

Women Healers of the Middle Ages: Selected Aspects of Their History

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ABSTRACT

The stellar role of women as healers during the Middle Ages has received some attention from medical historians but remains little known or appreciated. In the three centuries preceding the Renaissance, this role was heightened by two roughly parallel developments. The first was the evolution of European universities and their professional schools that, for the most part, systematically excluded women as students, thereby creating a legal male monopoly of the practice of medicine. Ineligible as healers, women waged a lengthy battle to maintain their right to care for the sick and injured. The 1322 case of Jacqueline Felicie, one of many healers charged with illegally practicing medicine, raises serious questions about the motives of male physicians in discrediting these women as incompetent and dangerous. The second development was the campaign—promoted by the church and supported by both clerical and civil authorities—to brand women healers as witches. Perhaps the church perceived these women, with their special, often esoteric, healing skills, as a threat to its supremacy in the lives of its parishioners. The result was the brutal persecution of unknown numbers of mostly peasant women. (*Am J Public Health*. 1992;82:288–295)

Introduction

She was known as the Angel of Alsace Street. As a *bonne femme*, she was wise in the ways of folk medicine, midwifery, and disposal of the dead. Responding to all who called on her for healing and comfort, she was cherished in her wretchedly poor English neighborhood. Her compensation was love, respect, and a paltry pittance for her unstinting labors.¹ She was the woman healer of the Middle Ages, the quintessential woman healer of every age.

Healing has always been regarded as the natural responsibility of mothers and wives. With techniques learned from family and friends or from observation of other healers, women have always succored the whimpering, feverish child and mended the wounded worker-warrior-hunter husband. But because they were excluded from academic institutions, female healers of the Middle Ages had little opportunity to contribute to the science of medicine. Rather, they served as herbalists, midwives, surgeons, barber-surgeons, nurses, and empirics, the traditional healers. As women of lower or higher birth, as nuns in convents or members of secular orders, these healers were notable for their devotion to the sick under the most stressful circumstances. Untutored in medicine, they used therapies based on botanicals, traditional home remedies, purges, bloodletting, and native intelligence. Their medications were compounded of plant materials, some superstitious, and a dash of charlatanism.

In that pragmatic, nonacademic environment of medical practice before Europe's first universities, remedies were transmitted from one generation to another, learned by personal experience or from the rare, popular medical treatises

that circulated among the few literate healers. Observation of physicians on their home visits was another source of practical information. Because the scientific study of human illness had not yet begun, it is not surprising that magic, amulets, and incantations were important elements in the total treatment formulary of all practitioners, including physicians.

The period between the 4th and 16th centuries witnessed profound social and economic dislocations as Europe evolved from scattered, small fiefdoms into larger, increasingly centralized ruling units. And with the establishment of universities and professional schools, the character of health services changed, too. Early in the 13th century, female health workers, long accustomed to the trust and respect of their patients, began to face opposition. Barred from most European universities because of their gender and thus denied academic training in medicine, they were considered ineligible as healers, and those who persisted often met with capricious, even harsh punishment. Yet they stood their ground against the inimical decrees of secular and clerical authorities, and in doing so, they risked heavy fines, flagellation, excommunication, and exile.

Then, in the last four centuries of the Middle Ages, female healers became the target of witch-hunting, a program of ruthless persecution that was promoted by the church and supported by both clerical and civil authorities. The record of that cruel era, which peaked between the late 15th and the 17th centuries, is based on the testimony of the prosecutors, not on that

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of the accused. Judged as witches, the women often met death on the rack or at the stake.

European female healers of the Middle Ages performed a service virtually indistinguishable from the one so zealously cherished and aggressively defended by academically trained male physicians. Yet they have received scant attention from early historians, whose reporting concerns may well have been shaped and colored by the more dramatic, male-dominated events of empire building. The sources from which it is possible to reconstruct this aspect of women's history are the arts of the period: drawing, sculpture, song, and story. The following brief review describes the background, work, and struggles faced by female healers of the Middle Ages.

The Development of Hospitals and Nursing Roles

During the period arguably referred to as the Dark Ages, which extended from the fall of Emperor Romulus Augustulus in AD 476 to the 11th century, intellectual activity was largely confined to clerical institutions. Convents and monasteries served as early medieval clinics in providing health services to their own residents, neighboring villagers, and increasing numbers of travelers. Lay healers shared medical practice with their religious counterparts. Thus, medical care beyond the family was available from female herbalists and "wise women" (as women skilled in health care were called), as well as from infirmarians attached to convents and monasteries and, occasionally, male physicians without formal training.

The earliest institutionalized nursing services were inseparably linked to the Crusades, a series of long journeys to the Middle East that began in 1096. The routes to the Holy Land were laid waste by battle and pillage. Thousands of men, women, and children who undertook the journey to destroy the infidels and to offer expiating prayers at the site of Jesus' crucifixion succumbed to injuries, disease, and starvation. The health needs of the knights and of the huge armies of followers prompted the development of institutions for their care.

In the absence of curative medical or surgical therapies, nursing care was the preeminent service, one that offered little more than comfort in its provision of bed, board, bath, and prayer. A remarkable outburst of intellectual and socially directed energy found expression in secular

nursing groups in the 12th and 13th centuries. In an age still superstitious and capable of great cruelty, nursing appealed to women's piety and compassion as well as to their striving for some measure of independence from a constricting social system. As some women entered into nursing orders that provided in-patient care in the rapidly proliferating hospitals of Europe, others chose to wet-nurse the newborn and to care for the sick in homes and for the children in orphanages. Even aristocratic women were caught up in the spirit of charitable works. French women, for example, studied medicine with private physician tutors to become Good Samaritans. Spurred by religious zeal, they offered their healing skills in distant Spain and North Africa, where the gravely ill, the wounded, and the pregnant sought their care.

In a scholarly review of the historiography of later medieval hospitals, Peregrine Horden² describes the relationship between those institutions and the social milieu in which they were founded. The roles these hospitals played varied in time and place. Sometimes they provided havens for limited numbers of pilgrims, transients, and poor people, selecting to treat those with certain kinds of illnesses while often rejecting those unable to care for themselves; the latter group included the wounded (as a result of criminal behavior), crippled, and insane. At other times they served the needs of members of artisan guilds or provided lifetime residences for "corrodians," those able to purchase room and board. Changing popular attitudes toward the diseased, the impoverished, the orphaned, the illegitimately pregnant, and the mentally ill corresponded to changes in how these unfortunates were received by hospitals.

The medieval hospital was essentially an ecclesiastical facility with staggering mortality rates that encouraged a vision of cure only in the hereafter. For that reason, therapy focused more on the soul than on the body. Meager descriptions of the methods of hospital care establish those methods as elementary: feeding, bathing, using herbals in a variety of vehicles, purging, and the ever-available bloodletting by leech or phlebotomy.

The primary administrative concerns of these hospitals were pragmatic: the numbers of patients and staff, the state of repair of the buildings and equipment, and, not least of all, the account ledger. By 1212, with the number of French hospitals increasing rapidly, the Council of Bishops began to exert control over nurses, both

clerical and lay. It decreed vows of poverty, chastity, and obedience, as well as the wearing of a religious habit. Their transition from novice to white robe and finally to hood demanded not less than 12 years; this long training period was a statutory imposition. The number of full sisters was fixed, permitting novices to advance only as replacements for those who died. For economic reasons, the council also sharply reduced hospital nursing staffs, a ruling that at once served church coffers and exhausted nurses who remained: these women were responsible not only for all patient care, elementary as it was, but also for all housekeeping.³

Medieval Nursing Care in France

Only the more complete records of the large French hospitals reveal clues about the women who worked in them and the specific roles they played. Pejorative references to early nurses as *servantes*, *chambrières*, *pénitentes*, or *filles repenties* were based on their histories as "fallen women." This was true of those who, as hospital patients, had developed a strong wish to redirect their lives. Widows were another source of nursing staff. None of them was trained professionally, given that teaching programs did not then exist. Because the early hospital communities were largely concerned with the practical aspects of caring for the sick and injured, the preferred nursing candidate was strong, experienced with the diseased and disabled, and, importantly, devoid of that freshness and beauty of youth that might easily interfere with her responsibilities in a hospital setting. For unmarried women and for those whose social class excluded them from conventual religious life, the hospitals proved to be a boon. Whatever their backgrounds, all these women were later called *quasi-religieuses* and then "sisters."

The administration of and daily work routine in the medieval hospitals are best illustrated in the preserved archives of two of France's oldest institutions, the Hotel-Dieu of Paris and Lyon. (From its modest beginning as a small sick-care hostel in the shadow of Paris' St. Christopher's Church, the Hotel-Dieu is today one of the world's renowned hospitals.) A *maître* and *maîtresse* managed all the affairs of the institution, fixing the sisters' assignments, hours of work, quantity and quality of food, and penalties for infractions of the working rules. Such penalties included meal deprivation, forced eating on the floor, and corporal punishment, all inflicted in the presence of colleagues.⁴



The “drug” room of the hospital was managed by an older, more experienced sister. Medications were derived from botanicals and prepared as lotions, potions, or clysters (enemas).

An enormous linen room was an essential feature of every medieval hospital. Linen offices spent a very large share of all hospital revenues for sheeting. Designated younger nurses, sometimes with the help of able patients, prepared all bandages and surgical dressings out of old bed linens that were washed and sun-bleached; these linens also served as shrouds for the deceased. A “great wash” of linen in general use was the daunting task of nurses every 6 weeks. A daily “little wash” of bed linen from

acute cases was also their duty. During epidemics, laundering went on round-the-clock for weeks or months. In all seasons, the washroom was the Seine River, whose waters lapped the hospital’s cellar doors. In winter, the sisters often had to break through the ice to wade into the frigid river with heavy bundles of dirty clothes. In hot, dry summers, the recessed level of the Seine required a long, weighted march to the water’s edge. At flood time, a boatman was hired to retrieve both laundry and unsteady sisters swept up in the rush of the rising current.⁵

Patient clothing was stored to be either returned to those who recovered or sold when patients died. This source of

revenue provided the hospital with needed funds for general use.

Hospital bed occupancy rarely posed a problem. Patient numbers often exceeded available beds. Records of Paris’ Hotel-Dieu disclose that, for centuries, overcrowding was a chronic lament of nurses. During the ravaging epidemics of the medieval era, squeezing six bodies into one bed—three faces at the head, three at the foot—was unavoidable. If such a custom violated poorly understood rules of contagion, it was defended as more charitable than condemning patients to death on the streets.⁶

The nurses at Paris’ Hotel-Dieu renounced the larger world to spend an entire lifetime of drudgery within a hospital compound; only an occasional home visit to a wealthy patron permitted fleeting views of the burgeoning city of Paris. Nurses arose at 5:00 AM, attended chapel prayers after ablutions, and then began work on the wards. Their duties included using a single portable basin to wash the hands and faces of all patients, dispensing liquids, comforting the sick, making beds, and serving meals twice daily. Sisters on night duty reported at 7:00 PM. It was their task, in an era before the bedpan, to conduct the ill to a communal privy, for which purpose the hospital provided a cloak and slippers for every two patients. The absence of lamps in the latrine chamber made this journey a precarious one; the weak, confused, and incontinent were prone to accidents, whose consequences the sisters were expected to remove. The Hotel-Dieu of Paris gained its first all-night latrine lamp in 1487, a generous gift from a visiting royal official sensitive to the plight of the hospital’s night staff.

Obstetrical patients were in the charge of a midwife. A nurse assistant admitted them and often had to dispose of their stillborn by cremation. Maternal death at birth occurred quite often. Hospital policy recognized the special needs of pregnant women by urging them to remain for 3 weeks beyond delivery. Their nursing care included baths three times weekly and abundant rations of meat and fish.

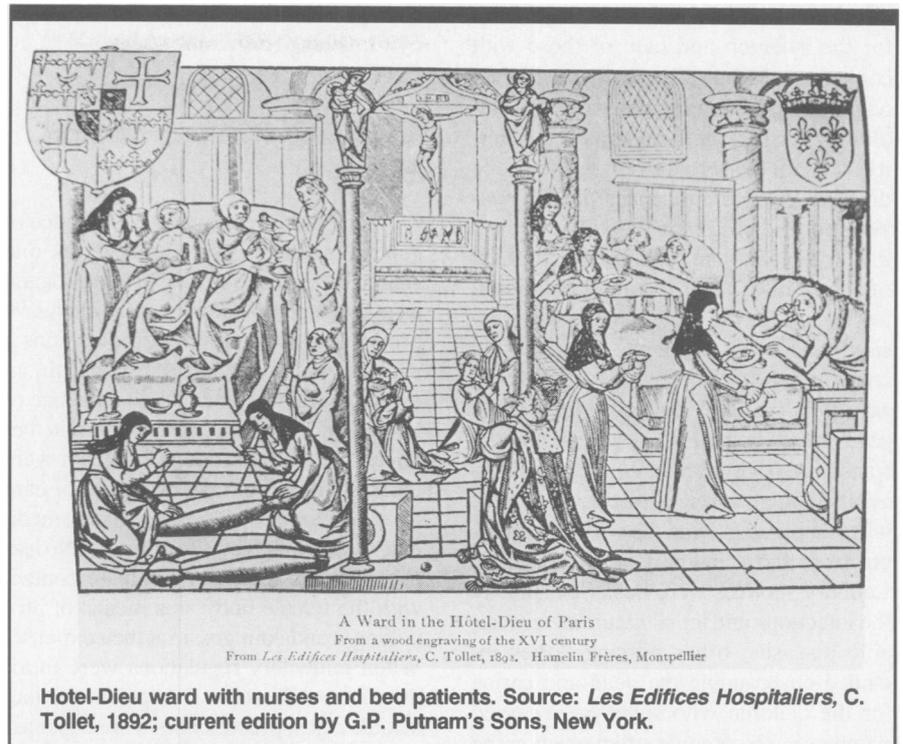
Yet, not infrequently, poor mothers wittingly forfeited their infants. In such cases, the hospital was compelled by statute to provide 7 years’ care for such children, as well as for infants surviving mothers who died in childbirth and for babies deserted at the hospital door and left as prey to foraging pigs and dogs. Responsibility for pediatric care fell heavily on the sisters, who harbored 60 to 70 infants in

normal years and often twice that number during epidemics of plague or other infectious disease. Because there was a chronic shortage of wet nurses, the nuns used cow's or goat's milk in an earthenware bottle with an improvised cloth teat for sucking. With patient care demands thus draining their finite energies (a patient count of 10 or 12 per bed at that time was no rarity), hospital nurses sought relief by distributing children among the sick adults. Given these circumstances, mortality rates for the young soared.⁷

In the 18th century, a French historian paid moving tribute to the sisters of Paris' Hotel-Dieu during the Middle Ages. "The sisters endured with cheerfulness and without repugnance the stench, the filth and the infections of the sick, so insupportable to others that no other form of penitence could be compared to this species of martyrdom."⁸ As compelling as any testimony to their devotion to duty was the sisters' response to the first appearance of the Black Plague in 1348. When many university-trained doctors and other nurses fled the scourge of Paris, the sisters of the Hotel-Dieu refused to abandon their patients, oblivious to the obvious risks and the enormously increased workloads.⁹

Conventual nursing was not unlike that in public hospitals such as the Hotels-Dieu. In fulfillment of the recommendations made centuries earlier by St. Benedict, separate quarters were provided for lepers and for the mentally ill and the incompetent. Nuns and lay sisters were responsible for household duties and for land and animal management. The nursing staff was also preoccupied with such medical problems as "attacks of fever, intolerable toothaches, sharp, gouty spasms, affections of the brain, eyes, throat, spleen and liver as well as divers parts of the body."¹⁰ Bloodletting, minor surgery, and care of lepers, crippled and deaf girls, and mental cases also comprised their therapeutic burden. And nurses were expected to avoid any display of anger, haste, or impatience with those who had "the frensy, who now syngethe, now cryethe."¹¹(p395)

In general, however, health care was delegated to the infirmarian, who was expected to bathe, feed, and medicate all patients, to "oft change ther beddes and clothes, zene them medycynes, lay to their plastres and mynster to them mate and drynke, fire and water, and all other necessaryes nyght and day, as nede requyrethe."¹¹ She had her own herb garden for medicinals, preparing mixtures of drugs



with oils, vinegar, and wines. And she also maintained supplies of linen, food, and firewood. Physicians (males) were not to enter the nunnery "in any wyse buyt for a very necessary cause."¹¹(p395)

Secularization of hospitals became common during the 15th century as cities began to assume responsibility for their management. Sequestering those with infectious diseases in pesthouses outside the city walls (see below), the central hospital served the chronically ill, the disabled elderly, the pregnant, and the injured. City councils appointed women to serve in administrative posts and as providers of health care and managers of the kitchen and of housekeeping chores. Whatever their assignments, however, women had to swear allegiance to the hospital and its employee regulations.

Medieval Nursing Care in Germany

In German hospitals of this period, women played crucial work roles. The *Custorin* made all essential purchases, submitting precise accountings for every item. She supervised all housekeeping and kitchen personnel, substituting for any one of her workers when necessary. The *Meisterin*'s primary charge was the kitchen. She, too, was held strictly accountable for her purchases, partly to guard against dispensing leftover food to family or friends. The *Custorin* and *Meisterin*, both medically untrained, shared the weekly task of evaluating the need for fur-

ther in-patient care;¹² their most demanding responsibility was a weekly examination of all patients to decide whom to retain and whom to discharge. The *Schauerin* implemented hospital admission policies. Admonished to deny entry to those suspected of having a communicable disease, she favored those with chronic illness. Finally, she was required to make diagnostic decisions among those seeking medical care, a duty for which she, too, had no preparation.

Variations on these work themes existed in all city hospitals. The same women were expected to supervise the bathing of patients; to care for children and protect them from the mentally ill, who shared the same living quarters; to distribute medications ordered by physicians; and to mother all patients. In addition, these women were required to act as the physician surrogate when medical examination required touching the female body; untutored in physical diagnosis, they palpated breasts and abdomens and described to the attending doctor what they felt. They were also responsible for conducting patient prayers, consoling the dying, and intervening in patient quarrels over real and imagined inequities in the distribution of food and wine. Furthermore, these same women managed the hospital lands and livestock, which provided food for patients and staff. And not the least of their duties was to gather uneaten morsels of bread for offerings to the poor.¹²(p41)

The pesthouse was a city institution for the isolation and care of those with contagious diseases. It usually functioned only during epidemics, which, in the Middle Ages, struck with unparalleled severity. Various attributed to flood or drought, celestial influences, insect invasions, or the poisoning of wells by Jews, these outbreaks can be blamed on the lack of sanitation within walled medieval towns and on the large numbers of transient soldiers, merchants, and traveling students returning from alien regions. In addition, the free commingling of the sexes in public bathhouses facilitated the transmission of germs. Women were invaluable in all services of the pesthouse, wherein nursing demands were not different from those in the general hospitals. Laundry services were busier because of the infectious and lethal nature of untreatable diseases; other nursing duties included enshrouding the dead and caring for the children who survived deceased parents. Such care was often given in the nurses' own homes.

Women also assumed active child care roles in public orphanages. The *Findelmutter* was the healer for these children. In this work, however, she often earned the bitter anger of local barber-surgeons, who claimed she was usurping their therapeutic domain. For eye infections and scrofula (cervical lymph node tuberculosis), common in her charges, she consulted wise women as often as she did male physicians. Wet nurses were assigned to children under 4 years of age. At various times, the demand for breast milk was so great that women were lured into providing such service with a choice of rewards that included having their misdemeanors expunged from their court records or gaining the right to reside within a city's walls despite having borne a child illegitimately.

Medical care of adults within a patient's or a provider's home was yet another service of German women healers. Those patients with contagious diseases were not denied this form of care, particularly during epidemics when the pesthouse was overflowing. War, no less frequent than pestilences during the Middle Ages, offered additional opportunities for female healers in the feeding and nursing of injured soldiers and fleeing civilian refugees. Yet the ultimate tribute to their healing skills was the imposition on women of the unrewarding care of the insane. Recognizing the therapeutic intractability of many of these patients, city

councils extended a measure of assistance by furnishing restraining chains.^{12(p49)}

Midwifery: Women's Medical Monopoly

If, over the centuries, the practice of general medicine and surgery was one shared by men and women, childbirth and its management were almost the exclusive province of women. On rare occasions a male physician attended a royal birth, an event closely observed by an audience of family and friends. However, men believed their dignity and self-esteem were diminished by the manual nature of care for the pregnant patient; for them, medicine was an intellectual exercise.¹³ No less earnestly did they view intimate contact with the female body as a means of provoking scandalous gossip at their expense. When midwifery regulations were introduced into Western Europe in the late Middle Ages, practitioners were expected to refer difficult deliveries to male physicians. But because men had no training in obstetrics and far less experience with pregnant women than midwives had, this requirement must have availed little. Thus, midwives were omnipresent, comprising perhaps one third of all female medical practitioners.

The oldest Latin term for the midwife, *obstetrix*, yielded in the 13th century to the French *ventrière* and to *sage-femme* (wise woman) in the following century. But the very definition of midwife has recently been questioned in a lengthy essay on the subject of medieval women's medical practices.¹⁴ Raising more questions than it answers, this research has uncovered material that suggests that midwives played a wider healing role than that of provider for only the reproductive needs of women. It further shows that the medieval midwife's function may have varied with both time and place, implying, among other things, that some midwives may have limited their work to childbirth while others did not. In her essay, Green offers support for the notion that traditional healers, both men and women, may have played a part in treating women's general and gynecologic problems.¹⁴ Many midwives served communities in a semi-official capacity, delivering newborns, guarding access to their profession, and protecting its standards. Their usefulness was partially compensated by special privileges, such as a tax-exempt status or a small pension. Perhaps the most striking, if somewhat punitive, measure of a mid-

wife's value to village needs was the prohibition against her leaving town.

Midwives generally came from lower-class families. Most were illiterate. Although some wives of physicians may have practiced midwifery, they would have had no advantage over other women, given that men were untutored in obstetrics. Without formal training, and because texts on midwifery were ancient and rare, midwives learned their skills as a craft from family or friends. On occasion, royal women adopted the midwife role, offering little expertise beyond their own birthing experiences. Iolande d'Aragon and two ladies of her court, a trio of *matrones très expertes*, were directed to confirm the virginity of Jeanne d'Arc.

Women's obstetrical monopoly earned only the contempt of famed 14th-century surgeon Guy de Chauliac. In his widely acclaimed *Chirurgia Magna*, he wrote that he was unwilling to discourse on midwifery because the field was dominated by women.¹⁵ The predictable consequence of a profession that lacked training programs and for centuries set no standards for its practitioners was that pregnant women, whatever their socioeconomic class, received poor care. The Christian belief that pregnancy was the result of carnal sin and should be expiated with pain did nothing to assuage that pain or to encourage a better understanding of the parturient patient. Thus, perinatal mortality reached frightful levels. Not until 1540 was the first instructional manual for midwives published in England.¹⁶

Regulation of Healers

What emerges from the above discussion of medieval health care roles and practices is their elementary, wholly unspecialized character, marked far more by custodial than by therapeutic services. Clearly, however, women did perform varied medical functions beyond those of empiric and midwife; they served as physicians, apothecaries, surgeons, and barber-surgeons,¹⁴ although far fewer of them acted in these capacities than in the more traditional ones. Evidence for their involvement in these more specialized areas of medical practice comes from the feminine endings of nouns descriptive of their healing work, from guild societies to which they belonged, and from legislation regulating their professional activities.

Until the 11th century, European healers knew neither training requirements nor limitations on the range of their services. Over the next four hundred

years, however, medieval medical practitioners were subjected to increasing regulation by civil and professional authorities. True, such regulation was not universal. Neapolitan archives of the 14th century reveal the legal right of women to practice medicine, and despite the church's generally antifeminist posture, 15th-century Pope Sixtus made no declaration against this right. Thus, in the major Italian cities of Rome, Naples, Florence, and Venice, women were active practitioners without judicial restraint.¹⁷ And in Germany, where universities had not yet been organized, medicine remained in the hands of women throughout much of the Middle Ages. Nevertheless, throughout much of Europe, the new trend to control the practice of medicine largely resulted in the constriction of women's roles in health care services.

Medieval medical licensure had been introduced in 1140 by King Roger, a Sicilian. Anyone defying the royal decree requiring a qualifying examination was subject to "imprisonment and confiscation of his entire property."¹⁸ Fewer than 100 years later, the Holy Roman Empire's Frederick II set standards for premedical and medical training as well as for licensure, also imposing severe penalties on violators. His laws made further demands on candidates by requiring them to "swear never to consult with a Jew or with illiterate women," a prohibition that implied that there were, in fact, some literate women available for student consultation.¹⁹

But the University of Paris and its medical faculty in the 13th century were even less tolerant of female healers and of the much smaller number of male healers who lacked formal training in medicine. Royal and religious as well as academic decrees were promoted to restrict the practice of medicine to licensed physicians only. Because women were ineligible for the university training and minor clerical vows that were required of all candidates for licensure, the inevitable result of such legislation was to ensure that legal healing became a male monopoly. These new standards were defended on the grounds that they improved the quality of medical care, but unlicensed healers regarded them as a transparent ploy to eliminate unwanted competition. The latter position had merit if only because physicians had not yet learned the methods of analytic science that would later give them a genuine professional advantage over lay healers.

Increasingly, the medical community throughout Europe was organizing into a strict hierarchy, with male doctors at the top, followed by female apothecaries, barber-surgeons, and surgeons, all usually trained by their husbands or parents. These women worked within a guild system, compounding remedies, letting blood, and performing operations. Lowest on the scale were the unlicensed practitioners, wise women, and folk doctors, whose prescriptions were simpler and cheaper than those of the more prestigious physicians. Toward the end of the 13th century, Paris tax rolls recorded two female barber-surgeons, two midwives, and five *miresses* (physicians or surgeons), in addition to the empirics. By the early 14th century, Paris had a population of more than 200 000. A medical historian suggests that the city had 38 medical practitioners then, most of whom were unlicensed.^{5(p45)} That number may be in error because of the paucity and questionable accuracy of old records; a French medical historian indicates that 84 university-trained physicians are recorded in Paris for the two decades, 1310 to 1329.²⁰ It was at that time that the medical faculty renewed its campaign to banish untrained healers.

The trial of Jacqueline Felicie, extensively covered by medical historians, is but one of many against unlicensed practitioners of both sexes. The conduct of her trial reveals the motives of physicians in their unrelenting pursuit of the prohibition against "illicit" healers. Faculty members were deeply offended by her use of what they viewed as techniques only for licensed doctors, such as examining urine by its physical appearance; touching the body; and prescribing potions, digestives, and laxatives. Perhaps the most incriminating element of her behavior was her willingness to accept a fee for service. But what must have rancored even more was her immutable policy of charging no fee unless cure followed treatment.

The prosecution's entire case rested not on Felicie's proven incompetence but on her failure to be properly licensed by the university. By academic definition, the absence of formal training credentials implied a lack of qualifications to practice medicine. Not a single effort was made to test Felicie's knowledge and understanding of disease and its management. That she, as a woman, was ineligible to attend the university was ignored. In her behalf, at least eight witnesses testified to her medical skills, all declaring that she successfully treated illnesses that had failed to respond to the ministrations of numerous licensed

physicians. In her own defense, Felicie argued fervently for the right of wise and experienced—even if unlicensed—women to care for the sick. With even more spirit she asserted that it was improper for men to palpate the breasts and abdomens of women; indeed, out of modesty, women might prefer death from an illness to revealing intimate secrets to a man. However, the verdict of the court was that medicine was beyond "hearsay"* or revelation. Jacqueline Felicie was found guilty; her sentence was a heavy fine and excommunication from the church.²¹

Thus, the situation in France is illustrative of the changes in the status of female healers throughout Europe during the Middle Ages. With the growing power of university medical faculties, laws against female health workers were more consistently enforced. But undaunted by threats of expulsion from the city, imprisonment, or excommunication, women and men refused to sacrifice their practices to male academics and persisted successfully in their healing work. They accepted poorer patients unwanted by licensed physicians, charged smaller fees, and sometimes offered free services referred to as work "for the love of God." Whether illicit healers were in demand more for their modest charges than for their professional skills is not at all clear. What does appear evident, however, is that licensed male physicians rarely, if ever, brought similar charges of illegal practice against those healers who treated the poor.

In England, before King Henry V's decree of 1421, ordering a ban on women practitioners of medicine and surgery, female doctors and surgeons were less threatened by their male colleagues because medical faculties at Cambridge and Oxford were not as well organized as those in France. However, it was not long before these healers faced the same hostile forces as their French sisters. In that first quarter of the 15th century, male physicians persuaded the English Parliament and Henry to legislate that "no woman was to use the practice of fysyk."²²

Female Healers as Witches

Women who had been called physicians in the 13th century were branded as charlatans and witches in the 14th and 15th centuries.

*Hearsay in this context refers to medical information passed by word of mouth, a universal learning technique in that period.

The pursuit and punishment of witchcraft had a long pre-Christian history that was deeply embedded in biblical injunctions such as "Thou shalt not suffer a witch to live," a credo that justified death by stoning. Although the extent of healer involvement in witchcraft is debatable because records are either unavailable or unreliable, its existence seems incontestable, if only in the context of church and municipal rulings about the practice of witchcraft among health practitioners.²³ Moreover, Christianity had long held that disease had its origins in sin, in possession by Satan, or in witchcraft and that its most effective treatments lay in prayer, penitence, and saintly assistance. Linked with that belief was the teaching of the 12th-century brilliant, if unstable, Hildegard of Bingen, who urged the maintenance of physical health as a defense against the Devil and his or her colleagues.²⁴

The unquestioned power and authority of the medieval church were threatened by the tenacious hold of superstition on both its educated and untutored members. The heretics had to be rooted out because the very souls of men and women were at stake. Thus, both secular and clerical authorities joined in prosecuting and persecuting those—predominantly peasant women—alleged to be in league with the Devil. Thousands were tortured and executed, many of them falsely charged and convicted on the basis of coerced confessions. So satanic were the instruments of torture used that arrested women, contemplating what lay ahead, often chose suicide. The European campaign of repression against the witch gathered momentum between 1230 and 1430.²⁵ As noted previously, its brutal zenith occurred during the 15th to 17th centuries.²⁶

Defined by Lord Coke, an English jurist, as "a person who hath conference with the devil to consult him or to do some act," the witch of the Middle Ages played an important role in healing.²⁷ It was the attribution of injury or adversity to occult human intervention that defined witchcraft; a witch had the power to inflict damage, technically called a maleficium, on the entire range of human affairs and relationships as well as on natural events. Renaissance intellectuals may have reinforced beliefs in the realities of maleficent magic, but such beliefs were long and deeply rooted in man's fantasies. What was novel and firmly held in the witchcraft of Europe in the Middle Ages was the concept of a pact between the Devil and the witch, who was most often a female. Sa-

tan conferred on her the power to punish foes as a reward for her loyalty to him. In this context, the potential for imposing harm on others was less important than the act of heresy itself—that is, worship of the Devil. Explicit in its renunciation of God and its link with His implacable enemy, witchcraft was the ultimate sin in the eyes of the church. What inevitably followed was an outpouring of ecclesiastical literature on demonology, which provided the basis for the church's frenetic persecution of witches.²⁸

From superstition to belief in sorcery and witchcraft entails but a small leap in imagination, especially for the untutored and impoverished women healers of the Middle Ages. Many peasant healers believed that admitted witches possessed the skills of sorcery, a widely held view of the witch, and they denied holding membership in the occult sorority and applying witchcraft to their healing practices. The church, however, rejected their protestations of innocence and severely condemned a host of alleged practices of sorcery by midwives during and after delivery. Even an innocent midwife whose patient had an unwanted result, such as a stillborn or a malformed infant, was at risk of being accused of witchcraft. Hiltprand's *Textbook of Midwifery*, published toward the close of the 16th century, unabashedly stated that "many midwives were witches and offered infants to Satan after killing them by thrusting a bodkin into their brains."²⁹

It is not difficult to understand why women healers and midwives were prime targets of such virulent attacks. Their therapies reflected superstition and hearsay as well as personal experiences. (Any multiparous woman was automatically endowed with midwifery expertise.) Moreover, with poverty as their constant companion, female healers were of such low social status that their sons might be denied entry into a trade guild;^{23(p133-138)} faced with so wretched an existence, they might easily have found witchcraft too tempting to spurn. Despite great punitive risk to themselves, sorcery offered opportunities for gaining prestige and added earnings for their esoteric skills. Perhaps the lure of promised pleasures in consorting with the Devil might have been irresistible to those leading rigorous and colorless lives.^{23(p113)}

The greater susceptibility of women to the Devil—a conviction embraced by monks—encouraged the wildest fantasies. The most vitriolic expression of these misogynist ideas was the publication in

1486 of *Malleus Maleficarum, or The Hammer of Witches*, the work of two German prelates. The books remained the official church text on witch-hunting for 300 years. Their principal themes were diabolical copulation and the doctrines of incubi and succubi, perverse forms of sexual expression between witches and the Devil in all his beastly forms. For midwives, the authors reserved their most venomous charges: "The greatest injuries to the Faith as regards the heresy of witches are done by midwives; and this is made clearer than daylight itself by the confessions of some who were afterwards burned."³⁰

The precise ties between midwives and witchcraft are not yet clear; the records are so scanty that historians can only surmise. However, ordinary citizens were fully persuaded of its reality. An unexpectedly prompt arrival at a distant confinement, they believed, could be explained only by a midwife's resort to a broomstick. For house calls at night, widely perceived as being fraught with devilish danger, midwives assuaged their anxieties by carrying two loaves of bread, a ploy designed to frustrate the Devil's evil intentions. There is little question that Western European countries shared a deep concern for the potential of witchcraft practice by midwives. By the late Middle Ages, the church and civil authorities mandated close supervision of midwives, as expressed in required professional and religious instruction and in oaths that explicitly renounced past and present resort to the black arts.^{23(p132)}

On the other hand, Harley,³¹ a modern medical historian, argues that the midwife as witch is a myth, propagated over centuries by uncritical acceptance of early writings on the subject by succeeding generations of historians. Harley does not deny that some midwives were persecuted as witches. He does, however, reject the tenaciously held thesis that large numbers of them were so treated, leaning heavily on the infrequency with which available archives of witch trials specifically identify tortured and executed women as midwives. His argument proceeds from the assumption that the lurid implications of witchcraft practices would have compelled mention of a woman's occupation. Whatever the validity of that opinion, the fact that civil and religious authorities everywhere required renunciation of witchcraft, past and present, as a professional tool is not to be easily ignored.

Whether playwright Thomas Shadwell, in his 1691 production of *The Lancashire Witches*, was close to the mark with these lines is uncertain:

To a Mothers bed I softly crept,
And while the unchristn'd Brat yet
slept,
I suckt the breath and bloud of that,
And stole anothers flesh and fat
Which I will boyl before it stink
The thick for Oyntment, thin for drink.³²

Circumstantial evidence strongly supports the widespread belief in and acceptance of witchcraft and its use in European midwifery during the Middle Ages. Civil and ecclesiastical trials of women healers among large numbers of peasant women charged with sorcery provide the essential corroboration of their involvement. Their breakdown and frequent pretrial suicide under the stress of torture facilitated, with rare exceptions, the "guilty as charged" verdict of the court and the sentence of death at the stake.^{23(p133)}

In reality, of what were these "witches" guilty? The "good" and the "bad" witches were viewed as distinct species but with some overlap. How easy to read malevolence into the ministrations—contraception, abortion, and symptom relief—of midwives in an era of high perinatal mortality and morbidity. To some minds, women healers possessed no virtues, regardless of whether they destroyed, comforted, or saved. One English witch-hunter declared that "it were a thousand times better for the land if all witches, but especially the blessing witch (midwife), might suffer death."³³ And yet, in the hands of the midwife of the Middle Ages clearly lay the enormous responsibility of trying to protect mother and child against the perils of childbirth, those sinister deeds of Satan. It was a responsibility, indeed, that demanded familiarity with a host of empirical procedures, natural and supernatural, effective and ineffective, in an effort to counter every ill at the Devil's command.

Conclusion

This brief history of women as healers in the Middle Ages reveals them to have moved from the role of revered, if poorly compensated, source of comfort in time of illness and injury to that of often-reviled creature in league with the Devil. Since the mid-19th century, male-dominated medical schools have been re-discovering at an ever-accelerating pace that women are as capable as men of playing the roles of healer. The ghosts of long-banished empirics may once again be smiling at the folly of the "superior" sex. □

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