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since the upsurge of female patrons provided a special impetus encouraging women readers to engage with texts—not merely reading, but interpreting, translating, and “creat[ing] meanings in the literary works for themselves” (222).

Alone, any one of Renck’s chapters presents enlightening and compelling case studies of late medieval French discussions of authorship, translation, patronage, and manuscript production; together, they trace an expansive, colorful trajectory across a number of centuries, languages, and literary traditions that is remarkable in scope and detail. Particularly for readers of MFF, Renck’s title might seem slightly misleading given the impressive attention granted to male authors of the classical through late medieval periods. In no way is this true criticism, but rather a wish that even more time and space were dedicated to Renck’s analysis of early female textual networks—a subject more fully addressed in the final chapter. A laudable, engrossing, interdisciplinary text, Female Authorship offers a vital contribution to investigations of late medieval authorship and female readerly practices.

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Sara Ritchey’s *Acts of Care: Recovering Women in Late Medieval Health* reminds us that while the burden of healthcare has long fallen disproportionally on women, their labor—during the Middle Ages and today—was not recognized as part of the professional, male-dominated field of medicine but was encoded as sanctifying and penitential, in other words, in a way that obscures women’s knowledge, expertise, and authority as caregivers. Following scholars like Monica Green, whose influential work on medieval medicine exposed how gender shapes not only the documentary record on medieval medicine, but the kinds of sources historians of medicine tend to privilege, Ritchey calls on scholars to think more expansively about what constituted caregiving on the
ground. As Ritchey observes, medievalists have looked for the antecedents to professionalized medicine in academic texts, the “mechanisms of power from which women were eclipsed” (9–10), while the sources that bear witness to women’s lives and communities—psalters, saints’ Lives, and liturgical texts—are traditionally approached as evidence for women’s devotional practices. Acts of Care thus calls for an epistemological reorientation, focusing on therapeutic work: the rituals, prayers, and herbal remedies that historians have tended to class as “religious” but were in practice healthcare. Delving into medieval understandings of health as comprising body and soul, Ritchey points to a common tradition of therapeutic practice that male academics bifurcated along predictably gendered lines: women’s healing powers were supernatural; men’s healing powers, acquired through study, were natural. These masculine constructions of curing abilities, Ritchey demonstrates, also had the effect of obscuring the labor and skill of care. The caregiving labor of ordinary medieval women (comforting, tending, talking, feeding, cleaning, and dressing), like the work of today’s hospice nurses, was (and is) rendered invisible as a natural extension of gender roles.

To uncover women’s healthcare practices and networks, Ritchey relies on the rich hagiographic narratives (or vitae) of the southern Low Counties, sources well-known to historians interested in the buzzing network of beguines, recluses, nuns, and canonesses—the mulieres religiosae—often described as evidence of a “women’s religious movement” in the Middle Ages. Ritchey examines these sources anew, demonstrating that a holistic understanding of what counts as healthcare—one that refuses to replicate male-centric concepts and categories—exposes traces of women’s caregiving labor and healthcare networks.

Ritchey’s work of recovery unfolds in three parts. Part I, “Therapeutic Narratives,” analyzes hagiographic sources in two chapters, highlighting the myriad ways that women’s caregiving, therapeutic treatments, and cures are embedded in these texts. In chapter 1, Ritchey offers a new reading of these familiar texts by drawing attention to the communities that bore witness to women’s healing practices and related stories of cures and care, which were then translated as evidence of sanctity in the writings of the hagiographers. Here, Ritchey effectively shows how gender and genre have obscured evidence for women’s healthcare work but also how saints’ shrines, relics, and the stories people told about female saints, were part of “the continuum of healthcare resources.” (42)

Chapter 2 turns from the hagiographic narratives of posthumous healing to the caregiving practices of living women. Zooming out from
the saintly heroines, Ritchey draws attention to the often-unnamed female caregivers in the background, hidden in plain sight. Ritchey overlays these narratives with evidence from hospitals and cartularies—fragments from the caregiving institutions to which these women were so often connected—as well as testaments and other sources that capture references to the informal, and thus frequently undocumented, settings in which women provided care. Taken together, Ritchey argues that charitable caregiving was central to the identity of the mulieres religiosae, even as it was distorted by the hagiographic lens.

Part II, “Therapeutic Knowledge,” comprising one chapter, examines male-authored discourses (medical, hagiographical, and theological) exploring the role of affective states (such as faith or confidence) in bodily transformation or healing and how these discourses reflect “masculine constructions and conceptualizations of therapeutic efficacy” (132). As medical authors attempted to explain how and why certain remedies worked and clerical authors asserted the role of the soul in bodily transformations, both were concerned with the bodies that affected transformation: the male physician and the saintly woman. Thus, Ritchey further highlights the myriad ways that gender expectations obscured the “structural similarities” between women’s healing practices and the counsel of academic physicians (44). The chapter serves two important purposes: to illustrate the enduring interest among medical and clerical authorities in the effect of the soul on the body—and thus the interrelationship between medicine and religion—and to explain why clerical authors translated women’s healthcare expertise into the hagiographic narratives discussed in part I. Women’s healing powers were bound up with their sanctity rather than their knowledge and skill, effectively erasing (at best) or demonizing (at worst) the labor and healthcare expertise of ordinary medieval women.

Part III, “Therapeutic Practice” is composed of two chapters, both of which center on texts that religious women used in caregiving. Ritchey reads these texts through the lens of performance, an approach that captures the range of women’s healthcare knowledge and practices. Chapter 4 examines a fascinating corpus of psalters from the Meuse River valley that circulated within women’s religious communities. These texts, traditionally approached as religious sources, contained health tables and prayers and were clearly intended to be performed, demonstrating that these texts reflected, facilitated, and imparted women’s healthcare knowledge and practices. Read and performed to
console and cure others, psalters comforted, healed body and soul, and provided the hearers with a “means to a good death and ultimate salvation” (174).

Chapter 5 turns to miscellanies containing the *vitae* of the *mulieres religiosae*, which were bound together with healthcare-related texts, such as prayers, healing charms, obstetric texts, and meditations. These texts—in their arrangement and contents, whether meditated upon privately or read to others or in common—served as therapeutic tools, much like the tombs or relics of the saints commemorated in the *vitae*.

*Acts of Care* is a fascinating intervention in the history of medieval religion and medicine that raises important questions about historical methods, medieval healthcare, and women’s labor. Engagingly written and meticulously researched, Ritchey’s book itself can be described as an “efficacious text” for its humane and timely reminder to readjust our interpretive lens, to see the crucial but ignored labor on which medieval society (and our own modern caregiving systems) relied. Ritchey’s book will be of interest to undergraduates, graduate students, and scholars interested in healthcare, labor, gender, and religion.

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*Amanda Scott’s masterful analysis of the Basque *seroras* throughout the Reformation and beyond presents a unique and elemental piece of the forgotten history of women who served the people of God in the Catholic Church. Without question, the history Scott documents solidifies the trajectory of developments leading to a contemporary Church now limited by the scourge of clericalism. Her work is necessary to the project of understanding how and why women today are left out of decision-making, are refused liturgical service, and are too often not paid for their ministerial service.*