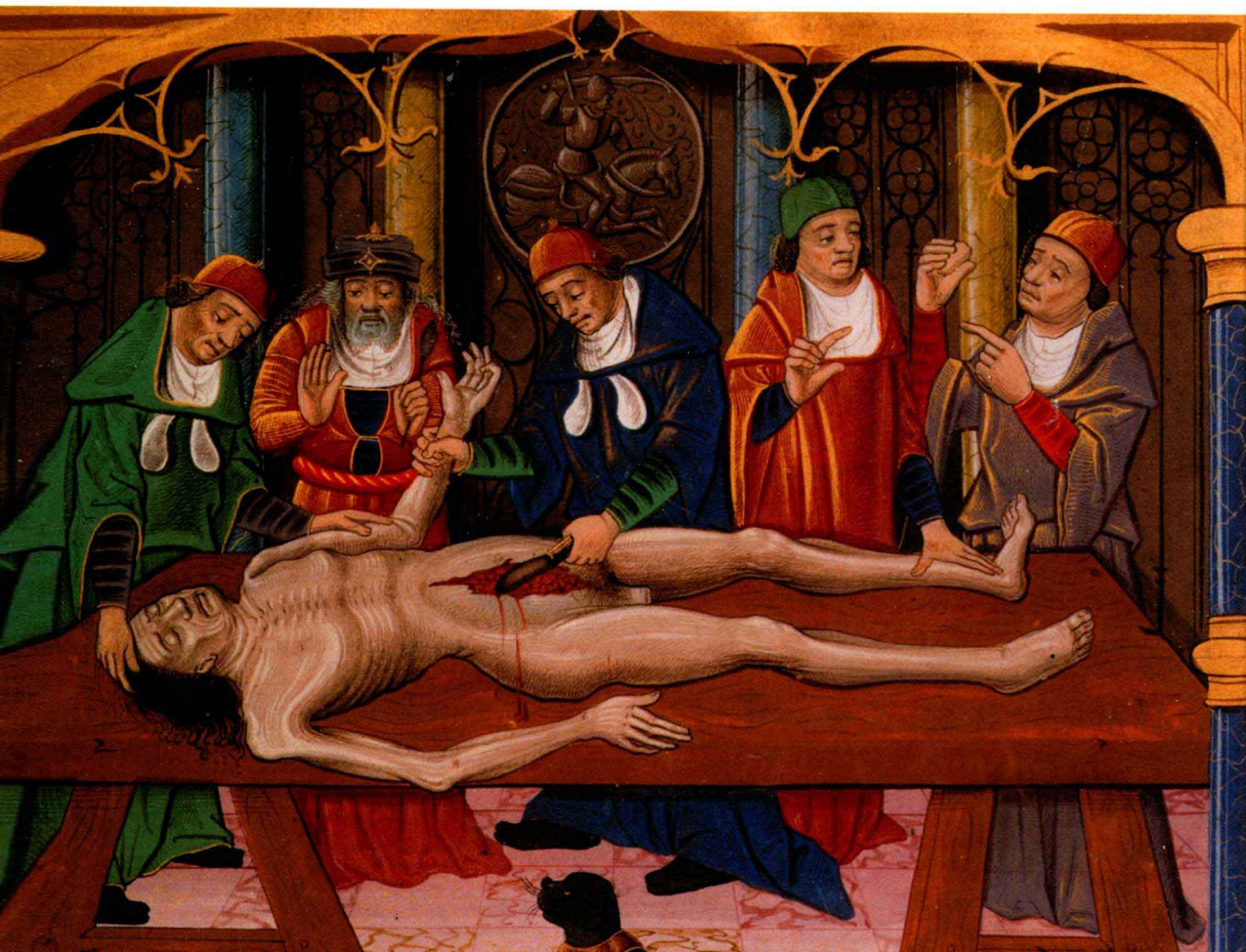


# A CULTURAL HISTORY OF THE HUMAN BODY IN THE MEDIEVAL AGE

EDITED BY LINDA KALOF

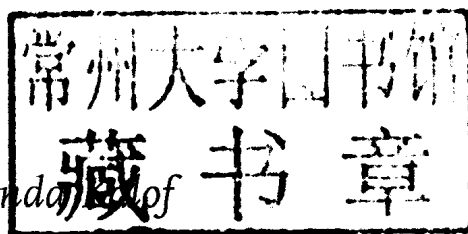


A CULTURAL HISTORY  
OF THE HUMAN BODY

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IN THE  
MEDIEVAL AGE

*Edited by Linda Dowling*



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## SERIES PREFACE

*A Cultural History of the Human Body* is a six-volume series reviewing the changing cultural construction of the human body throughout history. Each volume follows the same basic structure and begins with an outline account of the human body in the period under consideration. Next, specialists examine major aspects of the human body under seven key headings: birth/death, health/disease, sex, medical knowledge/technology, popular beliefs, beauty/concepts of the ideal, marked bodies of gender/race/class, marked bodies of the bestial/divine, cultural representations and self and society. Thus, readers can choose a synchronic or a diachronic approach to the material—a single volume can be read to obtain a thorough knowledge of the body in a given period, or one of the seven themes can be followed through time by reading the relevant chapters of all six volumes, thus providing a thematic understanding of changes and developments over the long term. The six volumes divide the history of the body as follows:

Volume 1: *A Cultural History of the Human Body in Antiquity* (750 B.C.E.–1000 C.E.)

Volume 2: *A Cultural History of the Human Body in the Medieval Age* (500–1500)

Volume 3: *A Cultural History of the Human Body in the Renaissance* (1400–1650)

Volume 4: *A Cultural History of the Human Body in the Age of Enlightenment* (1650–1800)

Volume 5: *A Cultural History of the Human Body in the Age of Empire* (1800–1920)

Volume 6: *A Cultural History of the Human Body in the Modern Age* (1920–21st Century)

*General Editors, Linda Kalof and William Bynum*

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# Introduction

MONICA H. GREEN

In 1995, a leading medieval historian published an essay entitled “Why All the Fuss about the Medieval Body?”<sup>1</sup> Why all the fuss indeed. Hundreds of books and essays have been published in the last two decades claiming to talk about the medieval body, the physicality of Christ, the ethics of torture, the role of bodily metaphors in shaping political discourse. An interdisciplinary journal launched in 1993 devoted its entire first issue to “Discourses of the Body,” and it has regularly focused on such somatic themes as the corpse, the five senses, and the heart. Although much of the initial interest in “body history” gravitated toward questions of sexuality, the field now embraces music and medicine, blood and baths, war and displays of wealth. Precisely because the body touches every aspect of human existence, there has also been resistance to the idea that it merits recognition as a coherent subdiscipline of history. I do not disagree with that assessment. But “the body” has proven a lively forum for dialogue across the disciplines that study the human past, a gathering place in which older fields (literature, religion, the history of medicine) have taken on new vigor and in which newer ones (disability studies and paleopathology, for example) have been able to demonstrate their importance to our conceptual frameworks and empirical data.

In a way, the body as a focus of historical inquiry has been ignored so long because it was, literally, right in front of our noses. The body serves as both a lens and filter through which pass all the stimulants and stresses of the surrounding world, absorbing the shocks, relishing the pleasures, and nursing the blows. There is no life, no culture, no history without bodies. Yet we ignore them and take them for granted. We like to think (or perhaps begrudgingly accept) that our lot in life is dictated by who our parents were, where we went to school, how much money we make, what our political affiliations are, or in

what way we choose to worship any deities we acknowledge. We like to think that simply being human grants us rights that should transcend the particular physical dimensions of our bodies. Yet as the civil rights, feminist, gay rights, and disability rights movements of the last half century have shown (at least in the American context), physical characteristics and behavior do indeed matter tremendously. Notions of universal human rights are (in their current secular formulations) recent concepts, and it might well be argued that bodies mattered far more profoundly in the past than we can imagine.

An example of why body history matters: It has been argued that while male slavery gradually disappeared in Europe over the course of the early Middle Ages, *female* slavery persisted throughout the entire medieval period. Why? In part, it was because female labor was primarily used in domestic settings, both for regular household needs and for the important work of textile production. Yet female slavery had another distinct advantage from the master's or mistress's point of view: Female slaves passed their servile status on to their offspring, whereas male slaves did not. Manumit a male slave and you have simply given up the labor of that one individual; manumit a female slave and you lose all the future slaves she and her female heirs might have produced.<sup>2</sup> The term *heirs of the body* could apply to both the mother's and the father's bodies, but in the case of slavery, to have begun your life within the body of a female slave meant retaining the status of chattel forever.

This volume of the *Cultural History of the Human Body* focuses on the Middle Ages. The term *Middle Ages* was created to refer solely to western European history, a "middle period" between the supposed cultural peaks of antiquity and the Renaissance. The Middle Ages are part of the narrative that Christian culture has told itself, and this volume reflects that long-standing bias toward the West. We have attempted to acknowledge some ways in which medieval Jewish and Muslim culture—which coexisted with or thrived adjacent to Christian culture in the larger Mediterranean basin—shared principal attitudes toward the body or, in some cases, did not. The shared traditions of religion obviously created a shared substrate of views. Here, however, I wish to offer a few thoughts about other ways we might see the peoples of Europe and the Mediterranean basin sharing certain common beliefs about the body beyond religious views, which have already been extensively studied by scholars.

First, what did the medieval body look like? Surely, we might answer, that is easy enough to figure out from the many medieval images that now clutter decorated calendars, are exhibited at museums, and proliferate on hundreds of Web sites on the Internet. Surely we can have no question what the medieval body looked like or how medieval people themselves visually imagined the body. Yet when we ask that question from a standpoint other than Christian religious life—which produced the thousands of illustrated Bibles and Books

of Hours from which most published images of the European Middle Ages come—we come to see the medieval body somewhat differently.

Consider this. The medieval body may well have been more scarred than we would ever imagine. This was not simply from accidents—though these were no doubt common, whether among agriculturalists in the countryside, urban artisans in their workshops, or elite males playing their war games. There was probably also a lot of deliberate scarring. In medicine, not only were the techniques of cupping, scarifying, and cautery used frequently to rectify humoral imbalances and treat a variety of conditions, but phlebotomy was also practiced prophylactically—ideally once every season—to bring the body back to a healthy balance and (among the religious) to curb concupiscence. In many towns, surgeons and barbers outnumbered physicians toward the end of the Middle Ages. In their texts, surgeons debated means to minimize unsightly scars whether caused by wounds or by the procedures they performed with their patients' consent. Surgeons also debated whether it was their obligation to help individuals achieve a bodily image better than the one with which they were naturally endowed.<sup>3</sup> Scars were also burned into the flesh of slaves to mark them permanently as the property of others.

Those scars in turn suggest that the medieval body probably felt more pain than most of us have ever experienced—whether caused by those same surgical procedures, by accidents or illness, by judicially inflicted torture, or by self-imposed chastisement of the flesh. While we would expect religious writers to focus on the sufferings of Christ or the martyrdoms of saints, it was a physician, Bernard of Gordon (d. 1308), who opined that life was made up of just three stages (and not the seven or eight usually recounted by philosophers): birth and childhood, old age and death, and, in between, “an age of hard work, affliction and pain.”<sup>4</sup> Surgeons had some limited means to alleviate pain: opium, henbane, hemlock, and wine were all used in various ways in medieval medical practice.<sup>5</sup> But the patient's fear of pain was a driving force in surgeons' own debates about the utility of their procedures as well as in miracle narratives about individuals saved at the last minute from the surgeon's knife by saintly intervention. Judicial torture was not used as randomly as we might suppose, yet the threat of its use surely influenced behavior in ways we are only beginning to understand. And the quotidian nature of pain can also be seen in the silence of the grave. The field of paleopathology—the assessment of disease and physical trauma on the basis of surviving skeletal remains—demonstrates the sad regularity of physical suffering, whether by disease, accident, or violence inflicted by others.<sup>6</sup>

Answering the question “What did the medieval body look like?” also entails that we take seriously medieval people's own mental conceptions of the world their bodies inhabited and belonged to. The notion of the universe as a macrocosm and the human body as a microcosm is well known in accounts of

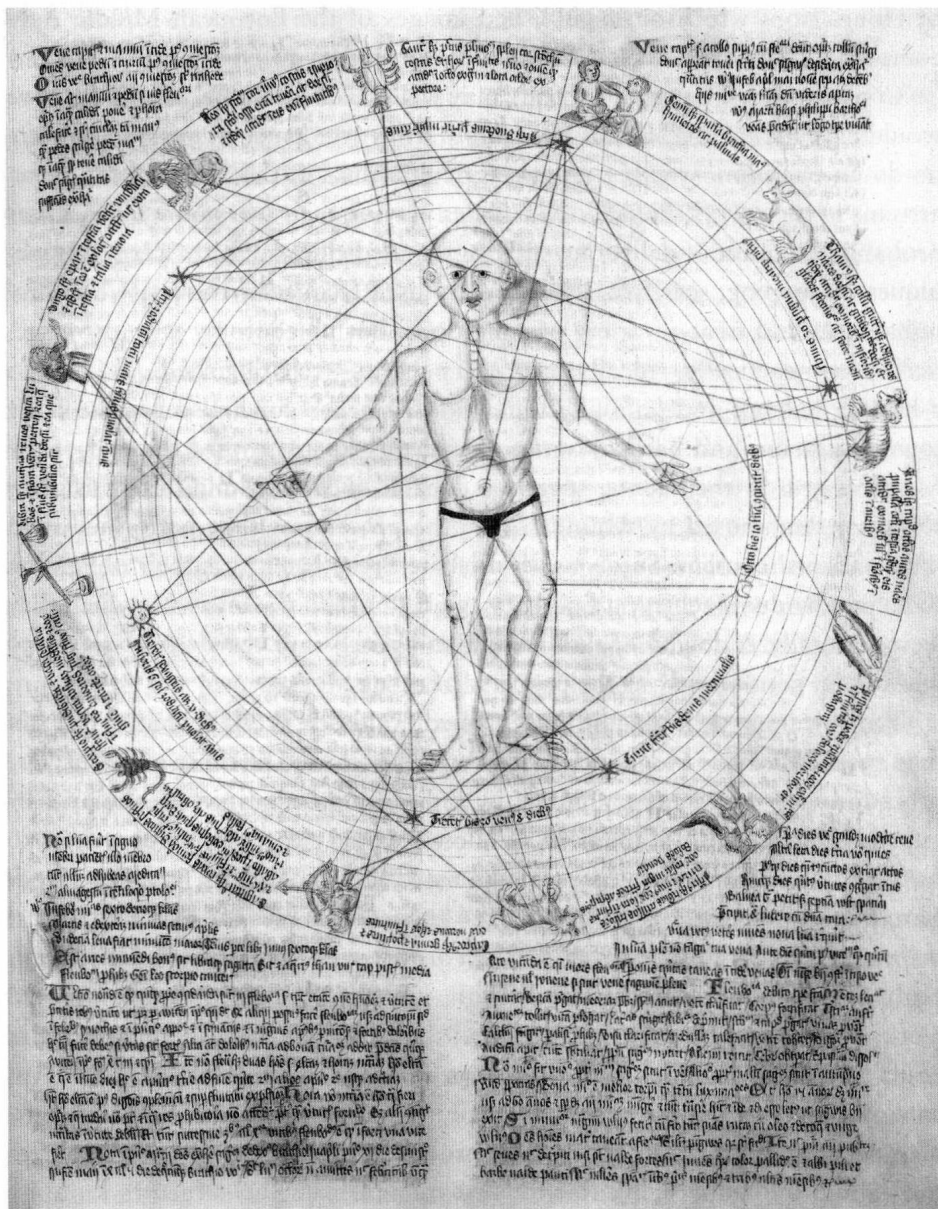


FIGURE 0.1: Bloodletting (phlebotomy) was used frequently in the Middle Ages.

medieval thought. Whether most individuals dwelt on such cosmic thoughts on a day-to-day basis is doubtful. But most people with any exposure to learned traditions (say, through listening to preachers' sermons) would probably have recognized certain basic tenets of medieval scientific and medical thought about the body. A common summary of the subject matter of medical science was that it pertained to knowledge of the natural, the nonnatural, and the contranatural. The "natural" included all those things that made up the essence of the physical body: the basic qualitative elements (the hot, the cold, the wet, and

the dry); the humors (hot and wet blood, hot and dry yellow bile, cold and wet phlegm, and cold and dry black bile); and so forth. The “nonnaturals” were all those things outside the body’s essential being that influenced the state of the “naturals”: not simply material factors like food and drink or the quality of the air one breathed but also behavioral choices, like sleeping and waking or sexual indulgence. The “contranaturals”—those things that worked “against nature”—were what constituted disease. There was no division between the human body, therefore, and the environment in which it existed or the food or air it absorbed. Medicine and science were part of the “worldview.” Although it may be doubted whether any single unifying view of the medical body existed prior to the year 1100, within the next 150 years major new texts on medical theory and practice had been absorbed into western Europe from both the Byzantine and the Islamic worlds, and centers of medical study had grown up in southern and northern Italy, southern France, and Paris. Theologians and preachers regularly read works of medical theory, and they absorbed key concepts of this system of understanding the body as a product of the physical world, subject to the same laws and amenable (potentially) to the same rational interventions.

Medical terminology and concepts were therefore not the preserve of a closed learned elite but were disseminated broadly through society. Urban dwellers especially came to see care by physicians, surgeons, barbers (who let blood as well as shaved), and midwives as a regular aspect of life. They submitted to periodic phlebotomy to have their bodily humors brought back into balance, purchased prepared drugs believing that certain combinations of ingredients (calculated almost mathematically by their “degrees” of heat, cold, and so on) could rectify disease, and even signed contracts—both as individuals and as municipal corporations—to ensure that medical practitioners were locally available at all times. Medical practitioners were increasingly turned to in legal proceedings: Civil and criminal lawyers relied on the testimony of surgeons to determine whether certain wounds inflicted in violent attacks had been fatal, and canon (church) lawyers came to rely on physicians to testify that certain cures were indeed miraculous because they so exceeded any transformation that natural medicine could predict or effectuate.<sup>7</sup>

“What did the medieval body look like?” also takes us into the question of what anatomical knowledge people had of the human body. This question is examined in some detail in chapters 4 and 7. But a more general question has to do with one of the most widely recognized contributions that the European Middle Ages made to the history of medicine: the “rediscovery” of human anatomy. Or, rather, the regularizing of its practice, since although dissections (and perhaps vivisections) of humans had been practiced in the Egyptian city of Alexandria in the third century B.C.E., the practice was abandoned soon after. Even an extraordinarily skilled anatomist like Galen of Pergamon in the

second century C.E. had to rely on animals to develop his understanding of human anatomy. Katharine Park's recent study of the revival of anatomical dissection in later-medieval northern Italy demonstrates that the desire to peer inside the human body came from several different directions, with "scientific empiricism" being only one (and perhaps not even the most important) of the motives for opening up the body. Park finds one example of nonmedical interests in the case of Chiara of Montefalco (d. 1308), who was opened up after her death by her fellow nuns because they believed they would find physical signs of her saintliness in her heart. They were not disappointed. The idea that anatomical dissection could be investigative—not simply "forensic" in its legal uses to determine whether death was caused by a knife wound or poison but also diagnostic in assessing disease and its possible implications for one's heirs—would later impel some upper-class women and their families to request postmortem autopsies. Dissection was not universally degrading; only adverse circumstances (such as the provision of criminals' bodies for *public* dissections) made it so.<sup>8</sup>

Yet it would be wrong to celebrate this development as a triumph for scientific empiricism—"reading nature as an (illustrated) book"—without taking into account the larger fact that medieval physicians and surgeons seem to have functioned quite happily without much in the way of visual representation of human anatomy, whether or not dissection was regularly being practiced. Visualization was not unimportant, but it happened more in the mind's eye than on the page of a book. Two illustrated copies of Avicenna's *Canon of Medicine*, for example, one from the thirteenth century and another from the fourteenth, show how individual artists could create anatomical images less out of concern for "scientific accuracy" than as a way of adding unique "color" to their work. Both artists included differing scenes to show individual organs in the initials that opened the relevant anatomical chapters in Avicenna's text. One artist showed living patients standing before the physician, opening up their chests, for example, to reveal their liver or heart. The other artist showed the seated physician holding the organ (say, the eye or the uterus) in his hand, using his other hand to gesture in instruction. Neither sequence showed realistic scenes of dissection, and it can well be doubted whether the wealthy physicians who must have owned these deluxe manuscripts ever dirtied their hands with such investigations. When, beginning in the fifteenth century, copies of major surgical works or even general encyclopedias proudly displayed dissection scenes (such as the one on the cover of this volume) in their opening pages, it may well have been because the men who commissioned such volumes knew that owning illustrated works like this would enhance their social capital as learned practitioners. Indeed, we know that at least one such volume was made not for a medical practitioner at all but for an aristocratic client who may have wished to claim a command over military surgery.<sup>9</sup>

In fact, very few medical texts were ever illustrated. Again, modern popularizing picture books have seduced us with images from medieval herbals or regimens of health into thinking that such lavishly illustrated volumes were common. On the contrary, almost all such indulgently illuminated books were meant for upper-class clients, who used these volumes more as “coffee-table books”—for display of their wealth, status, and refinement—than as field guides for gathering herbs or manuals for surgical practice. Most copies of medical books had no images at all.<sup>10</sup> Whereas we would consider it unthinkable that a work on anatomy would be published without multiple illustrations, the most important novel medieval text on anatomy, *The Anatomy of Mondino* (1316–1317), the first work based on direct observation of human cadavers since antiquity, was not illustrated in its original form.<sup>11</sup> One highly unusual copy of the text that does have striking illustrations also has a unique genesis. It was produced in 1345 by a possible student of Mondino’s, Guido da Vigevano, who then spent the rest of his career in France as a royal physician and sometime military engineer. Guido claims that “making an anatomy on a body is prohibited by the church.” It is likely that he means that it was prohibited *locally* in France, since he presumably had personally participated in such dissections in Italy. This situation in turn prompted him in his own teaching to “demonstrate dissection . . . by figures accurately drawn, just as the organs actually are. . . . The pictures show them better than in a human body, because when we make an anatomy on a man it is necessary to hasten on account of the stench.”<sup>12</sup> Guido was right, of course, that real corpses rotted too quickly to be effective objects of study. Henri de Mondeville, teaching at Montpellier and Paris in the early fourteenth century, had already had a series of thirteen images made specifically for instruction. However, Guido’s illustrated anatomy was made as a deluxe presentation copy for the king of France, not as a handbook for physicians’ or surgeons’ own regular use.

As chapters 4 and 7 explain, two areas of medicine—discussions of the organ of vision, the eye, and of the more “secret” parts of women’s bodies—almost never received illustration because authors and readers considered *verbal* anatomical descriptions sufficient for comprehension. Aside from texts on cautery procedures (the application of hot irons as a therapeutic intervention), there are almost no types of texts that were always illustrated. Even surgical texts, where illustrations played the most valuable role, are illustrated in perhaps only one-fourth to one-third of the extant manuscripts. And these mostly have images of the surgical instruments themselves, not clinical procedures.

What, then, do we make of the phlebotomy man, the zodiac man, and the wound man—those three medical images that seem so common in later-medieval manuscripts? These illustrations raise two questions: first, why the male body served as the “generic human” and, second, why these figures do not contradict my claims that medieval medicine was overall an unillustrated

tradition. I turn to the first question in chapter 7. In answering the second question, we need to understand the difference between a representational goal of *realistic depiction* and one of *heuristic reference*. The phlebotomy man, zodiac man, and wound man did not function as *anatomical* images. They were not meant to be realistic at all, in fact, but rather were intended to function as *diagrams* to capture a range of information that could be communicated more efficiently visually than verbally. The phlebotomy man served to show where the phlebotomist ought to bleed the patient at different times or for different conditions. The zodiac man summarized astrological lore on which parts of the body were governed by which planets; it very often also functioned as a phlebotomy man, since phlebotomy was proscribed on certain parts of the body during certain astrological configurations. The wound man neatly summarized all the different kinds of implements that could cut and wound the body. If some of these images do rise to the level of “realism” that we would associate with “accurate” anatomical illustration, that is really just a function of the artist’s pride (and the commissioner’s wallet) rather than any common standard in artistic portrayal or practitioner expectation.

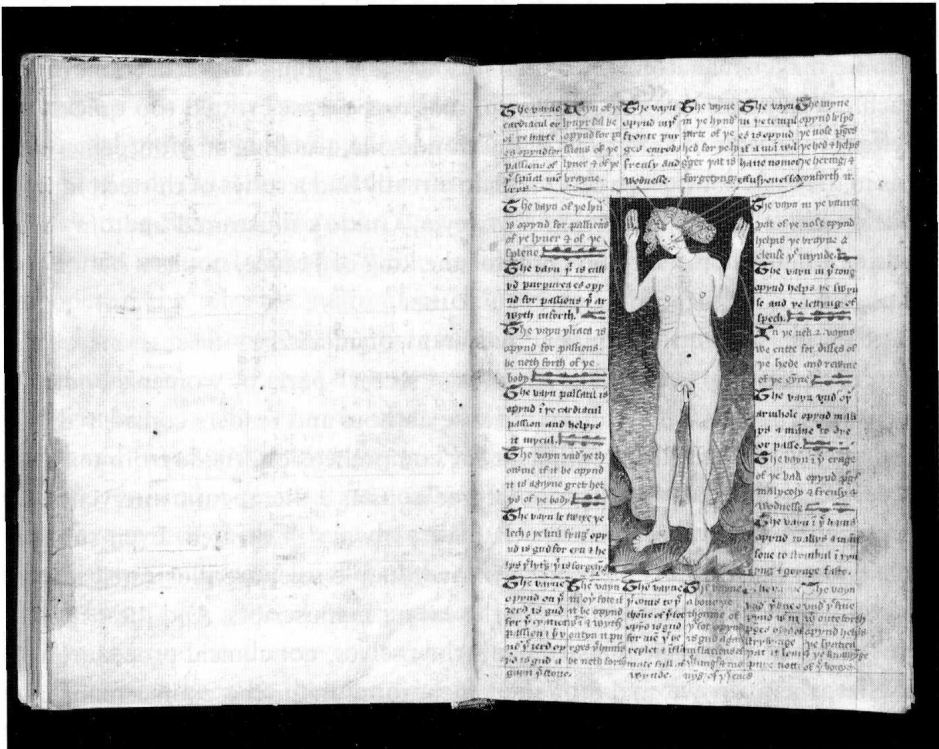


FIGURE 0.2: Phlebotomy man from a mid-fifteenth-century English physician’s hand-book. Wellcome MS 8004, in the “Electronic Texts” collection, <http://library.wellcome.ac.uk/cgi-bin/ph800.pl?id=31-32>.



Besides the obvious fact that the costs of illustration in a manuscript culture were always prohibitive, we need to understand that illustration was not a crucial aspect of medical representation in the ways we assume nowadays. The present series, the *Cultural History of the Human Body*, is premised on the idea that each volume will have the same average number of illustrations, leading the reader to believe that visual representation functioned equally in all historical periods. It did not. When we look at the Arabic tradition of anatomical illustration and find that almost the only images were triangles, circles, and other geometric forms, we should perhaps not jump to the conclusion that this was due to either prohibitions against bodily portrayal in Muslim law or artistic ineptitude. Rather, these were *diagrams* rather than feeble substitutes for “realistic” representation; indeed, close analysis shows that these developed over time to reflect new interpretations or understandings of the physical structure of the body. Muslim physicians may well have shared habits of “inferring the body” with their Christian counterparts and found such abstract figures satisfactory for their heuristic and pedagogical needs.<sup>13</sup>



FIGURE 0.3: Zodiac man from a late fourteenth-century physician’s folding almanac, meant to be folded and carried on the belt to the patient’s bedside.