



## **The Diseased Body in Premodern Europe: Ideology and Representation**

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Scholars have long recognized that the phenomenon of disease played an important role in the development of premodern European culture, and in the reciprocal exchanges between Europe and the New World. Its understanding and regulation involved all sectors of society—religion, politics, science, law, commerce—and affected the welfare of individuals in every social class. Disease is, in fact, a singularly useful subject for examining the interdependence of these social sectors as well as their competing interests, and for interrogating the divide between hegemonic and popular cultures.

Such an interrogation necessarily engages interdisciplinary perspectives that in recent years have come under the general rubric of cultural history. Thus our understanding of medical science in the premodern era has been advanced, for example, by new modes of evaluating archaeological evidence, as well as by studies—to cite only a few instances represented in this collection—that analyze the representation of disease in nonmedical literature such as travel treatises (Finucci), that consider the function of disease in the defining of national identities (Wear), that interrogate the relationship of disease to the constitution of civic communities (Lindemann), or that situate concepts of disease in pan-European myth-making (Zimmerman). As these instances suggest, the range of interdisciplinary approaches to premodern disease is formidably large, and one of the important purposes of juxtaposing essays on the subject is to indicate this range. But the juxtaposition serves another purpose as well: it demonstrates how individual studies, each focusing on a particular geographical and temporal context, can nonetheless resonate with one another, exposing underlying concerns of collective significance.

Perhaps the clearest communality in the essays as a group is an emphasis, at least at the outset of each argument, on the physical realities

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of diseased bodies, and on the ways in which the body as a physical entity “mattered greatly,” in Mary Lindemann’s phrase, to chroniclers of premodern disease. Although, as the title of this issue implies, cultural ideologies are necessarily imbricated in any representation of the body, Lindemann warns of the danger of addressing symbolic valences without sufficient attention to the physical dimensions of disease—to the premodern experience of the body as body. Her caveat is echoed throughout the volume in approaches to the subject that continually foreground bodily phenomena.

Individual essays in the collection address other hermeneutical and methodological issues as well. Accepting the relatively new emphasis in medical histories on examining evidence “from the bottom up,” that is, from nonacademic sources such as the written records of patients or the recorded comments of ordinary citizens, some contributors (Pardo-Tomás/Martínez-Vidal, Lindemann) are nonetheless alert to the danger of extrapolating overarching principles from instances of local knowledge. Accordingly, their essays emphasize the complexities of “bottom up” research—not only the nature of the evidence itself, which is multivocal and often conflicted, but also the hermeneutic difficulties in making sense of it. Allied themes in other of the essays include a concern with misrepresentations of important traditions in the history of medicine, such as those affecting our understanding of early modern humoralism (Kuriyama); and a concern with the complex adaptations of long-standing paradigms for the interpretation of disease, such as the Hippocratic *Airs, Waters, Places* tradition (Wear). The essays by Kuriyama and Wear are, in fact, the most overtly revisionist attempts to reconfigure what has come to be regarded as received wisdom in the annals of medical history.

The startling premise of Shigehisa Kuriyama’s “The Forgotten Fear of Excrement” is that we have forgotten “the innermost core of traditional Western medicine,” that is, we have lost our memory of the humors as poisonous, and thus we have forgotten the fear that is inscribed in classical humoral theory. Whereas, Kuriyama argues, Hippocratic texts emphasize the corrosive quality of the humors (especially phlegm and bile), their roots in fleshly decomposition, narratives of Western medicine have instead privileged a concept of health that results from a harmony, or balance, of essentially salutary humors: disease, defined “obliquely,” is, in effect, “a departure from optimal being.” This sanitizing hermeneutic shifts focus from the “corruptible flesh and its darkly private pains” to a lofty scheme of natural philosophy in which humors correspond to earthly and celestial phenomena. The fear that interests Kuriyama derives from the Hippocratic association

of harmful humors with the residues of food (excrement), residues that in fact invade the body with “an unassimilable otherness,” and that at one time precipitated considerable anxiety about the continual need for evacuation. In forgetting this fear, Kuriyama argues, we have not only lost contact with an early tradition that once shaped our perceptions of the body, we have also lost purchase on nineteenth- and twentieth-century cultural transformations (in medicine, in economics) of the notion of waste.

At the end of his essay, Kuriyama considers why “many in the West today feel greater affinity to the medicine of ancient China than to the teachings of Hippocrates and Galen,” and at this point it is clear that the question can be asked only if the medical history of the humors, appropriately revised, is itself positioned within larger conceptual networks. Kuriyama’s speculations are ambitious, but following, as they do, his careful parsing of the historical misrepresentation of humoral tradition, they offer important (and provocative) insights. A similar combination of rigor and imagination, and a similar interest in connecting medical history to other kinds of social phenomena, may be seen in Andrew Wear’s treatment of yet another Hippocratic tradition in “Place, Health, and Disease: The *Airs, Waters, Places* Tradition in Early Modern England and North America.”

Wear’s essay interrogates the reasons for the long-lasting influence of the *Airs, Waters, Places* tradition, particularly the embeddedness of certain of its tenets “as a conscious or unconscious template” in the early modern period. A central assumption of the Hippocratic treatise is that geographical places shape both the physical nature of their inhabitants and their moral and cultural characteristics. Thus geography and environment not only predispose people to certain diseases and states of health, they also make possible ideas of fitness or natural constitution that underlie notions of national identity. Focusing on the writings of English chorographers and antiquarians (Lambarde, Camden, Harrison), Wear isolates a strain of Elizabethan nationalism that prompted these writers “to be very positive about the health and constitution of England and of its products, the English.” For Wear, this ethnocentrism “looks forward to the pathologized racism of the nineteenth century,” because it could be used by promoters of colonialism such as Harriot and Higginson to help justify English settlements in the New World. If, for example, the New England environment suited the English constitution and way of life, then possession of this territory could be made to seem natural, even inevitable. Thus the function of the *Airs, Waters, Places* tradition in “nationalistic ethnocentric propaganda” went well beyond “the narrow borders of medicine,” and although colonialism may be only one of

the reasons for the tradition's durability in England, the colonialist adaptation amply demonstrates the complexities of tracking the history of medical discourses in the West.

The essays by Pardo-Tomás and Martínez-Vidal, Lindemann, and Finucci also chart new territory in the history of disease, but by exploring the medical conditions of individual bodies in particular, and unusual, circumstances. Each essay offers compelling evidence from newly plumbed archives; each would introduce new voices to our accounts of premodern disease; and each balances a highly interesting narrative with ongoing attention to the problems that complicate its interpretation. Having chosen “a geographical setting largely undealt with” (Madrid and Seville) in a timeframe usually ignored (pre-Enlightenment), Pardo-Tomás and Martínez-Vidal also exploit a rare kind of archival evidence—letters from patients to their doctors. As the authors see it, the major challenge of working with these heterogeneous materials is first to identify appropriate ways of organizing the individual cases, itself an interpretive strategy. Lindemann's essay, taking its cue from premodern controversies over what constituted a “monster,” begins by posing a large and intriguing question: what biological and medical determinants defined one's place—or, to put it negatively, prevented one's full participation—in the polity of eighteenth-century Germany? However, Lindemann's own research into this question is cautionary: the complications of sifting and weighing local opinions, of ascertaining the unique features of a particular locale, argue for discretion in situating such evidence in relation to her larger inquiry. Finucci's methodological challenge is likewise rooted in the nature of her evidence, which she describes as a “miniature parable.” But for Finucci the challenge of telling the story of Marcobruno, an “unknown apothecary” in the service of Vincenzo Gonzaga I, fourth Duke of Mantua and Monferrato, is in identifying the intricate networks of discovery and exchange that Marcobruno documented in his travels to the New World from 1609 to 1613. In her analysis of the apothecary's extraordinary efforts to exploit the pharmaceutical bounty of the Americas, Finucci opens a small but finely burnished lens on what she calls an emerging “erotics of knowledge.”

In “Stories of Disease Written by Patients and Lay Mediators in the Spanish Republic of Letters (1680–1720),” José Pardo-Tomás and Àlvar Martínez-Vidal examine an extensive collection of letters between a well-known royal physician, Don Juan Muñoz y Peralta, and his Spanish patients in order to establish a new category of “living voices for a cultural history of disease.” This correspondence, which describes the conditions of forty indi-

viduals (fourteen female, twenty-five male), includes letters not only from those who are sick but also from their relatives and friends. Although, as might be expected, all the writers are members of the upper and upper-middle classes, the medical conditions for which they seek the advice of Peralta vary widely, as do their personal circumstances. Nonetheless there are intriguing commonalities: most writers describe their diseases as chronic or long-standing, with the emphasis on the experience of the disease—that is, “how the diseased body *felt*” —rather than its place in a taxonomy; and interestingly, the medical observations of these nonprofessionals are customarily couched in Galenic-Hippocratic assumptions and language. What Pardo-Tomás and Martínez-Vidal find especially striking is the proclivity of many writers to engage actively with Peralta in the interpretation of disease, even to the point of rejecting remedies already tried and found to be ineffectual. Thus, although the distinguishing characteristics of each case are singular, the correspondence as a whole leaves an impression of ordinary men and women taking active roles as agents in the administration of their illnesses, negotiating, as it were, therapeutic strategies with their doctor. Such testimony, the authors argue, broadens the parameters of pre-Enlightenment medical culture and challenges our assumptions about professional/lay relationships.

In “The Body Debated: Bodies and Rights in Seventeenth- and Eighteenth-Century Germany,” Mary Lindemann argues for a similar kind of attention to be paid to the voices of local and regional communities, the “relatives, neighbors, friends, and individuals” who speak out on an issue that affects their communal welfare. The issue under scrutiny here concerns the rights of a person with a bodily defect (for example, mental retardation, epilepsy, disputed sexuality, deafness, blindness) to “carry out the ordinary routines of life” such as “making a will, testifying in court . . . or receiving an inheritance.” Although premodern academic discourses (juridical, theological, and medical) address the question of what constitutes bodily integrity, or the physical fitness necessary to be a full-fledged member of the polity, Lindemann claims that the principles enunciated in such discourses often do not jibe with “the problems and passions of ordinary people” as expressed in “quotidian practice.” In her view, this disconnect is important: it calls into question the validity of “normalization theories” that argue for the systematic standardization and implementation of forensic criteria in eighteenth-century Germany.

Lindemann makes her case for renewed attention to local knowledge by focusing on several incidents involving baptism and marriage, rituals essential to “becoming human” in Christian societies. She discusses two

marriage disputes at length: the first involving the proposed marriage of “the legless tailor,” Barthold Ernst, in 1798; the second involving the suitability of a marriage in 1740 between a prosperous German merchant and “a child bride” of twelve years. In both cases, the concerns of German villagers were often cast in moral terms (Would Ernst become a social menace if his sexual appetites were frustrated? Would the nubile child bride be “better protected in a husband’s household than in her family’s tavern?”); and the wide variety of registered opinions made decision-making difficult. As a result, Lindemann contends, when the cases are compared, they disclose no pattern, no governing norms extrapolated from academic discourses and put to communal use. Instead, each situation was decided in accordance with a different set of local concerns.

In a sense, the evidence that Valeria Finucci would foreground in “‘There’s the Rub’: Searching for Sexual Remedies in the New World” is also writ small: the story of Macrobruno is, as she puts it “a footnote in the multinational project of mercantile imperialism.” But the search by a peripatetic apothecary for a remedy to cure the impotence of an important Italian noble is rich in suggestive detail about the factors at play in early modern pharmacology. These include the European preoccupation with identifying remedies for sexual dysfunction among practitioners of many stripes and classes — doctors, apothecaries (like Macrobruno), herbalists, alchemists; the unprecedented opportunities for identifying “exotic” pharmacological products in the Americas; and the new, middle-class markets and clientele to be exploited in Old/New World exchanges. Because Macrobruno was himself a strongly adventurous and articulate individual, his reports to Gonzaga, his patron, provide a lively sense of how readily he embraced the “frontier imaginings” of early-seventeenth-century Europe.

According to Finucci, Macrobruno the “bioprospector” serves as an especially suitable lens through which to view the burgeoning of medical science in the early seventeenth century because he successfully straddled the old and the new. Rooted in Galenism, Macrobruno believed that “almost anything in nature could heal”; at the same time, his experience in collecting, analyzing, and recording travel data positions him at the cusp of an emerging scientific secularism. Macrobruno’s personal qualities further enhance his historical value. His “phantasmatic . . . longing to explore the New World” found expression in the enthusiastic yet careful accounts of his discoveries and collections during his two-year journey. Although Macrobruno’s mandate from Gonzaga was to locate the *gusano*, an American worm reputed to cure impotence (and, as Finucci demonstrates, only one worm

among the staggering numbers of “insects and larvæ” with which European pharmacology was “obsessed”), his curiosity was insatiably broad. Thus the microcosm of Macrobruno’s history evokes the “pharmacological delirium” inspired by the richness and promise of the new continent, the impact of medical research on the colonialist project, the broad social interest in exotic collections (as seen in the popularity of cabinets of curiosity), and the sheer drive of little-known individuals who nonetheless helped chart the future of modern medicine. By situating Macrobruno’s work both in his own time (What medical books in the Gonzaga library might he have read prior to his journeys?), and in the future (What modern sexual remedies are heir to experiments like Macrobruno’s?), Finucci amply demonstrates both the complexity and the promise of her premodern “parable.”

Susan Zimmerman’s essay on “Leprosy in the Medieval Imaginary” returns to several issues raised by Kuriyama—the European preoccupation with bodily contaminants, the fear of the invasion of the body organism by an “unassimilable other”—but in the context of a specific disease in a circumscribed timeframe. Zimmerman argues that the mostly negative responses to leprosy in medieval culture were disproportionate to its medical threat, but presumably influenced by the spectacle of a disintegrative process akin to putrefaction that characterized the disease *in extremis*. Thus despite the claim by some clerics that leprosy was a mark of God’s favor, the widespread derogation of the disease in religious and political discourse suggests the communal need to guard against (presumed) contagion, and to identify lepers with other marginalized groups, especially impure women and Jews. According to Zimmerman, these groups were linked in the medieval imaginary as transmitters of leprous blood—that of the leper himself, but also menstrual blood, supposedly discharged by Jewish men as well as by women, and thought (along with the female placenta) to be a cause of leprosy. Zimmerman argues that Christian preoccupation with contaminated blood served to displace more fundamental anxieties generated by the emphasis on the body and bodily processes in core Christian beliefs. In particular, the “sacramental cannibalism” of the eucharistic feast, in which Christ’s body and blood are somehow fused with those of the communicant through a process of ingestion, required a counternarrative that distinguished pure from impure blood, the sacred from the profane.

In Zimmerman’s argument, the perceived threat of leprous blood to Christian bodily integrity was played out during the high Middle Ages in carefully targeted social practices, including Christian rituals for publicly decontaminating the unclean pig, regarded as a carrier of leprosy and asso-



ciated symbolically with menstruating women and Jews; discursive attacks on malevolent women accused of deliberately transmitting leprosy to lovers and infants; blood libels addressing the supposed need of Jews and of lepers for the curative blood of martyred Christian children; and actual pogroms against Jews and lepers. In particular, blood libels against Jews (but again, implicating women and lepers) involving the torture, killing, and cannibalizing of boy saints in a kind of Black Mass form what one critic calls the “barbarous backside” to the eucharistic vision. It is a defamation that enacts cannibalism—“the utter effacement of the bodily boundary of the self,” the dissolution of bodily integrity—as heinous sacrilege. At bottom, Zimmerman claims, the archaic fear of physical obliteration, complicated in the Middle Ages by the need to insulate the sacramental status of transubstantiation, underpins the defamations connecting menstruating women, Jews, and lepers. Nonetheless, although members of all these groups were mythologized as would-be devourers, it was the leper alone who was subject to a kind of double jeopardy: visible emblem of the instability of bodily boundaries, the leper served as “both agent and exemplification of the fear-someness of dissolution.”

Taken as a whole, this collection of essays on premodern disease demonstrates how broadly the parameters of the field may be defined, and how much work remains to be done in addressing its challenges. In a sense, each essay encapsulates both the promise of the field—the interdisciplinary richness of the possible topics, the new voices to be uncovered in archival research—and the problems of interpretation that must be taken up in mining these prospects. It is thus a collection that encourages new research without underestimating its difficulties.

There is also, to be sure, an emphasis on primary research in the collection, with several of the essays exploiting newly discovered archives. It is thus particularly fitting that the collection should conclude with a description of a major archive for the study of medical history, “Resources for Scholarly Inquiry in the Duke University History of Medicine Collections.” Parts 1 and 2 of this description, prepared by Florence Eliza Glaze and Brian K. Nance, “examine the potential of the Duke collections for the scholar interested in select topics of ancient, medieval, and early modern European medicine considered in historical context.” Part 3, prepared by Suzanne Porter, curator of the History of Medicine Collections at Duke, provides “an enumerative description of the most significant items that might prove valuable to analysts of the diseased body in the medieval and early modern West.”



Featured throughout the entire essay are texts from the Josiah Charles Trent Collection, “a particularly rich and valuable resource” comprising 4,000 printed books and 2,500 manuscripts, and including early American as well as European materials, much of which is available online. As described by Glaze and Nance, the stunning range of the Trent holdings includes—to give only a few examples—one of the strongest collections of surgical and anatomical texts that is available in the United States; a wealth of printed copies of ancient texts “for classical and Byzantine philologists and historians,” including the writings attributed to Hippocrates and Galen; the works of a number of “great thirteenth- and fourteenth-century scholastic writers of the Latin West”; a small but important number of medieval manuscripts; and “more than one hundred versions of the *Regimen Sanitatis*.”

Glaze and Nance’s identification of broad categories of texts is nicely complemented by Porter’s attention to individual works. Again, the range of material, both manuscript and printed texts, is impressive, and Porter takes care to provide a representative selection, both “classic” (for example, twenty editions of Vesalius’s publications) and lesser known. She also cites some interesting rarities and unusual editions in the collection, including “an example of early non-Western anatomical illustration,” the fourteenth-century *Tashrih* by Mansur (in a seventeenth-century manuscript copy); “a colonial American folio ledger (1771–75) kept by Hugh Mercer, a Fredericksburg, Virginia, physician and apothecary”; the first edition—“a considerable rarity”—of Girolamo Fracastorius’s medical poem *Syphilis sive morbus gallicus* (Verona, 1530); “one of the very few extant copies” of Giovanni Canani’s *Musculorum humani corporis picturata dissectio* (Ferrara, 1541), the only book completed “in a planned seven-book series”; an “apparently unique copy of a suite of four engraved flap anatomies” of uncertain date entitled *The Four Seasons* (accessible through the library on an interactive CD-ROM); the undated second edition (1515) of Eucharius Rosslin’s *Der swangern frauen und hebammen rosgarten*, the first printed text for midwives; one of only eight copies of Nicholas Culpeper’s *The English physician* (Boston, 1708), “the first medical book printed in North America”; and “one of three surviving hand-colored copies” of the first edition of Georg Bartisch’s *Ophthalmodouleia; das ist Augendienst* (Dresden, 1583), “the first ophthalmology text in the German vernacular.”

As the bibliographic essay compiled by Glaze, Nance, and Porter amply demonstrates, the history of the premodern diseased body and its treatment is “an extraordinarily fruitful field,” “rich in opportunities” to under-

stand how “medieval and early modern populations perceived their own and other physical selves.” Indeed, in many ways the Duke collection represents a microcosm of much that is important in the field, and of the plentiful materials that yet await the scrutiny of scholars.



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