Women as Patients and Healers at the Habsburg Courts: A Gender Perspective on Medical Encounters (16th century)

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Summary of the paper

The present paper explores the roles female patients and healers played within the Habsburg courts of the sixteenth century. In line with what occurred within other European princely courts at that time, the healthcare within the Habsburg political centres was primarily managed by male medical practitioners. The prominence of these figures posed specific challenges for both women who required medical advice in the court environment and those who aspired to provide medical services there. Relevant questions in this respect are: what range of manoeuvre did female patients have and what were their attitudes towards their attending physicians? Did female healers have the opportunity to practice medicine at court and what were their interactions with their male counterparts?

To understand whether women were able to make their voices heard in terms of medical care, it is necessary first to elucidate how health issues were faced within the court environment. Until the mid- fourteenth century, the majority of medical practitioners serving the Habsburg family were members of the clergy who possessed some medical notions and were remunerated with ecclesiastic benefits. Later, the Habsburgs began to recruit their medical practitioners among members of the urban elites, choosing, in particular, *Leibärzte* (physicians).[1] The term *laiparzt* indicated a university-educated physician who had received an academic education at the Faculty of the Arts. Generally, *Leibärzte* treated diseases by administering therapies that had effects within the body, such as compound medicaments (*cura interna*). They were distinguished from *Wunderärzte* (surgeons), who, by contrast, treated ailments and disorders external to the body, such as wounds (*cura externa*).[2] In particular, surgeons were authorized to apply poultices and bandages, perform amputations, remove cataracts, extract teeth, and administer bloodletting.[3] While

1 E. Bünz, *Der Leibarzt als neues Phänomen an den Fürstenhöfen des späten Mittelalters. Sitzungsberichte der Sächsischen Akademie der Wissenschaften zu Leipzig*, vol. 143/1, Stuttgart: S. Hirzel, 2023, 13–14, 20; H. Kühnel, 'Die Leibärzte der Habsburger bis zum Tod Kaiser Friedrichs III.,' *Mitteilungen des österreichischen Staatsarchiv* 11 (1958): 1–36, here 34–35.

2 Bünz, *Der Leibarzt*, 16.

3 Along with surgeons, many other medical practitioners, more or less authorized, such as barbers, peddlers of pills, mountebanks, midwives and other women with medical skills, overcrowded the European medical marketplace, offering a vast range of medical services, often beyond the official circuits of medical care. As these practitioners did not have any academic education, they were known as 'medical empirics'. See D. Gentilcore, *Healers and Healing in Early Modern Italy*, Manchester, Manchester University Press: 1998; Id., *Contracting a Cure: Patients, Healers, and the Law in Early Modern Bologna*, New York, St. Martin's Press: 1998; Id., 'Charlatans, the Regulated Marketplace and the Treatment of Venereal Disease in Italy,' in K. Siena, ed., *Sins of the Flesh: Responding to Sexual*

surgeons were renowned practitioners who attracted patients from all the echelons of the European society, *physicians* leveraged their academic studies to distinguish themselves in the medical marketplace. However, the boundaries between *cura interna* and *cura externa* were not precisely defined: while the competences of physicians and surgeons occasionally overlapped, various health problems required the skills of both.[4]

In the specific case of the Habsburg territories, it is noteworthy that the skills of surgeons reflected a kind of academic knowledge. In fact, the *Privilegien-bestätigungen* granted by Emperor Maximilian I to the Medical Faculty of Vienna in 1517, established that those who aspired to practice surgery in Vienna had to be examined and assessed by the professors of the Viennese Medical Faculty.[5] Furthermore, various medical practitioners in the service of the Habsburg courts had a dual education.[6] Grimald de Bonfiliis de Antonia, hired by Emperor Frederick III in 1453, was explicitly defined 'Physikus et cirologus'.[7] Giovanni from Cazzano (in Lombardy) had been educated as both physician and surgeon before entering the service of Maximilian I in 1507.[8] Pietro Andrea Mattioli from Siena (1501–1577), who had studied at the University of Padua and developed great surgical skills in Rome,[9] functioned as personal physician of Archduke Ferdinand, second son of Emperor Ferdinand I and Governor of Bohemia.[10]

As laymen, physicians could not be remunerated with ecclesiastic privileges and the services they provided as medical specialists were quite expensive. The

Disease in Early Modern Europe, Toronto, Centre for Reformation and Renaissance Studies: 2005, 57–80; D. Gentilcore, *Medical Charlatanism in Early Modern Italy*, Oxford, Oxford University Press: 2006; J.M. Schütte, *Medizin im Konflikt. Fakultäten, Märkte und Experten in deutschen Universitätsstädten des 14. bis 16. Jahrhunderts*, Leiden-Boston, Brill: 2017. On the empirics in the Habsburg territories see S. Horn, *Examiniert und approbiert. Die Wiener medizinische Fakultät und nicht-akademische Heilkundige in Spätmittelalter und früher Neuzeit*, Dissertation, University of Vienna, 2001, 196–204.

4 Horn, *Examiniert und approbiert*, 181–182. The sources attest to occasions of collaboration between physicians and surgeons: see A. Quaranta, 'The *Consilia* by Learned Physicians Pietro Andrea Mattioli and Francesco Partini: Dialectic Relations between Doctrine, Empirical Knowledge and Use of the Senses in Sixteenth-century Europe,' *Social History of Medicine* 35/1: 20–48, here 42.

5 The University of Vienna had enjoyed economic and juridical prerogatives since its foundation in 1365. *Privilegienbestätigugen* did not only confirm these special rights but also regulated the relationships between medical professionals. The Medical Faculty thus sought to exploit the *Privilegienbestätigungen* to extend its influence within the medical marketplace. S. Horn, 'Der praktische Unterricht für akademische Ärzte vor den Reformen durch Van Swieten,' in H. Grössing/ S. Horn/ T. Aigner, eds., *Wiener Gespräche zur Sozialgeschichte der Medizin*, Wien, Erasmus: 1996, 75–96, here 77, 79; Horn, *Examiniert und approbiert*, 19.

6 As early as in the fifteenth century, the universities of Padua and Bologna offered the possibility to achieve a degree in surgery: N. Siraisi 'The Faculty of Medicine,' in H. de Ridder-Symoens, ed., *A History of the University in Europe*, vol. I: *Universities in the Middle Ages*, Cambridge, Cambridge University Press: 1992, 360–387, here 372–373.

7 P.-J. Heinig, 'Musik und Medizin am Hof Kaiser Friedrichs III. (1440-1493): Studien zum Personal der deutschen Herrscher im 15. Jahrhundert,' *Zeitschrift für Historische Forschung* 16/2 (1989): 151–181, here 177.

8 O. Kostenzer, 'Die Leibärzte Kaiser Maximilians I. in Innsbruck,' *Veröffentlichungen des Tiroler Landesmuseums Ferdinandeum* 50 (1970): 73–112, here 85.

9 H. Kühnel, 'Pietro Andrea Matthioli. Leibarzt und Botaniker des 16. Jahrhunderts,' *Mitteilungen des österreichischen Staatsarchiv* 15 (1962): 63–92, here 68.

10 P. Findlen, 'The Formation of a Scientific Community: Natural History in Sixteenth-century Italy,' in A. Grafton and N.G. Siraisi, eds., *Natural Particulars. Nature and the Disciplines in Renaissance Europe*, Cambridge, MA, MIT Press: 1999, 369–400, here 377.

physicians of Sigismund, ruler of the County of Tyrol and Further Austria from 1446, received a compensation ranging from 100 to 500 florins (*Gulden*).[11] The physicians of Emperor Maximilian I who were constantly present at court received similar sums.[12] In the late Middle Ages, while the term *Leibarzt* began to indicate a physician who primarily attended to the health status of the emperor and his family, the concept of *Hofarzt*, associated with a physician who cared for the wellbeing of court members, emerged.[13]

From the 1450s onwards, the number of *Leibärtze* who entered the service of the Habsburg family gradually increased. Along with medical practice, they were assigned parallel tasks, which progressively enhanced their prestige. Emperor Frederick III (1415–1453) hired *Leibärzte* who were remunerated regularly, while invited others to his Viennese residence for occasional medical consultations. The emperor had both German and Italian *Leibärzte* at his disposal. In the early 1450s, Jakob Johann Lodron, a university-educated physician originally from Castel Romano, in the Giudicarie Valleys, became personal physician to both Frederick III and his wife. He also functioned as imperial counsellor.[14] Heinrich Blens von Bellis (Wellis), *Doctor Medicinae*, was personal physician to Frederick III between 1483 and 1487 and his medical advice was considered indispensable at court.[15] Arcangelo Balduini, originally from Trento (died in 1507), functioned as personal physician of Sigismund of Habsburg at the court of Innsbruck between 1486 and 1490. Balduini's salary amounted to 200 florins per annum.[16] When, in 1490, Balduini left the city, Sigismund hired Adolf Occo from Western Frisia as his personal physician and adviser. He received an annual compensation of 500 florins. In 1494, Occo moved to Augsburg but, while he was practising the *ars medendi* there, he returned to the court of Innsbruck. The sources suggest that, in 1495 and 1496, he received further compensation as *Leibarzt* again.[17]

The recourse to *Leibärzte* by Maximilian, son of Emperor Frederick III, is also worthy of note. In 1477, Balduini compiled a booklet for Maximilian including health-promoting guidelines and in 1498, Maximilian charged Giovanni Battista Baldironi from Trento with treating his second wife Bianca Maria Sforza, who then resided at the court of Innsbruck. A year later, Maximilian appointed Baldironi as his personal physician, a position that he occupied until Maximilian's death in 1519.[18] Paolo Ricci (1480–1541), a physician of Jewish origin who had converted to Christianity in Pavia,[19] entered the service of Emperor Maximilian I in 1514. The latter entrusted

11 Kostenzer, 'Die Leibärzte,' 73.

12 Bünz, *Der Leibarzt*, 29.

13 Ibid., 17. However, the boundaries between *Leibärzte* and *Hofärzte* were rather fluid: A. Quaranta, 'Italian Physicians at the Habsburg Courts (1550–1620): Hiring Processes, Professional Networks and Integration into the Court Space,' *European History Quarterly* 53/4 (2023): 549–578, here 561–562.

14 Heinig, 'Musik und Medizin,' 178.

15 Ibid., 176.

16 Kostenzer, 'Die Leibärzte,' 76–77.

17 Ibid., 88, 90.

18 Ibid., 74–76.

19 C. Bonorand, 'Mitteleuropäische Studenten in Pavia zur Zeit der Kriege in Italien,' *Pluteus* 87/4–5 (1986–1987): 295-357, here 351. Ricci was probably originally from Pavia: when his son Girolamo

Ricci with the translation of the Jewish Talmud into Latin, a task to which he devoted much energies at the expense of his medical practice at court.[20] In 1518, two other *Leibärzte*, Johann Mörl and Gregor Klain, were appointed at Maximilian's court.[21] Wilhelm Puelinger (Polymnius) and Georg Tanstetter, both professors at the Medical Faculty of Vienna, attended the emperor's death.[22]

Maximilian engaged some of his *Leibärzte* to care for public health in Vienna, providing them with additional compensation for their efforts in this field.[23] Furthermore, Maximilian established that medical practitioners had to regularly examine ill people in hospitals.[24] More importantly, as documented by the *Privilegienbestätigungen* of 1517, mentioned above, the emperor reinforced the prerogatives of the Medical Faculty of Vienna in the regulation, supervision and legitimisation of medical professions.[25] The academic institution had begun to define the tasks that each medical professional was allowed to fulfil as early as in the fifteenth century. It also provided guidelines for their educational paths. Surgeons, apothecaries and midwives seeking to practice in Vienna were obliged to undergo the official assessment and authorisation by the Medical Faculty.[26] Similar regulations were enacted in Prague, where the Medical Faculty played a pivotal role in establishing the necessary requirements to practise medicine in the city.[27]

During the sixteenth and seventeenth centuries, the Habsburg power centres became highly sought-after work places for university-educated physicians, who aspired to acquire professional prestige and social acknowledgement. Court environments could offer distinguished social status, economic privileges, and other tangible advantages. They also provided safe harbors from the academic context, often characterized by intellectual constraints and torn by internecine conflicts.[28] Between the 1540s and 1630s, about fifty physicians were either permanently hired or temporarily consulted at the courts of Vienna, Prague, and Innsbruck. They functioned either as imperial physicians (who generally treated the emperor) or court physicians (who mainly took care of his *entourage*). They were expected to provide opinions on a variety of aspects related to the body care: ailments and cures,

joint the University of Vienna, he stated that he came from that Italian city: Kostenzer, 'Die Leibärzte,' 92. On Paolo Ricci see also K. Davidowicz, 'Ricius (Rici, Rizzi, Rizius), Paul(us) (Paulus Israelita),' *Neue Deutsche Biographie* 21, Berlin, Duncker & Humblot: 2003, 547.

20 Kostenzer, 'Die Leibärzte,' 93; Kühnel, 'Pietro Andrea Matthioli', 66, note 15.

21 Kostenzer, 'Die Leibärzte,' 86–87.

22 Bünz, *Der Leibarzt*, 28.

23 Kostenzer, 'Die Leibärzte', 73.

24 Horn, *Examiniert und approbiert*, 131.

25 Ibid., 58.

26 S. Horn 'Der Praktische Unterricht,' 79–80; Ead., 'Wiener Hebammen 1643–1753,' in F. Opll, ed., *Studien zur Wiener Geschichte. Jahrbuch des Vereins für Geschichte der Stadt Wien*, vol. 59, Wien, Vereins für Geschichte der Stadt Wien: 2003, 35–102.

27 Horn, *Examiniert und approbiert*, 150–151.

28 B.T. Moran, 'Patronage and Institutions: Courts, Universities, and Academies in Germany; an Overview: 1550–1750,' in Id., *Patronage and Institutions: Science, Technology and Medicine at the European Courts, 1500–1750*, Woodbridge: The Boydell Press 1991, 169–184, here 169–170; G. Guerzoni, 'Between Rome and Ferrara: The Courtiers of the Este Cardinals in the Cinquecento,' in J. Burke and M. Bury, eds., *Art and Identity in Early Modern Rome*. Burlington, Ashgate: 2008, 59–77, here 62.

alimentation, baths, beauty care, health-promoting practices, tools to enhance fertility, physical exercises, and contemplative activities.[29]

As previously mentioned, the predominance of male medical practitioners within the Habsburg court environment raises crucial questions about the engagement of both female patients and healers with the dynamics of medical encounters. In order to address these questions, it is necessary to consider first the sizeable documentation left by the *Leibärzte*, i.e., letters, medical consultation papers, and official medical reports. These historical sources are not only able to attest to the physicians' medical practice, but also provide insights into the women's roles as patients and healers. While the current presentation is primarily predicated on physician-centred sources, a future analysis of the letters that the Habsburg women exchanged with both their family members and doctors will provide further details on the female understandings of the body, health and illness as well as their relationships with their attending doctors.

Although it has been investigated in some respects, the roles of women as patients have thus far been an under-researched topic, especially with regard to the sixteenth century, and the women's ability to influence the outputs of medical visits should be elucidated.[30] The three case studies that I will present here are particularly significant in this respect. The first case study focuses on Margaret (1536–1567), Archduchess of Austria and daughter of Emperor Ferdinand I. Margaret had a personal physician, Giovanni Pietro Merenda from Brescia (in the Republic of Venice), and was additionally examined by the imperial physician Francesco Partini from Rovereto (in the Prince-bishopric of Trento) when her health conditions worsened. The second case study is represented by Maria Anna (1551–1608), wife of Archduke Charles II, ruler of Inner Austria. Maria Anna alike had a personal physician, Gilberto Vosso. In April 1608, she also sent for the university-educated physician Andrea Alessandrini, son of the renewed imperial physician Giulio Alessandrini (1506–1590), and two unknown doctors coming from Lubin (in the Kingdom of Poland and the Grand Duchy of Lithuania) and Ptuj (in the Austrian Duchy of Styria) respectively. The third and last case study involves the Herrin Berra von Wartenberg (today Stráž pod Ralskem in the Czech Republic). She was treated by Georg Handsch (1529–1578) from Leipa, a town not far from Prague. In the mid-1560s, Handsch moved to the court of Innsbruck as the personal physician to Archduke Ferdinand of Habsburg.[31]

[29] Quaranta, 'Italian Physicians,'.

[30] S. Fox, *Giving Birth in Eighteenth-Century England*, London 2022; C. Castiglione, *'What to expect when you're always expecting:* Frequent Childbirth and Female Health in Early Modern Italy,' in S. Cavallo and T. Storey, eds., *Conserving Health in Early Modern Culture: Bodies and Environments in Italy and England*, Manchester, Manchester University Press: 2017, 55–79; M. Böth, *Erzählweisen des Selbst. Körperpraktiken in den Briefen Liselottes von der Pfalz (1652–1722)*, Köln, Böhlau: 2015; C. McClive, *Menstruation and Procreation in Early Modern France*, Farnham, Ashgate: 2015; W.D. Churchill, *Female Patients in Early Modern Britain. Gender, Diagnosis and Treatment,* Farnham, Ashgate: 2012; M. Nicoud, 'Expérience de la maladie et échange épistolaire: les derniers moments de Bianca Maria Visconti (mai-octobre 1468),' *Mélanges de l'école française de Rome* 1 (2000): 311–458; B. Duden, *Geschichte unter der Haut. Ein Eisenacher Arzt und seine Patientinnen*, Stuttgart, Klett-Cotta: 1991.

[31] M. Stolberg, 'Empiricism in Sixteenth-century Medical Practice: The Notebooks of Georg Handsch,' *Early Science and Medicine* 18 (2013): 487–516, here 490–491. Wartenberg (am Rollberg) was not far from Leipa, Handsch's native town. In Handsch's medical notes, the first name of the Herrin von

While scholars have so far described the relationship between university-educated doctors and their female patients as unbalanced, as the latter were overshadowed by the former in medical visits, the historical sources related to these three noblewomen evinced their resolute attitude towards their examining physicians and their strong determination to negotiate cures. On the one hand, their high social status helped them impose their opinions, as their physicians aspired to meet the noblewomen's expectations and thus preserve their highly-regarded positions as court-physicians. On the other hand, through its control of girls, unmarried women, and widows, the rigidly hierarchized structure of the Habsburg family represented a potential catalyst of the dynamics of medical encounters, influencing the women's behaviours and penalizing them in terms of decision-making processes. For instance, it was Emperor Ferdinand I in person who charged Pietro Merenda with attending to the health status of Margaret. Later, when the woman's health conditions worsened, it was the emperor again who decided to summon Francesco Partini. However, upon examination by Partini, Margaret promptly articulated her objections to the therapies prescribed. While the patients' reluctance to the remedies recommended was quite common in the early modern period, yet Margaret's stubbornness is particularly noteworthy, as it induced Partini to disregard the additional remedies he had prepared for her. Maria Anna and the Herrin von Wartenberg alike claimed independent judgements, neglecting the viewpoints of both their physicians. While the Herrin von Wartenberg demanded that Handsch consulted more long-experienced colleagues with reference to the therapeutic approach he had proposed, Maria Anna caused the chagrin of his personal physician, as she decided to consult other medical practitioners.[32] The fact that these female attitudes are attested in physicians-centred sources, which usually either neglect or filter the patients' opinions, makes them even more significant.

A study of some medical consultation papers compiled by the imperial physician Cristoforo Guarinoni-Fontana from Verona (died 1604) for noblewomen residing at the court of Prague reveals that they authorized the physician to perform visual and tactile examinations of their bodies and, in particular, of the belly, the back, the kidney and pelvic regions, and the pulse. This attitude suggests a partial overcoming of the shame connected with cross-gender medical encounters and challenges the Renaissance expectations on the social conduct of women, which had to reflect their modesty.[33]

Women represented a structural element of the early modern health care system. Elaine Leong, Alisha Rankin, Margaret Pelling, Sharon Strocchia and Sandra Cavallo have shown the important role women played in terms of production and transmission of medical knowledge within the household, their abilities to produce

Wartenberg (Berra) is mentioned only once: see Österreichische Nationalbibliothek (ÖNB), Sammlung von Handschriften und alten Sammlungen (HAN), cod. 9650, fol. 56r. She was a very influential woman in the Handsch's native region: ibid., fol. 53r.

[32] See the following archival sources: Biblioteca Civica di Rovereto Girolamo Tartarotti, Ms 24: *Consulti medici e ricette (sec. XVI) di Francesco Partini*; Österreichische Staatsarchiv (henceforth AT-OeStA), Haus-, Hof-, und Staatsarchiv (henceforth HHStA), HausA, Familienakten 65-13; ÖNB, HAN, cod. 9650.

[33] C. Guarinonius, *Consilia medicinalia*, Venetiis, apud Thomam Baglionum: 1610, *consultatio CLXXII*, *DLXXX*, and *DLXXXI*. On the date of Guarinoni-Fontana's death see Quaranta, 'Italian Physicians,' 565.

and administer medicines, and their efforts in caring for the sick.[34] Within the Habsburg courts, prominent noblewomen experienced considerable success as medical practitioners. Philippine Wesler (1525/26–54), wife of Archduke Ferdinand II, recommended medicines for various kinds of diseases. She prepared them in her *Hausapotheke*, located in Amras, close to Innsbruck. By engaging with these activities, Philippine developed manual and technical competences, honed specialist know-how in pharmacy production, explored and interacted with the natural world, and observed the effects of *materia medica* upon the body.[35]

Another subtle example of women involved in the circulation of medical-pharmaceutical knowledge is Agatha Streicher from Ulm (ca. 1520–1581). She belonged to the middle class and learnt medical practice from her brother, Johann Augustin Streicher. From 1561 to 1564, Johann worked as municipal physician in Ulm and in Geislingen an der Steige.[36] While practising medicine along with his brother, Agatha earned a certain degree of autonomy, treating Emperor Maximilian II as well as other eminent German-speaking princes. Although she was not part of it, Agatha earned the trust of the upper class and her commitment can be seen as an attempt of self-establishment within gender and professional conflicts. In fact, when Agatha arrived at the Viennese court in October 1576 in order to examine Maximilian II, the imperial archiater Crato von Craftheim from Wrocław (1519–1585) felt entitled to sharply criticize her therapeutic prescriptions.[37] Crato's skeptical attitude reflects the professional tensions that existed between learned physicians and medical practitioners working within non-official circuits of healthcare, including female healers. In fact, the women's medical knowledge was often regarded as inferior to that of the academic discipline of medicine and physicians often utilised gender stereotypes to understate women with medical skills, accusing them of ignorance and fraud.[38]

[34] E. Leong, 'Making Medicines in the Early Modern Household,' *Bulletin of the History of Medicine* 82/1 (2008): 145–168; A. Rankin, 'Duchess, Heal Thyself: Elisabeth of Rochlitz and the Patient's Perspective in Early Modern Germany,' *Bullettin of History of Medicine* 82/1 (2008): 109–144; M. Pelling, 'Thoroughly Resented? Older Women and the Medical Role in Early Modern London,' in L. Hunter and S. Hutton, eds., *Women, Science and Medicine 1500–1700*, Stroude, Sutton Pub.: 2009, 63–88; S. Cavallo, 'Women and Domestic Medicine in Early Modern Italy,' in M. Sánchez Romeo and M. Llona Gonzáles, eds., *Tecnologia, Ciencia Y Naturaleza en la Historia de las Mujeres*, Granada, Comares: 2013, 75–99; S. Strocchia, *Forgotten Healers. Women and the Pursuit of Health in Late Renaissance Italy*, Cambridge, MA, Harvard University Press: 2019.

[35] K. Seidl, 'Leibärzte und medizinische Praxis am Hof Erzherzog Ferdinands II. im Spiegel der Ambraser Sammlungen,' in E. Taddei and M. Hilber, eds., *In fürstlicher Nähe. Ärzte bei Hof (1450–1800)*, Innsbruck, Innsbruck University Press: 2021, 111–126.

[36] H.J. Vermeer, 'Ein „Iudicium Urinarum" des Dr. Augustin Streicher aus dem Cod. Wellc. 589,' *Sudhoff Archiv*, 54/1 (1970): 1–19.

[37] C. Gottlieb Buder, ed., *Nützliche Sammlung Verschiedener Meistens ungedruckter Schrifften, Berichte, Urkunden, Briefe, Berichte*, Franckfurt-Leipzig, Christian Heinrich Cuno: 1735, 593.

[38] K. Park, *Secrets of Women: Gender, Generation and the Origins of Human Dissection*, New York, ZoneBooks: 2006, 85–86. A general devaluation of women's physical status can be traced back to Aristotle's *The Generation of Animals*. In particular, the Greek philosopher argued that, in comparison to men, women possessed a smaller quantity of vital heat—the strength that reinvigorated all the body's faculties. This deficiency, according to Aristotle, rendered the female body spongier, more loose-textured, and more prone to moisture retention, and was exploited as a source to justify the women's supposed sensory and intellectual inferiority. See M. Stolberg, 'A Sixteenth-century Physician and His Patients: The Practice Journal of Hiob Finzel, 1565–1589,' *Social History of Medicine* 32/2 (2019): 221–240; A. Beltrametti, 'Immagini della donna, maschere del logos,' in S.

By contrast to Crato, Giulio Alessandrini, personal physician to Maximilian II, showed an open-minded attitude towards Agatha's medical expertise. Alessandrini carefully listened to Agatha's therapeutic proposals and, convinced of the efficacy of her preparations, authorized her to administer them to the emperor. Alessandrini approved the remedies suggested by a woman whose medical education was entirely empirical.[39] The reasons behind his behaviour are several. First, he felt obliged to listen to Agatha, as she had been summoned by the emperor in person. Secondly, Alessandrini was disposed to make any attempt to restore the emperor's health, even though this implied to leave room to a female healer. Alessandrini's open-mindedness towards female medical competences was not isolated, however. Georg Handsch recorded hundreds of occasions when he got valuable information on female physiology and pathology from old women.[40] Likewise, the French physician and surgeon Laurent Joubert (1529–1583) reported that he trusted midwives who had observed particular changes in the body of their pregnant patients.[41]

Throughout early modern Europe, the bulk of female healers was represented by midwives. In some cases, they were also consulted within the arena of criminal trials, to ascertain rapes, pregnancies, abortions, and infanticides ('sworn midwives'). Midwives did not enjoy full trust, however. They were often accused of ignoring human anatomy by male medical practitioners.[42] Nevertheless, historical sources suggest that, as early as in the sixteenth century, Viennese midwives possessed basic anatomical knowledge, and were able to perform accurate sensory inspections of the female body. Documental evidence also attests that midwives were well-disposed to collaborate with surgeons.[43]

In conclusion, what I hope to have shown is that both female patients, thus far considered secondary historical players, and female healers, frequently regarded as subsidiary subjects to male medical practitioners, were more authoritative and more incisive than usually assumed. This opens up the path to a new understanding of medical encounters that emphasises the interactions and exchanges between women and men as opposed to focusing on their divisions and conflicts.

Settis, ed., *I Greci. Storia, cultura, arte, società*, vol. II/2, Torino, Enaudi: 1997, 897–935; Ş.N. Karali, 'Masculine Uses of the Womb in the Renaissance,' in L. Buttigieg/ S. Kanaouti/ L. Martinez Evangelista/ R.S. Stewart, eds., *Expanding and Restricting the Erotic: A Critique of Current and Past Norms*, Leiden, Brill: 2020, 128–154.

39 AT-OeStA, HHStA, HausA, Familienakten, 60-21; M. Koch, ed., *Quellen zur Geschichte des Kaisers Maximilian in Archiven gesammelt und erläutert*, Band II, Leipzig, Voigt und Günther: 1861, 102.

40 Stolberg, 'Empiricism,' 514.

41 Id., *Gelehrte Medizin und ärztlicher Alltag in der Renaissance*, Berlin-Boston, De Gruyter: 2021, 338–339.

42 R. Knoeff, 'Frederik Ruysch, Surgical Anatomy and the Amsterdam Republic of Medicine,' in S. De Renzi/ M. Bresadola/ M. Conforti, eds., *Pathology in Practice. Diseases and Dissections in Early Modern Europe*, London, Routledge: 2018, 135–152.

43 K. Schrauf, ed., *Acta Facultatis Medicae Universitatis Vindobonensis*, vol. III (1490–1558), Wien, Verlag des Medicinischen Doctorcollegiums: 1904.