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MIDWIFE, YOUNG MAIDEN, AND PHYSICIAN: IMAGE AND AUTHORITY
IN KAREN CUSHMAN'S FEMALE HEALERS

by

Angela C. Turnbow

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF ARTS

in

English

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Logan, Utah

2014

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ABSTRACT

Midwife, Young Maiden, and Physician: Image and Authority in Karen Cushman's
Female Healers

by

Angela C. Turnbow, Master of Arts

Utah State University, 2014

Major Professor: Dr. Christine Cooper-Rompato
Department: English

Young adult author Karen Cushman dispels the isolated and disfigured old crone stereotype for female healers in her three medieval novels: *The Midwife's Apprentice*; *Catherine, Called Birdy*; and *Matilda Bone*. Her depictions illuminate the different locations and situations in which women practiced medicine during the Middle Ages, thus presenting more historically accurate portrayals of women healers. This study focuses on the characterization of Cushman's healers in her three medieval novels by specifically looking at the physical descriptions, medical practices, and the healer's role within the community as an accepted medical authority. It adds to Rebecca Barnhouse's and Mary H. McNulty's scholarship a critical and nuanced analysis of historical accuracy by demonstrating how Cushman's depictions align with what medieval historians believe to be true regarding women and medicine. As such, Cushman presents a broader view of medieval medicine which shows how female healers were integrated in society.

(92 pages)

PUBLIC ABSTRACT

Midwife, Young Maiden, and Physician: Image and Authority in Karen Cushman's
Female Healers

Angela C. Turnbow

This study focuses on the characterization of Cushman's healers in her three medieval novels *The Midwife's Apprentice*; *Catherine, Called Birdy*; and *Matilda Bone*. I specifically look at the physical descriptions, medical practices, and the healer's role within the community as an accepted medical authority. Cushman's portrayals illuminate the different locations and situations in which women practiced medicine during the Middle Ages, thus she presents more historically accurate portrayals of female healers.

The significance of this project is that Cushman challenges the stereotype of the isolated and disfigured old crone that has been, perhaps inadvertently, perpetuated by authors and focuses on the historical accuracies of female healers. Many young readers learn about history through novels and it is important that authors present accurate historical representations of the past they are trying to describe to their audiences. In addition, this project will bring multiple disciplines together such as medieval studies, young adult literature, medical history, and folklore in order to illuminate the historical accuracies and representations of female healers.

DEDICATION

For all my nieces,

Brianne, Megan, Jessica, Hannah, and Sarah

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I would like to recognize Dr. Christine Cooper-Rompato for her support and guidance during this project. She has spent many hours with me as a mentor throughout my academic career, both an undergraduate and graduate student. It was her influence that sparked my interest in the Middle Ages, and I thank her for encouragement in my scholarship. I would also like to thank my committee members, Drs. Lisa Gabbert and Joyce Kinhead, for their direction and input on this project.

I give special thanks to my parents, Merrill and Vicky Turnbow, for their constant love and support and for believing in my ability to succeed. I thank my family, especially my sisters Ann Marie and Christy, for their encouragement and patience with me as I pursued my study. I also would like to recognize all my friends, professors, and colleagues—thank you for teaching me.

Angela C. Turnbow

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CHAPTER I

INTRODUCTION:

MEDIEVAL HEALERS AND STEREOTYPES IN YOUNG ADULT LITERATURE

Young adult historical fiction novels set in the Middle Ages frequently depict female healers and midwives as white-haired crones with distinguishing marks upon their faces, making these descriptions formulaic. To further this stereotype, authors portray female healers as individuals who live secluded, just beyond the boundaries of civilization, and who also possess a unique knowledge of herbal remedies and charms for treatments. Often, these healers suffer from the stigma of witchcraft followed by fear and persecution from nearby communities. As a result, these stereotypes from young adult literature position female medical practice in isolation and label the old crone's medical abilities to be a form of witchcraft. Female healers are then confined to a narrow depiction of medical skill and authority.

These images and portrayals are not all used in one novel to describe female medical practice, but they are common enough within the medieval settings of young adult novels. For example, Berit Haahr's *The Minstrel's Tale* portrays the midwife as the "wise old crone" (61) who lives in the forest, and even the proclaimed author Rosemary Sutcliff references a grandmother healer feared by society in *The Witch's Brat*. The author known as "Avi" makes full use of these stereotypes in the *Crispin* series, describing the midwife in *The Cross of the Lead* as "The village hag, . . . a tiny, stooped woman with a dull red mark on her right cheek and wayward hairs upon her chin" (39). Perhaps the most descriptive illustration comes from the second installment, *At the Edge of the World*:

[S]he was aged to the point of being unsexed. Cronelike, bent almost double as if loaded down with the weight of years, her head was twisted to one side in the manner of a listening bird. Frail and small . . . her garments were foul rags, tattered and torn. Her skin was begrimed, her long hair gray, greasy, and unkempt, akin to the shredded moss that dangled from the trees. Her nose was beakish, while her mouth, etched round with multiple lines like so many needled stitches, fell in on toothless gums. Fingers were rough and misshapen, with long, clawlike and thick, yellow nails. (26-27)

In addition, this crone's apprentice, though a young girl, is not far off from this formulaic description: she is cursed with "the devil's mark" and has a disfigured face that by today's standards would be identified as a cleft palate. Even fantasy novels with "medieval trappings" employ these images for female healers such as in Nancy Springer's *Rowan Hood: Outlaw Girl of Sherwood Forest* or Theresa Tomlinson's *The Forestwife* (Barnhouse, *Middle Ages in Literature* 77).

However, one author, Karen Cushman, dispels the image of midwives and female healers as the isolated and disfigured old crone in her three medieval novels: *The Midwife's Apprentice*; *Catherine, Called Birdy*; and *Matilda Bone*. Her depictions reflect situations where women are not confined solely to practice medicine in isolation or assist in childbirth only. *The Midwife's Apprentice* depicts a middle-aged midwife with her apprentice living among the villagers and using skill rather than witchcraft to attend to laboring mothers. *Catherine, Called Birdy* portrays a feisty fourteen-year-old daughter of the manor whose many duties include having a thorough knowledge of remedies for

common ailments for those who live and work on the manor. She is also a primary caregiver to her pregnant mother and assists during labor with the aid of the midwife. *Matilda Bone* presents a medical community within a large town with various healers providing care and treatment to the townspeople and surrounding villages. Cushman describes both male and female healers working together to offer services such as bonesetting, bloodletting, and an apothecary. Moreover, she also illustrates the differences between a skills-based physician and a university-educated physician.

The state of scholarship on Cushman is somewhat circumscribed and mostly includes brief reviews and analyses of her work. Most often, her novels are examined in conjunction with other young adult historical fiction, and therefore criticism with a sustained argument on Cushman's work is limited. Nevertheless, what scholarship there is focuses on the historical accuracy of her novels from four namely perspectives, including Cushman's portrayals of literacy, religion, social class, and gender. Most notably, Rebecca Barnhouse argues that good historical fiction not only tells a good story but represents the past accurately (*Recasting the Past* x), and that writers have a tendency to include modern day ideologies in historical fiction ("Books and Reading" 364). Barnhouse combines her expertise as a medievalist and as a young adult literary author to review young adult novels with medieval settings for authenticity, covering a wide variety of topics from religion to medieval romance stories to Anglo-Saxons.

When we look at Barnhouse's scholarship on Cushman's novels, she addresses the historical accuracies regarding religion and literacy and how they interrelate with medicine. In "Books and Reading in Young Adult Literature Set in the Middle Ages," Barnhouse argues that recent young adult novels with medieval settings "unintentionally

reinforce misconceptions about books and literacy in the Middle Ages” (364). Her analysis focuses on four novels that all address the transmission of medical knowledge: Karleen Bradford’s *There Will Be Wolves*; Nancy Garden’s *Dove and Sword: A Novel of Joan of Arc*; and Cushman’s *Catherine, Called Birdy* and *The Midwife’s Apprentice*. Specifically, she notes that *Catherine, Called Birdy* and *The Midwife’s Apprentice* are generally well-researched novels, but inadvertently promote the access to and value of literacy and reading during the Middle Ages. In addition, Barnhouse examines six young adult novels with medieval settings for their accuracy in portraying Christianity’s role in healing and medicine in “Leeches and Leprosy: Medieval Medicine in Modern Novels for Young Readers.” She argues that novels written prior to the 1990s place a greater emphasis on the Catholic Church’s influence in society, whereas novels post-1990s have a tendency “to secularize the protagonists” (Barnhouse, “Leeches and Leprosy” 26). Of Cushman’s novels, Barnhouse examines only *Matilda Bone*, and notes that the novel adopts a secular and modern approach to religion. In another review focusing on the portrayal of religion, Barnhouse comments on the unintentional didacticism that occurs when authors explore religious and culturally diverse backgrounds. She contends that “writers need to trust their readers to be thoughtful enough to recognize the cultural differences between the Middle Ages and modern society” (Barnhouse, *Recasting the Past* 11). In her summation of *Catherine, Called Birdy*, she notes Birdy to be an authentic character of her time period when encountering the Jews. In general, Barnhouse approves of Cushman’s portrayal of medieval society and culture, but she does recognize some of the historical inaccuracies within her literature.

Furthermore, Joanne Brown and Nancy St. Clair examine Cushman's novels for accuracy regarding social class and gender. Particularly in *The Midwife's Apprentice*, they respond to Barnhouse's argument about literacy and claim that Alyce's relationship to it, though somewhat inaccurate, is key to "her character's sense of self" (Brown and St. Clair 112) because it fosters an "intellectual curiosity . . . [and connection to] material condition" (113) which drives Alyce to improve her social position. When Alyce returns to the midwife, they comment on two possible readings for the novel's ending: 1) that individualism is "the sole factor" for success or failure in an individual's life; or, 2) social status can be raised when a person's most basic needs are met first (113). In *Catherine, Called Birdy*, they explore how gender roles shape Birdy's comprehension of the world by looking at Birdy's recognition of societal expectations, how she resists these expectations, and how she adheres to them while "satisfying [her] sense of self" (122). In both readings of Cushman's novels, Brown and St. Clair comment on the power these protagonists gain within their social situations while also noting the high level of historical accuracy for their social settings. Yet scholars such as Anne Scott MacLeod argue that recent historical fiction novels side step reality to depict "pleasant" stories rather than the truth (27). In the case of *Catherine, Called Birdy*, MacLeod cites Birdy's continual defiance against her father's wishes for her to marry and the all-too-convenient exit from this marriage to be slightly more inaccurate because these outcomes "evade the common realities" of life (30-31). Birdy's feisty spirit makes for a strong female character for young readers and this raises some critics' concerns for accuracy.

Mary H. McNulty writes that since the 1980s more historical fiction novels are producing female protagonists in medieval settings, making scholars wary of the

historical accuracy in which authors depict gender expectations. Moreover, she considers Cushman's protagonists in all three novels along with four other novels to determine the veracity of the feminine roles, voices and power within these stories, remarking that Cushman's novels generally adhere to accurate portrayals, yet *Birdy* does push the boundaries regarding gender and literacy. Angela E. Hubler also joins this discussion on gender; however, she briefly looks at *The Midwife's Apprentice* as a model for "an individualistic approach to female empowerment," commenting that Alyce's developing identity depends upon individual effort, which correlates with Brown's and St. Clair's summation of Alyce's rise out of poverty (Hubler 57). Hubler's reading of *The Midwife's Apprentice* sets the stage for her main argument on the feminist political novels *Uncommon Faith* by Trudy Krisher and Joan Bauer's *Hope Was Here*. She argues that female empowerment and social change are more collective projects as seen in these novels rather than as individual ones reflected in *The Midwife's Apprentice* (58).

Alternatively, Joseph Zornado offers a new perspective on Cushman's work in his essay "A Poetics of History: Karen Cushman's Medieval World" by arguing that Cushman "challenges our notions of historical fiction, history, and how we make meaning of and from the past" (252). He cites Hayden White's *Metahistory: The Historical Imagination in Nineteenth-Century Europe* extensively because it can be used to offer insightful readings on *Catherine, Called Birdy* and *The Midwife's Apprentice*. Zornado argues that as Cushman writes the narratives her characters, particularly *Birdy*, encounter tropological modes of thinking (i.e. Satiric, Romantic, Comic, and Tragic) to help them make sense of their medieval world.

As shown, critics are largely concerned with the historical accuracy, yet the old crone healer stereotype has been perpetuated in historical fiction. What the scholarship is missing is a sustained analysis of the depictions of Cushman's female healers. My thesis argues how Cushman presents more historically accurate portrayals of women healers that challenge the common stereotypes of female healers. She offers a more diverse range of healers in multiple situations and locations by portraying women healers of various ages—young and old—in differing social classes, and in urban and rural settings. Furthermore, Cushman's healers present a broader view of medieval medicine and show how female healers were integrated in society rather than separated from it. Specifically, I focus on the characterization of Cushman's healers by looking at physical descriptions, medical practices, and the healer's role within the community as an accepted medical authority. My study adds to Barnhouse's and McNulty's scholarship a critical and nuanced analysis of historical accuracy by demonstrating how Cushman's depictions of female healers align with what medieval historians believe to be true regarding women and medicine. Also, I expand upon the discussion on gender roles to show that Cushman's healers use their medical abilities as a way to gain power within society and in doing so, these healers become further integrated into the community. This acceptance as a medical authority furthers Cushman's challenge of the old crone stereotype because it illuminates the community involvement of medieval female healers and the vital role they played in society as healers rather than being isolated and set apart from it.

The significance of this project is that it challenges the stereotype of the old crone that has been, perhaps inadvertently, perpetuated by authors and focuses on the historical accuracies of female healers. Moreover, it reveals to audiences how women are being

portrayed in historical fiction—that female healers are presented in a limited view when typecast into a formulaic description. Many individuals, young readers included, learn about history through novels and it is important that authors present accurate historical representations of the past they are trying to describe to their audiences. Cushman’s novels largely deal with female protagonists exploring their identities within their medieval social settings, and by challenging these stereotypes in her work, she presents a wider view for women today to explore their own identities.

Women have been providing medical care for their families for centuries. It is caregiving that encompasses more than the birthing scene or treatment given in isolation as the pervading stereotype suggests. The unique medical knowledge that midwives and female healers held for laboring mothers and their infants was also transferred to multiple situations during the Middle Ages as Cushman portrays in her novels. As Robbie Davis-Floyd and Carolyn Sargent explore in *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives*, authority to practice medicine comes to an individual when others within the community believe in the individual who holds the knowledge (57-58). It is not just the old midwife who possesses the medical authority to treat individuals within the community, but it is also a young maiden of the manor or a female physician or bonesetter within a large town.

CHAPTER II
THE IMAGE AND AUTHORITY OF THE MEDIEVAL HISTORICAL SETTING
AND STEREOTYPES

Scholars have long debated the various reasons as to why and how the past should be re-created in young adult literature. Before the mid-1990s, historical fiction was considered to be somewhat embarrassing to the literary world. Publishers, librarians, and teachers alike insisted that young readers did not want to read about history or identify with characters from the past. Donelson's and Nilsen's *Literature for Today's Young Adults* defines the historical novel as "steeped in the sense of time and place" (225), and as an adventure novel filled with "mystery, suspense, or romance" (227). Prominent young adult authors Katherine Paterson and Ann Rinaldi report the criticism they faced for writing such novels when many people thought there was no need for the market.¹ Indeed at one point, Patty Campbell went so far as to say "that young adults lack a sense of history to a significant degree. They will accept a good YA novel with a historical setting if the other elements of the story are appealing enough to overcome that drawback" (Campbell 214).

Despite the harsh criticism, the genre persevered and gained popularity mainly due to the production of series fiction such as *Dear America*, *American Girl* and *Royal Diaries*, bringing with it new ideas for format and subject material. For instance, the

1. For more information on the history of historical fiction, see Cart 104-07; Brown and St. Clair chapters 1-3; Donelson and Nilsen 7th Ed. 225-30; Paterson 1430; and Rinaldi.

diary format became a popular way to present a historical setting and many readers enjoyed the new stories on domesticity, women, and minority groups. Since the new market, critics refer to historical fiction's multi-faceted definition—an adventure story set in a specific place and time with suspense and romance—as “genre bending and blending” which produces historical romances, historical mysteries, etc., adding to the popularity of the genre (Cart 106). All of Cushman's medieval novels were a part of this new market exemplifying these qualities, which revitalized the genre.

Through this success, critics continued to question the value of a historical setting, especially when readers living in the present day were learning of past events and lifestyles. How are readers supposed to connect the present day with the past? Donelson and Nilsen remark:

Historical novels allow us—at their best they force us—to make connections and to realize that despair is as old and as new as hope, that loyalty and treachery, love and hatred, compassion and cruelty were and are inherent in humanity, whether it be in ancient Greece, Elizabethan England, or post-World War I Germany. (227)

In similar fashion, young adult author Leon Garfield elaborates on the kind of engagement readers have with such novels by comparing history to a mirror “in which we see ourselves, for a fleeting instant, as others see us,” (738). In addition, Katherine Paterson, views the historic setting as a space where readers challenge and “rethink” their own lives (1430). In all these circumstances, the historical setting provides an engaging interaction for young readers to experience the past, but also to see their own lives through a different lens—as an exploration of identity.

The Middle Ages provides a rich lens for individuals to experience history, and specifically, the medieval setting is described as a transition state in young adult literature. When asked why the Middle Ages as a backdrop for her novels, Cushman responded:

As I researched and investigated the Middle Ages, it seemed to me that that time period was almost like adolescence, that western society was changing from a childhood to a young adulthood with more of an emphasis on manners and privacy and responsibility. Those ideas were new to that time, just the way they are new ideas for a child growing into adolescence. (Hendershot and Peck 198)

Historically speaking, this notion seems to fit when we put the Middle Ages as the in-between state for the Classical and Renaissance periods—two eras known for its focus on the Greco-Roman culture and education. Barnhouse expands this idea and states, “The words ‘Middle Ages’ imply a time between two eras, the Roman Empire and the rebirth of Roman culture in the Italian Renaissance (*Recasting the Past* xii). However, she also argues that the ideas on philosophy, art, politics, mathematics etc., which characterize the Classical and Renaissance periods, did not disappear during the Middle Ages as some people are inclined to believe. Others have even labeled the time period as the “Dark Ages.” Rather, she points out that “classical learning” continued throughout the Middle Ages largely due to the Catholic Church’s influence to promote Latin and learning (xiii).

If we focus on this idea of transitioning, Tison Pugh and Angela Jane Weisl remark that medieval literature reflects the young person’s journey “symboliz[ing] the passage of childhood to adult responsibility” (48). This idea is ultimately maximized by

viewing young adult literature as the medium between children's and adult fiction.

Moreover, the reoccurring theme within young adult literature includes the coming of age story—similar to medieval literature. Such a theme explores “either directly or symbolically, the gaining of maturity” and “the loss of innocence as part of the passage from childhood to adulthood” for a novel's protagonist (Donelson and Nilsen 34). All of these examples reflect the transition that occurs with growth and progression, whether it is a child maturing into adolescence and adulthood, or one era moving into the next. Furthermore, Cushman's protagonists in her three novels all experience a transitioning in their various circumstances as they explore their roles as healers.

As historical fiction novels illustrate a protagonist's journey of self discovery, there is no dispute among scholars or authors that the literature should reflect accurate representations of a period. Janet Hickman comments, “The problem comes not in naming truth as a standard but in attempting to define it in practice, a task that requires the piecing together of many perspectives and a great deal of material from disparate sources” (92). The focus of re-creating history is to help readers connect the past to the present—to aid the reader in his or her own search for identity. When authors present idealized or stereotypical views of the past, such as the old crone image, it limits readers from fully experiencing this connection. As a medievalist and young adult author, Rebecca Barnhouse remarks that many of the stereotypes of the Middle Ages come from the Victorian's romanticized views of ladies and knights, or preconceived notions that the era was “a millennium of appalling ignorance and brutality” (*Recasting the Past* x).² The

2. See also Barnhouse *Middle Ages in Literature* “Introduction.”

problem with these kinds of stereotypes is that they create fantasies or extreme views of the Middle Ages. These perceptions may have elements of truth to them, but they misrepresent the era as whole, leaving out the diversity found within. Anne Scott MacLeod refers to this historical shaping as “historical revisionism” (26) or “revisionist history” (27)—it’s still history, but it’s modified by the author’s interpretation to include more modern day ideologies within fiction.

In her scholarship, Joanne Brown discusses some of the primary issues authors face when writing historical fiction.³ She cites five problem areas where particularly modern ideologies tend to appear, namely: 1) defining the genre; 2) the “truth” of history; 3) finding a balance between history and fiction; 4) the accuracy of details, and 5) the issue of provenance (Brown 7). A story must have enough detail to convey a sense of history and timing, but the reader must also engage with the plot. This leaves authors to consider the depth of detail they will include—like how much of the “gory” details such as prostitution or brutality.

Other critics report that the misrepresentation of the past occurs due to a lack of imagination on the author’s part. MacLeod writes that those who present inaccurate representations create “a denial of historical truth, . . . [and] a failure of imagination and understanding” of the past (33). But whether it’s a lack of imagination or not to write historically accurate fiction, Sally Margolis remarks that while scholars are critical of

3. See Brown “Historical Fiction or Fictionalized History: Problems for Writers of Historical Novels for Young Adults” *The ALAN Review* 26.1 (1998): 7-11 for a more thorough explanation of the issues prominent in historical fiction.

these anachronisms, readers have no difficulty “empathiz[ing] with a teen who’s being forced to marry against her will” (36). This just goes to show the popularity of historical fiction with young readers. Most authors—Cushman included—will admit that the story takes precedence, yet historical accuracy carries its weight as well.

Cushman has been both praised and criticized for the historical presentation of her novels. She did not begin writing young adult literature until later in life. In fact, Cushman’s background includes two master’s degrees: one in human behavior and the other in museum studies. She then worked several years in the Museum Studies program at John F. Kennedy University in the San Francisco Bay area. She reports that her interest with history peaked when she taught a graduate course on material culture, which ultimately led to her first novel *Catherine, Called Birdy*.⁴

Cushman admits in her writing process, the story takes precedence, but she also focuses on the historical details. The story and the research are “an ongoing process” (Hendershot and Peck 199) that go hand in hand, and “as she writes, she’ll leave a big space on the page because she needs to research the details. As a last resort will she use her imagination to fill in a scene” (Elliot 44). Her three medieval novels all include an Author’s Note providing more information on medieval life and society. She also incorporates in *Catherine, Called Birdy* and *Matilda Bone* a list of primary and secondary sources for readers to consult on the Middle Ages. Historical accuracy plays a central role

4. For more information on Cushman, see interviews by Hendershot and Peck, Elliot, and McKindley.

in her novels, and by including the Author's Notes, she further helps readers understand medieval culture outside the context of a fictional story.

The historical details authors depict in fiction include images that influence readers' perception of the past. Stereotypes and historically accurate images all communicate different ideas or representations of an individual or group of people to the audience. For example, stereotypes in folktales represent certain ideas or concepts vital to the story. Renowned children's literature expert, Charlotte Huck, explains, "We immediately recognize the roles of the evil stepmother, the beautiful princess, the wise woman, the fairy godmother. These are not well-rounded figures, but easily recognized symbols of good and evil that foretell the ways in which these characters will act" (ix). These archetypes are the very nature of the folktale and work within this context. When we shift this idea to historical fiction, the crone stereotype functions in much the same way and labels the female healer with characteristics that make her role in society and fiction easily identifiable—that she is isolated and experiences the stigma of witchcraft.

Some scholars believe in using stereotypes in young adult literature as a didactic tool. Didacticism, though, in the historical novel has both positive and negative effects.⁵ For instance, stereotypes convey the prevailing ideologies and perceptions of a people and culture, which steep the reader in a historical setting. However, more scholars are afraid of perpetuating these images and ideologies, especially in terms of race, ethnicity,

5. For more information on stereotypes and didacticism in young adult literature, see Brown "Historical Fiction or Fictionalized History"; MacLeod 32-33; Donelson and Nilsen 7th Ed. 227.

and gender. Stereotypes alienate, degrade, seclude, and banish individuals or groups of people from participating in society. They suggest there is something to fear or to make light of rather than focusing on the contributions that come when people are involved in a community. Brown and St. Clair further elaborate that the stereotypes pervaded by historical series novels “are damaging to young adult readers’ fundamental understanding of their place in the world and the extent to which that place has been shaped by historical forces beyond individual control” (27). When we consider the old crone stereotype as the image for female healers, it minimizes the depth of humanity during the Middle Ages, rather than presenting a wider scope for women and medicine.

These images and stereotypes influence the amount of power or authority fictional characters hold. Roberta Trites argues in *Disturbing the Universe: Power and Repression in Adolescent Literature* that young adult literature focuses on the adolescent’s knowledge of power in regard to institutions, gender, race, sexuality, and even death. She discusses that the adolescent protagonist experiences growth and progression when he or she is faced with situations of power or powerlessness. Trites’ argument connects with the reasons for re-creating the past—that power is connected to a journey of self-discovery. She remarks that “[p]art of creating more culturally aware readers is creating more historically aware readers. Readers who understand themselves as contextually bound and who understand the historical context of what they read have a different understanding of a text than those who are isolated from such information” (Trites 147). Fictional characters are representative examples of the men and women living during a specific time period for young adult readers. When readers become historically aware of

the boundaries and uses of power, it aids them in making those connections between past and present; they then can test their own boundaries of power.

On a similar note, Beth Younger equates female body image to the power of gender and sexuality. She argues that approved images of female beauty promote power, self-control, and acceptance in society while non-approved images characterize women as marginalized, irresponsible, and powerless.⁶ These ideas of image and power transfer when we consider the contrasting portrayals of women healers in the historical setting; there are two representations of power or authority. The old crone stereotype portrays power in a negative light—through fear and isolation—whereas Cushman’s portrayals present a more open and positive depiction reflecting a progression of community involvement and acceptance for female healers. Therefore, stereotypes not only build or diminish a woman’s power, but they also determine the woman’s social acceptance.

In their analysis of *The Midwife’s Apprentice*, Brown and St. Clair argue that Jane Sharp’s authority to heal is based on her skill to aid women in childbirth. They maintain that Jane’s acceptance in society and the community’s need for a midwife make her a viable commodity, giving Jane an “enviable autonomy”:

Jane maintains her own home, determines her fees, picks and chooses her clients, and even engages in sexual relationships without fear of any reprisal other than embarrassment when discovered.

Gradually, as Beetle’s [Alyce] most basic needs are met, she recognizes the power Jane has over her own life and sets out to learn the

6. See Younger 4-7.

secrets of the older woman's skill, recognizing that, though she cannot articulate it, those skills bring autonomy. (Brown and St. Clair 112)

When female healers are not tied to the formulaic stereotype, their role and authority within the community becomes more open and free. The portrayal both Jane and Alyce present is one of skill and need. These are positive images that integrate them into the community, and as a result, they both gain social position rather than being excluded as the old crone. Jane becomes the agent for her practice in medicine and determines where her business will be used. In Alyce's case, she uses Jane as a role model to improve her own social circumstances—to raise herself up from poverty as she is an orphan at the novel's beginning.

Characters like Jane Sharp or Alyce then act as strong female protagonists for young readers, and many critics have commented on this need in young adult literature.⁷ Part of the revitalization of the historical fiction novel included new subject material that tells more stories of women and domesticity. Specifically, Jean Boreen and Mary H. McNulty consider sexism and female role models in literature while recognizing that authors have a tendency to write women with modern day ideologies. Boreen reports in her scholarship that young readers, particularly female readers, find more engagement

7. See Bauer "Sexism and the World of Children's Books?" *Horn Book Magazine* 69.5 (1993): 577-580; Boreen "Images of Women in Historical Young Adult Fiction: Seeking Role Models." *The ALAN Review* 26.2 (1999): 14-21; McNulty "The Girls' Story: Adolescent Novels Set in the Middle Ages." *The ALAN Review* 28.2 (2001): 20-23.

with the female protagonists because they “test their boundaries” rather than submit to the mundane activities of domestic life (14). One must consider though: is a female healer regarded as a strong role model for young readers when the character herself is an outcast and feared by society for her ability to heal? Perhaps the healer tested her boundaries voluntarily or perhaps by force. Either way, she is rejected by the community and limited in her position to heal. As an outcast, what contributions does she give to society other than fear?

Cushman’s healers understand the limitations society holds for girls and women; it is through domesticity and medical care—a woman’s provinces—where her healers assert some form of authority within their social position. Examples include both Jane Sharp and Alyce, who illustrate how autonomy can be achieved even within the confines of a medieval society where the prevailing ideology for women was misogynistic. Cushman relates that her intent when she began writing young adult literature was to share the “ordinary girl” experience (Donelson and Nilsen 231). As she portrays the medieval female experience from multiple angles across three novels, it allows readers more opportunities to identify with the historical settings and characters—to see how medieval women were strong females within their domains. When these connections are made, the old crone stereotype does not bind readers or history to a specific belief regarding how women and medical care actually were during the Middle Ages.

Cushman reports that she wanted to present a wider view of women in her novels to show that women were a part of society and worked in numerous occupations. Jane Sharp is representative of this intent to portray women during the Middle Ages because she is accepted by her community as one who holds the medical knowledge to heal. Jane

is specifically characterized as a medium between the stereotypical views of midwives who Cushman also found to be labeled as a “goodhearted beautiful woman who invented forceps or a drunken slattern who spread disease and passed out on the birthbed” (Cushman, “Author Profile” 101). Jane combats the stereotypes by being “competent” to teach, yet Alyce learns midwifery “from somebody who was cold, removed, and even hostile, regardless of Jane’s willingness to participate” in Alyce’s education (101-02). Jane Sharp is then somewhere between these two stereotypes and refers back to the idea of the medieval setting as a transition state.

The rest of my thesis further elaborates on Cushman’s challenge to the old crone stereotype by first looking in chapter three at her portrayal of midwives in *The Midwife’s Apprentice*, and how Cushman uses historical details to illustrate a more diverse depiction for the midwife and her authority to practice medicine within the community. Chapter four analyzes *Catherine, Called Birdy* to present a new and alternative location in which women practiced medicine in the Middle Ages. Cushman’s portrayal of Birdy illuminates her reputation and authority as a healer through her role as the daughter of the manor. Women are still assisting in childbirth; however, Cushman expands female medical practice to treating a wider assortment of ailments, while also treating the physical and emotional needs of patients. Finally, chapter five concludes my study by examining *Matilda Bone* for further depictions of female medical practice within a medical community. Red Peg, Matilda, and Doctor Margery combine Cushman’s previous ideas on medical practice from *The Midwife’s Apprentice* and *Catherine, Called Birdy*—that midwifery is based on hard work and skill and that a healer tends to both the physical and emotional needs of patients. In challenging the old crone stereotype in

young adult literature, I show that Cushman depicts a broader scope of historically accurate portrayals of women and medicine during the Middle Ages.

CHAPTER III

THE MIDWIFE'S PORTRAIT IN CUSHMAN'S *THE MIDWIFE'S APPRENTICE*

In 1996, *The Midwife's Apprentice*, Cushman's second novel, captured the attention of readers and critics alike by winning the Newbery Award Medal. The story explores courage and belonging in Alyce's journey of self-discovery as an unknown and abandoned girl who works for the midwife in exchange for food and shelter; soon, she becomes known among the villagers as the midwife's apprentice. Little by little, Alyce makes personal connections with others and learns the art of midwifery. Fear and failure prevent her for a time, but she ultimately realizes her ability to be the midwife's apprentice. Many readers have found inspiration from Alyce's story over the years and continue to do so.

Scholars have looked at *The Midwife's Apprentice* for its portrayal of medieval society, particularly addressing the novel's accuracy on its depictions of literacy and its relation to medicine, social class, and gender roles. For example, in "Books and Reading in Young Adult Literature Set in the Middle Ages," Rebecca Barnhouse argues that recent historical fiction novels promote modern day values of literacy as being widespread and accessible in medieval settings. She briefly examines Alyce's experience with literacy and how it plays in her medical education. Barnhouse particularly notes that Alyce reflects historical accuracy by learning midwifery from "an illiterate, skilled woman, not letters," though Cushman does attach modern day values of literacy to Alyce's identity ("Books and Reading" 370).

Furthermore, Joanne Brown and Nancy St. Clair respond to Alyce's value for literacy by citing it as a key factor to her character's developing identity because it motivates her to learn midwifery. Their analysis further adds that both Jane Sharp, the midwife, and Alyce elevate their social positions through their professions, which gives them a kind of power within the community (Brown and St. Clair 112-13). In conclusion, they propose two readings for Alyce's return to the midwife at the novel's end: that individual effort determines success or failure; or, that "social advancement . . . can manifest itself only when the most basic needs for food, shelter, and group membership are first met" (113).⁸

Taking a feminist approach to examine the novel, Mary H. McNulty argues in "The Girl's Story: Adolescent Novels Set in the Middle Ages" that with the recent rise in female protagonists in medieval historical fiction novels, a character's authenticity becomes an issue in the face of gender roles and expectations. She reviews Alyce as a

8. For a different reading on *The Midwife's Apprentice*, see also Zornado "A Poetics of History: Karen Cushman's Medieval World." *Lion and the Unicorn: A Critical Journal of Children's Literature* 21.2 (1997): 251-66. He argues that Cushman "challenge[s] traditional notions of historical fiction by writing a new kind of historical fiction" in which her characters use various modes of thought—such as the Romantic, Tragic, Comic, and Satiric—to explore their identities in a medieval world (252). Zornado specifically remarks on the importance and power of naming in *The Midwife's Apprentice* and notes that individuals only see "what their position in life allows them to see" (260).

realistic role model for women of her time using her “gifts and skills as a young woman” to assert power in her life (McNulty 22). Along the same lines, Angela E. Hubler briefly analyzes the novel as a model for “an individualistic approach to female empowerment” to use in her main study of the feminist political novels *Uncommon Faith* and *Hope Was Here* (57). She cites *The Midwife’s Apprentice*’s major theme is “the protagonist’s developing identity” and argues that this is seen in Alyce’s individual efforts throughout the novel to discover her sense of self (59). Hubler’s argument further concludes that female empowerment is more of a collective effort as reflected in *Uncommon Faith* and *Hope Was Here* rather than as an individual effort.

Although much of the scholarship has focused on Alyce’s character, my examination of *The Midwife’s Apprentice* shows how Cushman begins her challenge of the old crone stereotype by depicting more diverse interpretations of midwives and their roles within the community. By looking at the portrayals of Jane Sharp and Alyce (also known as Beetle), readers see a broader depth of women’s authority to practice healing within a community. In doing so, my analysis shows how Cushman presents more historically accurate depictions of the practices of midwifery during the Middle Ages.

The Middle English word *midwife* appeared around the fourteenth century meaning “with woman” (Green, “Midwives” 561). It is generally a term applied to the woman attending to an expectant mother during childbirth (OED), or it is also defined as “a saint who aids women in childbirth” (MED). Women depended upon one another during this important life event, and as such, all gathered around the laboring mother—midwife, family, and neighbors—to assist in the birth of an infant. The spelling variations of this Middle English word include both the mid- and med- forms, and “the **med-** forms

may be due to the influence of L **medius**, [meaning] ‘mediator’” (MED). The midwife is then the middle person who assists mother and child through the transition of birth. These definitions also connect her to the medieval setting as a transition state in the historical fiction novel. The midwife aids young readers through their journey of self-discovery as they make connections between the past and present. Indeed, Cushman even comments that “The midwife seemed like the right image for a book about someone being reborn, giving birth to herself” (Hendershot and Peck 198-99). The coming of age experience for these fictional protagonists is a kind of birth process in which these characters are in need of a mediator through this transition, and certainly scholars have argued Jane Sharp, the midwife, to be a competent mediator for Alyce’s journey of self-discovery.⁹

Historically speaking, childbirth was a woman’s domain within medieval society, and men rarely entered the scene except in extreme cases. Moreover, midwifery was present in all levels of society and had its own unique practices among the medical professions during the Middle Ages (Ward, *Women in Medieval Europe* 98). In her Author’s Note to *The Midwife’s Apprentice*, Cushman reports that “Sometimes the midwife was the oldest woman in the village,” leading to the appearance of the old crone stereotype (*Midwife’s Apprentice* 118). Yet she purposely characterizes her midwife, Jane Sharp, as a medium between extreme views to dispel any notions of stereotypes.¹⁰ Cushman doesn’t even reference Jane’s medical abilities with her first introduction. She is simply described as “a woman neither old nor young but in between. Neither fat nor

9. See Brown and St. Clair 111-13.

10. See Cushman “Author Profile” 99-103.

thin but in between” (3). This middle ground is an effective place to begin because it eliminates the formulaic descriptions and strips away any preconceived notions. Readers are then presented with original images that allow them to engage more with the text and come to their own conclusions based on the material before them. In the early chapters, Jane is an average person with “sharp” qualities that give her a unique depiction, and illuminate her importance as the village midwife (3).

Beginning in chapter three, Jane’s image expands in reference to her profession as Alyce begins working for her. The text reads:

Jane Sharp became the midwife because she had given birth to six children (although none of them lived), went Sundays to Mass, and had strong hands and clean fingernails. She did her job with energy and some skill, but without care, compassion, or joy. She was the only midwife in the village. Taking Beetle gave her cheap labor and an apprentice too stupid and scared to be any competition. This suited the midwife. (11)

This portrayal generally depicts Jane as a cold and unfeeling woman—characteristics that usually alienate a person from society. However, Cushman uses them and lists several qualities that reflect medieval midwifery practices to characterize Jane as a female healer, including experience and willingness to work, the need for a midwife, and religious practices and moral character.

The experience of her own pregnancies, strong hands, and willingness to work all build her reputation as a midwife. Jane’s skill is perhaps learned informally like so many other women of the Middle Ages. Much of what medieval women knew of pregnancy and childbirth passed to each other from personal experience or informal training as

women were not permitted at universities for their education. Scholar Monica Green reports that between the sixth and thirteenth centuries, neighbors and family members relied on one another for medical assistance, “none necessarily claiming any more expertise than the others” (“Midwives” 561). Jane’s six pregnancies, though, authorize her as the midwife in the community. Her babies did not survive,¹¹ but that does not deter the village from employing her—she has the experience and it results in the delivery of healthy infants who do survive.

Moreover, Jane’s skill sets her apart from other women in the birthing chamber because she establishes order within. For example, the miller’s wife’s delivery is a chaotic scene described as “Hell” due to the summer heat and the village crowd surrounding the cottage (Cushman, *Midwife’s Apprentice* 23). In addition, Beetle’s inexperience only increases the mother’s screams until “Suddenly the door flew open, and there stood the midwife . . . ‘Out!’ she bellowed, and the room fell empty. . . . When all was quiet, the miller’s wife began her labors again” (23). Jane’s knowledge and experience give her the authority here to turn everyone out. She is not questioned by anyone and sets out to do her work.

One reason why no one doubts Jane’s ability is because she is the only midwife in the community. They know to come to her for help as “Meg from the manor diary . . . says nothing soothes like [Jane’s] goose grease ointment” (19). Even Lady Agnes at the manor employs Jane’s service when she is ready to give birth. Such a reputation for

11. See Ward *Women in England* 46 and *Women in Medieval Europe* 51 for suggested figures of infant survival.

healing integrates Jane Sharp into the community, securing her position among the villagers. Furthermore, Jane's reputation allows her to cross social class boundaries. Though she is a villager herself, she moves from the village to the manor and back freely giving her an "enviable autonomy" that Joanne Brown and Nancy St. Clair discuss (112). Jane mediates the births for both lower and upper class mothers. This gives Jane a singular form of power that she recognizes and uses to her advantage; she "picks and chooses her clients" (112) based on the payment they will give for her services as she "refuse[s] to come to laboring mothers who [have] nothing to pay" (Cushman, *Midwife's Apprentice* 14). Jane is a single woman living in the village, and midwifery is her livelihood. While she is a greedy and uncharitable person, she also works to receive her rightful pay, and for some goose grease ointment, Meg "will pay [. . .] four eggs and a tot of butter" (19).

Cushman elaborates on Jane's payment to show that midwifery was considered a respectable profession for a woman to hold. Scholars report that midwives were generally paid well for their services, midwives among the nobility especially. For example, at the birth of Henry Bolingbroke's (the future Henry IV) son, Thomas, the midwife who attended Mary de Bohun received forty shillings (Ward, *Women in England* 49); another, Margery Cobbe, received an annual pension of £10 for her services to Edward IV's queen (Labarge 181). In France, midwives received compensation from town authorities as privileges "such as exemption from taxes or even a pension on retirement" (181). Sometimes, the need for a midwife was so great in a town that officials forbade midwives from leaving the community due to the high number of expecting women (181).

Such regulations for these healers do not seem as a likely payment, but it reinforces the importance for midwives to be involved in a community. Though Jane Sharp shows her greed for payment and haggles for her fees, her knowledge and experience fulfill a need for the village: “The midwife’s greed angered the villagers, but they needed her” (Cushman, *Midwife’s Apprentice* 14). Their willingness to concede to her demands reflects the authority she has not just as a midwife but as member in the community. Brown and St. Clair contend that “[a]s the village midwife, Jane holds more power and authority than other women,” which gives her independence as a woman (112). This in turn elevates her position in society—it gives her a voice and power to do as she pleases.

Jane Sharp’s medical authority and community involvement do not just pertain to the village in which she lives and works in, but it extends beyond to the closest neighboring community. Magister Reese, a scholar staying at the local inn outside the village, compiles an encyclopedia and incorporates Jane’s medical knowledge on pregnancy and childbirth in his book. She shares with him the remedies she uses to prevent miscarriages and to stop excessive bleeding. This is significant for Jane because it, again, expands the boundaries in which she normally practices medicine; however, it does not seem plausible within medieval society for a woman of her situation. Monica Green reports that medical encyclopedias, similar to Magister Reese’s compilation, “touched on gynecological topics incidentally. The majority of these works were read and used by men” (Green, “Gynecology” 341). And as men generally did not participate in the birthing scene, it seems unlikely that a man of Magister Reese’s position would seek out to include Jane Sharp’s medical knowledge on midwifery. Moreover, manuals and

texts written specifically for midwives did not appear until the fifteenth century (342).

The famous physician known as Trotula wrote three treatises focusing on gynecology, treatments, and female cosmetics during the eleventh and twelfth centuries in Salerno, Italy, but midwives such as Jane, who is illiterate, would not have access to these writings (Green, “Midwives” 561).

Jane Sharp’s depiction and credibility as a midwife is also linked to her religious practices of attending Mass each week. Several historians note the importance for midwives to be in good standing with the Catholic Church as they were given authority to baptize the infant if death was imminent. Women were not given any clerical authority except in these extreme cases of childbirth. Anders Fröjmark’s research on childbirth miracles reports midwives petitioning Swedish saints during difficult deliveries where many of these petitions requested that an infant live long enough to be baptized by the midwife (301). Normally, infants were baptized within a day or two of birth by a priest, and carried to the parish church by the midwife or nurse (Ward, *Women in England* 50).

While Jane Sharp does not baptize an infant in the novel, Cushman alludes that she has the moral standing to do so through her attendance at Mass—it is one of the qualifications which singled her out as a viable healer. This emphasis on Jane’s moral and religious character reinforces the importance that midwives were expected to be in good standing with the Catholic Church, especially since they were given authority to baptize infants. Indeed, in the mid-fifteenth century, church and state organizations placed further emphasis on religious and moral character by requiring midwives to be licensed. These regulations “were meant to control . . . their moral character” (Green, “Women’s Medical Practice” 450). Jane’s recognition for her attendance at Mass further

ingratiates her with the community because they see her devotion to religion and trust her authority to heal. Even when she is found having a sexual relationship with the baker, her only punishment is the embarrassment from being caught—she is still called for when women need her assistance in the birthing chamber. In addition, Jane's sexual activity further debunks the old crone stereotype because the old crone is seen as sexless. Rather, Jane's sexual relationship reflects medieval ideology that women were perceived as lusty and sexually-driven creatures, making her a believable character for the historical time period.¹² Despite these liaisons, Jane is not banished or isolated as the old crone stereotype suggests for the female healer, but rather her portrayal differs from the old crone because Jane exhibits qualities which integrate her into society.

As Cushman challenges the common stereotypes associated with female healers, she also alludes to them in *The Midwife's Apprentice*. In particular, Cushman allows Alyce to question whether or not Jane Sharp is a witch, and does so because it connects to the historical accounts that many midwives were accused of being a witch during the Middle Ages. The unique knowledge of herbs, remedies, and charms that had been passed down the generations by female healers caused many clerical and state authorities to fear the midwife's healing power—whether these methods worked or not to cure disease. Some scholars note that these witchcraft accusations were associated with a

12. For more information on women's nature, see Williams and Echols chapters 1 and 3, and Rawcliffe 169-78.

midwife's knowledge of contraceptive and abortive remedies.¹³ Indeed, the late fifteenth century guidebook to witch hunting, the *Malleus Maleficarum*, specifically labels the midwife as a witch for killing infants and offering them to the devil with a curse.¹⁴

Nonetheless, Alyce links Jane to witchcraft by imagining Jane's ability in midwifery coming from magic and spells. Alyce knows that Jane appears to be what she is—a sharp, middle-aged woman—but the apprentice is curious as to why she isn't allowed in the birthing chamber. She assumes it is because Jane wants to keep Alyce ignorant of her witchcraft (Cushman, *Midwife's Apprentice* 14), and Alyce is right—Jane Sharp doesn't want any competition as the village midwife.

However, Alyce begins to realize that midwifery doesn't involve sorcery when she finally sees Jane at work. During Kate's (the weaver's daughter) delivery, Alyce observes that “midwifery was as much about hard work and good sense and comfrey tonic as spells and magic” (16). This first occasion begins to breakdown Alyce's perception of Jane, and as Alyce learns more about midwifery and what it entails, she distinguishes the difference between magic and skill. Alyce ultimately concludes that Jane is no witch after Emma Blunt's difficult delivery—a delivery which Alyce could not handle on her own and needed the midwife's experience. To see Jane Sharp at work and

13. See Brodsky 24, Labarge 181-82, Rawcliffe 203, and Ward *Women in Medieval Europe* 53 for more information on contraceptives and abortion remedies.

14. See *The Hammer of the Witches: A Complete Translation of the Malleus Maleficarum*, Part II, Chapter Thirteen.

succeed forces Alyce to admit “[Jane] had delivered that baby with work and skill, not magic spells” (70). Jane’s work and skill at this delivery included:

Anointing her hands with cornmeal and oil, she rubbed and kneaded, pulled and tugged, and turned that baby from both the inside and the outside until finally he was in a position to come out. Then she slapped Emma’s great bulge of a belly, lifted her from behind by her shoulders, and gave her a good shake. (69)

The text suggests the baby is in a breeched position, and through Jane’s experience as a midwife, she has most likely encountered such situations before. She knows what needs to be done for the baby to deliver in a safe position and it does not include magic spells or incantations as Alyce initially believes of the midwife’s practice. Instead, Jane is depicted as a midwife in a more diverse view—one that associates her with hard work and community involvement as the focus of her medical practice.

We must also consider Alyce’s portrayal as a female healer because she is the apprentice and has her own experience practicing medicine, which integrates her into the community. She is the midwife-in-the-making and will one day assume this position like Jane Sharp. Yet she exhibits a more material change in her identity throughout the novel and must come to the conclusion that her role within society is as a healer. The development of her identity begins at the novel’s opening with the image of a child known as Brat being “small and pale, with the frightened air of an ill-used child” with no future prospects for her life (1). This first depiction of her mirrors the isolation and society’s rejection of the old crone who lives beyond the boundaries of society. However, Cushman swiftly contests this stereotype by further developing Alyce’s character. She is

intelligent and recognizes the heat produced from the dung heap. Despite the awful smell, she chooses to sleep there to escape the cold night air where she then earns her new name as Dung Beetle. Furthermore, she knows that working for the “important-looking woman” will provide her with a meager meal (3). And so by returning repeatedly for work and the chance of a full belly, Alyce is quickly recognized by the villagers as the midwife’s apprentice by the end of the chapter. This is not all—later on she gives herself a proper name, Alyce. In response to this naming process, Joseph Zornado remarks that “When we name ourselves—with a first name, a title, a degree . . . we change our perspective on the world. We see more, we see differently, and we see with purpose” (260). Alyce’s story begins as an outcast, alone and without hope, but soon she emerges into a role, which has the possibility for her to belong and be accepted somewhere because it gives her a purpose.

It is not Alyce’s physical appearance that integrates her into a community but rather her ability to work. Jane Sharp has plenty for Alyce to do around her cottage such as cooking, cleaning, and tending to the fire. More specific tasks that pertain to that of a midwife’s apprentice include that Alyce “gathered honey, trapped birds, and collected herbs, leeches, and spiders’ web” for the midwife’s stores (Cushman, *Midwife’s Apprentice* 12-13). Moreover, Alyce is also responsible for bringing Jane’s medical basket to the house of a laboring mother and is expected to “clean out the soiled straw bed and wash the linen” when the delivery is over (13). As Alyce attends to these mundane tasks, she acquires her role and reputation as the midwife’s apprentice within the community. This association gives Alyce more authority as a healer than most members in the village, which is why the miller brings her to his wife when Jane cannot

be found. Alyce's lack of experience is evident but she has possibility. She recalls some of the things the midwife says and does for these moments, such as "'Two eggs and a laying hen' and 'Push you cow' . . . but when Beetle spoke them they did not have the same effect as when the midwife did" (22).

Cushman again reflects what historians know to be accurate by showing how Alyce's training as a midwife is similar to that of Jane Sharp's—in that it follows the oral tradition of transmission. Both Alyce and Jane cannot read and they would not have access to manuals on childbirth, so Alyce's training is learned through experience. Cushman depicts a believable situation for Alyce to learn midwifery. It is also informal because church and state organizations did not require apprenticeships or licensing for midwifery until the fourteenth and fifteenth centuries when France and Germany began to require such regulations. And even then, these regulations focused more on the moral character of midwives rather than their medical knowledge (Ward, *Women in Medieval Europe* 56).¹⁵ Rebecca Barnhouse even states in her analysis of the authenticity of literacy and the transmission of medical knowledge that "Alyce's medical education [is] more accurate; Alyce relies on the knowledge of an illiterate, skilled woman, not on letters, and the people of Alyce's village value her for her skill in midwifery, not in literacy" ("Books and Reading" 370). One thing though that sets Alyce apart from Jane is that she does not have her own experience of pregnancy and childbirth to draw from for she is still a young virgin on the verge of womanhood; therefore, much of her training comes by observation—what she sees Jane do. However, Jane makes this difficult for

15. See also Green "Women's Medical Practice" 450.

Alyce because she does not allow her in the birthing chamber so that Alyce can become her competition; yet Alyce observes through the windows of the cottages in the village to learn more of midwifery.

This observation helps Alyce when she delivers the bailiff's wife's baby. She replicates the practices she had seen the midwife employ. The bailiff remarks to Jane Sharp, much to her dismay, "Your helper has taken care of us with her two strong hands and her good common sense," likening Alyce's skill to that of Jane's (Cushman, *Midwife's Apprentice* 60). Alyce's potential of actually becoming a midwife surfaces at this delivery and "she sets out to learn the secrets of the older woman's skill, recognizing that, . . . those skills bring autonomy" (Brown and St. Clair 112). Alyce not only observes the midwifery practices, but also recognizes the authority and position Jane holds as the village midwife. The midwifery skills make Jane an independent woman and so Alyce sets out to learn the skills "that will make her a necessary part of a community" as well (112). Jane Sharp now has competition for her medical services, and Alyce has a sense of belonging because she is needed and wanted as a midwife.

However, Alyce's fear keeps her from fully accepting her role as the midwife's apprentice. She considers herself a failure when she must call on Jane Sharp for help during Emma Blunt's difficult delivery. The fact that she must call for help does not take away Alyce's authority to be a healer; it is her fear of failure which does so because she admits defeat and runs away. Jane Sharp recognizes Alyce's talent to be a midwife and even tells Magister Reese that Alyce was smarter and better company than the previous apprentices Jane took on. According to Jane, an apprentice must "do what I tell her, take what I give her, who can try and risk and fail and try again and not give up" (Cushman,

Midwife's Apprentice 88). The defining quality for midwifery then focuses on this concept of hard work and willingness to try. With these qualities, a woman has the "license" to be a healer.

Alyce finally recognizes where she belongs after attending to the delivery of a woman who came to the inn where she worked. The apprentice assumes her authority by "[doing] everything she had seen the midwife do and even invented some of her own" (109). Alyce then returns to Jane Sharp and solidifies her role as a midwife's apprentice. In doing so, she accepts the work she must put forth not only to her teacher, but to the women of the village as well. It is their acceptance of her medical knowledge and need of her help which will further integrate Alyce into the community.

Cushman also embraces the common stereotypes of female healers for Alyce by connecting her to witchcraft as well because she is the midwife's apprentice. This characterization draws upon the ideology the *Malleus Maleficarum* explores in that experienced witches seek out apprentices to teach them the art of witchcraft. The guide book refers to this sort of relationship with the sorceress, an old woman, leading young maidens towards the devil (*The Hammer of the Witches* 278-79). In this scenario, we can place Jane Sharp as the sorceress or old woman teaching Alyce, her apprentice, witchcraft along with midwifery. However, Cushman does not fully explore this aspect of witchcraft. Instead, Alyce uses the idea of witchcraft to gain position and respect among the villagers, especially among the village boys who harass her. On one occasion the boys torment her cat, and Alyce threatens to throw one of the midwife's tonics at them which will then cast a spell on them. She declares "I will unstop this bottle of rat's blood and viper's flesh and summon the Devil, who will change you into women, and henceforth

each of you will giggle like a woman and wear dresses like a woman and give birth like a woman!” (Cushman, *Midwife’s Apprentice* 55). Though she doubts the power of this tonic to do such a thing, she nevertheless uses it to increase her power over the young boys.

Another occasion where Alyce uses witchcraft is when she plays with the villagers’ fears of the devil to receive satisfaction for the hard time they give her. The villagers are afraid to go out at night and use Alyce as a messenger when they need her because she is not afraid of the dark. It is at night when Alyce strategically places unusual hoof prints in the mud around the community to spur their curiosity and superstition of the devil, making the townspeople look ridiculous as they discover each other’s “human frailties” such as the baker’s and Jane Sharp’s love affair (Brown and St. Clair 113). The villagers ultimately realize there is nothing superstitious in these footprints and Alyce disposes them: “After this, the Devil was never seen in the village again, no one but Alyce knew why” (Cushman, *Midwife’s Apprentice* 46). This scheme is effective because Alyce gains a sort of position within the community as she joins them in their curiosity. She is no longer bullied or pushed around, and the villagers do not suspect her as the one creating the commotion, which leaves her portrayal as the midwife’s apprentice untarnished by the common stereotype—Cushman dismisses it for her as well as for Jane. In response to this entire scenario, Brown and St. Clair argue that the reason Alyce can use superstition and witchcraft against the villagers is because it “indicates that she has [already] acquired both some power and confidence” for herself and in the village (113). Her work as a midwife’s apprentice helps her develop these qualities to establish a

reputation that is already built on hard work within the community while the use of superstition furthers her social position.

Cushman challenges the old crone stereotype through Jane Sharp and Alyce by portraying them with qualities that integrate them into society rather than isolate them. The concepts of image, authority to heal, and community involvement build upon one another in the novel, and it begins with this defining portrayal for midwifery as hard work and skill. Both Jane Sharp's and Alyce's characterization focus on these traits, and it authorizes them to be the healers within the community—even when Cushman hints at their association to witchcraft. The authority to heal and to be accepted in society are linked closely together because their medical skills combined with the village's need for a midwife add value to their positions, and as a result include them into the community. Moreover, these qualities reflect what historians know about medieval society. As Jane Sharp remarks "Babies don't stop their borning," and so there will always be a need for the midwife and her apprentice (Cushman, *Midwife's Apprentice* 88).

CHAPTER IV

HEALERS OF THE MANOR IN *CATHERINE, CALLED BIRDY*

Catherine, Called Birdy delights audiences with Birdy's (also known as Catherine) spunky spirit and hilarious attempts to ward off potential suitors. Told in diary format, Cushman explores the possibilities of individuality and societal expectations regarding gender through Birdy's perspective. As a daughter of the manor, Birdy struggles to align her ambitions of greatness as a crusader or a minstrel with those of her family's for marriage and family, and she employs any tactic she can to thwart her father's intentions to marry her off "to some lack-wit seeking a wife" (Cushman, *Birdy* 6). The novel portrays a wide array of medieval life during thirteenth century England from "fleas, [to] hangings, childbirth dangers, village festivals, street shows, folk remedies . . . [to] superstitions and spells" (Margolis 37).

The most sustained scholarship on *Catherine, Called Birdy* comes from Rebecca Barnhouse as she addresses Cushman's portrayals of literacy and religious diversity. In "Books and Reading in Young Adult Literature Set in the Middle Ages," Barnhouse draws ample material in her examination for accuracy in the novel's depictions of reading and writing in conjunction with the transmission of medical knowledge. Of the four novels reviewed, Barnhouse remarks that *Birdy* "portrays books, reading, and writing in the most historically accurate way" noting several examples that illustrate literacy and the access to it in the Middle Ages ("Books and Reading" 370). These examples include the oral tradition in which Birdy learns doctoring to the materials on which she writes her account. Yet Barnhouse also notices the discrepancies that promote modern day

ideologies for literacy such as “Perkin’s [the goat herd] desire to be a scholar” (372). In another review, *Recasting the Past: The Middle Ages in Young Adult Literature*, Barnhouse remarks that authors become unintentionally didactic when it comes to topics like religious diversity or writing characters with different backgrounds (11). She argues that authors need to trust their readers more to understand and recognize the differences between modern day and medieval culture (11). She further compares and contrasts *Catherine, Called Birdy* to other medieval young adult novels for the accuracy of religious diversity, noting that Birdy is “historically accurate and as sympathetic in her dealings with the Jews” (12). She also remarks that Cushman reflects her trust in her readers through Birdy’s character development.

Most of the criticism on *Catherine, Called Birdy* examines the accuracy of the novel’s depictions of gender roles and expectations in medieval society. Anne Scott MacLeod argues that authors revise history to write “pleasant” but historically inaccurate stories for their audience (MacLeod 27). She specifically remarks that Birdy’s resistance and her all-too-convenient “exit” (30) from her marriage to the formidable Shaggy Beard “evade the common realities” of gender expectations of a medieval society (31). Cushman thus falls in line with other authors who revise history for the historical fiction novel. In a similar fashion, Mary H. McNulty notes the increase of female protagonists in medieval young adult fiction in recent years, which raises the concern that these characters’ may not be representative of women during the Middle Ages. She argues that Birdy pushes the boundaries of accuracy due to her spunky behavior, eloquence in speech and writing, and even the portrayals of literacy. Yet she mentions that Birdy’s role as a medical caregiver for her family and the villagers is “quite authentic” for the time period

(McNulty 21). However, Joanne Brown and Nancy St. Clair argue that Cushman finds a balance between the conflicting ideas of modern day feminism and thirteenth-century gender expectations through Birdy's character. They look at how Birdy firsts recognizes societal expectations for her gender, her resistance to conform to these expectations, and how she finds a resolution to adhere to them while "satisfying her sense of self and moral agency" (Brown and St. Clair 122).¹⁶

My analysis of *Catherine, Called Birdy* further builds upon McNulty's brief remark that Birdy's role as a medical figure is historically accurate. Cushman continues her challenge of the old crone stereotype by presenting a different location and situation for women to practice medicine—in the country manor. There is still a midwife to attend to the women during childbirth; however, the lady of the manor and her daughter are the medical authorities for their community, which encompasses those individuals who live and work in the village and on the manor. Cushman broadens the medieval healer's medical authority beyond the birthing chamber to show women doctoring other ailments of the human body for a wider community including women *and* men. Through these

16. For a different reading on *Catherine, Called Birdy*, see also Zornado. He argues that Cushman writes a "new kind of historical fiction" which includes her characters, particularly Birdy, to employ modes of thought—such as the Romantic, Tragic, Comic, and Satiric—to make sense of their lives and society (252). In particular, he contends that Birdy "discovers the limits of particular modes of thinking and abandons them only to settle on a kind of Satiric mode of self-reflection" (255).

depictions, Cushman further presents realistic portrayals and practices of medicine for the time period.

Catherine, Called Birdy is actually Cushman's first novel, published in 1994, and was quickly followed by *The Midwife's Apprentice* the following year. However, I examine it second in my study so that I can first address the image of the midwife and the assumption that female medical practice took place solely in the birthing chamber during the Middle Ages, which *The Midwife's Apprentice* clearly explores. *Catherine, Called Birdy* depicts childbirth and the women who participated in this event, but it also presents a more extensive look at medieval medicine within a woman's domain in the home. In turn, this ordering of the novels reflects a more gradual progression of female medical practice.

While Cushman challenges the old crone stereotype in *The Midwife's Apprentice*, she embraces it in *Catherine, Called Birdy*. "[O]ld Nan in the village" comes to the manor for the lady Aislinn's delivery and is described as one who "drinks and stinks and stumbles" (Cushman, *Birdy* 191). She is not officially named as the midwife for the community in the text; however, Cushman confirms that the drunk and dirty midwife is also a stereotype found within literature.¹⁷ Nan is mainly sent for because "her babies mostly live" which suggests that her authority to attend to the lady Aislinn is much like

17. See Cushman "Author Profile" 101; Monica Green also references that the stereotype for a midwife during the Victorian era was similar in "Women's Medical Practice and Health Care" *Signs: Journal of Women in Culture and Society* 14.2 (1989): 434-73 footnote six.

Jane Sharp's—ability based on personal experience with pregnancy and childbirth (191). Despite her drunken and dirty state, her experience with childbirth still integrates her into the community because of the need for a midwife. Furthermore, Cushman draws on historical details by giving Nan authority to baptize the infant while it is still in the birth canal. After the infant is safely delivered, the mother's life is still in danger; yet, "Nan [goes] back to the village, saying there is nothing more she could do" leaving Birdy and Morwenna, the nursemaid, to care for the mother and child (193). Again, Nan's behavior is very similar to the cold and unfeeling emotion that Jane Sharp exhibits in *The Midwife's Apprentice*: both are qualified to assist with the deliveries, but they do so without compassion or sympathy.

However, Nan is not the only woman present in the lady Aislinn's birthing chamber; Birdy takes an active role nursing her mother throughout her pregnancy and delivery. She presents a new model of healing that doesn't just focus on her mother's physical health, but her mental and emotional health as well. For example, to relieve the pain of her mother's swollen legs during pregnancy, Birdy's prescription includes "rubbing her legs with sweet-smelling oils and singing her sweet songs and it seems to help" (174). This method of healing attends to both physical and emotional needs simultaneously. Moreover, Birdy repeatedly petitions St. Margaret of Antioch, the patron saint for women in childbirth, when her mother is not coping well with labor and delivery. St. Margaret is asked to be the mediator or midwife for this delivery while Birdy's petitioning reflects the historical accuracy for the time period. Many medieval women petitioned saints during these difficult deliveries mainly to ensure that the infant

lived long enough to receive baptism, and Birdy reflects this practice well.¹⁸ But Birdy focuses on the idea of healing physical and emotional needs together, and so she begins her prayers to St. Margaret on July 20th as a source of comfort: “O dear Saint Margaret, protect my mother when her time comes. She is old—over thirty—and delicate. But you were strong and stubborn and I can be as tough as boiled beef, so mayhap together we can sustain her” (176). The lady Aislinn doesn’t deliver her child until the evening of September 4th, but Birdy anticipates her mother’s need for physical and emotional strength to endure childbirth. Even after the delivery, Birdy continues her petitions to St. Margaret while also praying to the Virgin Mary for her mother’s recovery from a postpartum fever.

Birdy’s duties in the birthing chamber further extend to her baby sister after she is delivered. She steps in as a nurse to “[clean] the spittle from her mouth and the blood from her body, [and wrap] her in clean linen” (192-93). Healing also means that she employs superstitious remedies such as hanging garlic and rowan above the infant’s cradle “to ward off witches” (193). Birdy’s method of healing is similar to that of Jane Sharp’s and Alyce’s in that Birdy works hard and uses skill while combining religion and superstition to her practice. These practices not only increase a woman’s power and authority, but they make Birdy a convincing healer for the historical setting. She broadens readers’ vision of women and medicine to a more expanded view of the medical resources available during the Middle Ages. For example, scholar Margaret Wade

18. See Fröjmark 303, 305; see also Ward *Women in England* 48, and *Women in Medieval Europe* 57.

Labarge reports that “[m]edieval medicine was an undigested mixture of ancient knowledge of useful herbs and plants, [and] ideas for treatment gleaned from classical sources, practical experience, and a general, if occasionally shamefaced, reliance on magic and incantations” (169). Birdy’s medical practice incorporates both religion and superstition thus representing her culture’s approach to healing and making her character more realistic.¹⁹

Birdy’s medical approach can also be linked to that of Alyce’s medical abilities. Alyce hints at Birdy’s model as she attends to the bailiff’s wife’s delivery by combining Jane Sharp’s skill with that of her friend’s, Will Russet, kindness, which he showed during his cow’s delivery. The text reads that she “gave Joan all she had of care and courtesy and hard work” (Cushman, *Midwife’s Apprentice* 59). Both Alyce and Birdy employ this idea of caring and nurturing, which makes their healing practices distinct and contrasts those of Jane Sharp or old Nan, who leave the birthing chamber as soon as the child is delivered.

What also makes these two healers somewhat unusual is the fact that they are young, unmarried and assisting in the birthing chamber. Women rely upon one another for this life event, but it is perhaps not so historically accurate for Cushman to portray young, unmarried females as part of the circle of women who attend to others in childbirth. Anders Fröjmark’s research on Swedish childbirth miracles provides insights to the birthing scene and notes that the women “were always older than the women

19. For more information on religious and folkloric practices of medicine, see Finucane 62-63.

giving birth. They were also invariably married women” (305). In addition, Jeanne Achterberg comments that the qualifications for women to participate in midwifery include “the women must have had children themselves, not be ‘young,’ and be Christians in good standing” (118). This casts an interesting light on Cushman’s healers because both Alyce and Birdy are young budding virgins contrasting Jane Sharp’s and old Nan’s sexual experience.

Furthermore, Alyce and Birdy can be identified as young maidens, which the Middle English Dictionary defines as “a girl, a young girl” (MED). Kim Phillips also defines a young maiden as “a young unmarried woman in her teens and early twenties” (4). The age of these two healers illuminates the transition for the coming of age, moving from childhood innocence to adult responsibility and sexuality. However, Birdy fits Phillips’ definition of a young maiden better than Alyce because of their differing social classes: Alyce is an orphan at the lowest end of the social scale whereas Birdy is part of the gentry class. To add further distinction to Birdy’s role as a healer, Phillips notes “that youth was a time of unusual autonomy for women” (7). For maidens like Birdy, their roles led them to be active, yet submissive, participants in society (13). Phillips further explains that a maiden’s education focused on women “to fit uncomplainingly within larger structures of family, household, community and status group in eternally supporting roles” (61). Birdy’s education, or “lady tasks” certainly fits her into this dynamic due to her social position on the manor, as will be shown momentarily (Cushman, *Birdy* 13).

Whereas Alyce is an orphaned peasant who seeks a sense of belonging, Birdy is the daughter of the manor and already established in a community. She describes it as “I

am the daughter of a country knight with but ten servants, seventy villagers, no minstrel, and acres of unhemmed linen” (5). When we consider Birdy’s portrayal as a healer, we must look to her role as the daughter of the manor and how it integrates her into the community. She broadens our perception of medieval medicine because she reflects the caretaking and medical duties medieval women assumed in the home. Cushman thus expands the definition of female healers by presenting an alternative location and situation for women to practice medicine beyond the birthing chamber and the isolated forest as the old crone stereotype suggests for women healers.

Through her father’s observations, readers learn that Birdy’s characterization is a young maiden of marriageable age. Birdy confirms her physical appearance as “I am no beauty, being sun-browned and gray-eyed, with poor eyesight and a stubborn disposition” (6). Her father seeks to find her a husband, but with such an appearance, she questions how she could ever attract a suitor. Marriage was an important life event which transitioned females from childhood to adulthood, and tended to occur at a younger age among the nobility. The lower classes and peasantry generally married at a later age—in their late teens or early twenties. The Catholic Church allowed marriage to occur as young as the age of twelve for girls and fourteen for boys.²⁰ The difference in age for marriage between the social classes adds further distinction between Alyce and Birdy. Both texts reference their ages: Alyce is either twelve or thirteen—“No one knew for

20. See Ward *Women in England* chapter 2 and *Women in Medieval Europe* chapter 2 for more information on marriage practices. See also Shahar 223-24.

sure, least of all the girl herself” (Cushman, *Midwife’s Apprentice* 2). Birdy is fourteen, and will marry sooner than Alyce due to her social position.

In addition to her father’s husband hunting, her mother insists on “lady lessons” to educate Birdy in household management in preparation for her upcoming marriage. Mothers were responsible for their daughter’s education which allowed young maidens to participate in society, as Kim Phillips discusses in her scholarship.²¹ Birdy’s mother, the lady Aislinn, is a medical authority imparting her knowledge of healing and care to her daughter in the oral tradition of medical transmission, and such duties “included making medical salves, pills, drinks, baths, and other remedies” (Rankin 217). This makes Birdy’s character more convincing as a healer, and indeed, Rebecca Barnhouse comments on the accuracy that “Birdy learns from her illiterate mother how to make tonics and ointments” (“Books and Reading” 370). The lady Aislinn and Birdy become involved in their community through the medical care they provide to those who live and work on the manor. Medieval women found much of their ingredients for remedies and for cooking from the herb gardens they attended as part of their household duties, and Birdy often remarks on the herb gathering she does throughout the novel to replenish the medical stores. This is Birdy’s role: to be trained for marriage and the establishment of her husband’s household so that she will work as the medical authority for this new community.

However, Birdy is much like Alyce and struggles to accept her role in the home as a healer. She finds her duties to be “endless mindless sewing, hemming, brewing,

21. See Phillips 61, and Shahar 221-23. See also Labarge 170.

doctoring, and counting linen!” and questions “[why] must I learn to . . . sweat over great steaming kettles of dung and nettle for remedies the next? Why must the lady of the manor do all the least lovable tasks?” (Cushman, *Birdy* 13). To this end, she finds herself at odds with her situation and yearns for her own adventure. Joanne Brown and Nancy St. Clair argue this as Birdy’s recognition of society’s expectations for her gender. One way she shows her rebellion against these expectations is to distort her physical appearance as a woman. Birdy mostly does this to discourage the suitors who come to call as a way to gain control over her fate. One disguise included: “I rubbed my nose until it shone red, blacked out my front teeth with soot, and dressed my hair with the mouse bones I found under the rushes in the hall” (8). And when she runs away with the Jews, Birdy “wore an old tunic and leggings of Edward’s, stuffed my hair into a cap, swaggered and spit, and looked much like a boy, except that I was curiously flat between the legs” (16). This latter distortion of her appearance, again, reflects that Birdy recognizes her lack of power and authority as a woman; she thinks she must be a man in order to choose her fate, but when she considered filling the gap between her legs with straw, she thought “that would make it hard to walk, so [she] went as [she] was” (16). Birdy struggles to accept her roles as a woman and doesn’t quite realize the influence she can have especially considering the community of which she is a part. The old Jewish woman tells her that “in the world to come, you will not be asked ‘Why were you not George?’ or ‘Why you were not Perkin?’ but ‘why were you not Catherine?’” (17). Bewildered by the old woman’s response, Birdy returns to the manor and concedes to her lady lesson duties.

What Birdy doesn’t realize is that she does have power in her role at the manor, a role that elevates her as an authority figure. As a woman with medical knowledge, she is

further integrated into the community because she tends to literally every person's medical needs as they seek her out for a remedy. And she must know a wide variety of treatments for the many different medical needs within the community. Such examples include Perkin, the goat herd who suffers from gas to Father Huw and his boils. For Father Huw's case, her mother tests Birdy's knowledge of medicine to which she responds "I thought the best remedy was to throw himself in the river, but aloud I advised an ointment made of oil of bay and a bath once in a while" (45). Most commonly, she treats family members and villagers alike for excessive drunkenness after the many festivities and holidays, and on these occasions there is always a need for medical attention after the brawls and raucous behaviors come to an end. It is Birdy who gives the medical help to these people such as William Steward's burned hand or Roger Moreton's fatal wound.

Cushman elaborates in her Author's Note that "Everyone had a particular place in a community, be it village, abbey, manor, family, or guild. . . . Family and community and guild and country were what mattered. No one was separate and independent" (*Birdy* 207-08). Birdy's place within the community is to be the one who possesses the medical knowledge and to provide this care. She may fight against her situation, but she has the talent to be a healer. Gradually, she learns to accept her role and recognizes the kind of power she can have.

Birdy's acceptance as a healer can be identified as Brown's and St. Clair's argument that she must undergo a "negotiation process" that aligns society's expectations with her "sense of self" (122). They further argue that Birdy begins this process by observing how other women maintain control of their lives (124), and also "show[ing] a

greater interest in . . . the special province of females such as gathering and preparing herbs for medicinal uses” (125). Birdy finds her voice and power most clearly in preparing medicinal remedies for individuals on the manor and in the village. For example, in preparing a treatment for her father’s sore throat, Birdy remarks, “I made him a gargle of strawberries, water, vinegar, and the dung of a white dog. Because of how hard he cracked me yesterday, I put in extra dung” (Cushman, *Birdy* 142-43). Her medical authority has its vindictive moments, but she applies her skill to more serious cases to the point where she rejects the Spanish physician’s prescription for her mother’s headaches and advises the lady Aislinn against his judgment.

Her confidence takes her to a new level of skill that Birdy recognizes herself as a healer. She picks and chooses the herbs for her remedies and modifies those that have been handed down from her mother and grandmother. She concludes:

Many of the older remedies call for lark’s wing or boiled raven. I will not use them but use instead fish bones or nail trimmings or extra rue and sneezewort. No one here at the manor has died since I have been doing so and I expect my remedies doctor just as well as the originals. (177)

To this end, she decides to make her own herbal book and anticipates the need for a healer in the various situations and locations she may encounter, commenting “I can have [it] with me always wherever I go” (177). Barnhouse, however, remarks “This sounds more like a project for a modern character than a thirteenth-century one” (“Books and Reading” 370). But for a role Birdy found to be tedious and tiresome, she makes it her own throughout the course of the novel.

Moreover, Birdy makes healing her own through her method of healing the body physically and mentally. She prepares remedies that comfort, calm, and soothe a person's mental and emotional state, and references several herbs and remedies that produce these effects. Such remedies include violets for "attacks of melancholy" (Cushman, *Birdy* 114); "clary wine and custard to lift [the] spirits" (141); and a tea of "wormwood and periwinkle . . . to comfort the heart" (155-56). In truth, these remedies are mostly applied to herself as a coping mechanism for the constant battles with her father. But as she progresses in her medical abilities, Birdy becomes more sympathetic and transfers this kind of healing towards the members of her community. Specifically, her mother receives ample attention due to her pregnancy; Birdy makes a tonic of chamomile and honey and remarks "Her discomfort discomforts me" developing empathy for her patients (135).

When we consider how Birdy tends to the body physically and emotionally, she ultimately uses a combination of religion, superstition, and her own methods to heal those within her community—much like the women in the Middle Ages. Throughout the novel, readers see Birdy interact and question both religion and superstition for its effectiveness to heal others. For instance, Birdy attempts to curse the lovers Aelis and her Uncle George to split them apart, and she also questions why Christ did not leave a cure to heal the lepers after He went to heaven. Birdy reflects on these influences and their power within medicine—particularly we see her employ them during her mother's pregnancy. Moreover, Rebecca Barnhouse comments that as Birdy learns healing "she supplements this knowledge with what she hears from others in her village as well as with her own experimentation" ("Books and Reading" 370). Birdy again picks and chooses which remedies she thinks will be most effective in her medical practice. One thing to note is

that Birdy's use of both religious and superstitious practices never leads the audience to question her authority to heal like Cushman questions for Jane Sharp or Alyce in *The Midwife's Apprentice*. Birdy interacts with the relationship between religion and superstition, but she herself is never accused of witchcraft.

With all these resources at hand to care for the community on the manor, Birdy realizes she cannot avoid marriage. It is perhaps her experience with her mother's childbirth that cements Birdy's acceptance to be a healer within the home and for the community. Roughly two weeks after the birth of her baby sister at the end of the novel, Birdy remarks on September 21st, "I am who I am wherever I am. Like the bear and my popinjay, I cannot survive by myself. But I also cannot survive if I am not myself. And who am I? . . . Birdy, Catherine of Stonebridge, daughter of Lord Rollo and the lady Aislinn . . ." (Cushman, *Birdy* 202). Birdy recognizes that she cannot escape her role in society, but she also acknowledges the importance of her community—she cannot be a healer without a community to benefit from her medical skills, and recognizes how the two are dependent upon one another. Her role as a healer for the manor is equated to that of her community involvement.

Cushman's further depiction of a woman's role with medicine in the home on the country presents, for the most part, an accurate portrayal of an alternative situation and location for female medical practice. It is perhaps misleading for Birdy to participate in the birthing chamber as a young and unmarried female, but as the daughter of the manor assuming medical authority for the community, Cushman portrays a believable character representative of women and medicine in the Middle Ages. Though at first Birdy resists her role and duties associated with the daughter of the manor, she gradually realizes the

power and influence she has with her medical skill. Brown and St. Clair further suggest at the novel's conclusion that Birdy now has an understanding "of how she can subvert her culture's assumptions about gender to gain some control over her life as a married woman" (126). As a young maiden, she certainly has proven her skill as a healer within her father's home, that no doubt she will continue her medical practice as a wife in charge of her husband's household.

CHAPTER V

THE PHYSICIAN'S TOUCH IN *MATILDA BONE*

Matilda Bone, published in 2000, is Cushman's third medieval novel, which takes place in a medical quarter of a town in fourteenth century England. As a result from her research for *Catherine, Called Birdy* and *The Midwife's Apprentice*, Cushman became intrigued by medieval medicine and subsequently published *Matilda Bone*.²² It is the story of the orphaned Matilda who comes to Blood and Bone Alley to work as an assistant to Red Peg the Bonesetter. However, Matilda is at odds with her new life and finds the life of a Christian martyr more appealing than learning to build fires and assisting in medical treatments. She yearns for the comfort and familiarity of her life at the manor with Father Leufredus who taught her Latin and theology. As she struggles to find her place in Blood and Bone Alley, Matilda encounters several healers and learns more about caregiving, discovering that friendship and love "are indeed the best medicine" (Jones et al. 225).

The scholarship on Cushman's most recent medieval novel is extremely limited, but it too focuses on the historical accuracy of the representations on religion and gender. Most notably, Rebecca Barnhouse briefly examines the novel in "Leeches and Leprosy: Medieval Medicine in Modern Novels for Young Readers." She explores the relationship between medicine and Christianity arguing that young adult novels written before the 1990s place more emphasis on the Catholic Church's influence than those following the 1990s, which present a more secular and modern view of religion. Barnhouse further

22. See Hendershot and Peck 225.

argues that *Matilda Bone* falls under this latter category because Matilda, though she begins as a devout Christian, gradually accepts a more modern view of religion and its role within medicine. Matilda learns that “logic, practical experience, and kindness” prove to be more effective in healing (Barnhouse, “Leeches and Leprosy” 39). Whereas Barnhouse reviews the depiction of religion, Mary H. McNulty briefly discusses the novel’s authenticity in terms of gender expectations, noting that Matilda recognizes the limits of her sex and social position, like Alyce and Birdy do, as she interacts with the various healers to find her sense of belonging (22). Moreover, McNulty remarks that the female healers rely on the oral tradition of transmission and experience to practice medicine. My examination of *Matilda Bone* expands McNulty’s argument by offering a more in depth analysis of women’s roles and gender expectations within medieval medicine.

Matilda Bone concludes Cushman’s challenge of the old crone stereotype by presenting further depictions of women healers during the Middle Ages. She portrays yet again a different location and multiple situations for a medical practice. There is not a solitary female character who possesses the medical authority, but rather she depicts a medical community in a town reflecting the diverse range of medieval healers—men and women—including apothecaries, blood letters, and physicians all working together to provide healthcare to the townspeople. Blood and Bone Alley is “where ordinary people [come] to be bled, dosed, and bandaged, with its barber-surgeons down this way and leeches down that” (Cushman, *Matilda Bone* 7). Cushman presents her female healers as bonesetters and physicians through her depictions of Red Peg, Matilda, and Doctor Margery. These healers combine Cushman’s ideas from *The Midwife’s Apprentice* and

Catherine, Called Birdy together as part of a woman's medical practice—that midwifery is based on hard work and skill and that a healer tends to both the physical and emotional needs of a patient.

The novel picks up where *The Midwife's Apprentice* and *Catherine, Called Birdy* leave off—Matilda is an orphan, like Alyce, who comes from the community life on a manor and is transported to Blood and Bone Alley. Cushman admits in the Author's Note that she did not find any record of such a medical community in existence within a town or village in her research (*Matilda Bone* 162). For this reason, this novel is perhaps the least historically accurate as she imagines a modern day healthcare system; yet I argue there is more accuracy to this depiction than has been acknowledged by the author or critics. Cushman is not far from thinking that medical communities existed in some form during the Middle Ages as medical experts formed guilds like other craftsmen during the thirteenth and fourteenth centuries.²³ Due to their similar trades, physicians and apothecaries assembled together while barbers and surgeons combined their professions

23. Monica Green reports that there “is no indication that medieval midwives attempted to organize or control themselves by means of guilds or other formal association in the same way that many male practitioners did” (“Women's Medical Practice” 450). However, during the fourteenth and fifteenth centuries in France and Germany, we know that regulations for apprenticeships and licensing were enforced on midwives more as a means to control their moral character. See Ward *Women in Medieval Europe* 56. See also Cushman “Author's Note” *Matilda Bone* 162-66.

(Brodsky 26). Scholars also note the inclusion of women within these organizations.²⁴ As a result, standards and licensing practices for medical professions were set in place.²⁵ Furthermore, Monica Green comments on the idea of a “medical marketplace” in which men, and women in particular, accessed healthcare from multiple sources, which may include consulting an herbalist or a bloodletter or even visiting a pilgrimage shrine for a healing miracle (Green, “Gynecology” 341). This idea of a medical community is not unheard of in the Middle Ages.

In order to appreciate the medical community found within *Matilda Bone*, it is helpful to know what medical practices were available during the Middle Ages. Margaret Wade Labarge divides medieval medical professions into five categories including: 1) doctors as “the social and professional superiors” (172) in medicine resulting from their education; 2) barber-surgeons practiced a wide range of duties from hair cutting to surgery; 3) empirics with their medical knowledge based on experience and skill; 4) midwives attended to women’s obstetric and gynecological needs; and 5) apothecaries were “responsible for the making up of medicines” (173).²⁶ Cushman creates a more believable medical community by including these professions in *Matilda Bone*. Specifically, she portrays physicians and explores the differences between a skills-based and a university-educated physician as well as apothecaries. In addition, she also includes

24. See Rankin “Doctors and Healers” *Women and Gender in Medieval Europe: An Encyclopedia* 217; Green “Women’s Medical Practice” 447; and Rawcliffe 187-89.

25. See Brodsky 26; Achterberg 78-79; and Rawcliffe 188.

26. See also Getz chapter 1.

depictions of bonesetting and bloodletting medical practices. Indeed, Rebecca Barnhouse commends Cushman's recognition of "a variety of types of medical practitioners [that] could be found in Western Europe in the fourteenth century" ("Leeches and Leprosy" 40).

Many individuals believe in the prevailing assumption that medieval women did not participate in medicine outside of the home as *The Midwife's Apprentice* and *Catherine, Called Birdy* depict; however, scholars report that female medical practice extended beyond the domestic setting.²⁷ In particular, Monica Green reports that "women's medical practice was by no means limited to midwifery" and reports that of the 7,647 reported medical practitioners in France between the twelfth and fifteenth centuries, 121 were reported to be women ("Women's Medical Practice" 440). Forty-four identified as midwives while the remaining number, 77 women, reported to practice medicine "as barbers, surgeons, trained physicians, or untrained empirics" (440).²⁸ Therefore, Cushman again reflects what historians believe to be true when she portrays a female physician and bonesetter in *Matilda Bone*.

Before she begins describing these women, Cushman presents two contrasting images of healers beside each other at the novel's beginning: one is the old crone

27. For information on women and the variety of medical practices they participated in, see Stoudt 13-15; Cushman "Author's Note" *Matilda Bone* 166; Green "Women's Medical Practice" 439-40; Rawcliffe chapter 8; and Ward *Women in Medieval Europe* 95.

28. See also Ward *Women in Medieval Europe* 96.

stereotype; the other, a saint. When Matilda arrives at Blood and Bone Alley, she imagines Red Peg, the bonesetter, to be

a saintly figure, soft-spoken and learned, who healed with but a touch of her pale, thin hands. More likely, though, the bonesetter was an ancient crone, bony and wizened, with hairy moles on her chin and cheeks, and implements of torture all about her—racks and chains and huge wooden mallets with which to crush. . . . (Cushman, *Matilda Bone* 3-4)

These two opposing images illuminate the medieval ideology that women were either compared to Eve as “weak, lusty, and generally corrupt,” individuals or to the Virgin Mary who represents beauty, innocence, and purity (Williams and Echols ix).²⁹

Moreover, this saintly healer image aligns closely with one of the stereotypes Cushman found in literature for the midwife: a “great wonderful goodhearted beautiful woman who invented forceps” (“Author Profile” 101). We can also associate this saintly healer image to that of the Middle English definition for the midwife as “a saint who aids women in childbirth [such as] Ste. Mary Magdalene” or St. Margaret of Antioch, who Birdy petitions on behalf of her mother (MED). Matilda, though, assumes the worst of Peg after seeing the clamps and pulleys hanging from the ceiling and quickly associates Peg with corruption, remarking “I feared I had been snatched by the Devil” (Cushman, *Matilda Bone* 5).

29. For more information on medieval ideology for women, see Rawcliffe chapter

Cushman, however, challenges these notions—that women are either weak and corrupt or beautiful and pure—and dismisses both images to give Peg her own, which includes:

hair orange as a carrot peeping from beneath a greasy kerchief; a big smile that showed more spaces than teeth, although she appeared of no great age yet; and a face beslobbered with freckles, forehead to chin, ear to ear; tall and lean, plain, common and most ill-mannered. Not fine and saintly—but no hairy moles, either (5).

Peg is described much in the same manner as Jane Sharp—in the middle of two stereotypes—as being neither young nor extremely old, but middle-aged. Her appearance falls somewhere between that of an old crone and a saint as Peg is considered plain and common—again, average with her own striking features of red hair and freckles.

Also like Jane, Peg’s portrayal as a healer is associated with the long standing position she has held as the bonesetter within the community, building her reputation on experience. She declares “There’ll be no one in town can teach you as much about bonesetting as old Red Peg here, . . . I have been setting bones on the alley since I was apprentice to Harold Spinecracker, many years ago” (14). Her time on Blood and Bone Alley makes her an authority figure along with her formal training as an apprentice. Cushman authenticates Peg’s medical authority by addressing in the Author’s Note that bonesetting has a long history and was practiced by the “great bonesetting families” for hundreds of years, noting “the Thomases of Liverpool, the Suttons of Norfolk, [and] the Taylors of Lancashire” (*Matilda Bone* 165). Peg has the medical knowledge to help individuals in this capacity and it integrates her into the community. She remarks that

“[t]wenty years or more it has now been, and I have tended to every finger, back, and knee in this town” (14). The community trusts her ability to heal, but moreover there is a need for her skills set just as there is a need for a midwife in town.

Peg’s medical skill differs though from Jane Sharp’s in that she has a warm and open manner toward her patients, even when she treats one patient’s cat. She recognizes that compassion and kindness make her clients feel more comfortable and safe. Her approach builds upon Birdy’s model to heal both physical and emotional needs. In addition, Peg tells Matilda that “Knowing is not enough. You must also listen and look, . . . What did you ask him? . . . Well, look at him. What do you see?” (85). This approach reflects more of how an empiricist practices medicine—one who focuses on the senses and experimentation to heal. Yet Peg takes it a step further to develop a relationship with her clients—she engages with them while tending to their medical needs, which contributes to her twenty-year position on Blood and Bone Alley. For example, Peg’s treatment of Rufus Mason’s hand for the past year adds to her status as a healer, but while doing so, she develops the patient/healer relationship to the point where Peg can ask Rufus for a favor in return to help her other patients. She remarks to one in particular, Stephen Bybridge, “Go to Rufus Mason at the new Church of the Holy Blood. I tended his hand for him last year, and he is ever anxious to repay the favor. He will have work for you that does not involve chisels” (87-88). This sort of attention to her patients not only integrates her into the community for her medical skills, but it also integrates her into other professions and trades within the township to further build her reputation as a healer.

As we look at Peg, the bonesetter, as a healer in the community, we must also consider her assistant Matilda as a healer because she has her own experiences with healing and community involvement in a variety of ways that broaden Cushman's portrayal of medieval medicine. Like Cushman's previous protagonists, Alyce and Birdy, Matilda also resists her role as a healer. Her situation in life is similar to Alyce in that she is an orphan and struggles to find a sense of belonging with her new life. The education that Matilda received from Father Leufredus in Latin and theology now seems somewhat useless to her new role, and she wishes her life were more like that of a Christian saint or martyr. Her characterization is presented in conjunction with Peg's who describes her as "a right sweet-looking little polliwiggle you are, with them great green eyes and a chin like God Himself had cupped it in His hand, . . . but you're thin as an eel in winter" (5). Matilda's appearance suggests more of a resemblance of the saintly healer she imagined for Peg, and she even responds in a self-righteous manner that she is small due to her fasting. However, through her work and interaction with the medical community, Matilda gradually adapts to her new life and becomes a healer herself.

As an assistant to a bonesetter, Matilda's work includes much of the same tasks that Alyce does for the midwife such as cooking, cleaning, and tending to the fire. More specifically, Matilda brews remedies, lotions, tonics, and ointments while assisting Peg with patients to "soothe and restrain" and "help the setting of bones" (13). Her training is informal and learned through observation and experience just as Alyce and Birdy learned their medical skills—following the oral tradition of medical transmission. At first, Matilda resists Peg's approach to healing and feels that petitioning saints would be far

more beneficial, particularly in the case of Alkelda Weaver's daughter whose foot is growing crooked. As she watches Peg attend to the young girl, Matilda prays:

Dear Saint Hippolytus, who knew suffering, . . . please deliver this child from her torture at the hands of the bonesetter. But the saint replied, You consider this torture? Why, I was tied by my feet to a team of horses and dragged through thistles and thorns. That was torture! This is healing. Watch and learn. (35)

As Matilda draws upon the medieval influence of miraculous healing powers associated with saints and their shrines and relics,³⁰ it makes her character believable to the setting. Nevertheless, her religious experience includes the saint advising her to watch and learn healing from the medical authority. Barnhouse refers to this response as taking the secular and modern day approach to religion thus making Cushman's portrayal less accurate in terms of portraying the influence of the Catholic Church. Even after such a reply from a saint, Matilda is still determined to use Latin and religion to treat individuals. However, in the case of Stephen Bybridge and his injured hand, Matilda realizes that her education cannot help him, and she needs Peg's guidance and knowledge—"the methods of [an] illiterate [woman] who [relies] on practices handed down by word of mouth and [. . .] own common sense"—something that Matilda struggles to accept as effective healing practices (McNulty 22).

30. See Finucane 59-71 for more information on medieval society's belief in the miraculous powers associated with saints, their shrines and relics.

Yet Matilda is a much more successful healer when she replicates Peg's authority, particularly when treating Grizzl and Sarah, both elderly women within the community.

The text reads:

She warmed her hands at the ruins of the tiny fire, as Peg had showed her, before rubbing Grizzl's joints with liniment. At first, Matilda felt timid about putting her hands to Grizzl's arms and shoulders, but soon she settled into the work, and the rhythm soothed her as well as Grizzl.

(Cushman, *Matilda Bone* 47)

As Matilda imitates Peg's authority among the community members, she increases her own confidence to be a healer. Walter Mudd, apprentice to Nathaniel the apothecary, even christens Matilda with a name that coincides with her new image. He declares "Let me rather say, Matilda Bone, we are grateful" (94). Though Joseph Zornado does not discuss *Matilda Bone* in his article,³¹ his argument on the importance of naming in *The Midwife's Apprentice* applies for Matilda as well because she accepts this new name from Walter Mudd and even refers to herself by it when she attends to patients such as Sarah. This new name gives Matilda her purpose as a healer and associates her with the bonesetting profession. As a result, Matilda's self-righteous manner gradually fades and she accepts Peg's approach to healing, thus reflecting a more secularized view of religion that Barnhouse discusses.

31. See Zornado "A Poetics of History: Karen Cushman's Medieval World." *Lion and the Unicorn: A Critical Journal of Children's Literature* 21.2 (1997): 251-66.

Matilda assumes more authority to be a healer by immersing herself into the community to seek out a cure for Nathaniel's poor eyesight. She reaches out in particular for Master Theobald who she believes to be a great physician due to his education in Latin and astrology. When Master Theobald's treatment proves to be ineffective, Matilda is not deterred and finally puts her reading and writing skills to use in a letter to seek out the scholars at Oxford for insight into Nathaniel's case. At the end of the novel, she receives a reply and learns about the experimentation with glasses that might be a solution. At this level, Matilda involves herself in two kinds of communities: the township and the medical community on a larger scale. Her education enables her to converse with these experts from Oxford while simultaneously increasing her medical authority.

Moreover, Matilda proves herself a healer when she nurses her friend Tildy who suffers from a head injury and recovers from brain surgery. Matilda employs her own approach by using a combination of religion and practical nursing skills as a caregiver. She petitions several saints to aid Tildy and also uses the nursing skills taught to her by Peg and Doctor Margery. Matilda unconsciously steps into her own right to be a healer just as Alyce and Birdy do by finding their own model of healing. Doctor Margery remarks "You used the skills you have: your quick thinking, good sense, your strength and your prayers, your friendship. You saved her life, just as surely as if you had mixed the medicine and sewed the wound yourself. You did what you know to do, just as I did what I know" (150). Yet Matilda differs from Alyce and Birdy in that she is a young girl who does not assist in childbirth, but acts as a nurse and participates in surgery—thus

extending the medical practices Alyce and Birdy participate in. Matilda represents the women who practiced medicine beyond the birthing chamber.

At the novel's conclusion, Matilda admits she is not certain about a career in medicine, but her words to a passerby on the street suggest that she does accept her role as a healer. She states: "I being attendant on a bonesetter know something of the rheumatics, . . . I have heard that it can be cured by carrying with you a stolen potato or four mole feet, although Mistress Peg always recommends poppy tea, warm soaks, and a good hard stretching and bending" (157). Matilda ultimately finds the community in which she belongs just as Alyce and Birdy learn for themselves, and it is in Blood and Bone Alley as a healer herself (McNulty 22).

Working beside Peg and Matilda in the medical community is Doctor Margery, who is perhaps the most complex of the female healers in the novel. She is a physician, but a large part of her practice is devoted to women in childbirth, bringing us back once again to the image of the midwife. However, she is not described in terms of the saint or old crone stereotypes as Peg or Matilda, but rather by her gender. Margery is a skills-based physician often at odds with Master Theobald, a university-educated physician. They each have their own approach to medicine yet many members in the community are more in awe with Master Theobald's abilities, particularly Matilda. His training focuses on diagnosing patients through astrological signs and examining their urine samples whereas Margery's training is most likely informal, relying on her experience and senses to treat her patients—much like an empiricist. Nonetheless, Cushman describes her as a physician and does so while adhering to historical accuracy.

Medieval women were not permitted to attend universities to become licensed practitioners and physicians. Some scholars report that women's knowledge for this profession came by way of "training within their families and on the job" (Ward, *Women in Medieval Europe* 95).³² Most often, women practiced without a medical license yet it was illegal to do so, and in many cases, they were tried by the courts such as the famous case of Jacqueline (or Jacoba) Felicie in 1322 in Paris who treated both men and women without a license. Margery, however, is not tried for her practice, but the competition between her and Master Theobald does raise questions to her authority as a healer.

Margery's initial characterization down plays her position as a medical authority within the community as common and comical. She is described as "a well-padded woman—a goose girl, perhaps, or a butcher's wife—with a broad red face, strong teeth, and feet like mandolins" (Cushman, *Matilda Bone* 26). Furthermore, Margery makes a scene on the street begging Master Theobald to teach her more medicine. He refuses to educate her citing the reasons that she lacks instruction in Latin and astrology; she is loud and blasphemous; and more importantly, she is a woman (27). In stark contrast, Master Theobald is "an impressive-looking man in black surcoat lined with fur and embroidered red shoes. At his waist was a leather belt, from which dangled a small book bound in gold and russet. He looked learned. And worthy. And clean" (26). In short, he represents professionalism and authority.

Yet as Margery shares with him a case of a woman dying in childbirth, she reveals her credibility as a healer. She states "I dosed and cleansed, patched and prodded,

32. See also Labarge 173.

watched and listened, held her and sang as sweetly as I could. I used massage, rare stones, tansy wine, holy amulets, prayer, everything I know. For nothing” (27). Margery relies on a number of methods and treatments—adding to her character’s portrayal of accuracy—but still finds her ability inadequate to save the woman, and therefore seeks to collaborate with Master Theobald whose response includes that the patient chose her labor at an “ill-omened moment” because as a man, he finds it degrading to concern himself with such cases (27). It is this division that fuels their contention for one another: “‘Mistress Lewes, and how do you find the ills of women this day? Mostly the fault of men, Master Theobald,’ she said, bowing back to him” (114-15). Margery is a physician who mostly attends to women in obstetrics and gynecology and there is an implied stigma that she isn’t really a physician because of her clientele.

However, there are those in Margery’s corner who believe in her medical authority and accept her in the community to practice medicine. For example, Peg recognizes the perception Margery has as a female physician but vouches for her skill to Matilda who is inclined to believe that Master Theobald is the superior physician. Peg declares “But woman though she be, . . . she is physician indeed. Have you fever or boils? Fallen arches or wambly gut? Marg here can mend them all” (31). This description expands Margery’s medical knowledge to more than childbirth making her capable of treating individuals in all aspects of medicine. Peg specifically characterizes Margery as a physician and not a midwife, which supports the historical accuracy that not all female healers can be categorized as midwives. Monica Green comments there is a distinction between a practitioner and a midwife, and argues we mustn’t assume that all female healers practiced midwifery, or that women only sought medical care for assistance in

obstetrical or gynecological needs, even though a large portion did.³³ Medieval women were represented in all medical fields and experienced a variety of ailments. In truth, it's puzzling to see Margery's medical abilities in a wider scope of medicine when she summarizes her practice as "Breeding and bleeding. My business is all breeding and bleeding—they breed and I bleed them" (64). This characterization is what complicates Margery's portrayal as a healer, but as the novel progresses, readers see further examples of Margery's medical skill, which categorize her as a physician.

Margery's cases that extend her medical practice beyond the birthing chamber include her collaboration with Master Theobald and Peg treating Effie, a Scottish woman with a head injury and some broken ribs. Initially, Master Theobald uses astrology to determine Effie's diagnosis, much to her dismay, before sending her on to Peg for further treatment. He explains the broken ribs and sends a salve for Effie's head but that is the extent of his healing in this case. He gives her to Peg and Margery, and does not follow up with the patient. In the end, it is Margery, Peg, and Matilda who care for Effie, and the text notes more of Margery's care. She comes every day for a week to monitor Effie's progress, listens for signs of a pierced lung, and treats Effie's infected head wound with wine, cobwebs, and bread mold. In response to Matilda's declarations that Master Theobald's efforts saved her, Effie replies "No. It were you and Peg and the bigfooted Doctor Margery. . . . No, I think the miracle was the skill of Margery and Peg and your kind heart. And the will of God" (121). Margery devotes a lot of time to women's needs,

33. Green "Women's Medical Practice" 438-39.

but she is a physician and her medical authority extends beyond obstetrical and gynecological care.

Another example of Margery's medical skills includes her performance of brain surgery on Tildy, which helps Matilda recognize and value Margery's authority as a doctor. As a result, Matilda's perception for Margery changes from being a goose girl to "Doctor Margery, a physician and a great lady, red of face but kind of eye, sturdy and strong and trustworthy" (150). Margery also comes to her own conclusion about her role and medical practice as a healer. She confides in Matilda that she is content to attend to women because there will always be a need for her services to help them. Experience, skill, and healing through the senses are what make Margery a valuable physician in the community. She is confident in her skills and no longer recognizes Master Theobald's education to be superior to her own. She declares "I will bow to him no longer. I will do what I can and do the best I can" (151). Margery connects herself then to Cushman's previous female healers, employing the hard work and skill that Jane Sharp and Alyce exhibit in *The Midwife's Apprentice* while also treating a patient's physical and emotional needs as Birdy practices in *Catherine, Called Birdy*. Margery may not have the education or the resources Master Theobald has as a physician, but she combines these approaches to make up the basis of her medical practice and it makes her a successful healer for the community.

Matilda Bone depicts female healers in more diverse situations and locations for a medical practice, and Cushman focuses on the need for healing to include hard work, skill, compassion, and kindness. Master Theobald is an educated man, but his approach as a care giver resembles that of Jane Sharp or old Nan because he treats his patients

without sympathy and then leaves without any follow up. However, Cushman emphasizes an alternative approach, which again focuses on characterizing her healers with qualities that integrate them into society rather than isolating them. In the Author's Note, she remarks that healers such as Peg and Margery "who spoke to their patients and listened to the answers, who looked at them carefully, who touched them and developed relationships with them—these were the real healers, regardless of education and reputation" (166). Matilda is certainly another healer who will fall in line with this approach as she continues to learn her skill and kindness from Peg. Furthermore, Cushman's portrayal of a medical community reflects a more historically accurate depiction of medieval medicine and reveals more alternative situations and locations in which women practiced medicine.

CHAPTER VI

CONCLUSION

In each of her three medieval novels, Cushman challenges the old witch-like crone stereotype to dispel the notions that female healers and their medical practices included distinct physical features, isolation from society, and the stigma of witchcraft. She depicts a wider range of female healers during the Middle Ages while presenting elements of the stereotype in each of these novels. In *The Midwife's Apprentice*, Cushman expands the image of the midwife by focusing on her duties and community involvement while also hinting at Jane Sharp's and Alyce's association to witchcraft—suggesting that their medical skills include magic and sorcery. Ultimately, she dismisses such notions for both healers to focus more on the imagery of hard work and skill, which builds Jane's and Alyce's authority to be medical figures. *Catherine, Called Birdy* embraces the stereotypical view of the midwife through old Nan who delivers the lady Aislinn's infant. Yet she is paired with Birdy who represents an alternative depiction to female medical practice as a young maiden with plenty of spunk and heart to assist in the birthing chamber as well as to attend to the community on the manor in preparation for her marriage. *Matilda Bone* presents both extremes of the midwife stereotype (young and beautiful versus the old hag) as Cushman further depicts female medical practice to include women as physicians and bonesetters in her imagined medical community. Instead, the focus is more on how her healers provide caregiving that fosters and builds trust between patient and healer while still adhering to the historical accuracy of medieval society.

The physical descriptions of these healers are very different from that of the old crone stereotype, which depicts female healers as elderly women with distinguishing marks upon their faces such as the warts on the nose or the hairs upon the chin. Rather, Cushman's novels emphasize the interaction between the healer's physical appearance or description, her medical ability, and her community involvement to characterize female medical practice. Cushman links the healer's characterization to her medical authority, while also depicting how authority determines the extent to which the healer integrates into her society. This interaction promotes opportunities for Cushman's healers to gain social position and power—and not just in terms of medicine. Cushman focuses on qualities that immerse her female healers into a community whether it be on a large or small scale to give her characters a sense of belonging and value.

Moreover, Cushman undercuts the popular stereotypes to portray female healers in authentic settings and presents a more realistic portrait of medieval medicine. She blends the images of the popular stereotypes with more historically accurate depictions to help readers recognize where the problem lies when authors present female medical practice in formulaic ways. By doing so, Cushman rewrites history and literature to add more depth to the medieval setting of the historical fiction novel, and presents to a younger audience the complexity of life that the popular stereotypes lack in their descriptions. Cushman places more emphasis on qualities that really define a healer. While some of her depictions may not completely align with history, she anticipates her reader's need for factual information by providing the Author's Notes to clarify and expand more on medieval society. As a result, depicting a variety of locations and situations in which women practiced medicine broadens our perspective not only of

medieval medicine, but of history as well. For example, we learn that medical communities were present in medieval society through the establishment of guilds and the “medical marketplace,” and midwives played a very active and prominent role within the community (Green, “Gynecology” 341).

By challenging the old crone stereotype within literature, Cushman alters readers’ perception of female healers because the protagonists themselves recognize the narrow view in which they perceive female medical practice. In the course of three medieval novels, Cushman’s protagonists experience a change in their perceptions of healing. Alyce recognizes that Jane Sharp is not a witch because her medical ability does not include magic or charms. Birdy’s role and identity as a healer entails marriage and the management of a household, and she realizes that “marriage is what you make it” (Cushman, *Birdy* 175), and that a woman, particularly herself, “[is] who [she is] wherever [she is] (202). Matilda ultimately changes her perception of Peg’s and Margery’s skills and acknowledges them as superior to that of Master Theobald’s. Altogether, Cushman’s protagonists learn medicine from their illiterate mentors by way of the oral tradition of transmission. Though Alyce, Birdy, and Matilda are all literate to some degree, they accept the remedies and treatments passed down by the generations and use them to find their own approach to healing in society. In all these novels, the healing integrates women into the community to give them positions of authority.

In their essay collection *Women and Power in the Middle Ages*, Mary Erler and Maryanne Kowaleski explore medieval women’s roles in relation to the power they assume in various situations such as in public office and the family, or in the literature contemporary to the Middle Ages. Their final remarks in their Introduction include: “To

say we focus on the issue of women and power is to say that we are concerned with the deepest questions about women's identity and cultural roles. To ask *when* women have been powerful and *how* is to attempt to provide a new understanding of women's lives and work" (Erler and Kowaleski 13). This is what Cushman's challenge of the old crone stereotype does—it provides a new understanding for female healers and expands readers' perception of women's roles in medieval society.

The Middle Ages in England is an era spanning 1000 years—from 500 to 1500—and is extremely diverse in culture and events. It is a history that captivates authors and their readers alike to delve further into the medieval world through the historical fiction novel. The details specific to the culture attract modern day audiences as they learn of everyday life for medieval men and women. The food, social class divisions, religious life, clothing etc. create a world foreign to contemporary audiences, yet not so distant that individuals cannot identify with the past and find commonalities. This sort of fascination leads individuals to re-create the period not only for their own enjoyment, but for others as well. Tison Pugh and Angela Jane Weisl explore in their study of medievalism that people are drawn to re-creating the period because "[i]t continues to enthrall for its pageantry and its manners, for its ideals of courtly love and chivalry, for its literary and artistic accomplishments" (1). Certainly one can find this appeal for the Middle Ages in the many re-creations found within music, art, literature, and film. Through all these re-creations, many individuals have found a way to experience the Middle Ages in some form or another. As such, it is important to create settings that reflect the accuracy of the time period as Cushman generally does in her literature. It is here within the historical fiction novel where many young readers learn about history and make these connections

between the past and present. By providing readers with a broader perspective of medieval culture, it helps them to further explore their own identities.

Cushman herself expands her historical settings to Early Modern England in a later novel, *Alchemy and Meggy Swann*. Here, she depicts individuals coping with birth defects and disabilities in a society where the medieval ideologies of health and disease carried over to the Reformation. With this novel, she expands medicine to address the patient's point of view and provides more opportunities for young readers to make those connections between the past and present. This Early Modern period is then the end of the midwife's role to mediate the transition state or coming of age that readers occupied in the medieval setting. In doing so, Cushman moves her readers forward to the next historical period and a new phase in life.

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