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## Medieval Ailments: Healing Others, Misogyny, and Anti-Semitism

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Undergraduate Craft of Research Prize

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Andria Tieman Michney

January 15, 2020

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### Medieval Ailments: Healing Others, Misogyny, and Anti-Semitism

Witches have not always been perceived as spooky, green-faced, black hat-clad women as they are portrayed in popular culture during the October weeks leading up to Halloween. However, they often had their magical potions. From the 14<sup>th</sup> century to the 17<sup>th</sup> century, men and women alike were perceived as sorcerers and witches for various superstitious acts, often tied to roles as medical healers. Medical healers were not the only individuals accused of witchcraft, as witchcraft was heavily associated with women more than men and with Jewish culture during a time when Christianity prevailed. Walter Scott's historical novel, *Ivanhoe*, first published in 1814, dictates the medieval tale of a Jewess named Rebecca who finds herself accused of witchcraft like so many others during the anti-witch hysteria of the Middle Ages. As a dimensional character in the novel, Rebecca's mixed identities as a medical healer, a woman, and a Jew compound her perception as a witch. Throughout Scott's *Ivanhoe*, Rebecca is the victim of historically accurate attitudes toward witchcraft based on the perceptions of medical healers, women, and Jews that persisted during the Middle Ages.

The European witch craze that existed between the 14<sup>th</sup> to 17<sup>th</sup> centuries was heavily impacted by Christianity, which associated witchcraft with the work of the devil. A negative view of magic was not fully established until this time. For instance, magic was mentioned in the Old Testament, including in Book of Samuel and Exodus, yet without the negative connotation of superstition that characterized the witch craze. Furthermore, those who practiced magic in the Old Testament were not condemned as evil (Ben-Yehuda 2). These individuals were by no means praised, but "witches, devils, and demons [were] never elaborately conceptualized, and the existence of an all-encompassing supernatural, demonic world [was]

never mentioned” (Ben –Yehuda 2). Instead, individuals used magic in the form of incantations, potions, and balms to communicate with God and channel supernatural power to serve human needs, leading to a neutral if not positive perception of witches (Ben-Yehuda 3).

However, a shift in the perception of witches occurred that resulted in a “systematic conceptualization of a negative supernatural world” in stark opposition to and in competition with the Christian world (Ben-Yehuda 3). Individuals practicing magic no longer retained their neutral perception, suddenly transforming into worshippers of the devil and participants in the antireligion of witchcraft. This negative perception escalated into a potent fear that was recognized by church authority. The church propagated the “concept of a pact between the Devil and the witch” (Minkowski 294). Pope John XII responded to the spreading fear of witchcraft with his *Super illius specula*, which permitted the church to persecute witches, all of which had “forsaken the first light of truth to ally themselves with death and traffic with hell” (Ben-Yehuda 4). Additionally, the publication of *Malleus maleficarum*, or “The Witch’s Hammer,” in the 1480s, played a large role in condemning witches by suggesting that witches could not control the supernatural according to their own will, but rather only to Satan’s (Barstow 11). This guidebook on hunting witches destroyed the neutral image of those who practiced magic to help others and effectively targeted those individuals for violent persecution. Suddenly, witchcraft became “a heresy and an actionable crime” (Owens 58-59), resulting in the execution of 200,000 to 500,000 individuals accused of witchcraft as the fear and persecution of witchcraft consumed continental Europe (Ben-Yehuda 1).

The association of medical healing and magic before anti-witch hysteria contributed greatly to the persecution of medical healers during the witch craze, which Scott reflects in *Ivanhoe* through Rebecca’s position as a healer and her use of herbs. During the Middle Ages,

healers used “therapies based on botanicals, traditional home remedies, purges, bloodletting, and native intelligence” (Minkowski 288). In the absence of an accurate foundation of medical knowledge, the use of herbs in medicine was a popular treatment, delivered as “potions, powders, confections, ointments, and plasters” (Hughes 23). In fact, botanical concoctions were used to treat “leprosy, wounds, broken arms and legs, headaches, [and] coughs,” in addition to eye troubles and other various ailments (Hughes 27). Many medical healers tended a garden at home in which they grew the herbs used in their medicines, including lily, mint, parsley, sage, and many others (Hughes 24). The application of herbs “useful to the kitchen and to the medical cabinet alike,” especially grown privately by the medical healers themselves, made healers victims of persecution during the witch craze as superstition circulated about their connection to witchcraft (Hughes 24). Furthermore, most medieval healers were “untutored in medicine” in terms of a formal education, learning instead through the inheritance of remedies from older generations and through personal experience in the field (Minkowski 288).

In *Ivanhoe*, Rebecca reflects this medieval perception of medicine and of medical healers, illustrating how medical healers were easily accused of witchcraft. In her Jewish community, Rebecca’s “knowledge of medicine and of the healing art” is both “revered and admired” as the contemporary equivalent of those of the “gifted women mentioned in the sacred history,” speaking to her impressive abilities as a medical healer (Scott 232). Her experience and natural talents enable her to ensure Ivanhoe’s full recovery by treating his wounds with the “healing balsam of Miriam,” which was inherited during her medical training (Scott 233). Miriam is the Jewess who trained Rebecca as a healer before falling “sacrifice to the fanaticism of the times” (Scott 233); she likely suffered execution for witchcraft, a fate faced by hundreds of thousands of individuals in the Middle Ages and one Rebecca now faces. Furthermore, Rebecca embodies the

medical healer of the Middle Ages by the nature of this “healing balsam,” which is described as a “warm and spicy-smelling balsam” (Scott 325). The remedy is believed to contain “myrrh and camphire,” which are both oriental herbs, reflecting the botanical medications used by medieval healers (Scott 325). Rebecca’s role as a medical healer in her Jewish community, her competence in treating Ivanhoe, and her use of an herbal balsam are all factors that would contribute to her perception as a witch in the Middle Ages.

Although these factors relating to Rebecca’s identity as a medical healer relate to the historical perception of witches and show how Rebecca would likely be accused of witchcraft during this time, they are not the primary reasons given in Rebecca’s trial. Her Christian prosecutors have little knowledge of, nor interest in, discerning the true nature of her medical practices. Instead, a witness is brought forward who inadvertently emphasizes the supernatural and suspicious aspects of her healings, according to the prosecutors. Higg, an Anglo-Saxon peasant, explains how Rebecca’s “precious unguent” restored him to a degree of health by curing him of “the palsy” (Scott 325). Rather than demonstrating the therapeutic power of the balsam, as Higg intended, the Grand Master leading the trial presents the testimony as an example of the supernatural reality of Rebecca’s remedy, cause for suspicion. The Grand Master presents the balsam as evidence of witchcraft rather than medicine based on Higg’s recovery brought about by a mysterious Jewish remedy unfamiliar to the Christians in the room.

Furthermore, the Grand Master presents the balsam as evil magic based on an analysis of the ingredients, which are suspicious because some are unidentifiable. A monk and a barber act as mediciners, inspecting the balsam and claiming that they know “nothing of the materials” except the traces of the oriental herbs “myrrh and camphire” (Scott 325). The self-proclaimed mediciners imply that the herbal remedy contains unfamiliar ingredients, which must

“necessarily be compounded from an unlawful and magical pharmacopeia,” perhaps from Rebecca’s suspected garden (Scott 325). In accordance with the historical image of witches and healers using herbs from their own gardens, the mediciners suggest that Rebecca’s balsam contains dangerous herbs from a potential garden of her own. Because the balsam’s composition is “beyond their own knowledge,” the mediciners condemn the remedy as magic rather than medicine (Scott 325). This suspicion surrounding the balsam itself contributes to Rebecca’s perception as a witch and fuels the accusation against her during the trial.

Rebecca’s association with witchcraft also stems from her identity not just as a medical healer, but as a *female* medical healer. During the 14<sup>th</sup> century, academic institutions were established to formally provide healers a limited understanding of the sciences and medical training, leading to the official formation of hospitals, physicians, and the field of nursing (Minkowski 288). Healers without a formal education were met with suspicion and distrust among the hysteria of the witch craze. Women, in particular, experienced the backlash of the introduction of formal medical training, as they were “barred from most European universities because of their gender” (Minkowski 288). Without access to a formal education, “most women were excluded from the profession,” resulting in the association of witchcraft with female medical healers in the Middle Ages (Hughes 63). Not only were women denied access to medical training to prevent their participation in the profession, but they were inhibited by law, as King Henry V ordered a “ban on women practitioners of medicine and surgery” in England in 1421 (Minkowski 293). Because women were unable to attain an official medical training through university and because they were banned from practicing as credited physicians, women committed to medicine were forced to operate as household healers, such as “herbalists, midwives...barber-surgeons, nurses, and empirics” (Minkowski 288). Women healers quickly



became victims of anti-witch hysteria as a result of the structural impediments that limited their “opportunity to contribute to the science of medicine” (Minkowski 288).

Nevertheless, some women continued to pursue medicine as a way to serve others despite the numerous impediments, which Rebecca exemplifies in *Ivanhoe*. Women healers who resisted King Henry V’s ban were forced to learn their “skills as a craft from family or friends,” as Rebecca does by studying under Miriam (Minkowski 292). Miriam was “the daughter of one of [the Jew’s] most celebrated doctors,” granting her access to the medical knowledge that male physicians received through a university education (Scott 232). The medical secrets typically withheld from women “had been left to [Miriam] by her sage father,” which allowed her to gain experience as a medical healer herself (Scott 232). Eventually, Miriam imparted her medical understanding to Rebecca, including the healing balsam, before her own death (Scott 232). By studying with Miriam, Rebecca participates in the tradition of medieval female healers who “exchanged remedies with each other and with their friends, experimented with them, and passed them on to their neighbors” (Hughes 45). Denied acceptance into medical schools and prohibited from practicing as credited physicians, women healers had no other option. Through her informal training with Miriam, Rebecca reflects the medieval attitude that women were inadequate healers that contributed to the negative perception of witches during the European witch craze.

However, women were not only associated with witchcraft through their perception as inadequate medical healers, but also by their belonging to the female gender itself. Women *in general* were often associated with witchcraft during the 14<sup>th</sup> century to the 17<sup>th</sup> century witch hunts; a woman, like Rebecca, was automatically more likely to suffer a formal accusation of witchcraft simply by being a woman rather than a man. Anti-witch hysteria narrowly attacked

women, as “80 percent of the accused and 85 percent of those executed were female” (Barstow 9). Additionally, “six times as many women were indicted as men” (Barstow 9-10). Although some men were associated with witchcraft, few were accused for any suspicious acts they had committed themselves, but rather because “they were related to women who were already suspect,” which reflects the grave extent to which women were targeted by anti-witch hysteria (Barstow 9). The fear of witches resulted in the “pollution” of witchcraft becoming “rooted in feminine physiology” (Owens 58). A common belief was that witchcraft was a “‘natural’ outgrowth of feminine defect” and the menstrual cycle (Owens 58). The “feminine moral pollution” (Owens 58) of witchcraft motivated “secular and clerical authorities [to join] in prosecuting and persecuting” poor women “alleged to be in league with the Devil,” such as Scott’s Rebecca (Minkowski 294). The conviction that Rebecca is a witch is strengthened by her identity as a woman, according to the medieval attitudes toward women existing during the Middle Ages.

Not only is the accusation against Rebecca fortified by her identity as a woman, but by her identity as a Jew, which is complicated by the persistent anti-Semitism of medieval times. The mass persecutions and executions that occurred during the European witch craze enabled Christians to persecute Jews alongside supposed witches, often *as* supposed witches or sorcerers. Like women, male and female Jews were associated with the “spiritual pollution” of menstruation, which allowed Christians to accuse Jews of witchcraft by applying the same rationale they employed to convict women (Owens 67). On the basis of an “affinity between feminine and Jewish pollution,” Jews faced severe persecution legitimized by the prospect of witch hunting (Owens 67). Female Jews struggled against both the medieval perceptions of women and of Jews, combining to put them at increased risk of being accused of witchcraft. In

*Ivanhoe*, Rebecca illustrates the immense risk of persecution through witch hunting that Jewesses faced in the Middle Ages, being of the gender associated with witchcraft and being a Jew already suffering the pressures of anti-Semitism.

In addition to stark anti-Semitism, the medical practices of Jewish healers contributed to the medieval tendency to associate Jews with witchcraft, as magic played a significant role in Jewish remedies. In fact, the “purely therapeutic [and] the superstitious and magical in [Jewish] prescriptions” (“Medicine” 207) are nearly inseparable, as “the rationale of superstition and magic in medicine was part and parcel of Jewish cultural heritage” (“Medicine” 194). In an authentic medical journal, an anonymous Jewish healer admits that he had witnessed “illnesses, upon which the greatest medicines had no effect, cured by spells and charms” (“Medicine” 194). In his account, the healer demonstrates his “acquaintance with the more reputable phases of medieval medicine,” establishing his medical credibility and exemplifying the Jewish acceptance of supernatural influences in medicine (“Medicine” 194). Jewish healers identified “supernatural agency [as] the most commonly designated cause of disease” (“Medicine” 198). Thus, they believed that “only a powerful counter-magic” (“Medicine” 199) could combat the demons causing disease, necessitating the use of “charms to heal the sick” (“Medicine” 200). The use of charms and the reliance on magic in Jewish medicine was used to portray Jews as witches or sorcerers.

However, the association between Jews and witchcraft is a product of anti-Semitism, even when based on the obvious link between medicine and magic in Jewish tradition. It is important to note that all kinds of remedies from the Middle Ages, “whatever their therapeutic value, were often accompanied by incantations” (“Medicine” 200). Thus, the link between medicine and magic was not purely a Jewish tradition, although Jews developed some remedies

unique to their culture. In fact, the magical elements of medical remedies were “regarded as the effective agent in the cure,” exemplified by the application of magical potions to “heal disease, or to induce abortions,” which is similar to a Jewish “charm against colic and labor pains” (“Medicine” 200). Other remedies utilized by Jewish healers included magical incantations and a “specific request that the demon or the disease, or both under a common name, be expelled from the patient’s body” (“Medicine” 200). These incantations were often repetitive and accompanied by amulets or herbal prescriptions (“Medicine” 200). As medical institutions began to appear, most medieval healers shifted away from the use of the supernatural in medicine, yet the Jews continued to rely on magic and superstition, which contributed to their association with witchcraft. For a significant time, Jewish and non-Jewish healers alike employed the supernatural in their medical practices, illustrating that the portrayal of Jews as sorcerers was heavily driven by anti-Semitic prejudice against Jews.

Rebecca’s trial illustrates the connection between Jews and witchcraft during the Middle Ages, both in terms of anti-Semitism and the Jewish practices used to establish a negative depiction of Jewish healers as witches. When the Grand Master begins the trial, he introduces Rebecca as a “woman infamous for sortileges and for witcheries,” through which she “maddened the blood and besotted the brain” of Brian de Bois-Guilbert (Scott 321). His speech contains anti-Semitic undertones, as he describes the beautiful, intelligent Rebecca as “lewd company” luring the Templar into “solitary places” (Scott 321). His argument is solely based on her identity as a “Jewish damsel,” which clearly expresses prejudice against Jewish people (Scott 321). Furthermore, the Grand Master expresses his anti-Semitic attitude when asserting that “it is better to be bed-ridden, than to accept” treatment from Jewish healers, equating the situation to “despoil[ing] infidels of their treasure by the strong hand” (Scott 325-326). Even Higg, who

attempts to present Rebecca as a medical healer rather than a witch, possesses an anti-Semitic attitude, for he explains that Rebecca “hath the ill hap to be a Jewess” (Scott 325). Anti-Semitism echoes throughout the trial, partially fueling the accusation that Rebecca is a witch, combined with her status as a female healer.

Similarly, Rebecca’s trial demonstrates the anti-Semitism that permeated the medieval perspective of Jewish healers as sorcerers rather than medical professionals. For instance, Rebecca’s fate is instantly decided by the vast majority of the audience when Higg produces the small box containing the healing balsam Rebecca had administered to treat his palsy. Not only does the balsam provide physical evidence of Rebecca’s use of herbal remedies, connecting her to witchcraft, but the “Hebrew characters on the lid” are “sure proof that the devil had stood apothecary” (325). The phrase “*The lion of the tribe of Judah hath conquered,*” by being Jewish, leads the Christian audience to associate her with witchcraft, which is indicative of the medieval perception of supernatural intervention in Jewish medicine (Scott 325). Additionally, the Grand Master reflects this historical prejudice against Jewish healers by implying that Rebecca may have induced Higg’s palsy through sorcery, only to cure it later on. He responds to Higg’s testimony by asserting that “the fiend can impose diseases for the very purpose of removing them” to carry out the devil’s will and to “bring into credit some diabolical fashion of a cure” (Scott 325). The Grand Master manipulates the testimony to present Rebecca as a witch, for Christians can prosecute witches, as they are women collaborating with and submissive to Satan, (Minkowski 294). In many ways, Rebecca’s trial evokes the medieval perception of Jews as witches and sorcerers due to the magic and superstition involved in their medical practices, which provided an excuse for anti-Semitic attacks against Jews.

Overall, Rebecca's perception as a witch gains strength due to her identities as a medical healer, a woman, and a Jew in Scott's historical novel *Ivanhoe*, which accurately reflects the attitudes towards these identities that existed during the European witch hunt in the Middle Ages. As a medical healer without a formal education, Rebecca would have faced distrust and superstition compared to male competitors. As a woman, she would have already been prone to an increased association with witchcraft, simply because of her gender. As a Jew, her medical practices would have been questioned and used as examples of sorcery, motivated by persistent anti-Semitism. As a Jewish female healer, Rebecca's perception as a witch would have been compounded by all three factors, leading to a violent persecution ending in execution, a fate shared by hundreds of thousands of supposed witches during the European witch craze. Post hunt, a sense of regret lingers as so many witches were killed who were guilty of little more than being "undesirable neighbors" (Barstow 10), regret for, in the words of Isaac of York, Rebecca's father, the guise of witchcraft "cloaking evil practices on our people" of Europe (Scott 335).

## Annotated Bibliography

Barstow, Anne Llewellyn. "On Studying Witchcraft as Women's History: A Historiography of the European Witch Persecutions." *Journal of Feminist Studies in Religion*, vol. 4, no. 2, 1988, pp. 7–19. *JSTOR*, [www.jstor.org/stable/25002078](http://www.jstor.org/stable/25002078). Anne Llewellyn Barstow, a history professor and author, pursues a historical investigation of witchcraft through a feminine lens. She focuses on women's history to profile witch hunts as an issue of gender, which were not always viewed as specific attacks on women despite women comprising the vast majority of victims during witch hunts. Barstow considers the significance of being a woman versus a man during the witch craze while evaluating the work of other historians on the topic. This source can be used to support historical claims about the persecution of women compared to men during the European witch craze. Furthermore, the source can be used to reflect the historically relevant perceptions about women and witchcraft to show why it is not unreasonable for Rebecca to be accused of witchcraft in Sir Walter Scott's historical novel, *Ivanhoe*.

Ben-Yehuda, Nachman. "The European Witch Craze of the 14<sup>th</sup> to 17<sup>th</sup> Centuries: A Sociologist's Perspective." *American Journal of Sociology*, vol. 86, no. 1, 1980, pp. 1–31. *JSTOR*, [www.jstor.org/stable/2778849](http://www.jstor.org/stable/2778849). Nachman Ben-Yehuda, a sociology and anthropology professor and dean at Hebrew University of Jerusalem, provides an overview of the European witch craze and points to several factors contributing to its cause. He focuses on sociological elements to explain the rise and fall in anti-witch hysteria and to explain why the witch hunts targeted women. Ben-Yehuda offers much in terms of explaining several elements of witch hunting, which can serve as foundational knowledge for the research paper. This source can be used in an introduction of the

European witch craze that includes potential causes and motivations for witch hunting. This source can also be used to explain why the witch craze targeted women, relating to the accusations against Rebecca in *Ivanhoe*.

Hughes, Muriel Joy. *Women Healers in Medieval Life and Literature*. Books for Libraries Press, 1968. Hughes describes the ways that medical aid was provided during the Middle Ages and then examines how these medieval medical practices are reflected in literature. She provides specific details about the medicines used in treatments and different groups of healers, such as the old wives. Hughes focuses on the role of lay healers in providing medical care, explaining how the responsibility of medical treatment fell upon regular individuals without a formal education before medical schools were established. The institution of formal medical schools changed the perception of untrained healers. This source can be used to explain why lay healers became associated with witchcraft based on the medical treatments they offered and their lack of formal training. It can also be used to explain why witch hunts targeted women, as most medieval healers were women. This source shows the historical perceptions of healers and women that relate to witchcraft, supporting the claim that Rebecca's identity as a healer and a woman make her a more likely target of anti-witch hysteria.

“Medicine.” *Jewish Magic and Superstition: A Study in Folk Religion*, by Joshua Trachtenberg and Moshe Idel, University of Pennsylvania Press, 2004, pp. 193-207. *JSTOR*, [www.jstor.org/stable/j.ctt3fh7cj.18](http://www.jstor.org/stable/j.ctt3fh7cj.18). Joshua Trachtenberg, who is a rabbi and scholarly writer, wrote *Jewish Magic and Superstition: A Study in Folk Religion* as part of his Ph.D. at Columbia University. This source is a specific chapter from his work, in which Trachtenberg describes the medical practices of Jewish healers and their



understandings of disease. Trachtenberg provides specific treatments used by Jewish healers and includes references to the Talmud and primary source journals by Jewish healers. This source can be used to demonstrate that the Jews had distinct medical practices unique to their heritage. It also can be used to demonstrate that Jewish healers – like other medieval healers – relied on incantations, amulets, and herbal remedies to treat patients. This source strengthens the argument that anti-Semitism plays a role in Rebecca’s persecution as a witch because both Jewish and non-Jewish healers believed in superstitious or magical treatments.

“Metaphor and Practice.” *Words, Stones, & Herbs: The Healing Word in Medieval and Early Modern England*, by Louise M. Bishop, Syracuse University Press, 2007, pp. 130–152. Louise M. Bishop, a literature professor, reveals the connection between words and healing, which she then discusses in relation to classic literary works. She argues that words produce both a cognitive and a physical response, which can aid in the healing process. She also relates her argument to medical practices in the Middle Ages, which often included incantations or chants. This source can be used to evaluate the medical practices that contained incantations used by medieval healers, as healers often believed the incantations were the most important part of the treatment. This source can be used to question the superstition around medieval healers as witches by arguing for the effectiveness of words in healing. This source could be used to justify Rebecca’s medical practices as a medieval healer.

Minkowski, William L. “Women Healers of the Middle Ages: Selected Aspects of Their History.” *American Journal of Public Health*, vol. 82, no. 2, Feb. 1992, pp. 288–295., doi:10.2105/ajph.82.2.288. Minkowski describes the role of the medieval medical healer

and its evolution after the institution of formal medical schools. He examines the history of medical healers in France, Germany, and England to support his claims. Additionally, Minkowski describes the significant role of midwives in medieval medical care, often fulfilled by women, and comments on the association between healers and witches. This source can be used to explain the shift from a positive to a negative perception of healers that occurred in the Middle Ages, as well as the association of witchcraft with women as a result. This source can be used to show the relationship between untrained healers, women, and the European witch craze. It can be used to describe the historically relevant perceptions of healers and women, demonstrating how Rebecca can be accused of witchcraft.

Scott, Walter, and Graham Tulloch. *Ivanhoe*. Penguin Classics, 2000. Sir Walter Scott, a Scottish writer and historian, published *Ivanhoe* in 1819 as a historical novel that takes place during the Middle Ages. The main characters are Ivanhoe, a Crusader loyal to King Richard and disowned from his father, and Rebecca, an intelligent and beautiful young Jew who heals Ivanhoe's wounds. The novel touches upon several topics, such as a Saxon-Norman rivalry, anti-Semitism in the Middle Ages, the Robin Hood legend, and a tension between ancient and modern ways of life. This text will serve as a literature base for the research paper. The accusation of witchcraft against Rebecca will be examined, as well as the differences in medical practices between Jewish and non-Jewish healers. The paper will focus on Rebecca's identities as a healer, a woman, and a Jew, all of which would impact the perception of her as a witch in the Middle Ages.

"The Truth Behind the Legend." *Jewish Magic and Superstition: A Study in Folk Religion*, by Joshua Trachtenberg and Moshe Idel, University of Pennsylvania Press, 2004, pp. 11–24.

JSTOR, [www.jstor.org/stable/j.ctt3fh7cj.6](http://www.jstor.org/stable/j.ctt3fh7cj.6). Trachtenberg, a rabbi and scholarly writer, describes the historical ties linking Jews and superstition. He argues that the earliest accusations of Jewish magic were fabricated by Christians, but that the Jews did eventually develop their own practices that resembled magic. The European witch craze played a role in condemning these practices as witchcraft, contributing to suspicion towards Jews and the image of a Jewish sorcerer. This source can be used to differentiate Jewish and non-Jewish practices and to show that both relied on magic during the medieval times. Meanwhile, it demonstrates how Jewish healers developed some practices of their own, drawing suspicion and contributing to the negative perception of Jews as sorcerers. This source can be used to explain why Rebecca may be perceived as a witch due to her status as a Jewess, particularly as a Jewish healer.

Whaley, Leigh F. *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800*. Palgrave Macmillan, 2011. Leigh Whaley, a history professor at Acadia University, describes the changing role of medieval women as healers when medical training facilities began to arise throughout Europe. Whaley elaborates on the change in the responsibilities of female healers after medical schools were established and their effect on the perceptions of these healers. She provides specific examples and documents some contributions that female healers have made to the medical field. This source can be used to provide historical background on women in the medical field and the rise of medical institutions throughout Europe. It can also be used to contrast the new responsibilities of female healers with the responsibilities of their medieval predecessors. This source can be used to gain insight into Rebecca's identity as a

medical healer, attempting to explain the association between healers and suspicion and women and suspicion.

Yvonne Owens. "The Saturnine History of Jews and Witches." *Preternature: Critical and Historical Studies on the Preternatural*, vol. 3, no. 1, 2014, pp. 56–

84. *JSTOR*, [www.jstor.org/stable/10.5325/preternature.3.1.0056](http://www.jstor.org/stable/10.5325/preternature.3.1.0056). Yvonne Owens, an art history and critical studies professor, analyzes witchcraft imagery by an artist named Hans Baldung Grien. In doing so, she describes the polluted or defective blood perceived of Jews and witches. Her goal is to describe how the negative attitude toward Jews, which was then applied to witches in early modern Germany, impacted Grien's artwork depicting witches. This source can be used because it describes the European witch craze with imagery, especially the repulsive perception of witches at that time. It can also be used because it relates the witch hunt to the perception of Jews, showing the relationship between witches and Jews. This explains how Rebecca, as a Jewess, could reasonably be accused of witchcraft based on the negative perception of Jews and witches.

## The Quest for the Perfect Sources

During my first stab at research at PC, I found myself lost in the stacks of Phillips Memorial Library with a scrap of paper carrying a meaningless number. I vaguely recalled the Dewey Decimal System from elementary school.

For my second research paper, I sharpened my source-catching weapons and polished my research strategies. After preliminary searches to be sure that my topic was worth pursuing, I consulted my professors and received permission to lead the charge. I took my research proposal and my newfound research skills to an invaluable resource that ensured my successful attack – the research desk.

At the research desk, I met Manda Main, who helped me traverse Club Phil and the numerous online resources for nearly two hours. I explained my passion for medicine and literature and how my goal for the paper was to unite these two passions to examine the practice of medicine in the Middle Ages and in Sir Walter Scott's historical novel, *Ivanhoe*. I was fascinated by Rebecca, a Jewish medical healer and the true hero of the novel that did not receive the recognition she deserved in my eyes.

We began the search for sources, starting with the Phillips Memorial Library website to search for books in the library that we could access immediately. These initial sources identified keywords that helped us locate other potential sources. We searched terms such "Jewish medicine," "folk medicine," "medicine in the Middle Ages," and "female healers." We requested *Ritual medical lore of Sephardic women: sweetening the spirits, healing the sick*, but unfortunately, I did not receive it from libraries worldwide. Next, we turned to library

databases. I suggested using JSTOR, where we located “A Historiography of the European Witch Persecutions” and “The Saturnine History of Jews and Witches.” Our most exciting discovery was “Women Healers of the Middle Ages: Selected Aspects of Their History” on Google Scholar. I left my meeting with Manda Main uplifted and with five potential sources.

I continued independently. First, I used “Women Healers of the Middle Ages: Selected Aspects of Their History” to locate other sources by using the author’s references and the “cited by” function on Google Scholar. Using the references, I requested “Some women practitioners of medicine in the middle ages” via InterLibraryLoan, but PC was unable to gain access. I also found *Women Healers in Medieval Life and Literature* from the references and requested access through the HELIN system. I used this source in my final paper. Next, using Google Scholar, I located *Words, Stones, & Herbs: The Healing Word in Medieval and Early Modern England* and *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800*, which cited Minkowski’s work.

Finally, I returned to PC’s online databases. I perused through Gale Literary Sources, Project Muse, and JSTOR. I tried various tactics, such as searching for other works by the authors of sources I had already located. I also focused my search by selecting specific disciplines: health sciences, feminist and women’s studies, folklore, Jewish studies, or public health. Another key tactic was my flexibility with keywords. I added search boxes to search two keywords at once after searching them separately. I used terms such as “medieval/Middle Ages,” “healers/medicine,” “folk medicine,” and “witchcraft.” Additionally, I broadened my search when sources seemed too specific by using an asterisk after a word to search for that root – by typing “Jew\*” I searched for sources mentioning similar words like “Jews” and

“Jewish.” With these strategies, I found valuable sources like *Jewish Magic and Superstition: A Study in Folk Religion* and “The European Witch Craze of the 14th to 17th Centuries: A Sociologist's Perspective,” which contained primary accounts.

Overall, I was much more successful and confident in my research than I was for my first research paper at PC. After practicing my research skills by researching how to *research* and by getting help, research became a very challenging yet rewarding aspect of learning. Not only did my research greatly extend my knowledge on the topic, but it reinforced valuable life skills. Research forced me to adopt a growth mindset and to be flexible and persistent. I am certainly grateful for that – and for the vast advancements in the medical field since the Middle Ages!