Mental (Dis)Order in Later Medieval Europe

Later Medieval Europe

The titles published in this series are listed at *brill.com/lme*

Mental (Dis)Order in Later Medieval Europe

Edited by

Sari Katajala-Peltomaa
Susanna Niiranen

BRILL

LEIDEN | BOSTON

An electronic version of this book is freely available, thanks to the support of libraries working with Knowledge Unlatched. More information about the initiative can be found at www.knowledgeunlatched.org.

Cover illustration: Detail of the Intercession of the Virgin of Mariazell to drive 6666 devils out of a woman who had killed her parents and child. Graz (Austria), Styrian Universalmuseum Joanneum, panel of the Small Mariazell Miracle altar, 1512. With kind permission of the Institut für Realienkunde, University of Salzburg, Krems (Austria).

This publication has been typeset in the multilingual 'Brill' typeface. With over 5,100 characters covering Latin, IPA, Greek, and Cyrillic, this typeface is especially suitable for use in the humanities. For more information, please see brill.com/brill-typeface.

This book is printed on acid-free paper.

Contents

Abbreviations

Acta Sanctorum	Acta Sanctorum, quotquot toto orbe coluntur, vel a Catholicis Scriptoribus celebrantur, 68 vols. Edited by Société des Bollandistes. Brussels and Antwerp: Société des Bollandistes, 1863–1887.
BA	João José Alves Dias, ed., *Livro dos Conselhos de el-Rei D. Duarte* (*Livro da Cartuxa*). Lisbon: Editorial Estampa, 1982 [Book of Advice].
BAV	Vatican City, Biblioteca Apostolica Vaticana.
CGV	Richard Cleasby and Gudbrand Vigfusson. *An Icelandic-English Dictionary*. Oxford: Clarendon Press, 1957.
KB	Stockholm, Kungliga Biblioteket.
KJV	Bible, King James version
LC	Duarte of Portugal, *Leal Conselheiro*. Edited by Maria Helena Lopes de Castro. Lisbon: Imprensa Nacional/Casa da Moeda, 1998.
Zoëga	Geir T. Zoëga, *A Concise Dictionary of Old Icelandic*. Mineola (NY): Dover Publications, 2004.

List of Figures

Acknowledgements

This volume had its origins in a symposium "Mental (Dis)Orders in the Later Middle Ages" held in August 2011 in Visby, Sweden. The meeting was organized by the project of the Academy of Finland "Medieval States of Welfare," headed by Professor Marko Lamberg. The other members of the project were Jussi Hanska, Timo Joutsivuo and Kirsi Kanerva, and the editors of the volume Sari Katajala-Peltomaa and Susanna Niiranen. We would like to thank the project members for their input in organizing the conference and contributing to the volume. We would also like to thank Johanna Latvala-Koistiola for taking care of the practicalities of our symposium smoothly and effectively.

The aim of the symposium was to bring together scholars working on mental health, well-being and proper order in the late medieval West, covering the geographical area from Southern Europe to Nordic countries. The aim was to approach this theme from multiple angles and from theological, medicinal and social perspectives. With lively discussions, a co-operative atmosphere and beautiful surroundings, the symposium was a success. It has been a pleasure to pursue the publication of the papers presented there. We would like to thank our contributors for their innovative, scholarly remarks at the symposium and their fruitful collaboration and proficiency while revising the preliminary papers to the chapters published in this volume.

Professor Outi Merisalo read and commented on an earlier version of the manuscript and helped us to edit the compilation; we wish to express our gratitude to her. The comments of the anonymous referee helped to refine the individual pieces, as well as making it easier for us to form the articles into a coherent collection. We are grateful to Philip Line for checking the language in the majority of the chapters. Graduate students Saara-Maija Kontturi and Sami Kärkkäinen and post-graduate student Mari-Liisa Varila assisted with the technical details of editing – we also owe thanks to them.

We thank Brill and Marcella Mulder for their collaboration during this process.

For financial and institutional support while writing and editing this volume we would also like to express our gratitude to the projects of the Academy of Finland "Gender and Demonic Possession in Later Medieval Europe" and "Medicine Without Doctors: Sexuality, Sleep and Sound Mind"; to The Finnish Centre of Excellence in Historical Research as well as to the School of Social Sciences and Humanities (University of Tampere) and the Department of History and Ethnology (University of Jyväskylä).

Lastly, we dedicate this volume, gratefully and affectionately, to those who occasionally drove us to the edge of mental disorder and to those whose fate was to suffer from our changing mental states during the writing and editing process of this volume. Thanks to our closest Ari, Otto and Sanni; Matti, Leena, Leo, Elli and Immu.

Perspectives to Mental (Dis)Order in Later Medieval Europe[1]

Sari Katajala-Peltomaa and Susanna Niiranen

Contentment, harmony and happiness are essential elements in defining social, mental and moral order in many, if not all, cultures. In addition to the need of wellbeing, also its challenges – social insecurity, physical illnesses, and mental disorders – are constituents of culture; the desire for mental stability and physical health prevails in every society.

In late medieval literature and art, one contestant to wellbeing and proper order was the allegory of the ship of fools; a depiction of a sailing vessel filled with humans who are deranged and frivolous, left to themselves, and seemingly ignorant of their own direction. This image was widely diffused and served as an inspiration for a whole series of visual and literary works.[2] Even if there is little, if any, evidence of real medieval ships of fools, this allegory has engendered a variety of interpretations of the state of mental illness in the late Middle Ages. Not least, the French social theorist Michel Foucault has argued that with the disappearance of leprosy at the end of the Middle Ages the mad became the social outcasts. For Foucault, a ship crewed and steered by fools represented the madman's liminal position: he is placed in the interior and the exterior at the same time, controlled or at least separated from the company of the sane, sailing towards the unknown and the uncertainty of fate; the only solid anchor was faith and spirituality.[3]

Even if our methods and goals are different from Foucault's, we share an interest in many of his themes. In this volume, we are trying to sketch boundaries of medieval mental disorders and the attitudes towards those suffering from them, as well as investigating people who were deemed to be mentally

---

1 We would like to thank Professor Pirjo Markkola and other participants of the seminar in Punkaharju in February 2012 for commenting a draft version of the Introduction.

2 In 1509, Sebastian Brandt, a humanist and a satirist criticizing the moral of his time, compiled his version of the *Stultifera Navis*, accompanied by woodcuts attributed to the young Albrecht Dürer. The largely diffused book most probably served as the inspiration of a whole series of visual and literary works that exploited the ship of fools metaphor: primarily Erasmus' The Praise of Folly and Hieronymus Bosch's famous painting *The Ship of Fools*.

3 Michel Foucault, *Madness and Civilization. A History of Insanity in the Age of Reason* abridged, trans. Richard Howard [French original in 1961] (New York: Vintage Books 1988), 6–27.

disordered. Were they left adrift in search of their reason, or were the disorders cured? How were deviancy or liminality represented? And what was the role of Christianity, faith and spirituality in all this?

A rather broad definition of mental wellbeing is applied here; we do not refer only to physical health but also, and more importantly, to mental states and the social, collective codes applied to them. Mental order and disorders are observed as cultural categories adopted through or embodied in social interaction.

Wellbeing and disorder are themes of the utmost importance, since everyone is touched by various disorders or illnesses and healing, wellbeing or the lack of it. Overlapping physical, psychological and physiological symptoms, as well as institutional and individual coping strategies, were multiple and manifold in the Middle Ages. The importance of this theme has been acknowledged by scholars, and various forms of physical and mental illnesses are increasingly attracting the attention of medievalists. In particular, physical impairments and their social and cultural meanings have lately been the focus of research. In this field of study, physical or mental impairment and its consequences, social disability as well as its cultural conceptualizations, are typically separated from each other.[4]

Physical impairments, illnesses and mental afflictions were in many ways connected. Even if the dichotomy of body and soul was used in medical, theological and philosophical discourses in the Middle Ages, the theories and practices concerning human body and soul were often inseparable or, at least,

---

4 The so called "social model" differentiates between physical impairment and its social consequences, i.e. disability; while some scholars argue that also impairment is a culturally constructed term. Within disability research this constructive model is known as the "cultural model." The standard textbook on medieval disability is Irina Metzler, *Disability in Medieval Europe. Thinking about Physical Impairment during the High Middle Ages, c. 1100–1400* (London: Routledge, 2006), particularly for various approaches within this field of study, see 20–36 and Joshua R. Eyler, "Introduction," in *Disability in the Middle Ages. Reconsiderations and Reverberations*, ed. Joshua R. Eyler (Aldershot: Ashgate, 2010), 11–24. Cf. Edward Wheathley, "Blindness, Discipline, and Reward: Louis IX and the Foundation of the Hospice des Quinze-Vingts," *Disability Studies Quarterly* 22: 4 (2002): 194–212. See also Wendy J. Turner & Tory Vandeventer Pearman, ed., *The Treatment of Disabled Persons in Medieval Europe. Examining Disability in the Historical, Legal, Literary, Medical, and Religious Discourses of the Middle Ages* (Lewiston: The Edwin Mellen Press, 2010); Mechthild Dreyer, Cordula Nolte and Jörg Rogge, ed., Homo debilis. *Behinderte – Kranke – Versehrte in der Gesellschaft des Mittelalters* (Korb: Didymos-verlag, 2009), and Jenni Kuuliala, *Disability and Social Integration. Constructions of Childhood Impairments in Thirteenth- and Fourteenth-Century Canonisation Processes* (University of Tampere: Ph.D. dissertation, 2013).

mingled with each other in various ways. The idea of a human being was holistic, in that the mental could not be separated from the physical, or, for that matter, the moral. Indeed, health was an effective constituent of a person's condition and mental afflictions were not only of medical concern; mental incapacity, like madness, was considered an exonerating element in a court of law. The mentally ill were exculpated but also disempowered; typically, they were not considered guilty for their action but their legal rights, like rights to inheritance, were also limited.[5]

In addition to the judicial perspective, the literary descriptions as well as social realities of madness and the mad have been the focus of recent scholarship. For example, Sylvia Huot sees narrations of madness as identity construction; they serve to illuminate the confusion of identity as a result of a failure to respect the categories of difference. The symptoms of madness may manifest internal conflict; after one's role has been found intolerable or unmanageable, "the protagonist abandons the performance that has perpetuated that identity and loses the thread of his or her personal narrative."[6]

Along with madness, construction and descriptions of melancholy have been of strong interest to medievalists during recent years. One of the first was, Johan Huizinga, as early as 1919; in his seminal study of Burgundian courtly culture, he observed that "at the close of the Middle Ages, a sombre melancholy weighs on people's souls." For him, it appeared in diverse sources as an immense sadness and pessimism, but also as a fashionable sense of suffering and deliquescence as the end of times approached.[7] For Huizinga late medieval melancholy meant mainly affliction, a kind of static state of waiting, perhaps even a culmination and fading of the whole medieval civilization, but scholars after him have created a more varied picture of this intricate phenomenon.[8]

Terms such as melancholy or hysteria are no longer used in medical discourse, but echoes of their historical significance remain in colloquial use.

---

5   On legal rights and restrictions of people defined as mad or as mentally disabled, see Turner, Wendy J., ed., *Madness in Medieval Law and Custom* (Leiden: Brill, 2010), Turner & Vandeventer Pearman, ed., *The Treatment of Disabled Persons*.

6   Sylvia Huot, *Madness in Medieval French Literature. Identities Lost and Found* (Oxford: Oxford University Press, 2003), 23–26, 180.

7   Johan Huizinga, *The Waning of the Middle Ages*, trans. Frederik Hopman (New York: Doubleday Anchor Books, 1954) [Flemish original in 1919], 22–25.

8   Andrea Sieber and Antje Wittstock, ed., *Melancholie–zwischen Attitüde und Diskurs: Konzepte in Mittelalter und Früher Neuzeit* (Göttingen: V&R Unipress, cop. 2009); Mary Ann Lund, *Melancholy, Medicine and Religion in Early Modern England: Reading the Anatomy of Melancholy* (Cambridge: Cambridge University Press, 2010).

Illnesses as well as various disorders are always interrelated with history and culture; one of the most radical (and the most humanistic) viewpoints related to this is that of medical historian Mirko Grmek, who stated that illnesses are not actually bodily phenomena, but rather ideas associated with lifestyle and culture, including the way in which the illness is perceived.[9]

However, health and wellbeing, in the ancient and medieval as well as in the modern contexts, is more than a physiological phenomenon. According to Aristotle, health was one of the necessary preconditions for happiness, but far from being its core constitutive element. To the Aristotelian concept of good life, which was prevalent also during the Middle Ages, at least in philosophy, happiness was often used as synonymous to living well and *doing* well, which encompasses a strong moral devotion.[10] Most late medieval philosophers followed Aristotelian conceptions, which aimed at moderation or "adequate" emotional responses. The role of emotions in regulating social life was and is indeed essential. For example, the sense of security is emphasised as a source of social and mental order and harmony. Respectively, emotions, like anger and rage, are seen as sources of mental instability, but joy and contentment as elements of mental wellbeing.[11]

---

9   Mirko Grmek, *Les maladies à l'aube de la civilisation occidentale* (Paris: Payot, 1983).

10   Aristotle approaches happiness from several perspectives. To sum up briefly, certain things (e.g., life and health) are preconditions for happiness and some others (e.g. wealth and friends) are embellishments that improve or fill out a good life. Essential, however, is the possession and exercise of virtue. For example, Robert C. Bartlett, Susan D. Collins, trans., Aristotle's *Nicomachean Ethics* (Chicago; London: University of Chicago Press, 2011), esp. Books I, II and X; Howard J. Curzer, "Criteria for Happiness in Nicomachean Ethics I 7 and X 6–8," *Classical Quarterly* 40 (1990): 421–432; *Ancient Philosophy of the Self*, ed. Pauliina Remes and Juha Sihvola (Springer: New Synthese Historical Library, 2008); on medieval interpretations, see e.g. Luca Bianchi, ed., *Christian Readings of Aristotle from the Middle Ages to the Renaissance* (Turnhout: Brepols, 2011).

11   Emotions in the Middle Ages are a focus of a number of works. See, for example, the profound historiographical essays of Barbara Rosenwein, "Worrying about Emotions in History," *The American Historical Review*, vol. 107, no. 3 (2002) and "Thinking Historically about Medieval Emotions," *History Compass* 8, vol. 8 (2010): 828–842. The importance of the sense of security is emphasised in the works of Jean Delumeau. See Jean Delumeau, *La Peur en Occident, XIVe–XVIIIe siècles, une cité assiégée* (Paris: Fayard, 1978); Idem, *Le Péché et la peur: La culpabilisation en Occident (XIIIᵉ –XVIIIᵉ siècles)* (Paris: Fayard, 1983); Idem, *Rassurer et protéger. Le sentiment de sécurité dans l'Occident d'autrefois* (Paris: Fayard 1989). See also Barbara Rosenwein, ed., *Anger's Past: Social Uses of an Emotion in the Middle Ages* (Ithaca: Cornell University Press, 1998); Simo Knuuttila, *Emotions in Ancient and Medieval Philosophy* (Oxford: Clarendon Press, 2006), and Peter Dinzelbacher, *Angst im Mittelalter. Teufels-, Todes- und Gotteserfahrung; Mentalitätsgeschichte und*

Learned authorities and institutions, as well as lay communities, were constantly discussing, negotiating and arguing about good or bad, appropriate or improper, moderate or excessive, normal or deviant behaviour and order. From spiritual, mental and social perspectives, moderation was an ideal during the Middle Ages in diet, thought and behaviour as well as in attire. Yet, in practice, it was often contested by disturbances, like extreme habits and conduct.

The emphasis of this compilation is not on the actual physical or mental illnesses or disabilities, like madness, or their pathology, but rather on states or more short-term dispositions of disorder, like melancholy, "diseases of the head," insomnia, stress or anxiety and demonic influence. The above-mentioned states were in a sort of grey area, in that balance and order were either lost or threatened, but one cannot label them outright as mental illnesses or disabilities. Thus, the themes of this compilation cover a vast variety of different disorders, some of them, like melancholy, were categorized as illnesses by the contemporary culture, while the majority was rather seen as a moral disorder, like extreme expressions of anger and overuse of alcohol, or as social disturbances, like the deviant behaviour of demoniacs. The common theme, however, for all the chapters is the intention to define the dividing line between order and disorder. Hence, rather than applying one strict category of disorder, we intend to define how this concept was classified and used in the different social, cultural and geographical contexts of late medieval Europe.

Our intention is to cast light upon how mental wellbeing was understood and how men and women sought to obtain it and maintain social and mental order. Firstly, we question how various disorders were described and defined, and secondly, how participants at various levels – learned medical professionals, theologians, unofficial healers and lay men and women – tried to cope with symptoms of feeble mental wellbeing. The third main theme of the book, as well as the last section of our introduction, focuses on attempts to eliminate disturbance; how did medieval people try to control disorders and attempt to maintain balance?

The majority of the chapters are case studies, but it is hoped that together they will form a synthesis of mental disorder in later medieval culture. One of our aims is to provide comparative perspectives for comprehension of mental wellbeing and offer points of comparison between the medieval and the modern concepts of mental disorder. However, we cannot offer one conclusive definition of wellbeing or disorder in the Middle Ages; medieval concepts

_____

Ikonographie (Paderborn: Ferdinand Schöningh, 1996). For an interdisciplinary approach, see Piroska Nagy and Damien Boquet, ed., *Le sujet des émotions au Moyen Age* (Paris: Beauchesne, 2008).

turned out to be as nuanced and multifaceted as modern ones. Genre, context and potential audience dictated the focus and key elements in search for wellbeing – in defining, controlling and balancing mental order.

The temporal focus of the book is the last centuries of the Middle Ages, ranging from the thirteenth to the sixteenth century. We focus on Christian culture and on the western parts of Europe – Arabic, Byzantine, and Jewish cultures are largely left for future volumes. This volume covers an area from southern Europe to the Nordic countries, comparison between southern and northern parts of Europe being one of the main goals of the compilation, alongside comparison of various discourses, textual communities and mentalities. Even if the learned medical treatises and the moralists' teachings circulated throughout western Christianity, there was no one single discourse of health or disorder in medieval Europe. The spectrum of different cultures and regional characteristics, as well as the multiplicity of discussions, are at the core of this compilation; our aim is to draw attention to approaches and areas that are often seen as more marginal in current research, which tends to focus on learned treatises and large urban centres.

The large number of diverse texts shows that therapeutic matters were of major concern for medieval people. In addition to medical texts, such as learned treatises and doctors' advice (*consilia*), there is a wealth of diverse material in which mental disorders are analysed. For example, theological writings, *exempla*, miracle narrations, and chronicles are examined in this collection. In addition to learned Latin texts, we use vernacular material such as medical recipes, sagas, and poems written in different languages. Visual evidence is examined by church paintings and murals.

Describing the Disorder

In the medieval context, disorders and illnesses were categorised differently than they are in modern culture. Even if the everyday environment, family and neighbours were instrumental in defining and categorizing mental disorders, in developing theories and classifications three groups predominated, namely theologians, medical authorities and writers on natural philosophy, all of whom were considered to be experts in analysing, categorizing and describing such deviance.[12] There were no psychological experts as such, but theological

---

12   Metzler, *Disability in Medieval Europe*, 32.

treatises and medical handbooks handled "diseases of the head," just as they handled other illnesses.[13]

The position of medicine among the sciences is a special one, because it implies both a theoretical university discipline and an occupation involving technical skills. Practical medicine, emphasizing the significance of healthy life-style and diets was initially the focus in Salernitan medicine. The medical school of Salerno flourished between the tenth and thirteenth centuries and became famous for such works as *Regimen sanitatis Salernitanum* and *Liber de Simplici Medicina* (known also as *Circa Instans*); in them practical healing traditions were merged with Greek-Latin medical knowledge and the Arab and Jewish medical traditions.[14]

The theoretical foundations of medicine in medieval Europe derived from Antiquity and were studied and translated by Arab scholars, who systematized the relation between medicine and philosophy. For Western Europe, the twelfth century is regarded as the starting point for a long medical renaissance which evolved over four hundred years. Already at the end of the eleventh century, Constantine the African compiled *Liber Pantegni*, which was the first comprehensive treatise on medical science in the Latin language since Antiquity and which rapidly became the leading textbook of medicine at the first European universities.[15] From the twelfth century on, Galen and other ancient authors were rediscovered, studied, commented on, and cited; hence the era has been also called the Galenic Renaissance.[16] The longevity of use of some medieval medical authors' work is remarkable; for example Avicenna was still used in some Italian university curricula in the nineteenth century.[17]

---

13 On Early Medieval medical authors' views on mental disorders, see Stanley W. Jackson, "Unusual Mental States in Medieval Europe. Medical Syndromes on Metal Disorder: 400–1100 AD," *Journal of the History of Medicine and Allied Sciences* 27: 3 (1972): 262–297.

14 Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990), 13–14, 57–58.

15 *Pantegni* was based on *al-Kitab al-Malaki*, the famous book of a Persian physician, Haly Abbas. Siraisi, *Medieval and Early Renaissance Medicine*, 13–14, 57–58.

16 Siraisi, *Medieval and Early Renaissance Medicine*; Danielle Jacquart & Françoise Micheau, *La médecine arabe et l'Occident médiéval* (Paris: Maisonneuve et Larose, 1996); Roger French, *Medicine before Science: The Business of Medicine from the Middle Ages to the Enlightenment* (Cambridge: Cambridge University Press, 2003); On the evolution of reproductive medicine and gynaecology, see Monica Green, *Making Women's Medicine Masculine. The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008).

17 Siraisi, *Medieval and Early Renaissance Medicine*, 192.

In the medical faculties Hippocrates, Galen, and Avicenna were without doubt the most studied. By using the work of these giants, professors could teach and comment on other authors, based on their own interest and availability of texts. Alongside these seminal authorities in the field of learned medicine, Arnau de Villanova (1240–1311) and Bernard de Gordon (c. 1258–c. 1320), both connected to the medical school of Montpellier, and Taddeo Alderotti (1205/1215–1295), teaching at the university of Bologna, are the most cited medieval authors in this collection.

The division of medical texts into the learned tradition, which includes practical or philosophical treatises written mostly in Latin, and the pharmacological *materia medica* remedy tradition, often written in various vernaculars, is a well-established one. However, genres overlapped and the relationship between Latin and vernacular, lay and professional, sacred and profane, learned and popular, is intricate. In this compilation, medical scholastic theories are scrutinized in Timo Joutsivuo's chapter "How to Get a Melancholy Marquess to Sleep? Melancholy in Scholastic Medicine" on Taddeo Alderotti's work on melancholy, while the interconnection between theology and medicine is explored in Catherine Rider's chapter "Demons and Mental Disorder in Late Medieval Medicine," which focuses on the roles of demons in the medical treatises of Bernard de Gordon, Antonio Guaineri (d. after 1448) and Matteo Ferrari de Grado (d. 1472).

Usually, medieval medicine is not regarded as innovative or empirical, but instead as building on old ideas. Its main achievement is considered to be in the use of theories like humoral pathology and the ages of man, and concepts such as complexion, not in new empirical findings and methods.[18] However, many of these theories or conceptualisations were not fixed or standardized, as there were competing definitions and categories. The theory of humoral pathology and complexion is addressed Timo Joutsivuo's chapter on Marquess Obizzo d'Este's (about 1247–1293) condition.

However, melancholy was not simply a question of humoral balance, an overabundance of black bile, as its symptoms and treatment were considered within practical medicine, in herbal tradition and in the manuals on good life,

---

18   See, however, Michael McVaughn, "The "Experience-Based Medicine" of the Thirteenth Century," in *Evidence and Interpretations in Studies on Early Science and Medicine*, ed. John Murdoch; Edith Dudley Sylla, and William Newman (Leiden: Brill, 2009), 105–130. McVaughn claims that already during the thirteenth-century, if not earlier, physicians were systematically trying to base their diagnoses on empirical evidence, not only on medical theories, although he admits that medieval physicians' means to collect empirical facts were limited.

as the chapters of Susanna Niiranen "Mental Disorders in Remedy Collections: a Comparison of Occitan and Swedish Material," and Iona McCleery "Wine, Women and Song? Diet and Regimen for Royal Well-Being (King Duarte of Portugal, 1433–1438)" show.

Furthermore, disorders were often categorised by theologians and linked with religious deviation.[19] The Church was also eager to underline the need for religious remedy. In the Fourth Lateran Council (1215) physicians intending to treat a patient were required to ask for a priest first: a remedy for the soul was a remedy for the body as well.[20] Disorders and religion were linked in many ways. However, although sins could be considered to be behind various afflictions, the link between sins and illnesses was not evident. In addition, health was also sought from the spiritual realm. Many medieval shrines were healing centres where Christians were cured of physical and mental ailments.[21]

The dividing line between both medicine and proper religious practice and magic was under negotiation throughout the Middle Ages: charms and

---

19   Some scholars within disability studies even claim that the "religious model" was a pervasive way of handling disabilities during the Middle Ages, since the Catholic Church determined how disability was constructed. See Wheathley, "Blindness, Discipline, and Reward," 194–212. This way, however, religion is seen as a rigid category and hierarchy as a constituent element of it. By contrast, the approach adopted in this volume emphasizes religion as a means of participation and a dynamic process. On disorder and religious deviation, see also Sabina Flanagan, "Heresy, Madness and Possession in the High Middle Ages," in *Heresy in Transition: Transforming Ideas of Heresy in Medieval and Early Modern Europe*, ed. Ian Hunter; John Christian Laursen, and Cary J. Nederman (Aldershot: Ashgate, 2005), 29–42.

20   "Concilium Lateranense IV," 22, in *Conciliorum Oecumenicorum Decreta*, ed. Joseph Alberigo; Perikle-P. Joannou; Claudio Leonardi; Paulo Prodi (Freiburg: Herder, 1962). See also Darrel W. Amundsen, "The Medieval Catholic Tradition," in *Caring and Curing. Health and Medicine in the Western Religious Traditions*, ed. Ronald L. Numbers and Darrel W. Amundsen (Baltimore: The Johns Hopkins University Press, 1986), 65–107.

21   Ninety percent of miracles recorded in the canonization processes could be categorized as therapeutic. See André Vauchez, *Sainteté en Occident aux derniers siècles du Moyen Âge. D'après les procès de canonisation et les documents hagiographiques* (Rome: École française de Rome 1988), 547. On healing miracles, see also, Ronald Finucane, *Miracles and Pilgrims. Popular Beliefs in Medieval England* (London: J.M. Dent & Sons Ltd, 1977) [Second edition New York: St. Martin's Press 1995]; Pierre-André Sigal, *L'homme et le miracle dans la France médiévale (XIe–XIIe siècle)* (Paris: Cerf, 1985); Christian Krötzl, *Pilger, Mirakel und Alltag. Formen des Verhaltens im skandinavischen Mittelalter* (Helsinki: SHS, 1994).

amulets were regularly elements in medical books, and many healing rituals had superstitious connotations.[22] The role of demons in mental affliction was pondered by medical experts, as Catherine Rider shows in her study. Furthermore, magic was also linked with herbal remedies, something that can be seen especially in vernacular recipes, as Susanna Niiranen demonstrates in her analysis of thirteenth-century recipe collections from southern France and a fifteenth-century monastery formulary from Sweden.

Various forms of mental disorders can be found in medieval miracle collections: epileptics (*morbus caducum*), the mentally impaired (*amens*, *demens*, *mente captus*), the raving mad (*furiosus*, *adrabiacus*) and demoniacs (*obessus*, *demoniacus*) were typically listed among those healed by the heavenly remedy.[23] Miraculous cures for mental affliction, in the form of demonic possession, are discussed in the chapter of Sari Katajala-Peltomaa, "Demonic Possession as Physical and Mental Disturbance in the Later Medieval Canonization Processes." Madness, epilepsy and possession were also depicted in religious images, as Gerhard Jaritz argues in his analysis of image material from Central Europe, "Signs of Mental Disorder in Late Medieval Visual Evidence." Other types of mental disorder, like anger and fear, were also described by religious authorities, as Marko Lamberg's analysis of Scandinavian *exempla*, "Anger as a Spiritual, Social and Mental Disorder in Late Medieval

---

22   On this intermingling of theology and medicine, see, for example, Catherine Rider, "Medical Magic and the Church in Thirteenth-Century England," *Social History of Medicine* 24: 1 (2011): 92–107; Steven P. Marrone, "Magic and the Physical World in Thirteenth-Century Scholasticism," in *Evidence and Interpretations*, 158–185; Lea Olsan, "Charms and Prayers in Medieval Medical Theory and Practice," *Social History of Medicine* 16: 3 (2003): 343–366; McVaughn, "The "Experience-Based Medicine" of the Thirteenth Century," 122–126, and Joseph Ziegler, "Practitioners and Saints; Medical Men in Canonization Processes in the Thirteenth to Fifteenth Centuries," *Social History of Medicine* 12: 2 (1999): 191–225. On the interconnection between religious healing rites and superstitious practices, see Sari Katajala-Peltomaa, *Gender, Miracles and Daily Life. The Evidence of the Fourteenth-Century Canonization Processes* (Turnhout: Brepols, 2009), 192–200.

23   For example, "de demoniacis invasacis seu evanitis et adrabicis liberatis" BAV MS Vat. Lat. 4025 f. 27r; "de furiosis et alienatis a sensu," *Processus Canonizationis et Legendae varie Sancti Ludovici O.F.M. Episcopi Tolosani.* Analecta Franciscana tom. VII (Quaracchi-Florence: Collegium s. Bonaventurae, 1951), 214, and "De demoniacis, furiosis et demetibus liberatis et a sensu et memoriam restitutis," in Borderie, A.J.D. de la, Perquis, R.F. and Temper, D. ed., "Enquête pour la canonisation de saint Yves (èdifie à Tréguer en l'an 1330)," in *Monuments originaux de l'histoire de Saint Yves*, ed. A.J.D. de la Borderie, R.F. Perquis, R.F. and D. Temper (Saint Brieuc: L. Prud'homme, 1887), 419.

Swedish *exempla*," demonstrates. Emotions and disorders were also analysed in the vernacular material, as Kirsi Kanerva shows in her analysis of thirteenth- and fourteenth-century Icelandic saga material, "Disturbances of the Mind and Body: Effects of the Living Dead in Medieval Iceland."

In the theological context, mental wellbeing was connected with avoidance of sin and the leading of a virtuous life. For example, gluttony, *gula*, one of the capital sins, was closely linked with the dietary ideas of medicinal profession- als. According to theologians, eating too much or too early, or consuming foods that were too delicate or exotic, were sins.[24] Drunkenness was a sub-category of gluttony. In this compilation the dangers of gluttony to mental wellbeing are addressed by Jussi Hanska in his chapter "'Volebam tamen ut nomen michi esset Dyonisius' – Fra Salimbene, Wine and Wellbeing." Hanska's analysis of the dangers and pleasures of drinking wine is based on Fra Salimbene's (1221–c. 1290) *Cronica*. Wine consumption was a complex matter, however, since it was an important part of daily diet, and it also had many positive religious conno- tations. It was an essential element in the sacrament of Eucharist and in the miracle in the wedding of Canaan. To take it in excess was dangerous, but to avoid it completely was not good for one's mental or physical wellbeing either.

Practitioners and Protagonists

The primary caretakers in the majority of ailments were family and relatives. However, in later medieval Europe there were official and trained healers and practitioners as well, ranging from university-trained doctors, local barbers or surgeons (*chirurgicus*), herbalists and monks and nuns specialising in medi- cine to clergy who gave spiritual counselling. All these practitioners appear in this compilation.

The word *medicus* was used for officially recognized healers, including phy- sicians, surgeons, and empiricists. Often it is translated as "doctor," but the phy- sicians with a university degree were the only ones actually qualified as doctors. Among university-taught physicians such nominations as *physicus* and *magis- ter medicus* were used. It seems that *physicus* implied someone who adopted a more theoretic approach than a *magister medicus*, who was apparently more

---

24   See, for example, Caesar of Heisterbach, *Dialogus Miraculorum*, ed. Joseph Strange (Ridgewood: The Gregg Press: 1966), IV, 2 "de inimia comestatione et ebrietate in iram vertuntur," and IV, 73 "In gula sunt quinque gradus peccandi. Primus est cibos pretiosos et delicates exquirere; secundus cibos curiose praeparare; tertius ante tempus sumere; quar- tus nimis avide; quintus in nimia quantitate."

oriented towards practice, but there is a great variety in their use.[25] Lay healers with heterogeneous backgrounds were mostly responsible for people's health in the countryside, but different specialists were also active in the rapidly growing towns of later medieval Europe. After the birth of universities the number of trained specialists naturally increased. In some towns with medical and surgical guilds, like Montpellier and Paris, there seems to have been competition between various practitioners as licensed and trained physicians attempted to secure their position in opposition to unofficial, traditional healers and gain a monopoly in the field of medicine.[26]

Despite the appearance of university-trained physicians, their advice was not easily obtained in much of Europe; people of lower social status, especially outside the urban centres of northern Italy or southern France, had to settle for other types of healers.[27] These practitioners had learned their trade mainly through practice, for which reason their knowledge was also called *empirica* or *experimenta*. Among these "empiricists" there were priests, clerics, notaries and artisans (textile artisans, in particular), not to mention itinerant specialists like drink sellers, pepperers, herbalists and bonesetters. In addition, oculists, apothecaries and spice sellers (*speciarii*) were also active in the field of healing.[28]

The ambiguous state of affairs also caused anxiety among the elite and authorities began to licence medical practitioners from the twelfth century onwards. In the next century, Emperor Frederick II issued a statute which strictly separated the occupations of physicians and apothecaries in order not to mingle commercial interests with healing. This meant that physicians could

---

25   Katherine Park, "Medicine and Magic: the Healing Arts," in *Gender and Society in Renaissance Italy*, ed. Judith C. Brown and Robert C. Davis (London and New York: Longman, 1998), 129–149; Danielle Jacquart, *Le milieu médical en France du XIIe au XVe siècle: en annexe, 2e supplément au "Dictionnaire" d'Ernest Wickersheimer Geneva, Droz* (Paris: Champion, 1981), 32. In French, for example, the term *mire* is equivalent to that of medical artisan, perhaps a chirurgist or a barber in contrast to a *médecin*, a term which appears from the beginning of the fourteenth century on.

26   Darrell W. Amundsen, "The Medieval Catholic Tradition," 65–107, esp. 93.

27   On the availability of help from a doctor, see Michael McVaughn, *Medicine before the Plague: Practitioners and Their Patients in the Crown of Aragon, 1285–1345* (Cambridge: Cambridge University Press, 1993). For example, there were apparently no, or very few, university trained doctors in medieval Sweden. Sten Lindroth, *Svensk lärdoms historia. Medeltiden, reformationstiden* (Stockholm: P.A. Norstedt & Söners förlag, 1975), 147–160.

28   These occupations were regularly respected, see e.g. Kathryn L. Reyerson, "Patterns of population attraction and mobility: the case of Montpellier, 1293–1348," *Viator* 10 (1979): 257–281, esp. 280.

not double as pharmacists and the prices of various medicinal remedies were fixed. This regulation became a model for the practice of pharmacy throughout Europe.[29]

The old tradition of monasteries as healing centres continued throughout the late Middle Ages. In particular, the ancient learning of herbal tradition was preserved and transmitted in monastic manuscripts,[30] as is exemplified in the chapter of Niiranen, in which the herbal recipes of the monastery of Naantali is analysed. Such learning was not a monopoly of monks and nuns and herbal guide books were used in lay settings as well. During the last centuries of the Middle Ages lay settings became increasingly important in the field of healing, as monasteries lost a lot of their former importance after the birth of universities. From the fourteenth century on, new types of sources such as health books and personal health guides, texts produced mainly for the upper middle class, increased in number. Guide books were composed also by the elite, as McCleery's analysis of the Portuguese king Duarte's (1433–1438) texts, *Loyal Counsellor* and *Book of Advice*, reveals. Not only living well but also dying well was in the interest of medieval people; these moral issues were also emphasised in artistic representations, as Sophie Oosterwijk argues in her chapter "'This Worlde is but a Pilgrimage': Mental Attitudes in/to the Medieval *Danse Macabre*."

In addition to monks and nuns, secular clergy could also help in controlling mental disorders; after all, sin was considered to be one possible explanation for illness. With the clergy's help relief was often sought in the spiritual realm. Regardless of the significance of university-trained physicians, the amount of clerical aid increased during the late Middle Ages, since the decisions made in the Fourth Lateran Council and the birth of the mendicant orders ensured that much more spiritual guidance aimed at the maintenance of a mental and spiritual balance – by avoiding sin and leading a virtuous life – was available for medieval Christians. Physicians and theologians did not always agree on the causes of disorder or methods of treatment. For example, Thomas Aquinas claimed that physicians did not always acknowledge a supernatural cause, like witchcraft, behind an affliction.[31] Furthermore, in the clerical context the

---

29   Stuart Anderson, "The historical context of pharmacy," in *Pharmacy Practice*, ed. Kevin Taylor and Geoffrey Harding (London: Taylor and Francis, 2001), 3–30, at 6.

30   On early medieval medicinal manuscripts, see the profound article of Peregrine Horden, "What's Wrong with Early Medieval Medicine?," *Social History of Medicine* 24: 1 (2011): 5–25.

31   Henry Ansgar Kelly, *The Devil, Demonology and Witchcraft. The Development of Christian Beliefs in Evil Spirits* (New York: Doubleday & Company Inc., 1968), 62.

proper spiritual order, purity and harmony of the soul, was often thought to be acquired by mortification of the flesh, but severe asceticism was condemned by physicians, since moderation was the ideal in medical guidebooks.[32]

Priests gave advice and exhortations of moral and spiritual wellbeing to their parishioners, but the role of priests was also fundamental in some healing rituals, like exorcisms.[33] However, although both mental and physical health was sought for at saints' shrines, the role of the clergy who looked after the shrine was limited in these healing rituals. Thus, despite the increase in number of various experts, lay Christians, such as family, friends and neighbours, still played a prominent role in rituals and practices intended to control disorder and maintain balance. Invocation of a saint as a method of recovery was available to all, poor and rich alike, even if heavenly intercessors also expected a counter gift for their help. Curative shrines, like doctors, were more readily available in southern European urban centres; in rural areas of Northern Europe there were few university-trained doctors and even shrines of saints were few and far between.[34]

In addition to the social status and geographical origin of the patient, gender influenced both the cures available and the diagnosis: men and women with similar symptoms could be categorised as suffering from different ailments. For example, men acting aggressively and violently were often categorised as raving mad, while women with similar symptoms were more easily labelled as possessed by a demon. Similarly, artistic representations depicted ugly and half naked men as fools, whereas women were more often depicted as possessed, as the chapter of Jaritz demonstrates. Furthermore, Lamberg argues from his observations on Nordic *exempla* material that fear, anger and distress were experienced and expressed differently by men and women.

In addition to these cultural and social components attached to men and women, physical and biological differences had an effect on mental disorders. According to the humoral theory, men and women were different, women being composed of wet and cold properties. Thus the natural complexion for

---

32 See, for example, C. Matthew Philips, "*Crux a cruciatu dicitur*: Preaching Self-Torture as Pastoral Care in Twelfth-Century Religious Houses," in *A Companion to Pastoral Care in the Late Middle Ages*, ed. Ronald J. Stansbury (Leiden: Brill, 2010), 285–309.

33 On the increasing importance of exorcism rituals performed by the clergy, see Nancy Caciola, *Discerning Spirits. Divine and Demonic Possession in the Middle Ages* (Ithaca and London: Cornell University Press, 2003), 236 and Florence Chave-Mahir, *L'exorcisme des possédés dans l'Église d'Occident Xe–XIVe siècle* (Turnhout: Brepols, 2011).

34 For a comparison of southern and northern European practices in resorting to doctors and/or saints, see Ronald Finucane, *The Rescue of the Innocents. Endangered Children in Medieval Miracles* (New York: St Martin's Press, 2000).

them was different. Women's bodies also made them vulnerable to certain disorders, such as wondering womb, which was thought to cause hysteria. Since women's bodies were more open, they were also more vulnerable to outer influences, like demons.[35]

In the Christian context, the platonic dualistic ideas linked women with irrationality, physicality, and emotionality: their weaker chastity made their spiritual state more vulnerable, but it also made women potential causers of disorder on a wider level.[36] In clerical rhetoric women's insatiable lust was often seen as a seed for social and spiritual disorder, but the opinion of the physicians was more lenient: sexual intercourse was sometimes recommended as a cure for melancholy, for example.[37] Gender was also important when choosing a practitioner to cure a disorder: university trained physicians were all men, as was the clerical elite writing theological treatises for spiritual counselling and advice for controlling disorders. Gender ratio was more balanced among the traditional healers, but their practices were increasingly linked with illicit activities, like witchcraft, and particularly women were suspected of such practices.[38]

---

35 On humoral theory, sexual differences and gender order, see Miri Rubin, "The Person of the Form: Medieval Challenges to the Bodily Order," in *Framing Medieval Bodies*, ed. Sarah Kay and Miri Rubin (Manchester: Manchester University Press, 1994), 100–122, and Joan Cadden, *Meanings of Sex Difference in the Middle Ages. Medicine, Science, and Culture* (Cambridge: Cambridge University Press, 1993), 183–188. On demonic possession and women's physiology, see Nancy Caciola, "Mystics, Demoniacs, and the Physiology of Spirit Possession in Medieval Europe," *Comparative Studies in Society and History*, vol. 42, no. 2 (2000): 268–306 and Dyan Elliott, "The Physiology of Rapture and Female Spirituality," in *Medieval Theology and the Natural Body*, ed. Peter Biller & A.J. Minnis (Bury St Edmunds: York Medieval Press, 1997), 141–173.

36 Caroline Walker Bynum, *Fragmentation and Redemption. Essays on Gender and the Human Body in Medieval Religion* (New York: Zone Books, 1991), 108–109. Cf. Theresa Tinkle, *Gender and Power in Medieval Exegesis* (New York: Palgrave McMillan, 2010), 38.

37 The supposed interconnection between women and sexual lust was widespread and notions of it can be found in any scholarly work on women and gender: see, for example, many of the articles in *A History of Women. II: Silences of the Middle Ages*, ed. Christiane Klapisch-Züber (Cambridge: The Belknap Press of Harvard University Press, 1994). On medieval sexualities and meanings of sex acts, see Ruth Mazo Karras, *Sexuality in Medieval Europe: Doing unto Others* (New York: Routledge, 2005).

38 Old theories of witchcraft linked such accusations with midwives and healing, but midwife theories especially have been largely discredited. Lately, scholars have acknowledged that men also were accused of, and practised, witchcraft. On gendered magic and evaluations of midwife-healer theory, see Raisa Maria Toivo, *Witchcraft and Gender in Early Modern Society. Finland and Wider European Experience* (Aldershot: Ashgate, 2008), 175–180.

Coping with Disorder

A medical authority from the ninth century, Joannitius (Hunayn ibn Isḥāq), stated that medicine was divided into the theoretical and the practical. The theoretical medicine was further sub-divided into three: the naturals, the non-naturals, and the contra-naturals. According to Joannitius, the naturals encompassed the four elements (air, water, earth and fire), the qualities (most, cold, dry and hot); the humours (blood, phlegm, black bile and yellow bile); the body parts (the brain, liver, heart, testicles etc.); the energies (natural, spiritual and animal); the operations (appetite, digestion, retention, expulsion, desire) and the spirits (natural, vital and animal). The six non-naturals in turn were determinants of health. In the standard medieval form, they included climate; food and drink; movement and rest; sleep and wakefulness; elimination and retention; and the emotions, accidents of the soul. They are generally six in number, though Joannitius added coitus and bathing to the list. The contra-naturals were disease itself, its causes and its consequences.[39]

This pattern of thinking, or at least elements of it, is an underlying conception in many of the chapters in this collection as a basis of understanding the ontology of health and illness and also that of mental disorders. Humoral theory and qualities had an especially close association with mental state, as was emphasised by several of the authors. Timo Joutsivuo scrutinizes the ideas of Italian physician and medical writer Taddeo Alderotti and his contemporaries by analysing this physician's *consilia*, his letters. In this case melancholy was analysed in the context of humoral theory and related to insomnia: it was a disturbance in a system of six non-naturals. Moreover, the studies of Joutsivuo, Lamberg, McCleery and Niiranen show that insomnia is not simply a result of our modern lifestyle, but was a real phenomenon that endangered mental wellbeing in the Middle Ages.

Many of the chapters deal with *res non naturales*, even if they are not necessarily called by that name in the sources. The idea of moderation and balance was one of the guiding principles when considering the six non-naturals. Moderation was an ideal for both theologians and educated physicians.

---

39 The text served as an introduction to Galen's *Ars Medica* (*Tegni*), which then became *Articella*, the basic university medical collection of which vernacular translations followed during the later Middle Ages, Peregrine Horden, "A Non-natural Environment: Medicine without Doctors and the Medieval European Hospital," in *The Medieval Hospital and Medical Practice*, ed. Barbara S. Bowers (Aldershot: Ashgate, 2007), 133–145; On the textual history of the *Isagoge* of Joannitius and related texts, see Cornelius O'Boyle, *The Art of Medicine: Medical Teaching at the University of Paris, 1250–1400*. Education and Society in the Middle Ages and Renaissance, vol. 9 (Leiden: Brill, 1998), 83–85.

Excessive behaviour was bad for one's moral state as well as for physical and mental health. The idea of moderating emotions was an essential factor in maintaining or improving health, which was familiar to the whole medieval audience of medical learning, since such ideas were included in many medical treatises, whether theoretical, practical or even chirurgical.[40] During the Middle Ages emotions too were subject to theological pondering, anger, *ira*, being one of the capital sins. Furthermore, that emotions could affect health was accepted well beyond the university environment: for example, the troubadours of twelfth- and thirteenth-century southern France shared the idea of emotional and moral self-control, *mesura*, and recognized the risks of over-emotionality and excess.[41] The link between emotions and illnesses and humoral theory was also acknowledged in Icelandic saga material, as Kanerva demonstrates.

The emphasis on emotional moderation is present to a greater or lesser degree in all the chapters but most notably in that of Iona McCleery, where it is approached via the term *contentamento*. Both Marko Lamberg and Sari Katajala-Peltomaa analyse the emotional state of rage, the medieval understanding of it and the reactions of society towards deviant behaviour. In addition, Kirsi Kanerva scrutinizes the complex relationship between emotions and mental disorders as it appears in Icelandic Family Sagas, while Sophie Oosterwijk explores emotions and national trauma that the deaths of Charles VI and Henry V caused in the French and English Dance of Death poems and images.

Res non naturales and humoral pathology provided the theoretical, learned background for mental afflictions, but despite that, they were not the main concerns of many practitioners or patients suffering from disorders. University trained physicians treated only a small minority, while patients of more humble origins, especially outside urban centres, had to cope with their problems by other means. Religious and quasi-magical rituals – formative, repetitive and semi-public symbolic acts – were open to everybody. Pilgrims, vows and penitential practices are encountered in many of the chapters of this compilation. Furthermore, rituals, prayers and symbols were integral to the use of herbal remedies. In securing order, symbolic activity was significant in itself. The instrumental efficacy, the cure itself, was not the only important thing; taking

---

40 Horden, "A Non-natural Environment," 133–145.

41 Susanna Niiranen, "*Miroir de mérite*": *valeurs sociales, rôles et image de la femme dans les textes médiévaux des trobairitz*. Jyväskylä studies in humanities 115 (Jyväskylä: Jyväskylän yliopisto, 2009), 151–154; Glynnis Cropp, *Le Vocabulaire courtois des troubadours de l'époque classique* (Geneva: Droz, 1975), 421–425.

the initiative was significant in that it enabled the healer or sufferer to be active and to have a sense of control over the event, re-creating order in the process.[42]

Structure of the Volume

In this volume mental disorders are approached from multiple angles, and analysed with diverse source materials and within the framework of several scholarly traditions. Visual evidence and learned Latin texts, as well as vernacular treatises, are scrutinized, thus opening links between art historical, historical and literary discussions and traditions.

The compilation starts with chapters focusing on medieval medicinal theories of disorders. Timo Joutsivuo scrutinizes melancholy in the scholastic medicine and its links to humoral theories. These concepts are analysed in the texts of Taddeo Alderotti and in the context of the insomnia of Marquess of Ferrara Obizzo II d'Este at the end of the thirteenth century. Melancholy was a typical disorder described in the learned medical treatises, but following the scholastic theories it cannot straightforwardly be defined as an illness, even if it was linked to health and always had both mental and physical aspects. Melancholy could also be a natural condition of man, derived from birth, or occur because of ageing.

Medieval medical theories are further explored by Catherine Rider, who focuses on demonic influence in late medieval medicine. Demons were never a primary explanation for medical authors and late medieval physicians did not reach a consensus about them. Doctors did not dismiss demonic influence altogether, but they tended to present demons as hallucinations or an explanation of the ignorant. However, writers who drew on earlier Greek and Arabic medicine were more willing to accept that demons might cause certain forms of melancholy and epilepsy.

Disorders are next pondered from the religious perspective. Marko Lamberg analyses Nordic *exemplum* stories, focusing on representations of anger and

---

42   Mary Douglas stresses the importance of rituals, regardless of their instrumental efficacy. The efficiency – in recreating order – was achieved in the action itself. Mary Douglas, *Purity and Danger. An Analysis of the Concepts of Pollution and Taboo* (London: Routledge, 1984), 68. On ritual theory, see, for example, Catherine M. Bell, *Ritual Theory, Ritual Practice* (Oxford: Oxford University Press, 1992), esp. 13–66, and Christiane Witthöft, *Ritual und Text. Formen symbolischer Kommunikation in der Historiographie und Literatur des Spätmittelalters* (Darmstadt: Wissenschaftlich Buchgesellschaft, 2004).

the didactic messages within. *Exempla* combine both learned and popular views and see anger first and foremost as a sin, a moral disorder that has social consequences. In the Nordic material, anger was seen as a feminine vice. Proper conduct and the path to salvation was not taught to the laity merely by didactic narratives, but with visual material as well. In his chapter Gerhard Jaritz analyses central European visual material that depicts various mental disorders. Female and male mental disorders were depicted differently: men were mainly fools, while demonic possession was prevalent among female mental disorders. These persons were often negative creatures representing sin and danger. On the other hand, their depiction underlined the intervention of Christ or the saints, as these images showed how saintly intercession, miracles, and exorcisms restored bodily and mental order.

The combination of learned theories and lived experiences of the laity is also evident in the thirteenth- and fourteenth-century canonization processes, the source material used by Sari Katajala-Peltomaa. Didactic elements, like sin as a reason for demonic affliction, can occasionally be found in this material, but more typically the depositions represent rather down-to-earth explanations for demonic possession: demons might literally be ingested by eating or drinking and the signs of possession as well as of delivery were physical. In Italian urban centres water was often associated with demonic possession; wells were particularly dangerous and many water fetchers fell victim to demons there. Demonic possession was one way of explaining a tense situation within the family or the community.

Water may have been considered a hazardous element, but wine and the pleasures of drinking it were praised by the clergy. Jussi Hanska analyses Salimbene de Adam's *Cronica* and his views of drinking wine. Salimbene's writings reveals the tension between good life and disorder: not only was drinking too much or being drunk sinful, but drinking wines of too fine a quality was also problematic for Salimbene, since, as a Franciscan, he was expected to lead an ascetic life. Yet wine was also part of the daily diet, and for Salimbene viticulture and the delights of good wine were a personal interest.

Aspects of learned medicine as well as popular attitudes are characteristic for medicinal recipe collections. Susanna Niiranen compares two anonymous collections from Southern France and Sweden; in them mental disorders are understood as a range of conditions from sharply varying moods and melancholy to insomnia and drunkenness. In search for cure, advice for picking and using herbs, potions, decoctions, oils, ointments, charms and incantations are given and the these elements are often combined in the recipes.

The connection of proper mental order and political aspects are emphasized in the next set of essays. In Iona McCleery's chapter, personal concerns of

wellbeing are also added to the theme, as she scrutinizes King Duarte of Portugal's personal writings about the good life. Having suffered from melancholy himself, King Duarte considered *contentamento* as a main constituent of a good life; it meant practising prudence and temperance, enduring hardship and deferring to divine justice. This would lead to a well-ordered life and in the monarch's case reflect his ability to govern the realm properly; therefore King Duarte's advices were not merely of personal significance.

Proper social and moral order and political context are also connected in Sophie Oosterwijk's analysis of the *Dance macabre*. Analysing French and English mural paintings and poems of the fifteenth century, she argues that they do not only represent the universal fear of death but rather fear of lonely and unexpected death. They contain a warning of moral disorders but at the same time they challenge the secular social order: kings were no less impervious to death than other mortals.

Dying and the dead were a source of various disorders on a mental, social and emotional level; the restless dead and expressions of emotional upheaval is the focus of Kirsi Kanerva's analysis of Icelandic Family Sagas. Proper mental order was linked with social hierarchies in this material too, since people of lower status were more prone to excessive emotions, illness and even death caused by the restless dead.

Finally, we would like to quote Foucault's words: "Madness is the punishment of the disorderly and useless science." We hope that this volume is in proper order and of use – and that it provides information and delight.

How to Get a Melancholy Marquess to Sleep? Melancholy in Scholastic Medicine

Timo Joutsivuo

Introduction

Marquess of Ferrara Obizzo II d'Este (about 1247–1293) was a well known nobleman and a leader of the Florentine political party, the Black Guelfs. He was also mentioned by Dante Alighieri in his Divine Comedy. Dante placed Obizzo in Hell among the tyrants, who "indulged in bloodshed and rapine."[1] In the late thirteenth century Obizzo II d'Este turned for help to the famous Florence-born Bolognese professor of medicine, Taddeo Alderotti (1205/1215–1295). The reason was that the Marquess was suffering from severe melancholy with one special symptom, insomnia, which was the reason why he had not been able to sleep properly in two years.[2]

Taddeo Alderotti did what was asked of him and wrote a special regimen for the Marquess, which was later used as a general guide for taking care of melancholic patients. This was because the regimen was included in Taddeo's collection of case studies called *consilia*. This collection included a total of 185 case studies, and it became very popular as a medical handbook.

This chapter will investigate Taddeo Alderotti's recommendation to Obizzo d'Este and the reasoning behind his choice of cure. This inevitably involves a brief overview of what was understood by melancholy in medicine at the turn of the fourteenth century. Therefore, Alderotti's more theoretical writings will be examined alongside more practical case studies, which do not contain any systematic study of the causes and signs of a particular disease. Taddeo Alderotti's theoretically oriented texts include his commentaries on university medical textbooks, Hippocratic *Aphorisms*, Galen's *Tegni* and *Isagoge*, which was written by the Nestorian Christian physician and scholar Hunayn ibn Ishaq (809–873), known as Joannititus in the West. Galen's *Tegni* was a very

---

1   Dante Alighieri, *The Divine Comedy*, trans. Henry Francis Cary (London, Paris, Melbourne: Cassell & Company, 1892), Canto XII.

2   Taddeo Alderotti, *Consilia*, ed. Piero P. Giorgi and Gian Franco Pasini (Bologna: Università di Bologna, 1997), Consilia XXII, 176: "Egritudo domini marchioris est melancholia cum tanta vigiliarum instantia, quod iam sunt duo anni quod non dormivit aliquid."

important textbook on the theory of medicine in medieval universities and *Isagoge* was an Arabic short introduction into Galenic medicine.

To get a deeper understanding of the matter the ideas of two other contemporary physicians are also investigated: Pietro Torrigiano (d. a. 1319), who was one of Alderotti's students and the writer of a *magnum opus* of scholastic medicine, a much-praised commentary on Galen's *Tegni*,[3] and Bernard de Gordon (d. 1320), who taught medicine at the University of Montpellier. Bernard wrote more practically oriented treatises on medicine, and his most famous book, *Lilium medicine*, was intended as an aid in medical practice for his younger colleagues. With Bernard de Gordon it is possible to compare the contemporary ideas of melancholy in the two most important medical centres at the turn of the fourteenth century. Moreover, both Taddeo Alderotti and Bernard de Gordon were very influential during their lifetimes and all three had a powerful influence on fourteenth-century university medicine.

It is, however, worth remembering that university educated physicians were only a small minority of all professionals or part-time healers working on medicine at the turn of the fourteenth century. In most parts of Europe, especially in rural areas where the majority of the people lived, there were probably only a few physicians, if any. Beside university educated physicians, who were called "rational and learned doctors" by Roger French,[4] a number of different kinds of practitioners offered their services: surgeons, barber-surgeons, barbers, apothecaries, empirics often specializing in treating one special surgical condition, and professional midwifes. Moreover, family members, neighbours and friends could serve as casual healers. Priests and mendicants also helped the sick, although the church had banned them from practicing some forms of medical care. In the fourth lateral council in 1215 surgical operations, for example, were forbidden from the clergy.[5] Thus, the ideas about melancholy presented in this chapter reflect the scholastic approach and do not necessarily tell the whole story regarding the medieval concept of melancholy.

In this chapter, I propose to discuss specific aspects of theory related to melancholy: firstly, melancholy as an illness, secondly melancholy as a normal disposition of man, thirdly the ageing process and its relationship to melancholy, and finally the methods used to treat melancholy, before proceeding to

---

3   It was known as *Plusquam commentum in artem parvam Galeni.*

4   Roger French, *Medicine before Science. The Rational and Learned Doctor from the Middle Ages to the Enlightenment* (Cambridge: Cambridge University Press, 2003), passim.

5   Nancy G. Siraisi, *Medieval and Early Renaissance Medicine. An Introduction to Knowledge and Practice* (Chicago and London: The University of Chicago Press, 1990), 178.

my conclusions. First, however, it is necessary to specify how scholastic physicians defined health.

The Idea of Health at the Universities

At the turn of the fourteenth century a significant change in teaching in medicine at universities occurred. Since the twelfth century this medical instruction was based on only a few texts, the most important being *Tegni*, *Isagoge* and the Hippocratic treatises *Aphorisms* and *Prognostics*. In the later thirteenth century more books were introduced into the medical curriculum. One important text was *Canon*, written by the Persian physician and scientist ibn Sīnā or Avicenna (d. 1037) as he was known in the Latin West. *Canon* was a large book that covered both theoretical and the practical knowledge of medicine. Moreover, more of Galen's works were included in the curriculum. Many of these were already translated into Latin in the twelfth century, but their use in the instruction of medicine was delayed because of their complexity and unsystematic structure. In the thirteenth century, after the permanent establishment of medical faculties, interest in Galen's works grew, especially in the universities of Paris, Montpellier and Bologna, which were the centres of scholastic medicine.

The second-century physician Galen had written an enormous number of medical texts that handled almost every aspect of medicine. To many in the late thirteenth century it seemed that Galen had known everything one needed to know about medicine, just as Aristotle was believed to have known everything about natural philosophy. Galen became regarded as the greatest authority in university medicine. Thus Taddeo Alderotti and his pupils in Bologna tried to get a perfect understanding of Galen's ideas, wrote numerous commentaries on his works and compiled lists of them. They also compared different translations of his works.[6] There was a similar level of enthusiasm in Montpellier. In Bernard de Gordon's works Luke Demaitre has found over 600 references to Galen and his works, twenty-four being named.[7] Both Bernard de Gordon and Pietro Torrigiano called Galen the "prince of medicine."[8]

---

6   Nancy G. Siraisi, *Taddeo Alderotti and His Pupils. Two Generations of Italian Medical Learning* (Princeton, New Jersey: Princeton University Press, 1981), 100–103.

7   Luke Demaitre, *Doctor Bernard de Gordon – Professor and Practitioner* (Toronto: Pontifical Institute of Mediaeval Studies, 1980), 114, table 4.

8   Bernard de Gordon, *Lilium medicinae* (Frankfurt: Apud Lucam Iennis, 1607), fol. 64r, passim; Pietro Torrigiano, *Plusquam commentum in artem parvam Galeni* (Venice: Apud Iuntas, 1557), passim.

As a result, more and more of Galen's texts were included in the curriculum of the universities. The statutes of the University of Montpellier in 1309 mentioned as many as seven of Galen's treatises,[9] and there can be no doubt that Galenic works in medical instruction were also introduced in other universities, although official lists of books included in the curriculum were often constructed much later, for example in 1405 in Bologna. Thus Galen's works, although they were already known in the learned medical world of the Middle Ages, began to make an increasingly important impact from the 1270s and 1280s onwards. As a result, an intellectual movement emerged, referred to as "New Galen" by many historians of medicine.[10]

Michael McVaugh argues that this knowledge of New Galen brought dramatic change to the intellectual world of scholastic physicians.[11] These "new" texts gave a fresh insight into the concepts of health and disease, and thus had an impact on the scholastic analysis of melancholy. The most important feature of the New Galen was the theory of complexion (*complexio*). *Complexio* was a Latin translation of Galen's term *krasis*, literally a mixture.[12] Later in the Middle Ages *krasis* was often translated as temperament, based on the Latin word *tempero*. By complexion scholastic physicians understood the relationship between the primary qualities hot, cold, wet and dry in the body. These medical primary qualities were derived from Aristotelian natural philosophy, in which they were divided into active (hot and cold) and passive (moist and dry). They were understood as forces affecting everything in the sublunar world. Men, animals and plants as well as inanimate nature were composed of the elements earth, water, air and fire, and each element had certain characteristics associated with a pair of primary qualities. Water, for example, was cold and wet. When elements were mixed together they were

---

9   They were *Tegni*, *De complexionibus*, *De malitia complexionis diverse*, *De simplici medicina*, *De morbo et accidenti*, *De crisis et creticis diebus* and *De ingenio sanitatis*. Probably the curriculum also included Galen's commentaries on the three Hippocratic treatises (*Aphorisms*, *Prognostics* and *The Acute Diseases*). Cornelius O'Boyle, *The Art of Medicine. Medical Teaching at the University of Paris* (Leiden: Brill, 1998), 148–149.

10   See, for example, Luis García-Ballester, "The New Galen: A Challenge to Latin Galenism in Thirteenth Century" in *Text and Tradition: Studies in Ancient Medicine and its Transmission Presented to Jutta Kollesch*, ed. Klaus-Dietrich Fischer, Diethard Nickel and Paul Potter (Leiden: Brill, 1998), 55–83; Siraisi, *Taddeo Alderotti and His Pupils*, 101.

11   Michael McVaugh, "The Nature and Limits of Medical Certitude at Early Fourteenth-Century Montpellier," *Osiris 2nd series* 6 (1990): 62–84, esp. 66.

12   Siraisi, *Medieval and Early Renaissance Medicine*, 100. Pietro Torrigiano knew the Greek term. Pietro Torrigiano, *Plusquam commentum*, I, fol. 13rd: "Crasis vero idem valet, quod complexio."

changed into a new substance, but their dynamic powers, the primary qualities, prevailed. This mixture of qualities, which was the result of the mixture of elements, was called complexion.[13] As explained by Bernard de Gordon and others, complexion was therefore a result of the interaction of active and passive primary qualities.[14]

In Galenic medicine the human being consisted of many complexions. So called homogeneous parts, such as bone, flesh, humour or sinew, had a typical complexion of their own. This was also true of heterogeneous parts such as the head, arm, heart or liver, which were all composed of homogeneous parts. The whole body also had its complexion. Based on Galen's *De complexionibus*, scholastic physicians divided complexions into nine categories, one well balanced complexion and eight derivations from that. In the well balanced complexion all primary qualities were equally distributed and intensified. This was usually seen as an ideal case, impossible to find in nature. Eight other complexions were either simple or compound, which means that complexion was governed either by one primary quality or by a pair of primary qualities, one active and one passive.

It is important to note that each different part of the body was considered to have its own ideal complexion, this being dependent on the function of the part. Thus the coldness of the brain was appropriate for the mental functions and the heat of the liver was the best for digestion. An equality of primary qualities, that is, an equal intensity of each primary quality in complexion, was not always the best possible alternative. In principle, complexion was in balance when it produced appropriate and the best possible functions. Pietro Torrigiano, for instance, thought that the balance between primary qualities in the brain was excellent when it produced the best possible brain functions, not when primary qualities were absolutely equal.[15]

It is obvious that Pietro Torrigiano was not prepared to accept a straightforward association between health and good complexion. In his view, good

---

13   Scholastic physicians were very careful to separate the mixture of elements from the mixture of primary qualities for precisely this reason. See Pietro Torrigiano, *Plusqua commentum*, I, fol. 13ve: "Nam, sicut mistio est corporum, sic complexio est qualitatum…"

14   Bernard de Gordon, *De prognosticis* (Frankfurt: Apud Lucam Iennis, 1607), 933: "Qualitas igitur, quae resultat ex proportione actiuarum et passiuarum, nominatur complexio."

15   Pietro Torrigiano, *Plusquam commentum*, II, fol. 47rd: "Cum autem dicitur cerebrum temperatum, intelligendum est temperamento a iustitia, scilicet quod caliditas, frigiditas, humiditas, et siccitas sunt in ipso non pariter, sed secundum mensuram proportionis ipsorum ad opus cerebri, ad quod impariter ordinantur."

health required equality between homogenous and heterogeneous parts, but also good composition and efficient functioning of different parts of the body in addition to good complexion.[16] Effective functions depended on the body having a good composition.[17] Thus, there was a certain formula for good health: good complexion followed by good composition and resulting in good effective functions. Taddeo Alderotti argued that the ultimate purpose of complexion was to function as "an instrument of operations."[18] So the New Galen made complexion the core of the concept of health. This is implied by Roger French, who stated, with a little exaggeration, that "Health was balanced complexion, illness an unbalanced complexion and therapy was a restoration of complexion."[19] However, Alderotti and Torrigiano, for instance, were not as enthusiastic about the matter.

Melancholy as a Mental Disorder

In Greek "melancholy" was a word for black bile, an association familiar to scholastic physicians and much used by them. Black bile was one of the bodily humours, the others being blood, yellow bile and phlegm. Humours were created in the liver from compacted food and they passed into the rest of the body via the veins. Their function was to nourish the body and maintain its complexional balance. Overabundance, lack of or corruption of any humour resulted in changes in health and possibly caused the body to deteriorate,

---

16   Pietro Torrigiano, *Plusquam commentum*, I, fol. 15rb: "Est igitur simpliciter sanum corpus id quod est ex generatione coaequale in simplicibus membris et coaequale in compositis; haec enim duplex coequalitas est vna sanitas eius; nec complexio est sanitas, sed coaequalitas in ea, non quidem absolute, sed ad opus."

17   Pietro Torrigiano, *Plusquam commentum*, I, fol. 15a–b: "Post haec autem dicemus, quod aequalitas compositionis organorum non intelligitur absolute, sicut ne coaequalitas in complexione simplicium, sed ad aliud dicitur, sicut illa, scilicet ad complementum operis ipsorum. Est autem coaequalitas in compositione organorum penes quatuor naturas, quibus indigent ad perfectionem sui operis (sicut Galenus monstrat prima particula de morbis et accidentibus) que sunt forma, quantitas, numerus, positio. Et forma est vna quinque rerum, scilicet figura, concauitas, porus, lenitas, et asperitas: per positionem autem ingelligitur locus et societas: per numerum autem numerus consimilium in composito, aut numerus compositorum in compositio ipso, sicut digitorum in manu."

18   Taddeo Alderotti, *In Isagogas Joannitianas Expositio* (Venice: Apud Iuntas, 1527), 346r: "Nam complexio est instrumentum operationis."

19   French, *Medicine Before Science*, 101.

causing illness. Too much black bile resulted in health problems and illnesses, but at the same time it is worth remembering that a certain quantity of black bile was a necessity. Its special function, together with yellow bile, was to purify and fortify the blood.[20]

The term melancholy was also used to refer to a mental condition, and this is what the term can be taken to mean hereafter in this chapter. It was a potential or actual psychic disorder caused by a humoral imbalance in the brain, which in turn resulted from an excess of black bile. Excesses of any of the other humours in the brain also resulted in mental disorders; frenzy, lethargy and mania being the consequences of excess blood, phlegm or yellow bile, respectively. Mental disorders were therefore explained by physiological means in Galenic medicine.

According to Galen, melancholy referred either to a complexion that predisposed a person to different forms of mental disturbances or to a non-febrile but chronic mental condition.[21] In scholastic medicine the latter case was most often alluded to. For example, when Bernard de Gordon analysed the question of melancholy in his famous *Lilium medicinae*, he defined it as a corruption of the soul without the fever.[22] It is important to note that the soul in medical tradition was not the same as the Christian immortal soul. In this matter scholastic physicians followed Galen, who had derived his theory from Plato. The soul was divided into three powers, associated with the three main organs of the body, the liver, the heart and the brain. Soul made the physiological systems connected with these three main organs work properly.[23] When he referred to the soul Gordon undoubtedly meant the powers of the brain. What corrupted the mind was, of course, black bile. It "clouded the soul" and disturbed the work of animal spirits.[24] Normally "bright and luminous" animal spirits were the mediators which activated the functions governed by the brain, that is, intellectual activity, sense perception and voluntary motion. Thus, if their work was disturbed, various problems with these functions would follow. In Bernard de Gordon's view, imagination, ratio and memory were shaken.

---

20   Siraisi, *Medieval and Early Renaissance Medicine*, 106.

21   Galen, *De locis affectis*, trans. R. Siegel (Basel, New York: Karger, 1976), III, 10.

22   Bernard de Gordon, *Lilium medicinae*, 2.19.246: "Mania et melancholia sunt corruptiones anima sine febre."

23   Michael W. Dols, "Galen and Islamic Psychiatry," in *Le opere psicologiche di Galen*, ed. Paola Manuli & Mario Vegetti (Naples: Bibliopolis, 1988), 243–280, esp. 247.

24   Bernard de Gordon, *Lilium medicinae*, 2.19.246: "Humor enim melancholicus inficiens cerebrum, perturbans spiritus et obnubilans, animamque obfuscans est causa corruptionis mentis."

The principal source of problems was that when there was too much black bile, which was cold and dry in complexion, the normal complexion of the brain, which was cold and moist, was altered.[25] The impact of complexion theory is clear in this assumed process. The brain functioned best when it was cold and moist, as it properly should be. It was this balance that was disturbed by too much black bile.

Melancholy was identifiable through many signs. In the Hippocratic *Aphorisms* it was stated that melancholy humour was likely to be followed by apoplexy of the whole body, convulsions, madness or blindness. Other signs mentioned were prolonged fear and depression.[26] The complexity of the concept of melancholy is thus already apparent in Hippocratic theory. Galen enumerated fear, anxiety, sadness and misanthropy and he also insisted that fear and despondency were exhibited in all melancholic patients. Moreover, melancholic persons often feared death.[27]

Scholastic physicians specified various signs of melancholy, such as laughing excessively, weeping, inclination to commit suicide, fearing the fall of heaven or fear of being swallowed by the earth. Melancholy could also bring on visual hallucinations, delusions of being somebody else, perhaps a king, an animal (often a cockerel), or a demon. A melancholic might also believe that he was able to predict the coming of the Antichrist. However, in Bernard de Gordon's view the common feature was hatred of life itself and continuous sorrow.[28] In addition, melancholy was often exhibited in various compulsive movements.[29]

The variety of melancholic subspecies thus covered a wide range of illnesses from severe psychoses to mild depression. Moreover, in the Aristotelian *Problemata* XXX melancholy was associated with "divine frenzy," thus creating a long tradition in western culture, which linked melancholy with philosophical and artistic minds. This work, possibly written by Aristotle's student

---

25   Bernard de Gordon, *Lilium medicinae*, 2.19. 246: "Cum enim complexio cerebri, quae naturaliter est frigida et humida, est sicut oportet, et spiritus sunt clari et luminosi, accipit bona imaginatio, cogitatio et memoria, et tempore somni et tempore vigiliarum: sic quando praeter naturam ista sunt, accidunt corruptiones diuersae et in diuersis partibus."

26   *Hippocratic Writings*, ed. with an introduction G.E.R. Lloyd, trans. J. Chadwick and W.N. Mann (London: Penguin Books, 1978), Aphorisms XXIII, LXVI.

27   Galen, *De locis affectis*, III, 10.

28   Bernard de Gordon, *Lilium medicinae*, 2.19.249: "Signa generalia sunt ista; de proprietate omnium melancholicorum est habere odio istam vitam, fugere focietatem hominum, esse in continua tristitia…"

29   Siraisi, *Taddeo Alderotti and His Pupils*, 232–233.

Theophrastus, was translated into Latin by Bartolomeo da Messina only in the mid-thirteenth century.[30] Perhaps because of this, the Aristotelian perspective appears not to have been an issue for the scholastic physicians discussed here.

There were plenty of reasons why black bile might increase or become corrupted. In Bernard de Gordon's view, the emotions fear, sorrow and worry were particularly liable to increase the quantity of black bile. Some foodstuffs might also have the same effect, for example beans, old cheeses and meat of rare forest animals.[31] On the other hand, black bile could be corrupted as a consequence of digestion problems, bad hygiene or trying to restrain one's evacuation movements.[32]

Bernard de Gordon also paid attention to a special form of melancholy, lovesickness.[33] This illness had already been mentioned in the Hippocratic corpus, but only in medieval Arab culture had it been synthesised into a theoretical framework. An especially important text was *Viaticum peregrinantis*, written by the Arab physician Al-Jazzar in the tenth century and translated, or paraphrased, into Latin by Constantine the African in the late eleventh century. One chapter of this book, which was intended for travellers, analysed passionate love. It was described as an extreme form of pleasure or "a disease touching the brain."[34] Gordon's analysis of this special form of melancholy was based on

---

30   On this tradition, see Raymond Klibansky, Erwin Panofsky and Fritz Saxl, *Saturn and Melancholy. Studies in the History of Natural Philosophy, Religion and Art* (London: Nelson, 1964).

31   Bernard de Gordon, *Lilium medicinae*, 2.19.247: "Causae autem antecedentes, sunt omnia illa, quae multiplicat melancholiam, siue per se, siue per accidens, siue per viam adustionis et corruptionis. Ista autem sunt multa, scilicet timor, tristitia, solicitudo, et similia. Secunda causa potest esse, omnis ille cibus, qui multiplicat melancholicam, sicut sunt lentes, fabae, et alia legumina, omnia grana minuta, panis oprius, vinum grossum turbidum, caseus antiquus, caules, extremitates et palmites arborum stypticarum, carens bouinae, et potissimum antiquae et induratae in sale, carnes leporum, cuniculorum, apris, et carnes omnium animalium syluestrium inusitatorum, et illicitorum, quae comeduntur in quibusdam regionibus. Aut ratione malae consuetudinis, aut ratione famis, sicut sunt vulpes, erici, asini, muli, et similia, de quibus facit mentionem Gal.3.*de interiobus*."

32   Bernard de Gordon, *Lilium medicinae*, 2.19. 247: "Tertia causae esse potest humor corruptus, malus, adustus, et ita aduritur…potest esse corruptio digestionis in membris, malitia mundificatinos, et retentio superfluitatum."

33   Bernard de Gordon, *Lilium medicinae*, 2.20.255: "De amore quid 'eros' dicitur…siue amor est sollicitudo melancholia propter mulieris amorem."

34   al-Jazzar, "*Viaticum*" in *Lovesickness in the Middle Ages: The Viaticum and Its Commentaries*, trans. Mary Frances Wack (Pennsylvania: University of Pennsylvania, 1990), 14.

Viaticum, related to Galen's ideas, and he also used Ovidius' poems to make his points clearer. Bernard de Gordon thought that the cause of lovesickness was basically a corruption of the estimative power of the soul. As a consequence of this a woman would appear to a patient to be more pleasant, beautiful, venerable, moral and of better nature than any other woman. In Bernard de Gordon's view, lovesickness was more common in men than in women because the former were hotter in complexion. However, it was possible for women to suffer from it as well.[35] As the disease developed the patient's ability to make rational judgements was corrupted and he could not think of anything else but his love. Because this would be continuous, it was called sorrowful melancholy.[36] A man suffering this disease did not sleep, eat or drink well, and consequently suffered a progressive loss of strength. If a patient heard songs about lovers separated from one another, he began to sing and laugh himself. Moreover, if the name of the loved one was mentioned, the pulse of the patient became irregular and quickened.[37]

Melancholy affected the body physiologically as well as mentally. The basis of this belief was that melancholy was strongly connected with the emotions, as noted above, and the emotions had an influence on the innate heat (*calor innatus*) and vital spirit (*spiritus vitalis*). In Galen's medicine, innate heat originated in the heart and was distributed around the body via the arteries. It kept the body warm and thus made the other bodily processes possible. For this reason it was often associated with life itself. It also had an effect on digestion, distribution of the food and the birth of the humours, besides controlling motion and sensation indirectly.[38] Vital spirits activated the organs and functions governed by the heart.

---

35   Bernard de Gordon, *Lilium medicinae*, 2.20.259: "Quinto *ista passio frequentius aduenit viris quam mulieribus*, quia viri sunt calidiores, et vniversaliter foeminae frigidiores, quod patet in masculis brutorum qui cum furia et impetu mouentur ad coitum implendum."

36   Bernard de Gordon, *Lilium medicinae*, 2.20.255–256: "Causa huius passionis est corruptio aestimatiuae, propter formam et figuram forties affixam, vnde cum aliquis philocaptus est in amore alicuis mulieris, ita fortie concipit formam, figuram et modum, quoniam credit et opinatur hanc esse meliorem, pulchriorem et magis venerabilem, magis speciodam, et melius dotatam in naturalibus et moralibus, quam aliquam aliarum, et iedo ardenter concupiscit eam, fineque modo et mensura, opinans si posset finem attingere hanc esse suam felicitatem, et beatitudinem, et intantum corruptum est iudicium rationis, quod continue cogitat de ea, dimittitque omnes suas operationes, it quod si aliquis loquatur cum eo, vix intelligit aliqua alia. Et quia est continua meditatione, ideo sollicitudo melancholica appellatur."

37   Bernard de Gordon, *Lilium medicinae*, 2.20.256–257.

38   Richard J. Durling, "The Innate Heat in Galen," *Medizinhistorisches Journal* 23 (1988): 210–212.

Scholastic physicians usually considered four emotions, joy, anger, fear, and sorrow, which they thought were the basic ones. However, they often alluded also to anxiety and shame, which were kinds of composites of basic emotions.[39] Physicians referred to emotions as accidents of the soul (*accidentia animae*), because emotions could move innate heat and spirits, either from the heart to the extreme parts of the body (centrifugal) or vice versa (centripetal). These movements had physiological consequences in the body, and they could be either slow or quick. Slow motions were associated with the provoking lust and quick motions with the irascible parts of the appetitive soul.[40] The four basic emotions can be classified as shown in table 1.

In the melancholic disposition the most significant emotion was undoubtedly sorrow, although signs described above also alluded to fear. Sorrow moved innate heat and vital spirits slowly from the extremes of the body toward the heart. It is important that melancholy did not have immediate effects but was a developing process. The centripetal movement was manifested in symptoms such as paleness of the skin and coldness of the extremities. Arnau de Villanova, Bernard de Gordon's colleague at the University of Montpellier in the 1290s, argued that sorrow cooled and dried all parts of the body, which led to "internal decay and exhaustion."[41] Consequently rationality, memory,

TABLE 1   *Four basic emotions in scholastic medicine.*

Type of movement	Centrifugal movement	Centripetal movement	Appetite
Slow	Joy	Sorrow	Provoking lust
Quick	Anger	Fear	Irascible

39   Arnau de Villanova, for example, wrote in his Arnaud de Villanova, *Summa medicinalis* [about 1495?], tract. 3, cap. 19, 161: "Et quia alteracio ista est sexduplex, prout sunt sex species accidencium animi, que sunt: gaudium, tristicia, timor, ira, verecundia et anguscia."

40   See Pedro Gil-Sotres, "La higiene medieval," in *Arnaldi de Villanova Opera medica omnia X.1: Regimen sanitatis ad regem Aragonum*, ed. Luis García-Ballester et Michael McVaugh (Barcelona: Seminarium Historiae Scientiae Barchinone, 1996), 569–861, esp. 816; Simo Knuuttila, *Emotions in Ancient and Medieval Philosophy* (Oxford: Clarendon Press, 2004), 212–216.

41   Arnau de Villanova, *Summa medicinalis*, tract. 3, cap. 19, 161: "Tristicia vero que oponitur qaudio corpus mutat opposito modo, non tamen calefacit interiora, sed omnia membra infrigidat et exsiccat et causat consumpcionem corporis et vigilias…"

judgement and the functions of the senses were disturbed.[42] Pietro Torrigiano concurred on the cooling and drying effects of sorrow, emphasising the effect this had on the brain. He also noted that immense sorrow might even suffocate the innate heat.[43]

Born Melancholic

As noted earlier, Galen maintained that melancholy could be understood as a complexion predisposing a person to different forms of mental disturbances. His thought was thus founded on the complexion theory, especially where it concerned the complexion of the whole body. It was thought that every person had one of the eight unbalanced complexions at birth, excluding the well balanced complexion which was regarded as an impossibility. However, often only four compound complexions, governed by two primary qualities, were analysed, because it was believed that a complexion governed by only one primary quality would quickly lose its balance, thus ensuring that the simple complexion would become a compound complexion sooner or later. These four principal types of complexion were governed by hot and moist, hot and dry, cold and dry, and cold and moist respectively. According to the complexion theory, a person could be born as cold and dry, which meant he or she was a melancholic. A hot and moist person was sanguine, a hot and dry person choleric, and a cold and moist person phlegmatic. In the earlier medieval tradition melancholic, sanguine, choleric and phlegmatic were combined with the bodily humours black bile, blood, bile and phlegm respectively, but in the light of New Galen humours were also subordinated to primary qualities.

---

42   Arnaud de Villanova, *Regimen sanitatis ad regem Aragorum*, in *Arnaldi de Villanova Opera medica omnia X.1: Regimen Almarie*, ed. Luis García-Ballester et Michael R. McVaugh (Barcelona: Seminarium Historiae Scientiae Barchinone, 1996), 423–470, Cap. VI, 112: "Tristicia vero corpus infrigat et exsiccat…ingenium habetat, apprehensionem impedit, iudicium obscurat et obtuncit memoriam."

43   Pietro Torrigiano, *Plusquam commentum*, III, fol. 104rc: "Tristitia autem et dolor per oppositum diffinitur, et est principium motus, qui est ad fugam. Propter quod ex perceptione rei inconuenientis et corrumpentis accidit inconueniens et innaturalis motus calori et spiritui, s. qui est ex circumferentia ad centrum: ideoque ex magna tristitia accidit calorem extingui et suffocari ex nimia suis constrictione. Constringuntur autem ab hac fuga caloris et spiritus omnia membra, vt ab humidis et mollibus inter ea, sicut cerebro et oculis, experimatur et mucus, et lachryma: propter quod infrigidat et desiccat tristitia, sicut gaudium calefacit et humectat."

Using Avicenna's vocabulary, the complexion of birth was called innate complexion (*complexio innata*) and it was believed to prevail throughout the person's life. It was introduced to the body through the "principles of birth," that is, semen and menstrual blood. In addition, the position of the stars during the conception was thought to have an influence on the future complexion of a child. If Saturn was the governing planet during the conception the probability that the child would become a melancholic was greater. Saturn had a cold and dry complexion and was, moreover, contrary to life and malevolent.[44]

The Florentine Pietro Torrigiano located complexion theory within the larger theoretical framework of bodily dispositions and states. He created his model by examining the bodily system introduced in Galen's *Tegni*, where Galen argued that medicine concerned healthy, morbid and neutral bodies, their signs and causes. Bodies were also distinguished according to whether *simpliciter* (simply, plainly) or *vt nunc* (now, at present, in these circumstances) was appropriate to their behaviour. Furthermore, Galen introduced the idea of the latitude of health, using the same vocabulary as in defining medicine. These apparent contradictions were explained, sometimes painstakingly, by scholars, but Pietro Torrigiano's interpretation was perhaps the most coherent and most frequently discussed after his death.[45]

On the basis of Aristotle's *Categories*, he argued that *simpliciter* was akin to "absolutely," and referred to something that existed beyond the limits of any specified time period,[46] and independently of circumstances at any given time.[47] It was hard to change or remove, because it was an inherent natural

---

44 Bernard de Gordon, *De prognosticis*, 1003: "Saturnus...vitae contrarius, maleuolus, frigidae et siccae complexionis, tardi motus, habens aspectum..."

45 See Per-Gunnar Ottosson, *Scholastic Medicine and Philosophy* (Naples: Bibliopolis, 1984); Timo Joutsivuo, *Scholastic Tradition and Humanist Innovation. The Concept of Neutrum in the Renaissance Medicine* (Helsinki: Academia Scientiarum Fennica, 1999).

46 Pietro Torrigiano, *Plusquam commentum*, I, fol. 11d–e: "Dicuntur autem dupliciter, nam quodlibet illorum dicitur sanum, et aegrum, et neutrum aut absolute et simpliciter, sine additione alicuius determinantis aut diminuentis conditionis: et hoc intendebat, cum dixit, Hoc quidem simpliciter." Ibid I, fol. 16c: "Est autem habitus (sicut dicit Philosphus) qualitas difficile mobilis a subiecto, semper vel vt multum comitans."

47 Pietro Torrigiano, *Plusquam commentum*, I, fol. 11g: "Cum ergo vt nunc determinet rem quae sic dicitur ad tempus presens, tunc simpliciter proprie dicetur priuatione additionis temporis determinati, vt sit dicere simpliciter tale in omni tempore existens tale, vel sine determinatione temprois existens tale, cuius signum est quod diuisum est in semper et multum tale."

characteristic of a human being.[48] By contrast, *vt nunc* was subject to the state of affairs at a given time and changed easily.[49] According to Pietro Torrigiano, every human being naturally had some healthy characteristics, inclinations, which were totally or largely unmovable. These permanent characteristics should be distinguished from the unstable bodily conditions a man experienced during his lifetime.

This distinction was very important, both theoretically and practically. It was necessary for a physician to know his patient's permanent state, because only then would his actions be rational. It was very important to know, for example, whether a man had had a tendency to get a cough more or less regularly since his birth, or an inclination to feel bad in winter and well in summer. This knowledge was to be found in the innate complexion of a man, referring to the natural state of each man. In Pietro Torrigiano's view, a natural state was always a healthy one.[50] A melancholy person had a health specific to him- or herself. All these complexional states belonged to the latitude of health, which encompassed a wide variation in possibilities.

It should, however, be kept in mind that the innate complexion and the natural healthy constitution that resulted from it did not mean that a person was always healthy. Accidentally, or because of his or her inclination, he/she might sooner or later become ill.

Pietro Torrigiano thus formulated theoretically what was already a common view in thirteenth-century medical practice, the characterisation of various complexions by their mental and physical symptoms. The innate complexion determined a person's character and outlook, and accordingly what kinds of diseases he or she would probably have during his or her lifetime. Innate complexion thus defined the type that a person was.

Already in the *Salernitan regimen*, probably not composed until the latter part of the thirteenth century, the melancholic person was regularly described in both physical and mental terms. The verse goes as follows:

---

48   Pietro Torrigiano, *Plusquam commentum*, I, fol. 22b: "Medicinae enim non est distinguere nisi corpus naturae, et defectus naturae, sicut supra diximus: sed omne corpus naturae, id est, omne corpus a dispositione sua naturali prima, dicitur simpliciter hoc vel illud."

49   Pietro Torrigiano, *Plusquam commentum*, I, fol. 16c: "Dispositio vero qualitas de facili mobilis a subiecto, et inde comitans vt nunc tamen." Ibid I, fol. 11ve: "Aut dicitur vnumquodque sanum, et aegrum, et neutrum non simpliciter, sed secundum additionem conditionis temperis praesentis: et hoc intendebat, cum dixit, Hoc vero vt nunc…" See Aristotle's ideas in Aristotle, *Categories*, in *The complete Works I–II. The Revised Oxford Translation*, ed. J. Barnes (New Jersey: Princeton University Press, 1984), 8, 8b25–9a6.

50   Pietro Torrigiano, *Plusquam commentum*, I, fol. 16vg.

> There remains the sad substance of the black melancholic temperament, Which makes men wicked, gloomy, and taciturn. These men are given to studies, and little sleep. They work persistently toward a goal; they are insecure. They are envious, sad, avaricious, tight-fisted, Capable of deceit, timid, and of muddy complexion.[51]

Bernard de Gordon argued that a melancholic had a tendency to succumb to cold and dry diseases. These kinds of diseases lasted a long time and were often chronic.[52] This did not mean that a melancholic could not have other kinds of diseases, only that he was disposed to have certain kinds.

To be melancholic by nature also meant a tendency to feel emotions like sadness and fear. Moreover, even if two people felt the same emotion, this could have a totally different impact if they had different innate complexions. Taddeo Alderotti argued that if a melancholic had great sorrow, he might die, but if the same kind of sorrow occurred in a choleric he would become furious.[53]

Growing Up Melancholic

In another *consilia* Taddeo Alderotti gave advice to a choleric person who was turning melancholic as he aged.[54] This example illustrates that although the state of melancholy might exist from birth and last a lifetime, it might also simply be a temporary disposition. Ageing was one of the many things that might bring on melancholy.

In medieval medicine old age was systematically defined as cold and dry, an identification that had already been made in Aristotelian and Galenic texts.

---

51 *Regimen sanitatis salernitanum*, *A Critical Edition of Le Regime Tresutile et Tresproufitable pour Conserver et Garder la Santé du Corps Humain*, trans. Patricia Willet Cummins (Chapel Hill: North Carolina Studies in the Romance Languages and Literatures, 1976), 14. *Regimen sanitatis salernitanum* was a health advice manual composed from various verses. Its original version was annotated and edited by Arnau de Villanova in Montpellier in the late thirteenth century.

52 Bernard de Gordon, *De prognosticis*, Particula II, Caput IX, 935: "Aegritudines igitur ex cholera et sanguine erunt breues cum terribilibus accidentibus. Aegritudines ex phlegmate et melancholia erunt longae et malae terminationis sine timore accidentium…"

53 Taddeo Alderotti, *In Cl. Galeni Micratechnen commentarij* [1523], III, Lectio 6, fol. 162v.

54 Taddeo Alderotti, *Consilia*, Consilia CXXII, 326: "De causis preservantibus corpus declinans ad melancolicam complexionem propter fluxum etatis…corpori colerico iam declinanti ad melancholicam complexionem…"

Life was a process during which a hot and moist child progressively became a cold and dry old man or woman. This process was determined by the interaction of life-giving innate heat and its original fuel, which was most often called radical moisture, but also known as substantial, natural, seminal or innate moisture. The idea of radical moisture originated with Ionian natural philosophers, was developed by Aristotle and put into a medical context by Galen.[55] According to Galen, life and health depended on the balance between innate heat and radical moisture.[56]

Ageing was explained with the concepts of innate heat and radical moisture. Taddeo Alderotti analysed the question in his commentary on Joannitius' *Isagoge*. In his view, successive stages of life occurred according to the relation between innate heat and radical moisture in the body. In youth there was so much radical moisture in the body that it was able to provide both innate heat and the growth of the body parts. For this reason the complexion of youth was hot and moist. In adulthood moisture maintained innate heat and was able to keep the constitution intact. This period of life was hot and dry. But in old age the balance between innate heat and radical moisture changed and the latter was no longer sufficient to conserve innate heat at the same level as it had earlier. As a consequence innate heat diminished.[57] Ageing meant that both innate heat and radical moisture were steadily decreasing. According to Taddeo Alderotti, when innate heat consumed radical moisture the latter naturally diminished and because it could not provide so much fuel to the innate heat, which therefore grew weaker as well. The body was "in a continual state of deterioration."[58] It followed that the body became ever more cold and dry.

---

55 Thomas S. Hall, "Life, Death and the Radical Moisture. A Study of Thematic Pattern in Medieval Medical Theory." *Clio Medica* 6 (1971): 3–26, esp. 6–8.

56 Galen, *De complexionibus*, in *Opera Omnia I*, ed. C.G. Kühn (Leipzig: Officina Libraria c. Gnoblochii, 1821–1833), 509–694, esp. 521–523.

57 Taddeo Alderotti, *In Isagogas Joannitianas Expositio* (Venice: Apud Iuntas, 1527), 343r–400v, 369r: "Ad hoc dico quod etas sequitur nexum et vnionem caloris naturalis cum humido radicali. Nam donec humidum radicale talem habet proportionem cum calore radicali (sic) quod ipsa humiditas non solum custodit calorem sed etiam membris prebet augmentum tunc durat adolescentia et tunc complexio calido et humido. Quoniam questo talem habet proportionem quod humidum solum potest conseruare ipsum calorem et corpus in eodem statu tenere tunc est iuuentus...calor talem habet proportionem ad humida quod hoc non potest conseruare calorem imo diminuitur tunc distingue. Nam aut est tanta diminutio quod parit propter indigestionem humiditatem extraneam et tunc est senium aut non est tanto se paucior et tunc est senectus."

58 Taddeo Alderotti, *In aphorismorum hypocratis opus expositio* (Venice: Apud Iuntas, 1527), 1r–194v, fol. 17r: "Preterea calor semper et incessanter consumit humidum et ad

The changes in balance between innate heat and radical moisture also produced complexional changes in the body. Taddeo Alderotti, like most scholastic physicians, believed that there were four ages in the life of man: hot and moist youth, followed by hot and dry adulthood, leading to cold and dry old age and ending in cold and moist senility.[59] The last age was, however, only accidentally moist; the moisture was a waste product, of no use to the body. According to Taddeo Alderotti, the transition from one age to another had taken place when powers and faculties were manifestly changed.[60] Pietro Torrigiano agreed with his master, insisting that complexional changes in the body made it reasonable to presume that a person had moved on to the next age.[61] Physiological processes determined the age, not the calendar.[62] However, in Arab medical literature ages were defined more precisely: youth ended when a person was 25–30 years old, adulthood when 35–40, and old age when 55–60; for senility there was no defined end.[63]

There was, of course, an obvious problem with the above theory. How was it possible that complexion changed when a man grew older, if he had been born with some particular innate complexion? This question was taken up by Pietro Torrigiano. In his view, the innate complexion should be understood by the proportions of its components relative to age: the ratio of any two relative to each other remained constant, even when the absolute levels of each fell as old age began. When a hot and dry choleric turned cooler and drier because of

---

cosumptionem humidi sequitur cosumptio caloris. Preterea corpus humanum est in continua resolutione."

59   On the ages of man in the Middle Ages see John Anthony Burrow, *The Ages of Man. A Study in Medieval Writing and Thought* (Oxford: Clarendon Press, 1986); Elizabet Sears, *The Ages of Man. Medieval Interpretations of the Life Cycle* (New Jersey: Princeton University Press, 1986); Deborah Youngs, *The Life Cycle in Western Europe c. 1300–c. 1500* (Manchester and New York: Manchester University Press, 2006).

60   Taddeo Alderotti, *In Isagogas*, 369r: "Cum ergo etas sequatur coniunctione humidum radicalis cum calore innato ad eius varietatem sequatur variatio complexionis et ad complexionem variatam sequatur variatio virtutis per consequens variatio etatis sequetur varietatem virtutis hoc modo et licet per tempus fiat distinctio non est tamen causa sed potius signum neque omnes concordant in termino vno sed plures."

61   Pietro Torrigiano, *Plusquam commentum*, I, fol. 10rb–c. "Aetas etiam nullo modo est alterans corpus, sed est mensura alterationis corporis viui ex calido et humido in frigidium et siccum à principio vitae vsque in finem eius. Alteratur ergo corpus in ea, sed, quoniam illa alteratio est naturalis, non potest ei opponi causa conseruatua, quia tunc esset possibile senium impediri, quod absurdum est."

62   Taddeo Alderotti, *In Isagogas*, 369r.

63   For example Avicenna, *Liber Canonis* (Venice: P. de Paganinis, 1507 – Reprint Hildesheim, 1964), 1.1.3.3.

ageing, he/she remained as choleric as before by comparison with other inner complexions in people during the same age. In absolute terms his or her hotness and dryness were not maintained at the same level, but when compared to sanguine, melancholic and phlegmatic men of the same age he or she was still hot and dry.[64]

Generally, when someone aged he or she became ever more cold and dry, and as a consequence ever more susceptible to melancholic diseases. A person also became more prone to sadness and other emotions typical of a melancholic as he or she grew older.

Taking Care of a Melancholic

Scholastic physicians were keen to classify the various tasks of the physician. There were four main tasks: to conserve health, to preserve health, to restore health, and to cure illness. Taking care of one's current health was the object of conserving health. However, there was always a danger that the balance of health would be lost, so it had to be defended and thus preserved. Nevertheless, changes in health were inevitable, and then the balance was to be restored.[65] Lastly, if a person became ill, the body had to be cured. In all that he did, a physician had to take into account the innate complexion of his patient, the environment in which his patient lived, the season, the stage of life ("age") he was in, and the actual condition of health he had. Taddeo Alderotti argued that these features might make it impossible to order what should theoretically have been the best regimen for that illness, because of complications caused by the interplay of the above factors.[66]

---

64   Pietro Torrigiano, *Plusquam commentum*, I, fol. 15e: "Propter quod, sicut alteratur complexio in aetatibus, sic alteratur coaequalitas inhaerens illi per naturam: cuius alteratio, cum sit secundum naturam, non facit minus debere esse corpus simpliciter sanum, maxime cum illa coaequales comitetur vna secundum speciem, vel vna secundum ambitum suae latitudinis, licet secundum ipsius differentias, vel secundum pares latitudinis sit non vna. Talis namque fuit in complexione suorum seminum proportio contrariorum ad inuicem, quod in prima aetate corporis generati ex illis seminibus resultauit complexio eius, optime adaequata ad opus, et in secunda, et in tertia, et in quarta similiter, sicut competit naturae aetatis: non enim est par opus in aetatibus, quia non est par complexio: pariter ergo immutabitur et complexio et opus in priori proportione ad omne aliud corpus in eadem aetate, et similiter in iuuentute, et in senectute, et senio."

65   See Marilyn Nicoud, *Les régimes de santé au moyen âge I. Naissance et diffusion d'une écriture médicale (XIIIe–Xve siécle)* (Rome: École française de Rome, 2007), 12–15.

66   Siraisi, *Taddeo Alderotti and His Pupils*, 293.

A scholastic physician had three methods of healing: dietetics, medicinal potions and surgery. Avicenna called them the instruments of medicine.[67] Dietetics was used in maintaining health, including conserving, preserving, and restoring health, and in curing illness. Dietetics usually consisted of six elements, the called non-naturals: air, food and drink, sleeping and waking, motion and quiet, evacuation and repletion, and the accidents of mind. These were environmental, physiological and psychological factors that necessarily affected the body, either bringing health or causing illness. By contrast with dietetics, potion and surgery were more or less reserved for healing.

What of the regimen for melancholic patients? To answer this question, an examination of Bernard de Gordon's regimen in *Lilium medicinae* and Taddeo Alderotti's two *consilia* (referred to above) is necessary.

As a general regimen against melancholy Bernard de Gordon recommended joy and laughter, which counteracted grief and the sorrow of melancholy. Bernard de Gordon also indicated that the house of a melancholic should be clean (*clarus*), luminous and full of pleasant odours. Everything at home should be pleasant and delightful, and everything that might cause fear should be avoided. Music and discussions with friends were both beneficial.[68] Bernard de Gordon, therefore, placed a heavy emphasis on the regimen of the mind, which if carried through would also help with physiological problems regarding innate heat and radical moisture. Another important aspect of Bernard de Gordon's regimen was based on the principle that opposites are cured by opposites (*contraria contrariis curantur*). Hence cold and dry melancholy could be healed by a moisturizing regimen. In Gordon's view a convenient regimen was therefore sleep, rest, leisure, a bath before a meal and proper nutriment. Good diet included chicken, lamb and clear wine, for example.[69]

---

67 Avicenna, *Liber Canonis*, 1.4.1.1.

68 Bernard de Gordon, *Lilium medicinae*, 2.19. 251: "Primum enim, quod competit in curatione omnium maniaccrum, est gaudium et laetitia, quoniam illum quod magis, ocet, est solicitudo, et tristitia, et ideo domus debet esse clara, luminosa, sine picturis et debent adesse multa odotifera, et omnes habitantes in ea debent esse pulchri aspectus, omnesque quos timeat et de quibus verecundetur, si enormai egerit, aut fatua loquaru, et ipsi debent multa promittere, et eiam multa localia pulcherrima praesentare, ibique esse instrumenta musica, breuiter, omnia, quae laetificant animam. Attamen si prouenerit ista aegritudo ex nimio gaudio et repentino, aut quia fuir nunciatum ipsum esse ad dignitates maximas subleuatum, aut aliquem es ipsius amicis, tunc bonum esset, quod de illo eodem tristitia induceretur."

69 Bernard de Gordon, *Lilium medicinae*, 2.19. 251: "Secunda competunt in curatione omnia humectantia, cum passio sit ex sicco, et ideo competunt ipsi somnus, quies, ocium,

In the case of lovesickness Bernard de Gordon also gave attention to the regimen of the soul. If the patient could still accept rational advice, he should be persuaded by talking. But if this was not the case, then a better method of healing was the lash. Otherwise a regimen of being with friends, strolling around springs and groves, looking at beautiful views and listening to songs and music was effective.[70] The mind could also be shocked back to normality. In Bernard de Gordon's view, the last hope was to collect the menstrual blood of the loved woman, make the youngster smell it or stare at it and say to the patient: "this is what your love is like." If this did not work, then the physician's efforts were in vain; lovesickness was a devil's plot.[71]

Taddeo Alderotti was very systematic in his advice to Marquise Obizzo d'Este, referring to all six non-natural things, potion and surgery as components of the cure for his melancholy. Regarding non-naturals Taddeo Alderotti believed that *contraria contrariis curantur*. A melancholic suffering insomnia should stay in moist air.[72] His food should be well salted and his wine clear, aromatic and usually white. Impurities had to be filtered off from the wine. Taddeo Alderotti recommended venison, but not beef or the meat of bear, wolf or deer. The eating of cheese and milk was also forbidden, but both sea and freshwater fish could be eaten. Taddeo Alderotti similarly divided leguminous plants, fruits and spices, into permitted and forbidden for the Marquess' table. Overeating was strictly forbidden, the Marquess being advised to eat according to his own natural appetite. The meal should begin with the food that was

---

balnea ante cibum, et cibaria humectantia non oppilantia: qualia sunt gallinae, capones, caro annualis agni, vinum clarum…"

70   Bernard de Gordon, *Lilium medicinae*, 2.20.258.

71   Bernard de Gordon, *Lilium medicinae*, 2.20.258: "Finaliter cum aliud consilium non habemus, imploremus auxilium et consilium vetularum, vt ipsam dehonestent et dissament, quantum possunt: ipsae enim habent artem sagacem, ad hoc plus, quam viri, licet idem dicat Auicenna aliquos esse, qui gaudent audire foetida et illicita. Quaratur igitur vetula turpissima in aspectu cum magnis dentibus, barba, cum turpi et vili habitu, et quae portet subtus gremium, pannum menstruatum, et cum aduenerit philocapta, incipiat dehonestare camisiam suam, dicendo quomodo sit tignosa et ebriosa, quod mingat in lecto, sit epileptica, et impudica, in corpore suo habeat excrescentias enormes cum foetore anhelitus et aliis monibus enormibus, in quibus vetulae sunt edoctae. Si autem ex his persuasionibus nolit dimittere, subito extrahat pannum menstruatum coram facie, portando, dicendo, clamando, *talis est amica tua*, talis. Et si ne etiam ex his dimiserit, iam non est homo, sed diabolus incarnatus: Fatuitas igitur sua, vlterius secum sit in perditione."

72   Taddeo Alderotti, *Consilia*, Consilia, XXII, 177: "Dico ergo quod aer suus debet esse humidus valde, ad aliquam caliditatem declinans vel ad temperamentum inter calidum et frigidum."

digested most easily. In wintertime hot nutriment was recommended and in summer cold.[73] These recommendations for consumption of food and drink were quite common and could be used as general advice. The condemnation of overeating and use of seasonal diet variations were already common in medical literature by the late thirteenth century, when Taddeo Alderotti was writing his *consilia*.

Taddeo Alderotti argued that exercise should not be practised before a meal, but after it, so a light walk was allowed until the food had settled at the bottom of the stomach. After that rest was the only correct course.[74] These ideas underlined the significance of proper digestion, which occurred in three phrases according to scholastic physicians, the first in the stomach, the second in the liver and third in the veins and in the limbs, where the food was assimilated to the body. Taddeo Alderotti undoubtedly thought that the walking should be over and the rest begun before the first phase of digestion had been completed. As well as digestive remedies the use of purgatives was recommended. It was believed that not all waste products after digestion (*excreta*) were expelled from the body via normal channels. Among other modes of exercise Taddeo Alderotti advocated massage, after which the Marquess should take a bath, both useful for removing waste. As regards mental health, Taddeo Alderotti agreed with Bernard de Gordon in thinking that laughter, looking at beautiful and pleasant things, and listening to calming songs and music made the mind joyful in the best possible manner.[75]

The most interesting non-natural in the case of the Marquess was obviously the problem of sleep and wakefulness. Taddeo Alderotti suggested various things that could cause drowsiness, for example, aromatic red wine, pork, peanuts or milky poppy. The striking point is that non-natural thing sleep and wakefulness had no special place in Taddeo Alderotti's advice. However, this is accordance with the general idea of dietetics, which was fundamentally based on general regulation of life. The Marquess had to change his whole lifestyle, or most of it, to get rid of his melancholy. Healing with the help of non-naturals was a comprehensive process.

Taddeo Alderotti referred to medicines in addition to non-naturals. He mentioned many, beginning with the all-purpose medieval miracle medicine *tyriaca*, which was prepared from many ingredients, but almost always included the flesh of a poisonous snake. Every physician had a recipe of his

---

73   Taddeo Alderotti, *Consilia*, Consilia, XXII, 177–179.

74   Taddeo Alderotti, *Consilia*, Consilia, XXII, 182.

75   Taddeo Alderotti, *Consilia*, Consilia, XXII, 183–184.

own for *tyriaca*. This potion was commonly used to counter an overabundance of the melancholic humour, black bile.[76]

Surgical regimens included cauterization and trepanation. The branding iron had to be put on the skin over the spleen, where black bile was believed to be stored. Alderotti probably based his advice on the surgical manual of Arab Muslim physician Albucasis (about 936–1013), which included a detailed description of cauterization.[77] Trepanation was known already in ancient Egypt and was alluded to in many antique texts. Alderotti's argument for its use against melancholy was taken from Italian surgeon Ruggero di Salerno's early thirteenth-century suggestion.[78] According to Taddeo Alderotti, the surgeon should first bore a hole in the anterior lobe of the skull, and then moisten the dry material of the brain with olive oil.[79]

It is interesting that Taddeo Alderotti's recommendations for the Marquess did not include venesection, which was frequently recommended by him for other cases and often used in cases of melancholy. The blood was drawn from the frontal of the head.[80] Taddeo Alderotti may have thought that bloodletting would weaken the Marquess too much and thus be dangerous to him, which was the reason why old people, infants and pregnant women were not usually bled. More probable, however, is that Taddeo Alderotti followed Galen's lead. Galen had insisted that bloodletting should be done only in those cases in which melancholy had arisen from the excess of black bile in the blood. In these cases the overabundance concerned the whole body, not only the brain. If the condition had arisen in the brain itself, a patient was not to be bled. One symptom of the melancholy created only in the brain was in Galen's view sleeplessness, which demonstrates that Taddeo Alderotti's decision had a Galenic basis.[81]

Taddeo Alderotti's regimen for the melancholic Marquess was, in fact, very unspecific. Even less specific, if anything, was his advice to the patient turning melancholic because of ageing. Regarding the element of air, Taddeo Alderotti discussed the right place for the windows of the house the patient lived in.

---

76   Siraisi, *Medieval and Early Renaissance Medicine*, 118.

77   Siraisi, *Medieval and Early Renaissance Medicine*, 161–162; Piero P. Giorgi & Gian Franco Pasini, ed., *Consilia di Taddeo Alderotti* (Bologna: Università di Bologna, 1997), 101 n. 9.

78   Giorgi & Pasini, *Consilia di Taddeo Alderotti*, 185 n. 8.

79   Taddeo Alderotti, *Consilia*, Consilia, XXII, 185: "Hoc non conferente, fiat perforatio cranis in parte anteriori capitis et humectetur dura mater cum oleo violato vel oleo boraginis simul mixtis."

80   Siraisi, *Medieval and Early Renaissance Medicine*, 140.

81   Dols, "Galen and Islamic Psychiatry," 248–249.

As usual, he recommended the positioning of the windows to face east and north, so that the rays of the morning sun would cleanse the rooms. The rooms were supposed to be filled with fine scents by making use of flowers, herbs, aloes, and myrrh. In wintertime the fires should be kept burning in the fireplaces. In the section on food and drink Taddeo Alderotti again introduced plenty of foodstuffs and warned not to eat too much. Moreover, the sufferer should not eat until he was hungry. Again the foods that were easily digestible had to be eaten first. After eating the patient must not exercise, but was permitted a light walk. Otherwise Taddeo Alderotti recommended both massage and baths.

Regarding sleep and waking, Taddeo Alderotti was very specific, indicating the right time to go to bed, the duration of sleep and the position in which to sleep. One should not go to bed straight after dinner, nor much later, because second and third digestion functioned better while sleeping. Sleeping should take place at night, not in daylight. In the winter the patient had to sleep longer than in the summer. The best position to adopt was first on the right side, then on the left side and lastly on the right side again.[82] All this advice was often repeated in late thirteenth- and fourteenth-century health advice books and other regimens.

Regarding the accidents of the soul, all excess of worry, hate, sorrow or fear had to be avoided and joy and laughter sought instead. Joy must not be sought for by having coitus too often, but when that did take place it should be at night just before going to sleep. If coitus made a man weak, he should take a strengthening medicine afterwards. Moreover, the body should be purified by purging its waste products twice a year, in spring and autumn; if these purges were not enough, and only then, bloodletting should be resorted to.[83]

What was most important in the regimen described above? The most striking point is the emphasis on emotions as a very important factor in taking care of a melancholic, whatever the reason for the melancholy. Another important aspect is the effort to change the patient's lifestyle, which was a tendency in scholastic medicine in general. The holistic view of the human being is also obvious: soul and body formed a coherent whole. Regarding the types of regimen, the dictum "opposite cures the opposite" (*contraria contrariis curantur*) is common to many of them: cold and dry melancholy needs a hot and moist regimen. In principle the case of a choleric declining into melancholy as a result of ageing made a difference. In his commentary on *Tegni*, Taddeo Alderotti posited that the inner change of the body should be fought with the

---

82   Taddeo Alderotti, *Consilia*, Consilia, CXXII, 326–335.
83   Taddeo Alderotti, *Consilia*, Consilia, CXXII, 335–338.

principle "opposite cures the opposite,"[84] but at the same time it was necessary to maintain the innate complexion using the like is cured by like – principle. He explained this necessity by giving close attention to the digestion. Because the food was assimilated into the body, the best food was that which had the same primary qualities as the body itself.[85] In his practical *consilia*, however, Taddeo Alderotti does not seem to make use of this refinement, but follows more standard lines.

The lack of religious and magical means of healing is quite striking in scholastic physicians' advice for melancholic patients. In general it was very common to pray to God or the saints to obtain a cure, or carry amulets or draw magical figures to prevent illnesses or to get rid of them. University educated physicians, however, did not usually pay any attention to these kinds of healing methods – or at least they did not write of them.

There were at least two reasons for this neglect. First, university-trained physicians based their demand for control on medicine on their rational analysis of health and illness. Allowing a place for those healing methods that could not be explained rationally might be dangerous for their business. For example, if the nature of the illness was cold and wet, as in a cough, the rational treatment was based on warm and dry medicine. However, they did not directly deny the possibility of divine intervention and the efficacy of religious healing, which, in the medieval context, was undoubtedly wise enough. Sometimes, in difficult or impossible cases, physicians argued that only God could help the patient. Bernard de Gordon advised a patient suffering from insomnia, after trying every possible medical medium, to repeat the words

---

84   Taddeo Alderotti, *In Cl. Galeni Micratechnen commentarij*, III, Lectio 7, fol. 166va–vb: "Item potest alio modo dici, vt dicamus quantum ad nutrientementum competit regimen per simile, quia sicut dictum est per Galienum et 3. de virtutibus naturalibus, nutriementum est perfecta assimilatio nutrientis cum nutritio. Et hoc videntur declinare verba eius 6. de regimine sanitatis, sed quantum ad alias res non naturales conseruatur per aliqualem contrarietatem, que possit reprimere inclinationem factam a qualitate dominante…"

85   Taddeo Alderotti, *In Cl. Galeni Micratechnen commentari*, III, Lectio 7, fol. 166va: "Hiis vero prehabitis dico quod corpus conseruatur dupliciter. Vno quidem modo per comparationem ad inclinationem specialem, que sit per causam intrinsecam, et hoc modo debemus eam conseruare per contraria, que contrariam tante sunt virtutis vt solummodo prohibeant inclinationem, quam facit vincens qualitas in tali corpore, et hoc dico cum talibus contrariis, que virtutem habeant medicine, et hoc ideo dico, quia non debet esse cum cibo, quia cibus debet esse similis corpori quod nutritur, sicut supra dictum est. Alio vero modo conseruamus corpus per comparationem ad mutationem, quam recipit per causam exteriorem, et hoc moco sufficit quod offeramus similia."

"horas dominicas." According to Bernard de Gordon the method worked and the patient slept.[86]

Secondly, physicians based their science especially on Hippocratic and Galenic texts which explicitly excluded religious and supernatural elements from medicine. Magical healing, like the use of magic stones or figures, was not often mentioned in their writings, since magical healing could not be explained by the theoretical apparatus of rational medicine. Nevertheless, some physicians speculated, for example, about the possibility of transforming the healing power of the stars to the patients with the use of various magical methods.

Conclusions

The signs, causes, and physiological consequences of melancholy implied it was seen as some sort of illness. This was not, however, always the case. In the scholastic medical context, melancholy cannot simply be defined as an illness. It could also be a natural condition of man, derived from birth, or occur because of ageing. In both cases it was linked to health and it always had both mental and physical aspects. This is in accordance with the holistic concept of health derived from antiquity.

The difficulty of defining a person's condition is clear in scholastic analyses of melancholy. When a person was ill and when healthy was often difficult to determine. Scholars were sensitive to this and noticed the differences between severe cases of melancholy and those that could not be diagnosed as illness at all. Healthy and unhealthy conditions of melancholy were conceptualized within the system of bodily states and dispositions presented by Galen in his *Tegni*.

The point of view of the scholastic physicians was psychosomatic, and it is striking that they take so little note of theological or moral considerations. For them melancholy was not linked with possession by demons, as laymen sometimes believed,[87] but to the physiological processes of the body and to the emotions. This underlines the tendency in scholastic medicine to define all bodily conditions principally in materialistic terms.

---

86   Bernard de Gordon, *Lilium medicinae*, 2.18.29: "Incipiat dicere horas dominicas, et statim dormiet."

87   For demonic influence and mental disorders, see the chapters of Rider and Katajala-Peltomaa in this compilation.

Melancholy was often alluded to in scholastic medicine, but this does not imply that it was a common problem. Scholastic, university educated physicians were a marginal group, even within the field of health care, and so were their patients. Physicians normally worked in bigger cities or as personal physicians of popes, bishops, kings and other members of the nobility. Melancholy was often associated with literary work. Besides, Galen and other authorities had written a lot about it, so it had to be taken seriously by scholastic physicians.

Finally, it is worth asking whether Obizzo d'Este followed the advice given by Taddeo Alderotti. Unfortunately, we can only speculate on that. It is certain that there was a demand for rationally founded explanations of disease and regimen among the elite at the end of the thirteenth century. It is therefore possible that Obizzo read Taddeo Alderotti's regimen, and perhaps he also followed some of the advice given, for example on diet, but he certainly did not undergo trepanation or other forms of medical acre involving surgery. Nor did he die of melancholy, as it is said that he was murdered by his son and successor Azzo d'Este.

Demons and Mental Disorder in Late Medieval Medicine

Catherine Rider

Among the mentally disordered people who came to the shrine of Thomas Becket in Canterbury in the 1170s was an unnamed woman who had been possessed by a demon for eight years. While many of the possessed people who came to the shrine are described as violent, this woman's demon acted rather differently: it caused her to speak Latin and German.[1] These strange symptoms were not the norm in the Becket miracles, but they were not unique either. Many other saints' lives and canonization processes contain similar stories of demoniacs who spoke foreign languages which they had not known before or displayed other special skills such as the ability to answer difficult scientific questions, predict the future or reveal other people's sins.[2] Indeed, a diagnosis of possession may have been especially likely in these cases, because it was hard to explain how else someone could acquire knowledge which they had never had the opportunity to learn. The knowledge must belong instead to the demon which possessed them.

Demons appear regularly as causes of mental disorder in saints' lives and miracle stories but they were far from the only explanation available to medieval hagiographers. Early medieval and Byzantine saints' lives attributed mental disorder to many different factors including epilepsy, demons, drunkenness, and simply "madness,"[3] and Sari Katajala-Peltomaa's chapter in this volume shows that the same was true of late medieval miracle narratives. It was not always easy to distinguish between these different forms of mental disorder. The "possessed" and "insane" people who came to saints' shrines are sometimes described as behaving in very similar ways, with shouting and violence, and some observers found it difficult to distinguish between the two.[4]

---

1   James Craigie Robertson, ed., *Materials for the History of Thomas Becket, Archbishop of Canterbury*, 7 vols (London: Longman, 1875–1885), 2.519.

2   Nancy Caciola, *Discerning Spirits: Divine and Demonic Possession in the Middle Ages* (Ithaca and London: Cornell University Press, 2003), 48–49.

3   Bernard Bachrach and Jerome Kroll, "Sin and Mental Illness in the Middle Ages," *Psychological Medicine* 14 (1984): 511; Peregrine Horden, "Responses to Possession and Insanity in the Earlier Byzantine World," *Social History of Medicine* 6 (1993): 186.

4   Alain Boureau, *Satan the Heretic: the Birth of Demonology in the Medieval West*, trans. Teresa Lavender Fagan (Chicago: Chicago University Press, 2006), 124; Laura Ackerman Smoller,

Nevertheless, demonic possession was a distinct kind of mental disorder because of its non-physical cause and also in some cases because of its unusual symptoms such as the ones described in the Becket miracle. Possession has also often been treated as a distinct form of mental disorder by historians. Although surveys of madness and other forms of mental disorder in the Middle Ages do mention possession,[5] most recent work on the subject has instead been done by historians of medieval religious culture. Their primary focus has been not on attitudes to mental disorder but on the ways in which clergy tried to distinguish between divine inspiration and demonic possession when faced with visionaries, especially women, who behaved oddly.[6]

A few of these studies have noted that medieval medicine and scientific writing provided an alternative set of conceptual tools with which to think about demons' role in causing mental disorder. In particular Nancy Caciola has shown how thirteenth-century theologians such as Thomas Aquinas believed demons could provoke visions and hallucinations by interfering with the senses or balance of humours in the body.[7] Renate Mikolajczyk has studied another thirteenth-century writer who made similar points, the Silesian scholar Witelo, whose treatise on demons discussed the role of both demons and physical problems in causing hallucinations.[8] Nevertheless, despite these exceptions the ways in which medieval medicine conceptualised possession as a medical condition, rather than (or as well as) a spiritual one have received comparatively little attention.

One important reason for this is that late medieval medicine itself focused primarily on the natural causes of mental problems rather than on demons. As Timo Joutsivuo's chapter in this volume shows, educated medieval physicians

---

"A Case of Demonic Possession in Fifteenth-Century Brittany: Perrin Hervé and the Nascent Cult of Vincent Ferrer," in *Voices from the Bench: the Narratives of Lesser Folk in Medieval Trials*, ed. Michael Goodich (New York: Palgrave McMillan, 2006), 162–166.

5   Muriel Laharie, *La folie au Moyen Âge: XIe–XIIIe siècles* (Paris: Le Léopard d'Or, 1991), 23–51; Stanley W. Jackson, *Melancholia and Depression from Hippocratic Times to Modern Times* (New Haven: Yale University Press, 1986), 325–341.

6   For a recent overview see Renate Blumenfeld-Kosinski, "The Strange Case of Ermine de Reims (c. 1347–1396): a Medieval Woman between Demons and Saints," *Speculum* 85 (2010): 321–326. See also Boureau, *Satan the Heretic*; Caciola, *Discerning Spirits*; Dyan Elliott, *Proving Woman: Female Spirituality and Inquisitional Culture in the Later Middle Ages* (Princeton: Princeton University Press, 2004), part III.

7   Caciola, *Discerning Spirits*, 213–214.

8   Renate Mikolajczyk, "*Non Sunt Nisi Phantasiae et Imaginationes*: A Medieval Attempt at Explaining Demons," in *Communicating with the Spirits*, ed. Gábor Klaniczay and Eva Pócs (Budapest: Central European University Press, 2005), 40–51.

drew on ancient Greek and Arabic medical theory which emphasized that most mental disturbances were caused by imbalances of the humours. These imbalances might in turn be caused by a variety of physical and environmental factors including illness, poor diet, or emotional problems. Studies of mental disorder which draw on these medical texts therefore follow their sources in focusing primarily on humoral medicine. The chapter on medieval medicine in Raymond Klibansky, Erwin Panofsky and Fritz Saxl's *Saturn and Melancholy*, for example, argues that medieval physicians usually rejected demonic explanations for melancholy and devotes most of its space to outlining their views of melancholy's humoral causes.[9] The chapters on medieval medicine in Stanley W. Jackson's history of melancholia and depression and Muriel Laharie's history of madness in the Middle Ages likewise focus on humoral explanations, and Michael Dols' study of madness in medieval Islamic society takes a similar approach to the Arabic medical texts although Laharie and Dols both note that medical writers might occasionally mention demons.[10] The same approach can be seen in the much smaller historiography of epilepsy, another disorder which was occasionally associated with demonic possession in medieval miracle narratives. Thus the major history of epilepsy by Owsei Temkin notes that the condition became increasingly associated with possession during the Middle Ages but in his chapter on medieval medicine, Temkin focuses instead on humoral explanations for epilepsy.[11]

These studies are right to stress the importance of humoral explanations for mental disorder in medieval medicine but they do not tell the whole story. From the thirteenth century onwards a significant number of late medieval medical writers also discussed the possibility that demons might be involved in certain kinds of mental disorder. This information is found in late medieval treatises on practical medicine which go under the title of "practica." These works were linked to the part of the university curriculum which focused on the diagnosis and treatment of illnesses rather than on medical theory. They came in a variety of formats but the focus of this chapter will be on the large

---

9   Raymond Klibansky, Erwin Panofsky and Fritz Saxl, *Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion and Art* (London: Thomas Nelson and Sons, 1964), ch. II. Rejection of demonic explanations: 93–94.

10   Jackson, *Melancholia*, 46–64; Laharie, *Folie*, 117–144; Michael W. Dols, *Majnūn: the Madman in Medieval Islamic Society*, ed. Diana E. Immisch (Oxford: Clarendon Press, 1992), ch. 4.

11   Owsei Temkin, *The Falling Sickness: A History of Epilepsy from the Greeks to the Beginnings of Modern Neurology*, 2nd ed. (Baltimore: Johns Hopkins University Press, 1971), 86, 118–133.

compendia or encyclopaedias which set out the causes and treatment of illnesses, starting with the head and working downwards. These "practica" works were written from the thirteenth century onwards by educated physicians and were primarily written for university students, but they also circulated more widely among educated medical practitioners. Because they were written in Latin, the language of university education, the same texts could be read by educated medical practitioners across Europe.[12] These compendia therefore form a coherent body of writing on illness and by examining a range of works written between the thirteenth and fifteenth centuries we can identify the continuities and changes in educated physicians' understandings of demons and mental disorder across the late Middle Ages.

The compendia copied material from one another and also drew on earlier Arabic medical works which were translated into Latin in the late eleventh and twelfth centuries. Sometimes they simply organised and summarised this material without adding much new information, as did the voluminous *Medical Sermons* by the Florentine physician and medical writer Niccolo Falcucci (d. 1412). However, many authors reflected on what their predecessors had said and added new information based on their reading and sometimes their own observation.[13] Danielle Jacquart has argued that fifteenth-century writers were especially willing to talk about their own experiences and, as we will see, this is true for their writing on mental disorder.[14]

Like other ancient and medieval medical treatises, medical compendia never presented demons as the main cause of mental disorder and devoted far more space to humoral causes, but they mentioned demons regularly when they discussed three conditions: mania, melancholia and epilepsy. All three were categorised as diseases of the head which disrupted the usual relationship between the mind and the body. Mania and melancholia were very broad categories and their symptoms ranged from mild to severe mental disorder, which could be temporary or permanent. Mania was caused by an excess of yellow bile in the brain and its symptoms included agitation and excitement, while melancholia was caused by an excess of corrupted black bile in the brain which led to sadness, fear and delusions.[15] The boundaries between these two

---

12   Jole Agrimi and Chiara Crisciani, *Edocere Medicos: Medicina scolastica nei secoli XIII–XV* (Naples: Istituto Italiano per gli Studi Filosofici, 1988), 158–160.

13   Agrimi and Crisciani, *Edocere Medicos*, 177; Chiara Crisciani, "History, Novelty and Progress in Scholastic Medicine," *Osiris*, 2nd ser. 6 (1990): 129–130.

14   Danielle Jacquart, "Theory, Everyday Practice and Three Fifteenth-Century Physicians," *Osiris*, 2nd ser. 6 (1990): 140.

15   Jackson, *Melancholia*, 250.

conditions were not always fixed, however, and several ancient and medieval medical writers discussed mania as a form of melancholia, or vice versa, rather than as a separate condition.[16] Epilepsy had a more restricted range of symptoms but could stem from the same humoral causes: for example the tenth-century Arabic medical writer Ishāq ibn Imrān, whose treatise on melancholia was translated into Latin in the late eleventh century by the monk and prolific translator Constantine the African, noted that some epileptics were also melancholic.[17] Demons were also sometimes mentioned as causes of other conditions, such as *incubus*, a sleep disorder in which a person feels that something is pressing down on them, which has been studied by Maaike van der Lugt.[18] However, *incubus* did not produce symptoms which fitted so neatly with ideas about demonic possession, since the demon was believed to remain outside the body.

The authors of these compendia approached the relationship between demons and mania, melancholia and epilepsy in very diverse ways. Some dismissed the idea that demons caused these forms of mental disorder, saying that only ignorant people believed this. If mentally disordered people claimed to be threatened by demons, they argued, then this was simply a delusion. In many cases, however, medical writers offered more complex assessments. A few compendia presented demons as a cause of melancholia, mania or epilepsy which needed to be diagnosed and treated like any other. Others discussed whether physical causes could produce the symptoms which were usually attributed to demonic possession, including the ability to prophesy. All these positions had their roots in Arabic medical texts and in many cases they were ultimately derived from ancient Greek medicine, but as late medieval medical writers read and discussed these earlier works, they responded to them in a variety of ways which reflected their own concerns. Over the centuries they also came to take the relationship between demons and mental disorder more seriously, so that by the fifteenth century two physicians were giving the matter far more detailed and sophisticated consideration than earlier writers had.

This chapter traces these late medieval medical approaches to the role of demons in affecting a person's mental wellbeing. First it will look at the earlier

---

16   Jackson, *Melancholia*, 250–254; Laharie, *Folie*, 134.

17   Ishāq ibn Imrān, *Maqāla Fī L-Mālīhūliyā* (*Abhandlung über die Melancholie*) *und Constantini Africani Libri Duo de Melancholia*, ed. Karl Garbers (Hamburg: Helmut Buske, 1977), 131.

18   Maaike van der Lugt, "The *Incubus* in Scholastic Debate: Medicine, Theology and Popular Belief," in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (Woodbridge: York Medieval Press, 2001), 175–200.

medical texts which provided the basis for late medieval ideas about demonic mental disorder. Most of these were written in Arabic by physicians based in the Middle East and Muslim Spain, but they also drew heavily on ancient and late antique Greek medical writers such as Rufus of Ephesus, a physician writing in the second century AD. Next the ideas of Latin medical writers active between the thirteenth and the fifteenth centuries will be addressed. The chapter will look at some of the ways in which physicians sought to dismiss the belief that demons caused mental disorder by claiming that visions of demons were hallucinations and that only ignorant people took them literally. Finally, it will turn to the strange, apparently demonic symptoms displayed by certain mentally disordered people, such as the ability to prophesy. How did late medieval physicians account for these, and how willing were they to concede that demons might be involved in these cases?

Demons and Mental Disorder in Arabic Medicine

The Arabic medical texts on which late medieval European physicians drew did not always mention demons as a possible cause of mental disorder. For example, Ishāq ibn Imrān discussed only humoral causes for melancholia although he did note that "the common people" said epileptics were possessed by demons.[19] However, several Arabic texts which were translated into Latin and widely read by later physicians did mention the subject. The first to be translated was the *Pantegni* of Constantine the African, which was a translation of an earlier medical encyclopaedia by the Persian physician Alī ibn al-Abbās al-Maǧūsī, known in the Latin west as Haly Abbas (d. 994). In his chapter on epilepsy, Constantine mentioned demons as one possible cause. He included a series of tests to be used "when it is doubted, that is, whether [an epileptic person] is *lunaticus* [affected by the moon] or epileptic or demoniac." Among these tests was one which, Constantine said, was "much proved by experience."

> Say this name in the ear of the patient or person you suspect: 'Go back, demon, because the *effymoloy* order it.' If he is a *lunaticus* or demoniac, he will immediately become like a dead man for one hour. When he rises, ask him about whatever thing you want and he will tell you. And

---

19   Ishāq ibn Imrān, *Maqāla*, 132.

if this does not happen when he hears this name, you will know he is epileptic.[20]

This was followed by a cure which could be used on demoniacs, epileptics and *lunatici* alike:

> Whichever one of these abovementioned conditions he suffers from, let him be treated with this most holy medicine. Indeed if he has a father and mother they should take him to church on the Ember Days[21] and he should hear the mass on Friday. He should do the same on Saturday. When Sunday comes, a priest or monk should write out the gospel passage where it is said, "This kind is not expelled except by prayer and fasting." (Matt. 17:21) He will be freed, whether he is epileptic or *lunaticus* or demoniac.[22]

The origins of these passages are obscure. As the use of Christian ritual and the Bible suggests, they are not found in al-Maǧūsī's Arabic original. In fact, the chapter on epilepsy falls in a part of the *Pantegni* which is not translated from al-Maǧūsī's text and seems to have been put together either by Constantine the African himself, or by another compiler working in the late eleventh or twelfth century.[23] Whatever their origin, these passages described demons as one possible cause of epilepsy and distinguished them from other causes. They also

---

20   "In hoc loco dicendum est unde dubitatur, scilicet utrum lunaticus uel epilepticus uel demoniacus sit…Est et aliud expertissimum. Dic hoc nomen in aure patientis uel suspecti: Recede demon, quia effymoloy precipiunt. Si lunaticus sit uel demoniacus, statim efficitur uelud mortuus per horam i. Eo surgente, interroga eum de quacunque re uolueris et tibi dicet. Et si non acciderit audito hoc nomine, scias epilepticum esse." Constantinus Africanus, *Pantegni*, Practica, 5.17, London, British Library MS Sloane 2946, fol. 44r. The 1515 printed edition words this passage slightly differently: Isaac Israeli, *Opera Omnia* (Lyons, 1515) fol. 99r. I have not been able to trace the term *effymoloy*.

21   The Ember Days were four fast days observed four times a year.

22   "Quodcunque supradictorum patiatur, hoc medicamine sanctissimo medicetur. Si uero patrem habeat et matrem, ducant ipsum ad ecclesiam in die iiii. temporum, et audiat missam in vi. feria. Similiter in die sabbati faciat. Die dominica ueniente, sacerdos uel religiosus uir scribat euangelium ubi dicitur, 'Hoc genus non eicitur nisi oratione et ieiunio.' Siue epilepticus siue lunaticus uel demoniacus sit, liberabitur." Ibid, fol. 44r; see also Isaac Israeli, *Opera*, fol. 99r.

23   Monica Green, "The Re-Creation of *Pantegni, Practica*, Book VIII," in *Constantine the African and Ali ibn al-Abbas al-Magusi: the Pantegni and Related Texts*, ed. Charles Burnett and Danielle Jacquart (Leiden: Brill, 1994), 121–124.

offered a clear way of telling these different kinds of epilepsy apart: the person who was epileptic because of the moon or demons would respond differently to the verbal formula and would answer questions when an ordinary epileptic would not. The fact that these questions could be on "whatever thing you want" may be a nod to be the belief that possessed people had special knowledge or prophetic powers. The distinction between demonic and non-demonic epilepsy was not absolute, however. The moon could produce the same symptoms as demons; and moreover, after distinguishing between the three conditions, Constantine immediately conflated them again by recommending the same ritual cure for all three.

The *Pantegni* was not widely read in medieval universities after the twelfth century[24] but these passages were quoted by medical compendia into the late Middle Ages, for example by the Montpellier professor of medicine Bernard de Gordon in the early fourteenth century and later by Niccolo Falcucci, who quoted them from Bernard.[25] Another early fourteenth-century physician, John of Gaddesden, noted that the cure was especially suitable for children and other epileptics who could not take conventional medicines. He also claimed to have personal experience of using it: "I have found it to be true whether [the sick person] is a demoniac or *lunaticus* or epileptic."[26] This passage from the *Pantegni* therefore kept open the possibility that demons might cause epilepsy but it remained a small part of later writing on the condition.

Another discussion of demons and epilepsy is found in the second book of a large medical and surgical compendium by al-Zahrawi, a physician and surgeon active in Muslim Spain in the late tenth and early eleventh centuries, who was known in the Latin west as Abulqasim, Alsharavius or Albucasis. This part of al-Zahrawi's compendium was translated into Latin in the mid thirteenth century.[27] In it, al-Zahrawi listed five types of epilepsy. Four were caused by humoral imbalances but in the fifth kind of epilepsy the sufferer's humoral

---

24   Danielle Jacquart and Françoise Micheau, *La médecine arabe et l'occident médiéval* (Paris: Maisonneuve et Larose, 1990), 174.

25   Bernard de Gordon, *Lilium Medicinae* (Lyons, 1559), 2.24, pp. 226–227; Niccolo Falcucci, *Sermones Medicales* (Venice, 1491), 3.5.13, fol. 86r.

26   "Et quia multi pueri et alii qui non possunt uti medicinis vexantur epilepsia, fiat experimentum quod ponit Constantinus 50 practice sue, capitulo de epilepsia…Et ego inueni illud verum siue sit demoniacus siue lunaticus siue epilepticus." John of Gaddesden, *Rosa Anglica* (Venice, 1502), 2.11, fol. 62v. Method of diagnosis: fol. 61r.

27   See the introduction to his better known surgical treatise: Albucasis, *On Surgery and Instruments: A Definitive Edition of the Arabic Text with English Translation and Commentary*, ed. M.S. Spink and G.L. Lewis (London: Wellcome Institute for the History of Medicine, 1973), viii.

balance was not disturbed. In this case the epilepsy was "caused by some outside agent whose mode [of action] is not known, and it is said that it is caused by demons."[28] Al-Zahrawi also claimed to have seen cases himself in which epileptics spoke foreign languages and displayed scientific knowledge which they had never learned. In these cases, he said, if the physician's own remedies failed the cure should be left to God.[29] Like Constantine the African, he took demons seriously as a cause of epilepsy even though his emphasis remained on the humoral causes. However, he distinguished demons more clearly from the other causes of epilepsy than Constantine did, with his emphasis on the strange knowledge displayed by demoniacs and his suggestion that conventional cures might not work.

Neither the *Pantegni* nor al-Zahrawi mentioned demons as a possible cause of mania or melancholia but another, more influential Arabic medical work did. The *Canon of Medicine* by the physician and philosopher Avicenna (ibn Sīnā, d. 1037) was translated into Latin in the twelfth century and was widely read and commented on in universities from the thirteenth century onwards.[30] In his chapter on melancholia, Avicenna referred briefly to the belief that demons could cause this condition:

> And it has seemed to some physicians that melancholia happens by a demon, but we do not care if it happens by a demon or not because we teach medicine. Further, we say if it does happen by a demon it is enough for us that it has changed the [sick person's] complexion to black bile, and the black bile is its immediate cause; then the cause of that black bile is a demon or not a demon.[31]

Avicenna, then, was willing to accept that demons might cause melancholia but unlike Constantine the African or al-Zahrawi he dismissed this as irrelevant for physicians. His view was quoted by many later Latin writers including

---

28 Alsharavius, *Liber Theoricae necnon Practicae* (Augsburg, 1519), ch. 34, fol. 33v; trans. Temkin, *Falling Sickness*, 106.

29 Alsharavius, *Liber Theoricae*, fol. 33v; Temkin, *Falling Sickness*, 106.

30 Nancy Siraisi, *Avicenna in Renaissance Italy: The Canon and Medical Teaching in Italian Universities after 1500* (Princeton: Princeton University Press, 1987), 44–46, 50–53.

31 "Et quibusdam medicorum visum est quod melancolia contingat a demonio, sed nos non curamus cum physicam docemus, si illud contingat a demonio aut non contingat. Postquam dicimus quoniam si contingat a demonio sufficit nobis ut conuertat complexionem ad coleram nigram, et fit causa eius propinqua colera nigra. Deinde fit causa illius colere nigre demonium aut non demonium." Avicenna, *Liber Canonis* (Lyons, 1522) 3.1.4.19, fol. 150r. See also Dols, *Majnūn*, 81.

Bernard de Gordon, Niccolo Falcucci and a fifteenth-century Italian physician, Giovanni Matteo Ferrari da Grado.[32]

These Arabic writers laid the foundations for a view of mental disorder which recognized demons as one possible explanation but did not place much emphasis on them. For Avicenna, the distinction between demonic melancholia and the non-demonic variety was irrelevant because demons worked through physical causes. The *Pantegni* did not go this far but it implied the symptoms might be similar, since a special test was needed to diagnose demonic epilepsy. For both these writers demonic and non-demonic mental disorders could be treated in the same way, by treating the immediate humoral causes (for Avicenna) or by prayer and religious ritual (for Constantine the African). In some respects this view probably corresponds with more widespread medieval views of mental disorder: as Alain Boureau and Laura Ackerman Smoller have noted, "possessed" and "insane" people are sometimes described as behaving in similar ways.[33] For al-Zahrawi, by contrast, demonic and humoral epilepsy were far more distinct in both their symptoms and their treatment. All these views can be found in later medieval Latin medical texts, but Latin writers also expanded on them, either to dismiss demons as marginal to a medical understanding of mental disorder, or to explain in more detail how they might affect the mind.

"Wrong" Beliefs about Mental Disorder: Delusions, Metaphors and Ignorance

One strand of late medieval medical writing did not present demonic mental disorder as a serious possibility but instead argued against people who wrongly attributed melancholia, mania or epilepsy to demons. One way in which physicians did this was by presenting demons not as a cause of mania or melancholia, but as a symptom. To do so they built on a long history of medical writing which set out the delusions experienced by melancholics.[34] For example Ishāq ibn Imrān's *De Melancholia*, translated by Constantine the African, stated that some melancholics saw "before their eyes terrible and frightening black shapes and similar things."[35]

---

32 Bernard de Gordon, *Lilium Medicinae*, 2.19, 204; Falcucci, *Sermones*, 3.5.7, fol. 71r; on Ferrari da Grado see below, n. 59.

33 See above, n. 4.

34 Dols, *Majnūn*, 28; Klibansky, Panofsky and Saxl, *Saturn and Melancholy*, 50.

35 "Vident enim ante oculos formas terribiles et timorosas nigras et similia." Ishāq ibn Imrān, *Maqāla*, 120.

In a Christian context these black shapes were easily linked with demons and also, ironically, with black-clad Benedictine monks. Thus Gilbertus Anglicus, writing in around 1250, elaborated on Isḥāq ibn Imrān's comment to say that melancholics "see before their eyes terrible and frightening and black shapes such as monks, black men killing them, [and] demons."[36] In the early fourteenth century John of Gaddesden again claimed to have had personal experience of a phenomenon noted in much older written sources. He said he had treated a melancholic woman who was afraid to speak about the devil or look out of the window in case she saw him, and who feared that any man wearing black might be the devil.[37] Some medical writers were still quoting similar ideas into the fifteenth century: for example in the 1440s the Italian physician Michele Savonarola noted that melancholics had "terrifying dreams, such as a vision of demons, black monks and other things of this sort."[38] For these physicians, demons were simply hallucinations brought on by the illness.

Another way of dismissing the role of demons in causing mental disorder was to argue that only ignorant people who did not understand the true causes of these mental conditions believed demons were really involved in them. Again this had a long history in medical writing. As we have seen, Isḥāq ibn Imrān stated that it was "the common people" who thought epileptics were demoniacs and the same idea also appeared regularly in medical writing about *incubus*, as Maaike van der Lugt has shown.[39] Late medieval medical writers usually made this point when they discussed forms of mania and melancholia which made their victims aggressive, and which went under various names including wolf or dog mania, wolf demon, demonic melancholia or simply *demoniaca*. Many physicians insisted that these names were metaphors used to describe the behaviour of the sufferers rather than evidence that demons were present. Thus a medical compendium by the thirteenth-century surgeon

---

36   "Vident enim ante oculos formas terribiles et timorosas et nigras sicut monachos, homines nigros illos occidentes, demones." Gilbertus Anglicus, *Compendium Medicinae* (Lyons, 1510), fol. 103r.

37   "sicut de una muliere quam habui in cura mea. Vidi quod non audebat loqui de diabolo nec respicere per fenestram exteriorem [my emendation: edition reads 'extra'] ne videret diabolum, timens de omni homine nigris vestito ne esset ille." John of Gaddesden, *Rosa Anglica*, 4.2, fol. 132r.

38   "Somnia terribilia ut est visio demonum, monachorum nigrorum et aliorum huiusmodi." Joannes Michael Savonarola, *Practica Maior* (Venice, 1497), 6.1.11, fol. 61v. On Savonarola see Jacquart, "Theory," 141.

39   van der Lugt, "*Incubus*," 176, 195–197.

Guglielmo da Saliceto said that dog mania was "commonly" called *demoniaca* because of the "wickedness of its symptoms."[40] The fifteenth-century physician and medical writer Antonio Guaineri, who taught in the universities of Pavia and Cheri in northern Italy and then became physician to the duke of Savoy, likewise explained that "wolf demon" was so-called because "the patient has the ferocity of a wolf inside him, because he quarrels, hits, bites and performs other wolf-like acts." However, he complained that the uneducated took the name literally: "the common people say this person has a wolf demon inside them, and especially the ignorant *pizocharii*."[41]

When they discussed these "wrong" beliefs about demons and mental disorder, these late medieval medical writers sought to dismiss, or at least deemphasize, the idea that demons were truly involved in these cases. To do so they built on ideas which had a long history in learned medical writing, but they went further than their Greek or Arabic sources in using these ideas to attack what they claimed were erroneous beliefs relating to demons and mental disorder.

Demons and the Strange Abilities of the Mentally Disordered

Nevertheless, it was not always satisfactory to argue that only ignorant people believed demons could cause mental disorder, especially since the New Testament made it clear that demons could possess people. Late medieval physicians confronted the difficulties surrounding demonic possession especially when they discussed cases in which melancholics and epileptics seemed to predict the future or displayed knowledge which they could not have acquired by normal means. Older views of these symptoms varied. A few earlier medical writers had accepted these gifts as genuine. For example in the second century AD, Rufus of Ephesus noted that melancholics had the gift of

---

40   "Vocatur communiter passio ista demoniaca propter pravitatem accidentium." Guilelmus de Saliceto, *Summa Conservationis et Curationis* (Venice, 1489), ch. 21. On Guglielmo see Nancy Siraisi, "How to Write a Latin Book on Surgery: Organising Principles and Authorial Devices in Guglielmo da Saliceto and Dino del Garbo," in *Practical Medicine from Salerno to the Black Death*, ed. Luis García-Ballester, Roger French, Jon Arrizabalaga and Andrew Cunningham (Cambridge: Cambridge University Press, 1994), 92.

41   "Patiens enim lupi ferocitatem in se habet, quia rixatur, verberat, mordet et alios lupinos actus exercet. Et hunc vulgares demonium lupinum in se habere aiunt, et maxime ignorantes pizocharii." Antonius Guainerius, *Practica* (Lyons, 1524), 1.15.1, fol. 40v. On Guaineri see Jacquart, "Theory," 141. I have not been able to translate *pizocharii*.

prophecy[42] and as we have seen, al-Zahrawi linked epileptics' prophecies to demons. However, many late antique and Byzantine medical writers were more cautious, noting that melancholics only thought they were prophets.[43] In the *Pantegni* Constantine the African followed their approach, saying that certain melancholics "act as diviners and think they predict divine things."[44] This phrasing, with its emphasis on what the melancholics themselves thought, left open the possibility that the prophecy was simply a delusion, especially as Constantine included it in a list of other delusions suffered by melancholics and did not mention demons as a possible alternative explanation.

Late medieval medical texts preserved this spectrum of views. One strand of medical writing followed Constantine the African in noting that mentally disordered people only appeared to prophesy. Thus Gilbertus Anglicus noted that maniacs "seemed" to prophesy but did not pronounce on the truth of this himself: one derivation for the term *mania*, he said, was "from the hands of the gods of the netherworld [*manibus diis infernalibus*], for demons seem to speak within them and foretell hidden things."[45] Bernard de Gordon implied more strongly that these were not real prophecies. "It seems to other [melancholics]," he said, "that they are prophets and that they are inspired by the Holy Spirit, and they begin to prophesy and predict many future things, either about the state of the world or the Antichrist."[46] Like Constantine the African, he placed this at the end of a discussion of the various delusions experienced by melancholics, strongly implying that the prophecies, too, were delusions.

A second strand of medical writing went further and linked these cases of prophecy to specific physical conditions rather than to demons. One of the earliest writers to do this was Guglielmo da Saliceto, who in the thirteenth century described prophecy as a symptom of "dog mania" or *demoniaca* and connected it to menstrual problems. Humoral medicine regarded menstruation as an important way of purging a woman's excess humours, so failure to menstruate (except during pregnancy) was believed to cause a wide variety of health problems. For Guglielmo these problems included certain kinds of mental disorder:

---

42   Klibansky, Panofsky and Saxl, *Saturn and Melancholy*, 50; Jackson, *Melancholia*, 327.

43   Klibansky, Panofsky and Saxl, *Saturn and Melancholy*, 54.

44   "Alii diuinant et se de diuinis predicere putant." Constantine the African, *Pantegni*, Theorica 9.7, in Isaac Israeli, *Opera*, fol. 42r.

45   "A manibus diis infernalibus. Videntur enim in eis demones loqui et vaticinari abscondita." Gilbertus Anglicus, *Compendium Medicinae*, fol. 102v.

46   "Aliis videtur quod sint prophete, et quod sint inspirati a spiritu sancto, et incipiunt prophetare et multa futura predicere, siue de statu mundi aut antichristi." Bernard de Gordon, *Lilium Medicinae*, 2.19, 205.

Moreover it may happen in women, according to many people, from the retention of purifying menses in the veins of the womb, from which fumes rise, disturbing the imagination [in medieval philosophical writing, the part of the brain which retains forms received by the senses] and the cogitative faculty [which combines and separates these sensory forms] to things which have been seen before, whether they are known [to the patient] or not. And they cause the patient to speak of future things, and even cause him [*eum*] to speak various languages, and what is more [speak] learnedly even if he has never heard letters. It happens also from sperm which is retained in the womb, which after corrupting and a long space of time is converted into poison, from which a poisonous fume rises. It influences the brain, the imagination, the cogitative faculty and the estimation [which perceives intentions and forms judgements] in many ways, so that it may induce the patient to the same motions which retained menses induce, as has been said above. And according to many people this happens to widows and members of religious orders and virgins who are ready for sexual intercourse, when the time for intercourse has passed.[47]

Guglielmo seems to have been the first medieval Latin writer to link the special abilities of mentally disordered people to a specific physical condition in this way. Interestingly, this was not a condition of the head but of the womb, which illustrates how far mind and body were linked in medieval medical theory. By linking prophecy and special abilities to the womb, Guglielmo also made these abilities specific to women, although there is some confusion here since he used the masculine pronoun *eum* (which can refer to men and women, or men alone) to describe the afflicted person. Gilbertus Anglicus, writing a little earlier, had linked mania to menstrual retention in women or the retention of

---

47   "Fiat autem in mulieribus ut plurimum ex retentione menstruorum mundantium in venis matricis ex quibus eleuantur fumi mouentes imaginationem et cogitationem ad ea que visa fuerint in preterito siue fuerint notata siue non et inducunt pacientem ad narrandum de futuris: et etiam inducunt eum ad loquendum variis linguis, et quod plus est litteraliter etiam si nunquam litteras audiuerit. Fit etiam ex spermate retentio in matrice quod conuersum est post corruptionem et temporis longitudinem in venenum, a quo fumus [my emendation; text reads 'fuimus'] venenosus eleuatur. Mouet diuersimode cerebrum, imaginationem, cogitationem et extimationem, ita quod inducat patientem ad motiones easdem ad quas menstrua retenta inducunt, ut superius dictum est. Et hoc ut plurimum contingit viduis et religiosis et virginibus habilibus ad coitum cum tempus coeundi transierit." Guilelmus de Saliceto, *Summa Conservationis*, ch. 21. For definitions of *imaginatio*, *cogitatio* and *estimatio* see Dag Nikolaus Hasse, "The Soul's Faculties," in *The Cambridge History of Medieval Philosophy*, ed. Robert Pasnau (Cambridge: Cambridge University Press, 2010), 309.

corrupt sperm in men (without mentioning prophecy) and so it is possible that the early modern printed version of Guglielmo's text is inaccurate here and that the second part of the passage was intended to relate to men.[48] It is also possible that Guglielmo's emphasis on women reflects the view, often found in religious writing on female visionaries, that women were more susceptible to spiritual influences, both positive and negative, than men were.[49] Not all late medieval physicians linked prophecy so closely to the female body, however, and as we will see, Antonio Guaineri claimed to have seen a melancholic man with special abilities.

Guglielmo da Saliceto did not specifically exclude demons from provoking the prophecies and abilities of these women, but his detailed description of a physical cause could be taken to imply this. This was certainly how a later Italian physician, Niccolo Bertucci (d. 1347), interpreted his comments. After paraphrasing the passage from Guglielmo quoted above, Bertucci elaborated on the symptoms caused by poisonous fumes and some of the ways in which observers interpreted them:

> And these things happen to certain people all the time and to certain people periodically, according to how the matter takes its course in the body, and then it is believed to be from demons, which afflict bodies at sacred times. Although according to truth and faith this is possible, more often, however, it happens from the matter described above, which is why it happens more to women than men, and [more] to widows than married women, and [more] to members of religious orders than seculars, and [more] to poor people who work a great deal in the sun and use garlic, mustard [and] onions than to the rich who use good foods and have the necessary funds for medicines and remedies. This would not happen if it always happened by a demon since a demon is not susceptible to a natural cure, nor does it distinguish between such persons.[50]

---

48 Gilbertus Anglicus, *Compendium Medicinae*, fol. 103r.

49 Caciola, *Discerning Spirits*, 19.

50 "Et fiunt haec quibusdam hominibus omni tempore, et quibusdam periodice, prout materia cursum in corpore suscipit; et tunc creditur esse a daemonibus, qui affligunt corpora tempore sacro. Quod licet secundum veritatem et fidem sit possibile, saepius tamen fit a materia praedicta, quare magis accidit mulieribus quam viris, et viduis quam nubentibus, et monachis quam secularibus, et pauperibus in sole multum laborantibus utentibus allio, sinape, cepe quam diuitibus bonis cibis utentibus, et necessaria pro medicinis et remediis habentibus. Quae non fierent, si semper a daemonio fierent, cum daemonium curam naturalem non recipiat, neque distinctionem talium personarum." Niccolo Bertucci, *Compendium Medicinae* (Cologne, 1537), 1.1.7, fol. 31r.

Guglielmo da Saliceto's physical explanation therefore helped Niccolo Bertucci to argue against the likelihood of real demonic involvement in cases of mental disorder. These two men went further than earlier writers in linking prophecies to specific physical problems but their explanations did not answer every question about melancholics' and maniacs' special abilities. They did not make clear exactly why these particular physical conditions led people to prophesy, or whether their prophecies were genuine.

In the fifteenth century two medical writers attempted to answer these questions, seeking to fit prophecy into a broader understanding of how the body and mind worked. One was Antonio Guaineri, whom we have already met criticizing popular beliefs about "wolf mania." His comments on melancholia offer an unusual, and unusually detailed, view of the special abilities of mentally disordered people. Instead of offering a few remarks in the context of a much longer chapter, Guaineri devoted a substantial sub-section of his chapter on melancholy to the question, "Why certain uneducated melancholics have become educated and how, too, some of these people predict future things."[51] He started by describing a case he had seen himself: "I saw a certain melancholic peasant in Pinerolo [northern Italy] who would always compose songs when the moon was burnt [*combusta*, perhaps referring to a new moon or eclipses], and when the burning was over by about two days he never offered any educated word until the next burning. And they told me this man had never learned letters."[52]

Guaineri did not suggest that demons were the explanation for this and nor did he link these abilities to the womb or the balance of the humours. Instead his explanation lay in the relationship between body and soul: cut off from the senses, the soul could perceive the future. To argue this point, Guaineri cited three ancient Greek philosophical and astrological texts: Aristotle's *Metaphysics*, Plato's *Timaeus* and the *Quadripartitum* (or *Tetrabiblos*) of the Greek astronomer Ptolemy. Drawing on these works he built up an argument that all human souls were created perfect, and at their creation already possessed all the knowledge which they could ever acquire. The astrological conjunction at the moment when the soul was infused into a person's body

---

51   "Quare illiterati quidam melancolici litterati facti sunt et qualiter etiam ex his aliqui futura predicunt." Guaineri, *Practica*, 1.15.4, fol. 42v.

52   "Ego Pinaroli quemdam rusticum melancolicum vidi qui semper luna existente combusta carmina componebat, et transacta combustione circa duos dies usque ad aliam combustionem, verbum nunquam ullum litteraliter proferebat. Et hunc mihi nunquam didicisse litteras aiebant." Ibid, fol. 42v.

also gave the soul certain additional properties. Once the soul was placed inside a body, the body impeded it from accessing this innate or astrologically-infused knowledge but, Guaineri argued, if the senses were temporarily put out of action (for example by melancholy) the soul could once again access this information.[53] Guaineri offered a similar explanation for the marvellous abilities of some epileptics. In epilepsy, again, the senses were impeded and so the soul was able to perceive the future. "Therefore, carried away by the paroxysm, they very often predict many future things, and so the common people who do not know the cause think this happens by the power of demons."[54]

In these passages Guaineri offered an explanation for melancholics' and epileptics' special abilities which did not require them to be caused by demons; in fact, as with "wolf mania," only "the common people" thought demons were present in these cases. Individually none of these ideas was new. Guaineri was not the first medical writer to offer a physical explanation for the special abilities of mentally disordered people or to dismiss what "the common people" thought. His ideas about the soul in particular were drawn from ancient Greek works which had been available in Latin since the twelfth century or earlier.[55] What was new was the way in which he put this material together to answer this particular question in far more detail than earlier physicians.[56] In doing so he constructed a view of mental disorder which accepted that certain melancholics and epileptics could predict the future and set out exactly how this worked without recourse to demons.

Another fifteenth-century medical writer who discussed the strange abilities of melancholics and epileptics in detail took a different view. Giovanni Matteo Ferrari da Grado (d. 1472) taught, like Guaineri, at the university of Pavia and was also associated with the court of Milan.[57] In several respects his approach to the problem was similar to Guaineri's. He too discussed both the physical and demonic aspects of prophecy at length and supplemented his reading of earlier texts with his own observation, but his sources and conclusions were different. Ferrari da Grado was more willing than Guaineri to admit

---

53   Ibid, fols. 42v–43r; summarized in Klibansky, Panofsky and Saxl, *Saturn and Melancholy*, 95–97.

54   "Amoto itaque paroxismo plurima persepe futura predicunt, unde vulgares causam ignorantes demonum virtute hoc fieri putant." Guaineri, *Practica*, 1.7, fol. 17r.

55   Charles Homer Haskins, *Studies in Mediaeval Science* (Cambridge, MA: Harvard University Press, 1924), 88, 110–111, 223.

56   Klibansky, Panofsky and Saxl also note the novelty of this chapter: *Saturn and Melancholy*, 95.

57   Nancy Siraisi, "Avicenna and the Teaching of Practical Medicine," in *Medicine and the Italian Universities 1250–1600*, ed. Nancy Siraisi (Leiden: Brill, 2001), 73.

that demons might give melancholics and epileptics special knowledge, and he drew his information not primarily from Greek philosophers and astrologers, as Guaineri did, but from Arabic medical writers, most notably al-Zahrawi.

In his chapter on epilepsy, Ferrari da Grado quoted al-Zahrawi's description of a fifth kind of epilepsy in which the sufferer's humoral balance did not change. Still quoting al-Zahrawi mentioned three possible causes of this: "from a bad regime of food and drink, and from sins and transgressions, and the final cause is from cursed demons who are called *alabin*."[58] By reproducing these explanations without criticism Ferrari da Grado implied that demons really did cause some epileptics to display special abilities. He raised the issue again in his chapter on melancholia and went into more detail. In a long discussion of the possible causes of melancholia, he first reproduced Avicenna's view that if demons caused melancholia at all, they did so through manipulating the balance of humours in a person's body. Then against this he cited the tenth-century Persian physician ar-Razi (known in the Latin west as Rhazes), who had argued that it was possible for melancholia to occur without a humoral change in the body, and the passage from al-Zahrawi which linked this to demons.[59]

In conclusion Ferrari sided with ar-Razi and al-Zahrawi against Avicenna, to argue that certain forms of melancholia were not caused by humoral imbalances, but he did not mention demons explicitly at this point. Instead the example he cited was from ar-Razi, of a person who made themselves melancholic by thinking too long or too hard about a topic.[60] In this way he left space for demons to cause mental disorder but did not give them prominence. Later on in the chapter, however, Ferrari did mention a different way in which demons might cause mental disorder: they could incite people to bad habits which might, in their turn, cause melancholia.[61]

Ferrari da Grado followed al-Zahrawi more closely when he discussed possible cures for epilepsy and melancholia. He agreed with al-Zahrawi that if epilepsy was not caused by an imbalance of the humours, then physical

---

58   "Ex malitia regiminis cibi et potus, et ex peccatis et preuaricationibus, et ultima causa ex maledictis demonibus qui dicuntur alabin." Joannes Mattheus Ferrarius, *Practica* (Lyons, 1527), 1.8, fol. 54v; Temkin, *Falling Sickness*, 107.

59   Ferrarius, *Practica*, 1.9, fols. 62r–v.

60   "In hac ergo difficultate dimissis autoritatibus ad partem oppositam allegatis, teneo cum ista opinion Rasis primo Continens, scilicet quod imaginationes et cogitationes fortes cum premeditantur res profundas et longas aliquando adducunt ad hanc passionem non immutando realiter complexionem." Ibid, fol. 62r.

61   "Dico etiam quod preter has causas aliquotiens a demone spiritualiter inducunt tales mores." Ibid, fol. 62v.

cures might not work and in that case, the afflicted person should trust in God.[62] In his discussion of cures for melancholia he again quoted al-Zahrawi but this time he added his own observation, making the Muslim author's comments relevant to a Christian context: "This is also clear from experience, for we have seen some people vexed by demons who were apparently suddenly and immediately restored to health by the divine office through the hands of holy monks," an instantaneous recovery which would not have been possible if they were suffering from humoral imbalances.[63] Unlike Antonio Guaineri and most earlier physicians in the Latin tradition, then, Giovanni Matteo Ferrari da Grado presented demonic mental disorder as a possibility that physicians should take into account, which was not connected with the balance of the humours and so might require different treatment.

Neither Ferrari da Grado nor Antonio Guaineri rejected the idea that humoral factors caused mental disorder, but they were more willing than earlier medical writers to give demons serious consideration in cases which medical theory found difficult to explain. In the end they came to different conclusions: Ferrari was willing to accept the action of demons in some cases, while Guaineri preferred physical explanations even for strange symptoms. This diversity of opinion was not unusual. Danielle Jacquart has argued that fifteenth-century medical writers offered widely different assessments of many issues, despite their use of the same pool of learned authorities.[64]

Indeed, another fifteenth-century physician took a more extreme position based on similar evidence. Jacques Despars, a French physician whose work has been studied by Jacquart, was highly dismissive of demonic explanations for mental disorder and criticized theologians for encouraging sufferers to believe they were possessed and seek religious remedies instead of medical ones.[65] Nevertheless, despite these significant differences, there were certain fundamental similarities between these physicians' approaches. Ferrari, Guaineri and Despars all sought to integrate demons into a medical discussion of mental disorder in greater detail than had earlier writers, and all three also cited their own observation as well as earlier authorities to back up their views. It is therefore likely that this new interest in demonic mental disorder

---

62 Ibid, 1.8, fol. 58r.

63 "Hoc etiam patet experientia: nam videmus aliquos vexatos a demonibus cum officio diuino per manus sacrorum religiosorum subito quasi et immediate ad sanitatem reduci." Ibid, 1.9, fol. 62r.

64 Jacquart, "Theory," 159–160.

65 Danielle Jacquart, "Le regard d'un médecin sur son temps: Jacques Despars (1380?–1458)," *Bibliothèque de l'Ecole des Chartes* 138 (1980), 70–71.

and special knowledge reflects the wider tendency among fifteenth-century medical writers to record their own experience, which Jacquart has noted.[66] It may also correspond to a growing interest in "occult" diseases and treatments which could not be explained with reference to the theory of the humours, which Nancy Siraisi has argued is visible in the later fifteenth and sixteenth centuries.[67]

These physicians' interest in demons, prophecy and mental disorder probably also reflects broader religious and intellectual changes. In the late fourteenth and early fifteenth centuries, prophets who claimed to predict the future through divine inspiration had become increasingly prominent and influential. Historians have often linked this to the Great Schism, arguing that the collapse of official authority at the top of the church allowed unofficial prophets, some of them women, to attract attention. Prompted by their observation of these prophets, several late fourteenth- and early fifteenth-century theologians wrote treatises on the discernment of spirits: the task of working out whether the spirit which inspired someone was divine or demonic.[68] These inspired prophets may similarly have encouraged physicians to take an interest in the special powers of melancholics and epileptics and in the wider area of demonic possession: at least one later fifteenth-century physician, Antonio Benivieni, claimed that possession was a new epidemic in his own time.[69] However, the medical writers were not interested in the same problems as the theologians. Instead of debating whether these prophets were inspired by good or evil spirits, physicians debated whether melancholics and epileptics who predicted the future or spoke foreign languages were inspired by a spirit at all, or whether there was a physical explanation for their actions.

The greater interest in demonic mental disorder shown by these fifteenth-century physicians may also be connected to a third factor: a change in attitudes to the demonic which can be seen in the earliest witch trials. It was in the first half of the fifteenth century that the first witch trials took place in parts of Switzerland and the adjacent regions of France and Northern Italy. In contrast to earlier trials for magic, these trials emphasized the importance of a close relationship between the witch and the devil, which was to become a key feature of early modern witch trials. Antonio Guaineri was particularly well placed to know about these because he was based in Savoy, a region which saw

---

66   See above, n. 14.

67   Nancy Siraisi, "'Remarkable' Diseases, 'Remarkable' Cures, and Personal Experience in Renaissance Medical Texts," in *Medicine and the Italian Universities*, 230.

68   Caciola, *Discerning Spirits*, ch. 6; Elliott, *Proving Woman*, 250–263.

69   Siraisi, "Remarkable Diseases," 240.

early witch trials, and he claimed to have seen cases of bewitchment in Pinerolo.[70] Conversely, Jacques Despars' skepticism about cases of supposed demonic possession may have been a reaction against these same concerns: Jacquart has argued that he may have formed his views by arguing against a fellow canon of the church of Notre-Dame at Tournai, the theologian Gilles Carlier, who wrote several treatises on exorcism.[71] A greater interest in demonic activity, prophecy and mental disorder in a variety of intellectual circles is therefore likely to have persuaded these fifteenth-century physicians to take the issue more seriously and explore it in more depth than earlier writers had, even if they came to different conclusions.

Conclusions

Demons were never the primary explanation for mental disorder in late medieval medicine. Many medical writers did not mention them at all and those who did only did so after discussing the humoral causes of melancholia, mania and epilepsy at length. Before the fifteenth century a significant number of medical writers played down the importance of demons in causing mental disorder, and also refused to commit themselves as to whether epileptics and melancholics might really have special abilities. Although they did not dismiss these possibilities altogether, they tended to present demons as hallucinations, metaphors to describe the symptoms of an illness, or an explanation offered by the ignorant; and they discussed melancholics' and epileptics' special abilities as delusions or symptoms of a physical condition. This conservative approach persisted into the fifteenth century, when Michele Savonarola discussed demons in traditional terms, as a delusion experienced by melancholics.

However, alongside this skepticism another strand of medieval medicine was more willing to accept that demons might cause certain forms of melancholy and epilepsy and sometimes (but not always) linked to this, that melancholics and epileptics might have genuine powers to predict the future. This can already be seen in the *Pantegni* and in the fifteenth century the matter attracted greater interest from Antonio Guaineri and Giovanni Matteo Ferrari da Grado, among others. These writers drew on earlier Greek and Arabic medical writers who presented demons as one possible cause of mental disorder,

---

70 Catherine Rider, *Magic and Impotence in the Middle Ages* (Oxford: Oxford University Press, 2006), 198.

71 Jacquart, "Regard," 72–73.

but they were also influenced by more contemporary beliefs, especially in the fifteenth century.

These late medieval medical texts therefore shed light on how physicians thought about the ways in which mental wellbeing could be affected by external forces. In many texts, demons are depicted as working alongside natural forces to such an extent that the two were often difficult to separate: causing mental disorder by upsetting the balance of the humours in a person's body, for example. This closeness between demons and physical causes meant that many apparently demonic symptoms were susceptible to physical explanations. Late medieval physicians drew these ideas from earlier medical writers like Constantine the African and Avicenna but they may have found them persuasive because they corresponded to a more general late medieval understanding of how demons interacted with the physical world. The idea that demons were part of the physical world and acted through physical causes was found in medieval theology[72] and it may also have reflected more widespread beliefs: as Sari Katajala-Peltomaa points out, the witnesses in canonization processes sometimes described demons acting in very physical ways. This was not the only view available to late medieval physicians, however. Less prominent, but still present, was the view derived from the work of al-Zahrawi, that demons affected mental order in ways which were radically different from physical causes, and which required different remedies.

The same issues continued to be debated in later centuries, as rising numbers of witch trials encouraged more medical writers to write about demonic illnesses. In these debates the same strands of interpretation which are visible in medieval medical writing continued to surface. Thus many early modern physicians focused on the physical causes of mental disorder and denounced ignorant people who attributed it to possession or witchcraft, while others explained visions of witches or devils as delusions caused by black bile. Others again were more willing to accept demons as a cause of mental disorder and argued that the symptoms of possessed people could not be explained by physical causes.[73] All these ideas had roots in the medieval past.

Late medieval physicians did not reach a consensus about these issues, any more than early modern ones did. Indeed, the range of opinions which they

---

72   Robert Bartlett, *The Natural and the Supernatural in the Middle Ages* (Cambridge: Cambridge University Press, 2008), 20.

73   David Harley, "Mental Illness, Magical Medicine and the Devil in Northern England 1650–1750," in *The Medical Revolution of the Seventeenth Century*, ed. Roger French and Andrew Wear (Cambridge: Cambridge University Press, 1989), 121; Angus Gowland, "The Problem of Early Modern Melancholy," *Past and Present* 191 (2006): 91–96.

offered deserves further study. A larger sample of fifteenth-century writers, in particular, would shed light on how far other physicians were similarly interested in demons, prophecy and mental disorder. It would also be useful to explore whether there were variations between different geographical areas: for example, did physicians who were based in places which saw early witch trials show more interest in demonic mental disorder? Guaineri's links with the duchy of Savoy and his mention of cases of magic in Pinerolo are suggestive here. Nevertheless, the physicians studied here help to illustrate the variety of views of mental disorder which existed simultaneously in medieval culture. Medical views of this condition were shaped by earlier texts which described a range of possible causes, and well-read physicians could choose from a variety of competing ideas about mental disorder. The behaviour of mentally disordered people or, at least, stereotypes about how they might behave (with violence, fits or prophecies) also suggested explanations to both the educated and the uneducated. Popular beliefs about mental illness offered other views again. Medieval physicians responded to these factors in many different ways which reflected their own reading, observation and ideas about what was possible.

Anger as a Spiritual, Social and Mental Disorder in Late Medieval Swedish *Exempla*

Marko Lamberg

Introduction

In their quest to describe human faults and vices – and in order to promote their opposites, moralities and virtues – ancient and medieval theologians gradually invented the famous list of the so-called seven deadly sins. There did occur a certain variation in the composition of these listings, but *orgē* or *ira*, "wrath" or "anger," was always among them from the fourth century onwards.[1] Consequently, historians have utilised such conceptualisations when studying mentalities and emotions of the past.

In particular, anger has received a lot of attention because all human cultural evolution – the civilizing process, to use the classical term coined by Norbert Elias – can be regarded largely as a tale of socialisation, pacification and control of aggressive and violent behaviour – anger management, to use a modern psychological concept, one which has also been adopted in popular vocabulary.[2] Indeed, it would be difficult to understand human culture and human history without the influence of strong negative emotions such as wrath, which the *Oxford English Dictionary* defines as "vehement or violent anger; intense exasperation or resentment; deep indignation." Anger, in turn, is defined in the same source as something "which pains or afflicts, or the passive

---

1 See, for instance, Morton W. Bloomfield, *The Seven Deadly Sins: An Introduction to the History of a Religious Concept, with Special Reference to Medieval English Literature* (East Lansing: Michigan State University Press, 1952); Siegfried Wenzel, "The Seven Deadly Sins: Some Problems of Research," *Speculum* 43 (1968): 1–22; Richard Newhauser, "Introduction: Cultural Construction and the Vices," in *Seven Deadly Sins: From Communities to Individuals*, ed. Richard Newhauser (Boston: Brill, 2007), 1–17.

2 Barbara H. Rosenwein, "Introduction," in *Anger's Past: The Social Uses of an Emotion in the Middle Ages*, ed. Barbara H. Rosenwein (Ithaca, NY: Cornell University Press, 1998), 2–3. William V. Harris, *Restraining Rage: The Ideology of Anger Control in Classical Antiquity* (Cambridge, MA: Harvard University Press, 2001), esp. ch. 1; Nicholas Wade, *Before the Dawn: Recovering the Lost History of Our Ancestors* (London: Penguin Books, 2006), esp. ch. 8.

---

feeling which it produces; trouble, affliction, vexation, sorrow."[3] As we can see, these modern definitions stress the nature of anger as a mental disorder – it upsets a person's inner balance, may cause social turmoil and potentially leads to sin or crime.

Of course, wrath or anger can have a great variety of more or less different definitions depending on who tries to describe them. Likewise, strong emotions can be described with the use of several other concepts as well. In modern everyday speech, anger is often connected to aggression and sometimes even understood as synonymous with it, but to psychologists, anger is an emotion, whereas aggression is behaviour – all anxiety or loss of temper does not lead to violent deeds or even to outbursts of strong words.[4]

In late medieval Swedish language anger was usually described as *wredhe*, which has the same etymology and virtually the same meaning as *wrath* in English; in modern Swedish it is written *vrede*. An affiliated term, hate, was and still is expressed by the word *hat*. Medieval Swedish also had the term *anger*, which of course originated from the same root as *anger* in English and which still exists in modern Swedish as *ånger*, but it already meant – as it still means – "anxiety" or "sadness," even "remorse."[5] These interesting similarities and differences between English and Swedish show how people speaking Germanic languages have, during the course of time, used basically the same words when describing nuances in symptoms and reactions that were related to each other. It is not always easy to discern boundaries between different emotional states, which is why the semantic fields of these words are nowadays not identical in affiliated languages.

As the lists of seven deadly sins prove, anger was certainly seen as a disorder within medieval culture. It was, in a practical theological context, basically a spiritual disorder because it threatened one's salvation, but it could also be regarded as a mental disorder because it affected one's thoughts and mental wellbeing as a whole. But did the contemporaries actually perceive a spiritual problem – a sin – also as a mental problem? If so, how did they speak of the mental consequences of anger? Moreover, despite the difference between emotion and behaviour, anger can also be regarded as a form of social disorder:

---

3 "Oxford English Dictionary," accessed 31 January 2012. http://www.oed.com (access to the full online features requires a subscription). "Wrath" and "anger" are also given other but relatively similar descriptions in this source.

4 See, for example, Raymond Tafrate & Raymond Chip DiGiuseppe, *Understanding Anger Disorders* (Oxford: Oxford University Press, 2006), 19–25, 59.

5 "Fornsvenska lexikaliska databasen," accessed 31 January 2012. http://spraakbanken.gu.se/fsvldb/. This is an online dictionary of medieval Swedish; the explanations are given in modern Swedish.

even if it does not necessarily lead to aggression towards other people, it causes tension and disruption in individual relationships – if not otherwise, at least at the level of thoughts and emotions. But how was anger actually seen by medieval men and women in this respect: did they pay much attention to the social consequences of anger or did they simply regard anger as a spiritual, mental or medical problem?

Naturally, these topics have been dealt with in earlier research. Anger has also been approached as a psychological and cultural pattern in the medieval context. Earlier studies have shown how medieval societies sought to control and prevent the appearance of anger by utilising Christian theology, a context in which anger appeared as a sin, and within learned culture by means of references to the learned treatises written in Antiquity, a context in which anger also appeared as a mental disorder.[6] It has also been pointed out that the medieval attitude towards the concept of anger was in fact ambiguous: whereas anger was harmful for ordinary people in everyday contexts, occasionally anger could be regarded as righteous – especially anger or wrath that was attributed to God and His saints, as well as being shown by kings. Here we see an example of a social dimension of anger: anger legitimised the authority of the mighty judge or the severe punisher.[7] There even seems to have been a grey zone of anger: the emotions associated with vengeance could also be understood and accepted by theologians, although the violent act itself was usually (but not always) seen as a misdeed. The spiritual, mental and social dimensions of anger were intertwined in the concept of justifiable anger. Apparently theology had to be adapted since warfare was endemic and in addition crusades gave anger a legitimate character.[8]

Nevertheless, many of the earlier interpretations have been based on the writings produced within literary and more or less learned circles, and mainly

---

6 See, for example, Barbara H. Rosenwein, ed., *Anger's Past*; Simo Knuuttila*, Emotions in Ancient and Medieval Philosophy* (Oxford: Oxford University Press, 2004), and *Vengeance in the Middle Ages: Emotion, Religion, and the Discourse of Violent Conflict*, ed. Susanna A. Throop & Paul R. Hyams (Farnham: Ashgate, 2010). The link between excessive emotions and sin was occasionally emphasized in cases of demonic possession as well; see the chapter of Sari Katajala-Peltomaa in this compilation.

7 Catherine Peyroux, "Gertrud's Furor: Reading Anger in an Early Medieval Saint's Life," in *Anger's Past*, 36–55; Gerd Althoff, "Ira Regis: Prolegomena to a History of Royal Anger," in *Anger's Past*, 59–74, and Paul Hyams, "What Did Henry III of England Think in Bed and in French about Kingship and Anger?," in *Anger's Past*, 92–126.

8 Susanna Throop, "Zeal, Anger and Vengeance: The Emotional Rhetoric of Crusading," in *Vengeance in the Middle Ages*, 178, 186–187.

in Latin.[9] Can we therefore be sure that anger was explained and understood in a similar fashion in other contexts? Which of anger's three dimensions was stressed by common medieval men and women? This chapter seeks to answer these questions: I analyse how anger was depicted, which symptoms were ascribed it, what was believed to cause it and what consequences it was believed to have.

My analysis is based on a special literary genre, *exemplum* tales, which existed already in Antiquity. As the term itself reveals, an *exemplum* is a tale which contains an example – usually a warning – for the audience. Medieval preachers included clarifying and moralising tales in their sermons in order to make their message clear for laypeople. For that purpose, what could have been a better way than using a "real person" or a "true event" as an example? Tales of different origins and different ages were gathered into collections, which also circulated as translations into numerous vernaculars. *Exempla* also appeared in other forms of literature, not least in saints' lives and miracles. So vivid was this genre that we can estimate that almost all Western European laypeople who ever visited a church must have heard at least one *exemplum*, although the concept itself almost certainly remained unknown to the majority.[10]

Because an *exemplum* had to be clear enough for the illiterate uneducated audience to understand, and because it could be mixed with elements from the culture of the lower classes, it formed a bridge between high culture and popular culture. That is why it serves well as source material for a study which analyses ideas of disorders. Of course, the interpretation available for us to

---

9   There are certain exceptions, such as Paul Freedman, "Peasant Anger in the Late Middle Ages," in *Anger's Past*, 171–188 and Britt-Mari Näsström, *Bärsärkarna: Vikingatidens elitsoldater* (Stockholm: Norstedt, 2006).

10   See, for example, Hjalmar Crohns, *Legenden och medeltidens latinska predikan och "exempla" in deras värdesättning av kvinnan* (Helsinki: Finnish Academy of Science and Letters, 1915); Anne Riising, *Danmarks middelalderlige prædiken* (Copenhagen: Institut for Dansk Kirkehistorie, 1969); Jacques Berlioz and Marie Anne Polo de Beaulieu, ed., *Les Exempla médiévaux: Introduction à la recherche, suivie des tables critiques de l'Index exemplorum de Frederic C. Tubach* (Carcassone: Garae/Hesiode, 1992); Jacques Berlioz and Marie Anne Polo de Beaulieu, eds., Les *exempla* médiévaux: Nouvelles perspectives, actes du colloque de Saint-Cloud, 29–30 septembre 1994 (Paris: Honoré Champion, 1998); Marek Tamm, "Exempla and Folklore: Popular Preaching in Medieval Estonia and Finland," in *Studies in Folklore and Popular Religion*, Vol. 3, ed. Ülo Valk (Tartu: University of Tartu, 1999), 169–183, and Jussi Hanska, "Exemplum historiakirjoituksessa: Miten keskiaikaista exemplum-materiaalia on tutkittu ja miten sitä tulisi tutkia," in *Esimerkin voima*, ed. Liisa Saariluoma (Turku: Kirja-Aurora, 2001), 85–101.

research comes mostly from the literate social strata, but not even learned monks composing didactic tales in monasteries were completely isolated from the culture of the masses – after all, most of them had been born in lay families. For several reasons, *exempla* contain patterns that must have been shared by virtually everyone in medieval society.[11]

My method is derived from the study of concepts: I focus on tales that mention or describe anger and I analyse the terms used to describe it. Because I intend to see how anger was understood and treated in areas where Christianity was still of relatively recent origin, I focus on Northern Europe, that is Scandinavia and Finland, which were slowly Christianised from the tenth century onwards. The main source of my study is an *exempla* collection which was composed in the monastery of Vadstena in Sweden before the end of the fourteenth century and which was apparently used in other parts of the North as well. To gain a more profound understanding of anger as a disorder, these Northern sources are compared to more general conceptualisations of medieval culture.

I begin my study by giving a brief survey of the possibilities and limitations of the source material. After that, since *exempla* were usually presented as if events and experiences they describe had really happened to living people, I analyse the social and gendered structures of the person gallery in the collection of tales I am studying. Because my findings point toward an understanding that anger was perceived both as an emotional state and as a behavioural disturbance, I handle these topics in separate sections, paying special attention to the imagery dealing with the spiritual, social and mental effects of anger.

The Book of Wonders

For this study, I have analysed all 192 *exempla* in the late medieval Swedish codex called Codex Holmiensis A 110, nowadays preserved in the Royal Library

---

11   This cultural interaction is discussed, for example, in Joseph Szövérffy, "Some Notes on Medieval Studies and Folklore," *Journal of American Folklore* 73 (1960): 239–244; Aron Gurevich, *Medieval Popular Culture: Problems of Belief and Perception*, trans. János M. Bak and Paul A. Hollingsworth, Cambridge Studies in Oral and Literate Culture, Vol. 14 (Cambridge: Cambridge University Press, 1989); Jürgen Beyer, "On the Transformation of Apparition Stories in Scandinavia and Germany, *c.* 1350–1700," *Folkore* 110 (1999): 39–47, and Carl Watkins, "'Folklore' and 'Popular Religion' in Britain during the Middle Ages," *Folklore* 115 (2004): 140–150.

of Sweden, Stockholm. This collection, also known as *Järteckensboken* (The *Book of Miracles/Wonders*), was composed around 1385 in the Birgittine monastery of Vadstena.[12] According to their Rule, Birgittine brothers were ordered to preach to lay people and to give clear and understandable sermons,[13] so a collection of *exempla* from this monastic order should be an especially fruitful source for an analysis that aims to approach the sentiments of the wider masses. Besides that, the Birgittine monasteries were open for both sexes, so it is interesting to see if and how the double monastery structure is reflected in the tales and in the choice of collected (and translated) tales.

The collection has been published in a source edition by the Swedish philologist Gustaf Edvard Klemming.[14] A digitalised version of this edition is accessible online via *Fornsvenska textbanken*.[15] There exist also two shorter and later medieval versions of the same text. The shorter one belongs to the National Library of Finland in Helsinki, originating most likely from Birgittine circles, perhaps via the monastery of Naantali (Nådendal in Swedish; Vallis Gratiae in Latin). It is actually a fragment, consisting of probably eight more or less worn quarto-sized pages, most of which has been published in Klemming's edition.[16] The longer variant contains approximately 60 *exempla* at the end of

---

12 The collection consists of fol. 45v–122v in KB Codex Holmiensis A 110.

13 Lennart Hollman, ed., *Den heliga Birgittas Reuelaciones extrauagantes*, Samlingar utgivna av Svenska Fornskriftsällskapet, Series 2: Latinska skrifter, Vol. 5 (Uppsala: Svenska Fornskriftsällskapet, 1956), 133.

14 Gustaf Edvard Klemming, ed., *Klosterläsning*, Samlingar utgivna av Svenska Fornskriftsällskapet, Samlingar utgivna av Svenska Fornskriftsällskapet, Serie 1: Svenska skrifter, Vol. 22 (Uppsala: Svenska Fornskriftsällskapet, 1877–1878), 4–128. With the exception of a sub-collection dealing with miracles attached to the name of Jesus Christ, the tales are not numbered. The numbers used in this study derive from Klemming's edition. In the manuscript codex, only tales forming two sub-collections dealing with miracles attached to the Body of Christ and the name of Jesus Christ are numbered.

15 "Fornsvenska textbanken," accessed 31 January 2012. http://project2.sol.lu.se/fornsvenska/. This comprehensive database contains digitalized editions of a considerable number of literary works written in medieval Swedish.

16 Thanks to Dr Jesse Keskiaho I was able to find a fragment of a variant of *Järteckensboken* at the National Library of Finland in Helsinki. For some reason, this fragment is not included in Klemming's edition, although it belonged to the collections of the Helsinki University Library (nowadays the National Library of Finland) and Klemming was aware of a "Finnish" variant and included four pages of it in his edition (Klemming, *Klosterläsning*, 430–434). So far, I have not been able to find those pages published by Klemming – they are not part of the fragment I was able to study, although they most likely originate from the same variant. According to Klemming, they should be found at the National Library.

a manuscript volume.[17] The Danish variant seems to have been written by a Birgittine nun at the monastery of Maribo in the middle of the fifteenth century or slightly after that.[18] There was probably at least one more Nordic copy made, for the Birgittine monastery of Munkaliv near Bergen in Norway.[19]

Järteckensboken and its variants are written in medieval Swedish, but the text must have originated elsewhere and in some other language. When any of its tales mentions a geographical setting by name, it always lies outside Scandinavia – in areas which nowadays belong to Germany, France, England, Italy, Spain, Portugal, Greece or the Near East. This is a strong indication of a non-Nordic origin: the collection was "merely" translated by the Birgittines. Although research has so far been unable to identify the original collection, some of its tales can be found in other works, including other contemporary works in Swedish.[20] Because there are no references to plague in *Järteckensboken*, which otherwise lists a considerable number of illnesses and defects, the original collection probably derives from the era before the Black Death.

Given that the purpose of this study is to focus on Nordic mentalities, one has to ask how well the *Book of Wonders*, which clearly includes non-Nordic material, serves as the main source material. One answer is that it is hard to divide any works of medieval literature into "domestic" and "foreign" ones. Texts were not simply translated verbatim in the Middle Ages; instead, they were simultaneously almost always partly edited or re-written, even mixed with other texts or new sequences composed by the translator. Thus texts were adapted for the purposes of the translator-compiler or those of his or her audience. What we now understand as translation, whereby the translator seeks to be as faithful to the original wording as possible, did exist already in the medieval literary culture, but by far the most common method of transmitting the message from one language to another was to compose a paraphrase, which was freer in form and which could involve some changes in the contents.[21]

---

17   Cod. AM 787 quarto in the Arnamagnean Collection in Copenhagen.

18   Roger Andersson, ed., *Sermones sacri Svecice: The Sermon Collection in Cod. AM 787 4°*, Samlingar utgivna av Svenska Fornskriftsällskapet, Serie 1: Svenska skrifter, Vol. 86 (Uppsala: Samlingar utgivna av Svenska Fornskriftsällskapet, 2006), 22–23. Andersson is referring to a dating given by Brita Olrik Frederiksen.

19   The total number of preserved, known Nordic manuscripts of *Järteckensboken* is three.

20   Sam. Henning, ed., *Siælinna Thrøst*, Samlingar utgivna av Svenska Fornskriftsällskapet, Serie 1: Svenska skrifter, Vol. 59 (Uppsala: Svenska Fornskriftsällskapet, 1954).

21   Alastair J. Minnis, *Medieval Theory of Authorship: Scholastic Literary Attitudes in the Later Middle Ages* (London: Scholar Press, 1984), esp. 94. The mixtures of domestic and foreign elements in medieval Swedish manuscript codices are presented in Jonas Carlquist,

Bearing this in mind, *Järteckensboken* has great value as a medieval Nordic text, which casts light upon Nordic cultural and mental patterns of the scribe's time. After all, the translator or translators had to utilise a lot of comparable domestic terminology to make the original terms comprehensible to Nordic audiences.

Unfortunately, the non-Nordic original text has not been found, which makes it impossible to determine to what degree the Swedish version was rephrased. It is at least possible to make a comparison between the version made in Vadstena and its two fragmentary copies and conclude that these texts are almost identical in wording – the two fragments must be direct copies of the "original translation."[22] This copying also suggests that *Järteckensboken* belonged to those core texts which the Birgittines in Vadstena wanted to share with their brothers and sisters in the Nordic sister monasteries.[23] Most likely, the tales of this collection were intended mainly for the use of the sisters and lay brothers whose knowledge of Latin was weaker. But it is plausible that Birgittine preachers also utilised the tales when they preached to pilgrims visiting the monastery church. It can also be assumed that *exempla* were retold or referred to when Birgittine priest brothers gave private absolutions and reprimands.

At first reading most of the *exempla* in *Järteckensboken* seem "merely" to stress the salvation received through the Christian faith: one should live humbly and devoutly and resist the devil's temptations, one should avoid vanity and greed, one should confess one's sins completely, especially when one is going to partake of the Communion, one should avoid all kind of worldly working or feasting during holidays, one should not worship the Devil or exploit Christian rituals or sacraments for magical purposes, one should receive the Holy Communion, at least at Easter Mass or when one is lying on one's sick or death bed: the list continues. Indeed, it appears as if *exempla* most of all reflect the worry felt by clergymen, who were apparently afraid of losing their own authority, or of the misuse of Christian emblems.

    Handskriften som historiskt vittne: Fornsvenska samlingshandskrifter – miljö och funktion, Runica et mediævalia, Opuscula, Vol. 6 (Stockholm: Sällskapet Runica et mediævalia, 2002).

22   Also Klemming's edition of Codex Holmiensis A 110 is very accurate.

23   On Birgittine monasteries in the North in the Middle Ages, see, for example, Hans Cnattingius, *Studies in the Order of St. Bridget of Sweden*, Vol. 1: *The Crisis in the 1420's*, Stockholm Studies in History, Vol. 7 (Stockholm: Almqvist & Wiksell, 1963); Tore Nyberg, *Birgittinische Klostergrundungen des Mittelalters*, Bibliotheca Historica Lundensis, Vol. 15 (Lund: Gleerup, 1965).

Research dealing with saints' lives and miracles has shown, however, that religious elements were interwoven with elements of profane everyday culture and a careful examination of the tales enables us to trace structures and ideas which were not limited only to the religious sphere.[24] If we analyse, for example, the tale that tells of a woman who became so angry when her baby boy soiled her clothes that she cursed him by saying: "I give you to the devil!" (tale no. 140),[25] it is obvious that the tale is based on tension in parent–child relationships, actually a timeless issue. The tale is given a religious framework, but its core is banal and profane.

When we think of the role of *exempla* as cultural transmitters or, depending on the view, as cultural transmissions, we should not assume that they were invariably transmitted downwards in medieval society from the upper medieval social strata to the lower: the Catholic clergy was not a closed caste and it continually recruited new members from various circles of society. Those who received higher education and produced texts of their own carried with them a cultural heritage that was shared by laypeople. The results of these transmissions can also be seen in *Järteckensboken*, as several of its tales must have been based on oral culture – sometimes on tales which we would call "urban legends." Some must have originated as anecdotes or even jokes.[26]

A collection of *exempla* contains tales of different origins and different forms. A single tale might have several meanings and it might be narrated in different ways. Furthermore, a preacher could stress different elements on different occasions and perhaps omit certain other elements. Moreover, the listeners – most literary works reached their audience by means of oral readings – could receive and understand the tale in their own individual ways. Allowing for these variations in form and interpretation, here I intend to make an analysis based on the message which the collection composer wanted to transmit and how he described elements in the culture surrounding him.

---

24   See, for example, Christian Krötzl, "Religion and Everyday Life in the Scandinavian Later Middle Ages," in *Norden og Europa i middelalderen*, ed. Per Ingesman and Thomas Lindkvist, Skrifter udgivet af Jysk Selskab for Historie, Vol. 47 (Århus: Jysk Selskab for Historie, 2001), 203–215, and Sari Katajala-Peltomaa, *Gender, Miracles and Daily Life: The Evidence of Fourteenth-Century Canonization Processes* (Turnhout: Brepols, 2009).

25   KB Cod. A 110, fol. 101v. See also note 39.

26   See, for example, tale no. 39, where a small boy misunderstands the sacrament of the Eucharist, which could be depicted by means of a beautiful boy child in medieval imagery (we read of a similar case in the tale no. 29), and becomes afraid that the priest will eat him too. KB Cod. A 110, fol. 61r–61v.

The Person Gallery and Its Subcategories

It is important to start with the gallery of people in *Järteckensboken* because, of course, it influences the contents of the tales. Although the collection was composed in a monastery and used mainly within the religious sphere, most of its tales are set outside churches and religious houses. Even if priests and members of the religious orders appear in most tales, they do not always have such a central role in the tale that they can be regarded as main characters. In fact, most tales centre around laypeople. In several tales we can trace an antagonistic relationship between the clergy and a soothsayer, clairvoyants and healers who are depicted as witches, and magicians and devil worshippers. Usually in such tales, a clergyman makes a brief appearance in the role of absolver, or he helps in some other way by utilising the powers of the holy Church.

If we look at the societal backgrounds of the characters, the world of *Järteckensboken* includes all social strata, from the poorest to kings, emperors and popes. On occasion, people on the margins, such as Jews and forest bandits, figure in the tales. When the events take place outside Europe or on its frontiers we may also meet heathens. But the usual character seems to belong to the upper rungs of Western European society: if he is a member of the religious estate, he is either a priest or a monk; if he is a layman, he is either a noble or a burgher. The peasant stratum – the vast majority of the population in Sweden and other parts of Western Christianity – is clearly underrepresented: in fact, the peasants are almost invisible by comparison with those characterised as poor. This is one explanation for the lack of references to manual labour in the tales. One tale (no. 154), which recounts the assimilation problems of a nobleman who has entered a monastery, states (and now we are perhaps dealing with an addition made by the Birgittine translator) that it was *then* – that is, in the distant past – a custom that the monks worked with their hands.[27]

Most characters in the tales are male. In only about 20% of the tales do we meet both men and women. But not all characters are equally important. If we concentrate on those characters who seem to dominate individual tales or who experience the described events, it is usually a male or a couple of males around whom each tale is centred. Of the 192 *exempla* in *Järteckensboken*, 140 are centred around male characters. Only 29 can be said to have a female central character. Thus the male-centred worldview becomes ever more evident. Then there are approximately twenty tales, where it is difficult to divide characters into central and supporting ones.

---

27   KB Cod. A 110, fol. 105v.

Without doubt the uneven gender distribution reflects the generally more active role of men in late medieval society: after all, men have left more record of themselves in the extant literary sources of medieval Europe. Of course, even if the central character of a tale is male and belongs to a certain social group, the message may still have been directed to the opposite sex and people belonging to other social strata. On the other hand, the reader or listener who was socially closer to the character is more likely to have identified with him or her. Moreover, it is important to pay attention to the relationship between the themes and the characters used to explicate them. For example, as we have already seen, it was a mother and not a father who became angry with a baby boy in tale no. 140.

Anger as an Alienating Factor

Wredhe appears in nine tales of *Järteckensboken*.[28] Its connotations are never clearly defined, except in tale no. 157, where *wredhe* is mentioned alongside *säwyrdha*, "disrespect," as a counterpart to *kärlekir*, "love."[29] In other cases, the meanings of the term can be deduced on the basis of its context. Besides these nine tales, there are some others depicting similar problems and emotions, although the term *wredhe* is not used; as appears below, such tales may be used for comparison and deeper contextualising.

In three other tales (nos. 117, 161 and 181) the term *wredhe* does not refer to human anger, but instead either to God's wrath or Satan's wrath.[30] In these cases it is a question of supernatural, authoritative wrath and a human being or the wrongdoer is its object. Such tales strengthen the idea of anger as something originally inhuman.

In the first *Järteckensboken* tale that deals with human anger, no. 29, a woman who is suffering from "great impatience [or anxiety] and anger" goes to church in order to hear the mass "before the anger left her."[31] The formulation reveals that anger was seen as something that could leave a person, at least

---

28   KB Cod. A 110, fol. 59r, 63r–63v, 92v, 98r–98v, 101v, 107r, 109r–110r, 116r, 117v–118v.

29   KB Cod. A 110, fol. 107r.

30   KB Cod. A 110, fol. 92v, 109r–110r, 117v–118v.

31   "En qui*n*na drøfdh aff myklo othuli ok wredhe gik til kyrkio at høra mæsso før æn wredhin forgik hæ*n*ne Hon læt vp sin øghon tha gudz likame lyptis viliande se han ok fik engaledhis see han Tha kændis hon widhir sina synd ok tok sik idhrugha for sina wredhe wiliande gerna scripta sik ok gik sidhan til annat altar*e* hwar annar præstir sagdhe mæsso ok fik ther se gudz likama j wænasto smaswens liknilse ok fik ther aff mykin andelikin hughnadh ok søtma." KB Cod. A 110, fol. 59r.

temporarily. In other words, we come across the idea that anger originates from a sphere which lies outside the human body and mind. It should also stay there: the angry woman in the tale finds out that she is unable to see the Eucharist. Medieval audiences were certainly supposed to be shocked at this point, as the holy bread was also the Body of Christ and it was the most intimate bond between human beings and God.[32] The angry individual was thus in danger of spiritual alienation, but there was also a risk of alienation from the Christian community.[33] The symptom the angry woman is suffering from has sometimes been labelled "hysterical blindness" in later psychology.[34] Here we probably have an indication that there was a recognition that emotions could cause somatic reactions in medieval culture.

Thus, the first tale in which anger is spoken of seems to transmit ideas, according to which anger was a spiritual and social as well as a mental disorder. But it was still possible for such an angered individual to change his or her state of mind and be healed and saved. Consequently, the angry woman confesses her sin – anger is indeed called a sin here – and she feels remorse and wants to receive absolution. Then she sees the Eucharist again, this time in the shape of a beautiful boy child. This vision was relatively common in the Late Middle Ages.[35] The woman recovers as she gets a lot of "spiritual satisfaction and sweetness." As Moshe Sluhovsky has noted, spiritual feelings could – in fact, had to – be described with the use of a very corporeal vocabulary.[36]

The reason for the woman's anger is not specified in the tale, but it is clear that anger *per se* is depicted as something harmful which should be avoided. Because *exempla* in their written forms represent the culture of the clergy it is understandable that the tale ascribes the power and the merit of healing the angered mind to the Church.

In tale no. 129 there is another angry woman, the wife of a pious knight. In this case we are given the reason behind the anger: she wrongly suspects that

---

32   Miri Rubin, Corpus Christi: *The Eucharist in Late Medieval Culture* (Cambridge: Cambridge University Press, 1991).

33   Melvin Seeman, "On the Meaning of Alienation," *American Sociological Review* 24 (1959): 783–791; Anette Erdner, Annabella Magnusson, Maria Nyström and Kim Lützén, "Social and Existential Alienation Experienced by People with Long-Term Mental Illness," *Scandinavian Journal of Caring Sciences* 19 (2005): 373–380.

34   See, for example, Richard A. Bryant and Kevin M. McConkey, "Functional Blindness: A Construction of Cognitive and Social Influences," *Cognitive Neuropsychiatry* 4 (1999): 227–241.

35   Cf. Rubin, *Corpus Christi*, 135–138.

36   Moshe Sluhovsky, "The Devil in the Convent," *American Historical Review* 107 (2002): 1399–1400.

her husband is visiting other women.[37] But instead of asking him to explain where he goes every morning, she constantly behaves in an "anxious and angered" manner, not only with him but with everyone else too. Thus anger is depicted as a disorder that makes an individual a burden to other people. Finally, when the knight feels that he cannot tolerate her anymore, he asks her to go away, telling her that he loves another more, one who is "better, more beautiful and richer." Hasty and provocative words lead to a hasty over-reaction: the wife takes the knight's knife and stabs herself, killing both herself and her unborn child. But the tale has a happy ending nevertheless. The knight goes to church and kneels down and prays in front of the statue of Virgin Mary, whereupon the Virgin raises his wife from the dead. She hurries to the church and admits that the woman her husband loves – that is, the Virgin Mary – is indeed more beautiful and better than she, as well as above all created things.

The wife is depicted as solely responsible for her anger, because she does not want to hear any explanations from her husband – in other words, she is clearly guilty of unfounded anger. As in the previous tale, here it is hinted that the rightful place of one who is angered is outside the sacred space: the suspicious wife does not enter the church until she has been revived both physically and spiritually, and has thus become free from her anger. However, the character of anger as a mental disorder is not openly stated – we can assume that the woman's behaviour and the hasty suicide were interpreted as signs of mental unbalance by medieval preachers or their audiences, but we cannot be certain.

As we have already seen, in tale no. 140 the warning against an angered state of mind is given in a shape of a female figure, when a mother curses her little son because of her soiled garments.[38] This tale apparently warns its audience

---

37   "En gudhlikin riddare plæghadhe hwaria nat ga til ottosang for iomfru marie hedhir Hans hustru hafdhe han misthænktan at han ginge wanlika til nokra andra quinno. ok wilde enga orsakan aff hano*m* hawa vtan tedhe sik badhe hano*m* ok andro*m* alt tidh drøfdha ok wredha. Ok thæntidh han gat hona m*et* engo hughnat badh han hona ga fran sik ok sagdhe sik ælska andra bættra ok fæghre ok rikare Ok wilia engaledhis forlata at ælska hona aff allo hiærta. Hustru*n* hørdhe th*et* ok grep sins bonda kniff ok stak sik ginstan gønom weka liwit ok drap badhe sik ok sit barn som hon hafdhe tha j liweno Riddarin wardh illa widh at hans hustru hafdhe dræpit sik for hans ordha sculd ok gik til kyrkio ok stodh a knæm a bøno*m* for iomfru marie bilæte til thæs iomfru maria vpreste hans hustru aff dødh hulki*n* ginstan lop til kyrkio*nn*a til hans ok sagdhe sant wara at then fru*n* som han ælskadhe war mykit fæghre ok bættre æn hon ok hedhirlik owir al skapadh thing Hulkin hona vpreste aff dødh m*et* sinom bønom for hans ælskogha Th*er* æftir fødde riddarans hustru liwande barn ok lifdho sidhan j gudhliko liwirne." KB Cod. A 110, fol. 98r–98v.

38   "En qui*nna* wredhgadhis mot sinom spædha son Thy at han giordhe oren hænna klædhe. ok sagdhe til hans Jak andwardha thik diæflinom Ok ginstan greps hon aff diæflinom ok

against getting angry because of minor everyday setbacks, which is why the ill-considered and disproportionately severe curse causes the mother to be haunted by devils day and night. Moreover, her child does not want to see her again, so he has to be raised by another woman. The haunted mother, in turn, is unwilling to hear mass or anything about God – once again a hint that anger and sin were linked. It is possible to regard the mother's stubbornness as a sign of some form of mental disorder, such as depression, but once again we cannot be sure of this. What is evident is the image of anger as something which alienates the individual from her surroundings, especially from the Christian community.

In the above tales, anger alienates women from other Christians and also from their own families. It undermines the ideal image of women as obedient wives and loving mothers and makes them turn against their husbands and their children. But probably more serious from the clerical perspective was the spiritual alienation and the risk of damnation. Nevertheless, it has to be stressed, on the basis of the above examples, that angry people were apparently believed to have some hope of mercy if they relied on heavenly powers. This holds true also for the mother in tale no. 140: she finally regrets her sin and prays to the Virgin Mary. Thus she is freed from the devils (and her anger) and can be reunited with her son.

In tale no. 178 conscience is said to have different colours depending on the quality of life: the dark shades belong to those who commit serious sins and the "bloody ones" (*blodhoge*) to those who are jealous, angry or full of hate, whereas the light ones stands for virginity and purity.[39] Black and white are natural opposites to each other, but the colour of blood stands out – the "bloodied ones" are not damned souls, but they are not completely pure either. It is symptomatic that strong negative emotions have been connected to blood and the colour of red – perhaps here we see the influence of the doctrine of human temperaments and the concept of sanguinity.[40] The role of blood in religious

---

møddis hardhlika dagh ok nat Ok barnit stygdis swa mot modhorinne at th*et* wilde aldrigh se hona vtan wænde alt tidh sit ænlite fran hænne ok vpfostradhis aff andre qui*nn*o, qui*nn*an som møddis aff diæflinom wilde aldrigh høra mæsso ælla nakat aff gudhi, Vm en pingizdagha dagh fik hon idhrugha for sina synde, ok andwardhadhe sik ødhmiuklika iomfru marie, ok wardh quit aff diæflinom ok tok atir til sik sin son, hulkin gladhlika kændis widh hona ok bleff gerna m*et* hænne." KB Cod. A 110, fol. 101v.

39   KB Cod. A 110, fol. 116r.

40   Scholastic medicine based on ancient humoral theory considered humoral imbalance as the main reason for mental disorders and illnesses in general as is exemplified in Joutsivuo's chapter. The amalgam of humoral theory and local culture in interpretation of mental disorders can be found in Icelandic Family Sagas as well; see the chapter of Kanerva in this compilation.

and medical thought was ambiguous: it was not only a symbol of danger or defects, physical or spiritual, but also an instrument of purification. A man whose blood was let was believed to be healed and likewise a menstruating woman was at the same time unclean and undergoing a purification process.[41] Thus angry people were not depicted in black or regarded as doomed – they were in a liminal state and had the option to proceed either towards healing or towards destruction.

Anger as a Source of Aggression

Some tales in *Järteckensboken* deal with the violent outcome of anger. As noted above, anger and aggression are regarded as separate phenomena within modern psychology, although they can be linked to each other. A violent action is often preceded by anger. Violence, in turn, may cause anger. This view was evident also in medieval legislation. For example, the Swedish Law of the Realm (*Landslagen*) from the middle of the fourteenth century spoke of violence as *wredhs wærk* "works of wrath." The cause behind violence could, in turn, be regarded as *wredhs wilia* "the will of wrath."[42] The last mentioned concept seems to be present in *Järteckensboken*. In tale no. 44, which belongs to a sub-collection devoted to *miracula de nomine ihesu*, "miracles of the name of Jesus," we hear of a man who aims to kill his enemy because of the injuries the man has done to him.[43] In other words it is clearly an act of aggression – revenge – in the making. As noted earlier, medieval theologians had an ambiguous attitude towards sentiments connected to revenge, an emotion which could at least be tolerated.

The vengeful man in tale no. 44 had apparently made his plans known to those around him, because we read that many people pleaded that he show

---

41 Elizabeth Robertson, "Medieval Medical Views of Women and Female Spirituality in the Ancrene Wisse and Julian of Norwich's Showings," in *Feminist Approaches to the Body in Medieval Literature*, ed. Linda Lomperis & Sarah Stanbury (Philadelphia: University of Pennsylvania Press, 1993): 145–149.

42 C.J. Schlyter, ed., *Corpus Iuris Sueo-Gotorum Antique: Samling af Sweriges Gamla Lagar*, Vol. 10: *Codex Iuris Communis Sueciae Magnæanus: Konung Magnus Erikssons landslag* (Lund: Berglingska boktryckeriet, 1862), 13, 311–312, 323, 331.

43 "En wilde ændelika dræpa sin owin for the brut som han hafdhe giort mot hanum Mange badho han hawa misku*n* ok spara hanu*m* for gudz sculd ok han wilde engaledhis Twe renliwis mæn komo ok badho som flere ok tha han wilde engaledhis them høra Skreff annar thæn renliwis mannin i*hesu christ*i nampn j hans ænlite Ok ginstan forgik hans wredhe swa at han sætte sik fulkomlika m*et* sinom owen." KB Cod. A 110, fol. 63r–63v.

mercy for God's sake. Two of these were clergymen, but the man is unwilling to listen to their pleas – once again we have the image of anger as a state of mind which lasts for a long period and prevents an individual from leading his life according to Christian values and norms. Finally, one of these two clergymen writes the name of Jesus Christ on the vengeful man's forehead "and immediately his anger disappeared so that he settled himself fully with his enemy." The vengeful man thus becomes healed – by the touch of a pious man who uses the name of Jesus Christ as an amulet, albeit most likely invisible. Plausibly, contemporaries understood this phrase so that the clergyman – a priest, an ordained monk or a mendicant brother – made the IH and XP signs (or at least one of them) with his finger on the vengeful man's skin, instead of actually writing the complete name of Jesus Christ in ink. If any writing material was implied, it was most likely Chrism or some other holy oil used to heal sick people, or in cases of exorcism.[44] More important is the place where the sign is "written": the healing act is focused on the forehead, because the seat of anger, apparently, was behind it, inside the head. As we have already seen, in the case of the angered woman in tale no. 29, it was also the head that was affected, as the woman was suddenly unable to see the Eucharist.[45]

Tale no. 44 bears some resemblance with nos. 58 and 59: in the first two brothers are seeking revenge upon a man who has killed their father and in the other two a man is seeking revenge upon another who has killed his brother.[46] But anger is not explicitly mentioned. In both cases the act of killing is about to be carried out on one of the holiest days, Good Friday, but the deed is prevented by God. In a climax which occurs in a church, the avengers make friends with their enemies and the statue of the crucified Christ bows in front of the merciful men. These tales suggest that forgiveness (and liberation from anger) ultimately lay in the hands of God. In other words, anger could be depicted as an incurable disorder, of which a human being could not necessarily be rid without assistance from God or His representatives.

It is noteworthy that killings – aggressive actions towards other people – are always planned by male characters, whereas it can be argued on the basis of the tales discussed above that women's anger was envisaged as appearing in less violent forms: as verbal aggression, intolerable behaviour, mental disorder or even suicide, but not as murder, unless the suicide of the knight's wife is

---

44   Christopher A. Jones, "The Origins of the 'Sarum' Chrism Mass at Eleventh-Century Christ Church, Canterbury," *Mediaeval Studies* 67 (2005): 219–315.

45   Cf. See, however, Kanerva's chapter for Icelandic views of the heart as the mind organ that housed emotions.

46   KB Cod. A 110, fol. 66v–67v.

regarded as an infanticide because she simultaneously killed her unborn child. In that case, however, it is not stated that she had planned the action before-hand – on the contrary, it was a mode of spontaneous aggressive behaviour that seems to be regarded as typical for women. It is not uncommon to find gendered messages in medieval readings: certain grave sins, such as lust and greed, were especially associated with women.[47] Moreover, medieval literature tended to depict women as emotionally more unstable than men. Such ideas stemmed partly from medical ideas regarding the female physiology, but even behind learned interpretations there must be a suspicion of patriarchal ideol-ogy, since most literary works were written by men.[48]

Although the sample analysed here is relatively small, it is significant that tales involving open outbursts of anger most often seem to have been told by means of female examples. The mentalities in *Järteckensboken* have some resemblance to high medieval German law texts and works of fiction that linked negative emotions mainly to women and heroic anger mainly to men.[49] Perhaps this patriarchal, gendered worldview was one of the reasons why Birgittine brothers in Vadstena Monastery decided to translate this collection into Swedish: after all, the majority of the listeners were women, because nuns far outnumbered brothers.[50] However, no tale of anger actually told of an angry clergyman or nun. All the role models and warning examples were in the guise of laymen and laywomen. Men and women of religious orders are pres-ent in some of the tales which deal with disobedience and other matters. As regards the angry characters, very little is said of their social backgrounds, with the exception of two knights and the wife of a knight. The absence of titles probably helped listeners to identify with the characters, as these remained merely men, women, wives and other relatives. However, references to knightly

---

47   Ruth Mazo Karras, "Gendered Sin and Misogyny in John of Bromyard's 'Summa Predicantium'," *Traditio* 47 (1992): 241–242. Gendered structures in literary works pro-duced in the Birgittine monastery of Naantali are discussed in Marko Lamberg, "Authority through Gendered Role Models: The Case of Late Medieval Monastic Literature at Naantali," in *Saint Birgitta, Syon and Vadstena: Papers from a Symposium in Stockholm 4–6 October 2007*, ed. Claes Gejrot, Sara Risberg and Mia Åkestam, Kungl. Vitterhets historie och antikvitets akademien, Konferenser, Vol. 73 (Stockholm: Kungl. Vitterhets historie och antikvitets akademien, 2010), 200–215.

48   Lisa Perfertti, "Introduction," in *The Representation of Women's Emotions in Medieval and Early Modern Culture*, ed. Lisa Perfetti (Gainesville: University Press, 2005), 2, 4–5.

49   Sarah Westphal, "Calefurnia's Rage: Emotions and Gender in Late Medieval Law and Literature," in *The Representation of Women's Emotions in Medieval and Early Modern Culture*, ed. Lisa Perfetti (Gainesville: University Press, 2005), 165, 171, 184.

50   The number of men is discussed in Nyberg, *Klostergründungen*, 228–231.

families would not necessarily prevent the audience from identifying with the examples, at least not among the sisters' convent of the Vadstena Monastery, because more than one in four nuns came from aristocratic families.[51]

One form of aggression has usually been held as a sign of mental disorder in medieval as well as in modern thought. The Catholic Church regarded – as it still regards – suicide as a grave sin and according to modern psychological theories, suicide can also be interpreted as aggression and an ultimate consequence of anger.[52] Besides the tale of the pious knight and his hot tempered wife, three other tales deal with suicide. In tale no. 93 we meet another wife in an almost identical situation to that of the knight's wife, although anger is not mentioned as such: instead, the woman is despairing because her husband has relationships with fallen women and she wants to kill herself. One day she decides not to follow other people to the mass but stays at home and, "on an impulse from the Devil," attempts to drown herself. The idea of spiritual and social alienation is indeed very clearly stated in this tale. Miraculously, her body does not sink, but instead floats down the river, thanks to her devotedness to the Virgin Mary.[53] This tale seems to indicate that an emotional burden may bring about suicidal thoughts and even a suicide attempt. Sorrow as an explanation for the attempt is quite clearly described in this tale.[54]

Although ideas associated with anger are discussed largely by means of female characters in *Järteckensboken*, suicide is dealt with in a more balanced way regarding the gender ratio, since the other two stories related to this dark

---

51   Curt Wallin, "Vadstenanunnornas sociala proveniens," in *Birgitta, hendes værk og hendes klostre i Norden*, ed. Tore Nyberg, Odense University Studies in History and Social Sciences, Vol. 150 (Odense: Syddansk universitertsforlag, 1991), 291–322.

52   Kenneth R. Conner, Paul R. Duberstein, Yeates Conwell and Eric D. Caine, "Reactive Aggression and Suicide: Theory and Evidence," *Aggression and Violent Behavior* 8 (2003): 413–432.

53   "En qui*nn*a war widh tolosa stadh swa som iak hørdhe aff hænna scriptafadhur hulkin som wan war badhe j genwerdho oc sælikhet at sighia aue maria Thæsse quinnan hafdhe skøran man ok for thy at hon wiste han synda m*et* andro*m* quinno*m* kom hon j swa mykin harm at hon thænkte at dræpa sik siælwa aff diæfwlsens inskiutilsom ok vm en hælghan dagh tha folkit war alt til mæsso wilde hon fulkomna sin onda tanka ok bleff hema fran mæssonne ok j førdhe sik ok thyngde sik m*et* them thungasta klædhum ok skinnom som hon hafdhe ok kastadhe sik j ena floodh som ther war nær widhirfrestande m*et* alle makt. at nidhirsænkia sik ok for matte ey vtan stodh owir watnit til thæs mæn komo ok vtleddo hona aff watnino. ok swa wardh hon fræls thy at hon ey afflæt at helsa guz modhor mariam." KB Cod. A 110, fol. 89v–81r.

54   Melancholy, which could lead to sorrow, apathy and loss of will to live, was considered by medieval authors to be one of the most typical forms of mental disorder; on concepts and expressions of melancholy, see the chapters of McCleery and Joutsivuo.

topic are told by means of male characters. The degree to which mental burden is explored varies: a man jumps into the water and he is said to be too depressed to live because of worldly (or corporeal, as *likamlika* could have also that meaning) setbacks, but when we hear of a knight who attempts to drown himself, his motivations are not clarified at all.[55] As in those discussed above, in these tales the mentally burdened individual is saved miraculously: the scribes apparently felt it was safer not to give people too many negative examples, especially when such a taboo matter as suicide was handled, and decided instead to encourage their audience to be patient with their faith.

It must be stressed that only one of the four tales dealing with suicide states openly that anger is the main emotion behind the attempt, namely the tale of a pious knight and his disturbed wife. Apparently it was easier to connect suicide – an act which was directed against oneself – with sorrow and grief, whereas anger was regarded more as an emotion that would lead to attacks on other people.

Conclusions

As the brief comparison between the concepts of *anger* and *ånger* and their equivalents at the beginning of this chapter showed, unbalanced states of mind are not easy to identify as the boundaries between different emotions and their symptoms are unclear. But medieval minds sought to analyse and understand the nature of anger, at least in order to avoid, suppress or tame it. The tales in the *Book of Wonders*, which in many ways combined popular beliefs with learned theology, reflect the idea that anger was most of all a sin, that is, a spiritual disorder, because anger prevented the affected person from leading his or her life according to the Christian norms and ideals. This characterisation is very understandable in the light of our knowledge of the origins of the *exempla* collection: it was written down at the monastery of Vadstena and it was most likely an adaptation of some already existing collection composed by members of the clergy in Central or Southern Europe.

But the image of anger was not entirely black; according to several tales, it did not necessarily lead to damnation, as divine mercy was available even for those who succumbed to it. Anger was more like a liminal state, a risk zone. Its origins seem to have been unclear: some tales do mention plausible reasons, such as jealousy or the killing of a near relative, but where the anger actually came from and where it went were questions that the *exempla* did not seek to

---

55   KB Cod. A 110, fol. 72v, 73v–74r.

answer, at least in the collection studied. Nevertheless, two conclusions as to the character of anger may be drawn from the tales: it was an unwanted element in human beings and it created distance, not merely between God and the angered individual, but also between people.

The social consequences of anger were handled or at least touched upon in several tales: an angry individual became alienated from his or her fellow Christians, even from the nearest family members. He or she could be a burden or even a threat to other people. Anger was thus regarded also as a serious social disorder. Probably this is why violent actions carried out during bouts of anger formed a category of their own in late medieval Swedish legislation, as noted earlier. No doubt there existed similarities in mentalities between different parts of medieval Europe, which must have facilitated the reception of the *exemplum* tales among the Northerners.

In some tales anger also appears as something that we might call a mental disorder, and it seems that medieval men and women too perceived anger as a factor which affected one's state of mind in a negative way. In some cases the choice of words hints at this: an angry individual is simultaneously characterised as impatient or sad, or he or she suffers from devils' torments night and day. However, we must be aware of the fact that our own cultural background influences our interpretations. We can interpret the angry woman's blindness in the church as a psychosomatic reaction to stress, for instance, and likewise we can regard the angry mother's long separation from her child, as well as the continuous haunting of the "devils," as expressions of deep depression which was probably launched by guilt, and perhaps also aggressive feelings, because she felt that she was unable to fulfil the expectations as a good, loving and tolerant mother. But clearly we cannot be certain that medieval listeners understood the tales in that way. Probably there were those who were satisfied with the explanation that anger was a grave sin.

The tales in *Järteckensboken* incorporate general European ideas in that they tend to regard anger as an especially female vice. Men too can get angry, but in such cases they always have a cause for their emotional state – they are planning to avenge an injury that had been done to them or to their nearest ones. As noted earlier, anger in cases of righteous vengeance could at least be understood, and even tolerated, by medieval theologians. By contrast, angry women are depicted merely as acting hot-headedly and impatiently in everyday situations – they are angry "without a cause." Here we can sense traces of the patriarchal stereotypical imagery that also characterised Western European theology and learned culture in general.

The idea of uncontrolled anger which can generate harmful bodily reactions and cause destruction to other people was no doubt also an expression of

general European ideology. As a consequence of their nature as an aspect of Christian culture, *exempla* stress the significance of personal devotion for acquiring a cure. Medieval anger appears as something which could and should be controlled and managed. If the individual was unable to do so, he or she might get help from God Almighty or His representatives. If we think carefully about the main characters in the tales discussed above, not all of them ended up with an improved quality of life in the context of the written narrative: for example, the woman who had been blinded because of her anger got her sight back, but nothing is said about the matters that had made her angry in the first place. Did the conditions of her life change? What was the case with those who tried to commit suicide, but were prevented from doing so – were they happier afterwards? These are questions we cannot know the answers to. Perhaps medieval men and women also pondered these questions when they heard the tales; perhaps the priests, monks and mendicant brothers had to invent additions to the tales, if some among their audiences wanted to know more. Faith, patience, remorse, hope or forgiveness seem to have been the best aid or medicine offered in these tales – or the best the clergymen who told them could offer to their listeners.

Of course, in the late medieval North there may still have been individuals who did not share the explanations given by the Catholic Church. The members of the Birgittine Order belonged to those strata which were heavily influenced by general European cultural patterns – they lived their lives surrounded by a vast amount of literature of Central or Southern European origin, so it must have been easier for them than for common laypeople to comprehend the message in foreign *exempla*, especially after the tales had been translated into the vernacular. But in parts of Scandinavia and Finland many households and communities were remote from monasteries, churches and preachers. We cannot know if they ever heard *exempla* like those included in *Järteckensboken*, nor how they perceived the behaviour that *Järteckensboken* linked to anger. Nevertheless, in principle they too were targets of the tales, and their more Europeanised contemporaries most likely took it for granted that they would understand the tales – at least after their contents had been explained to them.

Signs of Mental Disorder in Late Medieval Visual Evidence

Gerhard Jaritz

Images are an important part of any communication.[1] They transmit, among other messages, social, cultural, religious, economic, scientific, or political ideas. They help people, both senders and receivers, to recognise, to understand, to teach, to warn, to emotionalize, and so on. Historians' use of images and analysis of the visual culture of the past always leads to questions about the "reality" of the contents of images, the cultural constructions of "reality effects,"[2] and the code systems that determined the statements offered by images.[3] Late medieval images, in particular, played an important role in this regard.

All the above aspects have to be considered when using images for analysing the visual representation of persons suffering from mental disorders. The importance of seeing the "construction" of disability in the context of the visibility and perceptibility of distinguishing marks has been generally recognised in all fields of Disability Studies.[4] This is certainly true for the medieval

---

1 See, e.g., Paul Martin Lester, *Visual Communication: Images with Messages*, 4th ed. (Belmont, CA: Thomson Wadsworth, 2006).

2 Roland Barthes, "The Reality Effect," in idem, *The Rustle of Language*, trans. Richard Howard (Berkeley and Los Angeles: University of California Press, 1989), 141–148. Concerning late medieval art, see Keith Moxey, "Reading the 'Reality Effect'," in *Pictura quasi fictura: Die Rolle des Bildes in der Erforschung von Alltag und Sachkultur des Mittelalters und der frühen Neuzeit*, ed. Gerhard Jaritz (Vienna: Verlag der Österreichischen Akademie der Wissenschaften, 1996), 15–21.

3 See, e.g., Ernst H. Gombrich, "Image and Code: Scopes and Limits of Conventionalism in Pictorial Representation," in *Image and Code*, ed. Wendy Steiner (Ann Arbor: University of Michigan Press, 1981), 11–42.

4 Anne Waldschmidt, "Macht – Wissen – Körper. Anschlüsse an Michel Foucault in den Disability Studies," in *Disability Studies. Kultursoziologie und Soziologie der Behinderung*, ed. Anne Waldschmidt and Werner Schneider (Bielefeld: transcript Verlag, 2007), 55–77, at 64: "...die Bedeutung des Sehens für die Konstruktion von 'Behinderung' über den Stellenwert von Visibilität und Wahrnehmbarkeit von Merkmalen verhandeln." See also *Andere Bilder. Zur Produktion von Behinderung in der visuellen Kultur*, ed. Beate Ochsner and Anna Grebe (Bielefeld: transcript Verlag, 2013), 7–8. Concerning images of mental illness in modern mass media, see Martin Halliwell, *Images of Idiocy: the Idiot Figure in Modern Fiction and Film*

pictorial evidence that will be used as a source material in this contribution. The chapter concentrates on such visual evidence, its signs, symbolic character, patterns, and their development, which were, in a religious context, mainly meant for a more or less learned public of non-specialists in the field of medicine: from members of monastic houses to the broad scope of churchgoers of different social, cultural, and intellectual levels. I will use pictorial material originating from Central Europe, from the end of the thirteenth to the beginning of the sixteenth century.[5] However, specific medical images, being mainly illustrations in medical manuscripts, are not handled here.[6]

Visual Intercessions and Restoring Mental Order

Usually visual representation of mental disorder characterises the depicted persons as either negative or positive, to be helped or healed, mostly by the

---

(Aldershot and Burlington: Ashgate, 2004); Otto F. Wahl, *Media Madness: Public Images of Mental Illness* (New Brunswick: Rutgers University Press, 1995).

5   The images are taken from *realonline*, the Central European image database of the "Institut für Realienkunde des Mittelalters und der frühen Neuzeit" of the University of Salzburg in Austria (www.tethys.imareal.sbg.ac.at/realonline). The database contains c. 25,000, in detail described, images of panel and wall paintings, manuscript illuminations, etc. from the period of the 13th century to c. 1600 that are originating from today's Austria, Southern Germany, the Czech Republic, Slovakia, Hungary, Transylvania, Slovenia, and South Tyrol.

6   There is a large number of studies on medieval medical illustrations; see, e.g., Loren C. MacKinney, "Medical Illustrations in Medieval Manuscripts of the Vatican Library," *Manuscripta* 3 (1959): 3–18 and 76–88; Loren C. MacKinney, "Medieval Medical Miniatures in Central and Eastern European Collections," *Manuscripta* 5 (1961): 131–150; Loren C. MacKinney and Thomas Herndon, "American Manuscript Collections of Medieval Medical Miniatures and Texts," *Journal of the History of Medicine and Allied Sciences* 17 (1962): 284–307; Iidem, *Medical Illustrations in Medieval Manuscripts*, 2 vols (London: Wellcome Historical Medical Library, and Berkeley: University of California Press, 1965); Robert Herrlinger, *History of Medical Illustration, from Antiquity to 1600* (London: Pitman Medical & Scientific Publishing Co., 1970); Helmut Vogt, *Das Bild des Kranken: die Darstellung äusserer Veränderungen durch innere Leiden und ihrer Heilmassnahmen von der Renaissance bis in unsere Zeit*, 2nd ed. (Munich: Bergmann, 1980); Peter Murray Jones, *Medieval Medical Miniatures* (London: British Museum, 1984); Idem, *Medieval Medicine in Illuminated Manuscripts* (London: British Library, 1998); Idem, "Image, Word, and Medicine in the Middle Ages," in *Visualizing Medieval Medicine and Natural History, 1200–1550*, ed. Jean A. Givens et al. (Aldershot and Burlington: Ashgate, 2006), 1–24; Francesca Guerra, "Simplifying Access: Metadata for Medieval Disability Studies," *PNLA Quarterly* 74: 2 (2010): 10–26, http://www.pnla.org/assets/documents/ Quarterly/pnlaq74-2winter2010.pdf, accessed August 2, 2013.

intercession of saints. Saints, for instance, can be traced in votive images or depictions of miracles that had happened at pilgrimages, mainly from the end of the fifteenth century onwards. Two image cycles of this type from Austria are the so-called Large (c. 1520) and Small (1512) Mariazell Miracle altars, which originate from the important Styrian place of pilgrimage of the same name, Mariazell.[7] One example of mental disorder in these panels, and its healing through the intercession of the Virgin, refers to the falling sickness, that is, epilepsy.[8] There are a large number of existing late medieval visual representations of persons suffering from epilepsy and its cure. They range from biblical scenes to depictions of Saint Valentine to votive images and miracle series. The example from the Large Mariazell Miracle altar shows a woman from a rather wealthy urban or aristocratic family, who had fallen but was healed through the intercession of the Virgin, who had been appealed to by the woman's husband (fig. 1).[9]

The fifth-century missionary bishop Saint Valentine of Raetia became the most important patron of and intercessor for epileptics, especially in the German-speaking areas. His attribute is an epileptic, often a child, lying at his feet. This can mainly be explained by the phonetic similarity in the German language of the verb "to fall" ("fallen") and the saint's name Valentine ("Valentin"). Thus, the number of depictions of epileptics in connection with Saint Valentine in late medieval visual evidence, mostly from south German and Austrian areas is quite considerable.

---

7   The Large and Small Mariazell Miracle altars ("Großer Mariazeller Wunderaltar"; "Kleiner Mariazeller Wunderaltar") are today both kept in the Styrian Universalmuseum Joanneum in Graz (Austria). The small altar consists of six panels, the large one of 47 panels showing miracles that happened through the intercession of the Virgin. See, e.g., *"…da half Maria aus aller Not." Der Große Mariazeller Wunderaltar aus der Zeit um 1520*, ed. Walter Brunner (Graz: Steiermärkisches Landesarchiv, 2002); Gerhard Jaritz, "Der Große Mariazeller Wunderaltar. Oder: Zeichen der Allmacht der Gottesmutter," in *Mariazell und Ungarn. 650 Jahre religiöse Gemeinsamkeit*, ed. Walter Brunner et al. (Graz and Esztergom: Steiermärkische Landesarchiv, 2003), 61–68; Elfriede Grabner, "Kultstätte und Heilbrauch," in *Ungarn in Mariazell – Mariazell in Ungarn. Geschichte und Erinnerung*, ed. Peter Farbaky and Szabolcs Serfőző (Budapest: Historisches Museum der Stadt Budapest, 2004), 61–73.

8   As a standard work, see still Owsei Temkin, *The Falling Sickness. A History of Epilepsy from the Greeks to the Beginning of Modern Neurology*, 2nd ed. (Baltimore and London: The John Hopkins University Press, 1994), for the Middle Ages and the Renaissance 85–136 and 137–204.

9   The caption says: "Ein fraw ward lange czeit ser beschwerdt mit dem hinffallenden siechtum, alß pald si ir man gen Cell verhies mit einem opfer ward sie an alle ercznei gesuntt." ("A woman was troubled by the falling sickness for a long time. As soon as her husband promised her to Mariazell with an offering she was restored to health without any medicine.")

FIGURE 1   *Miraculous healing from epilepsy in the Large Mariazell Miracle altar* (*c. 1520*).

Generally, the images show different visual representations of the fallen epileptics. One can distinguish, for instance, between the following types:

- the fallen woman from the Large Mariazell Miracle altar lying on her stomach (fig. 1);
- a young man (fig. 2) lying passively on his back but with open mouth, being healed by Saint Valentine in a Bavarian panel painting from around 1500;[10]

Saint Valentine healing an epileptic man.

10   Saint Valentine healing an epileptic, panel of a winged altarpiece, Bartholome Zeitblom, c. 1500. Augsburg (Germany), Staatsgalerie. See *Altdeutsche Gemälde der Staatsgalerie Augsburg*, ed. Gisela Goldberg et al. (Munich: Bayerische Staatsgemäldesammlungen, 1978), 123–127.

- another young man or child who fell as if in a fit, being the attribute of Saint Valentine in a panel painting from Upper Hungary (fig. 3);[11]
- the epileptic boy (*lunaticus*) who regularly fell into fire and water and was carried to Jesus and healed by the latter through exorcism – a visual representation of the most famous epilepsy healing reference in the Bible, described in Mark 9:17–27, Matthew 17:14–18, and Luke 9:37–43 (fig. 4).[12]

FIGURE 3
An epileptic man as attribute of Saint Valentine.

FIGURE 4
Jesus healing the epileptic boy by driving the devil out of him.

11   St. Valentine and St. Stephen of Hungary (detail: the epileptic young man), panel of a winged altarpiece, beginning of the 16th century. Sabinov (Slovakia), parish church. See Libuše Cidlinská, Gotické krídlové oltáre na Slovensku (Gothic winged altarpieces in Slovakia) (Bratislava: Tatran, 1989), 68.

12   Jesus healing the epileptic boy, book illumination, Moravia (?), c. 1430. Vienna, Austrian National Library, cod. 485: *Historia Novi Testamenti*, fol. 30r. Concerning "lunatic" see

The context of the falling sickness and its cure by exorcism is a phenomenon that appears a number of times in texts and images.[13] Generally, any mental illness and disorder could be seen and depicted as connected with demonic possession,[14] mainly in scenes from the Bible, saints' legends and in miracle images. These representations again offer patterns of the visualisation of mental disorder, that is, possessed people and their outer appearance.

Gendered Symptoms in Visual Material

It has to be emphasized that in miracle reports and saints' legends, and therefore also in images, the number of possessed women is invariably higher than the number of males.[15] Some examples are: an exorcism by Saint Bernard (fig. 5),[16] one by Saint Leonard (fig. 6),[17] and one instance

---

Michele A. Riva, et al., "The Disease of the Moon: The Linguistic and Pathological Evolution of the English Term 'Lunatic'," *Journal of the History of the Neurosciences* 20 (2011): 65–73.

13 See Brian P. Levack, *The Devil Within. Possession and Exorcism in the Christian West* (New Haven and London: Yale University Press, 2013), especially 26–27, 115–117, and passim.

14 See, in particular, the contribution by Sari Katajala-Peltomaa in this volume; Simon Kemp and Kevin Williams, "Demonic Possession and Mental Disorder in Medieval and Early Modern Europe," *Psychological Medicine* 17 (1987): 21–29; Levack, *The Devil Within*, 113–138.

15 Cf. Levack, *The Devil Within*, 171–182. Concerning gender and demonic possession see also Nancy Caciola, *Discerning Spirits: Divine and Demonic Possession in the Middle Ages* (Ithaca: Cornell University Press, 2006). With regard to gender and disability in medieval literature, see Tory Vandeventer Pearman, *Women and Disability in Medieval Literature* (New York: Palgrave Macmillan, 2010).

16 Exorcism by Saint Bernard (detail), panel of a winged altarpiece, Jörg Breu the Older, c. 1500. Zwettl (Austria), abbey church. See Cäsar Menz, *Das Frühwerk Jörg Breus des Älteren* (Augsburg: Kommissionsverlag Bücher Seitz, 1982), 20. See also the legend in the *Legenda Aurea*: "…a man brought his wife, who was possessed of a devil, to him [= S. Bernard]. The devil, speaking through the poor woman's mouth, began to insult the man of God, saying: 'This eater of leeks and devourer of cabbages won't get me out of my little old women!'…Bernard prayed, and the demon went out of the woman;…" Jacobus de Voragine, *The Golden Legend: Readings on the Saints*, trans. William Granger Ryan (Princeton: Princeton University Press, 2012), 491.

17 Exorcism of the king's daughter by Saint Leonard (detail), panel of a winged altarpiece, Master of Sankt Leonhard bei Tamsweg, after 1450. Tamsweg (Austria), daughter church St. Leonhard. Saint Leonard is mainly known because of his release of prisoners from captivity. However, his miraculous exorcisms of people possessed by demons are also mentioned, in his *vitae* as well as in reports about *post mortem*-miracles ascribed to him.

FIGURE 5   *Exorcism by Saint Bernard.*

FIGURE 6
*Exorcism of the king's
daughter by Saint Leonard.*

See François Arbellot, *The Life of Saint Leonard surnamed the Solitary of Limousin,
France from the Life of the Saint*, trans. Comtesse Marie de Borchgrave d'Altena (London:
R. & T. Washbourne Ltd, 1910) [French original: Paris, 1863], 21; Steven Douglas Sargent,
Religion and Society in Late Medieval Bavaria: The Cult of Saint Leonard (Philadelphia:
University of Pennsylvania, 1982, unprinted Ph.D. dissertation), 300–302.

FIGURE 7   *Intercession of the Virgin of Mariazell to drive 6666 devils out of a woman who had killed her parents and child.*

from the Small Mariazell Miracle altar (fig. 7).[18] One of the rarer examples concerning a male person again involves Saint Leonard (fig. 8).[19] The depicted possessed man shows two outwardly visible signs that often occur in male people suffering from mental disturbance: nakedness and a bald head. This is a pattern that also occurs regularly in late medieval visual representations of negatively evaluated people or members of the lowest groups of society, perhaps on the model of Luke 8:26–27 (KJV): "And they arrived at the country of the Gad'a-renes which is over against Gal'i-lee. And when he [Jesus] went forth to land, there met him out of the city a certain man which had devils long time and ware no clothes, neither abode in any house, but in the tombs...."

---

18   Exorcism of a woman who had killed her parents and child, by the intercession of the Virgin. Graz, Universalmuseum Joanneum, panel of the Small Mariazell Miracle altar, 1512. See Grabner, "Kultstätte und Heilbrauch," 64–66.

19   Exorcism by Saint Leonard, panel of a winged altarpiece, c. 1450. Bad Aussee (Austria), daughter church St. Leonhard.

FIGURE 8   *Saint Leonard drives the devil out of a mentally disturbed man.*

One of the most popular figures used for the visual representation of mental disorder is the natural male fool,[20] particularly the *insipiens* of Vulgate Psalm

20   For the distinction between natural and artificial fools and the problems that arose from
      this distinction, see especially Irina Metzler, *Disability in Medieval Europe: Thinking
      about Physical Impairment during the High Middle Ages, c. 1100–1400* (London and New
      York: Routledge, 2006), 8–9; Irina Metzler, *A Social History of Disability in the Middle Ages.
      Cultural Considerations of Physical Impairment* (New York and London: Routledge, 2013),

52 ("Dixit insipiens in corde suo non est Deus, corrupti sunt et abominabiles facti sunt in iniquitatibus non est faciat bonum...") (52:1–2) "The fool hath said in his heart, there is no God. Corrupt are they, and have done abominable iniquity: there is none that doeth good...." (KJV, Ps. 53:1). While there are clearly some differences concerning the visual representations of those fools, certain important patterns can also be recognised,[21] in particular the nakedness of parts of the body and the bald or shaved head (figs. 9 and 10).[22]

FIGURE 9
Initial of Psalm 52: a partly naked insipiens.

86–91. See also Ruth von Bernuth, "«Wer im gůtz thett dem rödet er vbel». Natürliche Narren im Gebetbuch des Matthäus Schwarz," in *Homo debilis. Behinderte – Kranke – Versehrte in der Gesellschaft des Mittelalters*, ed. Mechthild Dreyer, Cordula Nolte, and Jörg Rogge (Korb: Didymos-Verlag, 2009), 411–430; Ruth von Bernuth, *Wunder, Spott und Prophetie: Natürliche Narrheit in den "Historien von Claus Narren": 133 (Fra1/4he Neuzeit)* (Tübingen: Niemeyer, 2009); Alexandra Pfau, "Protecting or Restraining? Madness as a Disability in Late Medieval France," in *Disability in the Middle Ages: Reconsiderations and Reverberations*, ed. Joshua R. Eyler (Farnham and Burlington: Ashgate, 2010), 93–104.

21 See also Angelika Gross, "Das Bild des Narren: Von Psalm 52 zu Sebastian Brant," in *Bild und Abbild vom Menschen im Mittelalter*, ed. Elisabeth Vavra (Klagenfurt: Wieser Verlag, 1999), 273–291.

22 Fig. 9: The *insipiens* in the initial of Psalm 52, c. 1270. Vienna, Austrian National Library, cod. 1898: Psalter, fol. 85v; see Andreas Fingernagel and Martin Roland, *Mitteleuropäische Schulen* I (*ca. 1250–1350*), Textband (Vienna: Verlag der Österreichischen Akademie der

FIGURE 10   *Initial of Psalm 52: King David with another partly naked* insipiens *pointing
              at his mouth.*

Facial Expressions as Signs of Disorder

Fools and other negative figures of mental disorder often show some par-
ticular facial expression that makes them recognisable to everyone. The

Wissenschaften, 1997), 57–64. Fig. 10: King David and the *insipiens* pointing at his mouth
in the initial of Psalm 52, beginning of the 15th century. Vienna, Austrian National
Library, cod. 2783: Psalter, fol. 93r; see Andreas Fingernagel and Katherina Hranitzky,
Mitteleuropäische Schulen II (*ca. 1350–1410*), Textband (Vienna: Verlag der
Österreichischen Akademie der Wissenschaften, 2002), 184–192, in particular 189.

signs that occur most explicitly and most often in images and texts are the open mouth, sometimes showing tongue and teeth, and laughter. Descriptions of the mouths of fools and other people with deviant behaviour appear in a number of cases in the Bible and this pattern was also adopted in the late medieval visual representations.[23] Some of these biblical examples are:

Proverbs 10:14: "Wise men lay up knowledge; but the mouth of the foolish is near destruction."
Proverbs 14:3: "In the mouth of the foolish is a rod of pride; but the lips of the wise shall preserve them."
Proverbs 18:6: "A fool's lips enter into contention, and his mouth calleth for strokes."
Proverbs 18:7: "A fool's mouth is his destruction, and his lips are the snare of his soul."
Proverbs 29:11: "A fool uttereth all his mind: but a wise man keepeth it in till afterwards."
Psalm 64:2–3: "Hide me from the secret counsel of the wicked; from the insurrection of the workers of iniquity who wet their tongue like a sword...." (see fig. 11[24]).
Ecclesiastes 5:3: "A fool's voice is known by multitude of words."

The disturbance could be increased when the open mouth was connected with laughter. Here, one may again compare, for instance, Ecclesiastes 2:2: "I said of laughter. It is mad; and of mirth: What doeth it?," and Ecclesiastes 7:6: "For as the crackling of thorns under a pot, so is the laughter of the fool: this also is vanity." Such a "fool" can be found in an initial of the letter of Saint Paul to the Ephesians (fig. 12[25]). Again, a context of image and text was created, as the letter is dealing with foolish sinners:[26]

---

23 In Fig. 10 the fool just points with his index finger at his mouth to show its danger.
24 Manuscript illumination, cantional, 1490. Vienna, Austrian National Library, Mus. cod. 15501, fol. 101v.
25 Open mouth and foolish laughter of the sinner. Part of the initial P of *Paulus*, 1341. Vienna, Austrian National Library, cod. 1203: Bible, fol. 268r: "Incipit epistola ad Ephesios. Paulus Apostolus Jesu Christi per voluntatem Dei omnibus sanctis qui sunt Ephesi, et fidelibus in Christo Jesu...." See Fingernagel and Roland, *Mitteleuropäische Schulen* I, Textband, 310–314.
26 Concerning the stereotype of the medieval connection of mental disorder and sin, see Jerome Kroll and Bernard Bachrach, "Sin and Mental Illness in the Middle Ages," *Psychological Medicine* 14 (1984): 507–514.

FIGURE 11
*Open mouth and
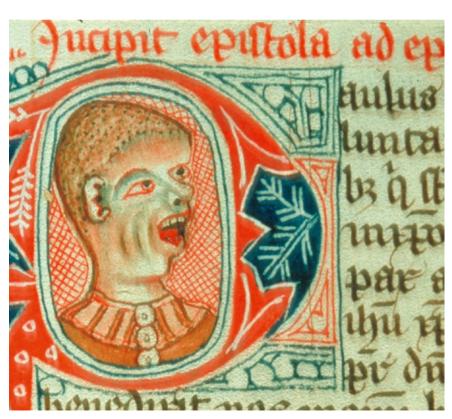tongue as signs of
mental disorder.*

FIGURE 12   *Open mouth, teeth and laughter as signs of mental disorder.*

And you hath he quickened, who were dead in trespasses and sins (2:1)....Let no corrupt communication proceed out of your mouth, but that which is good to the use of edifying, that it may minister grace unto the hearers (4:29)....Neither filthiness, nor foolish talking, nor jesting, which are not convenient: but rather giving of thanks (5:4)....See then that ye walk circumspectly, not as fools, but as wise. (5:15)....Wherefore be ye not unwise, but understanding what the will of the Lord is (5:17).

The visual representations of such negatively evaluated fools could sometimes emotionalise their beholders in such a way that they tried to deface the image by rubbing or scratching off the figure, as can be seen in another example of the *insipiens* of the Vulgate, Psalm 52 (fig. 13).[27]

FIGURE 13   *Initial of Psalm 52: partly defaced* insipiens.

27   Defaced *insipiens* in an initial of Psalm 52, second half of the 14th century. Graz (Austria), University Library, cod. 387: Psalter, fol. 63 v.

The above examples of fools establish a familiar pattern of visual and textual representation of (mentally) disabled persons, not only in the Middle Ages but also up to the present day, one of created ugliness, sometimes merging into comic ugliness.[28] Besides nakedness, bald-headedness, gaping mouth, and the showing of tongue and teeth, other distorted facial expressions like squinting (see fig. 6) may be represented. Often these distorted facial expressions were meant to represent negative attributes and sinfulness, but they might also activate the beholders' pity. Some material attributes, based on the textual background, could also be used to indicate the mental disorder of the portrayed persons, such as the bread sometimes held by the fool in the illustrations of Psalm 52.[29]

Conclusions

With the help of late medieval Central European religious image material, visual constructions that used familiar methods and signs of people with mental disorder were offered to beholders who were not specialists in any medical respect. On the one hand they were directed at a public for whom easy comprehensibility was important, and on the other hand at clerics, that is, specialists in theological and religious aspects of life, for whom the biblical contexts were relevant. Certain patterns and stereotypes occurred in representations of mental disorder, so that it could be recognised and identified through a

---

28   See, e.g., Claudia Gottwald, "Behinderung in der Karikatur. Zum Verhältnis von Hässlichkeit, Komik und Behinderung in der Geschichte der Karikatur," in *Andere Bilder. Zur Produktion von Behinderung in der visuellen Kultur*, ed. Beate Ochsner and Anna Grebe (Bielefeld: transcript Verlag, 2013), 117–132; Gunnar Schmidt, "Menschentrümmer oder eine neue Anthropologie? Zur Fotografie der hässlichen Krankheiten im 19. Jahrhundert," in *ibidem*, 195–209; Claudia Gottwald, "Ist Behinderung komisch? Lachen über verkörperte Differenz im historischen Wandel," in *Disability History. Konstruktionen von Behinderung in der Geschichte. Eine Einführung*, ed. Elsbeth Bosl, Anne Klein, and Anne Waldschmidt (Bielefeld: transcript Verlag, 2010), 231–251. Concerning the complexity of ugliness in the context of disability in the Middle Ages, see Metzler, *Disability in Medieval Europe*, 48–55. On constructions of bodily ugliness in early modern texts and images generally, see Naomi Baker, *Plain Ugly: The Unattractive Body in Early Modern Culture* (Manchester: Manchester University Press, 2010).

29   Referring to Vulgate, Psalm 52:5: "Nonne scient omnes qui operantur iniquitatem, qui devorant plebem meam ut cibum panis?" – "Have the workers of iniquity no knowledge? Who eat up my people as they eat bread: they have not called upon God." (KJV, Psalm 53:4). See the fool of fig. 13 holding bread in his right hand.

depicted bodily disorder, usually distorted physiognomy, in particular facial expression, and nakedness. The portrayal as possessed by the devil also played an important role. Visual representations of mental disorders in female and male persons had a different emphasis. While mentally disturbed men were mainly represented as fools and *insipientes*, female mental disorder often involved possession by the devil. The visual discourse about the falling sickness dealt with both women and men.

A number of represented aspects of mental and bodily disorders and the respective restoration to health can be seen as signs and symbols meant to warn, motivate, or educate those who saw the images. Depicted persons suffering from mental disorder were, on the one hand, to be recognised as negative creatures, embodiments of ignorance, misdoings, and sin. On the other hand, the portrayal of figures suffering from mental illness could be connected with hope and also recognised as an opportunity to intervene, help, and heal: for Christ and the saints by miracles, for relatives, friends and the general public by prayer and invocation of God and the saints. Saintly intercession, miracles, and exorcisms to bring mentally disturbed people back to a state of mental and bodily order played a very important role in the depictions. The contextualised creation, construction, and perception of mentally disordered people in late medieval visual culture, and the "reality effects" of their portrayal enabled the communication of messages that went far beyond aspects of mental disturbance and illness.

Demonic Possession as Physical and Mental Disturbance in the Later Medieval Canonization Processes[1]

Sari Katajala-Peltomaa

In late medieval culture demonic possession was considered to be one of the reasons behind mental disturbances and deviant behaviour. It overlapped with, but was not equivalent to raving madness, *furia*.[2] Theological, physical and social reasoning intermingled when a person was labelled as possessed by a malign spirit. Theological context was essential since the Devil and demons were part of the spiritual realm, and as such they and their powers were created by God and accordingly categorized and explained by theologians.[3]

Demons could be seen to be behind various illnesses and in medical treatises exorcism rituals were occasionally recommended as a cure for lunacy and epilepsy.[4] Furthermore, in medical and theological treatises a disease called

---

1 I am grateful to the projects of the Academy of Finland "Medieval States of Welfare: Mental Wellbeing in European culture c. 1100–1450" and "Gender and Demonic Possession in Later Medieval Europe" for funding the writing of this chapter.

2 Demonic possession and furious insanity had many similar symptoms and were not easily separated from each other. Ronald Finucane, *Miracles and Pilgrims. Popular Beliefs in Medieval England* (New York: St. Martin's Press, 1995), 107. They could have been categorized under one heading in miracle collections, see "De demoniacis invasacis seu evanitis et adrabicis liberatis." BAV MS Vat. Lat. 4027 ff. 27r. Occasionally a distinction was made, but the vocabulary may have been chosen by the commissioners or notaries, rather than by the witnesses in the canonization processes. Cf. BAV MS Vat. Lat. 4015 f. 212v–216v; BAV MS Vat. Lat. 4025 f. 99r; BAV MS Vat. Lat. 4019 ff. 62r–63v; 75r–76v; 78v–79r.

3 The Fourth Lateran council in 1215 was a major turning point: Lucifer was defined as a fallen angel who was cast out of heaven after committing the sin of pride. Demons, as spiritual creatures, possessed knowledge of spiritual things. J. Alberigo et al., eds., "Concilium Lateranense IV," in *Conciliorum Oecumenicorum decreta* (Freiburg: Herder, 1962), *cons 1*. On demons and demonic possession in the Biblical tradition, see Johannes Dillinger, "Beelzebulstreitigkeiten. Besessenheit in der Biblen," in *Dämonische Besessenheit. Zur Interpretation eines kulturhistorischen Phänomens*, ed. Hans de Waardt et al. (Bielefeld: Verlag für Regionalgeschichte, 2005), 37–62.

4 Lea T. Olsan, "Charms and Prayers in Medieval Medical Theory and Practice," *Social History of Medicine* 16: 3 (2003): 343–366. Uses of incantations and amulets can frequently be found in medical treatises. On Anglo-Saxon examples, see Audrey L. Meaney, "Extra-Medical Elements in Anglo-Saxon Medicine," *Social History of Medicine* 24: 1 (2011): 41–56; on comparison

---

incubus could mean either a sexual demon enticing to the sin of lust, a phantasma creating a sense of strangulation, or an actual disease with symptoms that included a sense of being strangled and inability to move. The physiological explanations for the disease vary, including a superabundance of black bile which could be remedied by balancing the diet, and a disease of the head linked with epilepsy, apoplexy and mania.[5]

Whether melancholy could be caused by demons was a question posed throughout the Middle Ages. Physicians, who were more eager than theologians to offer naturalistic explanations for supposedly supernatural events, usually argued that if melancholy was caused by evil spirits, they caused an imbalanced complexion of humours within the body.[6] A disease called uterine suffocation, hysteria (from the Greek word for womb, *hystera*) also resembled demonic possession, in that it could cause mental confusion, grinding of the teeth and convulsive contractions.[7]

Similar symptoms could indicate demonic possession or other mental disturbance, yet there were some signs that were more typical of demoniacs: abnormal powers, convulsions, blaspheming of the saints and God, and abhorrence of sacred objects, as well as aggression against themselves and close ones. These symptoms or performances were crossing the boundaries of religion, health and proper conduct. Demonic possession was an overarching

---

between thirteenth century pastoral manuals and medical texts, see Catherine Rider, "Medical Magic and the Church in Thirteenth-Century England," *Social History of Medicine* 24: 1 (2011): 92–107.

5   Medieval authors disagreed on whether an incubus was only a dream phenomenon or a real attacker. Maaike van der Lugt, "The *Incubus* in Scholastic Debate: Medicine, Theology and Popular Belief," in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler York Studies in Medieval Theology III (York: York Medieval Press, 2001), 175–200. Cf. Rainer Jehl, "Melancholie und Besessenheit in gelehrten Diskurs des Mittelalters," in *Dämonische Besessenheit*, 63–71.

6   Joseph Ziegler, *Medicine and Religion, c. 1300: the Case of Arnau de Vilanova* (Oxford: Oxford University Press, 1998), 8, 173–175; also Roger Kenneth French, *Canonical Medicine: Gentile da Foligno and Scholasticism* (Leiden: Brill, 2001), 64. On melancholy and humoral theory, see the chapter of Timo Joutsivuo, and on practical advice for *contentamento* and mental wellbeing, see Iona McCleery's chapter. However, physicians drawing from earlier Greek or Arabic tradition were more willing to accept demonic influence as a reason for affliction: see Catherine Rider's chapter in this collection.

7   Danielle Jacquart and Claude Thomasset, S*exuality and Medicine in the Middle Ages*, trans. Matthew Adamson (Princeton: Princeton University Press, 1988), 173–177. On uterine suffocation and other women's diseases, see Monica H. Green, *Making Women's Medicine Masculine. The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008).

position, since the moral, physical and social state of a demoniac was affected, but it could also have legal consequences because of its close links to madness.[8]

Spirit possession has recently been studied by medievalists, but the phenomenon has mainly been approached from the theological perspective. Thus discernment of female mystics' source of inspiration – whether they were possessed by a divine or a malign spirit – has attracted a keen interest.[9] On the other hand, demonic possession as physical distraction[10] or as deviant behaviour and rupture in the ideal social order has received less attention.[11]

---

8   On legal restrictions on the mentally ill, see Wendy J. Turner, ed., *Madness in Medieval Law and Custom* (Leiden: Brill, 2010).

9   The most important contributions to the study of demonic possession during the Middle Ages are Nancy Caciola, *Discerning Spirits. Divine and Demonic Possession in the Middle Ages* (Ithaca and London: Cornell University Press, 2003), and Dyan Elliott, *Proving Woman. Female Spirituality and Inquisitional Culture in the Later Middle Ages* (Princeton: Princeton University Press, 2004). Taking a similar approach, see also Renate Blumenfeld-Kosinski, "The Strange Case of Ermine de Reims (c. 1347–1396): a Medieval Woman between Demons and Saints," *Speculum* 85 (2010): 321–356; Moshe Sluhovski, "The Devil in the Convent," *The American Historical Review* 107: 5 (2002): 1378–1411; Barbara Newman, "Possessed by the Spirit: Devout Women, Demoniacs, and the Apostolic Life in the Thirteenth Century," *Speculum* 73 (1998): 733–770; Richard Kieckhefer, "The Holy and the Unholy: Sainthood, Witchcraft and Magic in Late Medieval Europe," in *Christendom and Its Discontents. Exclusion, Persecution, and Rebellion, 1000–1500*, ed. Scott L. Waugh and Peter D. Diehl (Cambridge: Cambridge University Press, 1996), 310–337, and Peter Dinzelbacher, *Heilige oder Hexen. Schicksale auffälliger Frauen* (Düsseldorf: Patmos, 1995). For the Early Modern Era, see Sarah Ferber, *Demonic Possession and Exorcism in Early Modern France* (London and New York: Routledge, 2004) and Sarah Ferber, "Possession and the Sexes," in *Witchcraft and Masculinities in Early Modern Europe*, ed. Alison Rowlands (Houndsmills: Palgrave McMillan, 2009), 214–238. For the evolution of this phenomenon in Christian tradition from Antiquity to the present day, see Brian P. Levack, *The Devil Within. Possession & Exorcism in the Christian West* (New Haven and London: Yale University Press, 2013).

10   On demonic possession and physiology, see Nancy Caciola, "Breath, Body, Guts: The Body and Spirits in the Middle Ages," in *Communicating with the Spirits*, ed. Gábor Klaniczay and Éva Pocs (Budapest: Central European University Press, 2005), 21–39 and Dyan Elliott, "The Physiology of Rapture and Female Spirituality," in *Medieval Theology and the Natural Body*, ed. Peter Biller & A.J. Minnis (Bury St Edmunds: York Medieval Press, 1997), 141–173.

11   On demonic possession and deviant behaviour, Cam Grey, "Demoniacs, Dissent and Disempowerment in the Late Roman West: Some Case Studies from the Hagiographical Literature," *Journal of Early Christian Studies* 13: 1 (2005): 39–69 and Leigh Ann Craigh, *Wandering Women and Holy Matrons. Women as Pilgrims in the Later Middle Ages*

The aim of this chapter is to analyse how different explanations and deviations of various categories, spiritual, physiological and social, intermingled in cases of demonic possession and delivery miracles in the thirteenth- and fourteenth-century canonization processes. What kinds of explanations were given as reasons for possession by both clergy and laity; what kind of features indicated delivery? First, hazardous food and drink and perilous places and activities as explanations for affliction are analysed; then concrete signs of the exit of a malevolent spirit are scrutinized. The geographical focus of the chapter is on northern and central Italy, since many detailed cases can be found there. However, for comparative purposes cases from other parts of Europe are also analysed.

Demonic Possession in Canonization Processes

In later medieval canonization processes, inquiries into a saint's life, merits and miracles, demonic possession was analysed from multiple perspectives, which range from the theological ponderings of clerics to the more mundane explanations given by the laity. Canonization was a papal privilege, but before official proclamation of a candidate's sanctity an official inquiry had to be held. Papal commissioners interrogated sworn witnesses who had personally experienced or witnessed a miraculous recovery, in this case a delivery from spirit possession.[12] Miraculous exorcisms and deliveries from demonic possession

(Leiden: Brill, 2009), 180–216, and Sari Katajala-Peltomaa, "Socialization Gone Astray? Children and Demonic Possession in the Later Middle Ages," in *The Dark Side of Childhood in Late Antiquity and the Middle Ages*, ed. Katariina Mustakallio and Christian Laes (Oxford: Oxbow, 2011), 95–112. On demonic possession, laity and everyday life, see Michael Goodich, "Battling the Devil in Rural Europe: Late Medieval Miracle Collection," *La christianisation des campagnes*. Actes du colloque de C.I.H.E.C. (25–27 août 1994) Tom I, ed. J.-P. Massaut & M.-E. Henneau (Institut historique belge de Rome, bibliothèque: Bruxelles, 1996), 139–152, and Laura Ackerman Smoller, "A Case of Demonic Possession in Fifteenth-Century Brittany: Perrin Hervé and the Nascent Cult of Vincent Ferrer," in *Voices from the Bench. The Narratives of Lesser Folk in Medieval Trials*, ed. Michael Goodich (New York: Palgrave Macmillan, 2006), 149–176.

12   On the practicalities of canonization hearings, see André Vauchez, *Sainteté en Occident aux derniers siècles du Moyen Âge. D'après les procès de canonisation et les documents hagiographiques* (Rome: École française de Rome, 1988), 39–67; on papal pursuits in canonization procedures during the thirteenth century, see especially Roberto Paciocco, *Canonizzazioni e culto dei santi nella* christianitas *(1198–1302)* (Assisi: Edizioni Porziuncola, 2006). On canonization privilege, see Aviad Kleinberg, "Canonisation without a Canon," in *Procès de canonisation au Moyen Âge – Medieval Canonisation Processes*, ed. Gábor

had biblical prototypes; the biblical miracles – resurrection of the dead and recoveries of the blind and lame – were significant in evaluating a candidate's sanctity. Exorcism miracles are not, however, among the most typical cases recorded in the canonization processes.[13] Usually only a couple of cases can be found in each hearing.

Canonization hearings were a form of judicial process, an *inquisitio*: papal officials had the duty to pursue the cases, a reputation for sanctity among the public was a prerequisite for opening a process and the devotees, before being summoned to give witness, had no judicial standing in the inquiry. Respectable people were chosen to give their testimony.[14] The questionnaire of the commissioners dictated which themes were brought up, but at the same time witnesses pondered which details to mention and which to leave unsaid. For the commissioners, the most important thing was to find reliable information on alleged miracles, while the witnesses had also personal interests in their testimonies.

In addition, the work of notaries affected the final records; their task was to translate the vernacular oral testimony of the witnesses in order to produce the written Latin deposition. The notaries put the depositions *in formam*

Klaniczay (Rome: École française de Rome, 2004), 7–18. See also Sari Katajala-Peltomaa, "Recent Trends in the Study of Medieval Canonization Processes," *History Compass* 8/9 (2010): 1083–1092 for the historiography.

13   On the importance of miracles with biblical prototypes, see Sari Katajala-Peltomaa, *Gender, Miracles and Daily Life. The Evidence of Fourteenth-Century Canonization Processes* (Turnhout: Brepols, 2009), 25, and 54.

14   Canon law influenced the practicalities and gave guidelines for the formation of the questionnaire of the interrogators; considerations of gender, age and reputation were important aspects in the process of validation of witnesses, but no clear rules or norms to organize a canonization hearing were given in the major compilations. Christian Krötzl, "Prokuratoren, Notare und Dolmetscher. Zu Gestaltung und Ablauf der Zeugeinvernahmen bei Spätmittelalterlichen Kanonisationsprozessen," *Hagiographica* V (1998): 119–140. On the veneration and canonization of saints in commentaries of canon law, see Thomas Wetzstein, *Heilige vor Gericht. Das Kanonisationsverfahren im europäischen Mittelalter* (Köln: Böhlau, 2004), 244–276. The methods of choosing the witnesses varied from one process to another, see Paolo Golinelli, "Social Aspects in Some Italian Canonization Trials," in *Procès de canonisation au Moyen Âge*, 166–180. The intermingling of religious and medical spheres can also be seen in the fact that expert medical judgment was needed to authenticate miracles: physicians were favoured as witnesses in late medieval canonization processes. Joseph Ziegler, "Practitioners and Saints: Medical Men in Canonization Processes in the Thirteenth to Fifteenth Centuries," *Social History of Medicine* 12: 2 (1999): 191–225. However, in cases of demonic possession they do not regularly appear as witnesses.

publicam and it was they who guaranteed the judicial reliability of the process. They may also have moulded the testimonies according to certain patterns and standardized the depositions to some extent while writing them down.[15]

Canonization processes were judicial records, but they were also part of the hagiographic genre. Typical elements of a miracle narration, such as the desperate situation before the cure, may have shaped the way the witnesses gave meaning to their personal experiences and moulded their narration. Both the act of interrogation and patterns of genre affected the chosen rhetoric of the witnesses.

Despite the above-mentioned reservations, canonization processes give a multi-faceted image of demonic possession. Since the definition of the state of affairs was an important part of the evaluation of a miracle, the symptoms were usually described and recorded with care. The signs of delivery were crucial evidence of a proper miracle and can regularly be found in the depositions.

Eat Your Greens! – But only with Care

A well-known example of the rationale of demonic possession was given by Gregory the Great in his *Dialogues*. Later, in the thirteenth century, this *exemplum* was re-told by Jacques de Vitry. The incident took place when a hungry nun devoured a lettuce without making the sign of the cross – and swallowed a demon in the process. Once exorcised, the demon complained: "What did I do? Why are you blaming me? I was just sitting on a lettuce when she ate me without crossing herself first."[16]

This was probably not a warning against gluttony, *gula*, since, after all, a lettuce was a rather modest meal. Nonetheless, it was a caveat for deviant behaviour: pious conduct included control of bodily needs as well as proper signs and rituals, like crossing oneself before eating. This kind of reasoning was typical of the didactic stories, but similar logic can also be found in hagiographic material. Occasionally, an unlicensed meal could lead to spirit possession as a

---

15   Vauchez, *La Sainteté en Occident*, 53–54; Krötzl, "Prokuratoren, Notare und Dolmetscher," 119–140, and Didier Lett, *Un procès de canonisation au Moyen âge. Essai d'histoire sociale. Nicholas de Tolentino 1325* (Paris: Presses universitaires de France, 2008), esp. 265.

16   "Que est culpa mea, quid feci, quare me compellis? Ego super lactucam sedebam et ipsam non signavit et ideo cum lactuca me comedit." Jacques de Vitry, *Exempla or illustrative stories from the* sermones vulgares, ed. Thomas Frederick Crane (London: Folklore Society, David Nutt, 1890), CXXX, 59.

punishment. For example, a Dominican friar was possessed when he had eaten meat reserved for sick friars without a license – and without the sign of the cross. Similarly, another friar was possessed after drinking wine *sine licencia et sine signo crucis*. In both cases the demon argued that he was tormenting them for their actions, *vexo eum quia meruit*, stressing the educative aspect of the tale; the hagiographic part was emphasized by the exorcism effected by Saint Dominic in both cases.[17]

Demons were thought to dwell in the body, literally, amidst the entrails and filth. Only a divine spirit could enter a human soul.[18] Thus, the souls of the demoniacs remained blameless.[19] Nevertheless, an in-dwelling demon could fool the senses and affect demoniacs' behaviour, which explained the symptoms. In the thirteenth- and fourteenth-century canonization processes the victims are typically described as *possessus/a, obsessus/a, raptus/a* or *invasatus/a* by demons; they were "besieged" or invaded, possibly by force.[20]

Physically, demonic possession was literally to have a demon inside one's body. This possessing spirit was occasionally visible to the bystanders

---

17   Gerardus de Fracheto, *Gerardi de Fracheto O.P. Vitae fratrum Ordinis Praedicatorum, necnon Chronica ordinis ab anno MCCIII usque ad MCCLIV*, ed. Benedictus Maria Reichert O.P. (Rome: Institutum Historicum Fratrum Praedicatorum, 1897), 81, 198–199. On similar reasoning, cf. Caesarius of Heisterbach, *Dialogus Miraculorum*, ed. Joseph Strange (Ridgewood: The Gregg Press Inc., 1966), V, 26 and "Miracula B. Ambrosii Senensis," in *AASS, Martii III*, 235.

18   "Non potest esse diabolus in anima humana…Cum diabolus dicitur esse in hominem, non intelligendum est de anima, sed de corpore, quia de concavitatibus eius et in visceribus ubi stercora continentur, et ipse esse potest." Caesarius of Heisterbach, *Dialogus Miraculorum*, V, 15. Cf. Caciola, "Breath, Body, Guts," 21–39.

19   Nevertheless, opposing views had been aired from late Antiquity onwards. For example, Origen claimed that excessive joy, sorrow or love opened the minds of people for demons to gain lodgement, intemperance being an important element in this process. Henry Ansgar Kelly, *The Devil, Demonology and Witchcraft. The Development of Christian Beliefs in Evil Spirits* (New York: Doubleday & Company Inc., 1968), 35. At the beginning of the Early Modern Era possession was more easily linked with witchcraft and the possessed were seen as having willingly submitted to the Devil, or as the innocent victims of bewitchment. Alain Boureau, *Satan Hérétique. Histoire de la Démonologie. Naissance de la démonologie dans l'Occident médiévale (1280–1330)* (Paris: Odile Jacob, 2004); Michael Bailey, "From Sorcery to Witchcraft: Clerical Conceptions of Magic in the Later Middle Ages," *Speculum* 78 (2001): 960–990, Kelly, *The Devil, Demonology and Witchcraft*.

20   Definitions like *energumeni* or *demoniaci* can also be found. See also Newman, "Possessed by the Spirit," 738 and Muriel Laharie, *La folie au Moyen Âge XIe–XIIIe siècles* (Paris: Le Léopard d'Or, 1991), 27.

in an abnormal swelling of a body.[21] As a physical phenomenon, demonic possession was also closely linked to the sex of the victim, as women's bodies were considered to be more open and vulnerable and thus more exposed to spirit possession.[22]

Demons and malign spirits were spiritual creatures, but they could nevertheless be eaten or drunk, and so enter the body. Demonic possession was a spiritual state, but it was also a physical phenomenon, since demons actually entered a person's body and exited it after a successful exorcism. The canonization process of Giovanni Bono (AD 1254) further illuminates this feature: when Benghipace was outside the city of Mantua she drank from a well. Immediately, she felt sad and burdened, nearly out of her mind. She returned home confused, as she described the situation. In the register of miracles the case is categorized more clearly: Satan had entered into her while she drank water at the well.[23] Next day an attempt was made to lead her to a nearby church but she resisted fiercely. The day after that she was taken to the shrine of Giovanni Bono by three men. At the shrine she sensed something moving upward from her guts to her mouth. Once she had spat it out, she was delivered.[24]

Benghipace does not declare herself as possessed by a demon, but all the other witnesses, who were women neighbours, do use this definition. Her state also interested the commissioners, who asked the witnesses how they knew that she was possessed. The answer given by many was that she had all the typical signs of a demoniac, including an abhorrence of sacred things.[25]

---

21   On cases with a swollen stomach as a sign of demonic possession, see Isak Collijn, ed., *Acta et processus canonizacionis Beate Birgitte* (Svenska Fornskriftsällskapet ser 2. Latinska Skrifter, Band 1) (Uppsala: Almqvist & Wiksells boktryckeri Ab, 1924–1931), 176–177, 130 and 142; "Miracula B. Ambrosii Senensis," 235. Cf. Caciola, "Breath, Body, Guts," 21–39.

22   Respectively, explanations following the humoral theory argued that women's wet and cold complexion made them more easily subject to raptures. Elliott, "The Physiology of Rapture," 157–161, and Dyan Elliot, *Fallen Bodies. Pollution, Sexuality, and Demonology in the Middle Ages* (Philadelphia: University of Pennsylvania Press, 1999), 37–45. Cf. Caciola, "Mystics, Demoniacs, and the Physiology of Spirit Possession in Medieval Europe," *Comparative Studies in Society and History*, 42: 2 (2000): 268–306, 289–290. See also the chapter of Timo Joutsivuo in this compilation.

23   "Miracula B. Joanni Bonis Erem. Ord. S. Augusti," in *AASS, October IX*: 767.

24   "Processus apostolici de Beate Joanne Bono," in *AASS, October IX*: 882–883.

25   "Processus apostolici de Beate Joanne Bono," 882. On the role of neighbours and common *fama* in defining madness in medieval French customals, see Aleksandra Pfau, "Protecting or Restraining? Madness as a Disability in Late Medieval France," in *Disability in the Middle Ages. Reconsiderations and Reverberations*, ed. Joshua R. Eyler (Farnham and Burlington: Ashgate, 2010), 93–104.

Only Benghipace herself gives any reason for her possession, mentioning the well and the water. Similarly, she is the only one to mention the sign of the delivery, the thing she threw up, apparently the demon itself. Other witnesses based their justification on other criteria, namely disorderly behaviour. Conversely, they considered Benghipace cured once she began to act calmly and rationally again. Interestingly, all the details – the Devil drunk with the water, the thing vomited up and the subsequent cure – were mentioned in the register of miracles recorded by the local clerics before the official canonization hearing. For them these elements were important in the validation of a miracle, evidence that Benghipace had been truly possessed but then cured by the powers of Giovanni Bono.

Although the witnesses in Benghipace's case gave little support to her tale of the water polluted by demons, there are other examples of water being a medium for possession. One example is of a man called Petrus, who drank from a spring while he was on a pilgrimage to Puglia and consumed demons with the water.[26]

Water was an important, and usually positive, ingredient in the Christian faith. Holy Water was important for several rituals, as it was used in purifying souls and spaces. It was an essential element in the sacrament of baptism, which literally washed away the original sin of Christians. Water in the form of tears was a sign of contrition for evil deeds, but tears could also signify baptism and rebirth. Crying for one's sins was considered to purify the soul, and thus tears could be considered as a divine grace.[27] Many wells and springs were connected with saints and their cults. Water from the shrine was one of the most typical secondary relics.[28] But water was an ambiguous element and could

---

26 Thomas de Celano, "Vita prima sancti Francisci," in *Legendae S. Francisci Assisiensis saeculis XIII et XIV conscriptae ad codicum fidem recensitae a patribus collegii*, ed. Collegium S. Bonaventurae (Quaracchi-Florence: Collegium S. Bonaventurae, 1926–1941), 108.

27 The positive religious connotation originated from the Sermon on the Mount: Blessed are those who mourn, for they shall be comforted (Matt. 5: 3–5). The *gratia lacrymarum* could be defined largely as devotional weeping as contrition for sins. In this sense the gift of tears might be seen as a virtue. However, the concept was also used in a stricter sense when it became a mystical experience and could be seen as charisma. See Piroska Nagy, *Le don des larmes au Moyen Âge. Un instrument spirituel en quête d'institution* (*Ve–XIIe siècle*) (Paris: Albin Michel, 2000), 22–24. On water in blessings, Derek A. Rivard, *Blessing the World. Ritual and Lay Piety in Medieval Religion* (Washington, DC: The Catholic University of America Press, 2009).

28 A well known example of a healing well was Fontetecta, outside Arezzo. It was a popular pilgrimage site, where parents used to seek a cure for their children by submerging them in the ice cold water. According to Bernardino of Siena, these rituals had superstitious or pagan connotations, and he had the well demolished and a chapel for Virgin Mary built in

also, apparently, be poisonous and carry evil elements,[29] as the above examples demonstrate.

Not even water from a sacred place was free from danger, since Palmeria was possessed after drinking water from a well in a churchyard in Viterbo. However, in this case she may also be considered a victim of malediction, a woman who wanted to drink before her had told her that she would drink thousands of demons in the water – and so she did. Palmeria was pregnant and gave birth to a dead baby boy within eight days. Only after giving birth did the symptoms begin: she hit her husband, shouted, and could not listen to the words of the Holy Gospel.[30]

Her husband, Blasius, was another witness to the case, and he agrees with his wife on the malediction. However, he implies that there may also have been other reasons for the affliction. First of all, Palmeria had gone to the consecration of this church against his will. Blasius's aim seems to have been first and foremost to exculpate himself from responsibility for this tragedy. After all, it was his duty as a husband to guard his wife from physical and especially from moral dangers. According to him, the maledicting woman was a prostitute, *meretrix*. The malediction seems to have been en essential element in this case, as it was cited in other versions of this miracle in other compilations, not only in the deposition of Palmeria.[31] Furthermore, Blasius argued that Palmeria

---

its place. Franco Mormando, *The Preacher's Demons. Bernardino of Siena and the Social Underworld of Early Renaissance Italy* (Chicago and London: The University of Chicago Press, 1999), 100–102. On submerging as a cure for demoniacs in Early Modern Scotland, see Joyce Miller, "Towing the Loon. Diagnosis and Use of Shock Treatment for Mental Illnesses in Early Modern Scotland," in *Dämonische Besessenheit*, 127–143. On healing wells, see also Brigitte Caulier, *L'eau et le sacré: les cultes thérapeutiques autour des fontaines en France* (Paris: Beauchesne, 1990).

29   For example, Tertullian recommended the exorcism of baptismal water and vessel before their use, since unclean spirits settle upon waters. On polluted waters, see Rivard, *Blessing the World*, 227–228. In an early medieval monastic order, *Regula Magistri*, drinking of water was condemned, as it enticed phantasms and inebriated the mind; water and other "wet" substances were linked with arousal of senses and provocation to excess. Paolo Squatrati, *Water and Society in Early Medieval Italy, 400–1000* (Cambridge: Cambridge University Press, 1998), 39–40.

30   This canonization process was carried out in 1240–1241 in Orvieto. "Processus canonizationis B. Ambrosii Massani," in *AASS Novembris, IV*: 594–595. Cf. Florence Chave-Mahir, *L'exorcism des possédes dans l'Église d'Occident (Xe–XIVe siècle)* (Turnhout: Brepols, 2011), 255 for other cases connecting malediction and eating or drinking.

31   Thomas de Papia, *Dialogus de gestis sanctorum fratrum minorum*, ed. Ferdinandus M. Delorme O.F.M. Bibliotheca Franciscana ascetica medii aevi 5 (Ad claras Aquas & Quaracchi: Collegium S. Bonaventurae, 1923), 157–158.

made the sign of the cross after her sip.[32] Thus her actions were not blameworthy and she was an innocent victim.

For medieval societies, as for societies of any given period, questions of water supply were crucial. In Italian cities many wealthier households had their own cistern or well in their yard for security reasons, and there were also many common wells shared by a small number of households. The use of water accentuated social hierarchies and they made social relations more complex. Tensions emerged, especially in medieval Italy, where rapid urban growth put pressure on the traditional means of water supply.[33] In Benghipace's case the well was in an unfamiliar place for her, as she was outside her town of residence for unknown reasons. In Palmeria's case the well was in common use, since it was in a churchyard. However, social hierarchies are manifest, especially in Palmeria's case, in which the other woman apparently considered herself worthy of drinking first, but Palmeria disagreed.

These cases of demonic possession may also reflect general fears for the purity of water. Physical and mental poisons could be found in it. Concerns for murky, smelly and unhealthy water were uttered already in the early Middle Ages and the connection between poor water and poor health was known. Occasionally, turbid and smelling water was seen as a divine punishment.[34] Dietary requirements were important elements in sickness and in health and water was used as a healing ingredient: it was a major component in many medicines mixed with different herbs, powders and liquids and the taking of baths was used as a healing method.[35] Safety and purity of water

---

32   "Processus canonizationis B. Ambrosii Massani," 595.

33   Squatriti, *Water and Society*, 23–27. See also Roberta Magnusson and Paolo Squatriti, "The Technologies of Water in Medieval Italy," in *Working with Water in Medieval Europe. Technology and Resource-Use*, ed. Paolo Squatriti (Leiden: Brill, 2000), 217–265, esp. 241–244.

34   Patricia Skinner, *Health and Medicine in Early Medieval Southern Italy* (Leiden: Brill, 1998), 30; Nancy Siraisi, *Medieval & Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990), 117, and Nancy Siraisi, *History, Medicine, and the Traditions of Renaissance Learning* (Michigan: University of Michigan Press, 2007), 95, 168–169. On unclean water as a punishment for relic theft, see Squatriti, *Water and Society*, 36–38. On disputes concerning pure water between health-concerned friars and townsfolk in southern Europe, see Angela Montfort, *Health, Sickness, Medicine and the Friars in the Thirteenth and Fourteenth Centuries* (Aldershot: Ashgate, 1988), 47–51.

35   Siraisi, *Medieval & Early Renaissance Medicine*, 137; Siraisi, *History, Medicine, and the Traditions of Renaissance Learning*, 184–187. On herbal remedies, see Peter Dendle and Alain Touwaide, *Health and Healing form the Medieval Garden* (Woodbridge: Boydell Press, 2008), Helena M. Paavilainen, *Medieval Pharmacotherapy, Continuity and Change: Case Studies from Ibn Sīnā and some of His Late Medieval Commentators*

was a crucial concern for medieval people, evidence of which can also be seen in the accusations of poisoning wells. Such claims are known from different periods and they were often caused by social criteria of otherness and purity.[36] Disputes over the right to use water could lead to conflict, sometimes explained as caused by demons, but in addition to social tensions the aforementioned cases may also reflect fears for the physical dangers that may lie within the water.

Between Nature and Civilization

Water could instigate quarrels and negotiations over authority within the domestic sphere too. Fetching water was a laborious task and it was often left to the least prestigious members of the household.[37] Guerula and Joanna were fetching water from a well near their homes, most likely for the whole household, when they fell victim to a demonic assault. A demon invaded Guerula on her way to the well in Mantua.[38] In Siena, Joanna was also seized by a demon while fetching water, and as a consequence she sat by the well laughing and spitting in the faces of passers-by.[39]

In clerical rhetoric the virtue of women was closely connected with proper spaces: an honourable woman did not stray too far from home, as dangers, both physical and moral, were abundant in the public sphere. Obviously women were not confined to their homes, since many of their daily tasks, like

---

(Leiden: Brill, 2009), and Susanna Niiranen's chapter in this collection. Fasting was often recommended for demoniacs and occasionally it was a prerequisite for successful exorcism. Adolph Franz, *Die Kirchlichen Benediktionen in Mittlelater*, vol. II (Freiburg: Herder, 1909), 562–564 and Chave-Mahir, *L'exorcisme des possédés*, 113–115. Antispasmodic herbs were also used to cure diseases with spasms, like epilepsy, frenzy and occasionally even possession. Laharie, *La folie au Moyen Âge*, 210.

36   Often Jews and lepers were groups facing such accusations. Michael R. McVaugh, *Medicine before the Plague: Practitioners and Their Patients in the Crown of Aragon 1285–1345* (Cambridge: Cambridge University Press, 2002), 220–222; Jon Arrizabalaga, "Facing the Black Death: Perceptions and Reactions of University Medical Practitioners," in *Practical Medicine from Salerno to the Black Death*, ed. Luis García-Ballester et al. (Cambridge: Cambridge University Press 1994), 237–288.

37   Cf. BAV MS 4019 ff. 61v–62r for the case of Petronilla, a young wife who was sent to fetch the water by her in-laws. She failed and a quarrel ensued, leading to her affliction. Cf. Squatriti, *Water and Society*, 25.

38   "Processus apostolici de Beate Joanne Bono," 778–779.

39   "Vita beati Ambrosii Senensis," in *AASS, Mart III*: 198.

fetching water from the town's well, required use of the public space. Gendered allocation of space was linked with ideas of the moral fragility of women, who were seen to be closer to the Devil in clerical rhetoric. Women were both physically and mentally the weaker vessel and more prone to sin.[40] However, demonic possession cannot be labelled an exclusively feminine phenomenon, since adult men too could get possessed, and also at the wells.[41]

Possibly, in the aforementioned cases the reason was not moral as such, but religious. In the medieval imagination, water, and especially wells as openings in the ground descending from the surface to hidden and mysterious depths, could be inhabited by demons and malevolent clandestine creatures. Demons seem frequently to have dwelt around or inside wells.[42] A vivid narration of wells as the residence of demons can also be found in the canonization process of Saint Birgitta of Sweden (AD 1374–1380). Petrus Gedde, a boy of ten, had been possessed by a demon for several years when he sought a cure at the shrine of Saint Birgitta in Vadstena, Sweden. The tormenting spirit made him prostrate on the ground for several days, but when it exited, it came out of the mouth of the boy in the form of a huge snake, after which it transformed itself into a goat and disappeared into the well of the monastery.[43]

A well, it seems, was a suitable place for demons to go. As if to emphasize this, when Antonius Tronto from Avignon saw a multitude of them trying to capture him, he shouted: "To the well these demons, *projiciatis in puteos daemones istos.*"[44] In Antonius's case the reason for the affliction may also have been a beverage he consumed, which was unsuitable in either a physical or a social sense, or both: he had been ill and resorted to medicine and potions ordered by a Jewish doctor, and lost his mind after taking them.

---

40   Elliott, "The Physiology of Rapture," 141–173, and Elliot, *Fallen Bodies*, 37–45. Cf. Caciola, "Mystics, Demoniacs, and the Physiology of Spirit Possession," 268–306, 289–290.

41   Cf. Caciola, *Discerning Spirits*, 40, who claims that in the medieval context diabolic possession was primarily thought to afflict females; Chave-Mahir, *L'exorcism des possédés*, 253–254, who argues for the feminization of the phenomenon from the twelfth century onwards, and Ferber, "Possession and the Sexes," 214–238, who sees demonic possession at the beginning of the Early Modern Era as a typically feminine phenomenon.

42   In the medieval literature mirrors and water often symbolized liminality and functioned as a passage to another world. See Susanna Niiranen, *"Miroir de mérite" Valeurs sociales, rôles et image de la femme dans les textes médiévaux des trobairitz.* Jyväskylä studies in Humanities 115 (Jyväskylä: Jyväskylän yliopisto, 2009), 168–169.

43   *Acta et processus canonizacionis Beate Birgitte*, 142.

44   The canonization process of Peter of Luxemburg was carried out in 1389–1390. "Ad Processum de vita et Miraculis Beati Petri de Luxemburgo, duobus annis cum dimidio a Beati obiti formatum," in *AASS, Julii I*: cap. CLXX, 506.

Nancy Caciola claims that possession in a liminal space is typical of folk beliefs. Boundaries between land and water, and especially forests, were particularly dangerous. Malevolent spirits inhabited these regions between inhabited areas, where culture and civilization was to be found, and nature.[45] These claims can only be seen partially in the cases of demonic possession in the canonization processes, as many victims were possessed in their homes, even in their own beds. However, some of the cases are connected with liminal spaces: water was, of course, part of nature, but wells were also cultural constructions and part of society. Water was essential, but also potentially dangerous in the theological and especially in a physical sense, which may have increased anxiety about it. Furthermore, wells could be seen as liminal space between the inhabited commune and the depths of the earth. Yet, the majority of the conflicts may have evolved around social relationships: for instance, who had the right to use the water from a well, or who was obliged to fund its maintenance. All these elements made water as such and wells in particular potential mediums for social tensions, which may have been resolved in interpreting misbehaviour as demonic possession caused by drinking the water without sufficient care.

The interconnection of improper conduct and dangerous spaces is also often emphasised in *exempla*. In these didactic tales containing a moral lesson, parties, dances, and meetings were seen as particularly dangerous. Above all, the combination of dancing and singing was condemned, women participating in the dances being considered as especially immoral.[46] In the didactic *exempla*, participating in *chorea* often led to peril, death, and damnation. Dancing was seen as a sin and as an activity clearly connected with the Devil. Demons enjoyed seeing people dancing and sometimes led the party, and occasionally those dancing in the dark forests were witches with demons. Dancers were like a cow with a bell: the sound informed the Devil of their whereabouts.[47]

---

45   Caciola, *Discerning Spirits*, 50.

46   Carla Casagrande, "The Protected Women," in *A History of Women in the West. Vol. II. Silences of the Middle Ages*, ed. Christiane Klapisch-Zuber (Cambridge: The Belknap Press of Harvard University Press, 1994), 70–104, esp. 85, and Robert C. Davis, "The Geography of Gender in the Renaissance," in *Gender and Society in Renaissance Italy*, ed. Judith C. Brown and Robert C. Davis (London and New York: Longman, 1998), 19–38.

47   Jacques de Vitry, *Exempla*, CCCXIV, 131; Etienne de Bourbon, *Anecdotes historiques, légendes et apologues tirés du recueil inédit d'Etienne de Bourbon dominicain du 13e siècle*, ed. A. Lecoy de la Marche (Paris: Librairie Renouard, 1877), 461–462, 398–399; cap. 270, 226; Thomas of Cantimpré, *Bonum universale de apibus quid illustrandis saeculi decimi tertii moribus conferat*, ed. Elie Berger (Paris: Thorin, 1895), 54–55, and Caesarius of Heisterbach,

This mode of thought was apparently internalized by the medieval laity, as well as the clergy, since such explanations can be found in the canonization processes and miracle collections. For example, in the canonization process of Saint Birgitta we encounter a miraculous delivery of Katherina, a citizen of the city of Örebro. She became possessed after taking part in dances and leading *chorea* during Lent.[48] Similarly, in Siena, Ceccha became possessed while dancing at a wedding and playing an instrument which gave her great joy. Her relative Dinus de Rosia guessed that her dissolute behaviour had caused this.[49] When Sienese Bonnannus de Ficeclo went with a group of people to a forest to fetch wood, some of the group started to sing and speak foolishly, even immodestly, and as a result a malign spirit gained power over a girl who was fiercely possessed. First she started to stutter and then she lost her speech completely, after which she tried to drown herself. Her face was pale and cold like death and her throat and stomach were swollen.[50] The reason for her possession may have been moral transgression, yet the signs were physical and mental.

The case of Katherina was recorded by local clerics in an additional hearing and the cases of Ceccha and the unnamed girl were recorded in the miracles of the Blessed Ambrosius of Siena. Only one witness was interrogated and the hearing at the shrine is unlikely to have been as judicially accurate as the sworn testimonies in actual canonization hearings, so the recording clerics may have had more opportunity to modify these narrations and include didactic elements in them.

However, the laity acknowledged some moral deviance as direct motivation for demonic possession. Punishing miracles are occasionally linked with infestation by malign spirits. A vengeful saint could command demons to possess an unbelieving and disrespectful person.[51] On the other hand, moral

---

Dialogus Miraculorum, IV, 11. However, there was no general agreement on the dangers of dancing; physicians could recommend dancing and music for the maintenance of health. See, for example, Timo Joutsivuo's and Iona McCleery's chapters in this collection.

48   *Acta et processus canonizacionis Beate Birgitte*, 124.

49   "…in ipso autem actu dissolutionis hujus arripuit eam daemon, ac vexare cepit per plures dies." "Miracula B. Ambrosii Senensis," 236. This hearing was ordained by the Bishop of Siena after the death of Ambrosius of Siena in 1287. Thus it was not an official canonization hearing carried out by papal commissioners.

50   "Miracula B. Ambrosii Senensis," 235.

51   Punishing miracles were a known *topos* from Late Antiquity onwards. Gábor Klaniczay, "Miracoli di punizione e *maleficia*," in *Miracoli. Dai segni alla storia*, ed. Sofia Boesch Gajanao and Marilena Modica (Rome: Viella, 2000), 109–135 and Paolo Golinelli, *Il medioevo degli increduli. Miscredenti, beffatori, anticlericali* (Milano: Mursia, 2009), 67–73 and 90–93.

transgressions are rather rarely blamed for possession and cases of demonic possession often lacked any reason; after all, demons were malevolent creatures that had power over nature and humans, and they could possess an innocent victim without any apparent reason or personal culpability. Often, demonic possession seems to have been an unexpected tragedy that did not need to have a clear and simple reason behind it. Apparently the same logic could also work the other way around: when no reason could be given for an unknown affliction and improper behaviour, it was labelled as caused by demons.

The Blackest of Things

In a search for a cure, the possessed were taken to a shrine of a local intercessor, where they were delivered. Rituals of exorcism could take place on the spot, but in the thirteenth and fourteenth centuries the delivery was typically by divine grace, caused to happen by the intercession of a saint. In the fifteenth century, rituals of exorcism performed by the clergy became more important.[52] The signs of delivery were often accurately recorded, since they were crucial for all the participants. If no clear physical signs were manifest, they were expressed in words. For example, the aforementioned unnamed girl, once the tormenting spirit had left her, called to Bonnannus de Ficeclo and said "Don't you see the blackest of things, *nonne videtis nigerrimum?*" arguing that the demon had visibly left her body. In the medieval imagination black animals and other black things, even black men, were typical incorporated forms of demons, since blackness, sin, death and damnation were linked.[53] As an

---

52 The number of cases of demonic possession decreases in the hagiographic material during the later Middle Ages. According to Alain Boureau, the clerical authorities' intention was to clarify the distinction between possession and mental illness, and as a result raving madness became more clearly a separate medical affliction. Therefore, cases of demonic possession are absent, especially in canonization processes under tight clerical control. Alain Boureau, "Saints et démons dans les procès de canonisation du début du XIVe siècle," in *Procès de canonisation au Moyen Âge*, 199–221, esp. 203–209 and 220–221. Nancy Caciola, on the other hand, claims that deliveries from spirit possession did not decrease as such, but were no longer manifestations of divine grace made to happen by the intercession of a local patron, instead being ordained liturgical performances carried out by the clergy. Caciola, *Discerning Spirits*, 236.

53 Joan Young Gregg, *Devils, Women and Jews. Reflections of the Other in Medieval Sermon Stories* (New York: State University of New York Press, 1997), 33. Terrifying visions of black shapes could also be a symptom of melancholy: see Catherine Rider's chapter in this

example, in the case of Emessendis, a daughter of Stephanus Mirati, the witnesses testified that black smoke exited the mouth of the girl when she was cured.[54]

The signs of delivery also interested the commissioners. For example, the aforementioned Palmeria was asked if she felt anything when the demons left her. She replied that she was so alienated by the demons that she did not feel it.[55] A regained clear state of mind was one piece of evidence for miraculous recovery of the delivered demoniac, but other proofs were required too. Quite often such proofs were detailed meticulously, a typical symptom mentioned by the eye-witnesses being vomiting, often of black blood or other black material. For example, the above-mentioned Benghipace was cured at the shrine of Giovanni Bono, when she felt something coming up into her throat and exiting her mouth. Similarly, in Piacenza at the shrine of Saint Raimundo, Berta Natona was cleansed, *purgata est*, by crying, whimpering and vomiting blood.[56] Vomiting black blood, coals and other black items were considered a sign that demons had been present and concrete proof of successful delivery.[57]

---

volume. Examples of demons in the form of a black animal can be found in Scandinavian material as well. Tryggve Lundén, ed., *Processus canonizacionis beati Nicolai Lincopensis* (Stockholm: Bonniers, 1963), 362–364 and Isak Collijn, ed., *Processus seu Negocium Canonizacionis Katerine de Vadstenis* (Svenska Fornskriftsällskapet ser 2. Latinska Skrifter, Band 2) (Uppsala: Almqvist & Wiksells boktryckeri Ab, 1942–1946), 196–197. Diane Purkiss (*Troublesome Things. A History of Fairies and Fairy Stories* (London: Allen Lane The Penguin Press, 2000), 12–15 and 212–213) argues that blackness is a typical feature of malevolent supernatural creatures from Antiquity onwards.

54   "Ad Processum de vita et Miraculis B. Petri de Luxemburgo," CLXXII: 506.

55   "Interrogata si persensit quando fugati sunt demones, respondit quod ita erat alienate mente quod <non> persensit. Interrogata quis erat present, quando fugati sunt demones, respondit quod non recordatur propter alienationem mentis." "Processus canonizationis B. Ambrosii Massani," 595.

56   "Miracula Sancti Raymundi Palmarii confessoris," in *AASS, Iulii VI*: 661–662. Cf. "Documenta de B. Odone Novariensi Ordinis Carthusiani," in *Analecta Bollandiana*, I, ed. Carolus de Smedt et al. (Paris and Bruxelles: Société générale de librairie catholique, 1882), 323–354, "evomendo sanguinem nigrum," 337; "pluries et turpiter vomendo sanata fuit et liberate a pluribus demoniis sicut ipsa dicebat," 340 and Enrico Menestò, ed., *Il processo di canonizzazione di Chiara da Montefalco* (Spoleto: Centro italiano di studi sull'alto medioevo, 1984), testis CCXXIII, 500, "et vidit unum scardabonem nigrum in terra, qui dicebatur exivisse de hore eorum, sicut gentes asserebant." The other victim was afflicted at a well.

57   "expuebat sputum nigerrimum et carbones, recte indicans quod erat quia nemo dat quod non habet," "Acta Beati Francisci Fabrianensis," *AASS, April III*: 998.

The importance of these elements is clearly visible in a case recorded in the canonization process of Saint Francesca Romana in the middle of the fifteenth century. A foreigner, a Hungarian according to the testimonies, was possessed by a demon and taken to the shrine of Saint Francesca in Rome. While close to the shrine, he vomited three coals and was cured. Bystanders were astonished at the miracle and the detail of the coals was mentioned by all the witnesses.[58]

In the cases of the thirteenth and fourteenth centuries these elements were considered genuine signs of demonic possession and subsequent delivery. They were concrete proofs and their authenticity was not questioned. Later, however, the approach changed: Johannes Weyer, a sixteenth-century physician and demonologist, claimed that these vomited items were not demons, nor had they ever been inside the stomach. They may have been devilish delusions, but not what the onlookers thought. Demons may have enticed the possessed to feign such an event, but these items as such were not of demonic origin.[59] Nevertheless, in the later Middle Ages, the delivery from a demonic possession was often a real and physical phenomenon, while mental disorder caused by demons was believed to be cured when the possessing spirit physically exited the victim. In the medieval visual evidence the delivery from spirit possession is typically a very concrete phenomenon, in which a black substance or item often exits from the mouth of a victim, as is exemplified in the chapter of Gerhard Jaritz in this collection.

Conclusions

Demonic possession had physical and mental signs, but it was not a physical or biological fact. Rather, it was a socially constructed phenomenon, and the symptoms needed to be negotiated and discussed before a classification.

---

58   Placido Tommasso Lugano, ed., *I processi inediti per Francesca Bussa di Ponziani (S. Francesca Romana) 1450–1453* Studi e testi, 120 (Rome: Biblioteca Apostolica Vaticana, 1945), 122–124.

59   Johann Weyer, *Witches, Devils, and Doctors in the Renaissance*, ed. John Mora, trans. John Shea Medieval & Renaissance Texts and Studies, vol. 73 (New York: Center for Medieval and Early Renaissance Studies 1991), 286–291. More typical among the fifteenth-century clergy, however, was a growing concern about demons' powers and the possible misuse of religious objects and rites while expelling them. Michael D. Bailey, *Fearful Spirits, Reasoned Follies. The Boundaries of Superstition in Late Medieval Europe* (Ithaca: Cornell University Press, 2013), particularly 172–173 for approach to protective rites.

For the definitions of the status of a demoniac, testimony of family and general *fama* were considered a sufficient proof for categorization – no expert witnesses were required, but consensus among the community was enough.[60] Spirit possession was a mental state, a disorder which also affected the social position and physical appearance of the victim. It was closely linked to mental disability. The victim was out of his or her mind, acting irrationally and often violently. The symptoms were usually meticulously described. They were, of course, important details validating the state of the victim, but their social consequences, like unrest, improper behaviour and damaged goods, seem to have been the features that interested lay witnesses most.

Spirit possession as a mental confusion led to social disorder but originated from physical facts, namely, that an unclean spirit was thought to dwell inside the victim's body. As a consequence, demonic possession could be connected to other physical disabilities, like raving madness, melancholy, epilepsy and uterine suffocation in the medical and theological treatises of the era, although pondering of this sort is usually absent from the medieval canonization processes and other hagiographic material. Medical theories cannot be found in the records of canonization hearings and doctors rarely appear as witnesses in cases of demonic possession. However, the physical nature of the phenomenon was acknowledged: sometimes an ingested demon manifested itself in the swelling of the body and the reason behind a spirit possession may have been improper food or beverage. Examples of swelling of the body as a sign of possession can be found in both northern and southern Europe.

Unsurprisingly, spirit possession was closely linked with moral states as well. Even if the victims were deemed innocent in the medieval mind, condemnations of moral deviance can be found in material with didactic overtones in northern as well as in southern Europe, whereas in the depositions of the laity such explanations are rare. Demonic possession was commonly seen as an unexpected tragedy, the possessed were seen as innocent victims and there was no strong urge to find a reason or a person to blame. However, demonic possession was undoubtedly a social stigma, like any deviant behaviour. Therefore, the victims themselves occasionally tried to find an excuse or reason outside themselves for their affliction, such as drinking polluted water: after all, who could be blamed for having a sip of water?

---

60   On madness as social construction, see Sylvia Huot, *Madness in Medieval French Literature. Identities Found and Lost* (Oxford: Oxford University Press, 2003); On neighbourhood testimonies and general *fama* in defining whether a person was mad or not, see Pfau, "Protecting or Restraining?," in *Disability in the Middle Ages*, 94.

Demons seem to have been accidentally ingested by drinking, particularly in Italian urban contexts. This undoubtedly reflects the social tensions connected to water supply in this region. In less urbanized areas water supply was not necessarily such a conflict-prone issue, but wells still seem to have been typical dwelling places for malign spirits in other parts of Europe.

Since the clergy generally agreed on the innocence of the victim, they were willing to record cases where demons were accidentally ingested. Simultaneously, such cases were a caveat and emphasized the need for penance and repentance, for demons lurked everywhere. Furthermore, cases of demonic possession underlined the cosmological hierarchy, offering evidence of the rule over demons exercised by heavenly intercessors.

The reason behind the affliction may have remained obscure, but it was important to determine the signs of delivery: the victim wanted to underline the recovery to enable his or her integration back into the community, other witnesses wanted to be certain that the disturbance was over and the commissioners wanted to verify the authenticity of the miracle. Therefore, genuine proofs of the exit of a demon, like vomited black items, blood and coals were often recorded meticulously.

In sum, demonic possession was a mental disturbance which showed physical signs and caused social turmoil. Nevertheless, the victims did not find themselves in a permanent marginal position, as they were not usually blamed for moral deviance and the physical and mental signs disappeared after the miraculous delivery. The remedy for this mental disorder was essentially devotional: saints' intercessory powers chased away invading spirits and restored proper order, in a mental, physical and social sense.

"Volebam tamen ut nomen michi esset Dyonisius" –Fra Salimbene, Wine and Well-Being[1]

Jussi Hanska

Bukée

The title of this chapter comes from the words of Salimbene de Adam (1221–1288) himself. His wish to be called Dionysius did not have anything to do with the Greek God of wine, but with Saint Dionysius (fr. Saint Denis), on whose feast day Salimbene was born.[2] However, one is left to wonder if Salimbene's wish to be called Dionysius was a so-called Freudian slip. The reason for this is that Salimbene's sole surviving work, the *Cronica*, is filled with passages discussing wine, and not always from the pastoral or preacher's point of view.

This study analyses Salimbene's writings on wine and drinking against the common thirteenth-century attitudes on alcohol and its dangers to physical and mental well-being and the soul. In modern society one is continuously exposed to information concerning the dangers of drinking and alcoholism. At the same time, however, there is no shortage of contrary messages; TV-shows, films, books, and articles promoting the idea of an intimate connection between good life and good wine. Could it be possible that such controversial messages on the effect of wine are already found in medieval sources? In fact, is it possible that wine drinking could have been perceived not only as a threat to mental health but also as a means of keeping one's sanity and serenity?

The first chapter takes a look at the norms that regulated the Franciscan way of life. How was wine and drinking perceived by the Franciscan Order? The second chapter deals briefly with Salimbene's impartial comments on wine and vineyards, that is, comments typical of any medieval chronicle. The third chapter deals with the passages where Salimbene demonstrates the extent

---

1 This study is dedicated to MA Simo Örmä who not only kindly read and commented the manuscript, but also introduced me to the fascinating world of Italian wines.

2 Salimbene de Adam, *Cronica* I. Tomus I, ed. Giuseppe Scalia. Corpus Christianorum Continuatio Mediaevalis 125 (Turnhout: Brepols, 1998), 56. While Salimbene's Cronica has been edited several times, I have chosen to use the Corpus Christianorum edition by Giuseppe Scalia since it is by far the most reliable edition of the work.

of his expertise on wine. It is the chapter about Salimbene the connoisseur. The fourth chapter deals with the moral issues connected with drinking. Here it is Salimbene the preacher who takes the floor.

Firstly, however, a few words about Salimbene and his *Cronica* need to be said. Salimbene's *Cronica* has been studied out of any proportion to its contemporary relevance. There exist literally hundreds of books and articles.[3] That is rather lot for a work that survives in only one medieval manuscript – an autograph that quite likely did not enjoy any circulation whatsoever during the Middle Ages.[4]

Salimbene's lack of success during the Middle Ages can be explained with the same reasons that have made Salimbene so popular among modern historians, namely that his *Cronica* is an exceptional book compared to any other medieval chronicle. It is more individualistic and personal than any contemporary chronicle. Salimbene uses several folios of expensive parchment to reveal his personal history, opinions, and other issues that had precious little relevance for larger audiences.

This peculiarity does not make Salimbene less reliable than any other contemporary source, but it certainly makes a historian to ask how much value such a chronicle has as source material. If Salimbene was so exceptional a writer, can his personal opinions be generalized to other thirteenth-century Franciscan friars? To overcome this difficulty, one must compare Salimbene's writings to other sources whenever possible to establish whether his views and opinions were totally alien to contemporary thinking, or if they were just expressed in a more colourful way.

First Mouthful – Normative Frameworks

Excessive drinking was a vice that was considered to be one of the subspecies of the seven capital sins – a scheme that goes back to the early days of monasticism and found its more or less canonized form in the writings of the Gregory

---

3 See, for example, bibliographies of the different articles in *Salimbeniana. Atti del convegno per il VII centenario di fra Salimbene 1987–1989* (Bologna: Radio Tau, 1991); D.C. West, "The Present State of Salimbene studies with a biographic appendix of the major works," *Franciscan Studies* 32 (1972): 225–241; Oliver Guyotjeannin, *Salimbene de Adam: un croniqueur franciscain* (Turnhout: Brepols, 1995).

4 Giuseppe Scalia, "Introduzione," in *Cronica*. Tomus I, ed. Giuseppe Scalia. Corpus Christianorum Continuatio Mediaevalis 125 (Turnhout: Brepols, 1998), xxxiv–xxxix.

the Great. In Gregory's scheme one of the seven capital sins was Gluttony (Lat. *gula*). It was divided into two subspecies, namely feasting (Lat. *commessatio*) and drunkenness (Lat. *ebrietas*).[5]

Originally the scheme of the seven capital sins was designed for monks, who at that time were still in most cases hermits living in the desert or in otherwise secluded circumstances. The idea of early monasticism was to escape the temptations and worries of this world and to live an austere and spiritually salutary life in the desert following the example of Christ – even if this desert was only a small hut or cave a few miles away from the nearest town. Living in the "desert" meant purifying oneself through fasting. This excluded superfluous meals and enjoying quality wines.

While the strict bread and water diet evolved along with the institutionalization of monasticism in a more lenient direction, excessive eating and drinking remained very much forbidden to the monks. For example, the rule of Saint Benedict forbade eating of the meat of any animal with four feet. Meat was considered dangerous because eating food of too fine a quality opened the gate to other sins: even its Latin name, *carnis*, evoked carnal sins.[6] However, in practice life in the monasteries was not as strict as one might assume. By the beginning of the second millennium, the great Benedictine abbeys were anything but famous for the austerity of the diets of the monks. Especially at the abbot's table one was normally guaranteed to eat and drink well.

The religious situation in Europe changed considerably with the coming of the Mendicant orders. The seven capital sins were as valid a scheme as ever, but the audience had changed. Now the capital sins needed to be explained to lay audiences too. For them the concept of eating too much was rather difficult to grasp. For poor people, it was absolutely vital to eat everything available. For the rich, delicate eating was a sign of social status. Lascivious banqueting with fine wines was a way of showing one's position in society.

In these circumstances, the writers of moral treatises often set aside the spiritual argumentation and overtly attacked eating and drunkenness with simple arguments based on health. It is bad for one's bodily and mental health to eat, and especially to drink, too much. Excessive drinking makes one's breath

5   Morton W. Bloomfield, *The Seven Deadly Sins. An Introduction to the History of a Religious Concept with Special Reference to Medieval English Literature* (East Lansing: Michigan State College Press, 1952), 72–73.

6   Carla Casagrande & Silvana Vecchio, *I sette vizi capitali. Storia dei peccati nel Medioevo* (Turin: Einaudi, 2000), 131.

stink like an open grave, causes nausea, headaches and general loss of health, not to mention poverty, and eventually makes the drinker lose his sanity.[7]

Salimbene's position concerning gluttony and drunkenness as its subspecies was twofold. As a member of the Franciscan Order, the dietary ideas of the monastic movement were valid for him too, more so if anything, because the Church considered the Franciscan Order to be one of the strictest orders. At the same time, however, the Franciscans spent much time in contact with the lay world through their preaching and begging tours. These contacts had dietary implications, as we shall shortly see.

As a Franciscan friar, Salimbene's diet was regulated by Canon law, the rule of the Order, and other, more or less normative documents commenting on individual chapters of the rule. In 1215 Pope Innocent III had presided over the Fourth Lateran Council in Rome. Its constitutions were normative documents for the whole of Christendom. Canon 15 is titled "On the avoiding of the drunkenness of the clergy" (Lat. *De arcenda ebrietate clericorum*). It states that members of the clergy should be temperate with wine and avoid drunkenness, for it causes a man to lose his mind and incites him to lust. The canon also forbade clerics to enter drinking competitions where the last man standing was the winner. Failing to observe these regulations led to suspension from a benefice or office.[8] Canon 15 was not intended to forbid the drinking of wine by the members of the clergy – it simply invited them to practise modesty and common sense. Only drunkenness and *crapula* were totally forbidden. This canon was incorporated as such into the Canon Law collection known as *Liber extra* promulgated by Pope Gregory IX in 1234.[9]

The most significant document on the Franciscan Order's internal legislation was the so-called *Regula bullata* drawn up by Saint Francis together with Ugolino, Cardinal-bishop of Ostia. It was promulgated by Pope Honorius III in 29 November 1223.[10] The *Regula bullata* has surprisingly little to say about the

---

7 Guillelmus Peraldus, *Summa seu tractatus de vitiis* (sine anno, not after 1474 according to the Vatican library catalogue), Tract. II, pars 1, f. 3r–6r. See also Casagrande & Vecchio, *I sette vizi capitali*, 138–139.

8 Joseph Alberigo et al., ed. *IV Lateran Council*, c. 15, in *Conciliorum Oeconomicorum Decreta* (Freiburg: Herder, 1962), 218–219.

9 X.3.1.14., in Aemilius Friedberg, ed. *Corpus Iuris Canonici* editio Lipsiensis secunda post Aemilii Ludovici Richteri curas ad librorum manu scriptorum et editionis Romanae fidem recognouit et adnotatione critica instruxit Aemilius Friedberg. Pars II Decretalium collectiones (Graz: Akademische Druck- u. Verlagsanstalt, 1959), col. 452–453.

10 John Moorman, *A History of the Franciscan Order from its Origins to the Year 1517* (Chicago: Franciscan Institution Publications, 1988, 1st published in 1968), 57.

food and drink of the friars. The second chapter, which deals with accepting new brothers, alludes to the modest diet of the brothers by forbidding them to despise those people who eat and drink more delicately – instead, the brothers should judge and despise only themselves.[11] From the text it is plain to see that Francis of Assisi took the modest diet as self-evident: however, rules and laws are not read between the lines and hence this remark does not have any normative implications for diet.

Chapter Three, dealing with the divine office, fasting, and how the Friars should behave in their everyday life, does not provide any instructions besides the usual fasting periods of the Church. Finally, Chapter Five, dealing with the manual labour of the friars, states that they are allowed to receive those things that are necessary for the sustenance of their bodies as compensation for their work.[12]

The rule can be read so that Franciscans were allowed to eat and drink as they saw fit, as long as they kept the fasts required by the Church. In fact, the only document where Saint Francis ever clarified his views on the food and drink of the brothers was the so-called *Regula non bullata*, which he drew up in 1221.[13] In the ninth chapter of this primitive rule Francis wrote:

> And whenever necessity has overtaken them, let it be licit for all the friars, wherever they have been, to use all foods, which men can eat....And let them remember, what the Lord says: "Attend moreover to yourselves lest perchance your hearts grow heavy with carousing and drunkenness and the cares of this life."[14]

Here Francis gave his permission to receive all sorts of victuals and beverages, but warned his brothers about excessive drinking. Even this passage did not absolutely forbid wine – on the contrary, it allowed the brothers to receive anything edible (and implicitly, drinkable). Furthermore, the *Regula non bullata* was not a normative rule. It had been replaced by the above-mentioned *Regula bullata*.

---

11   Caietanus Esser, ed., *Regula bullata*, in *Opuscula Sancti Patris Francisci Assisiensis*. Bibliotheca Franciscana Ascetica Medii Aevi 12 (Grottaferrata: Editiones Collegii S. Bonaventurae ad Claras aquas, 1978), C.2. "Quos moneo et exhortor, ne despiciant neque iudicent homines, quos vident mollibus vestimentis et coloratis indutos, uti cibis et potibus delicatis, sed magis unusquisque iudicet et despiciat semetipsum."

12   *Regula bullata*, C.3 and C.5.

13   Moorman, *A History of the Franciscan Order*, 51–52.

14   Caietanus Esser, ed., *Regula non bullata*, in *Opuscula Sancti Patris Francisci Assisiensis*. Bibliotheca Franciscana Ascetica Medii Aevi 12 (Grottaferrata: Editiones Collegii S. Bonaventurae ad Claras aquas, 1978), C.9.

As the rule was so vague about the diet of the brothers, one should expect to see definitions on the later commentaries on it. By the time of Salimbene's *Cronica*, there were two existing rule commentaries, namely the so-called Commentary of the four masters and the Commentary of Brother Hugues de Digne, whom Salimbene knew personally. The commentary of the four masters does not make any comment on the diet of the brothers.[15]

Salimbene got to know Hugues de Digne in the Franciscan convent of Hyères in 1247–1248.[16] We know that Hugues composed his rule commentary at some time between 1242 and 1256, most likely at the beginning of the 1250s.[17] If this dating is reliable, Salimbene could not have read Hugues' commentary while in Hyères. However, Salimbene appreciated Hugues very much and it is very likely that he read the commentary later on.

Hugues de Digne made an interesting comment on the above-mentioned second chapter of the *Regula bullata*, where Francis forbade the brothers to despise those who use better clothes and eat more delicately. He wrote that Francis had emphasised the brothers' need to criticise and despise themselves rather than others, because using delicate clothes and putting too much emphasis on fine food and drink is a much greater sin for a Franciscan friar than for a layman. Later on Hugues was even more specific on this issue. He instructed that the brothers should avoid "the vice of gluttony that is often imminent with wine, or too rich or otherwise too novel foods."[18]

However, even in this passage Hugues did not condemn the use of wine, only its immoderate use. This is confirmed by an interesting observation about the wine economics of the Franciscan convents Hugues made when he commented on the fourth chapter of the Rule. He wrote that in some regions brothers must store wine and victuals for one month or even longer. If they did not do so, they would be compelled to leave these convents causing great damage to the Order and the souls of the lay people. In such cases, Hugues believed, even if it was against the Gospel (Mt. 6:34) and the Rule that both forbade worrying about tomorrow, necessary storages should be made with a dispensation from the Minister General or the General Chapter of the Order.[19]

---

15   Oliger Livarius, ed., *Expositio Quatuor Magistrorum super Regulam Fratrum Minorum* (*1241–1242*). Storia e letteratura 30 (Rome: Storia e letteratura, 1950).

16   Scalia, "Introduzione," ix–x.

17   David Flood, "Introduction to *Expositio Hugonis de Digna super regulam fratrum minorum*," in David Flood, *Hugh of Digne's Rule Commentary*. Spicilegium Bonaventurianum 14 (Grottaferrata: Editiones Collegii S. Bonaventurae ad Claras aquas, 1979), 50–54.

18   *Expositio Hugonis de Digna super regulam fratrum minorum*, in David Flood, *Hugh of Digne's Rule Commentary*. Spicilegium Bonaventurianum 14 (Grottaferrata: Editiones Collegii S. Bonaventurae ad Claras aquas, 1979), 113–114, and 119.

19   *Expositio Hugonis de Digna super regulam fratrum minorum*, 134–135.

Hence, in order to guarantee the availability of basic needs such as food and wine, the brothers were allowed to gather provisions for a longer time even if it was against the Rule in normal circumstances. It is interesting that when dealing with basic necessities Hugues took the view that availability of wine was such a necessity and could not be replaced with water. From the context it is obvious that he was not only thinking about the wine used in the liturgical context, but for everyday use. Thus, even for a zealot like Hugues de Digne, whose opinions were highly valued later on by the Spiritual Franciscans, wine was not considered as a luxury product, but a legitimate part of the daily diet.

Besides the rule and its commentaries, the Franciscan way of life was guided by constitutions accepted at the general chapters. The constitutions accepted in the general chapter of Narbonne in 1260 served as a basis for all later constitutions. Wine was mentioned three times in all subsequent thirteenth-century Franciscan constitutions. In a passage dealing with poverty and its meaning, constitutions stated that the brothers are not allowed to ask for money from passers-by, but they can ask for bread and wine. On two other occasions drinking water instead of wine was introduced as a punishment for disobedient brothers.[20] Thus the constitutions had very little to say about wine, but one gets the impression that wine was perceived as a normal beverage for the brothers.

The Franciscan way of life in the thirteenth century also involved the imitation of the founder, Saint Francis of Assisi. His personal ascetic way of life was well documented, but even the earliest hagiographic literature on Francis included positive references to wine. Tommaso da Celano's first *Vita* told how Francis had changed water into wine, and how on another occasion he had asked his brothers to invite a certain beggar to eat with them. The brothers only had some bread and a little wine, but miraculously these were multiplied to feed everyone present.[21] Tommaso da Celano's *Tractatus de miraculis beati Francisci* reports yet another wine connected miracle, where a certain disease was destroying vineyards near Palencia in Spain. The farmers turned to Saint Francis with their prayers and consequently the epidemics died out immediately and their vineyards were saved.[22]

20　Cesare Cenci and Georges Mailleus, ed., *Constitutiones Narbonenses 1260*, III.6; IV.8, and IV.15. in *Constitutiones generales Ordinis Fratrum Minorum I* (*saeculum XIII*). Analecta Franciscana XIII (Grottaferrata: Editiones Collegii S. Bonaventurae ad Claras aquas, 2007), 74, and 77–78.

21　Thomas de Celano, *Vita prima s. Francisci*, in *Analecta Franciscana* 10, ed. Collegium S. Bonaventurae (Quaracchi: Editiones Collegii S. Bonaventurae ad Claras aquas, 1926–1941), 47 and 158.

22　Thomas de Celano, *Tractatus de miraculis b. Francisci* in *Analecta Franciscana* 10, ed. Collegium S. Bonaventurae (Quaracchi: Editiones Collegii S. Bonaventurae ad Claras aquas, 1926–1941), 328.

Thus we have seen that the religious life of the early Franciscans did not exclude wine. Paradoxically, it probably made many Franciscans better than average connoisseurs of it. As stated above, the Franciscan way of life was a compromise between traditional ascetics, desert type monasticism and living in the secular world. The friars met lay people all the time because of their preaching and begging tours. The more rigidly they followed the Rule and avoided collecting and accumulating their own property, the more often they had to eat out, so to speak.

The life of a Mendicant friar was supposed to be a life of evangelic poverty in imitation of Christ and his apostles. However, the practice was often different. European society in Salimbene's time was strictly divided into those who were reasonably wealthy and rich and those who could barely sustain themselves and their families. Those that would be referred to as middle classes in modern context were almost nonexistent. While the poor could hardly afford to feed the Friars, the rich were often happy to do so because it brought them spiritual benefits. Hence, the Franciscans were likely to eat and drink better than an average person would.

This paradox did not go unnoticed to the opponents of the Mendicant orders. They criticised Franciscans for favouring the company of the rich and neglecting the poor. The criticism is reflected in Bonaventure's *Determinationes quaestionum circa regulam fratrum minorum*. In the 22nd question (*Cur fratres magis frequentent mensas divitum quam pauperum*?) Bonaventure dealt with these criticisms. He wrote: "Item, I [i.e. the imaginary critic of the Franciscan order] Ask, how is it that you, who should be following the example of poor Christ be friends of the poor and satisfied with what they eat, eat more often with the rich than with the poor?"

Bonaventure explained that there were three reasons. First, the needs of the brothers; they must eat where they can. Second, the poverty of the poor; it is not right to ask sustenance from those who can barely survive and leave them hungry. Thirdly, eating with the rich is good for their souls: this way the rich have a chance to give alms to the poor (i.e. to the Friars). Finally, Bonaventure remarked that the rich are generally not too keen to receive religious and moral instruction. By eating with them, the brothers are in position to evangelise them so discreetly that they do not even notice it.[23] Interestingly, Bonaventure did not deny the fact that Franciscans were regular guests at the tables of the rich and the powerful or that they ate and drank reasonably well.

---

23   Bonaventure, *Determinationes quaestionum circa regulam fratrum minorum*, in *S. Bonaventurae Opera omnia*, ed. Collegium S. Bonaventurae. Tomus VIII (Quaracchi: Editiones Collegii S. Bonaventurae ad Claras aquas, 1908), 352–353.

First Glass – Neutral Comments on Wine

When Salimbene stayed at the Franciscan convent of Cremona in 1247, a certain Brother Gabriele da Cremona told him that the region of Auxerre in France produced more wine than regions of Cremona, Parma and Reggio Emilia and Parma put together. Salimbene, who had been born in Parma and was as much affected by local patriotism (It. *campanilismo*) as any Italian, thought that such an idea was unthinkable and could not be true. However, during the very same year Salimbene came to Auxerre himself and saw with his own eyes that Brother Gabriele had got it right. Salimbene tells his readers that the whole region around Auxerre is living off the wine trade. They transported most of their wine via the River Yonne to Paris. Out of the profits of this trade, they bought their own victuals and the clothes they wore.[24]

It seems obvious that Salimbene exaggerated the importance of the wine trade for the Auxerre region. Nevertheless, he observed correctly the overall economic situation of the region. It is true that wine was transported from Auxerre to Paris via the River Yonne and that this trade was economically very significant – in fact, it made Auxerre a wealthy town. Its wine was not only transported to Paris but also to the northern provinces of Picardy and Artois, Flanders, and even to England and other distant shores of the North Sea.[25]

During his short spell in France Salimbene also noticed that in the Franciscan province of France the four northern custodies drank beer with their meals, and the four southern custodies drank wine.[26] The Franciscan province of France is not to be confused with modern France. It included only the northern parts of modern France as well as parts of modern Belgium.[27] These custodies were not significant wine producers and hence beer was a logical solution.

One of the specific features of Salimbene's *Cronica* is that even the rather typical comments on the weather and its effects on agriculture were presented in a much more colourful fashion compared to the majority of other contemporary chronicles. A typical example is Salimbene's short remark on the cold winter of 1216:

> And during that winter there was very much snow and such intense coldness that vines were destroyed. And the River Po froze over, and the

---

24   Salimbene de Adam, *Cronica* I, 329.
25   Roger Dion, *Histoire de la vigne et du vin en France des origines au XIXe siècle* (Paris: Clavreuil, 1959), 245–247.
26   Salimbene de Adam, *Cronica* I, 330.
27   Moorman, *A History of the Franciscan Order*, 160–161.

> women were dancing on ice and men organised tournaments there.
> The peasants crossed the river with carts, two-wheeled carriages, and
> sledges.[28]

Here Salimbene paints a rather lively picture of the winter on the river, reminiscent of the *Winter landscape* of Pieter Brueghel the Elder. The problem is that here Salimbene was not reminiscing on his childhood winters, but simply passing on what he had learned from elsewhere. He was born five years after that winter. Therefore, one must not get carried away with Salimbene's lively descriptions of historical events. Cold winters are similarly mentioned in 1234, 1269 and 1286.[29] In the last case Salimbene tells us that in many places frost killed most of the young branches of the vines.[30]

Salimbene does not provide us with a systematic picture of wine production. That is, he does not tell us what the harvest was like in each and every year. He notices only occasionally the damage done by extremely cold winters and even more sporadically the extremely good wine years, such as 1282, when there was "an abundance of wine."[31] Such a haphazard approach to wine production and agriculture in general was typical of medieval chronicles. The chroniclers were not interested in normal years, and consequently we often get information of exceptional circumstances only.[32]

To these exceptional circumstances belong also wars and other minor skirmishes that were so typical of the central and northern Italian city states in the so-called *età comunale*. In addition to the conflicts between different cities, there was plenty of internal unrest caused by different factions. There were internal wars between rival ruling families, between the Guelphs and the Ghibellines, and between the *popolo* and the nobles. Salimbene often describes this strife with great interest and in detail and sometimes also mentions damage to the vineyards.

A good example is Salimbene's short excursus on the history of the Reggio Emilia and the surrounding areas in the latter half of the 1280s. He explains that a certain Rolandino da Canossa, who had been *Podestà* in various central Italian towns, was expelled from Reggio with his allies and followers in 1287. They settled in the fortified village of Gesso (near the present day Cròstolo in South West of Reggio Emilia) and engaged in guerrilla warfare against the

---

28   Salimbene de Adam, *Cronica* I, 48.
29   Salimbene de Adam, *Cronica* I, 126–127; Salimbene de Adam, *Cronica* II, 722.
30   Salimbene de Adam, *Cronica* II, 922.
31   Salimbene de Adam, *Cronica* II, 775.
32   Antonio Ivan Pini, *Vite e vino nel medioevo* (Bologna: Clueb, 1989), 35.

citizens of Reggio. In the end, the citizens of Reggio gathered enough troops, burned down Gesso and destroyed the vineyards of Rolandino in Gesso. Incidentally, Salimbene specifies that those vineyards produced a vernaccia type of wine.[33]

In all these cases Salimbene deals with wine as an everyday livelihood substance or from the commercial point of view. He does not dwell on moral theological observations, nor is he interested in the effect of wine drinking on health. Such a neutral attitude was typical of all the medieval chroniclers.

Second Glass – Salimbene as Connoisseur

Quite untypical of medieval chronicles were Salimbene's personal comments and reflections on the quality of different wines. He did not shy away from showing his expertise. A good example is the above quoted passage on the destroyed vineyards of Rolandino da Canossa. Any chronicler could have reported the destruction of Rolandino's house and vineyards. However, no other chronicler would have bothered to specify that those vineyards produced vernaccia. Such a detail implies some personal interest in the wine and different grapes, and indeed, careful reading of Salimbene's *Cronica* reveals that he was very interested in wine and viticulture – a true connoisseur.

Salimbene's personal interest in wine is manifested in the *Cronica* in two ways. Sometimes he adds comments on the quality of the wine enjoyed in different occasions or grown in the different regions. Sometimes he even launches into a more detailed analysis, as on the French wines, especially those of the Auxerre region. Let us first deal with the passing remarks on the quality of the wine.

When describing his noviciate Salimbene suddenly tells a curious story of the behaviour of some of his fellow Franciscans at the convent of Siena:

> Around that time, as suggested by the general minister, the king of Hungary sent to Assisi a certain great golden chalice so that the head of blessed Francis could be honourably stored in it. However, when it was brought to the convent of Siena and conserved there in the sacristy, one evening certain brothers, motivated by curiosity and levity of mind, drank excellent wine from it. They wanted to boast later on that they had drank from the chalice of the king of Hungary. Unfortunately for these

---

33 Salimbene de Adam, *Cronica* II, 955 and 963. "…and they carried off the crops and burnt houses and cut down Lord Rolandinus' vineyards which made vernaccia wine."

rascals, their antics were discovered by the guardian, who punished them by compelling them to drink from that time on from the small black terracotta cups.[34]

Apart from the fact that drinking from terracotta cups was a form of punishment or at least salutary lesson of humility for the brothers in question, this story is interesting because Salimbene emphasises the quality of the wine (Lat. *optimum vinum*).

This is by no means the only case when Salimbene gives his personal estimation of the quality of wine. Another example is the events of the summer of 1247. At that time Pope Innocent IV had deposed the Emperor Frederick II and excommunicated him. This led to another war in Italy and by the summer, Frederick was preparing to attack the pope and his supporters in southern France. This plan failed, however, because the city of Parma unexpectedly rebelled against the rule of the emperor. As his son Enzio was not able to restore order, Frederick was forced to abandon his plans to invade Provence and return to Parma. Salimbene writes:

> Then the Emperor, all inflamed with wrath and fury at that which had befallen him, came to Parma; and in the district called Grola, wherein there is a plenty of vineyards and good wine (for the wine of the land is most excellent), he built a city, surrounded with great trenches, which he also called Victoria, as an omen of which should come to pass.[35]

Unfortunately Salimbene does not give any precise details of the wine that was produced in Grola, but only tells us that it was excellent (Lat. *optimum*). As Salimbene had been born in Parma there is no reason to doubt that this estimation was based on personal experience.

Another passage where Salimbene shows his intimate knowledge of wines is his description of the wine produced in the Auxerre region:

> Note also that there are three parts of France which give great plenty of wine, – namely, La Rochelle, Beaune, and Auxerre. Note that the red wines are held in but small esteem, for they are not equal to the red wines

---

34   Salimbene de Adam, *Cronica* I, 156.

35   Salimbene de Adam, *Cronica* I, 295. The translation is by George Gordon Coulton, *From Saint Francis to Dante* (London: David Nutt, 1908), 117. The district (Lat. *contrata*) of Grola was situated outside of the town (there is still a street called Viale la Grola on the Northeastern part of the present city of Parma, well outside the *centro storico*).

of Italy. Not likewise that the wines of Auxerre are white and sometimes golden, and fragrant, and comforting, and of strong and excellent taste, and they turn all who drink them to cheerfulness and merriment; wherefore of this wine we may rightly say with Salomon [Prov. 31:6–7]: "Give strong wine to them that are sad, and wine to them that are grieved in mind: Let them drink and forget their want, and remember their sorrow no more." And know that the wines of Auxerre are so strong that, when they have stood awhile, tears gather on the outer surface of the jar.[36]

What, then, can be learned from this passage? Gabriele Archetti quotes parts of the text in his ambitious book about the history of wine in medieval Europe. For example, he states that red wine was not particularly appreciated in the Auxerre region because it was not as good as Italian red wine.[37] Salimbene's text leads us to believe that this was the general opinion around Auxerre, but one is left to wonder whether it really was a reflection of Salimbene's own personal taste. Perhaps Salimbene allowed his Italian local patriotism to affect his judgement.

Even if he is not convinced of the quality of the local red wine, Salimbene gives due credit to the white. He praises its colour, strong taste, and fragrance. It is a kind of wine that gives comfort to those who are sad and makes drinkers cheerful. Here it is worth noting that there is not even a hint of ambiguity about this cheerfulness. It is presented in a genuinely positive light. However, in his text Salimbene quotes a passage of the Proverbs. This passage comes from the longer passage (Prov. 31:1–7) where the actual message is that wine is not a suitable drink for kings, for it makes them "forget the law, and pervert the judgement of any of the afflicted." However, the passage does recommend wine for the poor and suffering because it helps them to forget their misery. Interestingly, it is this part of the text that Salimbene chooses to quote, leaving aside the warnings of the first verses.

Furthermore, the exact description of the colour, odour, and taste of the wine, and even of the effects it has on the surface of the jar seem to indicate that Salimbene is writing from personal experience, as a man capable of evaluating the different qualities of various wines. This ability explains much about the drinking customs of the thirteenth-century Franciscan convents. Wine was a common drink in everyday usage and sometimes, as in the above quoted

---

36   Salimbene de Adam, *Cronica* I, 339, translation Coulton, 137–138.

37   Gabriele Archetti, *Tempus vindemmie. Per la storia delle vigne e del vino nell'Europa medievale*. Fondazione Civiltà Bresciana. Fondamenta. Fonti e studi di storia bresciana 4 (Brescia: Fondazione Civiltà Bresciana, 1998), 53.

passage about the brothers drinking from the cup donated by the king of Hungary, it was also of good quality.

Another occasion when Salimbene launches into a short analysis of the wine of a region is in his description of a certain Arduinus de Clavara, when he makes a passing comment about Arduinus' home town Chiavari:

> Place where he came from is called Chiavari and it is situated on the seashore, in the diocese of Genoa near Levanto where the Friars minor have their habitation; I was there several times. Close to that place one produces large quantities of Vernaccia wine, and the wine of that region is excellent.[38]

Today the most well-known Vernaccia wine comes from the Tuscan town of San Gemignano, although it is produced also in Sardegna and in the Marche (Vernaccia di Serrapetrana). The home of Vernaccia wine was, however, the small town of Vernazza on the Ligurian coast. In Salimbene's time vernaccia was a new invention. It's cultivation began some time in the thirteenth century, It tasted very much like the Greek wines that were in great demand in Italy. Therefore, the vernaccia of Liguria soon became an important export product and its cultivation spread to the other regions of northern and central Italy.[39] According to Dante, it was an excessive quantity of eels from Lake Bolsena washed down with vernaccia wine that sent Pope Martin IV to purgatory.[40]

Taking into account the widely spread reputation of the vernaccia wines, it did not require great expertise to say that wines near Chiavari were excellent. However, it is equally obvious that Salimbene was writing from personal experience as he explicitly states that he was there when the reputation of the vernaccia was born and some of that excitement comes through from the text of his chronicle.

Salimbene also has something to say on what is good and what is bad wine on general level. Soon after the above-mentioned description of the wines of Auxerre, Salimbene launches into a discussion on the properties of good wine. This he does by quoting different authorities. Firstly, he relies on common opinion, in this case of the French, quoting a three line poem on the qualities of the good wine. Salimbene introduces the poem by stating that the French

---

38   Salimbene de Adam, *Cronica* II, 859.

39   Archetti, *Tempus vindemmie*, 107–108. As for the vernaccia in Central Italy, Salimbene himself tells that it was produced in Gresso near Reggio Emilia.

40   Dante Alighieri, *The Divine comedy*, trans. Henry Francis Cary (London, Paris, Melbourne: Cassell & Company, 1892), canto XXIV.

used to say laughing that wine needs to have three b's and seven f's to be of the best quality and worthy of praise:

> El vin bons e bels e blanche,
> forte e fer e fin e franble,
> fredo e fras e formijant.[41]

As if this was not enough for his readers, Salimbene reproduces another poem on the qualities of the wine, this time attributed to a certain Master Morandus who had taught Grammatics in Padua.[42] The poem is generally known by its first lines, as *Vinum dulce gloriosum*. I will not reproduce it here as it is easily consultable in the edition of Salimbene.[43] The English language translation is available in C.G. Coulton's partial translation of Salimbene as well as some newer translations of the *Cronica*.[44] This poem is basically a tongue-in-cheek rendition of the qualities of good and bad wines. Wasting precious parchment on such a "goliardic" poem underlines Salimbene's fascination on good wine.

Sometimes Salimbene's dedication to wines is shown in the way he chooses the information to be included in the chronicle. During his stay in France, Salimbene was once invited to have dinner with King Louis IX. Characteristically, Salimbene does not report what was said or done during that dinner, but instead says that the wine was good enough to be served at the king's table.[45] Similarly, Salimbene explains how he went from Genova to Bobbio in 1249 and found there an impressive collection of relics. However, the only relic described in detail is one of the water jars from the wedding feast of Cana in Galilee (John 2:1–11).[46] This concentration on the wine and neglect of other potential issues is typical of Salimbene. Sometimes he simply gets carried away by his private interests.

---

41   Salimbene de Adam, *Cronica* I, 330. "Good wine has a beautiful light colour, it is strong, burly, great tasting, transparent, cold, fresh, and clear."

42   Certain Master Morandus held that position in at the University of Padua in 1262; Girolamo Tiraboschi, *Storia della letteratura Italiana. Tomo IV. Dall'anno 1183 all'anno 1300* (Milan: Società tipografica de' classici italiani, 1823), 680; John Kenneth Hyde, *Padua in the Age of Dante. A Social History of an Italian City State* (New York: Barnes & Noble, 1966), 294.

43   Salimbene de Adam, *Cronica* I, 330–331.

44   Coulton, *From Saint Francis to Dante*, 138–139.

45   Salimbene de Adam, *Cronica* I, 389.

46   Salimbene de Adam, *Cronica* I, 505.

Third Glass: Wine and National Stereotypes

It is extremely interesting that Salimbene also uses wine as a means of constructing national stereotypes.[47] In particular, he deals with the drinking habits of the Englishmen and the French, but in between the lines he also implies that Italians had superior manners and cultivation. The title of the passage in the *Cronica* defines very well what Salimbene wants to say to his readers: "On the French and Englishmen who habitually drink from the chalices and of whom one can apply Jeremiah 11 [11:18] 'And the Lord hath given me knowledge of it, and I know it: then thou shewedst me their doings.'"[48] Salimbene does not hide his contempt of the primitive drinking habits of the French and the English.

In the case of the French he is upset about their drunkenness, which leads to bad hangovers and unsuitable behaviour:

> It may be said literally that the French and English make it their business to drink full goblets; wherefore the French have bloodshot eyes, for from their ever-free potations of wine their eyes become red-rimmed, and bleary, and bloodshot. And in the early morning, after they have slept off their wine, they go with such eyes to the priest who has celebrated mass, and pray him to drop into their eyes the water wherein he has washed his hands. But Brother Bartolomeo Guiscolo of Parma was wont to say at Provins (as I have often heard with mine own ears) "Ale! Ke mal onta ve don Dé! Metti de l'aighe in le vins, non in lis ocli," which is to say: "Go! God give you evil speed! Put the water in your wine when ye drink it, and not in your eyes!"[49]

Salimbene is using a conventional preacher's trick to convey his message here. He relies on the anecdote told by Italian Franciscan Friar Brother Bartolomeo Guiscolo, who came originally from Salimbene's home town Parma. This anecdote is then generalized to cover all Frenchmen, of whom Salimbene had personal experience only from a small tour in 1247, during which he visited some parts of Provence, the Auxerre region and the Île-de-France.

---

47   I am using the words national stereotypes here fully aware of the fact that nations in the modern sense of the word were not born at the time. Hence the word nation should be here understood as translation of the medieval Latin word *natio* that indicates habitants of certain region in much less rigid terms than its modern counterpart.

48   Salimbene de Adam, *Cronica* I, 333.

49   Salimbene de Adam, *Cronica* I, 333. Translation Coulton, 139. Provins is a small town in Île-de-France and is not to be confused with Provence.

Of England and Englishmen Salimbene had even less personal experience. Still, he did not shy away from expressing strong opinions on the English wine culture and drinking habits:

> The English indeed delight in drink, and make it their business to drain full goblets; for an Englishman will take a cup of wine, and drain it, saying: "Ge bi a vu," which is to say: "It behoveth you to drink as much as I shall drink," and therein he thinketh to say and do great courtesy, and he taketh it exceeding ill if any do otherwise than he himself hath taught in word and shown in example. And yet he does against the Scripture [Esther 1:7], which says: "...Wine also in abundance and of the best was presented, as was worthy of a king's magnificence. Neither was there any one to compel them to drink that were not willing."[50]

In the case of the Englishmen, the excesses of their extensive drinking are worsened because they also compel others to drink as much as they do themselves. Salimbene does not provide any sort of documentation to support this claim.[51] One is left to wonder whether Salimbene had ever witnessed the wine drinking habits of the English.

Having presented his descriptions of the drinking customs of the French and the English, Salimbene moves to a conclusion:

> Yet we must forgive the English if they are glad to drink good wine when they can, for they have but little wine in their own country. In the French it is less excusable, for they have greater plenty; unless indeed we plead that it is hard to leave the daily wont. Note that it is thus written in verse: "Normandy provides us the sea fish, England the corn, Scotland milk, France wine."[52]

Salimbene's view that the English can be excused because of the scarcity of wine in their homeland is open to discussion. Some vineyards were planted in England after the Norman Conquest in the late eleventh century, and there is

---

50   Salimbene de Adam, *Cronica* I, 333. Translation Coulton, 139.

51   Here one needs to point out that Salimbene repeats this accusation against the English in another passage of his *Cronica*, but does not provide any evidence in that context either; Salimbene de Adam, *Cronica* I, 165–166.

52   Salimbene de Adam, *Cronica* I, 333–334. Translation Coulton (with slight modifications by J. Hanska), 139.

also limited evidence of wine production before the conquest. There are records of more than a thousand vineyards in England by 1300.[53]

Even if England's own production was not very significant, one must take into account their imports, which steadily rose throughout the thirteenth century. In the early fourteenth century roughly 80,000 barrels of wine were imported into England every year.[54] Furthermore, the English nobility and the upper strata of the society was mostly French-speaking and had strong links with France. They were certainly no strangers to the pleasures of good wine.

It is unthinkable that the widely travelled Salimbene, who had resided in the convents of important trade cities such as Genoa, was totally ignorant of this booming wine trade. Such ignorance is even more unlikely considering Salimbene's interest in wine. It seems more likely that Salimbene's reference to the shortage of wine in England must be read, not as an excuse for the habits of the English, but rather as a means of showing cultural superiority towards them.

As interesting as Salimbene is in presenting his views on the drinking habits of the other nations, he was by no means the only thirteenth-century Franciscan to do so. A less well-known Franciscan preacher, Servasanto da Faenza, observed in his *Liber de virtutibus et vitiis* that some students at the Paris university, and especially the Irish, drink during one day all the money they had managed to get together by writing during a week. Servasanto adds pessimistically that they cannot be cured of this habit.[55] Thirteenth-Century mendicant envoys sent to the court of the Great Khan, namely Franciscans Giovanni di Pian di Carpine and Willem van Rubroeck, as well as Dominican Simon de Saint-Quentin, used a lot of parchment in describing and sometimes judging the drinking habits of the Mongols in their travel stories.[56]

---

53   Rod Phillips, *A Short History of Wine* (New York: Harper Collins, 2000), 66–67 and 85.

54   Tim Unwin, *Storia del vino. Geografie, culture e miti dall'antichità ai giorni nostri* (Rome: Donzelli, 1996), 180.

55   Livarius Oliger, "Servasanto da Faenza e il suo Liber de virtutibus et vitiis," in *Miscellanea Francesco Ehrle I. Per la storia della teologia e della filosofia. Studi e testi 37* (Vatican City: Biblioteca Apostolica Vaticana, 1924), 180. "Hoc maxime faciunt ebriosi quales sunt Parisius multi et maxime Ybernici, qui quicquid scribendo in septimana conquirant, totum una die potando consumunt. Nec de hoc corrigi possunt." On Servasanto da Faenza see David d'Avray, "Philosophy in Preaching: The Case of a Franciscan Based in Thirteenth-Century Florence (Servasanto da Faenza)," in *Literature and Religion in the Later Middle Ages. Philological Studies in Honor of Siegfried Wenzel*, ed. Richard G. Newhauser and John A. Alford (New York: Medieval and Renaissance Texts & Studies, 1995), 263–273.

56   On the Mendicant opinions on the Mongols and their drinking habits, see Antti Ruotsala, *Europeans and the Mongols in the Middle of the Thirteenth Century. Encountering the*

It is comply said of Salimbene and these other Mendicant writers that they needed to establish the superiority of their own wine and drinking culture over those who were deemed to be lesser cultivated or even barbarians. With the exception of Willem van Rubroeck, who came from the Flanders, this superior wine culture was Italian, or at least Mediterranean.

Fourth Glass: Salimbene the Preacher – Wine and Moral Issues

Salimbene was not only an incurable gossip, but also a preacher. A good deal of the material in his *Cronica* either deals directly with the preaching or good preachers Salimbene had encountered during his travels. The rest of the *Cronica* can in many cases be read and used as preaching material (Lat. *praedicabilia*). That was obviously one of the reasons why the *Cronica* was written in the first place.[57]

This raises the question of what Salimbene the preacher had to say about wine and drunkenness. We have already seen above that Salimbene was not pleased about the drinking habits of the French and the English, which he thought led to extensive drunkenness. In this he was in line with the thirteenth-century general thinking, which condemned extensive drinking as a subspecies of gluttony. As a preacher Salimbene was not satisfied with simply noting that drunkenness is sin. He also used a good deal of parchment mining biblical quotations to prove this point. Having presented the above-mentioned goliardic poem by Master Morandus of Padua, Salimbene wrote:

> So the French delight in good wine, nor need we wonder, for wine: "cheereth God and men," as it is written in the ninth chapter of the Judges [9:13]. For it is written: "And wine that maketh glad the heart of man and it turneth also every thought into jollity and mirth, so that a man remembereth neither sorrow nor debt And it maketh every heart rich, so that a man remembereth neither king nor governor; and it maketh to speak all things by talents. And when they are in their cups, they forget their love both to friends and brethren, and a little after draw out swords. But when they are from the wine, they remember not what they have done [Ps. 103:15 and III Esdr. 3:20–23]."...."And he said thus, O ye men, how

---

Other. Annales Academiae Scientiarum Fennicae. Humaniora 314 (Helsinki: Academia Scientiarum Fennica, 2001), 114–130.

57 Mariano d'Alatri, *La cronaca di Salimbene. Personaggi e tematiche*. Bibliotheca Seraphico-capuccina 35 (Rome: Istituto Storico dei Cappuccini, 1988), 185–188.

exceeding strong is wine! it causeth all men to err that drink it: It maketh the mind of the king and of the fatherless child to be all one; of the bondman and of the freeman, of the poor man and of the rich." III Esdras III. [3 Esdr. 18–19]. Note that as one reads in Genesis IX [9:21]: "And Noah drank of the wine, and was drunken; and he was uncovered within his tent." and in this occasion Noah said to his niece: "Cursed be Canaan; a servant of servants shall he be unto his brethren." [Gen. 9:25]. Of this Jerome says: "Before the wine was invented there was unquestioned liberty for every man." Similarly Ecclesiasticus XIX: "Wine and women make sensible men do foolish things." [Eccli. 19:2]. A good example of this are the daughters of Loth, who gave wine to their father in the hope and purpose that he would sleep with them as he indeed did Gen. XIX[:30–33]. It is this same that Salomon, having talked about evil women, said in Proverbs XXIII [Prov. 23:27–28]: "Prostitutes and immoral women are a deadly trap. They wait for you like robbers and cause many men to be unfaithful." Soon he added something about wine saying: "Show me people who drink too much, who have to try out fancy drinks, and I will show you people who are miserable and sorry for themselves, always causing trouble and always complaining. Their eyes are bloodshot, and they have bruises that could have been avoided." [Prov. 23:29–30].[58]

This rather confusing passage, which does not seem to have any internal logic, becomes understandable when seen in the context of *artes praedicandi*. Salimbene is offering his readers a collection of biblical quotations to be used as *auctoritates* when preaching against extensive drinking and drunkenness. Some of the short biblical passages could also have been useful as *themae* for such sermons. A preacher could confirm his message with three kinds of arguments, namely *rationes*, *auctoritates* and *exempla*, that is, common sense reasoning, authoritative sources (Bible and the Fathers), and morally edifying stories. The *thema* was a short passage of the Bible around which the whole sermon was constructed.

Looking more carefully at these quotations, it becomes obvious that Salimbene was following contemporary thinking, in which drunkenness was perceived as a gate through which other sins, especially those of the flesh, entered into man's soul. Salimbene also seems to be referring to the different sins of the mouth such as idle talk, boasting, and all sorts of stupid behaviour. The wine reduces little children and kings to the same mental level when abused – in short, it causes mental instability and disorder.

---

58   Salimbene de Adam, *Cronica* I, 332.

However, if one looks at the pictures of the individuals Salimbene loves to paint with a few impressionistic lines in his *Cronica*, one gets a different picture. It seems that when consciously dealing with wine and drunkenness as a topic, Salimbene was careful to stay on the accepted moral theological track, but on other occasions he could lose his concentration and allow more ambiguous opinions to slip into the text.

For example, when Salimbene wrote about the husband of his aunt: "Their father was ser Martinus Octolini de Stephanis, a well-balanced, smooth and easy going man, who loved to drink wine, he was great singer and accompanied himself with musical instruments, however, he was no jester (Lat. *ioculator*)."[59] In this case Salimbene was obviously trying to play down the questionable features in Martinus' character. Firstly he practically paints the model picture of a jester and then emphatically denies that Martinus was one.

To understand this passage one needs to know what the word *ioculator* stood for in the thirteenth century. *Ioculatores* were travelling entertainers who sang, played music or even performed tricks. Their venues were the courts of the high and mighty as well as the taverns. In an essentially rural society where most of the people worked all the daylight hours, the best time for such an entertainment were Sundays and feast-days. The church did not appreciate the forms of entertainment provided by the *ioculatores*. They were a serious form of competition to attending masses, vigils and personal deeds of piety such as prayers and fasting. The Church considered *ioculatores* serious sinners and they were often attacked in the sermons.

Another interesting drinker Salimbene described was Filippo, Archbishop of Ravenna. According to Salimbene, the archbishop used to walk from one corner of his palace to another and back again singing antiphons for the Holy Virgin. During the summer months he had in each corner of the palace a great container of cold water. There the servants had placed a carafe of the highest quality wine. Salimbene adds that Filippo was a great drinker and did not want to mix wine and water, and therefore loved the tractate of Primas called *De non miscenda aqua vino*. As a dutiful preacher, Salimbene hurried to quote the Bible to prove that one should always mix wine and water rather than drink pure wine.[60]

The idea of an archbishop drinking a mouthful of wine each time he reached a corner of his palace and meanwhile happily singing hymns sounds rather eccentric to the modern day observer, but it did not make Salimbene hesitate to describe him in very positive light. He was presented as a great friend of the Franciscan Order. On the negative side, Salimbene noted in passing his

---

59   Salimbene de Adam, *Cronica* I, 79.
60   Salimbene de Adam, *Cronica* II, 648–649.

bad temper and excessive liking for warfare and secular glory.[61] Another drinker in Salimbene's *Cronica* was Brother Martino, the bishop of Mantua, who was described as well behaved, humble, benevolent, magnanimous, generous, and – a great drinker.[62] The last characteristic did not seem to bother Salimbene, since his evaluation of the bishop was extremely positive.

Even if Salimbene thought, at least in principle, that excessive drinking was sinful as such, it was not enough to make anyone a bad person. Furthermore, in the descriptions of the bad persons in Salimbene's *Cronica*, drinking or drunkenness is rarely mentioned. There are only two exceptions to this rule. The first one is the Emperor Frederick II, who is classified as *epycurus*.[63] While Salimbene did not explain more carefully what he meant by *epycurus*, it can be deduced from the general meaning of this word that the pleasures of good wine can be seen as one aspect of being *epycurus*. Another example is a certain Alberto da Cremona who was wine bearer by his trade and drinker by hobby. After he died people started to venerate him as a saint. Salimbene calls this home grown cult ridiculous but his criticism seems to be directed more towards the incredulous citizens than the late wine bearer, whose drunkenness did not seem to be a matter of great importance to Salimbene.

Aftertaste – Regular Life and the Pleasures of the Bottle in the Thirteenth Century

Reading Salimbene's *Cronica* superficially from the point of view of wine it becomes obvious that there was a certain ambiguity towards it. On the one hand Salimbene considered himself a man of the world who certainly knew and appreciated good wine. On the other hand, there was Salimbene the preacher, who was following the main line of teaching of the thirteenth-century Church on the perils of gluttony and all the sins drinking leads men into.

Paying more attention to what Salimbene is actually thinking and saying, this apparent ambiguity turns out to be a illusory. For the right person, following the rules of civilized behaviour and manners and doing the right things at the right time, wine as such is neither sinful nor even a gate through which man inevitably falls into sin. It is God's gift to be enjoyed and used, all the time bearing in mind, however, the difference between use and abuse. Drinking

---

61   Salimbene de Adam, *Cronica* II, 601–603.

62   Salimbene de Adam, *Cronica* II, 655.

63   Salimbene de Adam, *Cronica* I, 45.

like the Englishmen or the French do, in excessive amounts and forcing others, perhaps unwilling participants, into drinking, is abuse. If it is enjoyed in reasonable amounts, putting the quality before the quantity and drinking as a means of nourishing one's body, wine is truly a gift of God.

Keeping these differences in mind, it is possible at the same time to preach against the dangers of excessive drinking and write learned estimations on the quality of different grapes and wines as Salimbene did. While he was in many ways an exceptional chronicler, Salimbene's writings were not contradictory to the rules and norms guiding the Franciscan way of life. They may have been rather far removed from the way of life of Saint Francis himself, but not unthinkable to the first generations of the Order. As seen above, wine was an essential part of the life of the thirteenth-century Franciscans. They were allowed, and indeed did, drink it in their common meals. They were allowed to receive wine, even excellent wine in abundance, as alms from the well to do of society. What is truly exceptional about Salimbene was not what he did or what he thought, but simply the fact that he also wrote it down, unlike his other thirteenth-century confreres.

Mental Disorders in Remedy Collections
A Comparison of Occitan and Swedish Material[1]

Susanna Niiranen

Introduction

There is no doubt that medieval people suffered from various mental symptoms: melancholy,[2] anger and rage, even *anorexia*. We are also aware that an elaborated medical system was developed to describe the correspondences between the astrological system, seasons and the weather, on the one hand, and the age, sex, and the whole "complexion"[3] internal organs, functions, sensations and emotions on the other hand. But what do we know about mental disorders in a more popular context? What were the practices in healing and the attitudes towards mental ailments outside strict theoretical and normative frameworks, which were in turn applied in the fields of university medicine and law, for instance? Hagiographic sources provide one, fruitful angle of approach to everyday life, including mental disorders, as is exemplified in the chapter of Sari Katajala-Peltomaa. But, in addition to their textual and traditional nature, medieval medical recipes also offer a practical view to curing and coping with a mental health condition.

---

1   This chapter has been written within the projects The Philosophical Psychology, Morality and Politics Research Unit and Medieval States of Welfare, both funded by the Academy of Finland, and with a scholarship of the Alexander of Humboldt Foundation in Berlin.

2   Carol Falvo Heffernan, "The Melancholy Muse: Chaucer, Shakespeare and Early Medicine," in *Medieval and Renaissance Literary Studies* (Pittsburgh, Pennsylvania: Duquesne University Press, 1995); See e.g., *Anger's Past: the Social Uses of an Emotion in the Middle Ages*, ed. Barbara H. Rosenwein (Ithaca, NY: Cornell University Press, 1998); Caroline Walker Bynum, whose works on corporality of women's piety have been instrumental, is critical to some extent in using modern terms in medieval context but applies the term *anorexia nervosa* under certain conditions to some extended fasting done by medieval women, Caroline Walker Bynum, *Holy Feast and Holy Fast: the Religious Significance of Food to Medieval Women* (Berkeley: University of California Press, 1987), 202–207; See also Rudolph Bell, who ponders on a resemblance between the contemporary anorexic teenager and an ascetic medieval saint, Rudolph M. Bell, *Holy Anorexia*. Epilogue by William N. Davis (Chicago, London: The University of Chicago Press, 1985).

3   On the medieval concept of *complexio* and contemporary medical theories, see Timo Joutsivuo's chapter in this compilation.

Historical research has hitherto been biased towards Latin texts derived from the university setting, while a valuable corpus of evidence, vernacular medical texts, have been left mostly to the philologists.[4] Vernacular remedy collections are now being pressed into service, especially from the Anglo-Saxon tradition,[5] but still they comprise a largely untapped source of medieval medical tradition, and at least to certain extent, everyday life, to historians. They were addressed to and compiled by a broad audience consisting of various formal and informal healers in the domestic sphere, and both in rural and urban settings.

This chapter compares two medical recipe collections from two different parts of Europe, Southern France and Sweden,[6] as they are called today. The study of recipe collections in the manuscripts R.14.30 and A 49 comprises the scrutiny of mental disorders in recipes and enables the comparison between two different cultures, or at least, between two textual communities.[7] One community was situated near the leading medical centre of Montpellier and the other was the Northern European Naantali Monastery (Nådendal in Swedish, Vallis gratiae in Latin) on the South-west coast of Finland. The recipe collections belong to the thirteenth-fourteenth century and the fifteenth century respectively. It has been frequently maintained that certain ideas and influences, such as Christian influences and many literary sources, generally came to the medieval North from Southern and Central Europe approximately 100–200 years later. Through the comparison of the textual communities of Montpellier and Naantali, it is possible to examine centre-periphery dynamics in transmission of medieval medical knowledge. Moreover, it can be questioned whether there was a uniform medieval medical textual culture concerning recipe advice for mental disorders. If there were local traits, what might they have been?

When reading medieval recipes it soon becomes obvious that the definition of mental disorder is by no means exact and is subject to interpretation.

---

4 Monica Green, "Integrative Medicine: Incorporating Medicine and Health into the Canon of Medieval European History," *History Compass* 7/4 (2009): 1218–1234, esp. 1222; Peregrine Horden, "What's Wrong with Early Medieval Medicine?," *Social History of Medicine*, vol. 24: 1 (2011): 5–25.

5 See e.g. Clare Pilsworth and Debby Banham, "Introduction. Medieval Medicine: Theory and Practice," *Social History of Medicine*, vol. 24, no. 1 (2011): 2–4.

6 By Sweden is referred here to medieval Swedish kingdom of which Finland was a part.

7 A textual community can be understood as a (grammatical) mentality, as a foundation for models of textual and literary activity, which in turn produces textual communities, Martin Irvine, *The Making of Textual Culture: Grammatica and Literary Theory, 350–1100* (Cambridge: Cambridge University Press, 1994), 15.

Recipes do not define or describe diseases or ailments very thoroughly, nor speculate about their causes. It is more or less the researcher's decision to define a mental disorder, but it is good to bear in mind that the classification and diagnosis of mental disorders may vary remarkably, even nowadays, depending on different psychiatric traditions and cultures or even within a certain group.[8] In the following discussion, mental disorders in the medieval context are understood as broadly covering a range of conditions. The most established and known mental states in the Middle Ages were perhaps melancholy, lunacy, and falling sickness. Less attention has been given to nebulous emotional conditions such as excessive sadness or anger, or other sharply varying moods, not to mention general mental instability. More easily definable are sleeping disorders, which appear in both collections, and over-consumption of alcohol, drunkenness, which is dealt with in the Occitan collection.

The analysis in this chapter is twofold: firstly, it examines the recipe genre and the particular manuscripts in the context of thirteenth- and fourteenth-century Languedoc-Provence and fifteenth-century Vadstena-Naantali: and secondly, their prolific articulations related to mental disorders and well-being.

Recipe Genre

The medical recipe or remedy-book genre, which includes the *materia medica*[9] tradition, was often written in various vernaculars, in contrast to learned tradition, philosophical or practical treatises, which were usually written in

---

8 International Classification of Diseases (ICD) was endorsed by the World Health Assembly in 1990 and came into use in WHO Member States as from 1994, See the adaptation, *The ICD-10. Classification of Mental and Behavioural Disorders. Clinical Descriptions and Diagnostic Guidelines*, World Health Organisation, 1–267, at 2, accessed January 15, 2011, http://www .who.int/classifications/icd/en/bluebook.pdf.

9 Medieval and later pharmacology or *materia medica* is largely based on a Dioscordean tradition. Dioscorides' (c. 40–90 AD) work, in which he describes plants, animal ingredients, minerals, and their medicinal use, was in the Middle Ages better known by its Latin title, *De materia medica*, which has been recompiled many times: descriptions of animal, herbal, and mineral ingredients have often been reworked, even to the extent of producing separate herbals, lapidaries, or bestiaries based on the information from *materia medica*, Jerry Stannard, "The Herbal as a Medical Document," *Bulletin of the History of Medicine* 43 (1969): 212–220, at 214; Iolanda Ventura, "Un manuale di farmacologia medievale ed i suoi lettori," in *La Scuola Medica Salernitana. Gli autori e i testi*, ed. Danielle Jacquart et al. (Florence: Sismel Galluzzo, 2007), 465–534, at 466; Minta Collins, *Medieval Herbals. The Illustrative Tradition* (London and Toronto: The British Library and University of Toronto Press, 2000), 31–93.

Latin.[10] The medical recipe collections analysed in this chapter are compiled
in Old Occitan and Late Old Swedish. Associated with the role of language and
the phenomenon called vernacularization,[11] a discussion of the background
and motives of the compilers, as well as the plausible target audience, is essen-
tial. Although the main part of the text is in the vernacular, both texts contain
individual words, terms and even longer passages in Latin.[12] This kind of lan-
guage alteration (code-switching) appears often in vernacular recipes but is
not a standard.[13]

The customary recipe style is: for disease or problem (x), take ingredients
(xx) and do (xxx) with them. Here is one example from the Occitan collection:
"For a person who is tormented and whose mind is not well. Take some gentian
and seeds of rue, grind up well and elute in vinegar. Give it to drink and the
mind will recover."[14]

---

10   Irma Taavitsainen, "Early English Scientific Writing: New Corpora, New Approaches," in
      Textual Healing. Studies in Medieval English Medical, Scientific and Technical Texts,
      ed. Javier E. Díaz Vera and Rosario Caballero (Bern: Peter Lang, 2009), 177–206, at 193–195;
      Peregrine Horden, "What's Wrong with Early Medieval Medicine?," 5–25.

11   The term vernacularization is understood here in its broadest sense, not only in terms of
      language-transfer, but encompassing a vast array of cultural transmission. Alastair
      Minnis, *Translations of Authority in Medieval English Literature. Valuing the Vernacular*
      (Cambridge: Cambridge University Press, 2009), 16; William C. Grossgrove, "The Vernacu-
      larization of Science, Medicine, and Technology in Late Medieval Europe: Broadening
      Our Perspectives," *Early Science Medicine* 5 (2000): 47–63; Päivi Pahta, "Vernacularisation
      of Scientific and Medical Writing in Its Sociohistorical Context," in *Medical and Scientific
      Writing in Late Medieval English*, ed. Irma Taavitsainen and Päivi Pahta, Studies in English
      Language (Cambridge: Cambridge University Press, 2004), 1–18, and Irma Taavitsainen
      and Päivi Pahta, "Vernacularization of Medical Writing in English: A Corpus–Based Study
      of Scholasticism," *Early Science and Medicine* 3 (1998): 157–185.

12   Susanna Niiranen, "The Authority of Words. The Healing Power of Vernacular,
      Latin and Other Languages in an Occitan Remedy Collection," in *Mirator* 12 (2011):
      54–77, accessed January 16, 2011, http://www.glossa.fi/mirator/pdf/i-2011/theauthority
      ofwords.pdf.

13   Patterns of code alternation are closely linked to their larger social context. Päivi Pahta
      has applied the term in a late medieval English context; see her "Code–Switching in
      Medieval Medical Writing," in *Medical and Scientific Writing*, 73–99; Tony Hunt has also
      analysed code-switching in recipes and other medical texts, see Tony Hunt, "Code-
      Switching in Medical Texts," in *Multilingualism in Later Medieval Britain*, ed. David
      A. Trotter (Cambridge: D.S. Brewer, 2000), 131–147.

14   "Ad aicel ques trebaill e non a ben so sen. Pren de la gensana e la semensa de la ruda e trisa
      la fortmens e destempra la ab vinagre e da l'en a beure, e recobrara so sen." Cambridge,
      Trinity College Library R. 14.30 fol.146r.

This kind of simple remedy made of natural ingredients, mostly fresh or dried herbs, but also animal and mineral ingredients, was known as *simplicia*. *Simplicia* recipes were frequently derived from known recipe collections from the twelfth to the early fourteenth century, such as *Liber de simplici medicina*, known also as *Circa instans*[15] or *Antidotarium Nicolai*[16] and it seems that ideas on dietetics and remedies from the medical School of Salerno were widely diffused by these works. In their simplest form remedies were plain herbs used as such, as in the following extract from the Swedish collection: "*Item* if one puts wormwood beside the bed, it helps one to get to sleep."[17]

If one takes a closer look at the Swedish recipe, one discerns that the herb "wormwood" or "mugwort" (*malyrt*) is mentioned first, while the Occitan one begins with the symptoms, "for a person who is tormented/anguished and whose mind is not well" (*ad aicel ques trebaill e non a ben so sen*). The primary nature of the plant in the text refers to the usual structure of herbals. In fact, although it is possible to make different distinctions between various recipe and herbal genres,[18] but frequently books or texts on medicinal plants (often but not necessarily with drawings) are called herbals while a medical recipe contain information stating the medical purpose and the ingredients. According to some definitions, it should contain an instance of the imperative verb phrase *take*, or one of its synonyms, which probably refers to the oral tradition. Nevertheless, it has been pointed out that there was a close

---

15 Ventura, "Un manuale di farmacologia medievale ed i suoi lettori," 466, for example, states that the *Liber de simplici medicina* served often as a model for compilers for simple medical remedies and it was one of the most significant, used and diffused works of the Scuola Medica Salernitana.

16 There were various vernacular versions of this remedy collection circulating, see, for example, Paul Dorveaux, *L'antidotaire Nicolas*. Deux traductions françaises de l'Antidotarium Nicolai. L'une du XIVè siècle suivie de quelques recettes de la même époque et d'un glossaire. L'autre du XVè siècle incomplète. Publiées d'après les manuscrits français 25327 et 14827 de la Bibliothèque nationale Paris (Paris: H. Welter, 1896).

17 "*Item* lägger man malyrt när sinne sängh tha dugher hon fore söfn." KB A 49 f. 175v.

18 For instance, the origin of short and long remedies has been differentiated and the long ones have been traced to Dioscorides, Galen and their tradition, while the short ones have been attributed to the Latin authors. Moreover, it has been assumed that short prescriptions would have been addressed to patients and their carers and that the monastery door was where medical remedies were passed on orally and even translated, Annie Van Arsdall, *Medieval Herbal Remedies: the Old English Herbarium and Anglo-Saxon Medicine* (London: Routledge, 2002), 74–75; On recipe genres (culinary, medical, veterinary, how to do), see Ruth Carroll, "Middle English Recipes: Vernacularisation of a Text-Type. Medical and Scientific Writing in Late Medieval English," in *Medical and Scientific Writing*, 174–196, at 187–189.

relationship between medical recipes and recipe-like passages in herbals (recipe paraphrases).[19]

The Swedish collection shares some features with herbals. Some passages are close but not identical to the works attributed to the thirteenth-century Danish physician Henrik Harpestreng, a compiler of Danish herbals. There are also similarities with an anonymous Danish collection, the so-called Mariebo collection, which contained both herbal and animal drugs.[20] Influence from contemporary university medicine to be found in the Swedish collection under scrutiny here may originate from these Danish sources. However, plants are introduced only by names and medicinal use, not systematically by different plant parts – leaves, roots, flowers, seeds, etc. – a convention in many herbals. Since the Swedish collection can be regarded as a hybrid genre compiled from various sources and since my focus is more on recipe paraphrases than on plants, I use here the terms recipe and recipe collection for both texts.

Names of diseases in recipes were adopted from the same established recipe collections as the names of plants, but also from other genres. The dominant and perhaps the most well-known of medieval medical theories, the so called humoral theory, deriving from authors of antiquity such as Hippocrates and Galen, was influential in the recipe genre. It is more apparent in the Swedish recipes, in which humoral qualities (cold, hot, dry, moist) of the medicinal ingredient are often mentioned first, as in the following example: "Mustard is hot and dry…"[21] All the qualified ingredients (*thus*, *mirra*, *sinapis*, *absinthium*, to give their Latin names) in the Swedish recipes are for some reason qualified as "hot." Whether this fact tells us anything about the possible target audience, whether the inhabitants were from a cold climate, or old people who were classified as cold and thus believed to need "hot" foodstuffs and medicine as a complementary force, needs further investigation.

Humoral theory is also an underlying current in the Occitan collection. However, qualification of medicinal ingredients based on this theory does not occur in the Occitan collection, like in the Swedish one, but there are a few individual recipes concerning the evacuation of bile.[22] One recipe in this group catches one's attention: it is for the diagnosis of leprosy through the change in

---

19   Martti Mäkinen, *Between Herbals et Alia: Intertextuality in Medieval English Herbals* (Helsinki: University of Helsinki, 2006), 21–23, E-thesis, accessed January 24, 2011, http://urn.fi/URN:ISBN:952-10-3569-2.

20   Jaakko Masonen, *Naantalin luostarin yrttikirja* (Tampere: University of Tampere, 1985, unprinted MA thesis), 17–18, 40–45.

21   "[S]inap är heet ok thör […]." Stockholm, KB A 49 f.172v.

22   All grouped in Cambridge, Trinity College Library R.14.30 f.155r.

lip colour and it says the case is of the melancholic humour (*malenconic humor*), or black bile, which it advises to be cured by a physician (*metge*[23]). Melancholic humour is most prone to aggravation and pathology. It seems that the very word "melancholy" can be almost synonymous with morbidity. The connection between leprosy and melancholic humour was familiar to the medical authorities[24] and undoubtedly derived from university treatises, whence it was transferred to the recipe collections. This is the only recipe in this collection to mention a category of healers, perhaps indicating that the skills of domestic, monastic or other communal healers could be relied upon for the healing of all other ailments, but leprosy is such a severe condition that it needs a physician's evaluation for proper treatment.

Nonetheless, if anything it is the practical approach which marks out both recipe collections. They are not based clearly on contemporary medical theories, but rather on experience and traditions. This typical approach associated with recipes has also been called *experimenta* or *empirica*.[25] According to Danielle Jacquart, these *empiriques* were mostly lay healers in the countryside. They often had one special field, such as fever cures. No group of healers specializing in healing mental ailments (except exorcism and disorders caused by demons, which were the cases for priests) is known of, at least to my knowledge, but we know that in addition to priests, there were clerks, notaries, artisans (mostly textile), itinerant drink sellers, peppers and herbalists among *empiriques*.[26] It has been noted that general references to leeches, doctors, physicians and masters prevail in more popular registers of writing,[27] but in two texts in the manuscripts discussed here there are no references to any type of healer, except one to the above-mentioned *metge* and another to the father of a certain Berenger Pallada, a local inhabitant who is mentioned to know a cure for rheumatism, both in the Occitan collection.[28]

In contrast to the Occitan collection, in which references to traditional medical authors and authorities, both classical and medieval, are lacking,

---

23   On categories of healers and the Occitan term *metge*, see Danielle Jacquart. *Le milieu médical en France du XIIe au XVe siècle. En annexe 2e supplément au "Dictionnaire" d'Ernest Wickersheimer*, Hautes Études Médiévales et Modernes 46 (Geneva: Droz, 1981; Paris: Champion, 1981), 32.

24   See, for instance, Thomas F. Glick, Steven J. Livesey, and Faith Wallis, *Medieval Science, Technology, and Medicine: An Encyclopedia* (New York: Routledge, 2005), 341.

25   Catherine Rider, "Medical Magic and the Church in 13th–Century England," *Social History of Medicine* 24 (2011): 92–107, at 93.

26   See Jacquart, *Le milieu médical en France*, 44–46.

27   Taavitsainen, "Early English Scientific Writing," 182.

28   The case of Berengier Pallada is studied in Niiranen, "The Authority of Words," 70.

some medical authorities are mentioned in the Swedish text: Pliny,[29] Ysaac (plausibly Isaac Iudaeus[30]) and the work *De proprietatibus rerum*[31] by Bartolomeus Anglicus. These three authorities were important for university medicine, both in teaching and studying.[32]

In addition to the rarely-mentioned authors, theories and the *materia medica* tradition, vernacular recipe collections provide ideas, beliefs and practices used outside university settings, which includes ways of thinking that used to be called "popular culture," "folklore" or "local culture." Tony Hunt, who has studied vernacular recipes, prefers the term "popular medicine" in this context. According to him, popular medicine indicates "non-theoretical medicine exclusively concerned with the therapeutic administration of naturally occurring *materia medica*."[33] Nevertheless, chronological layers of medical and pharmacological ideas in medieval medical recipe texts are deep, manifold and not always easily distinguishable, if discernible at all and scientific

---

29   Gaius Plinius Secundus or Pliny the Elder, whose *Historia Naturalis* was held in high esteem throughout the Middle Ages, see e.g. edition, Pliny, *Natural History* in ten volumes, ed. and trans. by Horace H. Rackham (London: Heinemann, Cambridge, MA: Harvard University Press, 1952).

30   Isḥāq ibn-Sulaymān al-Isrāʾīlī known also as Isaac Iudaeus (d. c. 932), a Jewish oculist and philosopher born in Egypt, whose medical treatises are often found in close context with *Articella* manuscripts, Glick et al., *Medieval Science, Technology, and Medicine: An Encyclopedia*, 275–276; Alexander Altmann and Samuel M. Stern, *Isaac Israeli: a Neoplatonic Philosopher of the Early Tenth Century: His Works translated with Comments and an Outline of His Philosophy* (Oxford: Clarendon, 1958).

31   *De proprietatibus rerum* is an encyclopaedic compilation dating from around 1250. This encyclopaedia for students and preachers enjoyed very wide circulation in the later Middle Ages. Its content encompasses theology and astrology as well as the natural sciences, as understood in the middle of the thirteenth century, including medicine. The text also circulated in vernacular versions, see, for instance, Maurice Charles Seymour gen. ed., *On the Properties of Things: John Trevisa's Translation of Bartholomaeus Anglicus De Proprietatibus Rerum. A Critical Edition*, 3 vols (Oxford: Clarendon, 1975–1989); Heinz Meyer, "Bartholomäus Anglicus, 'de proprietatibus rerum'. Selbstverständnis und Rezeption," *Zeitschrift für Deutsches Altertum* 99 (1988): 237–274.

32   Although Hippocrates, Galen and Avicenna were the most often used authorities in medical texts of universities, Pliny, Isaac Iudaeus and Bartolomeus Anglicus belong to the group of the most frequently cited medical writers. Louis Dulieu, *La médecine à Montpellier* 1, Le Moyen Age (Avignon: Les Presses Universelles, 1975), 95; Taavitsainen, "Early English Scientific Writing," 182.

33   According to Tony Hunt, the term "popular medicine" could as easily be called "ethno-pharmacy," "ethnomedicine," "ethnoiatry" or "folk medicine," Tony Hunt, *Popular Medicine in Thirteenth-Century England: Introduction and Texts* (Cambridge: Boydell & Brewer, 1990), ix.

concepts and theories are often found in recipes as underlying currents of thought.[34] Alternatively, or in addition, individual (Latin) terms and other markers of theoretical knowledge could have been added to give the text prestige and a learned air.[35]

There seems to be some connection between supposed popular medical texts and oral tradition, or at least, features of orality, although the terms oral and popular are not synonymous.[36] Elena Quintana-Toledo has analysed recipes in Middle English and has observed that the use of the second person singular (e.g. in frequently used verbs such as "take," "put," "add," "boil"), signals the virtual presence of addresser and addressee as participants in discourse.[37] Characteristics like formality of expression, repetition, virtual interconnectedness of issues and lack or paucity of abstraction are common in oral discourses, just as they are in recipes. Moreover, familiarity both in themes and in interaction is favoured in orality as it is in the recipe genre. For example, themes such as drunkenness, sexuality and various ailments and inconveniences related to the most intimate aspects of human life are treated in a very familiar way, which may not have caused perplexity in the Middle Ages, as it did to later generations.[38] Some recipes are scratched out and partly obliterated, possibly because they were viewed as superstitious.[39]

Consequently, recipe collections can be regarded as a crossroads at which various cultural aspects (traditionally described by such pairs as high-low, professional-lay, learned-popular, written-oral)[40] encounter one another.

---

34 Päivi Pahta, Irma Taavitsainen, "Vernacularisation of Scientific and Medical Writing in Its Sociohistorical Context," in *Medical and Scientific Writing*, 1–22, at 12; Horden, "What's Wrong with Early Medieval Medicine?," 5–25.

35 Niiranen, "The Authority of Words," 66.

36 See Elena Quintana–Toledo, "Orality in the Middle English Medical Recipes of G.U.L. Hunter 185," in *Textual Healing*, 153–175.

37 Quintana–Toledo, "Orality in the Middle English Medical Recipes," 173.

38 For example Meyer, an early prominent editor of the compilation, who sees no need to translate certain expressions such as *postairol* (posterior). However, he explains that it is not found in dictionaries: "*Postairol* se comprend aisément, quoique non relevé dans les dictionnaires," Paul Meyer, "Recettes médicales en provençal," *Romania* 32 (1903): 297, fn 2.

39 See, for instance, a recipe for love magic, *Si vols eser amatz per femena* (If you want to be loved by a woman), Cambridge, Trinity College Library R.14.30, 159r; See also Clovis Brunel, "Recettes médicales du XIIIe siècle en langue de Provence," *Romania* 83 (1962): 146, fn 1.

40 On these concepts and their interaction, see, for example, Aaron J. Gurevich, *Medieval Popular Culture. Problems of Belief and Perception* (Cambridge: Maison des Science de l'Homme and Cambridge University Press, 1990).

Having said this, the epistemological asymmetry and the traditional borderline which lies between "learned" knowledge and "popular" belief can also be questioned. Here medical recipes are understood as a genre with expectations of certain conventions in content, style and structure, in the service of a coherent meaning as well as the practical use of different healers.[41]

Manuscripts and Their Context

If we make some brief codicological remarks, there are a lot of similarities in the manuscripts examined here. First, both of them are unique. The Occitan manuscript R.14.30 is nowadays in the Trinity College Library in Cambridge and the Swedish one A 49 in the Kungliga Biblioteket (KB, National Library of Sweden) in Stockholm. Second, both are modest and smallish in size,[42] having the appearance of manuscripts that lacked the final revision: for instance, initials are not entered. The unfinished appearance of a medical text usually indicates its active, practical use.[43] Third, the compilers of both manuscripts as well as of individual texts remain unknown. Fourth, both recipe collections are included in manuscripts containing other texts.

It has been suggested that the earlier, Occitan remedy collection was compiled in the region of Provence or Languedoc, plausibly near or in the towns of Arles or Montpellier in the thirteenth or early fourteenth century. It is not known how the manuscript ended up in England, but it may have been there as early as the fourteenth century.[44] Several texts of the manuscript, such as the Occitan recipe collection, have survived only in the R.14.30 manuscript.[45]

---

41 On defining the recipe genre by form, function and vocabulary, Ruth Carroll, "Middle English Recipes: Vernacularisation of a Text-Type," 186–189; On differences between *medicamenta*, *antidotaria*, and *receptaria*, Hunt, *Popular Medicine*, 8.

42 The entire Occitan manuscript is remarkably small, 14 cm × 10 cm, while the Swedish manuscript is as small, but thicker (6, 5 cm). However, whether its different texts have been bound together later on is uncertain.

43 Outi Merisalo, "Transition and Continuity in Medical Manuscripts (Thirteenth-Fifteenth Centuries)," in *Continuities and Disruptions between the Middle Ages and the Renaissance.* Proceedings of the colloquium held at the Warburg Institute, University of London, School of Advanced Study, 15–16 June, 2007, ed. Charles Burnett, Jacqueline Hamesse and José Meirinhos. Textes et études du Moyen Age 48 (Turnhout: Brepols, 2009), 51–61, at 61.

44 Meyer, "Recettes," 268 and 273.

45 The recipe collection of ff. 143v–161r is edited but not translated in Brunel, "Recettes," 145–182; See also Maria Sofia Corradini Bozzi, "Per l'edizione di opera mediche in

One early editor of the Occitan collection, Paul Meyer, proposed in 1903 that – if not a doctor – the compiler of the recipes could be a village "quack."[46] On the other hand, concern with health, especially cures in family circumstances in medieval society are often considered by scholars to be the province of women, and the number of gynaecological and reproductive prescriptions has led to the conclusion that remedy book collections were aimed principally at women householders.[47]

The Occitan manuscript includes other medical texts, among them the Latin treatises on women's health, *Trotula de ornatu mulierum* and *De secretis mulierum cum aliis*. In addition, the Occitan recipe collection contains a good number of recipes for "women's issues," both gynaecological and cosmetic, although their existence alone cannot enable us to determine the gender or professional status of the compiler.[48] Besides, the collection includes several recipes addressed directly to men as well as to women. These include a textual amulet against insomnia, which is directed explicitly at both man and woman: "…And pose it on the [sleepless] man or woman…"[49]

There are thus many unsolved questions regarding the authorship and intended audience of the recipe genre in general, ranging from the sex and social standing of the compilers, owners, and readers to the distinctions between the categories of healers. Healing with plants, animal ingredients, minerals and words involve rules for picking and using herbs, dietary advice, ligatures, suspensions, charms and amulets. It was not unusual to combine

---

occitanico e in catalano: un nuovo bilancio della tradizione manoscritta e dei fenomeni linguistici," *Rivista di Studi Testuali* (2001): 127–195; Maria Sofia Corradini, "Dialectical Differences in Medical–Botanical Terminology in Old Provençal Works in Romance and Latin in the Context of Hebrew and Arabic," Berlin Working Papers in *Romance Philology* 1 (2004): 51–67.

46   Meyer, "Recettes," 288.

47   See e.g. James Weldon, "The Naples Manuscript and the Case for a Female Readership," *Neophilologus* 93 (2009): 703–722, at 707.

48   See Monica Green, "Women's Medical Practice and Health Care in Medieval Europe," *Signs* 14 (1989), 434–473, where it is convincingly argued that woman's health was not only women's business; See also Green, "Integrative Medicine," 1224–1230; For the categories of practitioners, see, for instance, Danielle Jacquart, *Le milieu médical en France du XIIe au XVe siècle. En annexe 2e supplément au "Dictionnaire" d'Ernest Wickersheimer*, Hautes Études Médiévales et Modernes 46 (Geneva: Droz, 1981; Paris: Champion, 1981), 27–46 and especially on female physicians and healers 47–54; Plinio Prioreschi, *A History of Medicine* V, *Medieval Medicine* (Omaha: Horatius Press, 2003), 526–536.

49   "[…] E li paus sobre aquest ome o sobre aquesta femena[…]," Cambridge, Trinity College Library R. 14.30 ff. 155v.–156r.

magic with pharmaceutical preparations,[50] but this collection contains an exceptional number of magical remedies[51] and in this sense is unique, at least among Occitan material. The sources of the Occitan recipe collection in question (R.14.30 ff. 143v–161r) are mostly unknown.[52]

Montpellier was the major urban centre on the western Mediterranean coast by the second half of the thirteenth century. The presence of a renowned university provided doctors of medicine for the urban elite. Montpellier was one of the main ports of entry for Levantine goods, which facilitated access to spices and herbs of Eastern origin. The town, known for its herb, spice and dyeing trade, attracted merchants, artisans, pepperers, apothecaries and other occupations closely related to the practices of medicine and healing, as well as their young apprentices from the surrounding region.[53]

The Swedish manuscript was compiled around 1450 in Naantali Monastery of Birgittine Order (on the southwest coast of Finland, at that time a part of the Swedish realm and the Kalmar Union) or in Vadstena Monastery, which was the mother house of the Birgittine Order, situated on Lake Vättern, in the Diocese of Linköping, Sweden. In all likelihood, the compiler of the Swedish manuscript was one of the Birgittine sisters or brothers (possibly Laurentius Hacuini[54]). What is clear is that the setting was the fifteenth-century Birgittine monastery milieu. The Birgittine double monastery of Naantali was founded in 1438 and the buildings were constructed during the next two decades. The monastery soon accumulated large landholdings from donations and rose to a prominent position within the diocese of Turku, the old administrative centre of Finland, quite close to Naantali. The monastery of Naantali is considered one of the most important centres of text production in the medieval Diocese of Turku, although it seems that book production in Naantali was

---

50 E.g. Hunt, *Popular Medicine in Thirteenth–Century England*, 1.

51 The amount of word magic (charms, blessings, conjurations, incantations and textual amulets) in the recipe collection is 26/337. Otherwise it is difficult to define a "magical" cure and distinguish it from other forms of healing, such as the use of liturgical objects like holy water or herbs considered as spiritually powerful, that is, magical. If all kinds of magic in recipes were included, the amount would be noticeably larger.

52 Meyer, "Recettes," 274 and 288.

53 Kathryn L. Reyerson, "Patterns of Population Attraction and Mobility: the Case of Montpellier, 1293–1348," *Viator* 10 (1979): 257–281, at 265–273.

54 On possible compilers, Laurentius Hacuini (Laurens Håkansson) or "T," identified as a Finnish friar in Vadstena, Törner Andersson, Birgit Klockars, *I Nådens dal. Klosterfolk och andra c. 1440–1590*, Svenska litteratursällskapet i Finland (Helsingfors: Mäkinen, 1979), 83–84.

intermittent rather than continuous, perhaps lacking a stable scribal tradition.[55] The chief focus of research has been on the surviving complete manuscripts, namely *Nådendals klosters book*[56] and *Jöns Buddes book*.[57]

The Swedish manuscript comprises no medical texts other than the one in question, otherwise consisting of hagiographical material in Swedish, such as St. Bonaventure's Contemplations and the Legends of St. Ansgar and St. Gregory of Armenia. The proper recipe collection, the so called "läke- och örtabok" (medicine and herb book) undoubtedly belongs to the larger collection of texts rubricated as the *Nadhe(n)dals clost(er)s book* (the Book of Naantali monastery), but it is uncertain which texts comprise the original Book of Naantali monastery and which were added to the codex later on, or whether all the texts were compiled at approximately the same time.[58] The "Läke- och örtabok" is one of the rare surviving medieval medical manuscripts in Swedish and the only known medical manuscript related to the medieval Österland, the modern-day region of Finland.[59]

European medical knowledge came to Scandinavia during the twelfth century with monastic institutions and their book copying system. However, there is no evidence of any formally educated physicians in the Nordic countries before the sixteenth century.[60] The unsolved question is whether the Naantali recipe

---

55 Ville Walta, "Naantalin luostarin kirjasto," *Suomen Kirkkohistoriallisen Seuran Vuosikirja* 100 (2011): 33–68; Ville Walta, "Naantalin luostari," in *Kirjallinen kulttuuri keskiajan Suomessa*, ed. Tuomas Heikkilä, Historiallisia tutkimuksia 254 (Helsinki: Finnish Literature Society, 2010), 287–308.

56 The only – very accurate – transcription of the text is from the nineteenth century, Gustaf Edvard Klemming, *Läke- och örteböcker från Sveriges medeltid* II, Svenska Fornskriftsällskapets skrifter 26 (Stockholm: Kongl. Boktryckeriet, 1884), 153–163; See also, Robert Hasselblatt, "Nådendals klosters örtebok," *Finska Läkaresällskapets handlingar* 106 (1962): 101–113; The only historic study handling the recipe collection is the MA thesis by Jaakko Masonen, *Naantalin luostarin yrttikirja*.

57 Most recently, Marko Lamberg, *Jöns Budde: birgittalaisveli ja hänen teoksensa* (Helsinki: Finnish Literature Society, 2007).

58 Klockars, *Klosterfolk*, 83–84; Masonen, *Naantalin luostarin yrttikirja*, 7–12.

59 On perception of medieval Finland and Finns within the Swedish kingdom, see Marko Lamberg, "Perceptions of Finns and Ethnic Boundaries in Sweden during the Middle Ages and the Early Modern Era," *Nordeuropa forum* 1 (2004): 3–23; Marko Lamberg, "Finnar, svenskar eller främlingar?: inblickar I den finska befolkningsdelen status i det svenska riket under senmedeltiden," *Historisk tidskrift* 4 (2000): 497–519.

60 Sten Lindroth, *Svenska lärdomshistoria* I (Stockholm: Norstedt, 1975), 148; On the Finnish "medical market" of the early modern era, see Jari Eilola, "Moral Transgression and Illness in the Early Modern North," *Asclepio* 61 (2009): 219–241, at 235.

collection was made for monastic use in general or for the requirements of the monastic hospital or infirmary which possibly included the *borghara bordet* "burgher table," a chargeable infirmary or an "old-people's home" in particular.[61]

In the Occitan collection, there is a visible tendency to group together recipes related to the same disease or to the same group of diseases: for example, three recipes for mental confusion and two for melancholy follow in order. Nevertheless, the arrangement is not systematic and most of the recipes seem to be listed in an arbitrary order, rather than according to the *a capite ad calcem*, from head to heel, system utilized in Latin treatises.

In the Naantali book, the recipes are not arranged in the same way. The structure is different from that in the Occitan book, as it is based on nine medicinal ingredients, mostly plants (resin-incense, juniper, myrrh, mustard, wormwood, nettle, myrtle, and one substance from an animal source, *castoreum*) and how they were used in cures and medicinal admixtures. This practice resembles the conventional practice for herbals, in which a plant is described (and often illustrated) before its purpose or use, rather than that of recipes, in which diseases or symptoms are primary and serve as titles for recipes.

The structural similarity with herbals is in accordance with the assumptions made about the influence of medieval Danish herbals. Similarly to the Occitan collection, recipes concerning mental disorders are dispersed among other recipes for common ailments such as fevers, stomach and skin diseases, frostbite, bleeding nose, dysentery, toothache, broken bones, dog bites, assorted wounds, baldness and hair loss. There are no veterinary recipes (in comparison to one in the Occitan collection) and only one how-to-do recipe (in contrast to several household chores among Occitan recipes). How to make ink with wormwood in order to prevent mice from eating books is the only advice on daily life offered for the Swedish audience.[62] This tip undoubtedly refers to the world of universities or monasteries where books were frequently used. However, magic is not present in any form and no prayers or fragments of liturgical texts are cited in the Swedish collection.

The Swedish text[63] is shorter than its Occitan counterpart. There are only nine paragraphs, each concerning one main ingredient and different mixtures made from it, in seven folios, whereas the Occitan collection[64] consists of larger volume of folios with more than 300 individual recipes. The identification of all the recipes that concern mental disorders is not easy.

---

61   Masonen, *Naantalin luostarin yrttikirja*, 59–61.

62   KBKB A 49 f. 175v.

63   KB A 49 ff. 170–177v.

64   Cambridge, Trinity College Library R.14.30 ff. 143v–161r.

In the Occitan collection, fourteen recipes directly handle mental disorders, such as mental instability, melancholy, sadness, insomnia and nightmares. In addition, a small number of recipes concern humoral aspects, and a handful of diverse "diseases of the head," such as various headaches, dizziness, and incoherence, nowadays often considered as symptoms of a number of different head and neck conditions rather than diseases themselves.

A few recipes deal with drinking and give tips on how not to get too drunk when drinking wine. Similar examples can be found in the Swedish collection, in which the scope of recipes concerning mental disorders is slightly more restricted. Recipes of both collections seem to be targeted for healers in families or in local communities (monasteries) which provided care and an asylum, taking care of basic physical needs and offering simple medicines (table 1).

TABLE 1   *Disorders and their cures in recipe collections.*

Mental (dis)order	Cure, Occitan	Cure, Swedish
Lunacy, falling sickness	Peony	Castoreum, myrrh, juniper oil
Melancholy	Honey, betony, rose Lapis lazuli, lapis armenicus, pearl powder, saffron, ginger, anise, chervil, cardamom, pork, rocket, onion, Spanish fly	–
Excessive emotionality	Textual amulets	–
Sleep and insomnia	Textual amulets, earwax, salt, vervain	Castoreum, myrrh, mugwort
Drunkenness	Betony	–
Dizziness	Pennyroyal, agrimony, serpent root	Mustard, figs
Swinging moods	Textual amulet	–
Headaches	Mustard, pennyroyal, pomegranate	Myrrh, incense
"Mind" in general	Gentian, rue	–
"Head" in general	–	Mustard
Preventive care:		
Strengthening brains and memory	–	Myrrh, incense
Increasing cleverness	–	Mustard
Ways to avoid getting drunk	Betony	–

Mental Disorders and Their Cures

The scope of the recipe collections is quite restricted and expressed in a general way. In the Swedish collection, a dozen pieces of advice concern the "head," "memory" and "brain." The expression is often "to strengthen" (*störkir*)[65] mental organs such as the brain (*hiärna*)[66] or mental qualities such as memory (*mynne*).[67] Such advice can be regarded as types of preventive measures or attempts at preventive mental health care. It might be tempting to speculate that recipes for brain and memory were addressed to students or other scholarly people, but in the absence of any evidence, they may also have been targeted at other special groups such as elderly people, or intended for general use. Suggested cures (myrrh and incense) strongly suggest a monastery setting. Frankincense was a popular luxury trade item in the medieval world. The Latin term, *incensum*, "that which is set on fire," or *thus*, from the Greek word ϑύος (thuos), for sacrifice, described its use. A thurible, the Latin *thuribulum*, is in turn a metal censer suspended from chains, in which incense is burned during worship services. Because it is mentioned frequently in the Vulgate Bible, myrrh is an incense offered during Christian liturgical celebrations. Medieval frankincense was most often paired with myrrh, a pungent, bitter scent noted for its embalming applications.[68]

In theoretical medicine, the functioning of the brain was explained with the theory of brain ventricles largely linked to cognition and reasoning. Imagination was believed to be located in the front part of the head and memory in the occipital region. The heart was seen as the seat of emotions such as anger and anxiety.[69]

In recipes under scrutiny here, more entries concern diseases of the head than diseases related to the heart. The latter had practically no role in mental diseases but instead, they were mostly issues of the head without any explanation of causes. However, there are no references to the contemporary medical theory of brain ventricles. More specific ailments mentioned are insomnia

---

65   KB A 49 f.171v.

66   KB A 49 f.171v.

67   KB A 49 f.170v.; *Mynne* or *minne* can also mean "mind" or "understanding," "Fornsvensk lexikalisk database," accessed 9 Jul 2011, http://spraakbanken.gu.se/fsvldb/.

68   Holly Dugan, *The Ephemeral History of Perfume: Scent and Sense in Early Modern England* (Baltimore: Johns Hopkins University Press, 2011).

69   Faith Wallis, *Medieval medicine. A Reader* (Toronto: University of Toronto Press, 2010), 142; Michael Kutzer, "Tradition, Metaphors, Anatomy of the Brain: The Physiology of Insanity in the Late XVIth and XVIIth Centuries," in *Essays in the History of the Physiological Sciences*, ed. Claude Debru. Amsterdam, Atlanta GA: Rodopi, 1995, 99–116.

(three recipes) and falling sickness (two recipes). Such established medical terms like melancholy or lunacy are not used in the Swedish text, whereas in the Occitan collection melancholy and lunatic people are called by the equivalent vernacular terms of *malenconic*[70] and *lunaticx*.[71] This characteristic is interesting, since in the Swedish collection there is recognition of the humoral theory, which explained these conditions. The theory is mentioned several times pertaining to excess of the blood or other body fluids. An unhealthy mind represented an imbalance, usually identified through a change or sign on the outside of the body, either on the skin or in a form of excreted fluid, or in behaviour.[72]

In the Occitan text, melancholy is related to anger. One recipe is addressed "to a person who gets angry often and is melancholic."[73] Similarly, a charm against sadness ("if someone is sad…"[74]) shows the importance of moderating emotions in human relationships although sadness is not necessarily regarded as a major depressive disorder in this recipe. As in medico-philosophical treatises, anger, sadness and other emotional excess is usually considered a deviance and mental disorder in recipes.[75]

There was significant disagreement among medieval authors about the aetiology of falling sickness, often interpreted nowadays as epilepsy.[76] Epilepsy has often been related to medieval mystics and their psychopathology,[77] but in this particular Swedish collection the nature of "falling sickness" is not defined. The Swedish verb *falla* means "to fall" and expressions *bruth falla* or *brutfällingh*[78]

---

70   Cambridge, Trinity College Library R.14.30 f. 149v and 159r.

71   Cambridge, Trinity College Library R.14.30 f. 145r.

72   On bodily signs as manifestations of emotional upheaval, see Kirsi Kanerva's chapter in this compilation.

73   Cambridge, Trinity College Library R.14.30 f. 149v.

74   Cambridge, Trinity College Library R.14.30 f. 154v. It is unclear whether the key word in the recipe is *tristz* (sad) or *iritz* (irritated, angry). In either case, the idea concerns emotions. Brunel gives both interpretations, Brunel, "Recettes," 164.

75   According to different medical authorities, such as Constantine the African and Platearius, melancholy induces fear and sadness, Wallis, *Medieval Medicine*, 253.

76   Jerome Engel and Timothy A. Pedley, ed., *Epilepsy: A Comprehensive Textbook*, vol. 1 (Philadelphia: Lippincott-Raven, 2008, 2nd ed.), 17.

77   See e.g. Marion Glasscoe, *The Medieval Mystical Tradition: England, Ireland and Wales*. Papers Read at Charney Manor, July 1999 (Exeter Symposium VI) Boydell & Brewer, 1999, 161–166; See also, Jerome Kroll and Bernard Bachrach, *The Mystic Mind: the Psychology of Medieval Mystics and Ascetics* (New York and London: Routledge, 2005), esp. 182–201.

78   KB A 49 f. 171r. and f. 173r.

are terms equivalent to falling sickness.[79] In the Occitan collection, one recipe is intended for cure of *lunatixcs*, although here the term most likely refers to epilepsy, which was often associated with lunacy, and the cure is the traditional treatment for epilepsy known to ancient medical authors.[80] It involves peony (usually peony root), which is wrapped around the neck. However, no source or author is mentioned.

In medieval medicine constant wakefulness was often associated with mental disorder. In early medieval medicine it was regarded as a symptom of frenzy, a form of madness. On the other hand, at least according to some theories, overconsumption of wine was believed to contribute to the onset of frenzy.[81] In this connection, there are some recipes to avoid getting drunk even if one drinks wine. The effects of excessive wine consumption were believed to be avoided by using betony, either before or during drinking: betony enjoyed a considerable reputation in antiquity and the Middle Ages as both a medicinal and a magical herb.

One of the Occitan recipes advises that men be driven away from the table in order to sleep – is the implication that these are men who have drunk too much? The recipe reveals a textual amulet which has to be put under the table without their knowledge. In the amulet are the cryptic letters: "etpagriadoceihsi."[82] Wine was commonly drunk, at least in the region of the Occitan collection, and was regarded as the most natural and healthy choice.[83] It was also frequently used in different medical mixtures with other liquids such as water, vinegar and milk, which were easily available and less expensive than "good wine." Consumption of wine in moderation (especially red wine) was, among other things, believed to aid digestion, generate good blood and brighten the mood, but the quantity regarded as healthy is not defined in recipes.

Although insomnia has no other definition in medieval sources than wakefulness or difficulty in getting sleep, there were less severe forms of insomnia than frenzy. Monks, in particular, were said to suffer from sleeplessness and sleep disorders as a consequence of their duties and communal sleeping

---

79   Johan Ernst Rietz, *Svenskt dialektlexikon: ordbok öfver svenska allmogespråket*, 1862–1867 (Lund: Gleerups, 1962), 55, accessed July 9, 2011, http://runeberg.org/dialektl/.

80   Efraim Lev and Zohar Amar, *Practical Materia Medica of the Medieval Eastern Mediterranean According to Cairo Genizah* (Leiden: Brill, 2008), 235–236; Peter Murray Jones, "Herbs and the Medieval Surgeon," in *Health and Healing from the Medieval Garden*, ed. Peter Dendle and Alain Touwaide (Woodbridge: The Boydell Press, 2008), 162–179.

81   See Wallis, *Medieval Medicine*, 18–25, 253.

82   Cambdrige, Trinity College Library R.14.30 f. 147v.

83   See Jussi Hanska's chapter on attitudes towards drinking wine.

arrangements.[84] They were not the only ones to experience insomnia, as it was known among wealthy noblemen and their doctors.[85] Sleeplessness was taken seriously and various remedies were suggested to sufferers.

If we take a closer look at cures for mental disorders, there seems to be a strong connection between health and odours. This conception was frequently maintained in medieval medicine.[86] Smells were considered real substances that could penetrate the brain through the nose. They also carried the humoral qualities of the substances from which they emanated. They were therefore hot, cold, humid or dry. Consequently, their potential was significant, both for causing disease and for therapy. Certain medicinal ingredients were believed to have power on this basis. For example, in the Swedish collection there is a recipe which states that "smell of *thus* strengthens a man's memory."[87] *Thus* was probably a pitch-like substance, a frankincense called *olibanum* or *Libanon thus*, which has also been used as an incense in religious services.[88] Its power comes from both its sweet-scented smoke and its religious connotations.

The majority of medicinal herbs used in the Swedish collection have a strong smell (for example, myrrh, myrtle, juniper, mustard), which is employed in practically all the treatments for mental ailments. The only recipe ingredient made from an animal, *castoreum*, from the beaver's *castoreum* pods, has a very powerful smell and was utilized for insomnia. The Occitan collection also includes plenty of aromatic herbs and flowers (basil, thyme, oregano, sage, rosemary, dog rose, to name a few), but the range of ingredients used is much larger, which makes comparison difficult.

Some form of "odour therapy" may also have been in use; the meaning of "cleaning the head," *rensas howdh*,[89] remains unclear, but as it appears in multiple cures made from mustard, a substance with a sharp aroma, it may have

---

84 Julie Kerr, *Life in the Medieval Cloister* (London: New York Continuum International Publishing Group, 2009), 109.

85 See Joutsivuo's chapter in this compilation; also Luisa Cogliati Arano, *Tacuinum sanitatis* (New York: George Braziller, 1976), 68.

86 Richard Palmer, "In Bad Odour: Smell and its Significance in Medicine from Antiquity to the Seventeenth Century," in *Medicine and the Five Senses*, ed. William F. Bynum and Roy Porter (Cambridge: Cambridge University Press, 1993), 61–68.

87 KB A 49 f. 170v; This passage is almost identical to an Icelandic medical manuscript from the fifteenth century. It confirms that they have a common source; the *Danish Book of Simples* of Henrik Harpestreng, see Charlotte Erichsen-Brown, *Medicinal and Other Uses of North American Plants: a Historical Survey with Special Reference to the Eastern Indian Tribes* (Mineola, NY: Courier Dover Publications, 1989), 18, 481.

88 Lev and Amar, *Practical materia medica*, 168–171.

89 KB A 49 f. 172v.

been linked with the curing ability of odours. Recipe mustard is often recommended as a mouthwash,[90] to "clean the head" by sneezing, which is probably intended to expel a harmful surplus of fluid, known as a *caputpurgium*. A caput-purge was a preparation for the "purging of the head." It consisted of a liquid of variable composition, which was inhaled through the nostrils to induce nasal discharge. Various caputpurges were used in medieval medicine. One late medieval medical authority, Doctor Taddeo Alderotti recommends it as a cure for chronic headaches, cerebral epilepsy and the improvement of memory.[91]

While Alderotti writes of the virtues of distilled *aqua vitae* as a *caputpurgium*, the Swedish recipe recommends mustard for sneezing. Indeed, mustard was the most multi-purpose substance in the Swedish collection. At that time, mustard seeds were known in practically every region of Europe, used not only for medicinal purposes but in cooking, as well.[92] It was so common that it was associated with poor people on certain occasions. In Sweden and in Scandinavia mustard is known to have been cultivated in monastery gardens.[93] In the recipe paraphrase relating to the healing virtues of mustard, the smoke from mustard is said to be good for falling sickness and leprosy, as well as for cramps.[94] The recommended medicine to counter falling sickness is mustard in one Swedish recipe and juniper berry oil in another, whereas the Occitan text recommends the use of peony.

There is an interesting detail in a Swedish recipe for cure of dizziness of the head. It is recommended that crushed mustard seeds mixed with figs are rubbed on the newly shaved head (*ny rakat howdh*).[95] This suggests that some

---

90   Mustard was similarly used as a mouthwash in eastern Mediterranean medicine. See multiple uses of mustard, Lev and Amar, *Practical materia medica*, 454–456.

91   On Alderotti, see Timo Joutsivuo's chapter in this compilation; Plinio Prioreschi, *A History of Medicine: Medieval Medicine*, vol. 5 (Omaha: Horatius Press, 2003), 352.

92   Melitta Weiss Adamson, "Medieval Germany," in *Regional Cuisines of Medieval Europe: a Book of Essays*, ed. Melitta Weiss Adamson (London: Routledge, 2002), 153–196, esp. 164, 168, 174; Carole Lambert, "Medieval France. South," in *Regional Cuisines of Medieval Europe: a Book of Essays*, ed. Melitta Weiss Adamson (London: Routledge, 2002), 67–84, at 70.

93   St. Birgitta describes mustard in her revelations, Bridget Morris, *St. Birgitta of Sweden* (Woodbridge: Boydell & Brewer, 1999), 21; Per Arvid Åsen, *Norske klosterplanter, Medeltida trädgårdsväxter. Att spåra det förflutna*. Seminarierapport 4. Nydala den 18 maj 2006, 18–27 at 22, accessed December 12, 2011, https://docs.google.com/viewer?a=v&q=cache: R5fS_5exJagJ:www.nydalaklostertradgard.se/dokument/Seminarierapport_4_070928.pdf. On association between the poor and mustard, see Catherine Rider's chapter (footnote 50) in this volume.

94   KB A 49 f. 173r.

95   KB A 49 f. 173r.

diseases of the head were believed to be cured more efficiently if the head was shaved. This healing practice may have had influenced the conventional depiction of people suffering from mental disorders as bald in the visual evidence although there might have been other reasons for shaving the head, as well.[96]

The other Occitan recipes against insomnia are medicinal remedies addressed simply "to persons who cannot sleep." In the Swedish collection recipe paraphrases concerning sleep are not as explicit: one "makes sleepy" and another "helps to get sleep." However, they imply that at least in some cases there were simple strategies that were believed to assist people in getting good quality sleep. Of the ingredients in the Swedish recipes for sleep, *castoreum* oil is a special remedy, while wormwood was available to practically everybody. As noted above, *castoreum* oil was made from the pair of glands, called pouches or pods, of the mature male beaver, which produces an aromatic substance that the animal sprays on the plants to mark his territory. In the Middle Ages, trade in castoreum pods was tied to the trade in beaver fur. It was known and used also in the materia medica of Southern and Central Europe,[97] but whether *castoreum* oil had any special importance in such fur trade regions as Finland is a subject for further investigation.

The use of magic, especially word magic, can also be found among recipes of the Occitan collection. Words were regarded as having magic or therapeutic powers. The Occitan collection includes short texts to be recited or written on parchment, paper, leaves or other blank surfaces and placed on the body. It was important that the written texts were written on virgin parchment (*pargamen verge* or *carta verge* in Occitan recipes) or some other blank surface, as a palimpsest or otherwise used surface might affect or undermine the force of the words. These textual amulets, brief written texts, were thought to protect and heal, and to bring the wearer good fortune. Some elements in these amulets are borrowed from other cultures and languages, melding knowledge of medical handbooks, Christian scripture and liturgy with magic and local culture, as well as classical learning from the Mediterranean world.[98]

Among its recipes for countering insomnia, the Occitan collection has one which uses hagiotherapy and religious texts as healing method. The seven persons listed in the recipe refer to the Seven Sleepers, commonly called the "Seven Sleepers of Ephesus," a widely known medieval legend of seven young

---

96   See Gerhard Jaritz's chapter on visual evidence of the mad in this volume.

97   See Helena Paavilainen, *Medieval Pharmacotherapy, Continuity and Change: Case Studies from Ibn Sīnā and Some of His Late Medieval Commentators* (Leiden: Brill, 2009), 527.

98   Donald C. Skemer, *Binding Words. Textual Amulets in the Middle Ages* (University Park: Pennsylvania State University, 2006), 13 and 76–77.

Christians and their miraculously long sleep in a cave. The recipe is a textual amulet in which the names of the seven sleepers, Maximianus, Malchus, Martinianus, Dionysius, Joannes, Serapion, and Constantine are advised to be placed under the head (on the pillow) of the insomniac.[99] The recipe is one of the rare examples of hagiotherapy from the Occitan collection, in the Swedish one there are no saints used for cures.

Recipes including magic occur only in the Occitan collection and they are scattered throughout the length of the text. Magic remedies contain, in varying proportions, supernatural and/or ritual elements which do not directly contribute to the medical treatment in any practical way. Their significance is rather in the participation,[100] which can be understood as enabling the sufferer to play an active role in restoring his or her health and wellbeing. This often includes personal and intimate contact with the healer, an interaction which had an important psychological impact on healing.

The supernatural cures in the Occitan collection is articulated mainly in the form of rituals, Christian liturgical discourse and charms. Religious code-switches tend to occur in remedy books – a feature reflecting the importance of religion and belief in healing in general.[101] The use of Latin liturgical material as well as the tradition of medical knowledge in monasteries points to monastic influence, which is possible in the case of the Occitan collection, but, as Richard Kieckhefer states, healing was not always in the hands of monks, women, or physicians; therefore the compiler[102] may have belonged to some other circle, for instance, that of herbalists or apothecaries, as suggested by the example of curing melancholy by a complex, professional process and with use of an abundance of ingredients.

As regards the characteristics of the medicinal substances used in both collections, most were dispensable ingredients, herbs growing in backyards, kitchen gardens and herb gardens of monasteries. In the Swedish collection, some forest plants, such as juniper and myrtle, were introduced. These plants and cures associated with them are in fact very close with traditional Finnish popular medicine.[103] Imported medical substances, which were also more expensive, were spices (cinnamon and anis in the Swedish collection,

---

99   Cambridge, Trinity College Library R.14.30 ff. 155v–156r.

100   Louise M. Bishop, *Words, Stones, & Herbs: the Healing Word in Medieval and Early Modern England* (Syracuse, NY: Syracuse University Press, 2007), 66–69.

101   Pahta, "Scientific and Medical Writing," 97.

102   Richard Kieckhefer, *Magic in the Middle Ages* (Cambridge: Cambridge University Press, 1997, 7th ed.), 57.

103   See Kerttu Peldàn, *Suomen farmasian historia* (Helsinki: Suomen farmaseuttien yhdistys, 1967).

cinnamon, ginger, anis, cardamom, pepper and saffron in the Occitan text). Their advantage was that once acquired they could also be used in flavouring. In fact, many domestic substances could have been used both in cooking and in healing. Dried fruits were also considered as luxury products, usually consumed on feast days. Figs appear in several passages in the Swedish collection, in which they are used as medicine.[104] It is important to remember that the roles of medicine as a *pharmakon* or as food are not always separable. The idea of "food as medicine," diet as a medicinal aid, is apparent in both recipe collections. One of the most versatile ingredients in this respect was honey, which was used as aliment, as medicine and as an adhesive. Such exotic ingredients as myrrh[105] and *thus*[106] were most likely available in monasteries.

In the Occitan collection there is one special recipe against melancholy, *malenconia*, which deserves some further investigation for several reasons.[107] Firstly, the recipe is longer than the average *simplicia* recipes. Secondly, the described process for making the medicine is complex and involves several different stages. Thirdly, the ingredients consist of a curious admixture of different substances from precious stones (*lapis armenicus, lapis lazuli*),[108] spices (saffron, ginger, anis, cardamom, cumin), and foodstuffs/herbs (pork, rocket, onion) to professional apothecary products such as *diamargariton*[109] *pliris*[110] and *ructurium*.[111] Fourthly, many of the ingredients were expensive, imported goods from the Orient (saffron and lapis lazuli, in particular), the use of which was a sign of luxury.[112] The form of the medicine was professional, it was a *pillola*, pill.

This recipe was clearly intended for the wealthier part of the audience or readership, on the grounds of the rarity, exclusiveness and price of the medical

---

104 KB A 49 ff. 171r, 172v, 173r.

105 KB A 49 ff. 170r–170v.

106 KB A 49 ff. 171v–172r.

107 Cambridge, Trinity College Library R.14.30 f. 159v.

108 Similarly, these precious or semi-precious stones are mentioned together in other medical texts. Getz identifies *lapis armenicus*, probably copper sulphate, Faye Marie Getz, *Healing and Society in Medieval England: A Middle English Translation of the Pharmaceutical Writings of Gilbertus Anglicus* (Madison: University of Wisconsin Press, 1991), 48 and 314.

109 *Diamargariton* was an electuary based on pearls, Getz, *Healing and Society*, 207, 325.

110 *Pliris* was a pharmacy product, an electuary, Brunel, "Recettes," 180.

111 *Ructurium* was an electuary made of Spanish flies that caused blisters, Meyer, "Recettes," 296, fn 18.

112 Efraim Lev, "Trade of Medical Substances in the Medieval and Ottoman Levant (Bilad al-Sham)," in *Towns and Material Culture in the Medieval Middle East*, ed. Yaacov Lev (Leiden: Brill, 2002), 159–184; On the trade and consumption of precious and semi-precious stones and spices, see e.g. Susan Stuard Mosher, *Gilding the Market. Luxury and Fashion in Fourteenth-Century Italy* (Philadelphia: University of Pennsylvania Press, 2006), 51–53, 178–183, 207–211.

substances. It was not meant to be made at home, but at least partially by a professional at the pharmacy. It is noteworthy that the assumed power of *lapis lazuli* was based on its clear blue colour, which reflected the celestial and was therefore a spiritual colour, believed to purge. *Lapis lazuli* was pulverized and also used in art to achieve a beautiful deep blue colour.[113] These uses made *lapis lazuli* precious and full of symbolic meanings, a substance for the elite. Both the form and content leads to the conclusion that this recipe derives from a different source than most other recipes related to mental disorders. There are similar, long and complex recipes for *melancolie*, e.g. in the *Antidotarium Nicolai* with special apothecary products such as *pliris*, but recipes in the *Antidotarium Nicolai* do not contain the same ingredients or the same paraphrases.[114] However, this kind of recipe is strongly reminiscent of the *Fachliteratur* of the apothecary field.

Comparison and Conclusion

The two recipe collections have much in common. Both Occitan and Swedish recipes are unique, anonymous and written in the vernacular, but contain individual terms and expression in Latin. They both undeniably belong to the genre of medical recipes, although the Swedish collection is strongly influenced by the herbal genre. Nevertheless, there are also remarkable differences between them. The Occitan collection dates from the thirteenth or early fourteenth century, while the Swedish one was compiled around the middle of the fifteenth century. However, the temporal gap between the two collections seems not to be crucial – in fact, it emphasizes the long term nature of this medicinal tradition. As for the compilers and their similarities and dissimilarities, the Occitan text seems to be made for the use of an unspecified healer in the village or town milieu, whereas the Swedish collection has certainly been copied or put together in the Birgittine monastery setting, probably for the use of an infirmary or old-age home. However, given the presence of prayers and some liturgical texts in Latin in the Occitan material, it cannot be excluded that the compiler might be from a monastery as well. The monastic healing tradition still existed in southern Europe in the thirteenth and fourteenth centuries, despite the rise of medical faculties and the increasing variety of healers.

---

113   On the medical uses of *lapis lazuli*, see Lev and Amar, *Practical materia medica*, 195–196.
114   See recipes for melancholy, Dorveaux, *L'antidotaire Nicolas*, 14–16.

People with epilepsy, lunacy, melancholy and various other conditions regarded as mental were usually cared for within their family in late medieval Europe. However, private provision was not uncommon[115] and in either case sufferers and their relatives needed practical medical material to consult, probably by way of a healer. The Swedish compiler, who was plausibly a Swedish or Finnish monk, mentions known medical authorities and shows his theoretical knowledge, for instance, of humoral theory and degrees of food and medical substances. The Occitan compiler is familiar with the *simplicia* tradition, but his or her sources are mostly unknown and he or she does not mention any known authorities. Instead, some cures and beliefs indicate a local tradition in the field.

One of the major differences between the thirteenth- or early fourteenth-century Mediterranean (Occitan) medicinal textual tradition and that of the fourteenth-century Scandinavian (Swedish-Finnish) monastery setting is that the Occitan recipes do not cite or mention any known medical authorities, but contain plenty of rituals and word magic, whereas the Swedish recipes concentrate on the widespread medicinal use of herbs and other natural ingredients.

Due to the small number of cases considered, it is not possible to make definitive conclusions, but disorders such as falling sickness, insomnia, dizziness and various headaches were common to both collections. As for the cures, the scope in the Occitan text was larger both in the number of methods (herbs, stones, charms, prayers, rituals, magic) and the range of ingredients. Both collections include elements which seem to belong to the monastery setting: the Occitan text comprises Latin prayers and liturgical fragments, while the Swedish one has some special recipe ingredients (incense, myrrh) from the monastic environment. Unsurprisingly, the Occitan recipes included only Mediterranean plants. The Swedish recipe compilers were familiar with the Mediterranean tradition but their recipes also contained some other ingredients, whose origin was probably Nordic, such as castoreum and juniper. Common to both collections was the use of mustard for mental disorders.

Recipes for mental disturbances do not take central place in either of the collections, but it is notable that they are not distinguished from other (physical) ailments, either in form or content. Recipes associated with mental disorders are structured and expressed according to the same conventions as any other ailments. There is neither moralizing nor use of negative labels to identify a person living with a mental disturbance, regardless of whether he or she

---

115 Elaine Clarke, "Some Aspects of Social Security in Medieval England," in *Journal of Family History* (1982): 307–320.

suffers from mental instability, emotional excess, melancholy or insomnia. No stigma or sign of disgrace or discredit, which sets a person apart from others is applied in recipes regarding mental problems. However, it is important to be conscious of the fact that recipes do not define or explain the specific nature of disturbances, but rather focus on cures. Apart from venereal diseases, gynaecological and obstetrical recipes, the recipes do not provide very much gender specific material. On the contrary, some recipes for the cure of mental disorders are explicitly addressed to both men and women. In this material at least, there are no marked gender differences regarding mental disorders.[116]

The main purpose of the recipes is clearly to alleviate pain. The Occitan recipes contain magic, but solely in its benevolent form, whereas evil and harmful "black magic" is absent. On the other hand, recipes were usually related to the profession of healers and their income. It was in their interest to have patients and to sell medicine to people from different social groups. That is one reason why recipes contain various ingredients ranging from ordinary herbs growing in backyards to precious stones pulverized and sold in apothecaries.

To sum up, medieval recipe books from both South and North show that local culture and medical learning were not distinct, but were used together to attain a better quality of everyday life. Since doctors and physicians were scarce, recipes provided treatment and prevention for everybody, which could be applied by more or less practised healers. Medicine, which included some efficient herbs in addition to some less efficient ingredients and involved practical participation such as rituals, and in some cases magic, was used to restore not only wellbeing and health, but just as importantly, faith and hope.

---

116   Green, *Women's Medical Practice*, 445–451; Kathryn Taglia, "Delivering a Christian Identity: Midwives in Northern French Synodal Legislation, c. 1200–1500," in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler, York Studies in Medieval Theology 3 (York: York Medieval Press, 2001), 77–90.

Wine, Women and Song? Diet and Regimen for Royal Well-Being (King Duarte of Portugal, 1433–1438)[1]

Iona McCleery

In 1438 King Duarte of Portugal died suddenly leaving a six-year old son as heir. The ensuing regency eventually led to civil war, a scenario that to some extent resembles the start of the Wars of the Roses in England. Although it has long been known that the illness or sudden death of the monarch could throw the country into disorder, political historians still pay limited attention to royal illness and medical historians have been slow to take on board the political implications of medieval belief in the "body politic" metaphor.[2] Several historians have analysed the impact of Charles VI of France's and Henry VI of England's madness, Henry IV of England's long illness and Baldwin IV of Jerusalem's leprosy.[3] Yet in all these cases, the point of view of the sick king is difficult to access. The writings of King Duarte so far seem to be unique in that they provide a personal view of royal well-being. When Duarte wrote in his advice book, the *Loyal Counsellor*, that "the health of the people is the health of the prince and the prince must greatly love his health," his words should be

2   Takashi Shogimen, "'Head or Heart?' Revisited: Physiology and Political Thought in the Thirteenth and Fourteenth Centuries," *History of Political Thought* 28 (2007).

3   Bernard Guenée, *La folie de Charles VI: Roi Bien-Aimé* (Paris: Perrin, 2004); Carole Rawcliffe, "The Insanity of Henry VI," *The Historian* 50 (1996); Wendy Turner, "A Cure for the King Means Health for the Country: The Mental and Physical Health of Henry VI," in *Madness in Medieval Law and Custom*, ed. Wendy Turner (Leiden: Brill, 2010); Cory James Rushton, "The King's Stupor: Dealing with Royal Paralysis in Late Medieval England," in *Madness in Medieval Law and Custom*; Douglas Biggs, "The Politics of Health: Henry IV and the Long Parliament of 1406," in *Henry IV: The Establishment of the Regime, 1399–1406*, ed. Gwilym Dodd and Douglas Biggs (Woodbridge: York Medieval Press, 2003); Bernard Hamilton, *The Leper King and His Heirs: Baldwin IV and the Crusader Kingdom of Jerusalem* (Cambridge: Cambridge University Press, 2000).

taken seriously as far more than a metaphor.[4] As a king who had suffered from melancholy in his youth, Duarte understood only too well what it would mean to the kingdom should illness return to disorder his body and soul.

King Duarte of Portugal produced two compilations informing us of his outlook on life, health and politics. The high-status manuscript containing the *Loyal Counsellor* was discovered in the Bibliothèque Nationale, Paris, in 1804. Consisting of 104 chapters written in Portuguese, the existence of the *Loyal Counsellor* was noted by chronicler Rui de Pina in around 1500, but the only surviving manuscript seems to have left Portugal in around 1440.[5] The king's other work is a much less polished miscellany known today as the *Book of Advice*. Written almost entirely in Portuguese, the collection includes lengthy passages also found in the *Loyal Counsellor*, as well as twenty-five recipes and *regimina*. The oldest manuscript dates from c. 1600.[6]

In an earlier study of the *Loyal Counsellor* by the present author, it was argued that the text should be understood as a patient-authored narrative, unique for a layman of that time period and status.[7] That study focused on the king's melancholy and the crucial role it played in structuring the narrative. This new study explores the content of the *Loyal Counsellor* in much more detail, and more fully incorporates the *Book of Advice* into the analysis. The title reference to wine, women and song is partly meant to be humorous; as will be seen, Duarte had strong views on alcohol and women and he liked a well-ordered sung mass. In all seriousness, however, Duarte's writings show that he advocated a prudent lifestyle very far from the "wine, women and song" image that is perhaps the one that most comes to mind today when modern people think of medieval royal behaviour.

The chapter begins by providing some context first of all for Duarte's ill health and his writings. It then goes on to argue that Duarte lived by a concept called *contentamento*, which is perhaps as close as we can get to a medieval

---

4   Duarte of Portugal, *Leal Conselheiro*, ed. Maria Helena Lopes de Castro (Lisbon: Imprensa Nacional/Casa da Moeda, 1998), 208 [referred to hereafter as *LC*].

5   The manuscript, first catalogued in the French royal library in 1544, may have passed into the Aragonese royal library in Naples via Duarte's widow Leonor of Aragon and then seized after the French invasion of Naples in 1495: *LC*, xvii–xviii. See also Rui de Pina, *Crónicas*, ed. Manuel Lopes de Almeida (Oporto: Lello & Irmão, 1977), 495. The manuscript also contains an equestrian manual composed by the king.

6   João José Alves Dias, ed., *Livro dos Conselhos de el-Rei D. Duarte* (*Livro da Cartuxa*) (Lisbon: Editorial Estampa, 1982) [hereafter referred to as *BA*].

7   Iona McCleery, "Both 'Illness and Temptation of the Enemy': Melancholy, the Medieval Patient and the Writings of King Duarte of Portugal (r. 1433–38)," *Journal of Medieval Iberian Studies* 1: 2 (2009).

sense of well-being; finally, there is an analysis of Duarte's complex relationship with food, drink and women, showing the close connections between his physical and spiritual well-being.

King Duarte of Portugal, His Illness and His Political Context

The short reign of King Duarte (1433–1438) is largely unknown to non-Portuguese historians. Duarte is overshadowed by his famous younger brother Henrique "the Navigator" who between 1415 and 1460 traditionally pioneered Portugal's expansion into the Atlantic and down the African coast. More recent research suggests that other members of this well-connected and highly-educated family were also important: Duarte himself, his brother Pedro and his sister Isabel, Duchess of Burgundy.[8] Duarte had in fact ruled Portugal for many years prior to his accession to the throne on behalf of his father João I who was preoccupied with North Africa.

Duarte was an effective legislator and administrator who counselled his brother Henrique against a disastrous campaign at Tangiers in 1437 in which their youngest brother Fernando was captured. Duarte's death the following year, however, allowed Henrique to continue his ambitions for a personal African empire and encouraged later chroniclers like Rui de Pina, who wrote for Henrique's spiritual heir his great-nephew King Manuel, to dismiss Duarte's reign as an unimportant sideshow to God's grand plan for Portugal. Pina said that Duarte died of plague, fever or sadness as a result of the Tangiers fiasco, thus indelibly linking his melancholy to political failure.[9] Unfortunately, the nineteenth-century scholars who first studied the *Loyal Counsellor* accepted Pina's assessment. The king still struggles to escape from the popular view of a feeble-minded man who "confessed to the dumb pages of his book."[10]

---

8   Peter Russell, *Prince Henry 'the Navigator': A Life* (New Haven and London: Yale University Press, 2000); Monique Sommé, *Isabelle de Portugal, Duchesse de Bourgogne: Une femme du pouvoir au XVe siècle* (Villeneuve d'Ascq: Presses Universitaires du Septentrion, 1998); Anthony Disney, *The History of Portugal and the Portuguese Empire* (Cambridge: Cambridge University Press, 2009).

9   Pina, *Crónicas*, 573. Revisionist scholarship on Duarte began with Domingos M.G. dos Santos, *D. Duarte e as Responsabilidades de Tânger (1433–1438)* (Lisbon: Comissão Executiva do V Centenário da Morte do Infante D. Henrique, 1960). The most recent biography is Luís Miguel Duarte, *D. Duarte: Requiem por um Rei Triste* (Lisbon: Círculo de Leitores, 2005).

10   Joaquim Pedro de Oliveira Martins, *Os Filhos de D. João I* (1st publ. 1891; Lisbon: Guimarães Editores, 1993), 134.

Had Duarte not died prematurely at the age of forty-six his legacy could have been very different. The irony is that he may already have worried about what would happen if he died young, leaving a minor on the throne. Duarte was after all the son of a usurper, João I, who had exploited the chaos that ensued when his predecessor Fernando died prematurely in 1383 leaving an eleven-year old heiress.[11] It is apparent from a reading of the *Loyal Counsellor* and the *Book of Advice* that there were two major health problems that Duarte wished to avoid: melancholy and plague, conditions that were closely connected to each other in his mind. Duarte tells us that he first succumbed to "the illness of the melancholic humour" in 1413 at the age of twenty-two when his father handed over to him the government of the kingdom in order to prepare for the invasion of Ceuta. More used to hunting, Duarte found ten months of the sedentary lifestyle and constant routines of government very difficult to bear "and the sadness began to grow, not about anything in particular but about any situation that arose or about some fantasies without reason." He then had to endure an outbreak of plague and watch many people die around him. Duarte fell ill and became convinced he would die.

He recovered but was left with a great fear of death, not just of plague but of death in general and what happened afterwards, which of course he knew was sinful doubt. These thoughts over the next six months "took away all pleasure and caused in my opinion the greatest sadness that one could feel." This episode ended with the death from plague of his mother Philippa of Lancaster in 1415. Her pious death brought him to his senses and caused him to stop fretting about the brevity of this life and reminded him of the glory of the next life.[12]

Duarte believed that the best treatment for melancholy was proper religious observation or, as he put it, "firmness of faith." In the worst cases, which could lead to self-harm and suicide, the person should feel contrition, confess at length and go to communion with the greatest cleanness and humility, but should avoid weakening fasts and other religious ceremonies and should not be left alone.[13] He came to realize that he himself suffered from both "illness and temptation of the Enemy." It was a physical illness because it was caused by imbalance in one of the four humours, black bile ("melancholy" derives from the Greek for black bile or choler), but it was *also* a spiritual illness, the

---

11   Iona McCleery, "Medical 'Emplotment' and Plotting Medicine: Health and Disease in Late Medieval Portuguese Chronicles," *Social History of Medicine* 24 (2011).

12   *LC*, 73–76.

13   *LC*, 81, 86–87.

result of the sin of anger brought on by diabolical temptation, since Duarte saw sadness as a form of self-hatred.[14]

Thus proper understanding of the principles of religious faith, regular access to the sacraments, being able to recognize the seven sins and being able to practise the seven virtues would allow one to keep spiritually healthy. In fact, Duarte began to see his illness as a divine method "to amend my sins and failings."[15] Both his spiritual and physical health required him to have a worthwhile occupation; idleness could lead to sadness and despair. Although Duarte did not link his own illness to the sin of sloth, he emphasised that his reading and writing were not laziness but a useful way to relax.[16] He believed that one cause of his illness had been overwork and he guarded against this afterwards through periods of rest, exercise and therapeutic study. It is this practical manipulation of lifestyle that is the central focus of the present study.

King Duarte's philosophical and religious thoughts have long been the subject of scholarly analysis, but his practical application of theory has been greatly neglected. In addition to improving his religious education and occupying his mind and body, Duarte went out of his way to avoid plague for the rest of his life, providing us with the earliest account of plague management in Portugal.[17] He collected recipes specifically against plague and other ailments in the *Book of Advice*, and seems to have monitored his food and drink, if we can accept the evidence of the *regimina* that he copied. Yet this behaviour has in the past been dismissed as hypochondriac rather than intimately linked to Duarte's understanding of theology and politics.[18] It is possible to see the *Loyal Counsellor* as a practical application of theory in its own right; both as a form of occupational therapy and as a serious attempt to pass on lessons learned for the benefit of the realm.

Duarte's prologue and final chapter made his purpose clear. He explained in the prologue that he had written an "ABC of loyalty made principally for the lords and people of their households" to teach them A: so that they can understand the forces and passions that are in each one of us, and B: the great good that followers of goodness and the virtues can attain; and C, concerning the

---

14   *LC*, 66, 75.

15   *LC*, 76.

16   *LC*, 109–111.

17   *LC*, 219–224.

18   Júlio Dantas, "A Neurastenia do Rei D. Duarte," in Júlio Dantas, *Outros Tempos* (Lisbon: A.M. Teixeira, 1909); Carlos Amaral Dias, "D. Duarte e a Depressão," *Revista Portuguesa de Psicanálise* 1 (1985); Yvonne David-Peyre, "Neurasthénie et croyance chez D. Duarte de Portugal," *Arquivo do Centro Cultural Português* 15 (1980); Faria de Vasconcelos, "Contribuição para o Estudo da Psicologia de D. Duarte," *Brotéria* 25 (1937).

correction of our evils and sins.[19] In the final chapter, the king explained that this ABC of loyalty was divided into three parts: the individual's body and soul; the household (including marital relations, family, servants and property); and the kingdom and city or other territory: "through loyalty all these receive great aid towards being well-governed."[20] The link between human passions, including pathological conditions such as melancholy, and royal government was made explicit here. Duarte claimed to practise what he preached within his own family and seems to have believed strongly that by maintaining spiritual and physical well-being through faithful adherence to his own advice he could avoid future disorder in his own mind, amongst his courtiers and across the kingdom. It is only by understanding Duarte's disordered health that we can begin to understand his understanding of political order.

King Duarte's Writings in Courtly Context

On the surface the *Loyal Counsellor* is a treatise on the seven sins, the three theological virtues (faith, hope and love) and the four cardinal virtues (justice, temperance, prudence and fortitude), but the obvious order of discussion is often interrupted with moralistic stories. The last fourteen chapters of the book seem completely random: long quotations from theological or classical texts, a detailed regimen for the stomach and two chapters on how to organize the royal chapel.[21] In the regimen, the king returned to the theme of appropriate eating and drinking which he had commented on throughout the text.[22]

In the chapters on the chapel he advised that the members of the royal choir should know the songs they are singing; they should not sing too high or laugh or joke; and they should pronounce words properly. He provided instructions for the education of choir boys and a duty rota for the clergy which are amongst the most detailed for medieval Europe.[23] Yet although individually interesting,

---

19   *LC*, 8–9.

20   *LC*, 373–375.

21   On Duarte's sources, see Duarte, *D. Duarte*, ch. 14; João Dionísio, "Dom Duarte, Leitor de Cassiano," (Lisbon: University of Lisbon, Ph.D. dissertation, 2000); João Dionísio, "D. Duarte e a Leitura," *Revista da Biblioteca Nacional* 6 (1991); Susana Fernandes Videira, "As Ideias Políticas do Rei D. Duarte (Algumas Considerações)," in *Estudos em Homenagem ao Professor Doutor Raúl Ventura*, ed. José de Oliveira Ascensão (Lisbon: Faculdade de Direito da Universidade de Lisboa/Coimbra Editora, 2003).

22   *LC*, 367–370.

23   *LC*, 342–348; Rita Costa Gomes, "The Royal Chapel in Iberia: Models, Contexts and Influences," *The Medieval History Journal* 12 (2003).

these pieces of advice are difficult to comprehend as part of a coherent programme of writing. However, if we think of Duarte's digressions as lengthy footnotes to his discussion of the sins and virtues, and view everything after chapter 72 as a commentary on how to live according to the doctrine of *contentamento*, and everything after chapter 91 as appendices, we can see how Duarte envisaged the text: "a single treatise with some additions."[24]

Duarte's writings might seem unusual but they do belong to a clear courtly context. Since at least the twelfth century, there had developed a rich *Fürstenspiegel* or "Mirror of Princes" tradition: advice literature produced by courtiers for the edification and education of kings and their nobles. One of the most popular of these, the *Secret of Secrets*, was believed to have classical roots as a guide written by Aristotle for his pupil Alexander the Great, although it was originally written in Arabic in the ninth century and translated into Latin in the twelfth century.[25] A fifteenth-century Portuguese translation still survives, associated with Duarte's brother Henrique who either translated it or commissioned its translation. Duarte cited the *Secret of Secrets* regularly and listed it as one of the works in his library.[26] It is probably the main model for the *Loyal Counsellor*.

Duarte borrowed the Pseudo-Aristotelian mixture of political and health advice and combined it with theology to create a treatise on good behaviour. Duarte also referred to two other popular guides to courtly behaviour: the *Policraticus* of John of Salisbury (d. 1180) and the *Regimen of Princes* of Giles of Rome (d. 1316).[27] Duarte's careful interpretation of all these works causes Steven Williams to argue that Duarte is one of the few rulers who can be shown to have read these guides. Most princes had them in their libraries but it is sometimes difficult to know how much notice they took of them.[28]

---

24   *LC*, 7.

25   Steven Williams, *The Secret of Secrets: The Scholarly Career of a Pseudo-Aristotelian Text in the Latin Middle Ages* (Ann Arbor: University of Michigan Press, 2003).

26   Artur Moreira de Sá, ed., *Segredo dos Segredos: Tradução Portugûes Segundo um Manuscrito Inédito do Século XV* (Lisbon: Universidade de Lisboa, 1960); *BA*, 206–208; *LC*, 202–204.

27   *LC*, 124, 128, 140, 200, 204, 206–207, 209; Charles F. Briggs, *Giles of Rome's* De Regimine Principium: *Reading and Writing Politics at Court and University, c. 1275–c. 1525* (Cambridge: Cambridge University Press, 1999); John of Salisbury, *Policraticus: Of the Frivolities of Courtiers and the Footprints of Philosophers*, ed. Cary J. Nederman (Cambridge: Cambridge University Press, 1990).

28   Steven Williams, "Giving Advice and Taking It: The Reception by Rulers of the Pseudo–Aristotelian *Secretum Secretorum* as a *Speculum Principis*," in *Consilium: Teorie e pratiche del consiliare nella cultura medievale*, ed. Carla Casagrande, Chiara Crisciani and Silvana Vecchio (Florence: Sismel, 2004); Judith Ferster, *Fictions of Advice: The Literature and*

The main difference between these other Mirrors for Princes and the *Loyal Counsellor* is that Duarte was not listening to the advice of courtiers written for *his* edification, but offering his own advice to *them*. Although the book was written at the request of his wife, Leonor, it is clear that she was not the target audience: "it seems to me that this treatise should pertain principally to the men of the court so that they can know something similar of knowledge and desire to live virtuously."[29] Duarte wrote little specifically for women; his marital advice was for both men and women.[30]

In giving courtly and religious advice, Duarte may have had a familial model to follow. His English great-grandfather Henry of Lancaster (d. 1361) wrote a treatise on the seven sins in the 1350s which made use of a rich medical vocabulary and drew on courtly and military experience. Although there is no evidence that a manuscript of this work was brought to Portugal (Henry's grand-daughter Philippa married João I in 1386 and continued to patronise English writers), the tone of the works is similar.[31] There is nothing, however, that perfectly matches the form Duarte gave his work. Not only was the king giving both religious and political advice himself, but he was combining it with domestic experience that is unique at his social level. There are similar compilations written by English gentry or Italian or French merchants; the closest parallel is the household book known as the *Ménagier de Paris*, replete with moral treatises, equestrian, gardening and household advice and cooking recipes; however, this kind of compilation was not elsewhere produced by kings.[32]

The *Ménagier of Paris* and both of Duarte's works: the *Loyal Counsellor* and the *Book of Advice*, are versions of what modern scholars refer to as the "Commonplace Book." Early-modernists characterize these books as carefully compiled collections of literary quotations with a didactic or improving purpose. They were usually well-ordered, generic, sometimes professionally

---

     Politics of Counsel in Late Medieval England (Philadelphia: University of Pennsylvania Press, 1996); Marilyn Nicoud, *Les régimes de santé au Moyen Âge: naissance et diffusion d'une écriture médicale (XIIIe–XVe siècle)* (Rome: École française de Rome, 2007).

29   *LC*, 11.

30   *LC*, 177.

31   Henry, Duke of Lancaster, *Le Livre de Seyntz Medecines*, ed. Emil Arnould (Oxford: Blackwell, 1940); Joyce Coleman, "Philippa of Lancaster, Queen of Portugal: and Patron of the Gower Translations?" in *England and Iberia in the Middle Ages, 12th–15th Century: Cultural, Literary, and Political Changes*, ed. María Bullón-Fernández (New York: Palgrave Macmillan, 2007).

32   Gina Greco and Christine Rose, trans., *The Good Wife's Guide*: Le Ménagier de Paris, *A Medieval Household Book* (Ithaca and London: Cornell University Press, 2009).

copied manuscripts that were often printed for widespread use.[33] Medievalists, however, usually use the term "Commonplace Book" to refer to miscellanies that were roughly written, disorganized and highly personal manuscripts. They contained random items such as recipes, charms, financial accounts, lists and material of an almanac nature, all compiled over a period of time. They are likely to have been only for individual or household use.[34]

King Duarte's *Book of Advice* seems to fit the latter model due to its mixed and personal contents. It contains many important letters that historians have used for generations to reconstruct key political events such as the invasion of Tangiers in 1437. The famous "Letter from Bruges" written by Duarte's brother Pedro, Duke of Coimbra, while on his extensive travels in northern Europe, advises Duarte on how he should reform the university, regulate the clergy and handle the different estates of the kingdom, thus shedding light on religious and intellectual culture in Portugal during the 1420s. Duarte also recorded the precise dates of birth of his children, the measurements of the royal chambers in the palace of Sintra, the first surviving version of the Lord's Prayer in Portuguese, a short chronicle of Portugal, some recipes and a few household accounts, particularly relating to almsgiving. Unfortunately as the original manuscript does not survive, there is no way of knowing the original order of contents or the original handwriting. It is not therefore known if it was a multi-authored collection made up of inserted strips of paper or parchment, or a collection of notebooks on different themes only later bound together. The chronicler Rui de Pina suggested the latter as he referred to the king's habit of writing things down in a book, but Pina was not an eye-witness.[35]

In contrast, the *Loyal Counsellor* could be said to have parallels with the much more formal literary compilations of the early-modern period. It was written for the benefit of a specific audience with a clear moral and didactic

---

33   Ann Moss, *Printed Commonplace Books and the Structuring of Renaissance Thought* (Oxford: Clarendon, 1996).

34   Deborah Youngs, "The Late Medieval Commonplace Book: The Example of the Commonplace Book of Humphrey Newton of Newton and Pownall, Cheshire (1466–1536)," *Archives* 25 (2000); David Parker, "The Importance of the Commonplace Book: London, 1450–1550," *Manuscripta* 40 (1996); Julia Boffey, "Bodleian Library, MS Arch. Selden. B.24 and Definitions of the 'Household Book'," in *The English Medieval Book: Studies in Memory of Jeremy Griffiths*, ed. Anthony Edwards, Vincent Gillespie and Ralph Hanna (London: British Library, 2000), and Julia Boffey and John Thompson, "Anthologies and Miscellanies: Production and the Choice of Texts," in *Book Production and Publishing in Britain, 1375–1475*, ed. Jeremy Griffiths and Derek Pearsall (Cambridge: Cambridge University Press, 1989).

35   Pina, *Crónicas*, 498.

purpose and it survives in a high-status manuscript, very uniform in production. Yet the *Loyal Counsellor* retains the highly personalized and familial content of a medieval miscellany. Even if it lacks the letters and household accounts, it still refers frequently to personal experience and family members. It shares numerous sections in common with the *Book of Advice*, such as the regimen for the stomach.[36]

Another piece of advice that Duarte repeated in both texts was guidance written for his brother Pedro on how to keep well while away from home.[37] In the *Loyal Counsellor* this was included as part of Duarte's discussion of sadness; he is trying to help his brother avoid homesickness. In the following chapter Duarte then went on to discuss these emotions in more detail, famously providing the first description of *saudade*, the quintessentially Portuguese emotion of bittersweet nostalgia poured out in thousands of letters from homesick migrant workers and colonial émigrés and now a cornerstone of Portuguese national identity.[38] Duarte thus provided the first description, if not the first known mention, of a word in the Portuguese language, even if there is no direct evidence for the impact of the single manuscript of the *Loyal Counsellor* on Portuguese culture. As an emotion, *saudade* arose from a failure to be satisfied or *content* with one's lot. *Contentamento* was another word that may have first appeared in the *Book of Advice* and then the *Loyal Counsellor* as a prudent way of life. The next section of this essay explores Duarte's understanding of how people should be satisfied with their lives, achieving well-being through contented well-ordered living. Unlike many of the *Mirrors* and courtesy guides discussed above, Duarte's writings ultimately advised that householder, king and country should strive to be content and thereby happy.

Health and Well-Being: *Contentamento* and the Six Non-naturals

Contentamento is perhaps as close as we can get to a late-medieval concept of well-being. The wealth of historiography on medicine rarely defines either "health" or "well-being."[39] It focuses perhaps naturally on concepts of "illness"

---

36   *LC*, 349–361, 367–370; *BA*, 100–113, 253–256.

37   *LC*, 91–96; *BA*, 21–26.

38   Eduardo Lourenço, *O Labirinto da Saudade: Psicanálise Mítica do Destino Português*, 4th ed. (Lisbon: Publicações Dom Quixote, 1991); Afonso Botelho, *Da Saudade ao Saudosismo* (Lisbon: Instituto de Cultura e Língua Portuguesa, Ministério da Educação, 1990).

39   Klaus Bergdolt, *Wellbeing: A Cultural History of Healthy Living*, trans. Jane Dewhurst (Cambridge: Polity, 2008); Maaike van der Lugt, "Neither Ill Nor Healthy: The Intermediate

and "disease." Yet modern debates about the World Health Organization's definition of health first promulgated in 1948 ("Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.") suggest that both "health" and "well-being" deserve historical analysis as linguistic, legal and experiential concepts. The problem with the WHO's definition is that it does not determine who decides whether one is in this state of complete well-being or what determines this seemingly impossible state which seems closer to that of "happiness" than "health."[40]

The history of medicine has long been a history of power: the power of doctors, institutions and states over the personal lives and happiness of individuals. Healthcare and hygiene practices are not always matters of individual choice.[41] Therefore, King Duarte's understanding of *contentamento* from the perspective of a man able to regulate public health and medical institutions at a very early stage of their development, tells us something about how individual and communal responsibilities for health were initially constructed.[42]

For King Duarte, *contentamento* was a practical rather than an ideal way of life, to which he devoted three chapters in the *Loyal Counsellor*.[43] It was based on the observation that nobody could be perfect, only God; elsewhere in the text he noted that even the apostles varied depending on their complexion, age and the alignment of planets at their birth.[44] The fundamental principle of Duarte's viewpoint, as outlined in an introduction to the section on the sins and virtues, was that everybody rich and poor should "always be content with what they have." They should practise humility and patience and always try to do good.[45] Later, the king explained that those who lacked fortitude, who

---

State Between Health and Disease in Medieval Medicine," *Quaderni Storici* 136 (2011); Nicoud, *Régimes de Santé*, I: 7–9, 316–319.

40 Rodolfo Saracci, "The World Health Organisation Needs to Reconsider its Definition of Health," *British Medical Journal* 314 (1997); Niyi Awofeso, "Redefining Health," *Bulletin of the World Health Organization*, http://www.who.int/bulletin/bulletin_board/83/ ustun11051/en/ (accessed 5 December 2011); Alejandro Jadad and Laura O'Grady, "How Should Health Be Defined?" *British Medical Journal* 337 (2008).

41 John Pickstone, "Medicine, Society and the State," in *The Cambridge Illustrated History of Medicine*, ed. Roy Porter (Cambridge: Cambridge University Press, 1996); John Burnham, *What is Medical History?* (Cambridge: Polity, 2005).

42 For evidence of medical licensing in this period, see Iria Gonçalves, "Físicos e Cirurgiões Quatrocentistas: As Cartas de Exame," in Iria Gonçalves, *Imagens do Mundo Medieval* (Lisbon: Livros Horizonte, 1988).

43 *LC*, 268–274.

44 *LC*, 271, 85.

45 *LC*, 45–47; *BA*, 7–10.

always complained about things that had gone wrong and felt envy and anger should beware that "they did not fall into continuous sadness, disdain, disordered thought and desperation."[46] Those who had done well in life needed reminding that fortune could take it all away from them lest they become guilty of vainglory and ingratitude.[47] Duarte argued that all men have the birth and natural disposition that God had granted; they should not feel self-satisfied but remember that even the poor can be rich through contentment: "those who have little to eat or drink and not enough sleep live in abundance."[48]

Duarte's ideas seem to have evolved from his understanding of the three theological and four cardinal virtues, especially prudence. The word "content," meaning "satisfied" appeared in the English language at the beginning of the fifteenth century, according to the *Oxford English Dictionary*. In English and in most Romance languages, "being content" derives from the past participle of Latin *continere* and meant "to be contained" or "restrained" in one's will and emotions.[49] For Duarte therefore, being content seems to have meant practising prudence and temperance, enduring hardship though fortitude and deferring to divine justice. Duarte knew from original works of Aristotle and the *Secret of Secrets* that a good ruler should apply prudence and self-control to himself before he could do so effectively for others.[50]

It is therefore valid to define Duarte's concept of contentment as a type of well-being because of the prudent healthy lifestyle it promoted both in mind and body. Duarte believed that melancholy began as dissatisfaction with one's lot and ended in despair as a result of not accepting divine justice. Melancholy signified a lack of fortitude and temperance in dealing with both good and bad fortune and it could lead to sinful, intemperate living. Duarte also understood melancholy to be a medical problem caused by excess of black bile.[51] He seems to have absorbed a great deal of Graeco-Arabic medical theory about the body, although he did not attribute it to any one authority. For Duarte the way to maintain self-discipline in one's lifestyle, and thereby practise prudence and seek contentment, was to manipulate what his physicians would have called the six non-naturals: air, food and drink, exercise and rest, sleep and

---

46   *LC*, 274.

47   *LC*, 269–270.

48   *LC*, 273.

49   "Content", in *The Oxford English Dictionary*, prep. John Simpson and Edmund Weiner, 2nd ed. (Oxford: Clarendon Press, 1989), III, 816.

50   *LC*, 205.

51   *LC*, 73.

wakefulness, repletion and excretion and the accidents or passions of the soul i.e. the emotions.[52]

In all these respects Duarte's advice was no different to that of many other European *regimina* or *consilia*. The difference, as pointed out earlier, was that he was doing the advising rather than being advised by a humble courtier. Duarte did not always accept the advice of his physicians, preferring at times that of friends, councillors, his confessor and the divine Physician. However, in most matters of regimen he deferred to medical opinion.[53] The last section of this essay will consider how Duarte manipulated advice on the six non-naturals, focusing on food, drink and sex.

King Duarte's Relationship with Food, Drink and Sex

Focusing on Duarte's attitude to food and drink sets up the same limitation as in other studies of *Regimen Sanitatis* literature.[54] Although food and drink usually form the largest section of the *regimina*, some of the other non-naturals, especially excretion, sleep and exercise, get relatively little attention. The problem with isolating individual elements is that it undermines the concept of healthy lifestyle as understood in the Middle Ages, and makes it difficult to explore the reception of the six non-naturals as an idea that went beyond the court. Peregrine Horden is one of the few to argue that the six things featured prominently in hospital regulations and therefore affected the poor as well as the rich.[55] Too great a focus on elite advice texts obscures wider application of theory.

---

52 Luis García Ballester, "On the Origin of the 'Six Non-Natural Things' in Galen," in Luis García Ballester, *Galen and Galenism: Theory and Medical Practice from Antiquity to the European Renaissance* (Aldershot: Ashgate [Variorum Reprints], 2002), article IV; Nicoud, *Régimes de santé*, I: 153–184.

53 *LC*, 62, 150, 288; *BA*, 12. Many of the recipes in *BA* had ecclesiastical or bureaucratic origins.

54 Nicoud, *Régimes de santé*; Melitta Weiss Adamson, *Medieval Dietetics: Food and Drink in* Regimen Sanitatis *Literature from 800 to 1400* (Frankfurt-am-Main: Peter Lang, 1995).

55 Peregrine Horden, "A Non-Natural Environment: Medicine Without Doctors and the Medieval European Hospital," in *The Medieval Hospital and Medical Practice*, ed. Barbara Bowers (Aldershot: Ashgate, 2007). See also Janna Coomans and Guy Geltner, "On the Street and in the Bathhouse: Medieval Galenism in Action?" *Anuario de Estudios Medievales* 43 (2013).

For example, Duarte's obsessive ordering of his chapel might suggest that the liturgy had a therapeutic affect on him. Medieval texts usually cite musical instruments rather than singing as therapeutic, but Horden has argued that hearing the singing could also have been understood to impact on emotional health as part of the system of the non-naturals.[56] Duarte never talked about liking music for itself, but his emphasis on a well-trained choir may relate to his need for regular liturgical solace. Nevertheless, food and drink are familiar topics to a modern audience so will be focused on here for reasons of space, along with sex, as long as it is remembered that food and drink on their own were not enough to maintain well-being.

The majority of Duarte's dietary advice in the *Loyal Counsellor* appears in the chapters on melancholy (19 and 20), his chapter on the sin of gluttony (32) followed by a contrasting one on fasting (33) and the regimen for the stomach (100).[57] Briefer comments on appropriate eating and drinking are interspersed throughout. As pointed out earlier, the regimen for the stomach also appears in the *Book of Advice* along with several other *regimina* and recipes. Some of these recipes blur the line between food and medicine, thus contributing to a continuing debate amongst historians over the relationship between them.[58] For example, in the *Book of Advice* Duarte included a recipe for *pos do duque* or "duke's powders," a mixture of ginger, cinnamon, galingal, zedoary, grains of paradise, long pepper, nutmeg and mace.[59] This recipe may correlate with the sweet powder (*poudre douce*) frequently used in English and French cookbooks to contrast with the sharper *poudre fort*.[60] However, Johanna van Winter points out that there was a Duke's Powder, probably named after the Doge of Venice because of the link between Venice and the spice trade. The problem is that *poudre douce* should not have pepper in it, whereas Duke's Powder requires

---

56   Peregrine Horden, "Religion as Medicine: Music in Medieval Hospitals," in Peter Biller and
       Joseph Ziegler, ed. *Religion and Medicine in the Middle Ages* (Woodbridge: York Medieval
       Press, 2001); Peter Murray Jones, "Music Therapy in the Later Middle Ages: The Case of
       Hugo van der Goes," in *Music as Medicine: the History of Music Therapy since Antiquity*,
       ed. Peregrine Horden (Aldershot: Ashgate, 2000).

57   *LC*, 73–83, 125–132, 367–370.

58   Bruno Laurioux, "Cuisine et Médecine au Moyen Âge: Alliées ou Ennemies?" *Cahiers de
       Recherches Médiévales* 13 (2006); Terence Scully, *The Art of Cookery in the Middle Ages*, new
       ed. (Woodbridge: Boydell, 2005), 41–53, 185–195; Ken Albala, *Eating Right in the Renaissance*
       (Berkeley: University of California Press, 2002), 241–283.

59   *BA*, 271.

60   For example, in the earliest English cookbook, the *Forme of Cury*, dating to c. 1390:
       Constance Hieatt and Sharon Butler, ed. *Curye on Inglysch: English Culinary Manuscripts
       of the Fourteenth Century* (London: Oxford University Press, 1985), 98–9, 208.

sugar. Neither contain the very unusual ingredient zedoary (a rhizome similar to turmeric).[61] It is possible that the addition of this substance turned the recipe into a medicine.

Many of Duarte's more complicated recipes include exotic spices that were equally at home in the kitchen or the apothecary's, to the extent that studies of the few household inventories and account books to survive from late medieval Portugal cannot determine what they were used for most of the time.[62] The earliest Portuguese cookbook survives in a sixteenth-century manuscript, so Duarte's recipes are amongst the only guides to earlier usage of spices.[63] His most famous recipe represents both the range of available ingredients and the king's desperation for health. Duarte's councillor Diogo Afonso de Mangancha, a doctor in canon and civil law rather than medicine, sent him from Italy a recipe and associated regimen against plague which involved force-feeding a badger with a drink of pearls, coral, gold, white wine and camphor, killing it, grinding up its primary organs, mixing them with the animal's blood and with cinnamon, gentian, verbena, ginger, cloves, myrrh, aloes and unicorn horn, and drying it all into a powder to be drunk in water and vinegar.[64]

It is details such as this that make Duarte's advice unique. Otherwise, much of what he says about food and drink is very similar to the guidance in his sources, especially the *Secret of Secrets* and the many theological works he read on the seven sins. Thanks to works like these there was a long tradition in European courtly literature relating gluttony and excess to a lack of prudence; those who overate or got drunk were inherently bad kings. This should be how we interpret the reports of hostile chroniclers that Kings Henry II (d. 1135) and John of England (d. 1216) died from over-eating lampreys and peaches respectively. Both were thought to be cold, moist foods that had to be eaten rarely and in careful balance with the rest of the meal. Eating them in excess, and especially against the explicit advice of a physician as was the case with Henry II, underlined the kings' ineffective self-control and by extension their inability to govern the realm properly.[65]

---

61   Johanna van Winter, *Spices and Comfits: Collected Papers on Medieval Food* (Totnes: Prospect Books, 2007), 384, 387, note 14.

62   Isabel dos Guimarães Sá and Lisbeth Rodrigues, "Sugar and Spices in Portuguese Renaissance Medicine," *Journal of Medieval Iberian Studies* (forthcoming 2015).

63   Giacinto Manuppella, ed., *Livro de Cozinha da Infanta D. Maria: Códice Português* I.E.*33. da Biblioteca Nacional de Nápoles*, new ed. (Lisbon: Imprensa Nacional/Casa da Moeda, 1986).

64   BA, 93–96, 276–277.

65   Henry of Huntingdon, *Historia Anglorum: The History of the English People*, ed. Diana Greenway (Oxford: Clarendon, 1996), 491; Roger of Wendover, vol. 2 of *Liber qui*

Strong, effective kings, like Louis IX of France (d. 1270), mixed their wine with water in order to avoid gout, stomach problems and drunkenness: "it was too revolting a thing for any brave man to be in such a state." Louis always ate "with good grace whatever his cooks had prepared to set before him."[66] On the other hand, there was an equally long medical tradition of having to justify royal tastes for unsuitable foods. In the ninth century, Einhard wrote that the Emperor Charlemagne insisted on eating roast meats against medical advice, though he drank alcohol sparingly; in the early-fourteenth century, King Robert of Scotland's taste for lampreys horrified his Italian physician.[67]

Duarte therefore understood that what he ate had moral significance, although he did not slavishly follow medical advice. Like other authors, Duarte counselled against the eating of moist things like cherries, peaches and oysters, the fatty parts of fish and meat and cold sharp things like vinegar and lemon.[68] Yet we should not make the mistake of so many food historians that rich people in the Middle Ages ate no fruit or vegetables.[69] Duarte assumed that people would still eat these foods, advising a twice yearly purge, once in spring to get rid of the superfluities caused by eating fish during Lent and once in the autumn because of the fruit (he did not otherwise approve of purging and bloodletting for the healthy).[70] Duarte also selected carefully from available *regimina*, only choosing one from the *Book of Advice* to copy into the *Loyal Counsellor*. For example, he did not choose a regimen which does indeed advise an almost entirely meat-based diet, with very little vegetable pottage and lots of toasted bread and sugary drinks.[71]

Dicitur Flores Historiarum, ed. Henry Hewlett (London: Longman, Rolls Series 84, 1886–1896), 196.

66   Margaret Shaw, trans., *Joinville and Villehardouin: Chronicles of the Crusades* (London: Penguin, 1963), 167–168.

67   Lewis Thorpe, trans., *Einhard and Notker the Stammerer: Two Lives of Charlemagne* (London: Penguin, 1969), 77–78; Caroline Proctor, "Physician to the Bruce: Maino De Maineri in Scotland," *Scottish Historical Review* 86 (2007).

68   *LC*, 367. Duarte's regimen for the stomach can be read at my project website: http://www .leeds.ac.uk/yawya/history/medieval/King%20Duartes%20diet%20for%20the%20stom ach.html (accessed 5 December 2011).

69   Nicoud, *Régimes de santé*, I: 671–680; John Harvey, "Vegetables in the Middle Ages," *Garden History* 12 (1984); Christopher Dyer, "Gardens and Garden Produce in the Later Middle Ages," in *Food in Medieval England: Diet and Nutrition*, ed. Christopher Woolgar, Dale Serjeantson and Tony Waldron (Oxford: Oxford University Press, 2006).

70   *LC*, 370.

71   *BA*, 268–269.

Duarte's chosen regimen appears to have been more balanced, designed for a lifestyle where drinking late, staying up all night or getting up early were sometimes unavoidable duties. He followed Pseudo-Aristotle's observation that it was better to eat to live than to live to eat.[72] For him, there was more pleasure in moderate and contented i.e. *satisfied* eating, than there was in eating purely for pleasure. Duarte argued that those of royal estate had to set an example for others, who "if they governed themselves reasonably in as far as their persons were concerned, did less well in the regimen of their households and communities." In fact, it was particularly difficult for the Portuguese to avoid gluttony "because we live in a land most abundant with food and drink."[73] The link between good diet and good government here is explicit.

Duarte viewed his spiritual and physical health as inextricably entwined. Maintaining a healthy body could prevent the occurrence of sin; observing medical advice generally enabled a well-ordered life. Even excessive fasting could lead to disorder of the body and it smacked of the sin of pride.[74] The most important connection between body and soul for Duarte was warding off melancholy. He took "common pills" whenever he felt his sadness start to return and also took them regularly for his stomach. His recipes indicate that these pills contained myrrh, aloes, bugloss and saffron. He also collected several recipes for *corrença*, which could be translated as "the runs" or diarrhoea.[75]

All these references suggest that Duarte might have had some kind of stress-related problem that we could call irritable bowel syndrome and earlier authorities saw as a physical condition described as hypochondriasis (it did not imply malingering until the eighteenth century).[76] The conjunction between Duarte's normative advice and the recipes suggests that he practised what he preached, albeit on his own terms. He tells us for example that he rejected medical advice to give up his duties, have sex and drink undiluted wine. Duarte refused to give up the task of governing Portugal, saying that nobody actually noticed any change in his behaviour (unfortunately something that cannot be verified independently). He argued that alcohol

---

72 Sá, ed. *Segredo*, 28; *LC*, 126.

73 *LC*, 127, 128–129.

74 *LC*, 131–132.

75 *LC*, 80–81, 369; *BA*, 261–263, 258, 265, 272.

76 Stanley Jackson, *Melancholia and Depression: from Hippocratic Times to Modern Times* (New Haven and London: Yale University Press, 1986), 274–310. The link Duarte makes between his sadness and his stomach makes sense in both medieval and modern understanding, but I prefer to use medieval terms. See Piers Mitchell, "Retrospective Diagnosis and the Use of Historical Texts for Investigating Disease in the Past," *Journal of International Palaeopathology* 1 (2011).

could not solve the problem. It lessened the torment but "where they thought to cure the illness, they fell into the servitude of drunkenness through which many souls and bodies and livelihoods had been lost."[77]

Later in the chapter on gluttony Duarte returned to this theme, explaining that drinking too much alcohol was bad, referring to his experience that women and Muslims "in this land" drank water instead and as a consequence "lived to a great age and generally are healthier than those who drink wine."[78] Duarte thus reinforced traditional narratives of gluttony and prudence with his own observations of life in Portugal. One wonders, however, why Duarte's doctors originally advised him in such a way, since sex and wine sound much more like the standard treatment for the particular form of melancholy known as love-sickness.[79] Duarte's own views seem more in line with those of the Italian physician Gentile da Foligno (d. 1348) in a *consilia* that he wrote for a naturally melancholic patient. Gentile similarly advocated the avoidance of sex, advised that wine should be watered down and warned against sharp foods, fresh fruit and most raw vegetables, although he did advise removing the patient from the anxieties of daily life.[80] One wonders if these contrasting treatments were the result of differences between Portuguese and Italian medical practice (Duarte may have been influenced by Italian practices through his widely-travelled family members or courtiers), or whether there was something else going on in the king's mind.

Duarte's refusal to have sex as a cure was once seen by Portuguese historians as bizarre. Together with his late marriage and his close relationship with his mother, the crisis in his illness occurring because of her death, he has been diagnosed as having an oedipal complex. Philippa of Lancaster's piety was blamed for her son's sexual repression.[81] It seems all to be nonsense: Duarte married late because it took years to negotiate his marriage; in fact his father refused to attend the wedding in 1428 because the match was so controversial. Moreover, Duarte was probably influenced by the story of chaste Sir Galahad, whose story was in his library, and the knights of the Round Table more generally (he belonged to the English Order of the Garter).[82] Finally,

---

77   *LC*, 78.

78   *LC*, 126.

79   Mary Wack, *Lovesickness in the Middle Ages: the* Viaticum *and its Commentaries* (Philadelphia: University of Pennsylvania Press, 1990).

80   Faith Wallis, ed. *Medieval Medicine: A Reader* (Toronto: University of Toronto Press, 2010), 411–413.

81   Dias, "D. Duarte e a Depressão," 81; Duarte, *D. Duarte*, 93.

82   McCleery, "Both Illness and Temptation," 168; Duarte, *D. Duarte*, 94–128.

Duarte was exactly the ideal age prescribed by Aristotle's *Politics* for the marriage of men.[83] There is no need to turn to psychoanalysis to understand this prince. Nevertheless, one cannot help but wonder whether the medical advice given to the young Duarte represented a diagnosis that in his later years he refused to acknowledge.

During the ten years of their marriage Duarte and his wife Leonor had nine children at intervals of between ten and thirteen months, except for a last posthumous baby.[84] Leonor in fact gave birth twice in 1432, perhaps prompting Duarte to record a recipe for sore breasts after birth.[85] She appears to have been a suitably harmonious partner for the king, causing him to write that the love of a good, wise, attractive and gracious wife was "a great remedy against sadness and boredom."[86] This suggestive comment indicates that sex itself was not a problem for Duarte as long as it was engaged in moderately, contentedly and without sin. Coitus was part of the system of the non-naturals, usually included under excretion or emotions. Both too much sex and too little were thought to be unhealthy.[87] Duarte could manipulate his sexual activity as he did his sleep (which he recognized was lacking while suffering from melancholy) and his exercise (as pointed out earlier periods of relaxing were essential to his recovery).[88] However, as far as coitus was concerned he had to wait until he was married as lust and fornication were sins.

If Duarte had always thought this, it is not impossible that his physicians believed that lovesickness (or lack of sexual outlet) might have been the cause of his youthful malady. On the other hand, Duarte related the sins of lust and gluttony quite closely to each other as excesses of old age not youth.[89] In contrast love-sickness was barely mentioned as part of the sin of anger, resulting from unsatisfied passion.[90] Duarte believed that love should depend on liking, a wish to do good to each other, desire and friendship. Desire without the three

---

83 Peter Biller, *The Measure of Multitude: Population in Medieval Thought* (Oxford: Oxford University Press, 2000), 326–356.

84 Most of these intervals can be determined from Duarte's list of the births in *BA*, 146.

85 *BA*, 257.

86 *LC*, 90.

87 Caroline Proctor, "Between Medicine and Morals: Sex in the Regimens of Maino de Maineri," in *Medieval Sexuality: A Casebook*, ed. April Harper and Caroline Proctor (New York: Routledge, 2008); Danielle Jacquart and Claude Thomasset, *Sexuality and Medicine in the Middle Ages*, trans. Matthew Adamson (Princeton: Princeton University Press, 1988), 116–138.

88 *LC*, 80, 88–89.

89 *LC*, 123–124.

90 *LC*, 72.

other things caused jealousy, pride and sadness born of dissatisfaction with the other person. Duarte argued that "we are not looking for perfection in the people we love: let us be content with their loyalty and affection." Joy (*ledice*) stems from a couple's contentment with each other's goodness and virtues.[91] Instead of seeing Duarte's chastity as a cause of illness, we should see it as a sign that he lived according to his own advice.

Conclusion

One should not go away thinking that Duarte was emotionally repressed. The whole point of writing his texts was to understand his emotions and put them in order to that he could avoid sin and illness. Duarte's understanding was that body and soul were intimately connected. Curing melancholy involved spiritual and medical measures. On a spiritual level, Duarte seems to have ordered his chapel so that he could maintain his devotions properly despite the itinerancy of the court or his own failings. He might not have wanted the choirboys to be cracking jokes in their pews, but joy and cheerfulness were important goals for him, to be achieved without recourse to wine. Love of pleasure was sinful but pleasure was not itself sinful and listening to the liturgy could be pleasurable; it tends to be modern people who see Duarte's two hours a day at mass as a burden.[92]

On a medical level, cheerfulness and joy could both be achieved through the practice of a careful well-ordered lifestyle, balancing the six non-naturals and avoiding extremes of passion. Duarte's aim was to achieve order on three levels, that of the individual, the household and the kingdom, something that he hoped he could achieve by maintaining his own spiritual and physical health and inspiring others to follow his lead through his writings. Although much of what King Duarte wrote about health was not original, his doctrine of *contentamento* as a fusion of religious and classical advice on well-being seems to have been unique. If Duarte had not died prematurely in 1438 he would perhaps have been remembered not as a sad king and political failure, but as a strong, successful and happy monarch.[93]

---

91   *LC*, 175, 197. See also Maria de Lurdes Correia Fernandes, "Da Doutrina à Vivência: Amor, Amizade e Casamento no *Leal Conselheiro* do Rei D. Duarte," *Revista da Faculdade de Letras: Línguas e Literaturas*, 2nd series, 1 (1984).

92   Duarte outlined his day in *LC*, 306.

93   The chronicler Rui de Pina described Duarte as both sad and happy (*alegre*): *Crónicas*, 495.

"This Worlde Is but a Pilgrimage"

Mental Attitudes in/to the Medieval Danse Macabre

Sophie Oosterwijk

Medieval society is popularly believed to have been obsessed with death: the motto *memento mori* (remember that you must die) is used to characterise the period, whereas the Renaissance is summed up by Horace's aphorism *carpe diem* (seize the day). The two labels are essentially two sides of the same coin, but the first suggests a morbid state of mind with an unhealthy focus on mortality whereas the second seems much more positive and indicative of a change in mentality. The Dutch historian Johan Huizinga devoted a whole chapter of his 1919 study *Herfsttij der Middeleeuwen* (translated originally as *The Waning of the Middle Ages*) to the constant reminders of one's own mortality that we find in art, literature and drama of the fifteenth century, citing the *Danse Macabre* as a prime example of how the transience of earthly beauty was visualised in this period.[1]

Memento mori is indeed the primary message of the *Danse Macabre*, a medieval textual and/or visual motif that acquired a widespread popularity across Europe in the fifteenth century.[2] However, the *Danse* conveyed yet another message: it also served to demonstrate to contemporary viewers how Death wreaks chaos and disorder by disrespecting the social hierarchy of this world and by despatching its victims indiscriminately, regardless of age, wealth, or status. Everyone is equal before Death – even mighty kings – and the naked dancing corpses underline how every vestige of one's social identity is erased in death. In a world in which every citizen knew their divinely ordained place in Christian society, this brutal truth must have been disturbing rather than comforting as it calls into question the value of rank and social order. Yet the *Danse* did not just address the individual on a social and moral level. As this chapter will also show, it was probably two royal deaths in quick succession, and the national trauma and social disorder they left in their wake on both sides of the Channel, that led to the creation of two famous *Danse Macabre* mural

---

1   Johan Huizinga, *The Autumn of the Middle Ages*, trans. Rodney J. Payton and Ulrich Mammitzsch (Chicago: University of Chicago Press, 2004), ch. 5.

2   For an overview of the origins and the dissemination of the *Danse Macabre* see Sophie Oosterwijk, "Of Corpses, Constables and Kings: The *Danse Macabre* in Late-Medieval and Renaissance Culture," *Journal of the British Archaeological Association* 157 (2004): 169–190.

cycles in Paris and London. These in turn inspired the spread across Europe of a motif that has continued to appeal to this very day, precisely because it functions at both a moral and a social level and because it still has the power to shock and unsettle the viewer.[3]

This chapter aims to contextualise the *Danse* and analyse its multiple messages through a close reading of two of the earliest texts: the French poem that was incorporated in a famous mural in the cemetery of Les Saints Innocents in Paris in 1424–1425 and the Middle English adaptation by the monk-poet John Lydgate (c. 1371–1449), which in turn formed the basis of another famous cycle of paintings at Old St Paul's Cathedral in London. Unfortunately both schemes were lost centuries ago, but the woodcut edition that was first published by Guy Marchant in 1485 provides us with at least an impression of the Paris mural half a century earlier, even if its illustrations evidently do not form a reliable copy as is so often thought.[4] For comparison and to illustrate the continuing fascination with the *Danse*, reference will also be made to the famous series of woodcuts designed by Hans Holbein the Younger designed around 1524, but published only in 1538 under the title *Les simulachres & historiees faces de la mort*.[5]

The Theme of Death in Medieval Culture

It was hard to avoid being reminded of one's own mortality in the Middle Ages. The dead were buried within the community, either in the churchyard or inside the church.[6] Those who could afford it commissioned tombstones or

---

3   There are thriving *Danse Macabre* societies across Europe today, such as the *Association des Danses Macabres d'Europe* in France and the *Europäische Totentanz-Vereinigung* in Germany.

4   The book format forced Marchant to divide up the cycle into two pairs per page, while the dress and shoes worn by the figures in the woodcut are typical of the 1480s and not of the 1420s. Of the original 1485 edition only one incomplete copy survives in the municipal library in Grenoble; it is reproduced in facsimile in *Der tanzende Tod. Mittelalterliche Totentänze*, ed. Gert Kaiser (Frankfurt am Main: Insel, 1983), 70–107. In subsequent editions Marchant expanded the *Danse* with additional characters.

5   For example, see Werner L. Gundersheimer, *The Dance of Death by Hans Holbein the Younger: A Complete Facsimile of the Original 1538 edition of* Les simulachres & historiees faces de la mort (New York: Dover, 1971).

6   For example, see Vanessa Harding, *The Dead and the Living in Paris and London, 1500–1670* (Cambridge: Cambridge University Press, 2002), and for the earlier medieval period Patrick J. Geary, *Living with the Dead in the Middle Ages* (Ithaca/London: Cornell University Press, 1994).

monuments with inscriptions by which they might be remembered with prayers for their salvation. The grave rarely offered an eternal resting place for the dead, however. Over the years most graves were re-opened to make room for the newly deceased and in many places the remains of those who had died before were transferred to charnel houses. Although this treatment of the dead was commonly in use across Europe, it could nonetheless be unsettling, as is memorably expressed by Hamlet when he is confronted with the skull of the former court jester Yorick in the graveyard scene.[7] Nor were the dead themselves always believed to be at peace: fear of the restless dead or revenants was widespread and may have contributed to the concept of the *Danse Macabre*.[8]

The *Danse Macabre* was but one of many *contemptus mundi* motifs in medieval culture, as well as a relatively late one – too late to owe its origins to the devastating impact of the Plague that first arrived in Europe in 1347, although recurrent outbreaks thereafter are likely to have fostered a fear of death.[9] Even if the use of dance as a metaphor was novel, earlier authors, playwrights and artists had already chosen the inevitability of death and the resulting corruption of the body as themes in their work. Among the many extant literary examples are the surviving fragment of an early English poem now known as *The Grave*, which occurs in a twelfth-century manuscript (Oxford, Bodleian Library, MS Bodley 343), and the slightly later lyric *When the turuf is thi tuur* (Cambridge, Trinity College MS 323), both of which warn the reader about the grim fate of the body after death as it lies rotting in its grave.[10]

---

[7] See act V, scene I in *Hamlet*, ed. Harold Jenkins, The Arden Shakespeare (London/New York: Methuen, 1982).

[8] For example, see Nancy Caciola, "Wraiths, Revenants, and Ritual in Medieval Culture," *Past and Present* 152 (1996): 3–45, and also the discussion of this idea in Middle English literature in Kenneth Rooney, *Mortality and Imagination. The Life of the Dead in Medieval English Culture* (Turnhout: Brepols, 2011); for fear of the dead and the disorder that the revenants caused in Icelandic Family Sagas, see Kirsi Kanerva's chapter in this volume.

[9] Elina Gertsman, "Visualizing Death. Medieval Plagues and the Macabre," in *Piety and Plague. From Byzantium to the Baroque*, ed. F. Mormando and T. Worcester (Kirksville, MO: Truman State University Press, 2007), 64–89; Michel Vovelles, *La mort et l'Occident de 1300 à nos jours* (Paris: Gallimard, 1983); also Elina Gertsman, *The Dance of Death in the Middle Ages: Image, Text, Performance*, Studies in the Visual Cultures of the Middle Ages, 3 (Turnhout: Brepols, 2010), esp. 42–49.

[10] Arnold Schröer, "The Grave," *Anglia* 5 (1882): 289–290; Carleton Brown, ed., *Religious Lyrics of the Thirteenth Century* (Oxford: Oxford University Press, 1932). See also the examples in Vovelles, *La mort et l'Occident*, ch. 6, esp. 107–112, and the wider discussion in Rosemary Woolf, *The English Religious Lyric in the Middle Ages* (Oxford: Oxford University

There was a purpose to this horror, for graphic descriptions of bodily corruption in poems such as these and in *exempla* of the period served to remind audiences of the need to be mentally prepared for death and to disdain earthly pleasures in order to ensure one's salvation. Theologians and moralists taught that by indulging in vain pleasures one risked imperilling one's immortal soul in case one died suddenly in a state of sin without last rites and absolution. After all, dying in a state of mortal sin without an opportunity of receiving the last rites and absolution would spell eternal damnation. Even prior to the arrival of the Plague, death would strike swiftly and unexpectedly in a variety of ways: nobody was safe.

A major theme that first emerged in French poetry in the late thirteenth century was the Legend of the Three Living and the Three Dead, in which three young noblemen out hunting encounter three decaying corpses who warn them that they, too, must face death and recognise that their bodies are doomed to putrefaction.[11] A belief in revenants may well have been a factor in the emergence and popularity of this *exemplum*, but here the dead represent but one social class, viz. the elite. In early examples of the Legend, the Dead merely admonish the Living, who are thus being given a reprieve and the chance to mend their frivolous ways. The Legend rapidly spread from poetry to art and often came to be depicted in murals and manuscripts throughout medieval Europe as a didactic lesson without any accompanying text. It was only in the fifteenth century that the Dead were shown actively pursuing the Living and threatening them with spears and scythes – an artistic development that may be indicative of an increased horror of death in the later Middle Ages *or* of a need to shock even the more hardened viewers. With its dialogue and visual pairing of dead and living the Legend is often seen as a precursor of the *Danse Macabre*, but it draws on stereotypical aristocratic behaviour and youth to paint its moral message.

Another development in "macabre" art with a *memento mori* message was the cadaver or *transi* tomb.[12] First erected in the late fourteenth century, this

---

Press, 1968), esp. chs. III and IX. *When the turuf is thi tuur* may nowadays be best known through its musical interpretation by the Mediaeval Baebes.

11   The most detailed study is *Vifs nous sommes...morts nous serons. La Rencontre des trois morts et des trois vifs dans la peinture murale en France*, ed. Groupe de Recherches sur les Peintures Murales (Vendôme: Éditions du Cherche-Lune, 2001).

12   Kathleen Cohen, *Metamorphosis of a Death Symbol: The Transi Tomb in the Late Middle Ages and the Renaissance*, California Studies in the History of Art, 15 (Berkeley/Los Angeles/London: University of California Press, 1973); Sophie Oosterwijk, "Food for Worms – Food for Thought: The Appearance and Interpretation of the 'Verminous'

type of monument presented the deceased not in an idealised form awaiting the second coming of Christ, but as a corpse in a state of putrefaction, near-skeletal or being devoured by worms and other vermin. Sometimes the two states of the body – the idealised representation above the putrid corpse – were juxtaposed in so-called double-decker tombs. Like medieval didactic texts on the theme of the corpse in the grave, these cadaver monuments reminded viewers of the universality and inevitability of death, while at the same illustrating one's faith in the bodily resurrection as expressed in Job 19:25–26.[13]

The cadaver tomb thus looks forward beyond the actual moment of death to both bodily corruption and the Last Judgement so that, despite its gruesome form and gory details, its message is meant to be a positive one: the corrupt state of the body is but a temporary one until God restores it to its former glory. Yet it is hard to remember such consoling thoughts when faced with the stark image of bodily decomposition: stripped of all social trappings, beauty and identity, these cadaver effigies strike the viewer with horror. Ironically it was only the wealthy and powerful who had the means to commission such monuments on which they are nonetheless presented as sharing the common fate of mankind.

Like the Legend of the Three Living and the Three Dead, the *Danse Macabre* is basically a dialogue between the living and either the dead or Death personified. However, the *Danse* includes victims from all ranks of life and thus was meant to have a far wider appeal: it was the intention that everyone should recognise themselves in the living who are about to die. The oldest surviving poem is the Spanish *Dança general de la muerte*, which is usually dated around 1390–1400, yet this does not appear to have had a wide impact originally and there was no visual dissemination of the *Dança* in Spain at this time. Its connection to the French tradition is also still a matter for debate; the Spanish *Dança* and the French *Danse* may both have originated in a lost Latin prototype, in which case the translation of the theme into the vernacular and then into art would have ensured that it reached a much wider audience in need of its message about the imminence and ubiquity of death.[14]

Cadaver in Britain and Europe," *Church Monuments* 20 (2005): 40–80, 133–140; see also the various articles by Pamela King on the subject, e.g. Pamela King, "The Cadaver Tomb in England: Novel Manifestations of an Old Idea," *Church Monuments* 5 (1990): 26–38.

13   "For I know that my Redeemer liveth, and in the last day I shall rise out of the earth. And I shall be clothed again with my skin, and in my flesh I will see my God." (Douay-Rheims)

14   Oft repeated claims that the *Danse* originated around 1350 in Würzburg, first formulated by Hellmut Rosenfeld in 1954, have long since been dismissed by German scholars.

In contrast to the message conveyed by cadaver tombs, the *Danse Macabre* rarely looks beyond the actual moment of dying nor does it offer its living protagonist a chance to repent as is the case in the Legend of the Three Living and the Three Dead. The main focus of the *Danse* is on the first of the Four Last Things – Death, Judgement, Hell and Heaven – and on the fact that everyone must die, not just the old and the poor but also the young, the rich and the powerful, thereby making its message widely relevant but also shocking: nobody in society is exempt. The hereafter is only alluded to indirectly. The living characters in the *Danse* are firmly set in the here and now, but are inclined to look back with regret to the life and luxuries that they must leave behind, thereby providing an indication of their spiritual and mental state as well as their social rank. Their Judgement is implied in their own words and those of their dead opponent in the *Danse*, who frequently mocks them for their pride and moral blindness. Moreover, although the living characters form a continuous chain with the dead dancers, each victim is presented in isolation: there is no appeal to other characters and no interaction with anyone but each figure's dead opponent. Dying is thus shown to be a very lonely and even isolating experience.

The living appear to represent social order through the hierarchical manner in which they are portrayed, especially in the French poem with its tightly ordered structure. This hierarchy is still evident in Lydgate's translation that largely follows the French original, albeit with a number of added stanzas and new characters. These and other *Danse* texts leave the reader in no doubt about the disorderly manner in which the ill-prepared living must leave this world – a world in which they are but pilgrims whose aim it should have been to better themselves in order to attain Heaven. As Lydgate himself put it, "this worlde is but a pilgrimage/ʒeuen vn-to vs owre lyues to correcte" (lines 37–38).[15] The metaphor of a pilgrimage is telling: as Chaucer showed in his *Canterbury Tales*, pilgrims can represent a cross section of society, men as well as women and clerics alongside cooks and merchants, all travelling together towards a common destination. Yet while the living share death as there common goal, there is no awareness that they share this final journey with their neighbours, preoccupied as they are with their own individual fate when it is already too late.

15 All quotations from the so-called A version (the Ellesmere MS) of John Lydgate's *Dance of Death* and from the French *Danse Macabre* text are based on the edition by Florence Warren, ed., with introduction and notes by Beatrice White, *The Dance of Death, edited from MSS. Ellesmere 26/A.13 and B.M. Lansdowne 699, collated with the other extant MSS.*, EETS, o.s. 181 (London: Oxford University Press, 1931, repr. Woodbridge: Boydell and Brewer, 2000): all translations are mine (SO).

In this respect, we are reminded less of Chaucer's merry pilgrims and more of the haunting image of St James the Greater as a lonely pilgrim travelling through a wicked world on the left outer wing of the *Last Judgement Triptych* by Hieronymus Bosch (d. 1516) in the Akademie in Vienna.[16]

Whereas the characteristics of each social type summoned to join the *Danse* are carefully described, their actual cause of death is rarely specified: decadent living and a love of food may have been a contributing factor in the fat abbot's demise, but there is no pauper said to be dying of starvation in either the French or the English poem. By contrast, in Holbein's woodcut series the martial knight dies violently as Death transfixes him with a jousting lance, while the king is being offered a lethal drink by Death posing as a cupbearer.

No such cause of death is indicated in the earlier texts; only in the *Danse Macabre des Femmes* by the French poet Martial d'Auvergne (c. 1420–1508) does the wetnurse mention an "epidimie" – presumably the Plague – that is killing herself and the baby in her care.[17] The violence that is often alluded to in the *Danse*, such as when the *curé* or parson in the French poem observes that "Il nest homme que mort nassaille" (line 418, "There is no man whom Death does not attack"), does not point to the cause of death but to the suddenness and force with which it usually hits people. This very suddenness was a major cause of fear to Christians, as stated earlier. Nor is the physical process of dying ever elaborated upon in the *Danse*: the texts merely speak of "assault" or "joining the dance", whereas the imagery shows Death grabbing his victims by the hand, the arm, the shoulder, or their garment.

There is thus the shock of the encounter but no description of physical pain, unless one includes other related imagery of Death hitting his victim with an arrow or spear. Instead, the horror of the fate of the body *after* death is illustrated by the physical appearance of the dead dancers, who are sometimes regarded as the *alter ego* of the living. This begs the question whether the dead in the *Danse* represent Death personified or the dead who have risen from their graves to seize the living; a vexed question that often hinges on the

---

16   The artist also used the image of the pedlar as a lonely traveller in a wicked world on the composite *Everyman* panel now in the Museum Boymans van Beuningen in Rotterdam and on the outer wings of the *Haywain Triptych* in the Prado in Madrid. See Roger H. Marijnissen assisted by Peter Ruyffelaere, ed., *Hieronymus Bosch: The Complete Works* (Antwerp: Mercatorfonds/Tabard Press, 1987). Bosch died in 1516. The essential loneliness of dying is also a key theme of the fifteenth-century morality play *Everyman*.

17   Anne Tukey Harrison, ed., with a chapter by Sandra L. Hindman, *The Danse Macabre of Women: Ms.fr. 995 of the Bibliothèque Nationale* (Kent/London: Kent State University Press, 1994), 36 (fig. 4), 90–91. This all-female version of the *Danse* was a later response to the original French poem, which included only male characters.

interpretation of the term *le mort* in the French poem.[18] Whatever the nature of Death or *le mort*, the living and the dead dancers clearly represent two separate states, albeit that the former must become like the latter. This transition entails the loss of earthly beauty, physical strength, status and individuality, for one corpse looks pretty much like the next, especially as its former social insignia are replaced by the universal shroud: only the clergy were buried in their vestments, as we see in Holbein's woodcut of the abbot where Death has purloined his victim's mitre and crosier, or in some cadaver effigies such as those of Abbot Pierre Dupont (d. 1461) in Laon and Bishop Paul Bush (d. 1558) in Bristol.[19] The reality after death was nonetheless the same for virtually everyone, viz. bodily decomposition in the grave.[20] The ultimate distinction there is that, as Death sardonically reminds the Abbot in Lydgate's poem, "Who that is fattest, I haue hym be-hight/In his graue shal sonnest putrefie" (lines 239–240), which matches the truism "Le plus gras est plus tot pourry" (line 184, "The fattest rots soonest") in the French poem.

The Characters and Their States of Mind in the *Danse Macabre*

The core message of the *Danse Macabre* was the moral warning about the need to be prepared for death at all times – a need that was underlined by the high death toll caused across all social strata by the Plague, which was to recur in virtually every generation for centuries to come. Those lucky enough to survive the epidemic or any other brush with death were usually left with an heightened awareness of their own mortality – an awareness that apparently induced the Parisian poet Jehan le Fevre (c. 1320–c. 1390) to write his autobiographical poem *Le respit de la mort* in 1376. Yet the majority of people were far from ready to face death and may even have tried to forget about this ever lurking danger, thereby adopting a spiritually dangerous attitude of denial. Such a lack

---

18   See Sophie Oosterwijk, "Dance, Dialogue and Duality: Fatal Encounters in the Medieval *Danse Macabre*," in Sophie Oosterwijk and Stefanie Knöll, ed., *Mixed Metaphors. The Danse Macabre in Medieval and Early Modern Europe* (Newcastle upon Tyne: Cambridge Scholars Publishing, 2011), 9–42, esp. 10–16. In some French dialects of the period *le* is the feminine article, which may help explain why Lydgate's translation reads "Death"; however, there is ambiguity about the nature of the dead dancers throughout the *Danse Macabre* tradition.

19   Oosterwijk, "Food for Worms," col. pls 1a–b, 6a–b.

20   Royal and aristocratic bodies were often eviscerated and embalmed in the medieval period, but the Church officially condemned this practice.

of readiness is what the *Danse Macabre* illustrates in order to change the mentality and lifestyle of medieval readers and beholders.

Both in the French and in the English version, the *Danse* is being presented as a mirror in which all mankind may recognise themselves, from pope to peasant. In his prologue the French author or "docteur" explains how "En ce miroir chascun peut lire/Qui le conuient ainsy danser" (lines 9–10, "In this mirror everyone can read how he must dance thus"), which Lydgate translated as "In this myrrowre eueri wight mai fynde/That hym behoueth to go vpon this daunce" (lines 49–50). Medieval authors liked the metaphor of the mirror, as may be observed in the many texts that have the term *Speculum* in their title, such as the *Speculum humanae salvationis*.[21] The mirror is, of course, the archetypal tool in which one either sees a vain reflection of one's own external appearance or may recognise one's true self. The *Danse* offers both: on the one hand the grisly figures of the dead who act as mirroring counterparts to the living in the *Danse*, and on the other the living with all their sins, foibles and social pretensions, who are being presented as an *alter ego* with which the reader/beholder is meant to identify. The aim of the *Danse* is the shock of recognition that will persuade audiences to turn their thoughts to their own mortality and thus away from their earthly preoccupations.

The *Danse* is thus presented as a reflection of the condition and state of mind of the archetypal medieval nobleman, burgher, priest, peasant and child, to name but a few of its protagonists. Apart from a few exceptional characters whose stanzas once contained topical allusions to existing persons, as will be discussed in the next section, the characters in the *Danse* are all stereotypes whose words serve to convey a general moral warning. An example is the child who sombrely reflects that nobody may withstand God's will and that "Aussy tot meurt jeune que vielx" (line 472, "A young man dies as soon as an old one") – a truism that had its basis in the high infant mortality rates of the period, although not a sentiment that a mere child would ever be able to formulate himself.

The child's resignation to his fate is matched by the pious sentiments expressed by the Carthusian and the hermit in both the French and the English *Danse*. Following the sentiments in the French poem, Lydgate's Death praises

---

21   See Jane H.M. Taylor, "Un miroer salutaire," in Jane H.M. Taylor, ed., *Dies Illa: Death in the Middle Ages*, Proceedings of the 1983 Manchester Colloquium, Vinaver Studies in French 1 (Liverpool: Francis Cairns, 1984), 29–43; Susanne Warda, "Dance, Music, and Inversion: The Reversal of the Natural Order in the Medieval *Danse Macabre*," in *Mixed Metaphors*, 73–100, esp. 90–96, and in this same volume also Kristiane Lemé-Hébuterne, "Places for Reflection: Death Imagery in Medieval Choir Stalls," 269–290, esp. 269–271 and 281–287.

the Carthusian for his abstinence, which has left him with "chekes dede and pale" (line 345), and he urges him to submit patiently. The Carthusian needs no such exhortation as he is more than ready: "Vn to the worlde I was dede longe a-gon" (line 353), unlike the majority of mankind who fear to die. He thus commends his soul to God while reminding the reader that "Somme ben to dai that shul not be to morowe" (line 361), thereby underlining how sudden death may be. Similarly well prepared is the last character in the French and English *Danse* proper, the hermit, who likewise submits willingly to death after a life of abstinence and solitude. For this he is praised in a final stanza by Death, who in Lydgate's text reminds the reader that "til to morowe is no man sure to abide" (line 632), echoing the aphorism by *le mort* in the French poem that "Il nest qui ait point de demain" (line 512, "There is nobody who has any tomorrow"). Death thus underlines for the reader or viewer the moral example of the hermit: whereas few would have shared the abstinent lifestyle of a hermit they could at least strive to attain the same mental attitude towards death.

Yet the child, the Carthusian and the hermit are the exceptions in the *Danse*, not just in their attitudes, but also because they have either no social status of their own (the child) or because they have turned their back on society. All other participants are still too obsessed with rank, possessions and earthly pleasures to spare a thought for their own mortality and salvation. While this might be considered as normal human behaviour by modern standards, to medieval moralists such a frame of mind was sinful and indicative of human folly. The burgher is one of those who is explicitly reprimanded for being a materialistic fool, having failed to use his wealth for good causes in order to benefit his soul: it cannot now be used to stave off Death and will merely pass to a new owner, at least for a short while. A wise man recognises the transience of earthly possessions whereas "Fol est qui damasser se bleche,/On ne scet pour qui on amasse" (lines 231–232, "A fool is he who harms himself by hoarding. One never knows for whom one hoards"), as Death reminds the burgher, whose own concluding truism is strikingly apt, "Cheulx qui plus ont plus enuis meurent" (line 240, "Those who have more are also more reluctant to die").

Spiritual blindness through greed was a common *topos* in medieval culture and beyond.[22] Money and possessions were essential to enjoy a secure

---

22   See also the discussion of the motif of greed in the *Danse Macabre* in Sophie Oosterwijk, "Money, Morality, Mortality: The Migration of the *Danse Macabre* from Murals to Misericords," in Peregrine Horden, ed., *Freedom of Movement in the Middle Ages* (2003 Harlaxton Symposium Proceedings), Harlaxton Medieval Studies 15 (Donington: Shaun Tyas, 2007), 37–56.

position in society, and it was only near death that testators felt the need to divest themselves of their wealth with bequests to pay for prayers and masses. The ultimate fool in this respect, and also a medieval hate-figure, is the usurer, who is literally accused of blindness in the French poem: "Dusure est[es] tout auugle/Que dargent gaingnier tout ardes" (lines 323–324, "You are so blinded by usury that you burn entirely with desire to make money"). The theme of blindness is even continued in the usurer's own final line, "Tel a biaux yeux qui ne voit goutte" (line 336), which Lydgate translated as "Somme haue feyre yȝen that seen neuer a dele" (line 408). The usurer in the French *Danse* and in Lydgate's poem is unusual in being accompanied by a poor man, to whom he still tries to offer a loan when he is at the point of death: all other characters in the *Danse* face death all alone. A century later Holbein was to design a woodcut of a rich man alone in a fortified chamber surrounded by treasures, who watches in horror as Death takes hold of a pile of coins. Yet this Renaissance woodcut is part of a much older tradition of moralistic warnings on the theme of "you cannot take it with you" or "shrouds have no pockets," and whereas that might nowadays be taken as an incitement to enjoy life and its riches – mindful of the motto *carpe diem* – in medieval culture the message was to renounce such vain pleasures and focus instead on the life hereafter.

Greed is a sin – and a folly – that affects not only the secular characters in the *Danse*. If the Carthusian and the hermit are blessedly free from greed, not so the other representatives of the church in the *Danse*. The patriarch in Lydgate's poem confesses to having been deceived by "Worldly honowre, grete tresowre and richesse" (line 129), while the cardinal has indulged himself with "vesture of grete coste" (line 94), the archbishop regretfully bids adieu to "my tresowr, my pompe & pride al-so" (line 166), and the bishop is likewise reminded by Death of "ȝowre riches [...] ȝowre tresowre [...] ȝowre worldli godes" (lines 202–204). All are thus shown to be dying in a state of sin as they still focus too much on the earthly rewards of their position in society, their repentance coming too late to make a difference now that Death has arrived for them unawares. Even among the lower ranks of the clergy sin abounds. The parson, bent on earning an income off the living and the dead alike through tithes and offerings, is about to learn that there is a price to pay for such venality. These examples illustrate the perceived state of disorder in medieval society where hardly anyone is free from sin, not even those charged with the spiritual welfare of their flocks. The *Danse* thus emphasises the universal human aptitude for sin and venality, whatever one's social position.

Things are no better within the walls of the cloister where the clergy should have the benefit of seclusion from the world and its temptations.

Despite having spent his days in a place of beauty and devotion, the monk confesses belatedly to have sins on his conscience for which he has not done penance yet (lines 316–318):

Or aige comme fol & niche	Before now I, foolish and naive,
Ou tamps passe commis maint vice,	Committed many a vice in the past,
De quoy nay pas fait penitance	For which I have not done penance

Little better is the *cordelier* or Franciscan friar, who used to make a living out of preaching about death and who thus should not now find himself surprised by the Death's summons. Yet although the friar is not specific about his sins, he too is evidently not ready to die: "Mendissite point ne maseure,/Des meffais fault paier ladmende" (lines 453–454, "Begging gives me no certainty. Of my misdeeds I must pay the price").

If even the clergy are mentally and spiritually ill-prepared for death, what hope is there for the secular representatives in the *Danse*? The most obvious person to welcome death as a release from a life of toil and deprivation is the *laboureux* or peasant, as Death himself points out with seeming empathy: "Laboureux qui en soing et painne/Aues vescu tout vostre tamps [...] De mort deues estre contents,/Quar de grant soing vous deliure" (lines 425–426, 429–430, "Labourer, who in care and toil have lived all your days [...] You must be content with Death for he will deliver you from great care"). Yet Death's assumption that the peasant will be grateful for his release proves false: even though the poor drudge previously often desired death, now that his time has come he would prefer to stay alive, even if it means more toil in all weathers. Thus the will to live proves stronger, even among the down-trodden who might be expected to welcome death as a way out of their misery but who prefer to cling to life. In contrast to the modern perception of the Middle Ages as a period obsessed with death, the participants in the medieval *Danse Macabre* are instead presented as obsessed with life and all its pleasures, and oblivious of the *memento mori* warning. In fact, this is hardly surprising for the natural reaction to mortal threats like the Plague is not morbidity but denial, self-indulgence, dancing and revelry: to enjoy life while you can, or *carpe diem*. The *Danse Macabre* is not a reflection of morbid attitudes in everyday life, but a response by moralists and the church to such frivolous, worldly attitudes.[23]

---

23   For example, see Michael Freeman, "The Dance of the Living: Beyond the Macabre in Fifteenth-Century France," in *Sur quel pied danser? Danse et littérature*, Actes du

The idea of dancing – a worldly pastime that appealed to all classes – is thus perverted to deliver a grim moralising warning.

Irresponsible living without a thought for one's own mortality is abundantly clear in the younger generation, who are especially fond of dancing. According to the age-old tradition of the Ages of Man, a widespread theme in medieval culture, the age group of *Adolescentia* or *Iuventus* equalled the period of testosterone-driven young manhood: in some schemes this age group equals the months of April or May – the archetypal season of courtship in the love lyrics of the period.[24] In the physiological tradition of the four elements and humours, youth is matched with red choler, the element of fire, and the season of summer, its qualities being hot and dry. It is this same age group that is traditionally the focus of the Legend of the Three Living and the Three Dead. In contrast, the hermit is a rather phlegmatic character, as befits his age in life: old age was associated with phlegm, the element of water, and the season of winter, its qualities being cold and moist.[25] It is in part this which enables the hermit to accept death almost with equanimity.

Nowhere near as phlegmatic as the humble hermit is the celibate young clerk, who had confidently been hoping to live long enough to make a good career, his work rather than youthful frivolities being his prime pleasure as befits a member of the clergy: Marchant's woodcut shows him with a tonsure. In contrast, the focus of the young squire was evidently on amorous pursuits in accordance with the typical behaviour of his age. Death openly mocks him, reminding him of his love of dancing with more attractive partners, as well as of his military prowess, but it is to mirth, pleasure, beauty and the ladies that the squire regretfully pays his farewells, thereby underlining his social status. With at least some thought for those he will come after him, he leaves them with a *memento mori* warning that beauty is but transient and that the soul is more important (lines 173–176):

Penses de lame qui desire	Think of the soul which desires
Repos, ne vous challe plus tant	Rest, and do not worry yourself so much

---

colloque organisé par Hélène Stafford, Michael Freeman et Edward Nye en avril 2003 à Lincoln College, Oxford, ed. Edward Nye (Amsterdam/New York: Rodopi, 2005), 11–30.

24   Erik Dal with collaboration from Povl Skårup, "The Ages of Man and the Months of the Year: Poetry, Prose and Pictures Outlining the Douze Mois Figurés Motif Mainly Found in Shepherds' Calendars and in Livres d'Heures (14th to 17th Century)," *Det Kongelige Danske Videnskabernes Selskab Historisk-filosofische Skrifter* 9: 3 (1980): esp. 8, 12, 41–59.

25   On humoral theory, complexion of primary qualities and age, see Timo Joutsivuo's chapter in this volume.

Du corps que tous les jours empire;	About your body, which deteriorates every day;
Tous fault [m]ourir on ne scet quant.	All must die – one does not know when.[26]

The most typical representative of this age group, however, is the lover or *amoureux*, or amorous squire, as Lydgate dubs him. He has no specific profession or rank, although his appearance in Marchant's woodcut suggest wealth and status. The French poem presents the *amoureux* as young, noble, handsome, and utterly frivolous: instead of expressing concern for his soul, he spends his last breath on saying adieu to his hats, flowers, fellow-lovers and girlfriends: "Adieu chappiaux, boques, fleurettes/Adieu amans et puchelettes" (lines 372–373). Not surprisingly, Death points out to him the price for this foolish preoccupation with life's vanities: "Le monde laires en dolour;/Trop laues ame, chest foleur" (lines 364–365, "You will leave this world with anguish; you have loved it too much, which is folly"). In his response the *amoureux* begs his former fellows to remember him and learn from his example (lines 374–376):

Souuiengne vous de moy souuent,	May you remember me often,
Et vous mires, se sages estes;	And reflect, if you are wise;
Petite pluye abat grant vent.	A little rain can abate a strong wind.

Like the wind, the young lover is ultimately ephemeral, likely to be blown away into nothingness.

Lydgate's *amerous squyere* (amorous squire) is likewise, as Death puts it, "Lusti fre of herte and eke desyrous […] But al shal turne in to asshes dede" (lines 435, 438).[27] The amorous squire responds with the typical vainglory of youth that also characterises the verses of the French *amoureux*. Like any man with the vigour and blithe optimism of youth, he evidently never expected death to happen to him as he pursued women and pleasure. Like the Three Living before them, the squire and the lover are young nobles whose sole focus is on earthly enjoyment, arrogantly believing themselves too young and

---

26   Warren's edition has "pour[r]ir" (rot) instead of the more likely "mo[u]rir" (die), as one finds in Marchant's 1485 edition.

27   Lydgate interpreted the French *amoureux* as a squire, rather in the tradition of Chaucer's *Canterbury Tales*; however, he is a separate character from the *escuier* or Squire earlier in the poems.

healthy to die: in the eyes of medieval moralists, they are thus guilty of the sin of pride as well as lust.

In a departure from the all-male French *Danse*, Lydgate chose to match his amorous squire with a *gentilwoman amerous*, one following the other. This amorous gentlewoman, who is also "of ȝeres ȝonge & grene" (line 449), proves to have been too obsessed with her own beauty to consider the thought that it might ever fade – or that her life itself might end even sooner, as she belatedly recognises in her final lines "But she is a fole shortli yn sentemente/That in her beaute is to moche assured" (lines 463–464). Death uses the term "straungenesse" (haughtiness or arrogance) to sum up the amorous gentlewoman's attitude in life. The emblem of female vanity – often symbolised by a mirror – and the transience of beauty was to become a theme in its own right, with Death and the Maiden being one of its strands. In the *Danse Macabre des Femmes* the women are also often presented as vain and frivolous; a typical misogynistic stereotype.

Other sins abound in the *Danse*. If lust is the typical sin of youth, then gluttony and greed were considered typical of the age of maturity. As we have seen, one archetypal sinner was the abbot, who according to medieval tradition liked to indulge himself too much. Of course, many readers of a different status in life would have been able to recognise their own fallibility in the abbot's gluttony. Anger is another recognisable sin.[28] The sergeant appears young and may suffer from too much red choler, but his resistance is futile, just like his mace, as Death tells him in the French poem (lines 288–290):

Sergent qui porties celle mache,	You, Sergeant, who carry that mace,
Il samble que vous rebelles;	It seems that you are in rebellion;
Pour nient faictes la grimache	To no avail do you make that grimace.

The Constable is likewise a warrior, and thus ruled by aggression and red choler (or testosterone), forcing Death to warn him that (lines 101–102):

| Rien ny vault chere espointable | Frightening countenance does not help |
| Ne forche ne armures en cest assault | Nor force or armour in this attack. |

---

28 Warnings of mental, spiritual and social disorder caused by anger are typical elements in the didactic material of the era, as is exemplified in the chapter of Marko Lamberg.

However, the prime sin displayed by several characters in the *Danse* is pride, whether the female vanity and arrogance of Lydgate's amorous gentlewoman or the indignation of the sergeant who asks in vain, "Moy qui suis royal officier,/Comment mose la mort frapper?" (lines 297–298, "I am a royal officer, so how dare Death strike me?"). The pride of the king is evident in his lament "Helas, on peut veor & penser/Que vault orgueil, forche, lignage" (lines 75–76, "Alas, one can see and consider what pride, power and lineage are really worth"). For many medieval moralists pride was the root of all evil. Ironically the worst case of pride is probably the pope. The mock courtesy with which *le mort* in the French poem invites the pontiff to start the dance, "Aus grans maistre est deu lonneur" (line 24, "Honour is due to the great lords"), is nothing compared to the pope's own opinion of himself: "Hees, fault il que la danse mainne/Moy premier qui suis dieu en terre?" (lines 25–26, "Alas, must I lead the dance in first place; I who am God on earth?"). It seems a clear case of anti-papal satire, which is not surprising at this particular moment in time: the Papal Schism (1378–1417), which had its origins in the move of the papacy from Rome to Avignon in 1309, had led in due course to the election of two rival popes and then in 1409 the election of a third anti-pope at the Council of Pisa in a failed attempt to resolve the crisis. To say that the co-existence of first two and then three rival popes undermined the authority of the papacy would be an understatement, and memories of the Schism must still have been fresh by the time the mural in Paris was completed in 1425. Yet this satirical take on the papacy is not the only topical allusion in the *Danse* to a state of disorder that occupied people's minds in both France and England at this time.

The *Danse Macabre* as an Expression of National Trauma

As stated earlier, the *Danse Macabre* did not just deliver a moral and social message to the individual. Even though these are its most obvious aspects, they do not explain why the *Danse* suddenly attained such popularity in the mid-1420s. After all, there were many other such moralising texts and themes of a "macabre" nature current in this period, such as the Legend of the Three Living and the Three Dead. Instead it was probably due to historical circumstances – a national trauma – that the *Danse* suddenly captured the imagination after having been around for at least half a century without attracting such notice.

Nothing is known about the author of the French text: it may have been Jehan le Fevre, for in his 1376 poem *Le respit de la mort* he included the line "Je fis de Macabré la dance" ("I made the Dance of Macabré") without any explanation,

apparently confident that his readers would recognise this allusion.[29] If so, his *Danse Macabre* poem must predate 1376. It was then adapted decades later to suit the purposes of the unknown patron who commissioned the mural inside the cemetery of Les Saints Innocents in the heart of Paris, which is said to have been started in August 1424 and finished in Lent 1425.[30] Only then did the *Danse* truly begin its spread throughout France and across the Channel into England. Soon after its completion the Paris scheme inspired the Middle English adaptation written by Lydgate in 1426. His *Dance of Death* was in its turn incorporated in a cycle of paintings along the walls of Pardon Churchyard at Old St Paul's Cathedral in London, probably around 1430.

The circumstances surrounding the creation of the first recorded *Danse Macabre* mural in Paris are highly significant. Far from being just a straightforward morality about the inevitability of death, the *Danse* mural that was created in Paris at that precise time would have struck a chord with contemporaries because of its political allusions. The year 1422 had seen the deaths of two kings in quick succession: on 21 October the French king Charles VI, predeceased on 31 August by his son-in-law and chosen successor Henry V, king of England and victor of the Battle of Agincourt in 1415. At least Charles VI had been ailing for years whereas Henry V, whose demise at such a relatively young age was unexpected, had been able to make alterations to his will and prepare himself for death on his final sickbed, thereby dying a "good death" in accordance with the *Ars Moriendi* ("The Art of Dying") literature of the period.[31] Yet to contemporaries Henry seemed almost invincible and too young to die, and his loss was an unmitigated disaster.

Despite the warnings of moralists to be prepared for death at all times, the impact of these two kings' deaths on their subjects was huge. Both countries were to remain without a crowned king for several years, for the official heir to both thrones – Henry V's infant son Henry VI, who was born in 1421 to his

---

29   See Geneviève Hasenohr-Esnos, ed., *Le Respit de la Mort par Jean le Fevre*, Société des Anciens Textes Français (Paris: Picard, 1969), line 3078.

30   These specific dates are given by the anonymous Parisian author known as the Bourgeois de Paris in his so-called *Journal*. See Alexandre Tuetey, ed., *Journal d'un bourgeois de Paris, 1405–1449, publié d'après les manuscrits de Rome et de Paris* (Paris: Nogent-le-Rotrou, 1881), 203; Janet Shirley, trans., *A Parisian Journal 1405–1449* (Oxford: Oxford University Press, 1968), 204.

31   Two extant related Latin text versions are known collectively as the *Ars Moriendi*, the oldest of which dates from the early fifteenth century, but there are earlier texts that offer advice on how to die. See Mary Catharine O'Connor, *The Art of Dying Well: The Development of the Ars Moriendi* (1942, repr. New York: AMS Press, 1966).

French wife, Charles VI's daughter Katherine – was far too young to be crowned; the boy-king's uncle John, Duke of Bedford, would instead rule France as Regent on his behalf, while political rivals battled each other in England for control of government there. Meanwhile, the Dauphin Charles (Charles VI's last surviving but disinherited son) still fought for his rights while living as an exile in the so-called kingdom of Bourges. It was only in 1429 that he was finally crowned king of France, thanks to the intervention of Joan of Arc, but even then it would take years before he gained control of Paris and of the French territories still remaining in English hands. This was a traumatic time for the divided kingdom of France and its inhabitants, for the interregnum after Charles VI's death was no mere political crisis but one that went against the divine order: a kingdom needed a crowned king with a rightful claim to the throne, and the Dauphin had been disowned by his parents after his implication in the murder in 1419 of John the Fearless, Duke of Burgundy. Although he had been suffering from intermittent bouts of insanity since 1392, Charles VI had been a symbol of national unity at a time of civil war and foreign invasion; he was also the longest reigning French king, for he had succeeded his father in 1380. His death in 1422 left a void that was felt deeply by all his subjects; it helps explain why a teenage girl from rural Domrémy in Lorraine saw it as her mission to restore order to the kingdom by bringing about the coronation of the Dauphin as France's rightful king.

It is thus telling that the French *Danse Macabre* contains not one king, but two. The first king is ranked among the living, dressed in a mantle decorated with fleurs-de-lys and holding the royal sceptre, as we can still see in two early manuscript illuminations and in the woodcut published by Guy Marchant in 1485.[32] The words of the king in the poem would also have struck a chord with contemporaries, for the lines "Je nay point apris a danser/A danses & nottes si sauuage" (lines 73–74, "I have never learnt to dance to such savage dances and tunes") and "En la fin fault deuenir cendre" (line 80, "In the end we must turn into ashes") contain unmistakable references to the notorious *bal des sauvages* (ball of the wildmen) in 1393 when the king was nearly burnt to death – an incident described in detail in Jean Froissart's *Chroniques*.[33] There is every

---

[32] The mural itself was destroyed in 1669 when the cemetery wall was demolished in order to widen the narrow rue de la Ferronnerie that ran along the south side of the cemetery. Marchant's woodcut edition was based on the mural but not wholly reliable as evidence for its original appearance: for example, several figures are depicted in the fashion of the 1480s, while the king has been given long hair and a beard.

[33] See Kervyn de Lettenhove, ed., *Oeuvres Froissart. Chroniques 1392–1396*, 29 vols (1867–1877, repr. Osnabrück: Biblio Verlag, 1967), vol. XV, 84–92. Several extant manuscript copies

reason to believe that this figure of the king in the mural was intended as a portrait of the late Charles VI, whose funeral procession with the first ever French occurrence of a lifelike funeral effigy had passed along the cemetery on its way to Saint-Denis, causing outbursts of grief among the crowds who lined the streets.[34] These allusions are reinforced by the interpolated figure of the dead king ("vng roy mort") at the end of the *Danse*, who describes himself as having now become mere food for worms whereas he was once a crowned king ("Sy aige este rois couronnes," line 518). This reflection about his former state echoes the greeting of *le mort* to the still living king towards the start of the poem, "Venes, noble roy couronnes" (line 65, "Come, noble crowned king"). Contemporaries who beheld the mural and read the accompanying verses in the 1420s could not help but remember the anomalous state of France, bereft of its crowned and anointed king.

It is these allusions to the dead king Charles VI and the state of the kingdom that may help explain the huge and immediate impact of the mural. Whereas there is no evidence of the *Danse Macabre* between its earliest recorded mention by le Fevre in 1376 and the completion of the Parisian mural in 1425, Lydgate's Middle English adaptation the following year is but one example of the sudden dissemination of the theme. Several extant manuscript copies of the French text can be dated to the later 1420s, visitors and locals record the existence of the mural in the cemetery, and at least two books of hours produced in Paris around 1430–1435 feature a *Danse Macabre* cycle as a marginal decoration. During the harsh winter of 1434–1435 a "danse machabre" was even sculpted in snow in the streets of Arras – the town where a treaty would be concluded in 1435 between the former Dauphin (now King Charles VII) and Philip the Good, Duke of Burgundy, which would result in the expelling of English troops from Paris in 1436 and eventually from all of France.[35]

Lydgate must have been aware of the references to Charles VI in the French *Danse Macabre* for he included allusions to the late Henry V in his own Middle English adaptation. First of all, he added his own introductory stanzas or "Verba Translatoris," of which the second with its lament about the fall of kings and conquerors at the height of their power and felicity reads like an elegy for

---

contain illustrations of this event. The term *bal des ardents* is of a much later date; Froissart refers to a dance by *hommes sauvages*.

34   See the description by the Bourgeois and also the discussion of the funeral in Ralph E. Giesey, *The Royal Funeral Ceremony in Renaissance France* (Geneva: Librairie E. Droz, 1960), esp. ch. 6.

35   Robert Muchembled, *Culture populaire et culture des élites dans la France moderne (XVe–XVIIIe siècles). Essai* (Paris: Flammarion, 1978), 161–162.

Henry V; the final line "Fortune hath hem from her whele [y]throwe" (line 16) even conjures up the iconic image of the Wheel of Fortune from which kings are cruelly toppled. Secondly, Lydgate introduced a new character, "Maister Jon Rikelle some tyme tregetowre/Of nobille harry kynge of Ingelonde/And of Fraunce the myghti Conquerowre" (lines 513–515). This tregetour or magician is not only a rare instance of a named character in the medieval tradition of the *Danse*, but the interpolation of this stanza also enabled the poet to name the late lamented king Henry V whose glorious conquests and premature death would continue to haunt the English psyche for centuries to come, especially as the country descended into a state of political disorder and civil war that would last until the Tudor era.[36]

The topical allusions to two dead kings and the trauma felt by two nations may explain the rapid impact of the *Danse Macabre* on both sides of the Channel in the mid to late 1420s. By the time political order had been restored in France after the coronation of Charles VII, the treaty between the king and the Duke of Burgundy, and the expulsion of the English from Paris and the rest of the country, the original allusions to Charles VI in the Parisian *Danse* would have been gradually forgotten. In England new textual variants of Lydgate's poem omitted the "Verba Translatoris" with their references to the fall of kings and conquerors as well as the stanzas about Henry V's tregetour Jon Rikelle, thereby removing topical allusions that were probably no longer considered relevant at the time of these "revisions" of the poem.[37] Even if historical

---

36   This is still evident in Shakespeare's plays in which Henry V is summed up as "the mirror of all Christian kings" (*Henry V*, II, chorus, line 6) and his son Henry VI as "son unto a conqueror" (*1 Henry VI*, V, v, line 73). Panegyrics about the late king continued to be written in the 1420s and 1430s. See also Sophie Oosterwijk, "Death, Memory and Commemoration. John Lydgate and "Macabrees Daunce" at Old St Paul's Cathedral, London," in *Memory and Commemoration in Medieval England*, eds. Caroline M. Barron and Clive Burgess, 2008 Harlaxton Symposium Proceedings (Donington: Shaun Tyas, 2010), 185–201, esp. 192, 198, and notes 24, 48–50.

37   Scholars have long debated whether the different text variants, which are collectively referred to as the B version, are by Lydgate at all. There is strong evidence that they were the work of later copyists who saw the poem as "a do-it-yourself kit which anyone could add to," to cite Lydgate scholar Derek Pearsall, "Signs of Life in Lydgate's *Danse Macabre*," in *Zeit, Tod und Ewigkeit in der Renaissance Literatur*, 3, ed. James Hogg, Analecta Cartusiana 117 (Salzburg: Institut für Anglistik und Amerikanistik Universität Salzburg, 1987), 58–71, at 63. Yet Ashby Kinch still adheres to a revision of the *Danse* by Lydgate because it fits his hypothesis of a supposed "reinvention" of the theme to suit aristocratic readers: see Ashby Kinch, *Imago Mortis. Mediating Images of Death in Late Medieval Culture* (Leiden/Boston: Brill, 2013), esp. ch. 5.

circumstances in France and England provided the original impetus to the dissemination of the *Danse*, the oft discussed element of estates satire, which is particularly evident in the portrayal of church dignitaries such as the pope and the abbot, is likely to have been a major factor in its long-lasting success, especially in the Renaissance.[38]

Conclusion

Obviously, on a personal level anxiety about one's own death or the loss of loved ones can cause melancholy, depression and other sorts of mental disorder, but to characterise the Middle Ages as a period in which fear of death was universal – and the *Danse Macabre* as a typical manifestation of this fear – is too simplistic. The fear that is expressed in the *Danse* is not of death itself or of the physical pain of dying, but of dying alone and unexpectedly in a state of sin, without the chance to confess one's sins and receive absolution. In the traditional *Danse* death is a lonely, isolating experience. Apart from the usurer, each dying individual is on his own with only his dead counterpart for company: there is no priest, spouse, friend or relative to comfort and console him in his final hour, nor even a familiar setting, which is in stark contrast to the conventional deathbed scenes we find in medieval art or in the *Ars Moriendi*.[39] The *Danse* thus paints the worst possible scenario for medieval Christians.

Yet if medieval Christians really lived their lives accordingly, mindful of these moral warnings, in constant fear of death and renouncing all earthly indulgences, the spiritual and social order would have been ensured and there would have been no need of such poems, murals or moralities. The reality was, of course, that few people matched the ideal of the Carthusian or the hermit in the *Danse*, who have already renounced society; if they did, there would be no need for such a plethora of moral warnings. In fact, the *Danse* may even have had the opposite effect of confirming to readers and viewers that they were not alone in their focus on life rather than on death, and that such a state of mind – even if sinful – was altogether human and normal.[40] The very fact

---

38   For example, Holbein showed the pope surrounded by pomp and devils in his woodcut of Death and the Pope.

39   It is interesting that Holbein adapted the concept of a chain of dancers and instead presented each victim in his or her familiar setting, often in the company of others who only serve as onlookers, however.

40   Compare Jean Delumeau, *Sin and Fear: The Emergence of a Western Guilt Culture 13th–18th Centuries* (1983, trans. New York: St Martin's Press, 1990), ch. 3, "Ambiguity of the macabre."

that depictions of the Legend of the Three Living and the Three Dead became increasingly violent over time also suggest that the Church and the moralists felt obliged to paint an ever more forceful picture in order to achieve the desired effect, viz. repentance and a more moral lifestyle.

At the same time, the *Danse* would have caused unease in contemporary viewers by emphasising that Death spares neither king nor pauper, and that social status with all its trappings is but ephemeral at the end of life's journey: the wealthy few may be able to afford a sumptuous monument, but the body inside such a tomb is still only dressed in a shroud and ultimately subject to decomposition. One corpse is like another: there is no distinction in death, as Lydgate explained in a slightly later didactic poem, *The Debate of the Horse, Goose, and Sheep*, even if costly tomb monuments might appear to suggest otherwise:

> Tweene riche & poore what is the difference,
> Whan deth approchith in any creature,
> Sauff a gay tumbe ffressh of apparence?[41]

Charles VI and Henry V in due course received their own splendid monuments once order had returned to their kingdoms. To contemporaries in Paris and London, however, the two *Danse Macabre* mural schemes served as a reminder that kings are no less impervious to death than ordinary – and somewhat less ordinary – mortals of all ages and from all walks of life.

---

41 *The Debate of the Horse, Goose, and Sheep*, lines 612–614, in *The Minor Poems of John Lydgate*, part II, eds. Henry Noble MacCracken and Merriam Sherwood, EETS, o.s. 192 (London: Oxford University Press, 1934), 564.

Disturbances of the Mind and Body
Effects of the Living Dead in Medieval Iceland[1]

> *Kirsi Kanerva*

Introduction

In the medieval Icelandic *Flóamanna saga* (Saga of the Men of Flói) there is an episode where a man suddenly becomes insane, dies and becomes a ghost, infecting other people with a lethal disease, who in their turn become posthumously active and inflict upon the survivors illness and fear. The story begins when the main character of the saga, a Christian man called Þorgils Örrabeinsstjúpr, sails for Greenland and is shipwrecked on a desolate shore. Unable to leave, he and his fellow-passengers are forced to stay there the whole winter.[2] At the darkest time of the year, one night during yuletide:

> while they are eating, there is a sharp and vehement knock on the door [of the hut they had made]. Then one of them said: "Good tidings might be near at hand." The man rushed out, and those who were inside thought it took him a long time to get back. Jósteinn and his men now go out; the one who was outside has become insane, and in the morning he dies. A similar thing happens on another evening, that a man becomes insane and soon dies, and he thought he saw the one who had died earlier leap upon him. The disease now takes hold of Jósteinn's men and six of them die.[3]

---

2 See *Flóamanna saga* in *Harðar saga* [...], ed. Þórhallur Vilmundarson and Bjarni Vilhjálmsson, Íslenzk Fornrit 13 (Reykjavík: Hið íslenzka fornritafélag, 1991), 229–327, here 275–284 (AM 515 4to).

3 *Harðar saga*, 284–285 (AM 515 4to): "Ok er þau eru at mat, þá er drepit á dyrr mikit högg ok snjallt. Þá mælti einn þeira: 'Góð tíðindi munu nú í nánd vera.' Sá hleypr út, ok þykkir þeim, er inni váru, fresta innkvámu hans. Nú ganga þeir Jósteinn út; er sá þá ærr, er úti var, ok um morguninn deyr hann. Mótlíkt ferr annan aptan, at maðr ærist ok deyr skjótt ok þóttist sjá

Posthumously active dead people – the living or restless dead – as described in medieval Icelandic Family Sagas (*Íslendingasögur*), were tangible and corporeal ghosts: revenants that appeared to the living in their undecayed, physical and still recognizable bodies. The dead often became restless of their own free will and wished to participate in the lives of the living, for instance, avenging the dead who had been left unavenged, pointing out disturbers of social order, or helping and supporting the living in their deeds and achievements.[4]

Elsewhere in Europe seeing dead people was occasionally considered a symptom of mental disorder, but in medieval Iceland the malicious restless dead were frequently considered causes of unpleasant psychic and bodily consequences. They caused the people great fear, sometimes loss of consciousness or wits and madness, or disease and death that could result in posthumous restlessness.[5] Thus, they were creators of disorder that influenced – especially in the modern sense – both the mental and physical well-being of the living,

---

þann hlaupa at sér, er fyrr dó. Nú kom sótt í lið Jósteins, ok deyja sex menn, ok þá tekr Jósteinn sótt inn tólfta dag jóla, en Þorgerðr sitr yfir honum, ok lýr hann sótt, ok deyr hann, ok eru þeir nú kasaðir þar í mölinni. […] Á bak jólum ganga þau öll aptr ok einna mest Þorgerðr. […] Váru þá miklar aptrgöngur, ok sóttu öll at Þorgilsi." All the translations in the text are my own unless otherwise indicated.

4 Jesse L. Byock, *Feud in the Icelandic saga* (Berkeley, CA: University of California Press, 1982), 133–134; Vésteinn Ólason, "The Un/Grateful Dead – from Baldr to Bægifótr," in *Old Norse Myths, Literature and Society*, ed. Margaret Clunies Ross, The Viking Collection: Studies in Northern Civilization 14 (Odense: University Press of Southern Denmark, 2003), 153–171, here 164–165; Arnved Nedkvitne, *Mötet med döden i norrön medeltid*, trans. Bo Eriksson Janbrink (Stockholm: Atlantis, 2004), 38–43; John D. Martin, "Law and the (Un)Dead: Medieval Models for Understanding the Hauntings in *Eyrbyggja saga*," *Saga-Book* 29 (2005), 67–82, here 75–81; Kirsi Kanerva, "The Role of the Dead in Medieval Iceland: A Case Study of *Eyrbyggja saga*," *Collegium Medievale* 24 (2011): 23–49; Kirsi Kanerva, "Rituals for the Restless Dead: The Authority of the Deceased in Medieval Iceland," in *Authorities in the Middle Ages. Influence, Legitimacy and Power in Medieval Society*, ed. Sini Kangas, Mia Korpiola and Tuija Ainonen, Fundamentals of Medieval and Early Modern Culture 12 (Berlin & Boston: Walter de Gruyter, 2013), 205–227.

5 See the negative effects of the dead e.g. in *Eyrbyggja saga* in *Eyrbyggja saga* […], ed. Einar Ól. Sveinsson and Matthías Þórðarson, Íslenzk Fornrit 4 (Reykjavik: Hið íslenzka fornritafélag, 1935), 1–184, here 93–95, 146–152 and 169–176; *Eiríks saga* in *Eyrbyggja saga*, 193–237, here 214–216; *Flóamanna saga*, 255–256; *Grettis saga* in *Grettis saga Ásmundarsonar* […], ed. Guðni Jónsson, Íslenzk Fornrit 7 (Reykjavik: Hið íslenzka fornritafélag, 1936), 1–290, here 113–123; *Laxdæla saga* in *Laxdæla saga* […], ed. Einar Ól. Sveinsson, Íslenzk Fornrit 5 (Reykjavik: Hið íslenzka fornritafélag, 1934), 1–248, here 39–40.

and offer an intriguing object for the investigation of medieval conceptions of mental disorder.

Of interest here is how the medieval Icelanders interpreted the consequences of the ghosts' actions. In modern western thought, "mental" typically refers to the mind and its intellectual, abstract functions. Yet cross-cultural studies suggest that various mental conditions and disequilibria, such as emotions and madness, are not always distinguished from corporal conditions, such as physical diseases, bodily decrepitude or displacement of internal organs, and psychological distress may be somatised. Moreover, conditions that we regard as normal, such as emotions, may be considered states of disorder or pathogens that expose people to such disturbances.[6] What we would consider physical might thus be mental to others, and what we consider as normal may be viewed as a disorder in other cultures.

In this chapter, I will concentrate on two of the above-mentioned effects provoked by the restless dead, which would be considered either mental or physical nowadays: fear and disease. I will discuss how these conditions caused by the revenants were interpreted in thirteenth- and fourteenth-century Iceland and examine the relationship between mind and body, and mental and physical disorders and illnesses, in order to discover what the medieval Icelandic conception of "mental" disorder was like.

As the study will show, both the emotions, that is mental reactions elicited by the dead and physical illnesses, were considered conditions of bodily disorder. In medieval Icelandic culture many emotions as such were regarded as morbid and pathogenic, and many diseases were thought to have an emotional origin. Moreover, I will argue that for medieval Icelanders, whether they were influenced by indigenous ideas or Latin learning, mental disorder would not have been merely an abstract state of insanity, but an all-encompassing bodily disequilibrium that often originated in inner organs that were defective in size or displaced, or was caused by excessive emotions. Excessive emotion generated disorder by causing bodily illness, or movement of the viscera and bodily fluids, or by exposing the human body to malignant external forces existent in the physical environment. Additionally, mental disorder was represented in sagas as a condition that was to some extent dependent on the social status of the person.

---

6 See e.g. Robert R. Desjarlais, *Body and Emotion. The Aesthetics of Illness and Healing in the Nepal Himalayas* (Philadelphia: University of Pennsylvania Press, 1992), 73–76, 83–85, 150–151.

Among the Icelandic Family Sagas,[7] my focus is on the above mentioned *Flóamanna saga*[8] in addition to *Eyrbyggja saga*,[9] *Laxdæla saga*,[10] and *Eiríks saga rauða*.[11] These main sources are all linked to western Iceland, and share some themes, characters, geographical locations of events, or other characteristics. There was probably a common oral tradition behind the stories, or other literary connections.[12]

Icelandic Family Sagas were based on oral tales of people who inhabited Iceland in the ninth and tenth centuries and their descendants after Iceland was Christianised (year 999/1000). They were written in Old Norse-Icelandic and compiled in the thirteenth and fourteenth century by or for the

7   The editions of the *Íslendingasögur* used in this connection are all from the *Íslenzk Fornrit* (ÍF) series.

8   *Flóamanna saga* dates back to the years 1290–1350. The saga compiler was presumably a cleric from southern Iceland, and the saga has been influenced by romance and hagiographical literature, as well as the Bible and the Dialogues of Gregory the Great. Björn Sigfússon, "Flóamanna saga," in *Kulturhistoriskt lexikon för nordisk medeltid från vikingatid till reformationstid 4* (Helsinki; Malmö: Örnförlaget: Allhem, 1959), 420–421; Þórhallur Vilmundarson, "Formáli," in *Harðar saga*, v–ccxxviii, here cxxxiv–clxvii; Wilhelm Heizman, "Flóamanna saga," in *Medieval Scandinavia. An Encyclopedia*, ed. Phillip Pulsiano (New York: Garland Publishing, 1993), 199–200; Rudolf Simek and Hermann Pálsson, *Lexikon der altnordischen Literatur*, Kröners Taschenausgabe 490 (Stuttgart: Kröner, 2007), 94–95.

9   *Eyrbyggja saga* (Saga of the People of Eyrr) was possibly compiled in western Iceland and dates back before the year 1262. Matthías Þórðarson, "Formáli," in *Eyrbyggja saga*, v–xcvi, here lvii–lxii; Bernadine McCreesh, "Eyrbyggja saga," in *Medieval Scandinavia*, 174–175; John McKinnell, "Vatnshyrna," in *Medieval Scandinavia*, 689–690; Forrest S. Scott, "General introduction," in *Eyrbyggja saga. The Vellum Tradition*, ed. Forrest S. Scott. Arnamagnæanæ, Series A, vol. 18 (Copenhagen: Reitzels, 2003), 1*–28*; Simek and Hermann Pálsson, *Lexikon*, 85, 173–174, 268, 365–366 and 412–413.

10   *Laxdæla saga* (Saga of the People of Laxdælir) was compiled in the middle of the thirteenth century. The writer of the saga may have been a member of the Sturlung family powerful in Iceland at that time, Óláfr Þórðarson hvítaskáld, or possibly a female scribe, and has been influenced by European romance literature. Einar Ól. Sveinsson, "Formáli," in *Laxdæla saga*, v–xcvi, here lxxvi–lxxx; Stefán Karlsson, "Möðruvallabók," in *Medieval Scandinavia*, 426–427; Sverrir Tómasson "Laxdæla saga," in *Medieval Scandinavia*, 387–388; Simek and Hermann Pálsson, *Lexikon*, 244–245.

11   *Eiríks saga* (Saga of Eiríkr the Red) describes expeditions to Greenland and Vinland and was written in western Iceland sometime after 1264. Matthías Þórðarson, "Formáli," lxvii–lxxxv; Kjartan G. Ottósson, *Fróðárundur í Eyrbyggju*, Studia Islandica, 42 (Reykjavík: Menningarsjóðs, 1983), 39–40; Erik Wahlgren, "Vinland sagas," in *Medieval Scandinavia*, 704–705; Simek and Hermann Pálsson, *Lexikon*, 76–77 and 164.

12   Kjartan G. Ottósson, *Fróðárundur*, passim.

descendants of these immigrants. They were regarded as history that also functioned as a tool of power, legitimising the land ownership and authority of the thirteenth- and fourteenth-century farmers.[13] The Icelandic Family Sagas were produced by the literary elite – learned people who were often men and often clerics or wealthy landowners. The saga audience, however, presumably originated from all social layers present on medieval farms, and the texts often had didactic purposes, as well.[14]

Icelandic literature did not arise in a vacuum, but absorbed many influences from foreign learning as there were continuous contacts between Iceland and Norway and other parts of Europe.[15] For instance, medical learning in Iceland may have been influenced by continental European ideas from the early twelfth century onwards. There are some surviving Icelandic medical tracts that date from the fourteenth and fifteenth centuries and were mainly compilations and translations of Latin or Scandinavian medical handbooks,[16] but

---

13   On the Family Sagas, see Carol J. Clover, "Icelandic Family Sagas," in *Old Norse-Icelandic Literature. A Critical Guide*, ed. Carol J. Clover and John Lindow, Islandica 45 (Ithaca and London: Cornell University Press, 1985), 239–315; Vésteinn Ólason, *Dialogues with the Viking Age: Narration and Representation in the Sagas of the Icelanders*, trans. Andrew Wawn (Reykjavík: Heimskringla, 1998), 17–62; Axel Kristinsson, "Lords and Literature: The Icelandic Sagas as Political and Social Instruments," *Scandinavian Journal of History* 28 (2003), 1: 1–17; Gísli Sigurðsson, *The Medieval Icelandic Saga and Oral Tradition. A Discourse on Method*, trans. Nicholas Jones, Publications of the Milman Parry Collection of Oral Literature 2 (Cambridge, Massachusetts & London: Harvard University Press, 2004). On saga writers' personal or political intentions, see e.g. on Snorri Sturluson (1179–1241), a well-known saga author and a member of the powerful Sturlung family, in Vésteinn Ólason, *Dialogues*, 53–60; Torfi H. Tulinius, *The Matter of the North: The Rise of Literary Fiction in Thirteenth-Century Iceland*, trans. Randi C. Eldevik, The Viking Collection: Studies in Northern Civilization 13 (Odense: Odense University Press, 2002), 234–289.

14   Clover, "Icelandic Family Sagas," 268 and 270–271.

15   See e.g. Jónas Kristjánsson, *Um Fóstbrœðrasögu*, Rit 1 (Reykjavík: Stofnun Árna Magnússonar á Íslandi, 1972), 238–249; Marianne E. Kalinke, "Old Norse-Icelandic Literature, Foreign Influence on," in *Medieval Scandinavia*, 451–454; Vésteinn Ólason, *Dialogues*, 41–53.

16   Ingjald Reichborn-Kjennerud, "Vår eldste medisin til middelalderens slutt," in I. Reichborn-Kjennerud, Fr. Grøn and I. Kobro, *Medisinens historie i Norge* (Oslo: Grøndahl & Søns forlag, 1936), 1–97, here 82–88. The monastery of Montecassino and the medical school of Salerno were also known in an Icelandic *itinerarium* dating from the twelfth century. *Alfræði íslenzk I: Islandsk encyklopædisk litteratur. Codex AM 194, 8vo*, ed. Kristian Kålund, Udgivet for samfund til udgivelse af gammel nordisk litteratur (Copenhagen: S.L. Møller, 1908), 16 and 19–20; Reichborn-Kjennerud, "Vår eldste medisin," 20–26. See also Lars Lönnroth, "Kroppen som själens spegel – ett motiv i de isländska sagorna," in

already the thirteenth-century saga writers appear to have been familiar with Latin learning to some extent.[17] This foreign influence has been emphasized in earlier research,[18] and is supported by the notion that some sagas exist in manuscripts that also include medical knowledge, like information on the humoral theory.[19] However, this argument has also been criticized,[20] and will be further commented upon in this discussion. Consequently, in addition to the conceptions of mental disorder, I will also examine to what extent the views represented in sagas reflect theoretical Latin learning, and what implicit medieval Icelandic conceptions of the human mind, illnesses and emotions, based on empirical, everyday observations, that is lay views of human physiology, the sagas convey.

In order to reach the culturally and historically constructed meanings of emotion and illness in medieval Iceland, I will study the subject intertextually, in connection with other saga literature.[21] The examples provided by the kennings of medieval Icelandic Skaldic Poetry and metaphoric expressions concerning mind and emotions will offer further information of

---

     Lychnos. Lärdomshistoriska samfundets årsbok 1963–1964, ed. Sten Lindroth (Stockholm: Almqvist & Wiksell, 1965), 24–61, here 35.

17   E. O. G. Turville-Petre, *Myth and Religion of the North. The Religion of Ancient Scandinavia* (London: Weidenfeld & Nicolson, 1964), 17; Lönnroth, "Kroppen," 24–26, 28 and 31–51; Jón Hnefill Aðalsteinsson, "Sæmundr Fróði: A Medieval Master of Magic," *Arv* 50 (1994): 117–132; Vésteinn Ólason, *Dialogues*, 44–45; Jon Geir Høyersten, *Personlighet og avvik. En studie i islendigesagaens menneskebilde – med særlig vekt på Njála* (Bergen: Tano Aschehoug, 2000); Jon Geir Høyersten, "Islendingesagaene – psykologisk enfold eller mangfold?" *Edda* 2 (2004): 107–117; Simek & Hermann Pálsson, *Lexikon*, 326.

18   Lönnroth, "Kroppen."

19   Especially Hauksbók (AM 544 4to) will be consulted. In addition to *Eiríks saga*, Hauksbók includes other Icelandic tales, historical and semi-historical works translated from Latin, theological and philosophical dialogues, geographical texts and mathematical treatises, and a text about the nature of man and of blood that contains excerpts of humoral knowledge. This text presumably derives from Bede's *Constitutio Mundi*. On Hauksbók, see Gunnar Harðarson & Stefan Karlsson, "Hauksbók," in *Medieval Scandinavia*, 271–272; Elizabeth Ashman Rowe, "Literary, Codicological, and Political Perspectives on Hauksbók," *Gripla* 19 (2008): 51–76.

20   Peter Hallberg, "[Recensioner: I. Två fakultetsoppositioner] Lars Lönnroth," *Samlaren: Tidskrift för svensk litteraturhistorisk forskning* 86 (1965): 157–184, here 168–171 and passim.

21   For this approach see Torfi H. Tulinius, "The Prosimetrum Form 2: Verses as an Influence in Saga Composition and Interpretation," in *Skaldsagas. Text, Vocation, and Desire in the Icelandic Sagas of Poets*, ed. Russell Poole, Ergänzungsbände zum Reallexikon der Germanischen Altertumskunde 27 (Berlin: Walter de Gruyter, 2001), 191–217.

how medieval Icelanders conceptualised the mind, body, illnesses and emotions.[22]

In the first section of this chapter, I will discuss the nature of fear elicited by the restless dead and its mental and physical aspects. In the second part, I will examine the mental origins of the physical illnesses caused by ghosts.

The Anatomically Deficient and Porous Bodies of the Fearful

The ghosts of the sagas invariably appeared in the night or the dark period of the year,[23] frequently causing fear to those they encountered. *Flóamanna saga*, for instance, tells of a farm of a powerful man in Norway called Björn, whose father has just died. The father becomes restless after his death, and the people on the farm are forced to go to bed early every evening because they "were also frightened of him."[24] *Eyrbyggja saga* suggests that such an emotional reaction was usually anticipated when people encountered revenants. The writer states that seeing ghosts "made everyone frightened, which was to be expected."[25] Yet

22   For comparison, see Ágnes Kiricsi, "The Passionate Mind and the Rational Heart: The Location of the Old English Mental Faculty," in *Change in Meaning and the Meaning of Change. Studies in Semantics and Grammar from Old to Present-Day English*, ed. Matti Rissanen, Marianna Hintikka, Leena Kahlas-Tarkka and Rod McConchie, Mémoires de la Société Neophilologique de Helsinki, Tome LXXII (Helsinki: Société Néophilologique, 2007), 1–34; M.R. Godden, "Anglo-Saxons on the Mind," in *Learning and Literature in Anglo-Saxon England. Studies Presented to Peter Clemoes on the Occasion of his Sixty-fifth Birthday*, ed. Michael Lapidge and Helmut Gneuss (Cambridge: Cambridge University Press, 1985), 271–298. On metaphors as organisers and animators of perception and experience, see e.g. Laura Stark, *The Magical Self. Body, Society and the Supernatural in Early Modern Rural Finland*, FF Communications 290 (Helsinki: Academia Scientiarum Fennica, 2006), 153; and of emotional experience in particular see Zoltán Kövecses, *Metaphor and Emotion. Language, Culture, and Body in Human Feeling* (Cambridge: Cambridge University Press, 2000).

23   On the connection between darkness and ghosts, see e.g. John Lindow, "Þorsteins þáttr skelks and the Verisimilitude of Supernatural Experience in Saga Literature," in *Structure and Meaning in Old Norse Literature. New Approaches to Textual Analysis and Literary Criticism*, ed. John Lindow, Lars Lönnroth and Gerd Wolfgang Weber, The Viking Collection: Studies in Northern Civilization 3 (Odense: Odense University Press, 1986), 264–280; Daniel Sävborg, "Avstånd, gräns och förundran: Möten med de övernaturliga i islänningasagan," in *Greppaminni. Rit til heiðurs Vésteini Ólasyni sjötugum*, ed. Margrét Eggertsdóttir (Reykjavík: Hið íslenska bókmenntafélag, 2009), 323–349.

24   "[...] váru menn ok hræddir við hann." *Flóamanna saga*, 255.

25   "[...] varð fólkit allt óttafullt, sem ván var." *Eyrbyggja saga*, 146.

the question arises whether fear was merely a harmless emotion, a mental reaction to seeing ghosts, or something else.

In medieval Icelandic literature fear and other emotions were usually displayed through somatic changes such as blushing, turning pale or shedding tears. These somatic changes of the body, or emotions expressed in words, informed readers or listeners about the emotions of the character in a culture in which literature did not describe the individual's abstract inner state.[26]

The seat of various intellectual functions – emotions, thoughts, memory, will and intentions – was the "mind," which existed in the breast, its actual physical organ being the heart.[27] In kennings, used predominately in Skaldic Poetry, the breast could be described, for example, as the "castle of the mind," "vehicle of contemplation" or "ship of memory."[28] The heart might be called "the house of the mind,"[29] and an emotion was literally "movement of the mind."[30] These kennings and words suggest that mental functions were thought to be physical in nature, rendering every movement of the mind, emotions included, a bodily condition. Emotional states were thus connected to various physical states, always involving the body.

In the medieval Icelandic culture the movements of the mind categorized as fear were clearly unwanted. Fright was not a part of the emotional repertoire of

---

26   On medieval Icelandic emotions, see William Ian Miller, "Emotions and the Sagas," in *From Sagas to Society. Comparative Approaches to Early Iceland*, ed. Gísli Pálsson (Enfieldlock: Hisarlik Press, 1992), 89–110; Carolyne Larrington, "The psychology of emotion and study of the medieval period," *Early Medieval Europe* 10: 2 (2001): 251–256; Kirsi Kanerva, "*Ógæfa* (misfortune) as an Emotion in Thirteenth Century Iceland," *Scandinavian Studies* 84: 1 (2012): 1–26; Kirsi Kanerva, "Hyvä ja paha viha: tunne hyvän elämän mittarina keskiajan Islannissa," in *Hyvä elämä keskiajalla*, ed. Marko Lamberg and Kirsi Kanerva (Helsinki: Finnish Literature Society, forthcoming 2014).

27   See also similar conceptions in Anglo-Saxon culture in Godden, "Anglo-Saxons on the Mind," and Kiricsi, "The Passionate Mind."

28   The Old Norse/Icelandic equivalents were *hugr*, *hugborg*, *reið rýnis* and *minnis knörr*. See *brjóst, hugr* and *rýni* in CGV = Richard Cleasby and Gudbrand Vigfusson, *An Icelandic-English Dictionary* (Oxford: Clarendon Press, 1957), 80, 290–291 and 505.

29   I.e. *hús hugarins. Snorri Sturluson: Edda*, ed. Finnur Jónsson (Copenhagen: Gads, 1926), 146.

30   See *hugarhræring* and the verb *hræra*, to move, to stir, in CGV, 291 and 289; Geir T. Zoëga, *A Concise Dictionary of Old Icelandic* (Mineola, NY: Dover Publications, 2004), 213. Movement was an essential element of the medieval Icelandic conceptualisation of emotions. This is seen in the verb *bregða*, to move swiftly and quickly, that could also be used to indicate a strong emotional reaction. See CGV, 77–78.

respectable men and women,[31] and even the slightest suspicion of fear was considered disgraceful. Fright caused by the dead was connected with social stature;[32] heroes and remarkable men and women are never mentioned as fearing revenants.

In *Laxdæla saga*, for instance, a noteworthy Christian woman and an ancestor of some important thirteenth-century Icelandic families, Guðrún Ósvífrsdóttir, is described as expressing no fright when she sees a ghost on her way to church. Instead, when it tries to address her and tell her "great tidings," she merely answers in an authoritative manner: "Keep silent about them, you wretch."[33] Conversely, only nameless and landless inhabitants, that is the "people" (*menn*, *fólk*) are mentioned as being frightened when they encounter ghosts. Fear caused by the dead was thus mostly experienced by people of lesser importance.

Nevertheless, a total lack of fear may have been regarded as perplexing in medieval Icelandic culture. The sagas suggest that incapability to feel fear originated from anatomical factors. In *Fóstbrǽðra saga*,[34] Þorgeirr is depicted as troublesome, unpredictable and sometimes excessively violent at unexpected times.[35] He could not feel fear, but was a remarkably stout-hearted man.[36] This

---

31   The only exception to this is the fear of the dark that predominantly appears in stories about the so-called "men of misfortune." See, for example, Kanerva, "*Ógæfa*."

32   The counterpart of fear, courage (Latin *fortitudo*), was a chivalric virtue and a heroic trait in medieval culture in general. It was praised as a desirable trait already by Aristotle, if it did not result in arrogance and foolhardiness. See e.g. *Aristotle: Nicomachean Ethics*, trans. Joe Sachs, The Focus Philosophical Library (Newburyport: Focus Publishing, 2002), 1103b15–20, 1104a19–27, 1104b1–8, 1107a30–1107b10, 1108b15–30, and 1115a1–1117b24; Alasdair MacIntyre, *After Virtue. A Study in Moral Theory* (London: Duckworth, 2004), 165–180.

33   "Mikil tíðendi [...] Þegi þú yfir þeim þá, armi." *Laxdæla saga*, 222. The ghost is called *draugr* in the text.

34   *Fóstbrǽðra saga*, from the turn of the thirteenth century is preserved in two versions. One version is in Hauksbók (AM 544 4to, early 14th century) and other versions survive in Möðruvallabók (AM 132 fol, 14th century) and Flateyjarbók (The Book of Flatey, GkS 1005 fol, ca 1390). Kolbrún Haraldsdóttir, "Flateyjarbók," in *Medieval Scandinavia*, 197–198; Paul Schach, "Fóstbrǽðra saga," in *Medieval Scandinavia*, 216–219; Simek & Hermann Pálsson, *Lexikon*, 100–101.

35   For instance, in the Flateyjarbók text, Þorgeirr cuts off the head of a shepherd on impulse because the posture of this man appears to him suitable for such a blow. See *Flateyjarbók: en samling af Norske Konge-sagaer med indskudte mindre fortællinger om begivenheder i og udenfor Norge samt annaler*, 3 vols, ed. Carl Rikard Unger (Christiania: P.T. Malling forlagsboghandel, 1860–1868), II: 91–108, 148–168, 199–226, 339–343, 358–366, here 107.

36   *Fóstbrǽðra saga*, 128 and 210.

fearlessness is thought remarkable and it requires explanation, especially since it seems to reflect the origins of his socially unwanted and destructive behaviour. Þorgeirr's killers expect to find an explanation for it in his mind, so they cut out the heart from Þorgeirr's dead body in order to see what the heart of a fearless man looks like. They notice that it is "rather small," in the Möðruvallabók version of the saga.[37] In the Hauksbók version, Þorgeirr's heart is described as "not bigger than the size of a walnut, hard like callus, and there was no blood in it."[38] However, the writer of the Möðruvallabók version has a slightly different view: Þorgeirr's heart "was not so full of blood that it could have trembled of fear,"[39] suggesting that it was not completely bloodless as indicated in the Hauksbók version, nor full of blood.

The ability to feel fear was thus thought to depend on the physical size of the heart as well as on the amount of blood it contained. Whether the living were frightened by the dead depended on the former's anatomy – the size of the mind organ and the amount of blood it contained. Interestingly, in humoral theory mental disturbances were considered to result from "excess of blood in the heart,"[40] suggesting similarities between learned medical theories and the Icelandic view. However, the two differing versions of *Fóstbræðra saga* imply that the traditional Icelandic view was influenced by foreign learning, but the knowledge of humoral theory was nevertheless somewhat distorted because of a competing traditional view.

In Old Norse-Icelandic a timid or faint-hearted person could also be called *huglauss*, literally "without mind," and *huglítill*, "small-mind" – expressions that alluded to either a small-sized heart or actual absence of this mind-organ in fearful people.[41] The description of the heart of the fearless man in *Fóstbræðra saga* was thus in conflict with the traditional Icelandic conception of timid people as small-hearted and "mindless" and thus, metaphorically, without

---

37   "[...] harla lítit." See the version in the Möðruvallabók manuscript in *Fóstbræðra saga*, 210–211.

38   "[...] ok var þat eigi meira en valhnot ok hart sem sigg ok ekki blóð í." See ibid, 211, and *Hauksbók efter de Arnamagnæanske håndskrifter no. 371, 544 og 675, 4°, samt forskellige papirshåndskrifter av det kongelige nordiske oldskrift-selskab*, ed. Finnur Jónsson (Copenhagen: Thiele, 1892–1896), 384.

39   "[...] eigi var þat blóðfullt, svá at þat skylfi af hræzlu." *Fóstbræðra saga*, 128.

40   Beate Gundert, "Soma and Psyche in Hippocratic Medicine," in *Psyche and Soma. Physicians and Metaphysicians on the Mind-Body Problem from Antiquity to Enlightenment*, ed. John P. Wright and Paul Potter (Oxford: Clarendon Press, 2000), 13–35, here 28 note 92.

41   Conversely, the word *hugfullr* denoted a condition where a person was "full of courage," literally "full-mind." CGV, 291. See also Jónas Kristjánsson, *Um Fóstbræðrasögu*, 246–247. Plausibly, "courage" was then considered a force rather that a substance (such as blood).

heart.[42] Both views, however, implied that feeling fear, and thus the tendency to be affected by the restless dead, was dependent on the person's anatomy and on whether it was confined within the limits of "normal," instead of "abnormal," and thus possibly morbid.[43]

The early fourteenth-century Icelandic Hauksbók suggests that fear had connotations beyond differences in anatomy, extending to other physiological divergences and morbid states. The writer of Hauksbók enumerates the four substances of humoral theory – yellow and black bile, blood and phlegm – and the symptoms caused by an excess of each essence separately, indicating clearly that he is now talking about the opposite condition to soundness (*heill*): bodily disorders in which the four bodily fluids were not in balance.[44] These imbalances may be described as illness(es),[45] but in Hauksbók they are depicted as behavioural tendencies and disposition. For instance, a person with an excess of yellow bile was nimble, brisk, active, sly, hot-tempered and ate a lot, whereas one suffering a surplus of phlegm was timid, jumpy and unsteady.[46] These conditions, as opposite to being *heill*, sound, imply that certain traits, behavioural tendencies and emotions would have been labelled a disease by those familiar with humoral theory.

Apparently, humoral theory was part of Icelandic learned tradition and considered important, since the details of the four bodily substances were written down in Hauksbók. However, knowledge of medical doctrines was

---

42   For comparison, see also on the expression "my heart does not exist" in Beaver Athabascan language denoting timidity in Carolina Pasamonik, "'My heart falls out.' Conceptualizations of Body Parts and Emotion Expressions in Beaver Athabascan," in *Endangered Metaphors*, ed. Anna Idström and Elisabeth Piirainen, Cognitive Linguistic Studies in Cultural Contexts 2 (Amsterdam & Philadelphia: John Benjamins, 2012), 77–101, here 84.

43   For the definitions of "normality" and "abnormality," see e.g. Cecil G. Helman, *Culture, Health and Illness: An Introduction for Health Professionals* (Oxford, Boston: Butterworth-Heinemann, 1998), 247–248.

44   *Hauksbók*, 181–182. On the concept of *heill* in medieval Iceland, and lack of it as an aspect of misfortune, see Kanerva, "*Ógæfa*," 19. For innate complexion in humoral theory, see the chapter of Joutsivuo in this collection.

45   In Hippocratic writings, pain is named as the opposite of health. Compare "On the Nature of Man," in *Hippocrates IV. Heracleitus on the Universe*, trans. W.H.S. Jones, The Loeb Classical Library 150 (London: William Heinemann Ltd, Harvard University Press, 1959), 10–13. The Hauksbók writer, however, does not name the condition opposite to health, but merely states the signs of these disequilibria.

46   The corresponding excerpt in Hauksbók reads: "Enn ef rauða bloð er mest i bloði mannz. þa er sa fimr ok flogall. lettr á sér. slægr. ok bráðr. ok ma mikit eta. [...] Enn ef vari er mestr luti i bloði mannz. þa er hann af kalldri natturu. ok vátri. vstȯdugr. vakr ok udiarfr." *Hauksbók*, 181.

not necessarily widely spread or internalised, and medical practices related to foreign learning may have been special knowledge, practised by a select few. Yet typical symptoms of excess of phlegm apply surprisingly well to victims of fear in sagas. The timid, alert and unsteady nature of phlegmatics is clear in the representations of fear in the thirteenth-century *Gísla saga Súrssonar*.[47] The saga depicts how Vésteinn is stabbed to death with a spear in the house of his brother-in-law Gísli one night. Gísli's wife Auðr asks a slave called Þórðr the faint-hearted,[48] who is the only man present when the body is discovered, to withdraw the spear from the body. The slave does not dare to go anywhere near the dead body because he is so afraid of corpses.[49]

We do not learn anything else from his reaction, but as Gísli, the farmer himself, comes in he immediately realizes the situation and, according to the saga, "asked Þórðr to be calm."[50] The word used for calm here is *kyrr*, which literally means still, quiet, or at rest: Gísli wants Þórðr to be silent and be still.[51] The implication of Gísli's comment is that this is precisely the opposite of Þórðr's behaviour when he speaks. Þórðr the faint-hearted may have been panic-stricken, perhaps moving or gesticulating and uttering some sound, comprehensible or incomprehensible; like the *phlegmaticus* referred to in Hauksbók, he is timid, jumpy and volatile, and thus easily startled. Following the Hauksbók definition, those fearing the restless dead suffered from an over-abundance of phlegm, which makes fear a morbid condition, if not a bodily illness. Yet it can be doubted whether this would have been the view held by most of the medieval Icelanders, or simply by the members of the learned elite, as the frightened body of the *phlegmaticus* indubitably resembled the behaviour of terrified people in general.

According to the evidence in other Family Sagas fear was also connected to sadness.[52] In *Eiríks saga rauða* sorrow along with fear is connected to the actual encounter with ghosts. The saga relates that a disease has killed many

---

47   On the saga, see Riti Kroesen, "Gísla saga Súrssonar," in *Medieval Scandinavia*, 227–228.

48   *Þórðr inn huglausi*, literally "Þórðr the One without Mind."

49   I.e. *líkblauðr*. See *Gísla saga Súrssonar* in *Vestfirðinga sögur*, ed. Björn K. Þórólfsson and Guðni Jónsson, Íslenzk Fornrit 6 (Reykjavík: Hið íslenzka fornritafélag, 1943), 1–118, here 44. For *líkblauðr*, see CGV, 67. In this case the corpse does not express any posthumous restlessness, however.

50   "[...] bað Þórð vera kyrran." See *Gísla saga*, 44.

51   CGV, 367; Zoëga, 256.

52   See e.g. the verb *glúpna* that indicated losing hope and courage, but also denoted becoming downcast and letting the countenance fall, as if one were about to cry, in *Eyrbyggja saga*, 37; CGV, 205; Zoëga, 167.

people on a farm in Greenland. Then, one night a woman called Sigríðr,[53] who has already caught the illness, needs to go outside to the privy. She is assisted by Guðríðr, who does not fall ill herself. When they turn back to face the front door "Sigríðr then cried loudly" because she sees those who have died of the disease standing by the door. The group of dead includes Sigríðr herself and Guðríðr's husband, Þorsteinn Eiríksson, who are both fated to die later. Seeing this sight and herself among the dead, Sigríðr utters that it "is sorrowful to see such things."[54]

Guðríðr comments on Sigríðr's anxiety: "We have trod carelessly, and you are not able to stand [literally 'you do not have courage to endure'] the cold that has entered you."[55] Sigríðr is both frightened, as her cry shows, and lacking in courage, as Guðríðr's comment suggests, but she is also sad. Possibly Sigríðr finds the vision sorrowful because she sees herself in the group of revenants, which brings home to her that the disease she has already caught will kill her.[56] The apparent connection between sorrow and fear, both felt by Sigríðr, is intriguing, and (at least superficially) resembles modern definitions of these emotions. Inability to act is occasionally seen as characteristic to both of them: fear may disable momentarily, and as a long-term emotion sorrow can likewise lead to lack of strength and exhaustion.[57]

In the medieval European context, fear and sadness[58] were considered particularly dangerous and detrimental because they affected the mental

---

53 No genealogy is given to Sigríðr in the saga, suggesting that her social status was relatively low.

54 "Þá kvað hon við hátt, Sigríðr. [...][E]r slíkt hǫrmung at sjá." *Eiríks saga*, 214.

55 "Vit hǫfum óvarliga farit, ok áttu engan stað við, at kalt komi á þik." *Eiríks saga*, 214–215.

56 Fear of death can unfortunately not be further discussed here because of lack of space; for fear of disorderly, lonely and unexpected death, see the chapter of Oosterwijk.

57 Erich Lindemann, "Symptomatology and Management of Acute Grief," *American Journal of Psychiatry*, Sesquicentennial Anniversary 1844–1994, Sesquicentennial Supplement 150: 6 (1994): 155–160; Lars Svendsen, *A Philosophy of Fear*, trans. John Irons (London: Reaktion Books, 2008). According to the theoretical physician Pietro Torrigiano (d. 1319), fear was a kind of sorrow. He mentions this in his commentary on Galen's *Tegni*, but Timo Joutsivuo ("Ruumis ja sielu skolastisen lääkärin tulkitsemana," in *Hyvä elämä keskiajalla*), considers this a lapse, since elsewhere Pietro Torrigiano sees fear and sorrow as two distinct emotions. The error suggests that fear and sorrow have on certain occasions been regarded as similar emotions.

58 The fact that sagas hardly describe grief stemming from death in cases of ghost hauntings raises some questions: as in ancient Rome, for instance, those who were not wept for could become posthumously restless. See e.g. Jacques Lecouteux, *The Return of the Dead. Ghosts, Ancestors, and the Transparent Veil of the Pagan Mind*, trans. Jon E. Graham (Rochester, Vermont: Inner Traditions, 2009), 14.

immunity of the person. These emotions could expose people to the influence of demons or evil spirits.[59] In cultures with similar conceptions, a body schema regarded as "open" is held: according to this schema, the human body is porous and "open" to various influences from the external environment that can penetrate it through the body openings. Fright is then considered a lapse or total loss of agency of the self, and may lead to involuntary opening of the body's boundaries and of the borders of the self. As a result, body is thought to become subordinate to the influence of various forces existent in the natural environment or in other people, such as witchcraft.[60]

According to the Icelandic sagas, fear was a condition that disabled people, as it made them incapable of acting in a controlled manner, losing restraint in their terror. This is revealed in the frightened and panic-stricken reactions of socially inferior (i.e. slaves and people without genealogy) and phlegmatic people.[61] Even if it is not explicitly indicated that the bodies of those who fear the restless dead were penetrated by some external forces, certain vulnerability to external influences is implied. For example, fear and lack of courage make the aforementioned Sigríðr vulnerable to cold while she is outdoors. This may be understood as a manifestation of an "open" body schema in medieval Iceland: a cold air current or wind, that is an external element, was thought to penetrate her body (through nostrils or mouth, for instance) and made her suffer from coldness,[62] which was held as an omen, or symptom, of death.[63]

---

59   On medieval ideas of fear and sorrow, see Nancy Caciola, "Spirits Seeking Bodies: Death, Possession and Communal Memory in the Middle Ages," in *The Place of the Dead. Death and Remembrance in Late Medieval and Early Modern Europe*, ed. Bruce Gordon and Peter Marshall (Cambridge: Cambridge University Press, 2000), 66–86, here 77–78 and 80. In the medieval context, exposure to demonic influence was a remarkable factor in mental disorders. See also Sari Katajala-Peltomaa's and Catherine Rider's chapters in this volume.

60   For this body schema in general and in pre-industrial Finland, see Stark, *The Magical Self*, 152, 281–285.

61   Obviously, presenting slaves and other members of the lower social categories as fools and easily frightened may be a mere literary convention to emphasize the valour of the elite members of the society.

62   For the "open" body schema in the medieval Icelandic context, see Kirsi Kanerva, "'Eigi er sá heill, er í augun verkir.' Eye Pain in Thirteenth- and Fourteenth-Century *Íslendingasögur*," ARV – *Nordic Yearbook of Folklore* 69 (2013), 7–35. See also Eldar Heide, "Spirits Through Respiratory Passages," in *The Fantastic in Old Norse/Icelandic Literature. Sagas and the British Isles*. Preprint Papers of the 13th International Saga Conference, Durham and York, 6th–12th August 2006, ed. David Ashurst, Donata Kick and John McKinnell (Durham: University of Durham, Centre for Medieval and Renaissance Studies, 2006), 350–358.

63   The idea of feeling cold as an omen of death might be linked with the Old Norse-Icelandic word for death, *dauði*, of which original meaning (*dauþa*) was "a life-threatening

The ideas of an "open" body and wind as a force that moves objects raise the question of the role of external factors in the upspring of emotions. In medieval Icelandic thought, air in addition to blood was thought to flow in the arteries.[64] This could imply that movements inside the body recognised as emotions were thought to occur also when air currents entered the victims' veins (through the body openings) and stirred the blood (or body liquids in the humoral theoretic sense) and the inner organs.[65] Accordingly, natural elements, such as winds, could be considered responsible also for the movements inside the body, that is for emotions. This resembled, but was not necessarily influenced by, the medieval idea of microcosm and macrocosm, according to which the body was an image of the world and consisted of the same elements as the world, and could, for this reason, be influenced by the powers of nature.[66]

The Emotional Origin of the Disease Invoked by the Living Dead

On some occasions the dead could also cause the living to suffer from a condition that the thirteenth- and fourteenth-century saga writers labelled illness, *sóttir*. Yet this was not necessarily merely a physical malfunction,[67] exclusive of emotional connotations. In *Eyrbyggja saga* and *Flóamanna saga* (which was probably influenced by the former) the restless dead infect the living with a

---

disease." Reichborn-Kjennerud, "Vår eldste medisin," 3. One of the signs of this illness is, of course, also coldness of the body. In sagas, feeling cold has also been considered a metaphor for inability to control one's actions. For this, see Gísli Sigurðsson, *The Medieval Icelandic Saga*, 219–220.

64 See Reichborn-Kjennerud, "Vår eldste medisin," 27; CGV, 708. See also Kanerva, "Eigi er sá heill," 16–17.

65 For comparison see also Stark, *The Magical Self*, 158, on how in traditional pre-industrial Finnish thought "[e]ven vital organs were thought to be able to shift their location in the body, leading to pain and illness." The term for timid in Old Norse-Icelandic, *huglauss*, even suggests that the movement indicated by the verb *bregða* in cases of fear could have been interpreted as discernible movement of the heart that led to total loss of this organ.

66 On this and the influence of the external environment on the "internal microclimate" of the body e.g. in later European thought, see Gail Kern Paster, *Humoring the Body: Emotions and the Shakespearean Stage* (Chicago & London: The University of Chicago Press, 2004), 1–24.

67 Maladies in the ghost stories of the sagas may also allude to real epidemics, see, e.g. Reichborn-Kjennerud, "Vår eldste medisin," 29–41. Cf. Walter Map's (1140–circa 1210) *De Nugis Curialium*, where a corporeal ghost wandered about causing illness that resulted in death. Jacqueline Simpson, "Repentant Soul or Walking Corpse? Debatable Apparitions in Medieval England," *Folklore* 114 (2003): 389–402, here 390.

disease that leads to a severe epidemic and restlessness among those who die of it.[68] This disease is brought about by one person, who first becomes mad[69] or bewitched[70] after being outside alone in the darkness, and then dies and subsequently becomes restless.

In the wonders of Fróðá in *Eyrbyggja saga*, a Hebridean woman dies of an illness after a mysterious blood rain which people consider a death omen. This woman is presented as a good Christian and granted a Christian burial, although her character is rather ambiguous and shares some traits with women skilled in witchcraft. Moreover, her last wish that her precious bedclothes should be burned is not followed in full, suggesting that she is involved in the hauntings that follow.[71] Weird light phenomena appear after her burial and one night a shepherd comes home in a peculiar condition. The saga states that:

> the shepherd came home, being very silent;[72] he spoke little, but when he did speak, he was rather sullen. People thought he must have been bewitched since he kept away from other people and kept muttering to himself, and this went on for some time. When two weeks of winter had passed, the shepherd came home one evening, went to bed and lay down. Next morning, when people went to see him they found him dead, and he was buried at the church there. Not long afterwards massive hauntings began.[73]

68　Cf. *Eiríks saga* for an epidemic that generates posthumous restlessness in some who have died of it. *Eiríks saga*, 214 and 216. See also Kjartan G. Ottósson, *Fróðárundur*, 39.

69　I.e. *ærr*. See *ærr* and *ærsl* in CGV, 759. On this episode in *Flóamanna saga* see the excerpt at the beginning of this chapter.

70　I.e. *leikinn*. On the word *leikinn*, see Finnur Jónsson and Sveinbjörn Egilsson, *Lexicon poeticum antiquæ linguæ septentrionalis: ordbog over det norsk-islandske skjaldesprog* (Copenhagen: Møller, 1931), 367. Available through: Septentrionalia, http://www.septentrionalia.net (last accessed 2 January 2012); Kjartan G. Ottósson, *Fróðárundur*, 78–84 and note 19 on pages 121–122; Reichborn-Kjennerud, "Vår eldste medisin," 77; Dag Strömbäck, *Sejd och andra studier i nordisk själsuppfattning*, Acta Academiae Regiae Gustavi Adolphi 72 (Hedemora: Kungl. Gustav Adolfs Akademien för svensk folkkultur, Gidlunds förlag, 2000 [1935]), 19. See also *leika* in CGV, 382.

71　*Eyrbyggja saga*, 141–145. On the analysis of this story, see Kjartan G. Ottósson, *Fróðárundur*, 44–57; Kanerva, "The Role of the Dead."

72　The word *hljóðleikr* denotes both silence and sadness, indicating a further connection between the ghosts and sadness as a consequence of their activity. Zoëga, 203.

73　"[S]auðamaðr kom inn með hljóðleikum miklum; hann mælti fátt, en af styggð þat er var; sýndisk mǫnnum þann veg helzt sem hann myndi leikinn, því at hann fór hjá sér ok talaði við sjálfan sik, ok fór svá fram um hríð. En er liðnar váru af vetri tvær vikur, kom sauða-maðr heim eitt kveld, gekk þá til rekkju sinnar ok lagðisk þar niðr; en um morguninn var

Shortly thereafter the dead shepherd attacks a man called Þórir viðleggr ("Wooden leg"), and the epidemic is unleashed:

> He [Þórir] was badly affected by this, but managed to get to his bed. He had turned coal-black all over. He fell ill of this and died. He was then buried in the church yard; after that both the shepherd and Þórir viðleggr always appeared together [...] [T]hen one after another died until six had passed on.[74]

It is made explicit that Þórir died of an illness. He had apparently caught the affliction during the shepherd's attack; a similar contagion occurs in *Flóamanna saga* cited in the beginning of this chapter. In both sagas, those who die have first become mad and bewitched after they have spent time outside, alone in the dark and at the mercy of cold winter winds. The shepherd's madness may have been caused by harmful winds,[75] sent, for instance, by malevolent people skilled in magic, or otherwise "witchlike" persons,[76] like the aforementioned woman in *Eyrbyggja saga*.[77] Apparently, Þórir's illness originated in some malignant external force that had penetrated the body of the shepherd and was then transmitted to Þórir. Hence Þórir's illness was not necessarily considered an ordinary "epidemic," although several people

---

hann dauðr, er menn kómu til hans, ok var hann grafinn þar at kirkju. Brátt eptir þetta gerðusk reimleikar miklir." *Eyrbyggja saga*, 146.

74   "[H]onum varð illt við þetta, ok komsk þó til rúms síns ok var víða orðinn kolblár. Af þessu tók hann sótt ok andaðisk; var hann ok grafinn þar at kirkju; sýndusk þeir báðir jafnan síðan í einni ferð, sauðamaðr ok Þórir viðleggr. [...] [S]íðan dó hverr at ǫðrum, þar til er sex váru látnir." *Eyrbyggja saga*, 146–147.

75   Interestingly, the views on diseases (or, in modern terms, contagion) presented by Isidore of Seville in his *Etymologiae*, which was known also in medieval Iceland (Simek & Hermann Pálsson, *Lexikon*, 204; Reichborn-Kjennerud, "Vår eldste medisin," 18–19), link suggestively with the pathogenic factors in *Eyrbyggja saga* and *Flóamanna saga*, as Isidore held that diseases spread either by *air* or by *touch*. See Justin K. Stearns, *Infectious Ideas: Contagion in Premodern Islamic and Christian Thought in the Western Mediterranean* (Baltimore, MD: Johns Hopkins University Press, 2011), 41–45.

76   On winds as vehicles of magic, see e.g. Nils Lid, "Um finnskot og alvskot. Eit umråde av norsk sjukdomsmagi," *Maal og Minne* (1921) 1–2: 37–66; Triin Laidoner, "The Flying Noaidi of the North: Sámi Tradition Reflected in the Figure Loki Laufeyjarson in Old Norse Mythology," *Scripta Islandica* 63 (2012): 59–91, and the sources indicated in it; and Kanerva, "Eigi er sá heill," 16–18.

77   In poetry, a thought (of a witch that could also harm others) was called "the wind of a witch" (*vind trǫllqvenna*). *Snorri Sturluson: Edda*, 191; Heide, "Spirits."

die of it, but a state in which the physical condition was altered by some external power that violated the boundaries of the body and caused bodily disequilibria.

Moreover, in medieval Iceland the border between emotions and diseases appears to have been flickering, even if people had separate concepts of them. This is implied in *Gísla saga*, where Gísli sees some kind of "heaviness" in his brother Þorkell, who is more silent than usually. Þorkell had eavesdropped a discussion where his wife has told about her affection for another man:

> In the evening Gísli came home from work. It was Þorkell's habit to thank his brother for the work he had done, but now he is quiet and does not say a word. Gísli asks whether he is feeling heavy. "There is no disease in me," says Þorkell, "but worse than disease."[78]

Gísli uses the word *þungr*, heavy,[79] to refer to the condition he thinks his brother has. Þorkell's reply suggests, however, that such "heaviness" was often considered an illness. This heaviness was presumably perceived in Þorkell's physical appearance and his behaviour, since he was not acting in his usual manner. Apart from being quiet, "Þorkell eats only little in the evening and is the first one to go to sleep."[80] Going to sleep surprisingly early or refusing to eat suggested that the person was either ill,[81] downcast, sad, or in grief, as if bereaved.[82]

---

78 "Um aptaninn kemr Gísli heim af verkinu. Þat var vant, at Þorkell var vanr at þakka bróður sínum verkit, en nú er hann hljóðr ok mælti ekki orð. Nú spyrr Gísli, hvárt honum sé þungt. 'Engar eru sóttir á mér,' segir Þorkell, 'en sóttum verra er þó.'" *Gísla saga*, 32.

79 CGV, 749.

80 "Þorkell neytir lítt matar um kveldit ok gengr fyrstr manna at sofa." *Gísla saga*, 32.

81 See also *Eyrbyggja saga*, 140–141.

82 This condition could, however, also be named as a sickness: the word *hugsjúkr*, literally "mind-sick," referred to sadness, homesickness, anxiety and a state of being downcast. See. e.g. *Brennu-Njáls saga* in *Brennu-Njáls saga*, ed. Einar Ól. Sveinsson, Íslenzk Fornrit 12 (Reykjavík: Hið íslenzka fornritafélag, 1954), 20; *Sturlu Saga* in *Sturlunga Saga Including the Islendinga Saga of Lawman Sturla Thordsson and Other Works 1*, ed. Gudbrand Vigfusson (Oxford: Clarendon Press, 1878), 40–85, here 85; *Saga Thordar Sighvatzsonar Kakala* in *Sturlunga Saga Including the Islendinga Saga of Lawman Sturla Thordsson and Other Works 2*, ed. Gudbrand Vigfusson (Oxford: Clarendon Press, 1878), 1–82, here 49 and 59. See also *Eiríks saga*, 220, where someone links the *þungr* condition of a man to sadness (*ógleði*).

Yet Þorkell identifies his experience as something else – perhaps an emotion, jealousy,[83] resulting from his wife's affection towards another man. Apart from "heaviness," Þorkell suffers from silence and speechlessness – behavioural patterns that in sagas usually signify extremely strong and vengeful anger.[84] Yet, despite this clear evidence, it was seemingly hard to distinguish a malady from a mental state that comprised, as in Þorkell's case, feelings of emotional pain and turmoil such as jealousy or anger.[85]

People usually died from afflictions generated by the dead, but this sickness may not necessarily have been interpreted as a physical and fatal contagious disease as we understand it. In medieval Icelandic thought, strong emotions such as deep sorrow over the death of a loved one could also lead to death.[86] Accordingly, the disease generated by the dead may thus have been comprehended as disorder that involved both the mind and the body. In sagas the condition could be called a disease, but was recognised as a condition comprising emotional turmoil.

---

83   On representation of jealousy in sagas, see also Daniel Sävborg, *Sagan om kärleken. Erotik, känslor och berättarkonst i norrön litteratur*, Acta Universitatis Upsaliensis, Historia litterarum 27 (Uppsala: Uppsala universitet, 2007), here 77–84.

84   Kanerva, "Hyvä ja paha viha." On the expression of emotions in sagas in general, see also Miller, "Emotions and the Sagas"; William Ian Miller, *Humiliation: And Other Essays on Honor, Social Discomfort, and Violence* (Ithaca and London: Cornell University Press, 1993); Larrington, "The Psychology of Emotion," and of love in particular, see Sävborg, *Sagan om kärleken.*

85   The word for disease in the text, *sótt*, refers to heaviness and pain in general. In medieval Iceland, the condition of a woman in the late stages of pregnancy and the time before childbirth was sometimes designated as a disease (*sóttir*). The only remedy for this was parturition. See *Völsunga saga* in *Völsunga saga ok Ragnars saga Loðbrókar*, ed. Magnus Olsen, Samfund til udgivelse af gammel nordisk litteratur 36 (Copenhagen: S.L. Møllers Bogtrykkeri, 1906–1908), 1–110, here 4–5. The symptoms of this disease are not explicitly stated in the sagas, but last trimester may refer to contraction pains and general feelings of exhausting heaviness. See also Reichborn-Kjennerud, "Vår eldste medisin," 59.

86   See e.g. *Laxdæla saga*, 158, where a woman dies from grief (*stríð*), and *Færeyinga saga* in *Flateyjarbók*, I: 122–150, 364–369, 549–557, and II: 241–250, 394–404, here II: 403, where an older farmer dies from the agony (*helstríð*) caused by the death of his brother's three sons, whom he has fostered. See also Marjo Kaartinen, "'Pray, Dr, Is There Reason to Fear a Cancer?' Fear of Breast Cancer in Early Modern Britain," in *A History of Emotions, 1200–1800*, ed. Jonas Lilieqvist, Studies for the International Society for Cultural History (London: Pickering & Chatto, 2012), and Simo Knuuttila, *Emotions in Ancient and Medieval Philosophy* (Oxford: Clarendon Press, 2004), 214, footnote 113, on the lethal consequences of the emotions in medieval and early modern Europe in general.

Sometimes the border between disease and emotion could become completely blurred, since certain illnesses were considered to originate in emotions. This is seen in the late thirteenth-century *Brennu-Njáls saga*;[87] Þórhallr is a respected man and learned in law, but his expression of anger differs from those of the other eminent people, who rarely express violent rage. The normative representations of anger in sagas included only subtle somatic changes such as blushing or turning pale, or sweat on the forehead.[88]

Þórhallr's fury is aroused when he hears that the killers of his foster father will not be sentenced in the court of law. According to the saga "when he heard about this he was so moved that he could not utter a word."[89] Immediately afterwards, Þórhallr jumps up from the bed where he has been lying with a sore leg, seizes his spear and sticks it into his shank,[90] which is "as thick and swollen as a woman's thigh" because of an ailment that has forced him to walk with a stick.[91] As Þórhallr pulls the spear out with flesh and the core of the boil on it, blood and matter from the swollen part of his leg gush out and run down onto the floor. Then he runs outside so hastily that the man following him cannot keep up with him, despite Þórhallr's former leg problem. When Þórhallr encounters the first of his enemies, he immediately strikes the man with his spear, so that it splits the man's shield and pierces his body.[92]

It is clear that Þórhallr is furious.[93] His anger is nevertheless a peculiar combination of action, speechlessness and bodily fluids. There is an implication that the last, the blood and matter that gush from the swelling in his leg, was part of the illness Þórhallr was suffering from, which had caused the malfunction of his leg. The body fluids nevertheless seem to serve as indicators of his mental state. Naturally, it is also possible that Þórhallr's emotions are here viewed as a pathogen, a condition that invokes the swelling. Though cause for the swelling is not explicitly stated, its origin appears to be emotional. The ailment begins after Þórhallr has been informed of the death of his foster father, when the preparations for the arduous legal action over this killing begin.[94]

---

87   On the saga, see Einar Ól. Sveinsson, "Formáli," in *Laxdæla saga*, v–xcvi; Vésteinn Ólason, "Njáls saga," in *Medieval Scandinavia*, 432–434; Simek & Hermann Pálsson, *Lexikon*, 280–282.

88   Kanerva, "Hyvä ja paha viha."

89   "[E]r hann heyrði þetta, brá honum svá við, at hann mátti ekki orð mæla." *Brennu-Njáls saga*, 402.

90   Ibid, 402.

91   "[…] svá digr ok þrútinn sem konulær." Ibid, 359.

92   Ibid, 402.

93   See also Miller, "Emotions and the Sagas," 98.

94   *Brennu-Njáls saga*, 359.

It ends in the above-mentioned climax, when the situation becomes heated because these legal actions have failed. Crucial for my discussion is that Þórhallr's condition was viewed *both* as an emotion *and* as a disease, or a combination of both conditions.

It is possible that in Þórhallr's case the swelling could have resulted from sorrow that Þórhallr experiences after hearing of his foster father's death.[95] In earlier research, Þórhallr's reaction to his foster father's death has been interpreted as a choleric one (and thus as a manifestation of humoral theoretic ideas in saga literature): blood gushes out of Þórhallr's ears until he falls unconscious, ears being the organ through which yellow bile was thought to exit.[96] This argument has been criticized since the secretion connected to ears would not have been blood. Instead, the natural secretion linked with ears in humoral theory was earwax.[97]

However, the excerpt from Hauksbók suggests that medieval Icelanders thought slightly differently and regarded yellow bile, black bile and blood as a sanguine body fluid all as *blood* and named these fluids accordingly: "red blood," "black blood" and "real blood."[98] The excerpt also clearly indicates that (excess of) red *blood* exits through the ears, black *blood* through the eyes and real *blood* through the nose.[99] The episode in *Brennu-Njáls saga* suggests that a scribe or an author wished to apply humoral theory as its principles were understood in Iceland and implied that Þórhallr had a choleric temperament – that he was nimble, brisk, active, sly, hot-tempered and ate a lot, labelled as the symptoms of yellow bile above.

Yet boils were connected to both yellow and black bile in humoral theory,[100] rendering the manifestation of Þórhallr's temperament a somewhat obscure mixture of melancholic and choleric traits. Moreover, the depiction of Þórhallr's condition appears to reflect a traditional Icelandic view that seems to differ from learned Latin views. One of the symptoms, the swelling of

---

95   Ibid, 344. For the opposing view that the cause of the boil was not implied in the saga, see Hallberg, "Recensioner," 169.

96   *Brennu-Njáls saga*, 344; Lönnroth, "Kroppen," 49–51.

97   Hallberg, "Recensioner," 169–171. The natural process of purification and balancing the disorder of the bodily fluids was thought to occur through the eyes in melancholia (tears) and through the nose in the case of a *phlegmaticus* (slime). A sanguine person would, then, be purified through urinating.

98   I.e. *rautt blóð*, *svart blóð* and *rétt blóð*. *Hauksbók*, 181.

99   "[H]vert þessarra luta hefir ok sinn vtgang. ok andar tak. rauða bloð at eyrum suarta bloð at augum. rett bloð at nosum. enn vári at munni." *Hauksbók*, 182. Only phlegm was thus not considered "blood"; this fluid secreted through mouth.

100   Lönnroth, "Kroppen," 50.

Þórhallr's body, is indicated with the word *þrútinn*, "swollen." In medieval Iceland, such a swollen condition was associated – in addition to grief – with strong emotions, such as anger,[101] and referred to the actual physiological symptoms of anger, that is bulging of the body.[102]

Thus, the majority of medieval Icelanders may not have interpreted Þórhallr's swelling, that is the "boil," as excess of yellow or black bile. The swollen part of Þórhallr's leg apparently contained some matter apart from blood which could, in a modern sense, be considered an abscess containing pus. Yet the word *vágr* that is used in the saga text to describe the contents of the swelling that gush out merely refers to matter from a sore, and the word used to indicate "core of the boil," *kveisunagli*, a compound word of which last part *nagli* means "nail" or "spike,"[103] suggests that the swelling is caused by some external force or agent.[104]

Whether a disease with an exterior cause or not, the saga explicitly emphasises the connection between Þórhallr's *þrútinn* condition and emotions, as

---

101 For examples in sagas, see e.g. *Laxdæla saga*, 187; *Færeyinga saga*, I: 130, for *þrútinn* condition as grief; *Ragnars saga Loðbrókar* in *Völsunga saga ok Ragnars saga Loðbrókar*, 111–175, here 162, for *þrútinn* presumably as a mixture of anger and grief, and *Saga Óláfs Tryggvasonar af Oddr Snorrason munk*, ed. Finnur Jónsson (Copenhagen: Gads, 1932), 26, for *þrútinn* as anger. It is possible, however, that grief in the case of *þrútinn* refers to a condition that is different from being *hugsjúkr* (see footnote 82), a state that apparently involved passivity. Instead, medieval Icelanders may have interpreted "swollen" grief as a condition that also involved emotions of anger. See also footnote 102.

102 See also Larrington, "The Psychology of Emotion," 254. In Old English anger was likewise often conceptualised as swelling rather than as heat. Heat in the conceptualisation of anger appears to have grown more important later, as a consequence of the popularity of humoral theory. Charles Forceville, "Non-verbal and Multimodal Metaphor in a Cognitivist Framework: Agendas for Research," *Multimodal Metaphor*, ed. Charles J. Forceville and Eduardo Urios-Aparisi, Applications of Cognitive Linguistics 11 (Berlin & New York: Mouton de Gruyter, 2009), 19–44, here 27. ANGER IS SWELLING metaphor may thus reflect the original view in Old Norse-Icelandic culture. See also, however, Lönnroth, "Kroppen," 50–51, where he links swelling of the body with grief e.g. when somebody has died. It has to be noted, however, that grief and bereavement are connected with anger in many cultures. See e.g. Renato Rosaldo, "Grief and a Headhunter's Rage," in *Death, Mourning, and Burial. A Cross-Cultural Reader*, ed. Antonius C.G.M. Robben (Oxford: Blackwell Publishing, 2004), 167–178; Michele Stephen, "Witchcraft, Grief, and the Ambivalence of Emotions," *American Ethnologist* 26: 3 (1999): 711–737, here 714 and 718. See also Kanerva, "Eigi er sá heill."

103 CGV, 445.

104 On arrows, spears and other sharp objects shot by supernatural agents as inflictors of illness in northern folklore, see e.g. Alaric Hall, "Getting Shot of Elves – Healing, Witchcraft and Fairies in the Scottish Witchcraft Trials," *Folklore* 116 (2005): 19–36; Nils Lid,

he is said to swell up when he hears about the killing of his foster father. This condition is not explicitly mentioned as existing for a longer period of time.[105] Thus the boil in his leg only appears later, as if a consequence of the legal procedures.[106] This condition apparently indicates the swelling up of the boil but is identical with Þórhallr's earlier emotional state. Both involve swelling that was usually associated with emotions. The swelling present in anger and fear suggests that medieval Icelanders conceptualised the body as a kind of container that was considered pressurized when a person was angry.[107]

However, what appears to have been in the body as a container may not have been considered heat or liquid, states of matter that would have comported well with the humoral doctrine apparently applied by the writer of *Brennu-Njáls saga*. Instead, anger-related emotions were interpreted as a kind of a force or substance that resided in the breast, that is in the heart, and made the body and skin bulge.[108] In the minds of medieval Icelanders the *þrútinn* condition could thus allude to the increasing amount of anger or grief that was dammed up in Þórhallr's body, and that could also cause long-lasting swelling and pain that medieval Icelanders considered illness. Accordingly, the disease generated by the dead was not necessarily a disease pure and simple. It may have been considered likewise to originate in emotions felt by the people inhabiting the farms and places where the restless dead appeared, and sometimes elicited by powers of external origin.

Conclusion

In the Icelandic sagas, the ghosts could cause mental, that is emotional reactions, as well as physical illnesses. In interpretation of the effects of the living dead, traditional Icelandic views intermingled with learned medical theories. The Icelandic literary elite was apparently very interested in foreign medical theories; they copied them in manuscripts and also utilised their knowledge in

---

"Um finnskot og alvskot"; Elias Lönnrot, *Suomen kansan muinaisia loitsurunoja* (Helsinki: Finnish Literature Society, 1880), 296, 301–303. See also Kanerva, "Eigi er sá heill," 15–16, 18.

105   *Brennu-Njáls saga*, 344.

106   Ibid, 359.

107   On the ANGRY PERSON IS A PRESSURIZED CONTAINER metaphor, see Kövecses, *Metaphor and Emotion*, 155–161.

108   *Ragnars saga loðbrókar*, 162. On the saga, see Rory McTurk, "Ragnars saga loðbrókar," in *Medieval Scandinavia*, 519–520.

some of the sagas. Even then, traditional conceptions appeared in texts, mixed with learned theories, either deliberately or unintentionally, or representing a conflicting view.

Medieval Icelanders shared a view of mental disorder that was different from our own. For them, "mental" was something rather physical and the mind was a physical organ, the heart. Thus when the restless dead elicited fear this caused a thoroughly physical reaction. Rather than being normal behaviour, fear, like many other emotions, was considered a disorder. This idea was apparent in medieval medical theories, but also in the traditional Icelandic view. The feeling of fear was connected to anatomic differences: to the actual physical size of the mind-organ, the heart, and the amount of blood it contained.

Some explanations derived from the humoral theory claimed that the frightened had a large heart full of blood. The more traditional Icelandic view held that the terrified one had "lost" the organ altogether. All emotions were considered to stir the equilibrium of the body. For example, fear elicited by the restless dead caused further disorder, as the emotion caused the opening-up of the body boundaries to malignant external forces that caused madness, disease or death. Moreover, since emotions were considered movements of the heart (i.e. mind), it is probable that medieval Icelanders also saw the connection with the physical environment as twofold, in that external forces might elicit motion in the heart.

Mental disorder was thus not considered merely a disturbance that originated within the body, but was dependent on the external (physical and social) environment and triggered by exterior agents and forces. However, the ascription of timidity to nameless and landless people suggests that people of lower status were held to be more susceptible to outer stimuli and forces. Presumably, their blood and internal organs were thought to be more inclined to move than those of the elite and as a consequence they were considered more prone to experience mental disorder.

Illnesses could have a mental origin. Emotions were sometimes part of the aetiology of illnesses, as excessive emotions and emotional pain could give rise to physical illnesses. Even if words for both disease and emotion existed, the distinction between these two concepts does not appear to have been entirely clear to medieval Icelanders. Thus the illness caused by the restless dead was a physical disorder, a disease. Nevertheless, its essence was connected to emotions, and therefore it originated from mental causes.

For medieval Icelanders, then, physical diseases could be comprehended as manifestations of mental disequilibrium. However, it is likely that only the literary elite considered this kind of mental disorder to originate in the disturbance of the four bodily substances. Otherwise, disorder could originate in emotions that were forces or substances affecting the body from within, but could also have their origin in the external environment.

Bibliography

Sources

Unprinted Sources

Cambridge, Trinity College Library
R. 14.30, Occitan recipe collection.

Copenhagen, The Arnamagnean Collection
Codex AM 787 quarto.

Helsinki, National Library of Finland
Fragmenta membrane, Helsinki.

London, British Library
MS Sloane 2946, Constantine the African. *Pantegni.*

Stockholm, National Library of Sweden (Kungliga Biblioteket)
Codex Holmiensis A 49, Nadhe(n)dals clost(er)s book.
Codex Holmiensis A 110.

Vatican City, Biblioteca Apostolica Vaticana
MS Vat. Lat. 4015, *Inquisitio de fide, vita et moribus et fama et miraculis recolende memorie domine Thome de Cantilupo quondam episcope dicte ecclesie Herefordensis.*
BAV, MS Vat. Lat. 4019: *Processus canonizacionis Philippi Bicturensis.*
BAV, MS Vat. Lat. 4025: *Liber canonizationis domini Karoli ducis Britannie.*
BAV, MS Vat. Lat. 4027: *Rubrice examinaciones er recollectiones sumpte de processu inquisitione miraculis et arcestati omnibus habitis et receptis super vita conversacione et miraculis recolende memorie Nicholai de Tholentinum ordinis heremitarum Sancti Augustiniani Cameriensis diocese et relatio super hiis et relatio processus.*

Printed Sources

"Acta Beati Francisci Fabrianensis." *AASS, April III*: 984–991.
"Ad Processum de vita et miraculis Beati Petri de Luxemburgo, duobus annis cum dimidio a Beati obiti formatum." *AASS, Juli I*: 462–551.
Alberigo, Joseph, Joannou, Perikle-P, Leonardi, Claudio, and Prodi, Paolo, ed. "Concilium Lateranense IV." In *Conciliorum Oecumenicorum decreta*. Edited by J. Alberigo, P. Joannou, C. Leonardi, and P. Prodi. Freiburg: Herder, 1962.

Albucasis. *On Surgery and Instruments: A Definitive Edition of the Arabic Text with English Translation and Commentary*. Edited by M.S. Spink and G.L. Lewis. London: Wellcome Institute for the History of Medicine, 1973.

Al-Jazzar. *Viaticum*. In *Lovesickness in the Middle Ages: The Viaticum and Its Commentaries*. Translated by Mary Frances Wack. Philadelphia: University of Pennsylvania, 1990.

Alsharavius. *Liber Theoricae necnon Practicae*. Augsburg, 1519.

Andersson, Roger, ed. *Sermones sacri Svecice: The Sermon Collection in Cod. AM 787 4°*, Samlingar utgivna av Svenska Fornskriftsällskapet, Serie 1: Svenska skrifter, Vol. 86. Uppsala: Samlingar utgivna av Svenska Fornskriftsällskapet, 2006.

Antonio Guaineri. *Practica*. Lyons, 1524.

Aristotle. *Categories*. In *The complete Works I–II. The Revised Oxford Translation*. Edited by J. Barnes. New Jersey: Princeton University Press, 1984.

Aristotle. *Nicomachean Ethics*. Translated by Joe Sachs. Newburyport: Focus Publishing, 2002.

Aristotle's Nicomachean Ethics. Translated by Robert C. Bartlett and Susan D. Collins. Chicago and London: University of Chicago Press, 2011.

Arnau deVillanova. *Summa medicinalis*. SL, about 1495?.

——. *Regimen sanitatis ad regem Aragorum*. In *Arnaldi de Villanova Opera medica omnia X.1. Regimen Almarie*. Edited by Luis García-Ballester and Michael R. McVaugh, 423–470. Barcelona: Seminarium Historiae Scientiae Barchinone, 1996.

Åsen, Per Arvid. *Norske klosterplanter, Medeltida trädgårdsväxter. Att spåra det förflutna*. Seminarierapport 4. Nydala den 18 maj 2006, 18–27. Accessed December 12, 2011, https://docs.google.com/viewer?a=v&q=cache:R5fS_5exJagJ:www.nydalaklostertradgard.se/dokument/Seminarierapport_4_070928.pdf.

Avicenna. *Liber Canonis*. Venice: P. de Paganinis, 1507 (reprint, Hildesheim: G. Holms, 1964).

——. *Liber Canonis*. Lyons, 1522.

Bernard de Gordon. *Lilium medicinae*. Lyons, 1559.

——. *De prognosticis*, 880–1014. Petrum Uffenbachium revisa. Frankfurt: Apud Lucam Iennis, 1607.

——. *Lilium medicinae*, 1–879. Petrum Uffenbachium revisa. Frankfurt: Apud Lucam Iennis, 1607.

Borderie, A.J.D. de la, Perquis, R.F. and Temper, D., ed. "Enquête pour la canonisation de saint Yves (èdifie à Tréguer en l'an 1330)." In *Monuments originaux de l'histoire de Saint Yves*. Edited by A.J.D. de la Borderie, R.F. Perquis, and D. Temper. Saint Brieuc: L. Prud'homme, 1887.

Brown, Carleton, ed. *Religious Lyrics of the Thirteenth Century*. Oxford: Oxford University Press, 1932.

Caesarius of Heisterbach. *Dialogus Miraculorum*. Edited by Joseph Strange. 1851. Reprint, Ridgewood: The Gregg Press, Inc., 1966.

Collijn, Isak, ed. *Acta et processus canonizacionis Beate Birgitte* (Svenska Fornskriftsällskapet ser 2. Latinska Skrifter, Band 1). Uppsala: Almqvist & Wiksells boktryckeri Ab, 1924–1931.

——. *Processus seu Negocium Canonizacionis Katerine de Vadstenis* (Svenska Fornskriftsällskapet ser 2. Latinska Skrifter, Band 2). Uppsala: Almqvist & Wiksells boktryckeri Ab, 1942–1946.

Constantine the African. *Pantegni.* In Isaac Israeli, *Opera Omnia.* Lyons, 1515.

Cummins, Patricia Willet, trans. *Regimen sanitatis salernitanum. A Critical Edition of Le Regime Tresutile et Tresproufitable pour Conserver et Garder la Santé du Corps Humain.* Chapel Hill: North Carolina Studies in the Romance Languages and Literatures, 1976.

Dante Alighieri. *The Divine Comedy.* Translated by Henry Francis Cary. London, Paris, and Melbourne: Cassell & Company, 1892.

Dias, João José Alves, ed. *Livro dos Conselhos de el-Rei D. Duarte* (*Livro da Cartuxa*). Lisbon: Editorial Estampa, 1982.

"Documenta de B. Odone Novariensi Ordinis Carthusiani." In *Analecta Bollandiana*, Vol. I. Edited by Carolus de Smedt et al., 323–354. Paris and Bruxelles: Société générale de librairie catholique, 1882.

Dorveaux, Paul. *L'antidotaire Nicolas.* Deux traductions françaises de l'Antidotarium Nicolai. L'une du XIVe siècle suivie de quelques recettes de la même époque et d'un glossaire. L'autre du XVè siècle incomplète. Publiées d'après les manuscrits français 25327 et 14827 de la Bibliothèque nationale de Paris. Paris: H. Welter, 1896.

Duarte of Portugal. *Leal Conselheiro.* Edited by Maria Helena Lopes de Castro. Lisbon: Imprensa Nacional/Casa da Moeda, 1998.

Etienne de Bourbon. *Anecdotes historiques, légendes et apologues tirés du recueil inédit d'Etienne de Bourbon dominicain du 13e siècle.* Edited by A. Lecoy del a Marche. Paris: Librairie Renouard, 1877.

Galen. *De complexionibus.* In *Opera Omnia I.* Edited by C.G. Kühn, 509–694. Leipzig: Officina Libraria c. Gnoblochii, 1821–1833.

——. *De locis affectis.* Translated by R. Siegel. Basel and New York: Karger, 1976.

Gerardus de Fracheto. *Gerardi de Fracheto O.P. Vitae fratrum Ordinis Praedicatorum, necnon Chronica ordinis ab anno MCCIII usque ad MCCLIV.* Edited by O.P. Benedictus Maria Reichert. Rome: Institutum Historicum Fratrum Praedicatorum, 1897.

Gilbertus Anglicus. *Compendium Medicinae.* Lyons, 1510.

Greco, Gina, and Rose, Christine M., trans. *The Good Wife's Guide*: Le Ménagier de Paris, *A Medieval Household Book.* Ithaca and London: Cornell University Press, 2009.

Guilelmus de Saliceto. *Summa Conservationis et Curationis.* Venice, 1489.

Gundersheimer, Werner L. *The Dance of Death by Hans Holbein the Younger: A Complete Facsimile of the Original 1538 edition of* Les simulachres & historiees faces de la mort. New York: Dover, 1971.

Hasenohr-Esnos, Geneviève, ed. *Le Respit de la Mort par Jean le Fevre*, Société des Anciens Textes Français. Paris: Picard, 1969.

Hasenohr-Esnos Tukey, ed. with a chapter by Sandra L. Hindman. *The Danse Macabre of Women: Ms.fr. 995 of the Bibliothèque Nationale*. Kent and London: Kent State University Press, 1994.

Henning, Sam, ed. *Siælinna Thrøst*. Samlingar utgivna av Svenska Fornskriftsällskapet, Serie 1: Svenska skrifter, Vol. 59. Uppsala: Svenska Fornskriftsällskapet, 1954.

Henry, Duke of Lancaster. *Le Livre de Seyntz Medecines*. Edited by Emil Arnould. Oxford: Blackwell, 1940.

Henry of Huntingdon. *Historia Anglorum: The History of the English People*. Edited by Diana Greenway. Oxford: Clarendon, 1996.

Hieatt, Constance, and Butler, Sharon, ed. *Curye on Inglysch: English Culinary Manuscripts of the Fourteenth Century*. London: Oxford University Press, 1985.

Hippocrates IV. Heracleitus on the Universe. Translated by W.H.S. Jones. London: William Heinemann Ltd, Harvard University Press, 1959.

Hollman, Lennart, ed. *Den heliga Birgittas Reuelaciones extrauagantes*, Samlingar utgivna av Svenska fornskriftsällskapet, Series 2: Latinska skrifter, Vol. 5. Uppsala: Svenska fornskriftsällskapet, 1956.

Ishāq ibn Imrān. *Maqāla Fī L-Mālīhūliyā* (*Abhandlung über die Melancholie*) *und Constantini Africani Libri Duo de Melancholia*. Edited by Karl Garbers. Hamburg: Helmut Buske, 1977.

Jacobus de Voragine. *The Golden Legend: Readings on the Saints*. Translated by William Granger Ryan. Princeton: Princeton University Press, 2012.

Jacques de Vitry. *Exempla or Illustrative Stories from the* Sermones Vulgares. Edited by Thomas Frederick Crane. London: Folklore Society, David Nutt, 1890.

Joannes Mattheus Ferrarius. *Practica*. Lyons, 1527.

Joannes Michael Savonarola. *Practica Maior*. Venice, 1497.

John of Gaddesden. *Rosa Anglica*. Venice, 1502.

John of Salisbury. *Policraticus: Of the Frivolities of Courtiers and the Footprints of Philosophers*. Edited by Cary Nederman. Cambridge: Cambridge University Press, 1990.

Jónsson, Finnur, ed. *Hauksbók efter de Arnamagnæanske håndskrifter no. 371, 544 og 675, 4°, samt forskellige papirshåndskrifter av det kongelige nordiske oldskrift-selskab*. Copenhagen: Thiele, 1892–1896.

——. *Snorri Sturluson: Edda*. Copenhagen: Gads, 1926.

——. *Saga Óláfs Tryggvasonar af Oddr Snorrason munk*. Copenhagen: Gads, 1932.

Jónsson, Guðni, ed. *Grettis saga Ásmundarsonar*. Reykjavík: Hið íslenzka fornritafélag, 1936.

Kaiser, Gert, ed. *Der tanzende Tod. Mittelalterliche Totentänze*. Frankfurt am Main: Insel, 1983.

Kålund, Kristian. *Alfræði íslenzk I: Islandsk encyklopædisk litteratur. Codex AM 194, 8vo*. Copenhagen: S.L. Møller, 1908.

Klemming, Gustaf Edvard, ed. *Klosterläsning*. Samlingar utgivna av Svenska Fornskriftsällskapet, Serie 1: Svenska skrifter, Vol. 22. Uppsala: Svenska Fornskriftsällskapet, 1877–1878.

Klemming, Gustaf Edvard, *Läke- och örteböcker från Sveriges medeltid II*. Svenska Fornskriftsällskapets skrifter 26. Stockholm: Kongl. Boktryckeriet, 1884.

Lettenhove, Kervyn de, ed. *Oeuvres Froissart. Chroniques 1392–1396*, 29 vols. 1867–1877. Reprint, Osnabrück: Biblio Verlag, 1967, Vol. XV.

Lloyd, G.E.R., ed. with an introduction. *Hippocratic Writings*. Translated by J. Chadwick and W.N. Mann. London: Penguin Books, 1978.

Lugano, Placido Tommasso, ed. *I processi inediti per Francesca Bussa di Ponziani (S. Francesca Romana) 1450–1453*, Studi e testi, 120. Rome: Biblioteca Apostolica Vaticana, 1945.

Lundén, Tryggve, ed. *Processus canonizacionis beati Nicolai Lincopensis*. Stockholm: Bonniers, 1963.

MacCracken, Henry Noble, and Sherwood, Merriam, ed. *The Minor Poems of John Lydgate*, part II, EETS, o.s. 192. London: Oxford University Press, 1934.

Manuppella, Giacinto, ed. *Livro de Cozinha da Infanta D. Maria: Códice Português I.E.33. da Biblioteca Nacional de Nápoles*. Lisbon: Imprensa Nacional/Casa da Moeda, 1986.

Menestò, Enrico, ed. *Il processo di canonizzazione di Chiara da Montefalco*. Spoleto: Centro italiano di studi sull'alto medioevo, 1984.

"Miracula Beati Ambrosii Senensis." *AASS, Martii III*: 200–240.

"Miracula Beati Joanni Bonis Erem. Ordinis Sancti Augusti." *AASS, Octobris IX*, 756–767.

"Miracula Sancti Raymundi Palmarii confessoris." *AASS, Iulii VI*: 660–663.

Nicolaus Bertucius. *Compendium Medicinae*. Cologne, 1537.

Nicolaus Falcucci. *Sermones Medicales*. Venice, 1491.

Olsen, Magnus, ed. *Völsunga saga ok Ragnars saga Loðbrókar*. Copenhagen: S.L. Møllers Bogtrykkeri, 1906–1908.

Pietro Torrigiano. *Plusquam commentum in artem parvam Galeni*. Venice: Apud Iuntas, 1557.

Pliny [the Elder]. *Natural History* in Ten Volumes. Edited and translated by Horace H. Rackham. London: Heinemann; Cambridge MA: Harvard University Press, 1952.

"Processus apostolici de Beate Joanne Bono." *AASS, Octobris IX*: 763–885.

"Processus canonizationis B. Ambrosii Massani." *AASS, Novembris IV*: 571–606.

Processus Canonizationis et Legendae varie Sancti Ludovici O.F.M. Episcopi Tolosani. Analecta Franciscana tom. VII. Quaracchi-Florence: Collegium s. Bonaventurae, 1951.

Roger of Wendover. *Liber qui Dicitur Flores Historiarum*. Rolls Series 84. Edited by Henry Hewlett. London: Longman, 1886–1896.

Rui de Pina. *Crónicas*. Edited by Manuel Lopes de Almeida. Oporto: Lello & Irmão, 1977.

Sá, Artur Moreira de, ed. *Segredo dos Segredos: Tradução Portugûes Segundo um Manuscrito Inédito do Século XV*. Lisbon: Universidade de Lisboa, 1960.

Schlyter, C.J., ed. *Corpus Iuris Sueo-Gotorum Antique: Samling af Sweriges Gamla Lagar, Vol. 10: Codex Iuris Communis Sueciae Magnæanus: Konung Magnus Erikssons landslag*. Lund: Berglingska boktryckeriet, 1862.

Schröer, Arnold. "The Grave." *Anglia* 5 (1882): 289–290.

Seymour, Maurice Charles, gen. ed. *On the Properties of Things: John Trevisa's Translation of Bartholomaeus Anglicus De Proprietatibus Rerum. A Critical Edition*, 3 vols. Oxford: Clarendon, 1975–1989.

Shakespeare, William, *Hamlet*. The Arden Shakespeare. Edited by Harold Jenkins. London and New York: Methuen, 1982.

Shaw, Margaret, trans. *Joinville and Villehardouin: Chronicles of the Crusades*. London: Penguin, 1963.

Shirley, Janet, trans. *A Parisian Journal 1405–1449*. Oxford: Oxford University Press, 1968.

Sveinsson, Einar Ól., ed. *Laxdœla saga*. Reykjavík: Hið íslenzka fornritafélag, 1934.

——. *Brennu-Njáls saga*. Reykjavík: Hið íslenzka fornritafélag, 1954.

Sveinsson, Einar Ól. and Þórðarson, Matthías, ed. *Eyrbyggja saga*. Reykjavík: Hið íslenzka fornritafélag, 1935.

Taddeo Alderotti. *In Cl. Galeni Micratechnen commentarij*. SL, 1523.

——. *In aphorismorum hypocratis opus exposition*, 1r–194v. Venice: Apud Iuntas, 1527.

——. *In Isagogas Joannitianas Expositio*, 343r–400v. Venice: Apud Iuntas, 1527.

——. *Consilia*. Edited by Piero P. Giorgi and Gian Franco Pasini. Bologna: Università di Bologna, 1997.

Thomas de Celano. *Vita prima sancti Francisci. Legendae S. Francisci Assisiensis saeculis XIII et XIV conscriptae ad codicum fidem recensitae a patribus collegii*. Edited by Collegium S. Bonaventurae, 3–126. Quaracchi-Florence: Collegium S. Bonaventurae, 1926–1941.

Thomas de Papia. *Dialogus de gestis sanctorum fratrum minorum*. Bibliotheca Franciscana ascetica medii aevi 5. Edited by Ferdinandus M. Delorme, OFM. Quaracchi-Florence: Collegium S. Bonaventurae, 1923.

Thomas of Cantipré. *Bonum universale de apibus quid illustrandis saeculi decimi tertii moribus conferat*. Edited by Elie Berger. Paris: Thorin, 1895.

Thorpe, Lewis, trans. *Einhard and Notker the Stammerer: Two Lives of Charlemagne*. London: Penguin Books, 1969.

Tuetey, Alexandre, ed. *Journal d'un bourgeois de Paris, 1405–1449, publié d'après les manuscrits de Rome et de Paris*. Paris: Nogent-le-Rotrou, 1881.

Unger, Carl Rikard, ed. *Flateyjarbók*: *en samling af Norske Konge-sagaer med indskudte mindre fortællinger om begivenheder i og udenfor Norge samt annaler*, 3 vols. Christiania: P.T. Malling forlagsboghandel, 1860–1868.

Vigfusson, Gudbrand, ed. *Sturlunga Saga Including the Islendinga Saga of Lawman Sturla Thordsson and Other Works*, 2 vols. Oxford: Clarendon Press, 1878.

Vilmundarson, Þórhallur, and Vilhjálmsson, Bjarni, ed. *Harðar saga*. Reykjavík: Hið íslenzka fornritafélag, 1991.

"Vita beati Ambrosii Senensis." *AASS, Mart III*: 181–200.

Wallis, Faith, ed. *Medieval Medicine: A Reader*. Toronto: University of Toronto Press, 2010.

Warren, Florence, ed. with introduction and notes by Beatrice White. *The Dance of Death, edited from MSS. Ellesmere 26/A.13 and B.M. Lansdowne 699, collated with the other extant MSS*, EETS, o.s. 181. London, 1931. Reprint, Woodbridge: Boydell and Brewer, 2000.

Weyer, Johann. *Witches, Devils, and Doctors in the Renaissance*. Medieval & Renaissance Texts and Studies, Vol. 73. Edited by John Mora and translated by John Shea. New York: Center for Medieval and Early Renaissance Studies, 1991.

Þórólfsson, Björn K. and Jónsson, Guðni, ed. *Vestfirðinga sögur*. Reykjavík: Hið íslenzka fornritafélag, 1943.

Literature

Aðalsteinsson, Jón Hnefill. "Sæmundr Fróði: A Medieval Master of Magic." *Arv* 50 (1994): 117–132.

Adamson, Melitta Weiss. *Medieval Dietetics: Food and Drink in* Regimen Sanitatis *Literature from 800 to 1400*. Frankfurt-am-Main: Peter Lang, 1995.

——. "Medieval Germany." In *Regional Cuisines of Medieval Europe: A Book of Essays*. Edited by Melitta Weiss Adamson, 153–196. London: Routledge, 2002.

Agrimi, Jole, and Crisciani, Chiara. *Edocere Medicos: Medicina scolastica nei secoli XIII–XV*. Naples: Istituto Italiano per gli Studi Filosofici, 1988.

Albala, Ken. *Eating Right in the Renaissance*. Berkeley: University of California Press, 2002.

Althoff, Gerd. "Ira Regis: Prolegomena to a History of Royal Anger." In *Anger's Past: The Social Uses of an Emotion in the Middle Ages*. Edited by Barbara H. Rosenwein, 59–74. Ithaca, NY: Cornell University Press, 1998.

Altmann, Alexander, and Stern, Samuel M. *Isaac Israeli: A Neoplatonic Philosopher of the Early Tenth Century: His Works translated with Comments and an Outline of His Philosophy*. Oxford: Clarendon, 1958.

Amundsen, Darrel W. "The Medieval Catholic Tradition." In *Caring and Curing. Health and Medicine in the Western Religious Traditions*. Edited by Ronald L. Numbers and Darrel W. Amundsen, 65–107. Baltimore: The Johns Hopkins University Press, 1986.

Anderson, Stuart. "The Historical Context of Pharmacy." In *Pharmacy Practice*. Edited by Kevin Taylor and Geoffrey Harding, 3–30. London: Taylor and Francis, 2001.

Arbellot, François. *The Life of Saint Leonard Surnamed the Solitary of Limousin, France from the Life of the Saint*. Translated by Comtesse Marie de Borchgrave d'Altena. London: R. & T. Washbourne Ltd, 1910. French original: Paris, 1863.

Arrizabalaga, Jon. "Facing the Black Death: Perceptions and Reactions of University Medical Practitioners." In *Practical Medicine from Salerno to the Black Death*. Edited by Luis García-Ballester, Roger French, Jon Arrizabalaga, and Andrew Cunningham, 237–288. Cambridge: Cambridge University Press, 1994.

Awofeso, Niyi. "Redefining Health." *Bulletin of the World Health Organization*, comment available at http://www.who.int/bulletin/bulletin_board/83/ustun11051/en/ (accessed 5 December 2011).

Bachrach, Bernard, and Kroll, Jerome. "Sin and Mental Illness in the Middle Ages." *Psychological Medicine* 14 (1984): 507–514.

Bailey, Michael D. "From Sorcery to Witchcraft: Clerical Conceptions of Magic in the Later Middle Ages." *Speculum* 78 (2001): 960–990.

Bailey, Michael D. *Fearful Spirits, Reasoned Follies. The Boundaries of Superstition in Late Medieval Europe*. Ithaca: Cornell University Press, 2013.

Baker, Naomi. *Plain Ugly: The Unattractive Body in Early Modern Culture*. Manchester: Manchester University Press, 2010.

Ballester, Luis García. "On the Origin of the 'Six Non-Natural Things' in Galen." In *Galen and Galenism: Theory and Medical Practice from Antiquity to the European Renaissance*, article IV. Aldershot: Ashgate [Variorum Reprints], 2002.

Barthes, Roland. "The Reality Effect." In *The Rustle of Language*. Translated by Richard Howard, 141–148. Berkeley and Los Angeles: University of California Press, 1989.

Bartlett, Robert. *The Natural and the Supernatural in the Middle Ages*. Cambridge: Cambridge University Press, 2008.

Bell, Catherine. *Ritual Theory, Ritual Practice*. New York and Oxford: Oxford University Press, 1992.

Bell, Rudolph M. *Holy Anorexia*. Epilogue by William N. Davis. Chicago and London: The University of Chicago Press, 1985.

Bergdolt, Klaus. *Wellbeing: A Cultural History of Healthy Living*. Translated by Jane Dewhurst. Cambridge: Polity, 2008.

Berlioz, Jacques, and Polo, Marie Anne de Beaulieu, ed. *Les Exempla médiévaux: Introduction à la recherche, suivie des tables critiques de l'Index exemplorum de Frederic C. Tubach*. Carcassonne: Garae/Hesiode, 1992.

Berlioz, Jacques, and Polo, Marie Anne de Beaulieu, ed. *Les exempla médiévaux: Nouvelles perspectives*, actes du colloque de Saint-Cloud, 29–30 septembre 1994. Paris: Honoré Champion, 1998.

Bernuth, Ruth von. "»Wer im gůtz thett dem rödet er vbel«. Natürliche Narren im Gebetbuch des Matthäus Schwarz." In *Homo debilis. Behinderte – Kranke – Versehrte in der Gesellschaft des Mittelalters*. Edited by Mechthild Dreyer, Cordula Nolte, and Jörg Rogge, 411–430. Korb: Didymos-Verlag, 2009.

——. *Wunder, Spott und Prophetie: Natürliche Narrheit in den »Historien von Claus Narren«: 133 (Fra1/4he Neuzeit)*. Tübingen: Niemeyer, 2009.

Beyer, Jürge. "On the Transformation of Apparition Stories in Scandinavia and Germany, *c.* 1350–1700." *Folklore* 110 (1999): 39–47.

Biggs, Douglas. "The Politics of Health: Henry IV and the Long Parliament of 1406." In *Henry IV: The Establishment of the Regime, 1399–1406*. Edited by Gwilym Dodd and Douglas Biggs, 185–203. Woodbridge: York Medieval Press, 2003.

Biller, Peter. *The Measure of Multitude: Population in Medieval Thought*. Oxford: Oxford University Press, 2000.

Bishop, Louise M. *Words, Stones, & Herbs: The Healing Word in Medieval and Early Modern England*. Syracuse, NY: Syracuse University Press, 2007.

Björn Sigfússon. "Flóamanna saga." In *Kulturhistoriskt lexikon för nordisk medeltid från vikingatid till reformationstid* 4, 420–421. Helsingfors/Malmö: Örnförlaget/Allhem, 1959.

Bloomfield, Morton W. *The Seven Deadly Sins: An Introduction to the History of a Religious Concept, with Special Reference to Medieval English Literature*. East Lansing: Michigan State University Press, 1952.

Blumenfeld-Kosinski, Renate. "The Strange Case of Ermine de Reims (c. 1347–1396): A Medieval Woman between Demons and Saints." *Speculum* 85 (2010): 321–356.

Boffey, Julia. "Bodleian Library, MS Arch. Selden. B.24 and Definitions of the 'Household Book'." In *The English Medieval Book: Studies in Memory of Jeremy Griffiths*. Edited by S.G. Anthony, Vincent Gillespie Edwards, and Ralph Hanna, 125–134. London: British Library, 2000.

Boffey, Julia, and Thompson, John. "Anthologies and Miscellanies: Production and the Choice of Texts." In *Book Production and Publishing in Britain, 1375–1475*. Edited by Jeremy Griffiths and Derek Pearsall, 279–315. Cambridge: Cambridge University Press, 1989.

Botelho, Afonso. *Da Saudade ao Saudosismo*. Lisbon: Instituto de Cultura e Língua Portuguesa, Minstério da Educação, 1990.

Boureau, Alain. "Saints et démons dans les procès de canonisation du début du XIVe siècle." In *Procès de canonisation au Moyen Âge – Medieval Canonisation Processes*. Edited by Gábor Klaniczay, 199–221. Rome: École française de Rome, 2004.

——. *Satan Hérétique. Histoire de la Démonologie. Naissance de la démonologie dans l'Occident médiévale (1280–1330)*. Paris: Odile Jacob, 2004.

——. *Satan the Heretic: The Birth of Demonology in the Medieval West*. Translated by Teresa Lavender Fagan. Chicago: University of Chicago Press, 2006.

Bovey, Alixe. *Tacuinum Sanitatis. An Early Renaissance Guide to Health*. London: Sam Fogg, 2005.

Bowers, Barbara S. *The Medieval Hospital and Medical Practice*. Aldershot: Ashgate, 2007.

Briggs, Charles. *Giles of Rome's* De Regimine Principium*: Reading and Writing Politics at Court and University, c.1275–c.1525*. Cambridge: Cambridge University Press, 1999.

Brunel, Clovis. "Recettes médicales du XIIIe siècle en langue de Provence." *Romania* 83 (1962): 145–182.

Brunner, Walter, ed. *"…da half Maria aus aller Not." Der Große Mariazeller Wunderaltar aus der Zeit um 1520*. Graz: Steiermärkisches Landesarchiv, 2002.

Bryant, Richard A., and McConkey, Kevin M. "Functional Blindness: A Construction of Cognitive and Social Influences." *Cognitive Neuropsychiatry* 4 (1999): 227–241.

Burnham, John. *What is Medical History?* Cambridge: Polity, 2005.

Burrow, J.A. *The Ages of Man. A Study in Medieval Writing and Thought*. Oxford: Clarendon Press, 1986.

Bynum, Caroline Walker, *Fragmentation and Redemption. Essays on Gender and the Human Body in Medieval Religion*. New York: Zone Books, 1991.

Byock, Jesse L. *Feud in the Icelandic saga*. Berkeley, CA: University of California Press, 1982.

Caciola, Nancy. "Wraiths, Revenants, and Ritual in Medieval Culture." *Past and Present* 152 (1996): 3–45.

——. "Mystics, Demoniacs, and the Physiology of Spirit Possession in Medieval Europe." *Comparative Studies in Society and History*, Vol. 42: 2 (2000): 268–306.

——. "Spirits Seeking Bodies: Death, Possession and Communal Memory in the Middle Ages." In *The Place of the Dead. Death and Remembrance in Late Medieval and Early Modern Europe*. Edited by Bruce Gordon and Peter Marshall, 66–86. Cambridge, New York, and Melbourne: Cambridge University Press, 2000.

——. "Breath, Body, Guts: The Body and Spirits in the Middle Ages." In *Communicating with the Spirits*. Edited by Gábor Klaniczay and Éva Pocs, 21–39. Budapest: Central European University Press, 2005.

——. *Discerning Spirits. Divine and Demonic Possession in the Middle Ages*. Ithaca and London: Cornell University Press, 2003. Reprint 2006.

Cadden, Joan. *Meanings of Sex Difference in the Middle Ages. Medicine, Science, and Culture*. Cambridge: Cambridge University Press, 1993.

Carlquist, Jonas. *Handskriften som historiskt vittne: Fornsvenska samlingshandskrifter – miljö och funktion*. Runica et mediævalia, Opuscula, Vol. 6. Stockholm: Sällskapet Runica et mediævalia, 2002.

Carroll, Ruth. "Middle English Recipes: Vernacularisation of a Text-Type." In *Medical and Scientific Writing in Late Medieval English*. Edited by Irma Taavitsainen and Päivi Pahta, 174–196. Cambridge: Cambridge University Press, 2004.

Casagrande, Carla. "The Protected Women." In *A History of Women in the West. Vol. II. Silences of the Middle Ages*. Edited by Christiane Klapisch-Zuber, 70–104. Cambridge: The Belknap Press of Harvard University Press, 1994 [1990].

Caulier, Brigitte. *L'eau et le sacré: les cultes thérapeutiques autour des fontaines en France*. Paris: Beauchesne, 1990.

Chave-Mahir, Florence. *L'exorcism des possédes dans l'Église d'Occident* (*Xe–XIVe siècle*). Turnhout: Brepols, 2011.

Cidlinská, Libuše. *Gotické krídlové oltáre na Slovensku*. Bratislava: Tatran, 1989.

Clarke, Elaine. "Some Aspects of Social Security in Medieval England." *Journal of Family History* (1982): 307–320.

Cleasby, Richard, and Vigfusson, Gudbrand. *An Icelandic-English Dictionary*. Oxford: Clarendon Press, 1957.

Clover, Carol J. "Icelandic Family Sagas." In *Old Norse-Icelandic Literature. A Critical Guide*. Edited by Carol J. Clover and John Lindow, 239–315. Ithaca and London: Cornell University Press, 1985.

Cnattingius, Hans. *Studies in the Order of St. Bridget of Sweden, Vol. 1: The Crisis in the 1420's*. Stockholm Studies in History, Vol. 7. Stockholm: Almqvist & Wiksell, 1963.

Cogliati Arano, Luisa, *Tacuinum sanitatis*. New York: George Braziller, 1976.

Cohen, Kathleen. *Metamorphosis of a Death Symbol: The Transi Tomb in the Late Middle Ages and the Renaissance*. California Studies in the History of Art, 15. Berkeley, Los Angeles, and London: University of California Press, 1973.

Coleman, Joyce. "Philippa of Lancaster, Queen of Portugal: And Patron of the Gower Translations?" In *England and Iberia in the Middle Ages, 12th–15th Century: Cultural, Literary, and Political Changes*. Edited by María Bullón-Fernández, 135–165. New York: Palgrave Macmillan, 2007.

Collins, Minta. *Medieval Herbals. The Illustrative Tradition*. London and Toronto: The British Library and University of Toronto Press, 2000.

Conner, Kenneth R., Duberstein, Paul R., Conwell, Yeates, and Caine, Eric D. "Reactive Aggression and Suicide: Theory and Evidence." *Aggression and Violent Behavior* 8 (2003): 413–432.

Coomans, Janna, and Geltner, Guy. "On the Street and in the Bathhouse: Medieval Galenism in Action?" *Anuario de Estudios Medievales* 43 (2013): 53–82.

Corradini, Maria Sofia. "Dialectical Differences in Medical–Botanical Terminology in Old Provençal Works in Romance and Latin in the Context of Hebrew and Arabic." Berlin working papers in *Romance Philology* 1 (2004): 51–67.

Corradini Bozzi, Maria Sofia. "Per l'edizione di opera mediche in occitanico e in catalano: un nuovo bilancio della tradizione manoscritta e dei fenomeni linguistici." *Rivista di Studi Testuali* (2001): 127–195.

Craigh, Leigh Ann. *Wandering Women and Holy Matrons. Women as Pilgrims in the Later Middle Ages*. Leiden: Brill, 2009.

Crisciani, Chiara. "History, Novelty and Progress in Scholastic Medicine." *Osiris* 2nd series, 6 (1990): 118–139.

Crohns, Hjalmar. *Legenden och medeltidens latinska predikan och "exempla" i deras värdesättning av kvinnan*. Helsinki: Finnish Academy of Science and Letters, 1915.

Cropp, Glynnis. *Le Vocabulaire courtois des troubadours de l'époque classique*. Geneva: Droz, 1975.

Dal, Erik, with collaboration from Povl Skårup. "The Ages of Man and the Months of the Year: Poetry, Prose and Pictures Outlining the Douze Mois Figurés Motif Mainly Found in Shepherds Calendars and in Livres d'Heures (14th to 17th Century)." *Det Kongelige Danske Videnskabernes Selskab Historisk-filosofische Skrifter* 9: 3 (1980).

D'Alatri, Mariano, *La cronaca di Salimbene. Personaggi e tematiche*. Bibliotheca Seraphico-capuccina 35 (Rome: Istituto Storico dei Cappuccini, 1988), 185–188.

Dantas, Júlio. "A Neurastenia do Rei D. Duarte." In *Outros Tempos*, 7–18. Lisbon: A.M. Teixeira, 1909.

David-Peyre, Yvonne. "Neurasthénie et Croyance chez D. Duarte de Portugal." *Arquivo do Centro Cultural Português* 15 (1980): 521–540.

Davis, Robert C. "The Geography of Gender in the Renaissance." In *Gender and Society in Renaissance Italy*. Edited by Judith C. Brown and Robert C. Davis, 19–38. London and New York: Longman, 1998.

Delumeau, Jean. *Sin and Fear: The Emergence of a Western Guilt Culture 13th–18th Centuries*. Translated by Eric Nicholson. New York: St Martin's Press, 1990.

Demaitre, Luke. *Doctor Bernard de Gordon – Professor and Practitioner*. Toronto: Pontifical Institute of Mediaeval Studies, 1980.

Dendle, Peter, and Touwaide, Alain. *Health and Healing from the Medieval Garden*. Woodbridge: Boydell Press, 2008.

Desjarlais, Robert R. *Body and Emotion. The Aesthetics of Illness and Healing in the Nepal Himalayas*. Philadelphia: University of Pennsylvania Press, 1992.

Dias, Carlos Amaral. "D. Duarte e a Depressão." *Revista Portuguesa de Psicanálise* 1 (1985): 69–88.

Díaz, Vera, and Caballero, Rosario, ed. *Textual Healing: Studies in Medieval English Medical, Scientific and Technical Texts*. Bern: Peter Lang, 2009.

Dillinger, Johannes. "Beelzebulstreitigkeiten. Besessenheit in der Biblen." In *Dämonische Besessenheit. Zur Interpretation eines kulturhistorischen Phänomens*. Edited by Hans de Waardt, Jürgen Michael Schmidt, H.C. Midelfort, Sönke Lorenz, and Dieter R. Bauer, 37–62. Bielefeld: Verlag für Regionalgeschichte, 2005.

Dinzelbacher, Peter. *Heilige oder Hexen. Schicksale auffälliger Frauen*. Düsseldorf: Patmos, 1995.

Dionísio, João. "D. Duarte e a Leitura." *Revista da Biblioteca Nacional* 6 (1991): 7–17.

———. "Dom Duarte, Leitor de Cassiano." Ph.D. dissertation, University of Lisbon, 2000.

Disney, Anthony. *The History of Portugal and the Portuguese Empire*. Cambridge: Cambridge University Press, 2009.

Dols, Michael W. "Galen and Islamic Psychiatry." In *Le opere psicologiche di Galeno*. Edited by Paola Manuli and Mario Vegetti, 243–280. Naples: Bibliopolis, 1988.

———. *Majnūn: The Madman in Medieval Islamic Society*. Edited by Diana E. Immisch. Oxford: Clarendon Press, 1992.

Douglas, Mary. *Purity and Danger. An Analysis of the Concepts of Pollution and Taboo*. London and New York: Routledge, 1984 [1966].

Duarte, Luís Miguel. *D. Duarte: Requiem por um Rei Triste*. Lisbon: Círculo de Leitores, 2005.

Dugan, Holly. *The Ephemeral History of Perfume: Scent and Sense in Early Modern England*. Baltimore: Hopkins University Press, 2011.

Dulieu, Louis. *La médecine à Montpellier 1, Le Moyen Age*. Avignon: Les Presses Universelles, 1975.

Durling, Richard J. "The Innate Heat in Galen." *Medizinhistorisches Journal* 23 (1988): 210–212.

Dyer, Christopher. "Gardens and Garden Produce in the Later Middle Ages." In *Food in Medieval England: Diet and Nutrition*. Edited by Christopher Woolgar, Dale Serjeantson, and Tony Waldron, 27–40. Oxford: Oxford University Press, 2006.

Eilola, Jari. "Moral Transgression and Illness in the Early Modern North." *Asclepio* 61 (2009): 219–241.

Elliott, Dyan. "The Physiology of Rapture and Female Spirituality." In *Medieval Theology and the Natural Body*. Edited by Peter Biller and A.J. Minnis, 141–173. Bury St Edmunds: York Medieval Press, 1997.

———. *Fallen Bodies. Pollution, Sexuality, and Demonology in the Middle Ages*. Philadelphia: University of Pennsylvania Press, 1999.

———. *Proving Woman: Female Spirituality and Inquisitional Culture in the Later Middle Ages*. Princeton: Princeton University Press, 2004.

Engel, Jerome, and Pedley, Timothy A., ed. *Epilepsy: A Comprehensive Textbook*, 2nd edition. Philadelphia: Lippincott-Raven, 2008.

Erdner, Anette, Magnusson, Annabella, Nyström, Maria and Lützén, Kim. "Social and Existential Alienation Experienced by People with Long-Term Mental Illness." *Scandinavian Journal of Caring Sciences* 19 (2005): 373–380.

Erichsen-Brown, Charlotte. *Medicinal and Other Uses of North American Plants: A Historical Survey with Special Reference to the Eastern Indian Tribes*. Mineola, NY: Courier Dover Publications, 1989.

Eyler, Joshua R. "Introduction." In *Disability in the Middle Ages, Reconsiderations and Reverberations*. Edited by Joshua R. Eyler, 11–24. Aldershot: Ashgate, 2010.

Eyler, Joshua R., ed. *Disability in the Middle Ages. Reconsiderations and Reverberations*. Aldershot: Ashgate, 2010.

Ferber, Sarah. *Demonic Possession and Exorcism in Early Modern France*. London and New York: Routldege, 2004.

——. "Possession and the Sexes." In *Witchcraft and Masculinities in Early Modern Europe*. Edited by Alison Rowlands, 214–238. Houndsmills: Palgrave McMillan, 2009.

Fernandes, Maria de Lurdes Correia. "Da Doutrina à Vivência: Amor, Amizade e Casamento no *Leal Conselheiro* do Rei D. Duarte," *Revista da Faculdade de Letras: Línguas e Literaturas* 2nd series, 1 (1984): 133–194.

Ferster, Judith. *Fictions of Advice: The Literature and Politics of Counsel in Late Medieval England*. Philadelphia: University of Pennsylvania Press, 1996.

Fingernagel, Andreas, and Hranitzky, Katherina. *Mitteleuropäische Schulen II (ca.1350–1410)*, Textband. Vienna: Verlag der Österreichischen Akademie der Wissenschaften, 2002.

Fingernagel, Andreas, and Roland, Martin. *Mitteleuropäische Schulen I (ca.1250–1350)*, Textband. Vienna: Verlag der Österreichischen Akademie der Wissenschaften, 1997.

Finucane, Ronald. *Miracles and Pilgrims. Popular Beliefs in Medieval England*. London: J.M. Dent & Sons Ltd, 1977. Second edition, New York: St. Martin's Press, 1995.

——. *The Rescue of the Innocents. Endangered Children in Medieval Miracles*. New York: St Martin's Press, 2000.

Flanagan, Sabina. "Heresy, Madness and Possession in the High Middle Ages." In *Heresy in Transition: Transforming Ideas of Heresy in Medieval and Early Modern Europe*. Edited by Ian Hunter, John Christian Laursen, and Cary J. Nederman, 29–42. Aldershot: Ashgate, 2005.

Forceville, Charles. "Non-Verbal and Multimodal Metaphor in a Cognitivist Framework: Agendas for Research." In *Multimodal Metaphor*. Edited by Charles J. Forceville and Eduardo Urios-Aparisi, 19–44. Berlin and New York: Mouton de Gruyter, 2009.

Foucault, Michel. *Madness and Civilization. A History of Insanity in the Age of Reason* abridged. Translated by Richard Howard. New York: Vintage Books 1988. French original in 1961.

Franz, Adolph. *Die Kirchlichen Benediktionen in Mittlelater*, Vol. II. Freiburg: Herder, 1909.

Freedman, Paul. "Peasant Anger in the Late Middle Ages." In *Anger's Past: The Social Uses of an Emotion in the Middle Ages*. Edited by Barbara H. Rosenwein, 171–188. Ithaca, NY: Cornell University Press, 1998.

Freeman, Michael. "The Dance of the Living: Beyond the Macabre in Fifteenth-Century France." In *Sur quel pied danser? Danse et literature. Actes du colloque organisé par Hélène Stafford, Michael Freeman et Edward Nye en avril 2003 à Lincoln College, Oxford*. Edited by Edward Nye, 11–30. Amsterdam and New York: Rodopi, 2005.

French, Roger. *Medicine before Science. The Business of Medicine from the Middle Ages to the Enlightenment*. Cambridge: Cambridge University Press, 2003.

French, Roger Kenneth. *Canonical Medicine: Gentile da Foligno and Scholasticism*. Leiden: Brill, 2001.

García-Ballester, Luis. "The New Galen: A Challenge to Latin Galenism in Thirteenth Century." In *Text and Tradition: Studies in Ancient Medicine and Its Transmission Presented to Jutta Kollesch*. Edited by Klaus-Dietrich Fischer, Diethard Nickel, and Paul Potter, 55–83. Leiden: Brill, 1998.

Geary, Patrick J. *Living with the Dead in the Middle Ages*. Ithaca and London: Cornell University Press, 1994.

Gentilcore, David. *Healers and Healing in Early Modern Italy*. Manchester and New York: Manchester University Press, 1998.

Gertsman, Elina. "Visualizing Death. Medieval Plagues and the Macabre." In *Piety and Plague. From Byzantium to the Baroque*. Sixteenth Century Essays & Studies, 78. Edited by Franco Mormando and Thomas Worcester, 64–89. Kirksville, MO: Truman State University Press, 2007.

——. *The Dance of Death in the Middle Ages: Image, Text, Performance*, Studies in the Visual Cultures of the Middle Ages 3. Turnhout: Brepols, 2010.

Getz, Faye Marie. *Healing and Society in Medieval England: A Middle English Translation of the Pharmaceutical Writings of Gilbertus Anglicus*. Madison: University of Wisconsin Press, 1991.

Giesey, Ralph E. *The Royal Funeral Ceremony in Renaissance France*. Geneva: Librairie E. Droz, 1960.

Gil-Sotres, Pedro. "La higiene medieval." In *Arnaldi de Villanova Opera medica omnia X.1. Regimen sanitatis ad regem Aragonum*. Edited by Luis García-Ballester and Michael McVaugh, 569–861. Barcelona: Seminarium Historiae Scientiae Barchinone, 1996.

Giorgi, Piero P., and Pasini, Giorgi F., ed. *Consilia di Taddeo Alderotti*. Bologna: Università di Bologna, 1997.

Glasscoe, Marion. *The Medieval Mystical Tradition. England, Ireland and Wales*. Papers Read at Charney Manor, July 1999 (Exeter Symposium VI). Rochester, NY: D.S. Brewer, 1999.

Glick, Thomas F., Livesey, Steven J., and Wallis, Faith. *Medieval Science, Technology, and Medicine: An Encyclopedia*. New York: Routledge, 2005.

Godden, M.R. "Anglo-Saxons on the Mind." In *Learning and Literature in Anglo-Saxon England. Studies Presented to Peter Clemoes on the Occasion of his Sixty-fifth Birthday*. Edited by Michael Lapidge and Helmut Gneuss, 271–298. Cambridge: Cambridge University Press, 1985.

Goldberg, Gisela, Altgraf Salm, Christian, and Scheffler, Gisela, ed. *Altdeutsche Gemälde der Staatsgalerie Augsburg*. Munich: Bayerische Staatsgemäldesammlungen, 1978.

Golinelli, Paolo. "Social Aspects in Some Italian Canonization Trials." In *Procès de canonisation au Moyen Âge – Medieval Canonisation Processes*. Edited by Gábor Klaniczay, 166–180. Rome: École française de Rome, 2004.

——. *Il medioevo degli increduli. Miscredenti, beffatori, anticlericali*. Milan: Mursia, 2009.

Gombrich, Ernst H. "Image and Code: Scopes and Limits of Conventionalism in Pictorial Representation." In *Image and Code*. Edited by Wendy Steiner, 11–42. Ann Arbor: University of Michigan Press, 1981.

Gomes, Rita Costa. "The Royal Chapel in Iberia: Models, Contexts and Influences." *The Medieval History Journal* 12 (2003): 77–111.

Gonçalves, Iria. "Físicos e Cirurgiões Quatrocentistas: As Cartas de Exame." In *Imagens do Mundo Medieval*, 9–52. Lisbon: Livros Horizonte, 1988.

Goodich, Michael. "Battling the Devil in Rural Europe: Late Medieval Miracle Collection." In *La christianisation des campagnes*. Actes du colloque de C.I.H.E.C., 25–27 août 1994, tom I. Edited by J.-P. Massaut and M.-E. Henneau, 139–152. Bruxelles: Institut historique belge de Rome bibiliothèque, 1996.

Gottwald, Claudia. "Ist Behinderung komisch? Lachen über verkörperte Differenz im historischen Wandel." In *Disability History. Konstruktionen von Behinderung in der Geschichte. Eine Einführung*. Edited by Elsbeth Bosl, Anne Klein, and Anne Waldschmidt, 231–251. Bielefeld: transcript Verlag, 2010.

——. "Behinderung in der Karikatur. Zum Verhältnis von Hässlichkeit, Komik und Behinderung in der Geschichte der Karikatur." In *Andere Bilder. Zur Produktion von Behinderung in der visuellen Kultur*. Edited by Beate Ochsner and Anna Grebe, 117–132. Bielefeld: transcript Verlag, 2013.

Gowland, Angus. "The Problem of Early Modern Melancholy." *Past and Present* 191 (2006): 77–120.

Grabner, Elfriede. "Kultstätte und Heilbrauch." In *Ungarn in Mariazell – Mariazell in Ungarn. Geschichte und Erinnerung*. Edited by Peter Farbaky and Szabolcs Serfőző, 61–73. Budapest: Historisches Museum der Stadt Budapest, 2004.

Green, Monica. "Women's Medical Practice and Health Care in Medieval Europe." *Signs* 14 (1989): 434–473.

——. "The Re-Creation of *Pantegni, Practica*, Book VIII." In *Constantine the African and Ali ibn al-Abbas al-Magusi: The Pantegni and Related Texts*. Edited by Charles Burnett and Danielle Jacquart, 121–160. Leiden: Brill, 1994.

——. *Making Women's Medicine Masculine. The Rise of Male Authority in Pre-Modern Gynaecology*. Oxford: Oxford University Press, 2008.

——. "Integrative Medicine: Incorporating Medicine and Health into the Canon of Medieval European History." *History Compass* 7 (2009): 1218–1245.

Gregg, Joan Young. *Devils, Women, and Jews. Reflections of the Other in Medieval Sermon Stories*. New York: State University of New York Press, 1997.

Grey, Cam. "Demoniacs, Dissent and Disempowerment in the Late Roman West: Some Case Studies from the Hagiographical Literature." *Journal of Early Christian Studies* 13: 1 (2005): 39–69.

Grmek, Mirko. *Les maladies à l'aube de la civilisation occidentale*. Paris: Payot, 1983.

Gross, Angelika. "Das Bild des Narren: Von Psalm 52 zu Sebastian Brant." In *Bild und Abbild vom Menschen im Mittelalter*. Edited by Elisabeth Vavra, 273–291. Klagenfurt: Wieser Verlag, 1999.

Grossgrove, William C. "The Vernacularization of Science, Medicine, and Technology in Late Medieval Europe: Broadening Our Perspectives." *Early Science Medicine* 5 (2000): 47–63.

Groupe de Recherches sur les Peintures Murales, ed. *Vifs nous sommes...morts nous serons. La Rencontre des trois morts et des trois vifs dans la peinture murale en France*. Vendôme: Éditions du Cherche-Lune, 2001.

Guenée, Bernard. *La folie de Charles VI: Roi Bien-Aimé*. Paris: Perrin, 2004.

Guerra, Francesca. "Simplifying Access: Metadata for Medieval Disability Studies." *PNLA Quarterly* 74: 2 (2010): 10–26. http://www.pnla.org/assets/documents/Quarterly/pnlaq74-2winter2010.pdf, accessed August 2, 2013.

Gundert, Beate. "Soma and Psyche in Hippocratic Medicine." In *Psyche and Soma. Physicians and Metaphysicians on the Mind-Body Problem from Antiquity to Enlightenment*. Edited by John P. Wright and Paul Potter, 13–35. Oxford: Clarendon Press, 2000.

Gurevich, Aron. *Medieval Popular Culture: Problems of Belief and Perception*. Cambridge Studies in Oral and Literate Culture, Vol. 14. Translated by János M. Bak and Paul A. Hollingsworth. Cambridge: Cambridge University Press, 1989. Reprint 1990.

Hall, Alaric. "Getting Shot of Elves – Healing, Witchcraft and Fairies in the Scottish Witchcraft Trials." *Folklore* 116 (2005): 19–36.

Hall, Thomas S. "Life, Death and the Radical Moisture. A Study of Thematic Pattern in Medieval Medical Theory." *Clio Medica* 6 (1971): 3–26.

Hallberg, Peter. "[Recensioner: I. Två fakultetsoppositioner] Lars Lönnroth." *Samlaren: Tidskrift för svensk litteraturhistorisk forskning* 86 (1965): 157–184.

Halliwell, Martin. *Images of Idiocy: The Idiot Figure in Modern Fiction and Film*. Aldershot and Burlington: Ashgate, 2004.

Hamilton, Bernard. *The Leper King and His Heirs: Baldwin IV and the Crusader Kingdom of Jerusalem*. Cambridge: Cambridge University Press, 2000.

Hanska, Jussi. "Exemplum historiakirjoituksessa: Miten keskiaikaista exemplum-materiaalia on tutkittu ja miten sitä tulisi tutkia." In *Esimerkin voima*. Edited by Liisa Saariluoma, 85–101. Turku: Kirja-Aurora, 2001.

Haraldsdóttir, Kolbrún. "Flateyjarbók." In *Medieval Scandinavia. An Encyclopedia*. Edited by Phillip Pulsiano, 197–198. New York: Garland Publishing, 1993.

Harðarson, Gunnar and Karlsson, Stefan. "Hauksbók." In *Medieval Scandinavia. An Encyclopedia*. Edited by Phillip Pulsiano, 271–272. New York: Garland Publishing, 1993.

Harding, Vanessa. *The Dead and the Living in Paris and London, 1500–1670*. Cambridge: Cambridge University Press, 2002.

Harley, David. "Mental Illness, Magical Medicine and the Devil in Northern England 1650–1750." In *The Medical Revolution of the Seventeenth Century*. Edited by Roger French and Andrew Wear, 114–144. Cambridge: Cambridge University Press, 1989.

Harper, April, and Proctor, Caroline, ed. *Medieval Sexuality: A Casebook*. New York: Routledge, 2008.

Harris, William V. *Restraining Rage: The Ideology of Anger Control in Classical Antiquity*. Cambridge, MA: Harvard University Press, 2001.

Harvey, John. "Vegetables in the Middle Ages." *Garden History* 12 (1984): 89–99.

Haskins, Charles Homer. *Studies in Mediaeval Science*. Cambridge, MA: Harvard University Press, 1924.

Hasse, Dag Nikolaus. "The Soul's Faculties." In *The Cambridge History of Medieval Philosophy*. Edited by Robert Pasnau, 305–319. Cambridge: Cambridge University Press, 2010.

Hasselblatt, Robert. "Nådendals klosters örtebok." *Finska Läkaresällskapets handlingar* 106 (1962): 101–113.

Heffernan, Carol Falvo. "The Melancholy Muse: Chaucer, Shakespeare and Early Modern Medicine." In *Medieval and Renaissance Literary Studies*. Pittsburgh, PA: Duquesne University Press, 1995.

Heide, Eldar. "Spirits through Respiratory Passages." In *The Fantastic in Old Norse/Icelandic Literature. Sagas and the British Isles*. Preprint Papers of the 13th International Saga Conference, Durham and York, 6th–12th August 2006. Edited by David Ashurst, Donata Kick, and John McKinnell, 350–358. Durham: University of Durham, Centre for Medieval and Renaissance Studies, 2006.

Heizman, Wilhelm. "Flóamanna saga." In *Medieval Scandinavia. An Encyclopedia*. Edited by Phillip Pulsiano, 199–200. New York: Garland Publishing, 1993.

Helman, Cecil G. *Culture, Health and Illness: An Introduction for Health Professionals*. Oxford and Boston: Butterworth-Heinemann, 1998.

Herrlinger, Robert. *History of Medical Illustration, from Antiquity to 1600*. London: Pitman Medical & Scientific Publishing Co., 1970.

Horden, Peregrine. "Responses to Possession and Insanity in the Earlier Byzantine World." *Social History of Medicine* 6 (1993): 177–194.

——. "Religion as Medicine: Music in Medieval Hospitals." In *Religion and Medicine in the Middle Ages*. Edited by Peter Biller and Joseph Ziegler, 135–153. Woodbridge: York Medieval Press, 2001.

——. "A Non-Natural Environment: Medicine without Doctors and the Medieval European Hospital." In *The Medieval Hospital and Medical Practice*. Edited by Barbara Bowers, 133–145. Aldershot: Ashgate, 2007.

——. *Hospitals and Healing from Antiquity to Later Middle Ages*. Aldershot: Ashgate, 2008.

——. "What's Wrong with Early Medieval Medicine?" *Social History of Medicine* 24: 1 (2011): 5–25.

Høyersten, Jon Geir. *Personlighet og avvik. En studie i islendigesagaens menneskebilde – med særlig vekt på Njála*. Bergen: Tano Aschehoug, 2000.

——. "Islendingesagaene – psykologisk enfold eller mangfold?" *Edda* 2 (2004): 107–117.

Huizinga, Johan. *The Waning of the Middle Ages*. Translated by Frederik Hopman. New York: Doubleday Anchor Books, 1954; reprint translated by Rodney J. Payton and Ulrich Mammitzsch. Chicago: University of Chicago Press, 2004. Dutch original in 1919.

Hunt, Tony. *Popular Medicine in Thirteenth-Century England: Introduction and Texts*. Cambridge: Boydell & Brewer, 1990.

——. "Code-Switching in Medical Texts." In *Multilingualism in Later Medieval Britain*. Edited by David A. Trotter, 131–147. Cambridge: D.S. Brewer, 2000.

Huot, Sylvia. *Madness in Medieval French Literature. Identities Found and Lost*. Oxford: Oxford University Press, 2003.

Hyams, Paul. "What Did Henry III of England Think in Bed and in French about Kingship and Anger?" In *Anger's Past: The Social Uses of an Emotion in the Middle Ages*. Edited by Barbara H. Rosenwein, 92–126. Ithaca, NY: Cornell University Press, 1998.

Irvine, Martin. *The Making of Textual Culture: Grammatica and Literary Theory, 350–1100*. Cambridge: Cambridge University Press, 1994.

Jackson, Stanley. *Melancholia and Depression: From Hippocratic Times to Modern Times*. New Haven and London: Yale University Press, 1986.

Jackson, Stanley W. "Unusual Mental States in Medieval Europe. Medical Syndromes on Mental Disorder: 400–1100 AD." *Journal of the History of Medicine and Allied Sciences* 27: 3 (1972): 262–297.

Jacquart, Danielle. "Le regard d'un médecin sur son temps: Jacques Despars (1380?–1458)." *Bibliothèque de l'Ecole des Chartes* 138 (1980): 35–86.

——. *Le milieu médical en France du XIIe au XVe siècle*. En annexe 2e supplément au "Dictionnaire" d'Ernest Wickersheimer (Hautes Études Médiévales et Modernes 46). Geneva: Droz, 1981; Paris: Champion, 1981.

——. "Theory, Everyday Practice and Three Fifteenth-Century Physicians." *Osiris* 2nd series, 6 (1990): 140–160.

Jacquart, Danielle and Micheau, Françoise. *La médecine arabe et l'occident médiéval*. Paris: Maisonneuve et Larose, 1990. Reprint 1996.

Jacquart, Danielle and Paravicini Bagliani, Agostino, ed. *La Scuola Medica Salernitana. Gli autori e i testi*. Florence: Sismel Galluzzo, 2007.

Jacquart, Danielle and Thomasset, Claude. S*exuality and Medicine in the Middle Ages*. Translated by Matthew Adamson. Princeton: Princeton University Press, 1988.

Jadad, Alejandro, and O'Grady, Laura. "How Should Health Be Defined?" *British Medical Journal* 337 (2008).

Jaritz, Gerhard. "Der Große Mariazeller Wunderaltar. Oder: Zeichen der Allmacht der Gottesmutter." In *Mariazell und Ungarn. 650 Jahre religiöse Gemeinsamkeit*. Edited by Walter Brunner, Helmut Eberhart, Fazekas István, Gálffy Zsuzsanna, Elke Hammer-Luza, Hegedüs András, 61–68. Graz and Esztergom: Steiermärkische Landesarchiv, 2003.

Jehl, Rainer. "Melancholie und Besessenheit in gelehrten Diskurs des Mittelalters." In *Dämonische Besessenheit. Zur Interpretation eines kulturhistorischen Phänomens*. Edited by Hans de Waardt, Jürgen Michael Schmidt, H.C. Midelfort, Sönke Lorenz, and Dieter R. Bauer, 63–71. Bielefeld: Verlag für Regionalgeschichte, 2005.

Jones, Christopher A. "The Origins of the 'Sarum' Chrism Mass at Eleventh-Century Christ Church, Canterbury." *Mediaeval Studies* 67 (2005): 219–315.

Jones, Peter Murray. *Medieval Medical Miniatures*. London: British Museum, 1984.

——. *Medieval Medicine in Illuminated Manuscripts*. London: British Library, 1998.

——. "Music Therapy in the Later Middle Ages: The Case of Hugo van der Goes." In *Music as Medicine: The History of Music Therapy since Antiquity*. Edited by Peregrine Horden, 120–144. Aldershot: Ashgate, 2000.

——. "Image, Word, and Medicine in the Middle Ages." In *Visualizing Medieval Medicine and Natural History, 1200–1550*. Edited by Jean A. Givens, Karen Meier Reeds, and Alain Touwaide, 1–24. Aldershot and Burlington: Ashgate, 2006.

Jónsson, Finnur, and Egilsson, Sveinbjörn, ed. *Lexicon poeticum antiquæ linguæ septentrionalis: ordbog over det norsk-islandske skjaldesprog*. Copenhagen: Møller, 1931.

Joutsivuo, Timo. *Scholastic Tradition and Humanist Innovation. The Concept of Neutrum in the Renaissance Medicine*. Helsinki: Academia Scientiarum Fennica, 1999.

Kaartinen, Marjo. "'Pray, Dr, Is There Reason to Fear a Cancer?' Fear of Breast Cancer in Early Modern Britain." In *A History of Emotions, 1200–1800*. Edited by Jonas Lilieqvist. London: Pickering and Chatto, 2012.

Kalinke, Marianne E. "Old Norse-Icelandic Literature, Foreign Influence on." In *Medieval Scandinavia. An Encyclopedia*. Edited by Phillip Pulsiano, 451–454. New York: Garland Publishing, 1993.

Kanerva, Kirsi. "The Role of the Dead in Medieval Iceland: A Case Study of *Eyrbyggja saga*." *Collegium Medievale* 24 (2011): 23–49.

——. "*Ógæfa* (misfortune) as an Emotion in Thirteenth Century Iceland." *Scandinavian Studies* 84: 1 (2012): 1–26.

——. "Rituals for the Restless Dead – The Authority of the Deceased in Medieval Iceland." In *Authorities in the Middle Ages. Influence, Legitimacy and Power in Medieval Society*. Edited by Sini Kangas, Mia Korpiola, and Tuija Ainonen, 205–227. Berlin and Boston: Walter de Gruyter, 2013.

——. "'Eigi er sá heill, er í augun verkir.' Eye Pain in Thirteenth- and Fourteenth-Century *Íslendingasögur*." *Arv* 69 (2013): 7–35.

——. "Hyvä ja paha viha: tunne hyvän elämän mittarina keskiajan Islannissa." In *Hyvä elämä keskiajalla*. Edited by Marko Lamberg and Kirsi Kanerva. Helsinki: Finnish Literature Society, 2014 (forthcoming).

Karlsson, Stefán. "Möðruvallabók." In *Medieval Scandinavia. An Encyclopedia*. Edited by Phillip Pulsiano, 426–427. New York: Garland Publishing, 1993.

Karras, Ruth Mazo. "Gendered Sin and Misogyny in John of Bromyard's 'Summa Predicantium'." *Traditio* 47 (1992): 233–257.

Katajala-Peltomaa, Sari. *Gender, Miracles and Daily Life. The Evidence of Fourteenth-Century Canonization Processes*. Turnhout: Brepols, 2009.

——. "Recent Trends in the Study of Medieval Canonization Processes." *History Compass* 8: 9 (2010): 1083–1092.

——. "Socialization Gone Astray? Children and Demonic Possession in the Later Middle Ages." In *The Dark Side of Childhood in Late Antiquity and the Middle Ages*. Edited by Katariina Mustakallio and Christian Laes, 95–112. Oxford: Oxbow, 2011.

Kelly, Henry Ansgar. *The Devil, Demonology and Witchcraft. The Development of Christian Beliefs in Evil Spirits*. New York: Doubleday & Company, Inc., 1968.

Kemp, Simon, and Williams, Kevin. "Demonic Possession and Mental Disorder in Medieval and Early Modern Europe." *Psychological Medicine* 17 (1987): 21–29.

Kerr, Julie. *Life in the Medieval Cloister*. London and New York: Continuum International Publishing Group, 2009.

Kieckhefer, Richard. "The Holy and the Unholy: Sainthood, Witchcraft and Magic in Late Medieval Europe." In *Christendom and Its Discontents. Exclusion, Persecution, and Rebellion, 1000–1500*. Edited by Scott L. Waugh and Peter D. Diehl, 310–337. Cambridge: Cambridge University Press, 1996.

——. *Magic in the Middle Ages*, 7th edition. Cambridge: Cambridge University Press, 1997.

Kinch, Ashby. *Imago Mortis. Mediating Images of Death in Late Medieval Culture*. Leiden and Boston: Brill, 2013.

King, Pamela M. "The Cadaver Tomb in England: Novel Manifestations of an Old Idea." *Church Monuments* 5 (1990): 26–38.

Kiricsi, Ágnes. "The Passionate Mind and the Rational Heart: The Location of the Old English Mental Faculty." In *Change in Meaning and the Meaning of Change. Studies in Semantics and Grammar from Old to Present-Day English*. Edited by Matti Rissanen, Marianna Hintikka, Leena Kahlas-Tarkka, and Rod McConchie, 1–34. Helsinki: Société Néophilologique, 2007.

Klaniczay, Gábor. "Miracoli di punizione e *maleficia*." In *Miracoli. Dai segni alla storia*. Edited by Sofia Boesch Gajanao and Marilena Modica, 109–135. Rome: Viella, 2000.

Klapisch-Züber, Christiane, ed. *A History of Women. II: Silences of the Middle Ages*. Cambridge: The Belknap Press of Harvard University Press, 1994.

Kleinberg, Aviad. "Canonisation without a Canon." In *Procès de canonisation au Moyen Âge – Medieval Canonisation Processes*. Edited by Gábor Klaniczay, 7–18. Rome: École française de Rome, 2004.

Klibansky, Raymond, Panofsky, Erwin, and Saxl, Fritz. *Saturn and Melancholy. Studies in the History of Natural Philosophy, Religion and Art*. London: Nelson, 1964.

Klockars, Birgit. *I Nådens dal. Klosterfolk och andra c.1440–1590*. Svenska litteratursällskapet i Finland. Helsingfors: Mäkinen, 1979.

Knuuttila, Simo. *Emotions in Ancient and Medieval Philosophy*. Oxford: Clarendon Press, 2004.

Kövecses, Zoltán. *Metaphor and Emotion. Language, Culture, and Body in Human Feeling*. Cambridge: Cambridge University Press, 2000.

Kristinsson, Axel. "Lords and Literature: The Icelandic Sagas as Political and Social Instruments." *Scandinavian Journal of History* 28: 1 (2003): 1–17.

Kristjánsson, Jónas. *Um Fóstbræðrasögu*. Reykjavík: Stofnun Árna Magnússonar á Íslandi, 1972.

Kroesen, Riti. "Gísla saga Súrssonar." In *Medieval Scandinavia. An Encyclopedia*. Edited by Phillip Pulsiano, 227–228. New York: Garland Publishing, 1993.

Kroll, Jerome, and Bachrach, Bernard. "Sin and Mental Illness in the Middle Ages." *Psychological Medicine* 14 (1984): 507–514.

——. *The Mystic Mind: The Psychology of Medieval Mystics and Ascetics*. New York and London: Routledge, 2005.

Krötzl, Christian. *Pilger, Mirakel und Alltag. Formen des Verhaltens im skandinavischen Mittelalter*. Helsinki: SHS, 1994.

——. "Prokuratoren, Notare und Dolmetscher. Zu Gestaltung und Ablauf der Zeugeinvernahmen bei Spätmittelalterlichen Kanonisationsprozessen." *Hagiographica* V (1998): 119–140.

——. "Religion and Everyday Life in the Scandinavian Later Middle Ages." In *Norden og Europa i middelalderen*. Skrifter udgivet af Jysk Selskab for Historie, Vol. 47. Edited by Per Ingesman and Thomas Lindkvist, 203–215. Århus: Jysk Selskab for Historie, 2001.

Kutzer, Michael. "Tradition, Metaphors, Anatomy of the Brain: The Physiology of Insanity in the Late XVIth and XVIIth Centuries." In *Essays in the History of the Physiological Sciences*. Edited by Claude Debru, 99–116. Amsterdam and Atlanta, GA: Rodopi, 1995.

Laharie, Muriel. *La folie au Moyen Âge XIe–XIIIe siècles*. Paris: Le L'éopard d'Or, 1991.

Laidoner, Triin. "The Flying Noaidi of the North: Sámi Tradition Reflected in the Figure Loki Laufeyjarson in Old Norse Mythology." *Scripta Islandica* 63 (2012): 59–91.

Lamberg, Marko. "Finnar, svenskar eller främlingar?: inblickar I den finska befolknings-delen status i det svenska riket under senmedeltiden." *Historisk tidskrift* 4 (2000): 497–519.

——— . "Perceptions of Finns and Ethnic Boundaries in Sweden during the Middle Ages and the Early Modern Era." *Nordeuropa forum* 1 (2004): 3–23.

———. *Jöns Budde: birgittalaisveli ja hänen teoksensa*. Helsinki: Finnish Literature Society, 2007.

———. "Authority through Gendered Role Models: The Case of Late Medieval Monastic Literature at Naantali." In *Saint Birgitta, Syon and Vadstena: Papers from a Symposium in Stockholm, 4–6 October 2007*. Kungl. Vitterhets historie och antikvitets akademien, Konferenser, Vol. 73. Edited by Claes Gejrot, Sara Risberg, and Mia Åkestam, 200–215. Stockholm: Kungl. Vitterhets historie och antikvitets akademien, 2010.

Lambert, Carole. "Medieval France. South." In *Regional Cuisines of Medieval Europe: A Book of Essays*. Edited by Melitta Weiss Adamson, 67–84. London: Routledge, 2002.

Larrington, Carolyne. "The Psychology of Emotion and Study of the Medieval Period." *Early Medieval Europe* 10: 2 (2001): 251–256.

Laurioux, Bruno. "Cuisine et Médecine au Moyen Âge: Alliées ou Ennemies?" *Cahiers de Recherches Médiévales* 13 (2006): 223–238.

Lecouteux, Jacques. *The Return of the Dead. Ghosts, Ancestors, and the Transparent Veil of the Pagan Mind*. Translated by Jon E. Graham. Rochester and Vermont: Inner Traditions, 2009.

Lemé-Hébuterne, Kristiane. "Places for Reflection: Death Imagery in Medieval Choir Stalls." In *Mixed Metaphors*. *The Danse Macabre in Medieval and Early Modern Europe*. Edited by Sophie Oosterwijk and Stefanie Knöll, 269–290. Newcastle upon Tyne: Cambridge Scholars Publishing, 2011.

Lester, Paul Martin. *Visual Communication: Images with Messages*, 4th edition. Belmont, CA: Thomson Wadsworth, 2006.

Lett, Didier. *Un procès de canonisation au Moyen âge. Essai d'histoire sociale. Nicholas de Tolentino 1325*. Paris: Presses universitaires de France, 2008.

Lev, Efraim. "Trade of Medical Substances in the Medieval and Ottoman Levant (Bilad al-Sham)." In *Towns and Material Culture in the Medieval Middle East*. Edited by Yaacov Lev, 159–184. Leiden: Brill, 2002.

Lev, Efraim, and Amar, Zohar. *Practical Materia Medica of the Medieval Eastern Mediterranean according to Cairo Genizah*. Leiden: Brill, 2008.

Levack, Brian P. *The Devil Within. Possession and Exorcism in the Christian West*. New Haven and London: Yale University Press, 2013.

Lid, Nils. "Um finnskot og alvskot. Eit umråde av norsk sjukdomsmagi." *Maal og Minne* 1–2 (1921): 37–66.

Lindemann, Erich. "Symptomatology and Management of Acute Grief." *American Journal of Psychiatry*, Sesquicentennial Anniversary 1844–1994, Sesquicentennial Supplement, 150: 6 (1994): 155–160.

Lindroth, Sten. *Svenska lärdomshistoria* I. Stockholm: Norstedt, 1975.

Lönnrot, Elias. *Suomen kansan muinaisia loitsurunoja*. Helsinki: Finnish Literature Society, 1880.

Lönnroth, Lars. "Kroppen som själens spegel – ett motiv i de isländska sagorna." In *Lychnos. Lärdomshistoriska samfundets årsbok 1963–1964*. Edited by Sten Lindroth, 24–61. Stockholm: Almqvist & Wiksell, 1965.

Lourenço, Eduardo. *O Labirinto da Saudade: Psicanálise Mítica do Destino Português*. Lisbon: Publicações Dom Quixote, 1991.

Lund, Mary Ann. *Melancholy, Medicine and Religion in Early Modern England: Reading the Anatomy of Melancholy*. Cambridge: Cambridge University Press, 2010.

MacIntyre, Alasdair. *After Virtue. A Study in Moral Theory*. London: Duckworth, 2004.

MacKinney, Loren C. "Medical Illustrations in Medieval Manuscripts of the Vatican Library." *Manuscripta* 3 (1959): 3–18, 76–88.

——. "Medieval Medical Miniatures in Central and Eastern European Collections." *Manuscripta* 5 (1961): 131–150.

MacKinney, Loren C. and Herndon, Thomas. "American Manuscript Collections of Medieval Medical Miniatures and Texts." *Journal of the History of Medicine and Allied Sciences* 17 (1962): 284–307.

——. *Medical Illustrations in Medieval Manuscripts*, 2 vols. London: Wellcome Historical Medical Library; Berkeley: University of California Press, 1965.

Magnusson, Roberta, and Squatriti, Paolo. "The Technologies of Water in Medieval Italy." In *Working with Water in Medieval Europe. Technology and Resource-Use*. Edited by Paolo Squatriti, 217–265. Leiden: Brill, 2000.

Mäkinen, Martti. *Between Herbals et alia: Intertextuality in Medieval English Herbals*. University of Helsinki, 2006, E-thesis. Accessed January 24, 2011. http://urn.fi/URN:ISBN:952-10-3569-2.

Marijnissen, Roger H., assisted by Peter Ruyffelaere, ed. *Hieronymus Bosch: The Complete Works*. Antwerp: Mercatorfonds/Tabard Press, 1987.

Marrone, Steven P. "Magic and the Physical World in Thirteenth-Century Scholasticism." In *Evidence and Interpretations in Studies on Early Science and Medicine*. Edited by John Murdoch, Edith Dudley Sylla, and William Newman, 158–185. Leiden: Brill, 2009.

Martin, John D. "Law and the (Un)Dead: Medieval Models for Understanding the Hauntings in *Eyrbyggja saga*." *Saga-Book* 29 (2005): 67–82.

Martins, Joaquim Pedro de Oliveira. *Os Filhos de D. João I*. Lisbon: Guimarães Editores, 1993.

Masonen, Jaakko. *Naantalin luostarin yrttikirja*. Tampere: University of Tampere, 1985 (unprinted MA thesis).

Mazo Karras, Ruth. *Sexuality in Medieval Europe: Doing unto Others*. New York: Routledge, 2005.

McCleery, Iona. "Both 'Illness and Temptation of the Enemy': Melancholy, the Medieval Patient and the Writings of King Duarte of Portugal (r. 1433–38)." *Journal of Medieval Iberian Studies* 1: 2 (2009): 163–178.

——. "Medical 'Emplotment' and Plotting Medicine: Health and Disease in Late Medieval Portuguese Chronicles." *Social History of Medicine* 24 (2011): 125–141.

McCreesh, Bernadine. "Eyrbyggja saga." In *Medieval Scandinavia. An Encyclopedia.* Edited by Phillip Pulsiano, 174–175. New York: Garland Publishing, 1993.

McKinnell, John. "Vatnshyrna." In *Medieval Scandinavia. An Encyclopedia*. Edited by Phillip Pulsiano, 689–690. New York: Garland Publishing, 1993.

McTurk, Rory. "Ragnars saga loðbrókar." In *Medieval Scandinavia. An Encyclopedia*. Edited by Phillip Pulsiano, 519–520. New York: Garland Publishing, 1993.

McVaugh, Michael. "The Nature and Limits of Medical Certitude at Early Fourteenth-Century Montpellier." *Osiris* 2nd series, 6 (1990): 62–84.

——. *Medicine before the Plague: Practitioners and Their Patients in the Crown of Aragon 1285–1345*. Cambridge: Cambridge University Press, 1993. Reprint 2002.

—— . "The "Experience-Based Medicine" of the Thirteenth Century." In *Evidence and Interpretations in Studies on Early Science and Medicine*. Edited by John Murdoch, Edith Dudley Sylla, and William Newman, 105–130. Leiden: Brill, 2009.

Meaney, Audrey L. "Extra-Medical Elements in Anglo-Saxon Medicine," *Social History of Medicine* 24: 1 (2011): 41–56.

Menz, Cäsar. *Das Frühwerk Jörg Breus des Älteren*. Augsburg: Kommissionsverlag Bücher Seitz, 1982.

Merisalo, Outi. "Transition and Continuity in Medical Manuscripts (Thirteenth-Fifteenth Centuries)." In *Continuities and Disruptions between the Middle Ages and the Renaissance*. Proceedings of the colloquium held at the Warburg Institute, University of London, School of Advanced Study, 15–16 June 2007. Textes et études du Moyen Age 48. Edited by Charles Burnett, Jacqueline Hamesse, and José Meirinhos, 51–61. Turnhout: Brepols, 2009.

Metzler, Irina. *Disability in Medieval Europe: Thinking about Physical Impairment during the High Middle Ages, c. 1100–1400*. London and New York: Routledge, 2006.

——. *A Social History of Disability in the Middle Ages. Cultural Considerations of Physical Impairment*. New York and London: Routledge, 2013.

Meyer, Heinz. "Bartholomäus Anglicus, 'de proprietatibus rerum'. Selbstverständnis und Rezeption." *Zeitschrift für Deutsches Altertum* 99 (1988): 237–274.

Meyer, Paul. "Recettes médicales en provençal." *Romania* 32 (1903): 268–299.

Mikolajczyk, Renate. "*Non Sunt Nisi Phantasiae et Imaginationes:* A Medieval Attempt at Explaining Demons." In *Communicating with the Spirits.* Edited by Gábor Klaniczay and Eva Pócs, 40–51. Budapest: Central European University Press, 2005.

Miller, Joyce. "*Towing the Loon.* Diagnosis and Use of Shock Treatment for Mental Illnesses in Early Modern Scotland." In *Dämonische Besessenheit. Zur Interpretation eines kulturhistorischen Phänomens.* Edited by Hans de Waardt, Jürgen Michael Schmidt, H.C. Midelfort, Sönke Lorenz, and Dieter R. Bauer, 127–143. Bielefeld: Verlag für Regionalgeschichte, 2005.

Miller, William Ian. "Emotions and the Sagas." In *From Sagas to Society. Comparative Approaches to Early Iceland.* Edited by Gísli Pálsson, 89–110. Enfield Lock: Hisarlik Press, 1992.

——. *Humiliation: And Other Essays on Honor, Social Discomfort, and Violence.* Ithaca and London: Cornell University Press, 1993.

Minnis, Alastair. *Medieval Theory of Authorship: Scholastic Literary Attitudes in the Later Middle Ages.* London: Scolar Press, 1984.

——. *Translations of Authority in Medieval English Literature. Valuing the Vernacular.* Cambridge: Cambridge University Press, 2009.

Mitchell, Piers. "Retrospective Diagnosis and the Use of Historical Texts for Investigating Disease in the Past." *International Journal of Paleopathology* 1 (2011): 81–88.

Montfort, Angela. *Health, Sickness, Medicine and the Friars in the Thirteenth and Fourteenth Centuries.* Aldershot: Ashgate, 1988.

Mormando, Franco. *The Preacher's Demons. Bernardino of Siena and the Social Underworld of Early Renaissance Italy.* Chicago and London: The University of Chicago Press, 1999.

Morris, Bridget. *St. Birgitta of Sweden.* Woodbridge: Boydell & Brewer, 1999.

Mosher, Susan Stuard. *Gilding the Market. Luxury and Fashion in Fourteenth-Century Italy.* Philadelphia: University of Pennsylvania Press, 2006.

Moss, Ann. *Printed Commonplace Books and the Structuring of Renaissance Thought.* Oxford: Clarendon, 1996.

Moxey, Keith. "Reading the 'Reality Effect'." In *Pictura quasi fictura: Die Rolle des Bildes in der Erforschung von Alltag und Sachkultur des Mittelalters und der frühen Neuzeit.* Edited by Gerhard Jaritz, 15–21. Vienna: Verlag der Österreichischen Akademie der Wissenschaften, 1996.

Muchembled, Robert. *Culture populaire et culture des élites dans la France moderne (XVe–XVIIIe siècles). Essai.* Paris: Flammarion, 1978.

Murray Jones, Peter. "Herbs and the Medieval Surgeon." In *Health and Healing from the Medieval Garden.* Edited by Peter Dendle and Alain Touwaide, 162–179. Woodbridge: The Boydell Press, 2008.

Nagy, Piroska. *Le don des larmes au Moyen Âge. Un instrument spirituel en quête d'institution* (*Ve–XIIe siècle*). Paris: Albin Michel, 2000.

Näsström, Britt-Mari. *Bärsärkarna: Vikingatidens elitsoldater*. Stockholm: Norstedt, 2006.

Nedkvitne, Arnved. *Mötet med döden i norrön medeltid*. Translated by Bo Eriksson Janbrink. Stockholm: Atlantis, 2004.

Newhauser, Richard. "Introduction: Cultural Construction and the Vices." In *Seven Deadly Sins: From Communities to Individuals*. Edited by Richard Newhauser, 1–17. Boston: Brill, 2007.

Newman, Barbara. "Possessed by the Spirit: Devout Women, Demoniacs, and the Apostolic Life in the Thirteenth Century." *Speculum* 73 (1998): 733–770.

Nicoud, Marilyn. *Les régimes de santé au moyen âge I. Naissance et diffusion d'une écriture médicale* (*XIIIe–Xve siécle*). Rome: École française de Rome, 2007.

Niiranen, Susanna. *Miroir de mérite: valeurs sociales, rôles et image de la femme dans les textes médiévaux des trobairitz*. Jyväskylä Studies in Humanities 115. Jyväskylä: Jyväskylän yliopisto, 2009.

——. "The Authority of Words. The Healing Power of Vernacular, Latin and Other Languages in an Occitan Remedy Collection." *Mirator* 12 (2011): 54–77. Accessed January 16, 2011. http://www.glossa.fi/mirator/pdf/i-2011/theauthorityofwords.pdf.

Nyberg, Tore. *Birgittinische Klostergrundungen des Mittelalters*. Bibliotheca Historica Lundensis, Vol. 15. Lund: Gleerup, 1965.

O'Boyle, Cornelius. *The Art of Medicine. Medical Teaching at the University of Paris*. Leiden: Brill, 1998.

O'Connor, Mary Catharine. *The Art of Dying Well: The Development of the Ars Moriendi*. Reprint, New York: AMS Press, 1966. Original New York: Columbia University Press, 1942.

Ochsner, Beate, and Grebe, Anna, ed. *Andere Bilder. Zur Produktion von Behinderung in der visuellen Kultur*. Bielefeld: transcript Verlag, 2013.

Ólason, Vésteinn. *Dialogues with the Viking Age: Narration and Representation in the Sagas of the Icelanders*. Translated by Andrew Wawn. Reykjavík: Heimskringla, 1998.

——. "The Un/Grateful Dead – From Baldr to Bægifótr." In *Old Norse Myths, Literature and Society*. Edited by Margaret Clunies Ross, 153–171. Odense: University Press of Southern Denmark, 2003.

Olsan, Lea T. "Charms and Prayers in Medieval Medical theory and Practice." *Social History of Medicine* 16: 3 (2003): 343–366.

Oosterwijk, Sophie. "Of Corpses, Constables and Kings: The *Danse Macabre* in Late-Medieval and Renaissance Culture." *Journal of the British Archaeological Association* 157 (2004): 169–190.

——. "Food for Worms – Food for Thought: The Appearance and Interpretation of the 'Verminous' Cadaver in Britain and Europe." *Church Monuments* 20 (2005): 40–80, 133–140.

——. "Money, Morality, Mortality: The Migration of the *Danse Macabre* from Murals to Misericords." In *Freedom of Movement in the Middle Ages*. 2003 Harlaxton Symposium Proceedings. Harlaxton Medieval Studies 15. Edited by Peregrine Horden, 37–56. Donington: Shaun Tyas, 2007.

——. "Death, Memory and Commemoration. John Lydgate and 'Macabrees Daunce' at Old St Paul's Cathedral, London." In *Memory and Commemoration in Medieval England*. 2008 Harlaxton Symposium Proceedings. Edited by C.M. Barron and C. Burgess, 185–201. Donington: Shaun Tyas, 2010.

——. "Dance, Dialogue and Duality: Fatal Encounters in the Medieval *Danse Macabre*." In *Mixed Metaphors. The Danse Macabre in Medieval and Early Modern Europe*. Edited by Sophie Oosterwijk and Stefanie Knöll, 9–42. Newcastle upon Tyne: Cambridge Scholars Publishing, 2011.

Ottósson, Kjartan G. *Fróðárundur í Eyrbyggju*. Reykjavík: Menningarsjóðs, 1983.

Ottosson, Per-Gunnar. *Scholastic Medicine and Philosophy*. Naples: Bibliopolis, 1984.

Paavilainen, Helena M. *Medieval Pharmacotherapy, Continuity and Change: Case Studies from Ibn Sīnā and Some of His Late Medieval Commentators*. Leiden: Brill, 2009.

Paciocco, Roberto. *Canonizzazioni e culto dei santi nella* christianitas *(1198–1302)*. Assisi: Edizioni Porziuncola, 2006.

Pahta, Päivi. "Code–Switching in Medieval Medical Writing." In *Medical and Scientific Writing in Late Medieval English*. Studies in English Language. Edited by Irma Taavitsainen and Päivi Pahta, 73–99. Cambridge: Cambridge University Press, 2004.

——. "Vernacularisation of Scientific and Medical Writing in Its Sociohistorical Context." In *Medical and Scientific Writing in Late Medieval English*. Studies in English Language. Edited by Irma Taavitsainen and Päivi Pahta, 1–22. Cambridge: Cambridge University Press, 2004.

Palmer, Richard. "In Bad Odour: Smell and Its Significance in Medicine from Antiquity to the Seventeenth Century." In *Medicine and the Five Senses*. Edited by W.F. Bynum and Roy Porter, 61–68. Cambridge: Cambridge University Press, 1993.

Park, Katherine. "Medicine and Magic: The Healing Arts." In *Gender and Society in Renaissance Italy*. Edited by Judith C. Brown and Robert C. Davis, 129–149. London: Longman, 1998.

Parker, David. "The Importance of the Commonplace Book: London, 1450–1550." *Manuscripta* 40 (1996): 29–48.

Pasamonik, Carolina. "'My Heart Falls out.' Conceptualizations of Body Parts and Emotion Expressions in Beaver Athabascan." In *Endangered Metaphors*. Edited by

Anna Idström and Elisabeth Piirainen, 77–101. Amsterdam and Philadelphia: John Benjamins, 2012.

Paster, Gail Kern. *Humoring the Body: Emotions and the Shakespearean Stage*. Chicago and London: The University of Chicago Press, 2004.

Paterson, Linda M. *The World of the Troubadours*. Cambridge: Cambridge University Press, 1995.

Pearman, Tory Vandeventer. *Women and Disability in Medieval Literature*. New York: Palgrave Macmillan, 2010.

Pearsall, Derek. "Signs of Life in Lydgate's *Danse Macabre*." In *Zeit, Tod und Ewigkeit in der Renaissance Literatur*, Vol. 3. Analecta Cartusiana 117. Edited by James Hogg, 58–71. Salzburg: Institut für Anglistik und Amerikanistik Universität Salzburg, 1987.

Peldàn, Kerttu. *Suomen farmasian historia*. Helsinki: Suomen farmaseuttien yhdistys, 1967.

Perfertti, Lisa. "Introduction." In *The Representation of Women's Emotions in Medieval and Early Modern Culture*. Edited by Lisa Perfetti, 1–22. Gainesville: University Press, 2005.

Peyroux, Catherine. "Gertrud's Furor: Reading Anger in an Early Medieval Saint's Life." In *Anger's Past: The Social Uses of an Emotion in the Middle Ages*. Edited by Barbara H. Rosenwein, 36–55. Ithaca, NY: Cornell University Press, 1998.

Pfau, Alexandra. "Protecting or Restraining? Madness as a Disability in Late Medieval France." In *Disability in the Middle Ages: Reconsiderations and Reverberations*. Edited by Joshua R. Eyler, 93–104. Farnham and Burlington: Ashgate, 2010.

Philips, C. Matthew. "*Crux a cruciatu dicitur*: Preaching Self-Torture as Pastoral Care in Twelfth-Century Religious Houses." In *A Companion to Pastoral Care in the Late Middle Ages*. Edited by Ronald J. Stansbury, 285–309. Leiden: Brill, 2010.

Pickstone, John. "Medicine, Society and the State." In *The Cambridge Illustrated History of Medicine*. Edited by Roy Porter, 304–341. Cambridge: Cambridge University Press, 1996.

Pilsworth, Clare, and Banham, Debby. "Introduction. Medieval Medicine: Theory and Practice." *Social History of Medicine* 24: 1 (2011): 2–4.

Prioreschi, Plinio. *A History of Medicine: Medieval Medicine*, Vol. 5. Omaha: Horatius Press, 2003.

Proctor, Caroline. "Physician to the Bruce: Maino De Maineri in Scotland." *Scottish Historical Review* 86 (2007): 16–26.

——. "Between Medicine and Morals: Sex in the Regimens of Maino de Maineri." In *Medieval Sexuality: A Casebook*. Edited by April Harper and Caroline Proctor, 113–131. New York: Routledge, 2008.

Pulsiano, Phillip, ed. *Medieval Scandinavia. An Encyclopedia*. New York: Garland Publishing, 1993.

Purkiss, Diane. *Troublesome Things. A History of Fairies and Fairy Stories*. London: Allen Lane The Penguin Press, 2000.

Quintana-Toledo, Elena. "Orality in the Middle English Medical Recipes of G.U.L. Hunter 185." In *Textual Healing. Studies in Medieval English Medical, Scientific and Technical Texts*. Edited by Javier E. Díaz Vera and Rosario Caballero, 153–175. Bern: Peter Lang, 2009.

Rawcliffe, Carole. "The Insanity of Henry VI." *The Historian* 50 (1996): 8–12.

Reichborn-Kjennerud, I. "Vår eldste medisin til middelalderens slutt." In *Medisinens historie i Norge*. Edited by I. Reichborn-Kjennerud, Fr. Grøn, and I. Kobro, 1–97. Oslo: Grøndahl & Søns Forlag, 1936.

Rider, Catherine. *Magic and Impotence in the Middle Ages*. Oxford: Oxford University Press, 2006.

——. "Medical Magic and the Church in Thirteenth-Century England." *Social History of Medicine* 24: 1 (2011): 92–107.

Rietz, Johan Ernst. *Svenskt dialektlexikon: ordbok öfver svenska allmogespråket 1862–1867*. Lund: Gleerups, 1962. Accessed July 9, 2011. http://runeberg.org/dialektl/.

Riising, Anne. *Danmarks middelalderlige prædiken*. Copenhagen: Institut for Dansk Kirkehistorie, 1969.

Riva, A.V., Tremolizzo, L., Spicci, M., Ferrarese, C., De Vito, G., Cesana, G.C., and Sironi, V.A. "The Disease of the Moon: The Linguistic and Pathological Evolution of the English Term 'Lunatic'." *Journal of the History of the Neurosciences* 20 (2011): 65–73.

Rivard, Derek A. *Blessing the World. Ritual and Lay Piety in Medieval Religion*. Washington, DC: The Catholic University of America Press, 2009.

Robertson, Elizabeth. "Medieval Medical Views of Women and Female Spirituality in the Ancrene Wisse and Julian of Norwich's Showings." In *Feminist Approaches to the Body in Medieval Literature*. Edited by Linda Lomperis and Sarah Stanbury, 142–167. Philadelphia: University of Pennsylvania Press, 1993.

Robertson, James Craigie, ed. *Materials for the History of Thomas Becket, Archbishop of Canterbury*, 7 vols. Rolls Series 67. London: Longman, 1875–1885.

Rooney, Kenneth. *Mortality and Imagination. The Life of the Dead in Medieval English Culture*. Turnhout: Brepols, 2011.

Rosaldo, Renato. "Grief and a Headhunter's Rage." In *Death, Mourning, and Burial. A Cross-Cultural Reader*. Edited by Antonius C.G.M. Robben, 167–178. Oxford: Blackwell Publishing, 2004.

Rosenwein, Barbara H. "Introduction." In *Anger's Past: The Social Uses of an Emotion in the* Middle Ages. Edited by Barbara H. Rosenwein, 1–6. Ithaca, NY: Cornell University Press, 1998, 1–6.

Rowe, Elizabeth Ashman. "Literary, Codicological, and Political Perspectives on Hauksbók." *Gripla* 19 (2008): 51–76.

Rubin, Miri. *Corpus Christi: The Eucharist in Late Medieval Culture*. Cambridge: Cambridge University Press, 1991.

——. "The Person of the Form: Medieval Challenges to the Bodily Order." In *Framing Medieval Bodies*. Edited by Sarah Kay and Miri Rubin, 100–122. Manchester: Manchester University Press, 1994.

Rushton, Cory James. "The King's Stupor: Dealing with Royal Paralysis in Late Medieval England." In *Madness in Medieval Law and Custom*. Edited by Wendy Turner, 147–176. Leiden: Brill, 2010.

Russell, Peter. *Prince Henry 'the Navigator': A Life*. New Haven and London: Yale University Press, 2000.

Reyerson, Kathryn L. "Patterns of Population Attraction and Mobility: The Case of Montpellier, 1293–1348." *Viator* 10 (1979): 257–281.

Sá, Isabel dos Guimarães, and Lisbeth Rodrigues. "Sugar and Spices in Portuguese Renaissance Medicine." *Journal of Medieval Iberian Studies* (forthcoming).

Santos, Domingos M.G. dos. *D. Duarte e as Responsabilidades de Tânger (1433–1438)*. Lisbon: Comissão Executiva do V Centenário da Morte do Infante D. Henrique, 1960.

Saracci, Rodolfo. "The World Health Organisation Needs to Reconsider Its Definition of Health." *British Medical Journal* 314 (1997): 1409–1410.

Sargent, Steven Douglas. *Religion and Society in Late Medieval Bavaria: The Cult of Saint Leonard*. Philadelphia: University of Pennsylvania, 1982 (unprinted Ph.D. dissertation).

Sävborg, Daniel. *Sagan om kärleken. Erotik, känslor och berättarkonst i norrön litteratur*. Uppsala: Uppsala universitet, 2007.

——. "Avstånd, gräns och förundran: Möten med de övernaturliga i islänningasagan." In *Greppaminni. Rit til heiðurs Vésteini Ólasyni sjötugum*. Edited by Margrét Eggertsdóttir, 323–349. Reykjavík: Hið íslenska bókmenntafélag, 2009.

Schach, Paul. "Fóstbræðra saga." In *Medieval Scandinavia. An Encyclopedia*. Edited by Phillip Pulsiano, 216–219. New York: Garland Publishing, 1993.

Schmidt, Gunnar. "Menschentrümmer oder eine neue Anthropologie? Zur Fotografie der hässlichen Krankheiten im 19. Jahrhundert." In *Andere Bilder. Zur Produktion von Behinderung in der visuellen Kultur*. Edited by Beate Ochsner and Anna Grebe, 195–209. Bielefeld: transcript Verlag, 2013.

Scott, Forrest S. "General Introduction." In *Eyrbyggja saga. The Vellum Tradition*. Edited by Forrest S. Scott, 1*–28*. Copenhagen: C.A. Reitzels Forlag, 2003.

Scully, Terence. *The Art of Cookery in the Middle Ages*. Woodbridge: Boydell, 2005.

Sears, Elizabet. *The Ages of Man. Medieval Interpretations of the Life Cycle*. New Jersey: Princeton University Press, 1986.

Seeman, Melvin. "On the Meaning of Alienation." *American Sociological Review* 24 (1959): 783–791.

Shogimen, Takashi. "'Head or Heart?' Revisited: Physiology and Political Thought in the Thirteenth and Fourteenth Centuries." *History of Political Thought* 28 (2007): 208–229.

Sieber, Andrea, and Wittstock, Antje. *Melancholie–zwischen Attitüde und Diskurs: Konzepte in Mittelalter und Früher Neuzeit*. Göttingen: V&R Unipress, cop. 2009.

Sigal, Pierre-André. *L'homme et le miracle dans la France médiévale (XIe–XIIe siècle)*. Paris: Cerf, 1985.

Sigurðsson, Gísli. *The Medieval Icelandic Saga and Oral Tradition. A Discourse on Method*. Translated by Nicholas Jones. Cambridge, MA and London: Harvard University Press, 2004.

Simek, Rudolf, and Pálsson, Hermann †. *Lexikon der altnordischen Literatur*. Stuttgart: Kröner, 2007.

Simpson, Jacqueline. "Repentant Soul or Walking Corpse? Debatable Apparitions in Medieval England." *Folklore* 114 (2003): 389–402.

Siraisi, Nancy. *Avicenna in Renaissance Italy: The Canon and Medical Teaching in Italian Universities after 1500*. Princeton: Princeton University Press, 1987.

——. *Medieval and Early Renaissance Medicine. An Introduction to Knowledge and Practice*. Chicago and London: The University of Chicago Press, 1990.

——. "How to Write a Latin Book on Surgery: Organising Principles and Authorial Devices in Guglielmo da Saliceto and Dino del Garbo." In *Practical Medicine from Salerno to the Black Death*. Edited by Luis García-Ballester, Roger French, Jon Arrizabalaga, and Andrew Cunningham, 88–109. Cambridge: Cambridge University Press, 1994.

——. "Avicenna and the Teaching of Practical Medicine." In *Medicine and the Italian Universities 1250–1600*, 63–78. Leiden: Brill, 2001.

——. "'Remarkable' Diseases, 'Remarkable' Cures, and Personal Experience in Renaissance Medical Texts." In *Medicine and the Italian Universities 1250–1600*, 226–252. Leiden: Brill, 2001.

——. *History, Medicine, and the Traditions of Renaissance Learning*. Michigan: University of Michigan Press, 2007.

Siraisi, Nancy G. *Taddeo Alderotti and His Pupils. Two Generations of Italian Medical Learning*. Princeton, NJ: Princeton University Press, 1981.

Skemer, Donald C. *Binding Words. Textual Amulets in the Middle Ages*. University Park: Pennsylvania State University, 2006.

Skinner, Patricia. *Health and Medicine in Early Medieval Southern Italy*. Leiden: Brill, 1998.

Sluhovski, Moshe. "The Devil in the Convent." *The American Historical Review* 107: 5 (2002): 1378–1411.

Smoller, Laura Ackerman. "A Case of Demonic Possession in Fifteenth-Century Brittany: Perrin Hervé and the Nascent Cult of Vincent Ferrer." In *Voices from the*

Bench. The Narratives of Lesser Folk in Medieval Trials. Edited by Michael Goodich, 149–176. New York: Palgrave Macmillan, 2006.

Sommé, Monique. *Isabelle de Portugal, Duchesse de Bourgogne: Une femme du pouvoir au XVe siècle*. Villeneuve d'Ascq: Presses Universitaires du Septentrion, 1998.

Squatriti, Paolo. *Water and Society in Early Medieval Italy, 400–1000*. Cambridge: Cambridge University Press, 1998.

Stannard, Jerry. "The Herbal as a Medical Document." *Bulletin of the History of Medicine* 43 (1969): 212–220.

Stannard, Jerry, Kay, Richard, and Stannard, Katherine E. *Herbs and Herbalism in the Middle Ages and Renaissance*. Aldershot: Ashgate Variorum, 1999.

Stark, Laura. *The Magical Self. Body, Society and the Supernatural in Early Modern Rural Finland*. Helsinki: Academia Scientiarum Fennica, 2006.

Stearns, Justin K. *Infectious Ideas: Contagion in Premodern Islamic and Christian Thought in the Western Mediterranean*. Baltimore, MD: Johns Hopkins University Press, 2011.

Stephen, Michele. "Witchcraft, Grief, and the Ambivalence of Emotions." *American Ethnologist* 26: 3 (1999): 711–737.

Strömbäck, Dag. *Sejd och andra studier i nordisk själsuppfattning*. Reprint, Hedemora: Kungl. Gustav Adolfs Akademien för svensk folkkultur, Gidlunds förlag, 2000. Original in 1935.

Sveinsson, Einar Ól. "Formáli." In *Laxdæla saga*. Edited by Einar Ól. Sveinsson. Reykjavik: Hið íslenzka fornritafélag, 1934.

Svendsen, Lars. *A Philosophy of Fear*. Translated by John Irons. London: Reaktion Books, 2008.

Szövérffy, Joseph. "Some Notes on Medieval Studies and Folklore." *Journal of American Folklore* 73 (1960): 239–244.

Taavitsainen, Irma. "Early English Scientific Writing: New Corpora, New Approaches." In *Textual Healing. Studies in Medieval English Medical, Scientific and Technical Texts*. Edited by Javier E. Díaz Vera and Rosario Caballero, 177–206. Bern: Peter Lang, 2009.

Taavitsainen, Irma, and Pahta, Päivi. "Vernacularization of Medical Writing in English: A Corpus–Based Study of Scholasticism." *Early Science and Medicine* 3 (1998): 157–185.

Tafrate, Raymond Chip, and DiGiuseppe, Raymond. *Understanding Anger Disorders*. Oxford: Oxford University Press, 2006.

Taglia, Kathryn. "Delivering a Christian Identity: Midwives in Northern French Synodal Legislation, c. 1200–1500." In *Religion and Medicine in the Middle Ages*. York Studies in Medieval Theology 3. Edited by Peter Biller and Joseph Ziegler, 77–90. York: York Medieval Press, 2001.

Tamm, Marek. "Exempla and Folklore: Popular Preaching in Medieval Estonia and Finland." In *Studies in Folklore and Popular Religion*, Vol. 3. Edited by Ülo Valk, 169–183. Tartu: University of Tartu, 1999.

Taylor, Jane H.M. "Un miroer salutaire." In *Dies Illa: Death in the Middle Ages*. Proceedings of the 1983 Manchester Colloquium. Vinaver Studies in French 1. Edited by Jane H.M. Taylor, 29–43. Liverpool: Francis Cairns, 1984.

Temkin, Owsei. *The Falling Sickness. A History of Epilepsy from the Greeks to the Beginning of Modern Neurology*, 2nd edition. Baltimore and London: The John Hopkins University Press, 1994.

Throop, Susanna. "Zeal, Anger and Vengeance: The Emotional Rhetoric of Crusading." In *Vengeance in the Middle Ages: Emotion, Religion, and the Discourse of Violent Conflict*. Edited by Susanna A. Throop and Paul R. Hyams, 177–201. Farnham: Ashgate, 2010.

Throop, Susanna A., and Hyams, Paul R., ed. *Vengeance in the Middle Ages: Emotion, Religion, and the Discourse of Violent Conflict*. Farnham: Ashgate, 2010.

Tinkle, Theresa. *Gender and Power in Medieval Exegesis*. New York: Palgrave McMillan, 2010.

Toivo, Raisa Maria. *Witchcraft and Gender in Early Modern Society. Finland and Wider European Experience.* Aldershot: Ashgate, 2008.

Tómasson, Sverrir. "Laxdæla saga." In *Medieval Scandinavia. An Encyclopedia*. Edited by Phillip Pulsiano, 387–388. New York: Garland Publishing, 1993.

Trenchard-Smith, Margaret. "Insanity, Exculpation and Disempowerment in Byzantine Law." In *Madness in Medieval Law and Custom*. Edited by Wendy J. Turner, 39–56. Leiden: Brill, 2010.

Tulinius, Torfi H. "The Prosimetrum Form 2: Verses as an Influence in Saga Composition and Interpretation." In *Skaldsagas. Text, Vocation, and Desire in the Icelandic Sagas of Poets*. Edited by Russell Poole, 191–217. Berlin: Walter de Gruyter, 2001.

———. *The Matter of the North: The Rise of Literary Fiction in Thirteenth-Century Iceland*. Translated by Randi C. Eldevik. Odense: Odense University Press, 2002.

Turner, Wendy J. "A Cure for the King Means Health for the Country: The Mental and Physical Health of Henry VI." In *Madness in Medieval Law and Custom*. Edited by Wendy Turner, 177–195. Leiden: Brill, 2010.

———, ed. *Madness in Medieval Law and Custom*. Leiden: Brill, 2010.

Turner, Wendy J., and Pearman Tory, Vandeventer, ed. *The Treatment of Disabled Persons in Medieval Europe. Examining disability in the Historical, Legal, Literary, Medical, and Religious Discourses of the Middle Ages*. Lewiston: The Edwin Mellen Press, 2010.

Turville-Petre, E.O.G. *Myth and Religion of the North. The Religion of Ancient Scandinavia*. London: Weidenfeld & Nicolson, 1964.

Van Arsdall, Annie. *Medieval Herbal Remedies: The Old English Herbarium and Anglo-Saxon Medicine*. London: Routledge, 2002.

Van der Lugt, Maaike. "The *Incubus* in Scholastic Debate: Medicine, Theology and Popular Belief." In *Religion and Medicine in the Middle Ages*. York Studies in

Medieval Theology III. Edited by Peter Biller and Joseph Ziegler, 175–200. York: York Medieval Press, 2001.

Van der Lugt, Maaike. "Neither Ill Nor Healthy: The Intermediate State Between Health and Disease in Medieval Medicine." *Quaderni Storici* 136 (2011): 13–46.

Van Winter, Johanna. *Spices and Comfits: Collected Papers on Medieval Food*. Totnes: Prospect Books, 2007.

Vasconcelos, Faria de. "Contribuição para o Estudo da Psicologia de D. Duarte." *Brotéria* 25 (1937): 404–418, 576–585.

Vauchez, André. *Sainteté en Occident aux derniers siècles du Moyen Âge. D'après les procès de canonisation et les documents hagiographiques*. Rome: École française de Rome, 1988.

Ventura, Iolanda. "Un manuale di farmacologia medievale ed i suoi lettori." In *La Scuola Medica Salernitana. Gli autori e i testi*. Edited by Danielle Jacquart and Agostino Paravicini Bagliani, 465–534. Florence: Sismel Galluzzo, 2007.

Videira, Susana Fernandes. "As ideias políticas do Rei D. Duarte (Algumas Considerações)." In *Estudos em Homenagem ao Professor Doutor Raúl Ventura*, Vol. 1. Edited by José de Oliveira Ascensão, 637–739. Lisbon: Faculdade de Direito da Universidade de Lisboa/Coimbra Editora, 2003.

Vilmundarson, Þórhallur. "Formáli." In *Harðar saga*. Edited by Þórhallur Vilmundarson and Bjarni Vilhjálmsson, v–ccxxviii. Reykjavík: Hið íslenzka fornritafélag, 1991.

Vogt, Helmut. *Das Bild des Kranken: die Darstellung äusserer Veränderungen durch innere Leiden und ihrer Heilmassnahmen von der Renaissance bis in unsere Zeit*, 2nd edition. Munich: Bergmann, 1980.

Vovelles, Michel. *La mort et l'Occident de 1300 à nos jours*. Paris: Gallimard, 1983.

Wack, Mary. *Lovesickness in the Middle Ages: The* Viaticum *and Its Commentaries*. Philadelphia: University of Pennsylvania Press, 1990.

Wade, Nicholas. *Before the Dawn: Recovering the Lost History of Our Ancestors*. London: Penguin Books, 2006.

Wahl, Otto F. *Media Madness: Public Images of Mental Illness*. New Brunswick: Rutgers University Press, 1995.

Wahlgren, Erik †. "Vinland Sagas." In *Medieval Scandinavia. An Encyclopedia*. Edited by Phillip Pulsiano, 704–705. New York: Garland Publishing, 1993.

Waldschmidt, Anne. "Macht – Wissen – Körper. Anschlüsse an Michel Foucault in den Disability Studies." In *Disability Studies. Kultursoziologie und Soziologie der Behinderung*. Edited by Anne Waldschmidt and Werner Schneider, 55–77. Bielefeld: transcript Verlag, 2007.

Walker Bynum, Caroline. *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women*. Berkeley: University of California Press, 1987.

Wallin, Curt. "Vadstenanunnornas sociala proveniens." In *Birgitta, hendes værk og hendes klostre i Norden*. Odense University Studies in History and Social Sciences,

Vol. 150. Edited by Tore Nyberg, 291–322. Odense: Syddansk Universitetsforlag, 1991.

Wallis, Faith. *Medieval Medicine. A Reader*. Toronto: University of Toronto Press, 2010.

Walta, Ville. "Naantalin luostari." In *Kirjallinen kulttuuri keskiajan Suomessa*. Historiallisia tutkimuksia 254. Edited by Tuomas Heikkilä, 287–308. Helsinki: Finnish Literature Society, 2010.

——. "Naantalin luostarin kirjasto." *Suomen Kirkkohistoriallisen Seuran Vuosikirja* 100 (2011): 33–68.

Warda, Susanne. "Dance, Music, and Inversion: The Reversal of the Natural Order in the Medieval *Danse Macabre*." In *Mixed Metaphors. The Danse Macabre in Medieval and Early Modern Europe*. Edited by Sophie Oosterwijk and Stefanie Knöll, 73–100. Newcastle upon Tyne: Cambridge Scholars Publishing, 2011.

Watkins, Carl. "'Folklore' and 'Popular Religion' in Britain during the Middle Ages." *Folklore* 115 (2004): 140–150.

Weldon, James. "The Naples Manuscript and the Case for a Female Readership." *Neophilologus* 93 (2009): 703–722.

Wenzel, Siegfried. "The Seven Deadly Sins: Some Problems of Research." *Speculum* 43 (1968): 1–22.

Westphal, Sarah. "Calefurnia's Rage: Emotions and Gender in Late Medieval Law and Literature." In *The Representation of Women's Emotions in Medieval and Early Modern Culture*. Edited by Lisa Perfetti, 164–190. Gainesville: University Press, 2005.

Wetzstein, Thomas. *Heilige vor Gericht. Das Kanonisationsverfahren im europäischen Mittelalter*. Köln: Böhlau, 2004.

Wheathley, Edward. "Blindness, Discipline, and Reward: Louis IX and the Foundation of the Hospice des Quinze-Vingts." *Disability Studies Quarterly* 22: 4 (2002): 194–212.

Williams, Steven. *The Secret of Secrets: The Scholarly Career of a Pseudo-Aristotelian Text in the Latin Middle Ages*. Ann Arbor: University of Michigan Press, 2003.

——. Giving Advice and Taking It: The Reception by Rulers of the Pseudo-Aristotelian *Secretum Secretorum* as a *Speculum Principis*." In *Consilium: Teorie e Pratiche del Consiliare nella Cultura Medieval*. Edited by Carla Casagrande, Chiara Crisciani, and Silvana Vecchio, 139–180. Florence: Sismel, 2004.

Witthöft, Christiane. *Ritual und Text. Formen symbolischer Kommunikation in der Historiographie und Literatur des Spätmittelalters*. Darmstadt: Wissenschaftlich Buchgesellschaft, 2004.

Woolf, Rosemary. *The English Religious Lyric in the Middle Ages*. Oxford: Oxford University Press, 1968.

Youngs, Deborah. "The Late Medieval Commonplace Book: The Example of the Commonplace Book of Humphrey Newton of Newton and Pownall, Cheshire (1466–1536)." *Archives* 25 (2000): 58–73.

——. *The Life Cycle in Western Europe c. 1300–c. 1500*. Manchester and New York: Manchester University Press, 2006.

Ziegler, Joseph. *Medicine and Religion, c. 1300: The Case of Arnau de Vilanova*. Oxford: Oxford University Press, 1998.

——. "Practitioners and Saints: Medical Men in Canonization Processes in the Thirteenth to Fifteenth Centuries." *Social History of Medicine* 12: 2 (1999): 191–225.

Zoëga, Geir T. *A Concise Dictionary of Old Icelandic*. Mineola, NY: Dover Publications, 2004.

Þórðarson, Matthías. "Formáli." In *Eyrbyggja saga*. Edited by Einar Ól. Sveinsson and Matthías Þórðarson, v–xcvi. Reykjavík: Hið íslenzka fornritafélag, 1935.

Websites

"Fornsvenska lexikaliska databasen." Accessed 31 January 2012. http://spraakbanken .gu.se/fsvldb/.

"Fornsvenska textbanken." Accessed 31 January 2012. http://www.nordlund.lu.se/ Fornsvenska/Fsv%20Folder/.

The ICD-10. Classification of Mental and Behavioural Disorders. Clinical descriptions and diagnostic guidelines. World Health Organisation, 1–267. Accessed January 15, 2011. http://www.who.int/classifications/icd/en/bluebook.pdf.

"Oxford English Dictionary." Accessed 31 January 2012. http://www.oed.com (access to the full online features requires a subscription).

Index