*), confirmed by Robert de Thourotte, be enforced.

79. Mary Harvey Doyno, *The Lay Saint: Charity and Charismatic Authority in Medieval Italy, 1150–1350* (Ithaca: Cornell University Press, 2019); Janine Peterson, *Suspect Saints and Holy Heretics: Disputed Sanctity and Communal Identity in Late Medieval Italy* (Ithaca: Cornell University Press, 2019). James Palmer has uncovered testamentary evidence of a "medica," Alegranza di Rogerio Anici, who was revered as a local saint in Rome; see his *Virtues of Economy: Governance, Power, and Piety in Late Medieval Rome* (Ithaca: Cornell University Press, 2019), 141–47.

80. André Vauchez, *Sainthood in the Later Middle Ages* (Cambridge: Cambridge University Press, 1997), 200–201. A number of Italian laymen also worked in hospitals and earned the aura of sanctity, including textual representation in *Lives*. As I will show, although plenty of religious men in the Low Countries worked in hospitals, none of them received *Lives*. The Italian lay saints would make an interesting case study on gender and caregiving because there appear to have been more caregiving saints identified as men.

81. Sandro Ceccaroni, *La storia millenaria degli ospedali della città e della diocesi di Spoleto* (Spoleto: Ente Rocca di Spoleto, 1978).

82. Catherine Mooney, *Clare of Assisi and the Thirteenth-Century Church: Religious Women, Rules, and Resistance* (Philadelphia: University of Pennsylvania Press, 2016), 43. The letter is in Jacques de Vitry, *Lettres de Jacques de Vitry, 1160/70–1240 évêque de Saint-Jean d'Acre*, ed. R. B. C. Huygens (Leiden: Brill, 1960), 71–78: "Mulieres vero iuxta civitates in diversis hospitiis simul commorantur."

also demonstrated a predilection for charitable caregiving. There is certainly merit to investigating a broader Pan-European caregiving phenomenon among pious women, but here I limit my sources to those produced in and around the lowlands so that I can weave together a vast array of documents and other forms of witness to religious women's caregiving, thereby supplementing the picture offered by clerics concerned with orthodox appearances. By reading saints' *Lives* alongside miracles, charters, theology, images, medical writing, regimens, prayer books, and archaeological findings, I am able to focus on the tiny details, the fragments that together built a world of knowledge transmission and caregiving communities. This attention to the processes of feminine caregiving and knowledge production has yet to sufficiently inform either our understanding of women's religious life or our reckoning of healthcare in the Middle Ages.

Medical Trajectories

The traditional narrative of medieval European medical history tells the story of the emergence of *physici* who professionalized healthcare. Practitioners known as *physici* arose, this narrative states, after a period of stagnancy or "lack" in medical theory and practice that lasted from roughly 550 to 1050 in western Europe.[83] Although the Christian Roman Empire in the West had translated and absorbed a small portion of Greek medical learning, such as Soranus, Oribasius's synopsis of Galen and Hippocrates, and Dioscorides, this medical knowledge was confined to monasteries, where it was infused with notions of Christian charity and the supernatural healing acuity of the saints and their relics.[84] By contrast, in the urban centers of the Abbasid Caliphate, numerous physicians and philosophers were digesting and building upon Greek medical learning to create encyclopedias of medical knowledge, in addition to developing methods for clinical training and establishing hospitals.

In this narrative trajectory, books drove the progress and proliferation of medical learning. By around 1150 Europeans began to develop a formal,

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83. In terms of medical knowledge, the West "came to life again" around 1050, in the words of Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (New York: Norton, 1999), 106. On the traditional narrative and methods for dismantling it, see also Vivian Nutton, "Medicine in Medieval Western Europe, 1000–1500," in *The Western Medical Tradition, 800 BC to 1800 AD*, ed. W. F. Bynum (Cambridge: Cambridge University Press, 1995); and Peregrine Horden, "What's Wrong with Early Medieval Medicine?," *Social History of Medicine* 24.1 (2011): 5–25.

84. Nancy Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990), 10–11.

theoretical interest in medicine because, by then, Western readers had access to Latin translations of Hippocrates and Galen, as well as the Arabic encyclopedists, many versions of which were made by Constantine the African, Gerard of Cremona, and Burgundio of Pisa. Salerno and Montpellier emerged as centers of medical knowledge and practice.[85] Book learning, and thus schooling and literacy, came to symbolize the successful healer.[86] Individual questions about natural and biological phenomena were isolated and examined by means of *quaestiones*, and medical learning was broadened and disseminated via the commentary tradition.[87] By 1300, a new form of medical knowledge had been fully introduced to western Europe. In this model, universities adopted the medical curriculum, first at Bologna, Paris, and Montpellier, then civic bodies sought to provide technically trained medical practitioners to serve the health problems of their communities.[88] It was at Salerno that medical practitioners began to distinguish themselves from other varieties of healer (*medici*) that had included a number of women (the *mulieres salernitanae*) in addition to the famed Trota of Salerno.[89] These new healers preferred the moniker *physici* to denote their possession of a certain kind of specialized knowledge about the natural world and the constitution of matter and the cosmos that they used to explain the relationship between the components of living matter (the elements, qualities, and humors) and the processes of illness and health.[90] Because this knowledge was communicated through texts, and increasingly in university settings, non-Latin literate women were excluded from the development of professional medicine.[91]

Over the last few decades the picture of healthcare in medieval Europe has begun to expand. Spearheaded by discussions in the social history of

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85. Monica Green, "Salerno," in *Medieval Science, Technology, and Medicine: An Encyclopedia*, ed. Thomas Glick, Steven Livesey, and Faith Wallis (New York: Routledge, 2005), 452–53; see also Danielle Jacquart, ed., *La scuola medica salernitana: Gli autori e i testi* (Florence: SISMEL, 2007).

86. See Vern Bullough, *The Development of Medicine as a Profession: The Contribution of the Medieval University to Modern Medicine* (New York: Karger, 1966).

87. Luis García-Ballester, "Construction of a New Form of Learning and Practicing Medicine in Medieval Latin Europe," *Science in Context* 8.1 (1995): 79–85.

88. García-Ballester, 76; Danielle Jacquart and Françoise Micheau, *La médecine arabe et l'Occident médiévale* (Paris: Maisonneuve et Larose, 1990).

89. Maaike Van Der Lugt, "The Learned Physician as Charismatic Healer: Urso of Salerno on Incantations in Medicine, Magic, and Religion," *Bulletin of the History of Medicine* 87.3 (2013): 307–46. On the *mulieres salerniternae* and Trota of Salerno, see Monica Green, ed. and trans., *The Trotula: A Medieval Compendium of Women's Medicine* (Philadelphia: University of Pennsylvania Press, 2001).

90. Luke Demaitre, *Medieval Medicine: The Art of Healing from Head to Toe* (Santa Barbara: ABC Clio, 2013), 3. See also Jerome Bylebyl, "The Medical Meaning of *Physica*," *Osiris* 6 (1990): 16–41.

91. On women practitioners and the rise of book-based medical practice, see Monica Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-modern Gynaecology* (Oxford: Oxford University Press, 2008).

medicine, scholars have begun to attend to the so-called margins, the local healers, barbers, empirics, herbalists, and saints who populated the majority of daily healthcare interactions in this period, and thus were hardly marginal. Monica Green has developed an interpretive framework for locating women healthcare practitioners in western Europe by incorporating analyses of power into the investigation of medieval medical history. Her attention to the workings of power has brought greater visibility to the variety and complexity of the medieval medical marketplace.[92] Following Green's lead, scholars have begun to supplement the picture of medical care as narrowly represented by university medical treatises and licensed professionals.[93]

This recognition of multiplicity has illuminated many of the lived, embodied practices that regulated what Peregrine Horden has called "the non-natural environment."[94] The non-natural environment refers to the six external factors (the so-called non-naturals) that were understood to influence bodily health in humoral medicine.[95] The Islamicate physician Hunayn ibn Ishaq delineated these factors as air, food and drink, diet and rest, sleeping and waking, evacuation and retention, and the passions of the soul.[96] The primary mode of medical treatment involved what we tend to consider now as preventative care: maintaining a regimen, diet, and the proper functioning of the non-naturals. By emphasizing that the maintenance of the non-natural environment was a *medical* activity in later medieval and Renaissance Europe and the Mediterranean, many recent scholars have begun to broaden the kinds of behaviors that constituted medical care.[97] This amplified view

92. Monica H. Green, "Women's Medical Practice and Healthcare in Medieval Europe," *Signs* 14 (1989): 343–73.

93. Michael McVaugh, *Medicine before the Plague: Practitioners and Their Patients in the Crown of Aragon, 1285–1345* (Cambridge: Cambridge University Press, 1993); Rawcliffe, *Medicine for the Soul*; Peregrine Horden, *Hospitals and Healing from Late Antiquity to the Later Middle Ages* (Aldershot: Ashgate, 2008).

94. Peregrine Horden, "A Non-natural Environment: Medicine without Doctors and the Medieval European Hospital," in *The Medieval Hospital and Medical Practice*, ed. Barbara Bowers (Aldershot: Ashgate, 2007), 133–45.

95. The non-naturals (*res non naturales*) stood in distinction from the *res naturales*, which were internal, such as the humors, elements, and complexion. A third category, the *contra naturales*, were pathological conditions, harmful to health. Most physicians first counseled an adjustment of the non-naturals in order to restore humoral balance.

96. Hunayn's work was translated from Arabic into Latin by Constantine the African as the *Isagoge* of Johannitius. In this latinized version it would enter Western medical training.

97. Cohen-Hanegbi, *Caring for the Living Soul*; Nicole Archambeau, "Healing Options during the Plague: Survivor Stories from a Fourteenth-Century Canonization Inquest," *Bulletin of the History of Medicine* 85.4 (2011): 531–59; Daniel McCann, "Medicine of Words: Purgative Reading in Richard Rolle's Meditations on the Passion," *Medieval Journal* 5.2 (2015): 53–83.

has enabled scholars to recognize how everyday embodied activities, such as prayer, pilgrimage, cooking, cleaning, and bathing, participated in a larger care economy. These practices of care garnered little discursive commentary. Instead, they were performatively elaborated by habituated practices, transmitted as craft or know-how.[98] These kinds of treatments were learned through observation, repeated practice, and informal learning arrangements as a kinesthetic form of embodied knowledge.[99]

Scholars such as Carole Rawcliffe, Montserrat Cabré, Naama Cohen-Hanegbi, and Peregrine Horden have worked to contribute a particularly expansive picture of the range of therapeutic technologies in use in medieval western Europe.[100] They have focused on the non-natural environment and particularly on the passions of the soul in medical practice as a way to make visible the varied ways that practitioners deployed meditation, music, and literature as a means to stimulate the health of the body.[101] The passions of the soul constituted one of the six non-natural factors determining health or sickness. As defined by Hunayn ibn Ishaq, they were "incidental states of the soul [that] have an effect on the body, such as those which bring the natural heat from the interior of the body to the surface of the skin."[102] Certain emotions, such as delight or hope, were considered as potentially curative; whereas others, like grief and anger, were deleterious. Depending on context, a meditation or an illustration, a song or a relic, might have operated with medical valence as a means of triggering salubrious passions or dispelling toxic ones. Seen from the perspective of the passions of the soul, many texts, images, rituals, and social roles bore expressly salutary functions.

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98. Kathryn Linn Guerts, *Culture and the Senses: Bodily Ways of Knowing in an African Community* (Berkeley: University of California Press, 2002). On embodied knowledge and women's therapeutic practices, see the essays in Sara Ritchey and Sharon Strocchia, eds., *Gender, Health, and Healing, 1250–1550* (Amsterdam: Amsterdam University Press, 2020).

99. Susan Broomhall, *Women's Medical Work in Early Modern France* (Manchester: Manchester University Press, 2004), 2. On embodied knowledge, see also Pamela H. Smith, *The Body of the Artisan: Art and Experience in the Scientific Revolution* (Chicago: University of Chicago Press, 2004); and Pamela Long, *Artisan Practitioners and the Rise of the New Sciences* (Corvalis: Portland State University Press, 2011).

100. Rawcliffe, *Medicine for the Soul*; Cohen-Hanegbi, *Caring for the Living Soul*; Ziegler, *Medicine and Religion*; Horden, *Hospitals and Healing*.

101. Glending Olson and Simo Knuttila were among the first anglophone scholars to elaborate on the therapeutic uses of the passions of the soul in medieval society. See Glending Olson, "The Hygienic Justification," in *Literature as Recreation in the Middle Ages* (Ithaca: Cornell University Press, 1982), 39 ff.; and Simo Knuttila, *Emotions in Ancient and Medieval Philosophy* (Oxford: Clarendon Press, 2006).

102. Gregor Maurach, "Johannicius: Isagoge ad Techni Galieni," *Sudhoffs Archiv* 62 (1978): 160: "Sunt quaedam accidentia animae quae faciunt intra corpus, sicut ea, quae commovent calorem ab interiori parte ad superficiem cutis."

Historians have often coded these cultural artifacts, however, in categorically bounded ways as "religious," thus distorting their therapeutic uses.[103]

This book participates in ongoing efforts to build an explanatory framework for the history of late medieval medicine that includes the therapeutic knowledge and practices of the nonelite. It represents an exercise in imagining how people sought care and reported cure in thirteenth-century northwestern Europe. In communities in this region, individuals from across the social spectrum could rely on assistance from religious women. These women cared for the sick and indigent with prayers, penitential exercises, and other bodily comforts. Although hundreds of them engaged in charitable caregiving, only a few narrative examples, in the form of hagiographic *Lives* and miracles, describe the character of their care. Supplemented by other sources used in their therapeutic interactions, such as prayers, poetry, liturgy, images, objects, and regimens, this concatenation of source material indicates that religiously affiliated Christian women in the late medieval southern Low Countries formed vital microcommunities of care, local economies of salvation.[104] They were the linchpin in establishing and sustaining salubrious relations within and across their community, the community of the living, the dead, and the divine. In other words, they consolidated the relations that constituted remedy. Within the limited healthcare infrastructures of late medieval cities and towns, it was often religiously affiliated women who mediated relationships, offered care, and prepared the sick and their loved ones for bodily transitions.

Expansive Methodologies

This book seeks to recuperate the feminine therapeutic epistemologies that guided religious women's caregiving practices. This work would be impossible to achieve, however, without turning to the guidance of scholars working beyond the traditional boundaries of medieval European history—particularly those working in performance studies, Native American and Indigenous studies (NAIS), the history of enslaved communities in North America and the Caribbean, and the medical anthropology of sub-Saharan Africa. These scholars have developed methods for making visible voices and

103. Religion was *absent* as a category from medieval thinking. It invites a process of distortion to use it analytically in our process of thinking about the cultural products of the period. On the postmedieval genealogical formation of the Western category of religion, see Smith, "Religion, Religions, Religious."

104. On the formation of microcommunities of salvation, see João Biehl, *Will to Live: AIDS Policies and the Politics of Survival* (Princeton: Princeton University Press, 2007), 48.

presences that have been suppressed by technologies of power maintained by white, elite, colonial, and settler archives and historical narratives.[105] Medievalists, I hope to demonstrate, have much to learn from them about how to hear and to incorporate those voices. Moreover, as Sarah Ahmed has insisted, by naming these scholars and citing them, I acknowledge my debts and I bring them into the space of the medieval, as a necessary part of the intellectual constructions built here.[106]

In performance studies, Diana Taylor has urged scholars to stretch beyond the archive to the repertoire. By "repertoire," Taylor signals the embodied forms of knowledge and memory, conveyed in gestures, orality, song, and dance.[107] Performance, she asserts, is a key means of transmitting and storing knowledge. The search for feminine therapeutic epistemologies, which are not recorded in medieval "medical" sources, requires an interrogation of late medieval women's repertoire. My interrogation has also been guided by the insights of NAIS scholars such as Jean M. O'Brien, Lisa Brooks, Alyssa Mt. Pleasant, and Robert Warrior, who have exemplified how scholars in all historical disciplines can make use of archival and genre-specific materials without replicating their conceptual categories or retransmitting their assumptions about what counts as knowledge; they have also insisted on centering spoken, material, and image-based sources, privileging "what many do not know," questioning the process of knowledge formation, and embracing community-engaged historical work.[108] From these

105. Foundational studies that have guided my thought in this book include Saidiya Hartman, *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America* (Oxford: Oxford University Press, 1997); J. Kēhualani Kauanui, *Hawaiian Blood: Colonialism and the Politics of Sovereignty and Indigeneity* (Durham: Duke University Press, 2008); the essays in Aileen Moreton-Robinson, ed., *Sovereign Subjects: Indigenous Sovereignty Matters* (Crows Nest, Australia: Allen & Unwin, 2008); bell hooks, *Feminist Theory: From Margins to Center* (Boston: South End Press, 2007); Hortense Spillers, "Mamas Baby, Papas Maybe: An American Grammar Book," *Diacritics* 17 (1987): 64–81; Patricia Williams, *Seeing a Color-blind Future: The Paradox of Race*, Reith Lectures, 1997 (New York: Farrar, Straus and Giroux, 1998).

106. Sarah Ahmed, *Living a Feminist Life* (Durham: Duke University Press, 2017), 148–58.

107. Diana Taylor, "Remapping Genre through Performance: From 'American' to 'Hemispheric' Studies," *PMLA* 122.5 (2007): 1416–30.

108. Jean M. O'Brien and Robert Warrior, "Building a Professional Infrastructure for Critical Indigenous Studies: A(n Intellectual) History of and Prospectus for the Native American and Indigenous Studies Association," in *Critical Indigenous Studies: Engagements in First World Locations*, ed. Aileen Moreton-Robinson (Tucson: University of Arizona Press, 2016), 33–48; Lisa Brooks, *Our Beloved Kin: A New History of King Philip's War* (New Haven: Yale University Press, 2018); Alyssa Mt. Pleasant, Caroline Wigginton, and Kelly Wisecup, "Materials and Methods in Native American and Indigenous Studies: Completing the Turn," *William and Mary Quarterly* 75 (April 2018): 207–36. Bitterroot Salish scholar Tarren Andrews has worked to build a constructive space for the collaboration of Indigenous scholars, Indigenous studies scholars, and medievalists; see the collected articles in "Indigenous Futures and Medieval Pasts," edited by Tarren Andrews and Tiffany Beechy, *English*

scholars, I have learned to expand my source base in order to imagine how women living in and alongside religious communities in the thirteenth-century southern Low Countries brokered in a politics of everyday behavior that positioned them at the center of stories about health events when the health of the body included that of the soul, and when the significance of life extended beyond bodily death.[109]

Examining the record of healthcare practices in the Caribbean, Pablo Gómez has worked to uncover "localized circumstances" of knowledge that did not lay claim to grand, universal principles or reduce the human body to an "inert, knowable, regular, predictable entity."[110] Black healers in the Caribbean generated body knowledge in localized circumstances that have often been obscured from traditional histories of medicine because they took place in a social and intellectual atmosphere distant from university-generated medical categories and texts.[111] Gómez's work offers a model for integrating into the history of medicine seemingly incommensurable narratives about traditional healers and formal physicians. In another part of the Caribbean, Marissa Fuentes has opened up the possibility of historicizing the experiences of enslaved women by providing a fresh reading of the archival record of eighteenth-century Barbados. Rather than assenting to a practice of reading around silences and erasures in the archival record, Fuentes probes the very circumstances of archival power, questioning historical methodologies that rely on sources that favor power, that demand statistical verification, and that record a superabundance of white European men's voices and perspectives.[112] By attending to silence, Fuentes offers a method for subverting archival erasure, one that reverses the perspective privileged by white, masculine power.[113]

Language Notes 58.2 (2020), especially Tarren Andrews, "Indigenous Futures and Medieval Pasts: An Introduction," 1–17.

109. Gómez, *The Experiential Caribbean*, 106; Langwick, *Bodies, Politics, and African Healing*, 6.

110. Gómez, *The Experiential Caribbean*, 5. See also his "Incommensurable Epistemologies? The Atlantic Geography of Healing in the Early Modern Caribbean," *Small Axe* (2014): 95–107.

111. Gómez, *The Experiential Caribbean*, 3. On Gómez's choice of "Black" as opposed to African, see his "The Circumstances of Body Knowledge in the Seventeenth-Century Black Spanish Caribbean," *Social History of Medicine* 26.3 (2013): 383–402.

112. Fuentes, *Dispossessed Lives*, 5–6. My thinking here is also influenced by the work of Thavolia Glymph, who has innovated registers for hearing marginalized women's voices and for appreciating the enormous weight of everyday acts of resistance. See her *Out of the House of Bondage: The Transformation of the Plantation Household* (Cambridge: Cambridge University Press, 2008).

113. On the operation of power in the production of history, my thinking is informed by Michel-Rolph Trouillot, *Silencing the Past: Power and the Production of History* (New York: Beacon, 1997). On confronting invisibility and silence in the historical record, see also Hartman, *Scenes of Subjection*. On efforts to expose the manner in which dominant narratives work to suppress certain voices, see

From the standpoint of medical anthropology, Stacey Langwick's work among healers practicing today in southeastern Tanzania has demonstrated methods for reading past biomedical categories, revealing the various ways that experiential circumstances participate in the generation of therapeutic objects and practices, that is, in the delineation of bodies and bodily threats.[114] Practice, she shows, brings into being the matter of bodies, bodily dangers, and bodily experts, even when their generative forces remain invisible, immaterial, unseen. Everyday healthcare practices, which we have often considered as traditional or folk medicine, are coproductive of, and interdependent with, those categories of professional (learned or "modern") medicine.[115] Much of my work in this book is indebted to such observations about category formation, about who has the power to define therapeutic success, and about epistemological violence in the competition over experiential knowledge or whose experiential knowledge is worthy of trust, transmission, and record.[116] At the same time, I recognize that the subjects of my book—Christian European women—benefited from many social privileges and often participated in the oppression and marginalization of other peoples in their communities, particularly Jewish people. While the methodological and theoretical models offered by these scholars have been fruitful for detecting marginalized epistemologies and for recognizing performative modes of caregiving, I attempt throughout the book to articulate the ways that the subjects of this book also benefited from structural regimes that enabled them to develop their therapeutic tools, for them to gain currency in certain settings.

By incorporating these methods, I am able to construct a case study of the caregiving practiced by religious women in the late medieval lowlands. Even though they were often ad hoc and informal, and thus produced fewer official records, these women formed essential communities of care. That is, they formed locally recognized communities of therapeutic expertise;

Gayatri Spivak's notion of "the itinerary of the silencing" in Gayatri Chakravorty Spivak, *The Post-Colonial Critic: Interviews, Strategies, Dialogues* (New York: Routledge, 1990), 31.

114. Langwick, *Bodies, Politics, and African Healing*.

115. On a similar process of fabrication and implantation of traditional or folk medicine in colonial India, see Shinjini Das, *Vernacular Medicine in Colonial India: Family, Market, and Homeopathy* (Cambridge: Cambridge University Press, 2019).

116. Other anthropological works that have been fruitful for approaching the sources used in this book were Nancy Rose Hunt, *A Nervous State: Violence, Remedies, and Reverie in Colonial Congo* (Durham: Duke University Press, 2016); Ann Laura Stoller, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense* (Princeton: Princeton University Press, 2009); Byron Good, *Medicine, Rationality, and Experience: An Anthropological Perspective* (Cambridge: Cambridge University Press, 1993); Carolyn Sargent, *The Cultural Context of Therapeutic Choice: Obstetrical Care Decisions among the Beriba of Benin* (Dordrecht: D. Reidel, 1982).

their treatments were culturally valued as healthcare by their neighbors and other observers. These treatments, and the communities in which they were embedded and in which they gained meaning, have remained historically invisible as healthcare practices in part because they often appear as indistinguishable from the expected behaviors of "religious women." These treatments include prayer, the performance of poetry and liturgical rites, passionate meditative reading, in addition to wound care, maintenance of regimen, the provision of bodily comfort, obstetric care, herbal preparations, and all manner of preventative medicine. By centering these treatments within medieval understandings of the word *salus*, which meant both "health" and "salvation," this book reintegrates spiritual and material approaches to healthcare that have become conceptually disentangled by our tendency to view them from the perspective of modern biomedicine. *Salus* was polyvalent and broader in scope than any contemporary verbal or conceptual equivalent; neither "medicine" nor "healthcare," nor even "caregiving," captures the full semantic range that included body and soul, the individual and community, the temporal fluidity of cosmic past, present, and future, and the whole spread of healing technologies used in the treatment of these varied aspects of self.[117] Distinguishing between various elements of *salus*—disentangling medicine from religion—is untenable; instead, I consider the biocultural system forged by the coexisting state of actions, objects, practices, and articulations aimed at *salus*.[118]

Mapping Healthcare in the Late Middle Ages

This book moves from the most outerbound forms of healing captured in the oral circulation of miracle stories to their intimate, tactile embodiment and use in manuscripts housed in individual abbeys. It is divided into three parts, based on the kinds of sources and questions that drive the analysis. The first part relies heavily on narrative hagiographic sources, *Lives* and miracles.

Part 1 asks, What are the stories that contemporaries and near contemporaries told about religious women's acts of care, about their methods of treatment, and the power and authority they held over sick bodies? It begins,

117. On this scope, see Miranda Brown, "'Medicine' in Early China," in *Routledge Handbook of Early Chinese History*, ed. Paul Goldin (New York: Routledge, 2018), 465–78. Brown shows that our term "medicine" simply fails to grasp the overlapping systems and contexts of healthcare in ancient China.

118. Patrick Geary, *Living with the Dead in the Middle Ages* (Ithaca: Cornell University Press, 1994), 33. Geary argues that meaning must be sought "in the structure of relationships uniting these elements."

in chapter 1, with an examination of the communal practices of memorialization of beguine and Cistercian women, the so-called living saints of Brabant-Liège, found in recorded storytelling about miraculous healing that took place after their deaths. These narrative sources reveal communications between the living and the dead, and, although clerically mediated, they often provide the only surviving textual witness to a community's memory of the care received at the hands of women. Chapter 2 transitions from posthumous healing miracles to the lived caregiving actions attributed to religious women during their lives, lives lived in part or whole in the service of patients in hospitals, leprosaria, and sickbeds in private homes or monastic infirmaries. This chapter also examines the *Lives* of male living saints in the thirteenth-century southern Netherlandish corpus to show that healthcare practice does not appear as a central component of their stories of sanctity. In addition, it incorporates nonnarrative sources: charters and testaments from the thirteenth-century southern Low Countries that demonstrate the presence of Cistercian and beguine women in hospitals, leprosaria, and infirmaries.

Part 2 (chapter 3) then asks, How did medical and clerical authorities rationalize the kinds of therapeutic treatments used by religious women? How do their rationalizations help us to understand the process through which physicians differentiated their medical authority from that of religious women, and the process through which clerical authors translated religious women's therapeutic power into stories of spiritual merit, stories of grace? Here, I explore a matrix of authoritative discourses—medical, theological, and hagiographic—to imagine how these religious women and their caregiving communities were situated in a broader intellectual and cultural context. Physicians, theologians, and pastors all pondered the role of the soul and its accidents in driving bodily transformation, and their discussions provide insight into claims about authority over certain categories of knowledge and practice and the constitutional interdependence of medicine and religion.

Part 3 asks, What did medieval religious women know about the body and its care? How did they act on that knowledge? How did they transmit it? To answer these questions, Part 3 features the kinds of books to which religious women in this region had access. In chapter 4, I explore several examples from a corpus of Mosan (from the Meuse River Valley) psalters belonging to thirteenth-century beguines, which show that beguines used prayers, liturgy, regimens, images, and poetry as tools in their combined prayer-making and caregiving. Reading these psalters through the lens of performance allows us to detect traces of feminine health knowledge and practice that failed to be recorded as medical acts. In chapter 5 I examine codices that bound together

the *Lives* of mulieres religiosae from this region with healing prayers and meditations, blessings, curses, childbirth instructions, and medical charms. I argue that the text of a *Life*, its manuscript materialization, channeled the presence of the saint and became a therapeutic tool, just like her tomb or relics. Finally, the afterword looks forward in time in order to question how the repeatability of habituated caregiving practices generates exclusion from authoritative healthcare knowledge production.

While *physica* brought into being a learned, rational system of body knowledge and its transmission, its success and authority also suppressed social, practical, and tacit ways of identifying health and its threats.[119] Late medieval urban communities in the southern Low Countries clung to a basic perception of the body as dependent on divine and supranatural forces, and they rendered their stories of healing in terms of intimate relationships with those forces. Their stories help us to capture the historical diversity of embodied experience and reveal the extraordinary depths of the medieval medical imagination. This book, finally, is an exploration of those healing stories and of the feminine salutary emblems at their core.

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119. On the emergence of systems of knowledge classification, see Geoffrey Bowker and Susan Leigh Star, eds., *Sorting Things Out: Classification and Its Consequences* (Boston: MIT Press, 1999); and Simone Lässig, "The History of Knowledge and the Expansion of the Historical Research Agenda," *German Historical Institute Bulletin* 59 (Fall 2016): 38.