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Ritchey, Sara, and Sharon Strocchia, eds. *Gender, Health and Healing, 1250–1550*

Lori Woods

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Different examples provide a “geography” of solutions for how borders changed over time and place. Borders adapted to local situations, becoming more fluid or rigid depending on the political importance of the competitors. The much desired “linear” border (a very modern technical idea) that clearly outlines “the legal action of the dominant authority on spaces and not on people” (182) was not always a possibility.

From the conflicts between Guelphs and Ghibellines to the control of important routes that connected different countries (and facilitated the movements of troops), from the importance of women in the transfer of strategic lands to the problems that arose when there was not a male heir to inherit these lands, from the attempt of the local lords to resist the expansion of the “dominant” authority to the administrative submission of the territory surrounding the city, the volume offers a nuanced and informative reading of the centuries-long efforts to graphically represent even the idea of borders, let alone their reality. The focus on this central part of the Italian peninsula, with its rich and dynamic areas, flourishing cities, competing communities, and local authorities (both civic and ecclesiastical), all intent on asserting their power and influence, provides the reader with a micro-history that illustrates important aspects of local development.

The various contributors to the volume provide interesting, historically-grounded readings of an issue that we take for granted today, but that for centuries required attention, intention, and a willingness to define it.

ELENA BRIZIO

Georgetown University – Villa Le Balze

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Ritchey, Sara, and Sharon Strocchia, eds.

Gender, Health and Healing, 1250–1550.

Amsterdam: Amsterdam University Press, 2020. Pp. 330 + 12 ill. ISBN 978-94-6372-451-7 (hardcover) €109.

This collection of essays draws upon the critical insights of feminist scholars to present an interactive picture of healthcare and healing during a formative phase of medical development in Europe. The period of 1250–1550 merits

scrutiny because it saw “the emergence of professional medicine as a distinct body of knowledge and practice” (15). Taking us beyond the story of theoretical medicine, this volume significantly expands the source base to present a full portrait of what counted as medicine at this time. The eleven essays in this collection demonstrate clear and vivid links between women’s health care knowledge and healing practices and the lived experiences of pre-modern people, emphasizing both continuity and innovation in the centuries spanning the late medieval and Renaissance eras.

The book is organized into four sections, each addressing a major theme in historiography: sources of religious healing, producing and transmitting medical knowledge, infirmity and care, and (in)fertility and reproduction. The essays in part 1 reflect on how the uses of psalters and hagiographical literature expose a wider and more nuanced medical culture than that which is conveyed in scholastic texts. Sara Ritchey proposes that Flemish beguines pioneered the use of psalters as a technology of the soul while caring for the sick in hospitals and leprosaria. They provided “versified bedside comfort” (48) by melodically and rhythmically reciting vernacular poems that emphasized themes of Christ’s suffering and renewal. Iliana Kandzha’s examination of the manuscript history and material culture pertaining to the miracles of the virgin German empress St. Cunigunde (ca. 980–1033) shows that this healing cult became tailored to female petitioners who looked to the saint as a powerful intercessor during childbirth. Especially illuminating is how parturient women touched or donned the saint’s tunic and belt for healing purposes.

The second section of the book considers gendered patterns related to the ways that medical knowledge was produced, translated, and disseminated. Montserrat Cabré and Fernando Salmón examine scholastic commentaries on the phenomenon of “breast-bleeding” to demonstrate the importance of function rather than form in male conceptions about women’s bodies. Breast-bleeding, a condition in which menstrual blood cannot be transformed into milk in the breasts, was presented as “a clinical sign of madness” (94). In contrast, Belle Tuten emphasizes the practical nature of a fifteenth-century vernacular medical treatise that details treatment for the care of the breast, especially the nursing breast. The treatise was a “hybrid of learned Latin medicine and empirical testing” (134) intended to respond to problems encountered by wet-nurses who were widely employed in Italian households in the fifteenth century. The last two essays elaborate upon the theme of domestic medicine.

Sheila Barker and Sharon Strocchia examine Caterina Sforza's (1463–1509) large medical compendium, which is regarded as “one of the best known and most significant female-authored recipe books produced in Renaissance Italy” (141). This *ricettario* included beauty secrets, veterinary medicine, alchemy, and natural magic—diverse facets of knowledge needed in order to manage a Renaissance household. In her essay, Julia Gruman Martins examines one of the earliest Italian “books of secrets,” the name given to “best-selling print compilations of recipes” (168). Considering how print technology was used to disseminate knowledge about the female body, she discovers that this early Italian book of secrets, when adapted for a French audience, was significantly expanded to include recipes intended to be used for self-care.

The third section of the book probes the theme of infirmity and care. Eva-Maria Cersovsky considers the meaning of a short biblical proverb, “ubi non est mulier, ingemiscit egens,” which appears in a range of late medieval texts, from conduct manuals to hospital ordinances and literary tracts. The proverb was used to prescribe women's caregiving roles as “female duties and innate qualities” (191), not only inside the home but also within the public and charitable framework of the hospital. Cordula Nolte's essay draws upon written, visual, and material sources to query the ways in which domestic care was gendered. Focusing on an illustrated surgeon's manual from sixteenth-century Germany, she shows how the text and detailed pictures within this book highlight “performative and spatial dimensions of care” (216). Shifting from a European Christian context of care, Ayman Yasin Atat examines a fifteenth-century Ottoman pharmaceutical encyclopedia, specifically a chapter within the book that details the therapeutic uses of the bathtub as a home remedy. Emphasizing that the therapeutic preparations of bathtub remedies involved many common ingredients used in cookery, she shows that “household medicine was emerging as an authoritative terrain of both Arabic and Ottoman medicine” (245).

The final section focuses on infertility and reproduction. Catherine Rider's review of a wide range of late medieval scholastic texts reveals that infertility was a problem for both sexes and that women experienced greater rates of infertility as a result of advanced age. Sara Verskin's study of medieval Arabic-Galenic gynecological texts suggests that cultural norms related to female modesty did not prevent male physicians from “providing medical attention to women in all areas, including gynecology and obstetrics” (310).

Direct interactions between male doctors and female patients challenge the assumption of gender segregation in Islamicate medical practice.

Cogently introduced by Sara Ritchey and Sharon Strocchia, the essays in this collection effectively apply the conceptual and methodological insights of feminist scholars. The concept of “bodywork,” for instance, captures the range of caregiving techniques carried out by women. The growth of household medicine, a traditional domain of women’s expertise, is thoughtfully documented with sources that mirror broad historical processes such as the vernacularization of medical texts, the development of print technology, and the rise of pharmaceutical science. Thoughtfully concluded by Naama Cohen-Hanegbi, this collection documents a movement to adopt a more inclusive framework of health and healing, rather than emphasizing intellectual and institutional structures associated with early medical professionalization. By doing so, the contributors give full account to the unique lives and experiences of women.

LORI WOODS

Saint Francis University

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Rowe, Erin Kathleen.

Black Saints in Early Modern Global Catholicism.

Cambridge: Cambridge University Press, 2019. Pp. 293 + 40 ill., maps. ISBN 978-1-108-42121-8 (hardback) US\$49.99.

This monograph by Erin Kathleen Rowe is a remarkable and wide-ranging study of Black sanctity in the early modern world. Rowe utilizes hagiography, iconography, letters, and confraternity records to examine Black saints and their devotees in Iberia and the New World. The author begins by introducing a modern Portuguese clerical interlocutor, who memorably denies that any dark-skinned religious icons exist within the church under his care: “No, no, no, there is no black saint in that church,” the interview subject insists (1). This memorable opening gives way to an excavation of Black holiness. Rowe argues that by the seventeenth century, Black saints had reached a pinnacle of popularity, a development primarily obscured by later racist ideology. While