



Early Modern Studies Journal

Volume 6: Women's Writing/Women's Work in Early Modernity/2014

English Department/University of Texas, Arlington

Healing on the Margins: Ana de San Bartolomé, Convent Nurse

Barbara Mujica
Georgetown University

With the establishment of the great European universities in the late Middle Ages, medicine became increasingly professionalized and limited to physicians with a medical degree. Women had been healers and midwives since ancient times, but, because they were barred from most universities, they were gradually excluded from professional medicine, especially in urban areas. By the mid-sixteenth century, medicine had become so highly codified that even some areas traditionally entrusted to women, such as midwifery, were becoming male domains.¹ Nevertheless, women did continue practicing medicine, as Leigh Whaley puts it, "on the margins."² Records exist of women working as midwives, healers, apothecaries, nurses, and even doctors. One important center of female medical activity was the convent, where women held important positions as nurses or herbalists. Because most convent infirmarians were illiterate, we have almost no first-hand information on how they performed their duties. However, Ana de San Bartolomé (1549-1626) was an exception. She could both read and write, and her let-

ters and autobiographies provide invaluable information on early modern convent nursing practices.³

The daughter of landholding Spanish peasants, Ana de San Bartolomé was orphaned at age ten. Defying her siblings' attempts to marry her off, in 1570 she entered the Discalced Carmelite Convent of San José in Avila, where she became Teresa de Ávila's personal assistant and companion. Teresa appointed Ana convent nurse in 1577 and thought her so competent that she instructed her to use her own judgment when taking care of nuns rather than asking permission for every treatment. After Teresa's death, Ana left for France in 1604 at the request of French aristocrats desirous of bringing Teresian spirituality to their country.⁴ Among them was the future Cardinal Pierre de Bérulle (1575-1629), with whom Ana soon had a falling out. After founding two convents in France (Pontoise, Tours), she accepted an invitation from Princess Regent Isabel Clara Eugenia to continue her work in Flanders. Ana's descriptions of nursing appear mainly in the sections of her two autobiographies devoted to her life in Spanish convents. However, her letters reveal that even after she left Spain, she continued to take an active interest in health issues.

Traditional Spanish sixteenth-century convents were highly hierarchical, respecting the same social norms that were in place in society. Aristocratic Spanish nuns expected to be addressed by their titles and often entered the convent with servants and slaves. Although Teresa attempted to abolish this practice, she did retain the two-tier system: black-veiled or choir nuns performed administrative tasks and ran the convent, while white-veiled nuns performed manual labor or domestic duties, such as cooking, washing, baking, tending animals, or working in the infirmary. Teresa stipulated in the Constitutions of the Discalced Carmelites that black-veiled nuns were to learn to read and write, while white-veiled nuns only had

to learn how to read. Not all religious orders promoted literacy to the degree that the Carmelites did. Darcy Donahue writes that the level of literacy for entrance into convent “varied tremendously according to social background and reflected a hierarchy of skills ranging from rudimentary decoding to sophisticated critical analysis.”⁵

Most convent nurses were, like Ana at the beginning of her career, white-veiled nuns.⁶ At the time, nursing was not a profession as it is today. The *enfermera*, or nurse, was simply the servant sister who cared for *enfermos*, or sick people—just one of many tasks that she had to perform. Ana mentions that in addition to nurse, she was a portress, cook, and cellaress. Because convent nurses occupied a lower rung of the ladder and did not usually learn to write, they left no record of their therapeutic activities. However, Teresa asked Ana to serve as her amanuensis, and so Ana had to master writing, even though she was a white-veiled nun. She claimed to learn “miraculously,” when Teresa scribbled a few lines on a paper for her to copy.⁷ In France, at the request of her superiors, Ana took the unusual step of accepting the black veil in order to become a prioress. In that capacity she cared for the health of her spiritual daughters until the end of her life, even when she herself was ill.

Although convent nurses were marginalized from professional medicine, they were central to convent life. It is impossible to understand convent culture truly without appreciating the importance of infirmaries, not only to the religious house but often to the entire neighborhood. Often mentioned in chronicles, the infirmary was indispensable to any convent. Sometimes it was the site of miraculous cures or saintly deaths.⁸ Often outsiders came to the convent in search of advice on medical problems. Saint Teresa de Avila, founder of the Discalced Carmelites, insisted on the importance of attention to the infirm in the Constitutions of the order: “the sick should be cared for with fullness of love, concern for their com-

fort, and compassion...⁹ All Carmels were to have an infirmary, and prioresses were to choose infirmarians who had “the ability and charity for this office.”¹⁰ Although Teresa did not specify exactly what the duties and qualifications of infirmarians were, it is clear from Ana’s writing that they had to be patient, empathic, knowledgeable about countless cures, and strong enough to attend to many patients at a time, in addition to performing other chores.

Ana probably learned much of what she knew about household medicine from her mentor. The letters of Teresa de Avila constitute a veritable register of homeopathic therapies used in sixteenth-century Spain. From courbaril resin for rheumatism to orange-flower water for a host of ailments, Teresa provides advice on myriad maladies. She also warns against the use of sarsaparilla water, a common remedy for hysteria and inflammations, which can cause gastrointestinal problems.¹¹

To contextualize Ana’s work as convent nurse, it will be helpful to consider the state of medicine in early modern Europe and, in particular, women’s participation in the field. From early Christianity, the healing arts flourished among both religious men and women. Attending to the ill, particularly those who were needy, was seen as an expression of piety, and for some orders, caring for the sick and elderly was an essential aspect of religious life. The many examples of Jesus caring for the sick in the New Testament meant that active compassion was central to living in imitation of Christ. Certain orders, such as the Benedictines, founded by Benedict of Nursia (c. 480-547), counted service to the sick and poor among their duties, and several popular saints, such as Francis of Assisi (1182-1226), served the sick in hospitals. The first hospitals were religious foundations, and some priests were physicians or medical researchers, among them Saint Albert the Great (1206-1280), an innovator in the biological and other sciences. Medieval hagiologies include many saints associated with healing, some of

whom suffered from debilitating illnesses during their lifetimes and were viewed as intercessors for the sick after their deaths.¹²

By Ana's time, Spain had already produced prominent religious healers. Perhaps the best known is the sixteenth century Portuguese-born Saint John of God (João de Deus, 1495-1550). After renouncing a life of soldiering and dissolute living, John devoted himself to the poor and sick in Granada. His followers took the name Brothers Hospitallers, and with the support of King Philip II, they founded hospitals, which were maintained by funds generated from public theaters. In 1572 Pope Pius V brought the order under the rule of Saint Augustine, and the Hospitallers spread rapidly throughout Europe and beyond.¹³ Influential religious healers appeared in other countries as well. For example, Saint Camillus (1550-1614), an Italian soldier turned priest, founded the Congregation of the Servants of the Sick, or Camillians, who cared for the infirm both at the hospital and in their homes. Eventually they founded hospitals throughout Italy and the rest of Europe. Although Saints John of God and Camillus became founders of recognized healing orders, they practiced medicine on the margins, not as university-educated physicians.

The healing arts were not the exclusive domain of Christians. Jewish doctors, many of them women, practiced throughout Europe, especially in Germany, where they were renowned for their excellence in ophthalmology.¹⁴ Some worked in Turkey and Egypt as early as the ninth or tenth century.¹⁵ Spain's reputation for medical excellence in the Middle Ages owed much to Jewish and Islamic physicians.¹⁶ Because Jews and Muslims were excluded from the universities, most practiced medicine on the margins, often in addition to other occupations. After Spain expelled the Jews and routed the Moors at the end of the fifteenth century,

converts from Judaism and Islam continued to excel in the healing arts, occasionally even serving at court.

From Biblical times, women as well as men cared for the ill, as healing was one area in which women were allowed to excel. Like men, early modern women found models to emulate in hagiographies, as many female saints served God by attending to the infirm.¹⁷ Christian women sometimes organized themselves in communities to care for the ill. As early as the first century the Order of Deaconesses performed duties similar to a visiting nurse today. Both male and female Benedictine monasteries began to include a *hospitium*, or guesthouse for pilgrims, and a *hospitale pauperum*, a hospital for the poor, often outside the convent enclosure.¹⁸ In the twelfth century Béguine communities of laywomen began to form in Northern Europe, where they devoted themselves to nursing as well as to other public services, such as teaching and washing the dead.¹⁹ Marginalized by their status as unmarried women not living within any socially approved structure, the Béguines were viewed with suspicion and condemned for heresy in 1312 at the Council of Vienne, although Pope John XXII (1321) mitigated the sentence and allowed them to return to their activities. In response to the Church's demand that they submit to clerical control, many Béguines became Augustinian sisters and continued to serve the ill, staffing hospitals in France and the Low Countries.²⁰

Their exclusion from higher education meant that women were relegated to the lower echelons of medicine, practicing as herbalists, blood-letters, healers, or midwives—except in Italy. There, some women attended universities and even taught and practiced medicine, performing the same duties as men.²¹ In France and England, women who became doctors usually learned their craft through apprenticeship, often with a father or brother, as medicine was customarily practiced in families. Most nuns involved with medicine were nursing sisters,

although a few became physicians.²² By the early Renaissance, medical practice increasingly required licenses, and the profession became highly hierarchical, with the *medicum*, or university-trained physician at the top, and barber-surgeons and lesser healers lower on the scale. In Spain, this development impacted women and also minorities. Lisa Vollendorf elucidates the fascinating case of a Eleno/a de Céspedes, a mulatto ex-slave and hermaphrodite, who practiced as a married male surgeon in central Spain until the Inquisition, suspecting that “he” was actually a woman, began an investigation. Racial as well as sexual issues came into play. Eventually the Inquisition found Céspedes to be a woman and condemned “him” to a public whipping and ten years unpaid work in a hospital. Vollendorf comments that ironically, Céspedes could continue to use “his” skills, but only as an unpaid woman.²³ Although the case is an anomaly, it illustrates women’s marginalization in Spanish medicine. As a man, Céspedes was well paid and officially accepted, but as a woman, “he” was returned to slave status.

One exceptional Spanish female medical thinker was Oliva Sabuco de Nantes Barrera (1562-1629?), author of the *New Philosophy of Human Nature*, in which she argues that illness is caused by disordered passions. Although her father claimed to have written the book and early medical authorities argued that its contents were beyond the capabilities of a woman, many modern scholars believe that it is indeed hers. In spite this sort of flagrant misogyny in medicine, a few Spanish women did achieve success not only in the lower levels of the field but even as physicians. Michele Clouse has shown that in many parts of early modern Spain women practiced medicine without official authorization, and a few learned enough through apprenticeships and experience to pass the necessary exams to secure a medical license.²⁴

One of the lesser medical occupations available to women was nursing. Medieval and early modern hospitals often employed a nursing staff consisting at least partly of women. Du Mans Hospital founded in England in 1180 by Henry II, had a staff of six female nurses by 1329.²⁵ Elsewhere in England, women—even noblewomen—often assumed responsibility for caring for lepers in hospitals or sometimes at home. When, after breaking with Rome, Henry VIII closed the English convents and church hospitals, nursing and hospital care deteriorated dramatically.²⁶ Under secular leadership, women in hospitals were reduced to administering medicine under a doctor's direction or washing bed linen. "Nursing care, without its religious basis, became little more than domestic work," argues Whaley.²⁷ While in most of Europe nurses held diminished positions in hospitals or worked on the sidelines as healers, in Italy female nurses worked alongside physicians in hospitals, and some were specialists in surgery or the preparation of medicines.²⁸ Such women held a position similar to that of lay sisters in that they might be permitted to live at home, but were expected to uphold high moral standards and comply with all the requirements of the Church.²⁹

In Spain, female nurses were excluded from hospitals altogether. Whaley writes: "In Spain, nursing did not possess sufficient value to aspire to a body of knowledge. Nurses did not write about their work. They were not discussed in medical literature... Most of the nurses in Spain were male, and any instruction manuals that there were, were intended for male nurses."³⁰ Ferdinand and Isabella founded several hospitals at the end of the fifteenth century, but Whaley finds "no evidence that there were female nurses caring for the patients."³¹ One exception is La Latina in Madrid, founded by Beatriz de Galindo (1474-1534). Against her wishes, the institution was staffed entirely by men apart from five "honest women," called *dueñas de caridad*, who worked as nurses and cleaned the hospital.³² During the sixteenth

century two women called “housekeepers” worked at the Hospital of San Sebastián in Cordoba, where they fed patients and washed their bedding. By the seventeenth century, a few women worked in the female wards of Spanish hospitals, where one of their duties was to keep male nurses from entering.³³

The issue of hospital work is complicated by the fact that the modern notion of “hospital” is hardly applicable to early modern Europe. Originally hospitals received not only the ill but also the poor, the homeless, pilgrims and social misfits. Because physical infirmities were considered to be symptomatic of moral failings, both the sick and the criminal were often detained in the same institution. As Margaret Boyle has pointed out, this circumstance affected women in particular because of society’s obsession with controlling female behavior.³⁴ The suffering of sick women was habitually attributed to moral depravity, which is why some hospitals were redesigned as Magdalen houses where “fallen” women could be “cured.” Such was the case of the Hospital de Peregrinos (Pilgrims’ Hospital), founded by Third Order Franciscans and Doña Ana Rodríguez, who contributed the property.³⁵ The nuns who supervised the inhabitants of the rehabilitation ward were not nurses but disciplinarians and spiritual guides.³⁶ Magdalena de San Jerónimo took the mission of the Magdalen house a step further. Around 1605 she established a *galera*, or jail, for penitent women, in which the inmates were subjected to harsh measures as therapy for their social diseases.³⁷

Spain also produced marginalized healers, called *beatas*, similar to the Béguines. Although in Seville *beatas* were an established and respected institution, eventually clerics began to object to the freedom and influence they enjoyed. However, even when religious authorities tried to control their charitable work, many *beatas* managed to continue serving the poor and ill from the confines of their homes. By the end of the sixteenth century, some *beatas*

had developed large followings. The Inquisition of Seville, uneasy about women wielding so much influence, especially outside the structure of the Church, condemned a number of *beat-
as*.³⁸

Perhaps the most ubiquitous kind of informal medicine was that practiced in the home. Women of all social classes were expected to possess basic medical knowledge, including cures for common ailments such as earaches, menstrual pain, and indigestion. In early modern Spain most people did not regularly consult physicians, due either to the cost or to the deep-seated distrust of doctors that prevailed in society.³⁹ According to the sixteenth-century humanist Juan Luis Vives, a married woman must know how to care for her husband and children when they are ill.⁴⁰ She “will keep remedies on hand for common and almost daily maladies and will have them ready in a larder so that she may attend to her husband, small children, and the servants when required and will not have to send for the doctor often and buy everything from the apothecary.”⁴¹ Aristocrats were no less responsible for household cures than poor women. Sharon T. Strocchia notes that at the Medici Court, some women were well-informed about medicine and worked alongside physicians to safeguard the health of family members. For example, Maria Salviati, mother of Cosimo I, was highly respected for her expertise in pediatrics.⁴²

During the sixteenth century a number of medical recipe books for household cures were compiled by women. Whaley notes that the vast majority were written by upper-class Englishwomen, although a few were penned by Frenchwomen.⁴³ However, Whaley notes that even though “women in Spain played a pivotal role in domestic medicine, there is no evidence that they compiled recipe books.”⁴⁴ One book called *Sevilla medicina*, by Juan de Avignon (1381-1418), a Spanish physician of Jewish origin, stressed the importance of diet and con-

tained recipes based on household ingredients but did not mention “that it was mothers in the home who were at the forefront of the provision of diet and medicine.”⁴⁵ Nevertheless, Michael Solomon notes that during this period physicians prepared countless medical treatises and compendia for nonprofessionals, which did circulate in Spain, including among women.⁴⁶ These books included the Spanish translation of *Liber de homine* (1497), by Girolamo de Manfredi, and *Tesoro de pobres* (1519), by Pedro Hispano, which was reprinted several times throughout the century.⁴⁷

As in other households, in convents healthcare was a major concern for obvious reasons: infirmities could spread rapidly throughout the quarters, incapacitating the entire population. Convent nurses were the first responders to any medical calamity, and among the most important practitioners of informal medicine. No definitive study exists on medical practices in medieval convents, although certain nuns were well known for their exceptional knowledge of human biology and cures, among them Hildegard of Bingen (1098-1179), abbess of Rupertsberg; Héloïse d’Argenteuil (1090/1100-1164); and two barber-surgeons from the Abbey of Longchamp in France, Jeanne de Crespi (early 14th century) and Macée de Chaumont (d. 1485).⁴⁸ In spite of the scarcity of examples of convent medical practice, we know that nuns did take responsibility for their own healthcare, which is why the infirmary was so essential.

Early modern women inherited a long tradition of herbal remedies, which nuns used to cure members of their religious households. In her study of English nunneries, Eileen Power mentions that sisters were familiar with bloodletting and possibly also with herbs and other forms of home medicine and simple surgery.⁴⁹ Sister Maria Celeste (1600-1624), Galileo’s daughter, was the apothecary of the San Matteo Convent of Poor Clares in Florence, and

provided remedies for the nuns as well as for her father.⁵⁰ For some Italian orders, producing pharmaceuticals became a business. Strocchia notes that after 1500, Italian nuns “capitalized on the burgeoning interest in medicinals to develop new revenue sources and enlarge their charitable scope.”⁵¹ The commercialization of convent medicines made remedies available to a larger number of urban residents than ever before and extended the significance of convent pharmacies beyond the spiritual realm.⁵² Strocchia attributes the surge of marketing medicines in Florence to shifts in expressions of piety toward an increasing emphasis on social welfare; a surge in health manuals and vernacular recipe books; an influx of new medicines from the New World as well as substances, such as sugar, used in processing medicinal compounds; and the emergence of new diseases such as syphilis.⁵³ Scourges such as war and famine also increased the need for medicines.⁵⁴ Despite the requirements of *clausura*, the nuns stayed abreast of the latest developments in pharmaceutical science by reading texts such as Pietro Andrea Mattioli’s *Discorsi*, which contained an appendix on the art of distilling herbs. Often the nuns’ concoctions were dispensed through local pharmacies, enabling them to supply cures to the general public even after the Council of Trent made *clausura* mandatory.⁵⁵

This overview shows that in spite of their marginalization, early modern women played a significant role as healers in homes, communities, hospitals and convents. Religious women, in particular, saw it as their duty to care for the ill, and women from all walks of life were repositories of folk remedies and homeopathic cures. Ana de San Bartolome was part of a long tradition about which we still know relatively little. Although her remedies were surely not as sophisticated as those produced by convent pharmacies in Italy, her writing provides invaluable information about therapies used in Spain and also elsewhere in Europe. Further-

more, her depiction of her nursing activities affords new insights into early modern conventual life.

Because religion was considered vital to the healing process, it is not surprising that Ana typically presents her successes as signs of God's favor rather than of her medical knowledge. The notion of *Christus Medicus* meant that health was ultimately in the hands of the "divine physician," and Ana's accounts of healings routinely stress divine intervention.⁵⁶ At the time Ana became a convent nurse, she was herself very ill and unsure of how she would fulfill her duties. Five nuns were sick in bed with fever, one seriously. "I kept quiet so as not to go against obedience," writes Ana, "but I thought to myself, 'How will I do it when I can't lift my feet from the ground?'"⁵⁷ Ana was worried because in front of the cell of the sickest woman was a fourteen-step stairway too steep for her to climb. Suddenly, Ana writes, the Lord appeared at the top of the stairs, and she felt herself lifted up and placed before her patient's cell. Jesus entered with her and knelt, ordering her to attend to the other patients while he took care of this one.⁵⁸ Not only did Christ restore the sick nun to health, but also cured Ana, who was then able to care for her charges efficiently. Such miracles are common in Ana's narration. They establish her authority as God's collaborator and vehicle and also emphasize her humility, thereby dispelling any claim to expertise that might agitate the authorities. Women who achieved miraculous cures were sometimes thought to be witches whose knowledge came from the devil. At the very least, they could be accused of pride, for they claimed an inappropriate understanding of the human body.

According to Ana, Jesus guided her throughout her nursing career, enabling her to carry out her duties competently.⁵⁹ On one occasion Ana was in a cave praying, completely recollected, when a sick nun asked for her. Jesus told her to get up and go to the patient. Ana

attended to the sick woman as well as to Teresa, and then took care of all her other chores. That is, Ana was able to perform an inordinate number of tasks, not through her own merit, but through Jesus' intervention. Ana's belief that God is the ultimate healer resounds in her letter to her Belgian friend Ana de la Ascensión, prioress of the English convent in Antwerp, about the illness of the nun Claire du St. Sacrament, who suffered from both physical and psychological ailments: "Neither the doctor nor we can cure her, only God can..." (Antwerp, July-September 1619).⁶⁰

Ana writes that other Biblical personages besides Jesus also assisted her. Once when she was caring for a woman from whose eye a surgeon had removed a pustule, Ana fell asleep at her patient's side. The prophets Elijah and Elisha, whom the Carmelites claimed as Old Testament founders of their order, appeared and reprimanded her for her negligence. This experience caused her to sharpen her awareness of her own imperfections, which helped her become a better nurse.⁶¹ For Ana, every nursing experience conveyed a spiritual lesson. From her successes, she learned more of God's mercy: "The Lord didn't do me these favors because I was good but so that his goodness could be seen."⁶² From her failures, she came to terms with her own limitations. Elena Carrera stresses the importance of the Christian virtue of humility for sixteenth-century religious; for Saint Teresa, humility was fundamental to the Carmelite charism and to achieving spiritual perfection.⁶³ Serving the ill made Ana acutely that without God's help, she simply could not accomplish her tasks.

Unsurprisingly, Ana had great faith in the curative power of relics, which were thought to convey God's love to the sufferer through the intercession of a saint. Belief in relics was widespread throughout Europe, and hospitals housing them enjoyed great prestige. The relics of saints who had themselves experienced miraculous cures or who healed others

were particularly prized.⁶⁴ Sometimes cures attributed to relics were corroborated by physicians, as was the case in Italy, where relics of Saint Catherine of Bologna were credited with countless miraculous events in convents and hospitals.⁶⁵ Ana's dependence on relics is evident in a letter and holy water supposedly blessed by John of the Cross she sends to Ana de la Asunción, whose hands tremble due to tertian fever: "Other people have been cured of the fever by drinking this water," she explains (Antwerp, November 1619). Holy water blessed by saints was thought to repel evil and cure disease. John would not be canonized until 1726, over a century later, but he was already venerated by Carmelites, and his relics were highly regarded.

On another occasion Ana wrote to her friend Mother Catalina Bautista thanking her for some images and a *jerga*—a piece of thick cloth from Saint Teresa's habit. "If you knew the good things that these relics you've sent me accomplish for the benefit and honor of the order, so that it will be better known and [enhance the reputation] of our Foundress, who was such a great saint" (Antwerp, 1618-1620). According to Ana, "a lady who is a friend of the convent had an accident and was in danger of dying, [but] when they put the relic on her, she started to improve. And now they tell me she's completely cured" (Antwerp, 1618-1620). Ana goes on to say that three days before, another lady came to the convent, so ill she seemed dead, accompanied by two doctors and many servants. Everyone discouraged her from leaving the house, writes Ana, "because she had been very ill for several months, with a bad fever and severe stomach pains." However, the night before, the patient had dreamed about the Discalced Carmelite convent and the next morning asked to be taken there. Ana cut the *jerga* into small pieces and put one on the woman's stomach. The woman returned home and recovered completely (Antwerp, 1618-1620).

A third lady with a heart condition, a nervous ailment, and a “thick tongue as if from pleurisy” appealed to Ana for help. “I sent some ties (or cords) from these relics, which she took. Because of this infirmity she couldn’t even speak, but she put one on her tongue and got better... and even though four months or even more have gone by, the illness hasn’t returned” (Antwerp, 1618-1620). Ana believed that as God’s instrument, she could, through her knowledge of cures, implement God’s will by alleviating the pain of those whom God wanted to help. By means of relics she could harness the curative powers of the saints, although ultimately, everything was in God’s hands. Relics of the soon-to-be canonized Teresa de Avila were held in especially high esteem by all Carmelites. In 1598 another of Teresa’s disciples, María de San José, used some of Teresa’s relics to cure Doña Angela de Menezes of severe rheumatism.⁶⁶

Ana believed that illness and suffering are not necessarily causes for distress, as God sends difficulties (*trabajos*) to those whom he loves and wants to see follow in the footsteps of Christ. Thus, Ana writes to Ana de Jesús, who had long been suffering from a variety of illnesses: “I am so sorry about your awful troubles, which God sent to you. It seems that you are greatly loved (by Him), as He regales you with the treasures of the holy Cross, and in that way marks you as more dearly loved than other people” (Antwerp, 12 April 1619). The following year she writes to Ana de la Ascensión, who is wracked with pain: “I am so sorry about your suffering and illness, but it seems to me that Our Lord loves you and is greatly in love, and he delights in seeing you carry this Cross and how patiently you carry it” (Antwerp, ca. 1620). Ana did not share our modern intolerance of physical discomfort. She tried to alleviate pain when she could, but when she could not, she, like Teresa, assumed that God in

His infinite wisdom allowed people to suffer either as a punishment or so they could share His cross.⁶⁷

In spite of her declared reliance on divine intervention in the infirmary, Ana de San Bartolomé demonstrates ample knowledge of practical nursing and homeopathic medicine. For example, she insists on hygiene, noting the importance Teresa gave to cleanliness. She describes washing Teresa's bandages and dressing her in immaculate robes.⁶⁸ She devoted so much time to these and other chores, she claims, that often she went without sleeping.⁶⁹

Almost all of Ana's 665 extant letters contain comments on health. She nearly always inquires about the health of the recipient, and when she fails to hear from friends for a while, she becomes concerned about their physical wellbeing. She writes from Avila to an unnamed Carmelite nun in Zaragoza, "I'm desirous to know about your health, as in your letter of last summer you told me you weren't well. I haven't heard from you since then, and I'm anxious to know if your illness is the reason" (Avila, 30 December 1599).⁷⁰ When she writes to Pierre de Bérulle, she nearly always expresses concern for his health: "May Christ be with you, my Father, and keep you in health... I didn't know, my Father, that it would be such a long time since I heard from you, and I was upset that you might be ill... I don't dare to ask you to come to see me, lest it do you harm" (Pontoise, February-March 1605).

Ana went beyond inquiry; she often used her nursing experience to suggest remedies. When Bérulle was suffering from Tertian fever, a form of malaria characterized by febrile paroxysms occurring every third day, Ana advised him to refrain from eating before traveling: "try to eat three or four hours before you come, and eat something wholesome and not heavy, so that it will be fully digested and your stomach will be fasting, so to speak; tertian fevers are over faster and sooner this way" (Pontoise May 1605). Today we know that stale or

unhygienic food that may contain parasites is a vehicle for this form of malaria, so Ana's advice was solid.

Often she expresses concern for others in her letters to Bérulle: "I'm very upset about Sister Andrea's illness; I'd rather see her crippled than so sick in bed" (Pontoise, February-March 1605). Sometimes she ponders whether a novice is healthy enough for the convent, as in the case of Agnès de Jésus, who will later be the first to profess in Pontoise: "I have doubts about her health and recovery. Now she's somewhat better, as she saw that you had doubts about her. However, although she is trying, I don't know if she'll manage to get well. I pamper her as much as I can. We purged her this past week and this one, too, and I'll do it a few times more, and she'll eat like an invalid until the day of the Exaltation of the Cross... She already looks better and seems happier and has good color in her face..." (Pontoise, 23 July 1605).⁷¹ By "eat like an invalid" Ana meant that Agnès would be permitted to eat meat, which was otherwise forbidden. Purging with different types of enemas and laxatives and the regulation of food intake were two common methods for treating patients both inside and outside the convent.

Although the Carmelite Constitutions stated that, "meat must never be eaten except as the rule prescribes," Teresa routinely made exceptions when she thought a nun's health warranted it, and Ana continued this practice.⁷² In fact, Ana herself ate meat during illnesses. Once when she was recovering from an infirmity, she wrote to Ana de la Ascensión that although she was feeling better, "our Father commanded me to eat meat until the feast of Saint Andrew" (Antwerp, 18 November 1617). Since the letter was written mid-November and the feast of Saint Andrew, Apostle is on the 30th of the month, Ana would have eaten meat for at least two weeks.

Ana de San Bartolomé believed in the body's natural propensity to reject victuals that might harm it and sometimes advised nuns to fast when they found food repellent. When Ana de la Ascensión was ill, La Bartolomé, as she was often called, counseled her to avoid eating anything at all unless she wanted to: "I was very sorry to know that your fevers returned... this comes partially from the liver... You shouldn't eat anything unless you feel like it; if you crave something in particular, let me know and I will be happy to get it for you" (Antwerp, ca. 1620). In another letter she advises her friend to eat roughage, as fiber-laden vegetables are important for digestion: "Even if you don't have a fever, don't overdo or get worked up about anything... I'm sending you these greens from our garden, as cooked or raw lettuce with a little sugar won't do you any harm, as long as you don't eat too much. And if not, the cooked borage is also good" (Antwerp, ca. January 1620). All Carmels had plots to grow vegetables and herbs, and so Ana would have had easy access to greens and medicinal plants, which she could share with other convents where different products were grown.⁷³

Bed rest was another important form of treatment. Ana prescribes bed rest for all sorts of ailments and bolsters her authority by insisting that doctors, too, order it, often in addition to other cures. When "Madama Castaño," a Spanish friend living in Antwerp, falls and hits her head, Ana writes that she must stay in bed and take her medicine (Antwerp, 30 April 1613). She gives the same advice to Tomás de Jesús, the Carmelite friar who became her spiritual guide after she lost Bérulle's goodwill: "Father Beda tells me you are in bed... Your reverence must be going out in the cold, but if the colic continues, it will be bad to go out... with that illness, I'd be upset if you left your house..." (Antwerp, 17 December 1616).⁷⁴ Similarly, she scolds Ana de la Ascensión for getting out of bed after a bout of the fever, and orders her back (Antwerp, October 1619). The extraordinarily plentiful references to bed rest in these

letters suggest that this was often the first response to any illness and that convent infirmaries were often full.

Ana was always anxious to learn about new cures and was not too proud to seek help when she needed it. She wrote from Avila to her friend Beatriz de Jesús in Ocaña that the prioress, María de San Jerónimo, was suffering from a discharge from the chest: “If over there you know of an herbal or other kind of medicine that could get rid of it—they say it’s not breast cancer—I’d appreciate it if you’d let me know” (Avila, 9 December 1599). Like Teresa, Ana was an herbalist who suggested natural remedies to her correspondents and often sent samples. She wrote to Sebastián de San Francisco, subprior and novice master in Brussels: “I would like to send you something for *reuma*, but I didn’t have anything worthwhile at home, so I’m sending you a large pound of sugar” (Antwerp, 22 February-March 1613).⁷⁵ Arnica and mustard plasters were common remedies for *reuma*, so it is not clear how he was supposed to use the sugar. It may have been for its curative powers—sugar was used as an antiseptic and to heal wounds—or simply to sweeten his days.

As a convent nurse, Ana had to be knowledgeable about female ailments. It is impossible to know how well she actually understood the female body or if any areas of knowledge were proscribed to her because she was a nun and a woman. Although there was a surge in writing about gynecology in the late sixteenth century, including the very important *De communibus mulierum affectionibus* (1579), by Luis de Mercado, physician to Philip II and Philip III, these appeared in Latin and were directed to male physicians, not female nurses.⁷⁶ Nevertheless, Ana did not hesitate to offer advice on issues such as menstruation. Writing to Ana de la Ascensión at the end of 1620, she says: “Here I’m sending you some little poultices, as I think all that’s wrong is menstrual cramps. That’s why you don’t feel like eating. If they

had put a suction cup on your belly when they bled you, you would have felt better. If they have a small beaker, one that's round and deep and doesn't have broken edges, heat it up and rub it with a little oil and some garlic, and you'll see what great good it will do you. If the beaker is wooden, all the better. Have one made—Brother Jerónimo knows where they do it—and make sure it's oak. In the meantime, wear this poultice and don't eat anything with vinegar or cheese while you're in this state" (Antwerp, last months of 1620). The authority with which Ana prescribes cures suggests that she sees herself as a competent healthcare provider with years of experience. In fact, she expresses scorn for those who have not known how to care for her friend properly: "If I were able to take care of you, you'd be better. I don't think they're taking care of your infirmity very well, and that makes me sad" (Antwerp, last months of 1620).

Ana used many medicinal substances once thought to have curative powers. One was *caraña*, a balsamic resin imported from tropical America and obtained from *Bursera acuminata*. A foul-smelling, yellowish-grey material, *caraña* was used to treat wounds and leprosy as well as to make potions. In 1615 Ana wrote to her friend, Mother Juliana de la Madre de Dios, requesting "some smelly stuff or *caraña*" (Antwerp, 20 Julio 1615). The following year she wrote to Juliana, "if you have any *caraña* in the house, please send me some" (Antwerp, 2 August 1616).

On one occasion Ana volunteered to care for a leper, and her description of the treatment reveals ample knowledge of common cures: sweating, fasting, and medicinal powders. According to Ana, a widow in the convent became so distraught when her daughters' guardian removed them from the cloister that "God decided to test her, giving her great temptations."⁷⁷ It is not clear what these were—perhaps despair or anger—but the woman contracted

leprosy, which Ana interpreted as a result of her distress. The doctors urged the prioress to remove the mother from the convent, but Ana, with Teresa's consent, insisted on caring for the woman herself. Although at the time it was believed that leprosy was highly contagious, we now know that most people are immune to the disease. We also know that leprosy is spread by airborne bacteria and cannot be spread by touching. Furthermore, it has an incubation period of five to twenty years. Thus, the widow's infection could not have been due to her anguish.

Ana subjected her patient to four hours sweating daily, administered in two two-hour sessions. Before each, she gave the woman a ghastly smelling drink, possibly derived from *caraña*. According to Ana, the awful stink of leprosy, like that of "dead dogs," was almost unbearable. Still, the patient bore the cure with equanimity while Ana and another nurse performed their duties cheerfully, sleeping only one or two hours a night. Since leprosy affects the motor nerves, lepers often lose sensation in different parts of their bodies as well as the ability to produce sweat. Thus, attempting to stimulate a patient's sweat glands, as Ana did, made sense. Another cure was fasting, since ridding the digestive tract of impurities is often an effective means of stimulating healing. Ana writes that she and her assistant withheld food from their patient except for a dry biscuit, and at the end of forty days—a number that would have had religious significance for her—the leper was cured. Since with proper treatment lepers usually show improvement within a month or two, Ana's report is probably accurate.

Ana also had great confidence in the *piedra bezel*, or bezoar stone, which was thought to be a universal antidote against all poisons. The word "bezoar" is derived from Arabic and means "protection from poison." People believed that if a bezoar was placed in a drinking glass, the stone would neutralize any poison poured into it. Often bezoars were ground up

and mixed with water or food, which is apparently what Ana did. She writes to Ana de la Ascensión that if her prioress shows signs of coming down with tertian fever, she should “take a bit of bezoar stone... that’s what I always give to [nuns with tertian fever] and it does them a lot of good” (Antwerp, 29 August 1617 or 1618). A bezoar is actually a hard ball of undigested food, seeds, hair or other matter, which forms in the stomach or intestine of certain animals. One source was the Persian bezoar goat. In Ana’s time bezoars came from goats found in Peru or the Spanish West Indies as well as elsewhere. Although in 1575 the French surgeon Ambroise Paré proved that the curative powers of bezoars were a myth, Ana trusted in the stones so much that she went to great lengths to obtain them. She writes to Juliana de la Madre de Dios from Antwerp to send her “some high-quality bezoar stones, which are very hard to find here” (Antwerp, 20 July 1615). She apparently even appealed to Isabel Clara Eugenia, sovereign of the Spanish Netherlands, for in September of 1617 or 1619 she writes to thank her “for the gift of the bezoar stone and other things Your Excellency sent us” (Antwerp, 2 September 1617 or 1619). In spite of her sophistication in some areas of medicine, Ana was nevertheless a woman of her times.

Therapeutic phlebotomy, or bloodletting, was a common medical practice for the treatment of illness from antiquity until the nineteenth century, and was practiced routinely in European convents. Used along with purging, it was part of the procedure for eliminating pollutants in the body. Ana de San Bartolomé had faith in both practices and mentions them often. For example, she wrote to Ana de la Ascensión: “I desire to hear how you are after the bloodletting and purging and the other indisposition...” (Antwerp, July-September 1619). Although Ana placed great stock in cleansing the contents of a sick person’s stomach, she knew that purging could greatly weaken the patient, which is why she was so concerned about

her friend. On another occasion Ana wrote to Bérulle that Sister Jaclina had been suffering from a pain her side, and although she was doing better, Ana had called for a doctor because of the unpredictability of the ailment: “Yesterday they bled her twice and very carefully,” she writes. “The doctor is taking care of her. For that reason, I don’t think she’ll die” (Pontoise, June? 1605).⁷⁸ Because Ana was aware that bleeding a patient could also be dangerous, she insisted that the procedure be monitored carefully and performed by a professional.

The job of convent nurse could be grueling, as contagious illnesses spread rapidly throughout the household leaving many women for Ana to care for at the same time. In a letter to Ana de la Ascensión, she describes the situation in Antwerp, where several nuns are ill: “I’m fine, thank God, and although I’m weak, the bloodletting didn’t bother me too much, and both the fever and pain that it caused have left me. We should be very careful when we walk around, since there are so many illnesses; I haven’t gotten up at night, except that day when it was necessary to watch over Sister Dionisia; for Teresa it wasn’t necessary to get up, she can get up by herself, but not the others, and that won’t change any time soon, it seems” (Antwerp, June-July 1617).⁷⁹ Sometime later she writes to the same nun, “there’s no free time either during the day or night, as we’re all running around like goblins [trying to take care of] the sick ones. The day before yesterday I had a fever the whole night, in spite of which I got up twice [...] and others who were dying. It was very hard for three or four days, and almost everyone was going around sad and weak from sorrow.”⁸⁰ Today, the day of the fevers, they didn’t come to anyone, except to Catalina” (Antwerp, 29 August 1617 or 1618).⁸¹

Ana de la Ascensión was suffering from tertian fever at the time, and La Bartolomé maintained a keen interest in her friend’s illness, often suggesting cures. As her friend’s condition deteriorated, Ana’s letters became urgent. “I want to know how your reverence is.

Even though you tell me you've been able to get up out of bed, I don't think you're as well as I would like. Tell me everything: how are your hands, and what about the fever?" (Antwerp, October-November 1619). Tertian fever can cause quaking of the hands as well as paralysis of the arms, from which Ana de la Ascensión apparently suffered. At the end of 1619 Ana writes again: "I'm upset about your arm, being that it's so cold. Have one of the sisters [write and] tell me how you are and if you're any better or not and if you sleep at night. As the weather is not very good for sick people, I'm worried; and about your food, she should tell me what you eat, since it's necessary to eat well in order to tolerate pain" (Antwerp, November 1619).

Ana de San Bartolomé often sent Ana de la Ascensión remedies: "They've made these little poultices and I'm sending your reverence some; I'd like you to never go around without one, and careful that you don't soften it with fire or a candle; instead, cut off a little piece and put it on your hands, which should be warm, and leave it there a while until it softens. Otherwise, it will be too dry and not help" (Antwerp, 22 November 1619). She also had a cure for her friend's fainting spells: "Tell me about that fainting; this is not good, it seems that you have some humor in excess.⁸² But don't take a strong purge. If you want ours, it takes nine infusions and that should do it. Ask the doctor, and if he thinks it's good, ask him how many ounces you should take. I'll give it to you mixed with a tiny bit of senna, as I give it to the sisters [here].⁸³ And... before or afterward take some syrup of borage or chicory; I have both. And before purging, I eat boiled borage at night, with sugar, vinegar and oil—not too much vinegar. And this cure is nice and reduces the effects of the humors..." (Antwerp, June-July 1620). Later Ana offers to provide her friend with whatever she wants to eat (Antwerp, July-August 1620), and sends her fruit, vegetables and garbanzo beans to keep up her health, understanding intuitively the value of vitamins and fiber (Antwerp, July 1620). When these

prove ineffective, Ana writes: "I'm upset that you're so ill and that my gifts have been so badly prepared. You don't have to finish them, and it seems the meat didn't do you any good. They've just sent me a few things and although they're not wholesome, I'll send you a little bit of everything because at least they're tasty" (Antwerp, July-August 1620). In addition, she sends Ana de la Ascensión a potion to take every morning.

La Bartolomé did call on doctors when she thought a patient's condition was serious, but she did not hesitate to give the professionals her own opinion. With stunning authority she tells Ana de la Ascensión: "Tell the doctor to allow you to take it until it's used up, and not to give you anything else at this time, and not to fear it will do you harm, as it's made of chicory root, parsley, borage, bugloss and fennel.⁸⁴ Many people have gotten rid of long-lasting fevers with this potion. And I hope, with God's grace, that a half of a small glass of this will do your reverence good, or a half of a small container" (Antwerp, July-August 1620). Given Ana's strong personality, it is not surprising that she sometimes assumed the upper hand with medics, especially considering that the doctor in question may not have been a licensed physician. Another factor may have been the low esteem in which many people held doctors.⁸⁵

Ana's mention of humors in her letter of June-July 1620, cited above, is significant because it reveals that she was familiar with Galenic medical theory. She may have learned about the humors from Teresa, who was well versed in the topic, as revealed in her letters to María de San José, prioress of the Seville Carmel, about two nuns suffering from mental disorders.⁸⁶ Although Ana, like Teresa, was not well versed in Latin, she may have had access to some of the medical books in Spanish that were newly available to educated men and women.⁸⁷ Even if Ana did not read them herself, her contact with aristocrats of both sexes could

have exposed her to current medical thinking. She may also have picked up the essentials of Galenism from popular culture. David Gentilcore notes that in southern Italy, Galenism found its way into all strata of society, reaching the common people via proverbs on diet and health.⁸⁸ The same is true of Spain, where such proverbs abound—for example, *Quien quiera vivir sano, coma poco y cene temprano* (If you want to be healthy, eat little and go to bed early) and *Comida fría y bebida caliente, nunca hicieron buen diente* (Cold food and warm drink were never very good).

One area of convent life in which doctors had growing influence in the sixteenth century was mental health. Increasingly wary of demonic possession, particularly in women, priests needed know how to diagnose symptoms. Sometimes they called in physicians to help determine whether such physical indicators as pain or quaking were due to demons in the body or to natural causes. If the physician prescribed medication that proved ineffective, clerics assumed that the ailment was probably due to possession or witchcraft.⁸⁹ Saint Teresa often worried that physical weakness lowered resistance and made nuns vulnerable to the devil's wiles. For that reason she was wary of excessive fasting and debilitating medical procedures such as purging and bleeding. She knew that extreme mortifications such as food and sleep deprivation could cause women to hallucinate and see spurious visions, which the medical literature of the period related to mental illness and sinfulness. Rather than trust doctors and priests to determine that a nun was possessed and subject her to exorcism, Teresa tried to bolster her spiritual daughters against the devil through discipline and diet.

One kind of mental illness, melancholia (depression), was believed to result from humoral imbalances, which could be aggravated by excessive prayer or mortifications.⁹⁰ The sixteenth-century Italian physician Girolamo Mercuriale, who wrote extensively on melanco-

lia, thought that intense meditation and quiet led to the production of noxious vapors that rose to the brain and corrupted it.⁹¹ Strocchia notes that medical experts thought that the celibate life exacerbated melancholia by obviating the “health-giving purgative effects of sexual intercourse.”⁹² Although men and women religious both suffered from sexual deprivation, the consequences for women were thought to be more acute. Nuns suffered from the full range of melancholic symptoms, from mild sadness to profound despair. Juliana Schiersari argues that while in the Renaissance melancholia was associated with genius in men, in women it was associated with babbling or demonic intervention.⁹³ The existence of severely afflicted nuns in a convent could disrupt communal life, which made treatment imperative.⁹⁴

Although Teresa concurs with medical authorities on the humoral causes of melancholia, she is cautious about demonizing it. Instead, she prescribes specific cures, some of which may strike the modern reader as excessive. In *The Book of Foundations* she writes that melancholy can suppress reason—“and what won’t our passions do once reason is darkened?”⁹⁵ To counter an afflicted nun’s lowered defenses, she recommends encouraging words or, if that fails, punishment—light at first, and then heavy: “if one month in the prison cell is not enough, try four months.”⁹⁶ She also prescribes a healthy diet and plenty of hard work to distract melancholic nuns from their troubles.⁹⁷

Like Teresa, Ana saw melancholia as a temptation that could plunge nuns into self-pity and ill temper, especially during Lent, when Catholics are called upon to delve into their consciences. She points out the signs of melancholia in Sister Claire de Jésus and others in letters to Ana de la Ascensión: “everything tempts them... and since their hearts are closed by melancholy, everything angers them.” She tells Ana: “Some that needed to, I made them have breakfast and also eat in the afternoon without anyone seeing them... This you can do

with those who need it..." (February or March 1620). Ana knew excessive fasting could aggravate melancholia, and so she was willing to break the rules and allow her nuns to eat during Lent in order to protect their mental health.

Ana de San Bartolomé also shared Teresa's concern with nuns' claims to mystical experience, since she knew that visions and locutions could actually be delusions produced by the devil. In a letter to Ana de la Ascensión, La Bartolomé complains that Thérèse de Jésus (Dompré), who desired to enter the convent, is overly given to revelations. "I don't want her to come here," writes Ana, "and if she does come here, I won't let her talk" (Antwerp, end of December 1620). Ana remarks that the candidate shows little true spirituality, hardly practices mortification, and rarely speaks. Furthermore, Thérèse's sister, Angélique du Saint-Esprit, not only claims to have supernatural experiences, but also displays disconcerting physical symptoms. By September 1622, Angélique was bedridden with some inexplicable ailment, although she was not suffering from fever (Antwerp, 22 September 1622). By November, the situation had become disturbing. Ana writes that she is suffering from "scruples" over the situation because Angélique is showing symptoms of possession, one of which is failure to respond to treatment by physicians: "The doctors say... that forty doctors wouldn't understand her... she neither eats nor sleeps nor uses her body... There are things here that I don't know how they could be... it looks like it's all supernatural and miraculous. Well, maybe it is, but I'm evil and a sinner, and I don't understand these extraordinary things" (Antwerp, 15 November ca. 1622). Interestingly, Ana refrains from attributing this phenomenon to the devil, although that would be the likely medical diagnosis. Instead, she expresses skepticism regarding the supernatural nature of Angélica's condition and distances herself from the un-

canny or “extraordinary.” The reason may be that she feared that Angélique would be declared possessed, in which case the entire convent would become suspect.

Ana was also acutely aware of other ways in which the spirit, psyche, and body were connected, for example, the effect of stress on health. Today science relates stress to depression, heart disease, ulcers, and many other ailments, information that Ana was able to grasp through observation and experience. For example, she warns Bérulle not to jeopardize his health by worrying about problems for which there is no solution (Pontoise, 1-4 June 1605), but instead to “be glad and pamper your body, so that it will leave you alone and you can return to work another day” (Pontoise, June (or July) 1605). Later she writes to him to “take things in such a way that they don’t hurt your health; instead, let things go and pretend that you don’t hear or see them” (23 July 1605). She shares the same advice with Tomás de Jesús: “My father... you work so much and your health can’t take it; I’m afraid that it will do you harm” (Antwerp, September 1613). Similarly, she advises her friend Pierre Daems, a Carthusian prior in Antwerp, to avoid overexertion so that he can conserve his health and continue to do good works (Antwerp, 22 October 1616 or 1618). Teresa thought that overwork and psychological strain produced fertile ground for the devil, but Ana was more concerned with their effects on physical health.

One obstacle to providing adequate medical care in the convent was money. Once Ana felt so weak after a purging that she begged for food, only to be told that there wasn’t even a crumb. Miraculously, someone unexpectedly left “a pot full of sweetmeats very suitable to my needs” at the turnstile.⁹⁸ Although in that instance God provided, as convent nurse Ana sometimes had to resort to extreme measures, even stealing from the subprioress to provide care for her patients. She writes that once a messenger brought a purse with a hundred *escu-*

dos to the convent, mentioning to the prioress that he thought it held twelve extras.⁹⁹ At intervals, Ana pilfered some twenty *escudos* at a time, praying all the time to the Virgin to keep her from being caught. Although Ana was afraid the account books would eventually show that the money was missing, the prioress concluded that instead of bringing twelve extra *escudos*, the messenger was actually twenty short. "I always stole money and she never caught me," writes Ana, "even though she was a woman who knew as much about money as a man."¹⁰⁰ Ana writes that when Teresa, at the end of her life, was desperately ill and faint with hunger, there was no food to be had except for a few figs. Even when Ana managed to scrape together four *reales* for a couple of eggs, none could be found, suggesting that Teresa may have actually starved to death.¹⁰¹

Money for medical care was a problem beyond the convent. In April of 1617 or 1618, Ana wrote from Antwerp to her friend Jerónima de Lizana requesting she ask her husband to contact Margarita Dompré about a note she, Margarita, held of a certain Captain Juan Cano. The Captain was in need of cash because he had spent his fortune caring for two wounded soldiers and the Crown was in arrears on salaries (Antwerp, 25 April 1617/1618). The letter reveals the roundabout way in which business was done. It also illustrates the issues of national debt and inadequate funding for healthcare that soldiers as well as nuns faced.

Elizabeth A. Leffeldt has elucidated the many ways in which medieval cloisters were permeable, permitting nuns to interact with the general population as spiritual advisers and even as landholders and political operatives. Even after the Counter Reformation, female religious continued to exert influence beyond the convent walls.¹⁰² Ana was concerned not only about the health of her nuns, but also about that of their families and the community at large. For example, she wrote to Ana de la Ascensión expressing her profound concern for her

friend's younger brother, still a child (Antwerp, 19 November 1618), and to Luisa Guillamas, wife of a good friend, to inquire about treatments for her eye ailment (Antwerp, 22 July 1614). Her letters frequently include inquiries about mutual friends. Often she begins with an epistolary salutation such as "May God give you health... both in body and in soul." These expressions of concern are too individual to be mere rhetorical flourishes. They reveal a warm, compassionate person who cared sincerely about the welfare of others.

Less than a decade after the death of Ana de San Bartolomé, nursing began to professionalize. The early seventeenth century saw a burgeoning of orders devoted to charity work. In 1633, in France, Saint Vincent de Paul (1581-1660) and Louise de Marillac (1591-1660) founded the Daughters of Charity, the first religious community devoted entirely to care of the sick and poor, establishing communal kitchens, hospitals, schools and orphanages. Unlike other women religious of the period, the Daughters of Charity were not cloistered, but circulated among those who required their services. Women who joined the community received training in order to perform their jobs more effectively. They learned the Galenic teachings on the pathology of the humors and dealt with widespread diseases such as plague, typhus, and syphilis. The hospital of Saint John the Evangelist in Angers was entrusted largely to the Daughters of Charity.

Due to the dictates of the Council of Trent on *clausura*, ecclesiastical approbation for the new order was difficult to obtain. Only by describing the Daughters as a community of laywomen was Saint Vincent able to circumvent the rules on enclosure.¹⁰³ Susan Dinan writes that the Daughters of Charity were not revolutionary, in that they performed the same tasks as many other nuns. Rather, their uniqueness lay in their creation of "the largest active community of women religious in early modern Europe" and the fact that they "brought

small groups of these women into institutions like hospitals while encouraging others to serve their neighbors in their local communities."¹⁰⁴ In so doing, the Daughters of Charity "took religious service to a new level" and "dramatically changed the way the poor obtained social and nursing services in early modern France."¹⁰⁵ In subsequent years, Catholic and Protestant communities of devout laywomen modeled on the Daughters of Charity were founded throughout Europe.

These professionalized or semi-professionalized groups of lay nurses owed much to the tradition of women healers fostered by Béguines, *beatas*, and convent nurses such as Ana de San Bartolomé, who made caring for the ill the focus of their religious service. Ana was not a sophisticated medic, but the sheer volume of her writing on health attests to her devotion to her field and her eagerness to improve her methods. Today we are just beginning to investigate the practices of the marginalized female healers of early modern Spain. Practically nothing is known about the work of convent *enfermeras*, but the writings of Ana de San Bartolomé provide a glimpse into a world that merits further exploration.

¹ Helen King argues that gynecology had been an area of male practice since antiquity. Following a decline in male involvement from late antiquity to the twelfth century, a resurgence of male participation in women's medicine occurred. What was new in the sixteenth century was the depiction of Hippocrates as a gynecologist and a fresh appreciation for his authority on women's diseases. *Midwifery, Obstetrics, and the Rise of Gynecology* (Aldershot, UK and Burlington VT: Ashgate, 2007), 19.

² Leigh Whaley, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800*. (London: Palgrave/MacMillan, 2011), 2

³ Ana de San Bartolomé wrote two *Autobiografías*, one known as the Antwerp Autobiography (AA) and the other as the Bologna Autobiography (AB). The dates are difficult to determine. Julián Urkiza explains that the Antwerp version contains fragments written at different times; although it carries the date 1624, fragments of it may have been composed much earlier, and the final segment was not completed until 1626 (Introducción AA 324). The Bologna version, according to Urkiza, was written in 1622 or 1623 (Introducción AB 476). See Bta. Ana de San Bartolomé, *Obras completas*, ed. Julián Urkiza (Burgos: Monte Carmelo, 1998).

Most of Ana's original letters, which I consulted, are located at the Discalced Carmelite convent in Antwerp.

⁴ Jean de Quintanadueñas Brétigny (1556-1634), Pierre de Bérulle (1575-1629) and his cousin Madame Acarie (née Barbe Avrillot, 1566-1618).

⁵ Darcy Donahue, "Wondrous Words: Miraculous Literacy and Real Literacy in the Convents of Early Modern Spain," in *Women's Literacy in Early Modern Spain and the New World*, eds. Anne Cruz and Rosilie Hernández (Surrey, UK and Burlington, VT: Ashgate, 2011), 106.

⁶ Silvia Evangelisti, *A History of Convent Life, 1450-1700* (New York: Oxford University Press, 2007), 30.

⁷ Ana de San Bartolomé, *Declaración en el proceso de beatificación de Teresa de Jesús*, in *Obras completas*, 100-101.

⁸ K.J.P. Lowe, *Nuns' Chronicles and Convent Culture in Renaissance and Counter-Reformation Italy* (Cambridge, UK: Cambridge University Press, 2003), 137.

⁹ Teresa of Avila, *Constitutions*, in *Complete Works of Saint Teresa*. Vol. 3, trans. Kieran Kavanaugh, O.C.D. and Otilio Rodríguez, O.C.D. (Washington D.C. : ICS Publications/Institute of Carmelite Studies, 1985), 327.

¹⁰ Ibid.

¹¹ Barbara Mujica, *Teresa de Ávila, Lettered Woman* (Nashville: Vanderbilt University Press), 150-156.

¹² Saint Lazarus, patron saint of hospitals and lepers; Saint Hugh (1135/1140 -1200), healer of sick children; Saint Peregrine Laziosi (1260-1335), patron of cancer sufferers, and Saint Roch (1348-1376/79), protector of plague victims, are only a few examples.

¹³ Agustín Laborde, *San Juan de Dios* (Granada: Comares, 1999).

¹⁴ Ibid., 23.

¹⁵ Cheryl Tallan, "Doctors: Medieval," in *Jewish Women's Archive Encyclopedia*, 2009. Accessed March 15, 2014. <http://jwa.org/encyclopedia/article/doctors-medieval>.

¹⁶ Among the most famous were the Muslim doctors Ibn Juljul (b. 943-?), who wrote a commentary on Dioscorides' work of pharmacology, *De Materia Medica*, and Abul Qasim al-Zahrawi (1013), an accomplished surgeon who served al-Hakam II as court physician and authored treatises on disease that were translated into Latin. Significant works in Persian and Indian languages became available in Spain through the translations of Jewish and Arabic doctors with knowledge of Arabic, Hebrew and Latin. For example, the Jewish physician Hasdai Ibn Shaprut (915-970), translated an important work on pharmacy.

¹⁷ Some examples are Juliana Falconieri (1270-1341), who worked on behalf of the sick and destitute in Florence, and Catherine of Sienna (1347-1380), who nursed lepers and victims of the plague. As in the case with male saints, certain holy women who suffered afflictions in particular parts of their bodies while they were alive were believed to intercede from heaven to alleviate maladies in those body parts. For example, Saint Agatha (235AD-251AD), whom the Roman prefect Quintianus tortured by mutilating and cutting off her breasts, became a source of hope for women with breast cancer.

¹⁸ Susan Malchau Dietz, *Women Religious and Nursing in the Renaissance* (Kolding, Denmark: The Danish Museum of Nursing History and the University of Denmark, 2011), 16-17. One example is the house founded by Hildegard of Bingen in Rupertsberg, which had a hospital built outside the cloister.

¹⁹ Part of the *vita apostolica* reform movement of the late Middle Ages, which encouraged people to live for others in imitation of Christ, the Béguines cared for the elderly, especially women, in villages known as Béguinages and also worked in hospitals, particularly with lepers.

²⁰ As Béguines were free to leave the community at any time to marry or devote themselves to other pursuits, the Church began to object to their activities and demand they become an order, under the jurisdiction of priests. See Vern Bullough and Bonnie Bullough, *The Care of the Sick: The Emergence of Modern Nursing* (New York: Prodist, 1978), 58.

²¹ Whaley, 16.

²² Whaley cites the example of a certain Sister Ann, who was listed as a *medica*, or doctor, in the rolls of Saint Leonard's Hospital in York, in 1276, 22.

²³ Lisa Vollendorf, *The Lives of Women: A New History of Inquisitional Spain* (Nashville: Vanderbilt University Press, 2005), 13-31.

²⁴ Michele L. Clouse, *Medicine, Government and Public Health in Philip II's Spain: Shared Interests, Competing Authorities*, (Farnham, UK and Burlington VT: Ashgate, 2011), 88-90.

²⁵ Whaley, *Women and the Practice of Medical Care*, 120.

²⁶ *Ibid.*

²⁷ *Ibid.*

²⁸ John Henderson, *The Renaissance Hospital: Healing the Body and Healing the Soul*, (New Haven and London: Yale University Press, 2006), 187-188ff. Several of the authors of medicinal recipes used at the Santa Maria Nuova Hospital in Florence were women. Henderson, 299.

²⁹ "Once they had been accepted into the hospital community, the basic spiritual requirements for each *commesso* or *commessa* at S. Maria Nueva were much more rigorous than those likely to have been demanded of a lay man or woman living at home, but much less rigorous than for a monk or nun." Henderson, 192.

³⁰ Whaley, *Women and the Practice of Medical Care*, 121.

³¹ *Ibid.*

³² *Ibid.*

³³ *Ibid.*, 122.

³⁴ Margaret Boyle, *Unruly Women: Performance, Penitence and Punishment in Early Modern Spain* (Toronto: University of Toronto Press, 2014), 128.

³⁵ Although women did not typically work in hospitals, influential women such as Doña Ana could support such institutions through donations. Doña Ana did not intend her hospital to be used primarily for women's rehabilitation, but part of it was designated for that purpose.

³⁶ Boyle, *Unruly Women*, 27-28.

³⁷ Jon Cowan. *Early Modern Spain: A Documentary History* (Philadelphia: University of Pennsylvania Press, 2003), 141-42.

³⁸ Mary E. Perry, *Gender and Disorder in Early Modern Seville* (Princeton, N.J: Princeton University Press, 1990), 101-04.

³⁹ One has only to read a smattering of early modern Spanish literature to grasp the prevailing dislike for doctors. In *Don Quixote*, a doctor torments Sancho Panza by not allowing him to eat anything (II:47). In his burlesque poetry, Francisco de Quevedo accuses doctors of being assassins: the doctor "*ha muerto más hombres vivos / que el Cid Campeador*" [has killed

more men / than our warrior hero, El Cid]. "Pues me hacéis casamentero," in *Obras completas*, Vol. 2: *obras en verso*. Madrid: Aguilar, 1966) 368.

⁴⁰ Juan Luis Vives, *The Education of a Christian Woman*, ed. and trans. Charles Fantazzi. (Chicago and London: University of Chicago Press, 2000), 199-203, 263.

⁴¹ *Ibid.*, 263.

⁴² Sharon T. Strocchia, "The politics of Health Care at the Early Medici Court" (paper given at the conference of the Renaissance Society of America, New York, New York, March 28, 2014).

⁴³ Whaley, *Women and the Practice of Medical Care*, 150.

⁴⁴ *Ibid.*, 151.

⁴⁵ The book contained health information about the city of Seville and was later published, in 1545, by Nicolás Monardes. *Ibid.*

⁴⁶ Michael Solomon, *Fictions of Well-Being: Sickly Readers and Vernacular Medical Writing in Late Medieval and Early Modern Spain*. Philadelphia: University of Pennsylvania Press, 2010.

⁴⁷ Whaley, 154-55.

⁴⁸ Hildegard left two important scientific treatises, *Physica* and *Causae et Curae* (1150), both works on natural history and curative powers of various natural objects, which are together known as *Liber subtilatum* (*The book of subtleties of the Diverse Nature of Things*). Unlike most of Hildegard's writing, these works do not suggest divine intervention but derive ancient theories of the humors. Héloïse d'Argenteuil (1090/1100-1164) was well versed in blood-letting and basic cures.

⁴⁹ Eileen Power, *Medieval English Nunneries: c1275-1535* (Cambridge: Cambridge University Press, 1922), 158.

⁵⁰ Dava Sobel, *Galileo's Daughter: A Historical Memoir of Science, Faith, and Love* (New York: Walker & Co.), 1999.

⁵¹ Sharon T. Strocchia, "The Nun Apothecaries of Renaissance Florence: Marketing Medicines in the Convent," *Renaissance Studies*. 25.5 (2011) 627.

⁵² *Ibid.*

⁵³ Sharon T. Strocchia spoke about the importance of sugar in "Gifts of Health: Medical Exchanges between Nuns and Noblewomen in Renaissance Italy" (paper presented at the Sixteenth Century Society Conference, San Juan, Puerto Rico, October 25, 2013).

⁵⁴ Strocchia, "Nun Apothecaries," 628-29.

⁵⁵ *Ibid.*, 639.

⁵⁶ Henderson, *The Renaissance Hospital*, 114.

⁵⁷ AA 50. Unless indicated otherwise, translations are from Ana de San Bartolomé. *Autobiography and Other Writings*. Trans. Darcy Donahue. Chicago and London: University of Chicago Press, 2008.

⁵⁸ *Ibid.*, 51.

⁵⁹ *Ibid.*

⁶⁰ Ana de la Ascensión Worsely was a native of Antwerp and professed in Mons. She participated in the foundation of an English Carmel in Antwerp in 1619 and became the convent's first prioress. She remained prioress until her death in 1644. She was a close friend of Ana de San Bartolomé, although their friendship cooled after La Bartolomé removed the English

nuns from the jurisdiction of the Carmelite order (Urkiza 1003, n. 2). Antoinette Claire Ver-tain, who professed in Antwerp in 1616.

⁶¹ Ana also recounts this story in the Bologna Autobiography, 498.

⁶² AA 52.

⁶³ Elena Carrera, *Teresa of Avila's Autobiography: Authority, Power and the Self in Mid-Sixteenth-Century Spain* (London: Legenda-Modern Humanities Research Association and Maney Publishing, 2005). Carrera argues throughout the book that, as a cardinal virtue, humility was to be cultivated by all people but that the Carmelites were especially given to the promotion of humility.

⁶⁴ Herderson, 120.

⁶⁵ Gianna Pomata, "Malpighi and the Holy Body: Medical Experts and the Miraculous Evidence in Seventeenth-Century Italy," in *Spaces, Objects and Identities in Early Modern Italian Medicine*, eds. Sandra Cavallo and David Gentilcore (Malden, MA: Blackwell, 2008), 96-114.101-05.

⁶⁶ Belchior de Santanna, *Chronica de Carmelitas descalços, particular do reyno de Portugal e provincial de Sam Felipe*. (1657), 384-386

⁶⁷ Mujica, *Teresa de Ávila, Lettered Woman*, 109.

⁶⁸ Ana de San Bartolomé, *Autobiografía*, AA, 55.

⁶⁹ Ibid.

⁷⁰ Ana de San Bartolomé, *Cartas*, in *Obras completas*, 814. All translations of the letters are mine.

⁷¹ September 14, when Carmelites begin a partial fast that goes on until Easter.

⁷² Teresa de Avila, *Constitutions* 322. Mujica, 151-152.

⁷³ *San José de Ávila: Rinconcito de Dios, paraíso de su deleite*, a photographic essay prepared for the millennium by the Carmelite sisters, contains photos of the gardens today. (Burgos: Monte Carmelo, 1998)

⁷⁴ *Mal de ijada* is tricky to translate, but one common translation is "colic." *Ijada* can be rendered as "side," "flank," or "belly."

⁷⁵ A general term used for diverse ailments of the joints, muscles and tendons.

⁷⁶ King, *Midwifery, Obstetrics*, 31-32. Lianne McTavish notes that in France and England books on gynecology and obstetrics, while written for male physicians, actually reached a much larger audience. However, many of these books were written in the vernacular. *Child-birth and the Display of Authority in Early Modern France*. (Aldershot UK and Burlington VT: Ashgate, 2005), 28.

⁷⁷ The widow is Ana de San Pedro (Urkiza 496, n. 25). Translation mine. AB 496.

⁷⁸ Sister Jaclina is Jacqueline de Saint Joseph (Urkiza 856, n. 3).

⁷⁹ Dionisia is Marie de St. Denis (Urkiza 1125 n. 2). Teresa is Thérèse de Jésus (Dompré). (Urkiza 1125 n. 3).

⁸⁰ Material is missing from this letter. Presumably the omitted text read something like, "to take care of the sick ones."

⁸¹ Tertian fevers normally come every three days.

⁸² The physical condition of a person was attributed to the four humors of the body, black bile (cold and dry), blood (hot and moist), phlegm (cold and moist) and yellow bile (hot and dry). Disease was thought to be caused by an imbalance of the humors.

-
- ⁸³ A laxative.
- ⁸⁴ A plant of the borage family.
- ⁸⁵ See note 22.
- ⁸⁶ Mujica, *Teresa de Ávila, Lettered Woman*, 150-155.
- ⁸⁷ Black-veiled nuns were expected to know only enough Latin to read the liturgies of the hours or the Eucharist. Donahue, 11.
- ⁸⁸ David Gentilcore, *Healers and Healing in Early Modern Italy*, (Manchester: Manchester University Press, 1998), 6.
- ⁸⁹ Moshe Sluhovsky, *Believe Not Every Spirit* (Chicago and London: University of Chicago Press, 2007), 194-96.
- ⁹⁰ Mujica 152-153.
- ⁹¹ Sharon T. Strocchia, "The Melancholic Nun in Late Renaissance Italy," in *Diseases of the Imagination and Imaginary Disease in the Early Modern Period*, eds. Yasmin Haskell (Tournhout, Belgium: Brepols, 2011), 140.
- ⁹² *Ibid.*, 139.
- ⁹³ Juliana Schiersari, *The Gendering of Melancholia* (Ithaca, NY: Cornell University Press, 1992).
- ⁹⁴ Strocchia, "The Melancholic Nun" 141.
- ⁹⁵ Teresa of Avila, *Collected Works*, Vol. 2, trans. Kieran Kavanaugh, O.C.D. and Otilio Rodríguez, O.C.D. (Washington, D.C.: ICS Publications, 1985), 134.
- ⁹⁶ *Collected Works*, 136.
- ⁹⁷ Mujica, *Teresa de Ávila, Lettered Woman*, 153-54.
- ⁹⁸ *AA*, 67.
- ⁹⁹ Probably in Ocaña. Urkiza 495, n. 24. The prioress was probably María de San Jerónimo.
- ¹⁰⁰ My translation. *AB* 496.
- ¹⁰¹ *AA*, 57.
- ¹⁰² Elizabeth A. Leffeldt, *Religious Women in Golden Age Spain: The Permeable Cloister*. (Aldershot UK and Burlington VT: Ashgate, 2005).
- ¹⁰³ Dietz, *Women Religious*, 27-30.
- ¹⁰⁴ Susan E. Dinan, *Women and Poor Relief in Seventeenth-century France: the Early History of the Daughters of Charity* (Aldershot UK and Burlington VT: Ashgate, 2006), 4
- ¹⁰⁵ *Ibid.*, 5.