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as Scott concludes, “the vocation’s roots ran too deep to be uprooted trough the cyclical and repeating patterns of religious reform” (176).

_The Basque Seroras_ is a necessary book for the study of Catholicism in Spain.

*Phyllis Zagano*
_Hofstra University*

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Theresa Vaughan’s accessible analysis of premodern diet, medicine, and gender is a welcome contribution to the existing literature. Vaughan skillfully expands on the contributions of scholars such as Ken Albala and Monica Green by asking the question what happens when we add folk practice to the study of diet and gender? How might this illuminate the practices of women as both healers and consumers? Are there areas in which folk practice may have influenced theoretical medicine? Whereas past scholars have compared theoretical and practical medicine, Vaughan says that adding folk practice helps us understand the medical and diet culture of peasants. Vaughan’s training as an anthropologist willing to explore folk medicine and diet alongside the more accepted theoretical and practical models is what gives a fruitful new vantage point from which to understand the impact of historically and culturally situated gender norms on diet. In this volume, Vaughan has two principal goals—to introduce an anthropological understanding of folk practice to our analysis of premodern medicine and diet and, secondly, to demonstrate how premodern medicine and diet shaped and was shaped by concepts of gender. For Vaughan, these are not necessarily separate goals. Folk foodways are where we’ll find women as food preparers, servers, and healers.

The most complex part of this study is chapter 4, where Vaughan describes the three modes of medicine relied on in the volume— theoretical medicine, practical medicine, and folk medicine. However, Vaughan handles this well by including clear diagrams and figures that compare concepts and allow the reader to make connections.
Theoretical medicine (includes the study of natural philosophy, and generally male) is contrasted with the practical (medicine as it is practiced) and both are then contrasted with folk practice (male or female-practiced, not professionalized, based in folklore or religion). However, as Vaughan shows, these are not three perfectly separate strands of knowing and practicing. For instance, the line between practical and folk was not always clear. “Sometimes what gave a remedy the cachet of authority was that it came from a person of status, rather than whether it came from a trained physician” (143). Appended to this quote is the example of a man who declined a midwife’s—that is, a practitioner’s—remedy but accepted the same remedy from a priest. Vaughan also points out that efficacy, a standard most rely on today, cannot be used to differentiate these categories simply because “provability” is not a standard that folk practitioners recognized. For instance, many folk cures included prayers because a cure could only work if God had willed it, showing that the real work was done by the prayer and not the medicine (103–9). Vaughan concludes that given that efficacy cannot be used as a measure of superiority, and because the materials, herbs, and foods were the same across modalities, the only difference is the status of the healer and reception by the patient. This is where gender matters. Women, as a rule, did not engage in theoretical medicine, though some were indeed practitioners or folk healers.

Another important aspect of Vaughan’s exploration of medicine and diet is the cultural flexibility of humoral theory. It was Galen who first combined the theoretical with the practical in his assignment of properties to foods and these properties remained fairly consistent between the three modalities. However, Vaughan asserts sources show evidence that humoral theory and its application informed contemporary ideas about gender and health. Though men and women were thought to be humorally different, the recommendations for balancing the humors were the same except in one aspect—reproduction, where women were seen as having different concerns. For instance, Vaughan shows us that the Trotula prescribes the same diet to laboring women as to invalids (116), implying pregnancy was an illness. Remedies are also suggested for women who wish to conceive male children, shedding light on gender expectations in Italy at the time. Vaughan demonstrates how class fits into advice for women. Peasant women would not have had as much food choice as upper-class women, and they would not have had the expensive delicacies recommended to postpartum women. Vaughan mentions that given that the elite would have been the only people who could afford personalized nutrition advice, it was
likely that the poor would have followed religious food prescriptions more often than medical ones—in other words, folk practices may have mattered more to poorer women.

The most informative chapter on gender and food is chapter 7 in which Vaughan deals with beauty standards. Vaughan is clear that beauty standards were as class-based then as now, peasants valuing more plump women, which shows the value of access to food and the aristocratic preference for a thinner woman, a woman who could afford to fast for religious purposes. That said, fatness was not automatically unattractive to premodern people, whose preference for a clear complexion and eyes seems to be paramount as those signify health and virtue. Vaughan gives as evidence Geoffrey Landry's tirade against cosmetics as an agent of deception in his *Le chevalier de la tour* (163). Do the cosmetics hide a physically manifested lack of virtue from him? Though Vaughan does an excellent job bringing to the fore evidence of the cultural situatedness of the source evidence, it is in its geographical range that the book leaves the reader wanting more. Though the volume attempts to break out of a Eurocentric focus by including examples from the Muslim world, the evidence presented is largely restricted to the ways in which Islamic culture contributed to the development of humoral theory. Almost nothing is said about Jewish culture, though Vaughan admits that most of that tradition's literature on women and diet is not yet translated (85). However, one question that I was left with was whether the exclusion of Jews from many medical schools had any impact on the modality Jewish physicians used (theoretical, practical, folk)? There is room in this volume for later expansion on the influence of other cultures and geographic areas.

The strength of Vaughan's book lies in proposing new ways of interpreting various source material to understand the application of humoral theory to women as well as their impact upon it. It is also a clear explanation of the complex history of humoral theory, its use and reception. Vaughan's footnotes are extensive, and the use of chapter abstracts with keywords makes this volume approachable and well-organized. This is a rare book that can be used by students new to the topic as well as experienced scholars looking for a new way to interpret subaltern practice.

*Autumn Reinhardt-Simpson*  
*University of Alberta*  
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