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## Medicine and Religiosity: Exchanges and Interactions



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### ABSTRACT

The medicine/religion relationship in the Middle Ages is based on the in the degradation/redemption polarity and on the bond between soul and body: this provides the opportunity of establishing a relationship of analogy and correlation between health (of the body) and salvation (of the soul) and of different forms of ‘spiritual medicine’, also chronologically marked in the long time of the Latin Middle Ages. This ‘spiritual medicine’, which accompanies the development of secular medicine step by step, is therefore essential to understanding the relationship between health, illness, and medicine in the Christian Middle Ages.

**Key words:** Religion - Spiritual Medicine - *Infirmitas* - Theologians

## 1. Medicine of the body and of the soul

There are a great number of relationships between medicine and religiosity<sup>1</sup> that anthropology and the history of ideas have progressively brought to light. In the case of the Christian context, these links are not dependent solely on the correlation between soul and body, between inside and outside, between consciousness and physiology which, in its various forms, are familiar to all times and cultures. This is perhaps a closer and certainly a special relationship, rooted in the salvific nature of the Christian religion itself, in the degradation/redemption polarity. Indeed, when seen against this background, the soul of man – now set in time and history - appears to be constitutionally tainted, invalidated by Original Sin and his body is constitutionally infirm and mortal because through this Sin, he has lost his likeness to God. In the face of human beings stained by the Original Sin and other sins, Christ redeemed all humankind by His love, becoming incarnate and sacrificing Himself in His passion and death. He has also shown us a path that can lead each of us out of degradation and result in our renewal and salvation; moreover, He promises and guarantees, through His resurrection, even the resurrection of individual bodies at the end of all days. For a Christian, the bond between body and soul is thus structured against this background and in the development of this path: this context then reveals the possibility of establishing an analogical relationship, a correlation between (bodily) health and salvation (of the soul)<sup>2</sup>. Therefore, various forms of ‘spiritual medicine’ are to be found, chronologically spaced throughout the long duration of the Latin Middle Ages.

## 2. *Infirmitas*, miracles and patience

In the early Middle Ages – when secular medicine was confined to humble peripheral schools and only had a few meagre tenets and compendia at its disposal - a conception focused on the direct and immediate relationship between *infirmus*<sup>3</sup> and God, and between the *infirmus* and his neighbour predominated. While sickness is primarily interpreted here as a divine punishment for the sins of an individual or a community, it should also be evident that, despite harming the body, it is symptomatic of a disorder of the soul. At the same time, it serves as the best remedy for this very soul, as it allows people to atone for their sins and avoid committing worse ones. On the other hand, God strikes with his scourges only those whom he loves the most. Therefore, the sick are encouraged to be patient, silent and grateful (the *Admonitiones ad egros* by Gregory the Great provide examples in this regard). Indeed, it was commonly accepted how much “*molestia corporalis sit salus anime*”, and that suffering, in addition to punishing the afflicted for their sins and healing the soul, brought them closer to Christ in His Passion: the sick patient could become His replica, a constantly recurring image of Christ in history and everyday life. Consequently, a persistent ‘pedagogy of suffering’ developed, according to which bodily ailments should be accepted with

gratitude. Indeed, some argued that ailments were to be sought after, as they healed the soul of the sinner: in themselves, they were ‘spiritual medicine’. On the other hand, the afflicted, as they received alms, solicitous attention, and compassionate care from the healthy people surrounding them (who should see in them the mutilated Christ, who suffered so much for us), are themselves an effective ‘remedy’ for the souls of their fellows who, following the commandment of charity, give them aid and thus imitate the acts of Christ towards the sick and infirm.

The God who punishes and corrects is, however, also a merciful God who, when invoked through prayers, acts of devotion or penance, can instantly cure the sick individual or the community afflicted by an epidemic through freely given, immediate and direct miracles. The chronicles and hagiographic texts provide detailed descriptions of these healings, highlighting, on the one hand, the powerlessness of secular medicine (to which the sick person had sometimes turned in vain) and, on the other hand, the therapeutic omnipotence of God (and of those closest to him, such as saints and clergy, who serves as instruments of His will). As it is declared in *Exodus* 15.26: “I am the Lord, who heals you”. Furthermore, since the times of Augustine, images of Christ as the greatest physician frequently occur (He, “*medicus noster, sanabit omnem languorem*”, as Ivo of Chartres declares). Hence the therapeutic value of relics of saints and their burial places or other sites linked to the sacred places<sup>4</sup>, visited by pilgrims: both the healthy (who could fall ill), the sick (who hoped for recovery) and the devout (who were concerned about their own salvation) gathered along the road to the shrine. During the path to these places managed by monks, relief was offered whether it be of a physical or spiritual nature, in the form of benevolent refreshment –food, accommodation, solace and some potions - but no medical aid, let alone medical treatments for specific ailments.

From these considerations, a particular connection emerges between medicine (in this case, specifically, illness/*infirmitas*) and religion, between the sick body and the soul. First and foremost, a spatial and temporal interrelationship between the healthy and the sick can be noted. These mingled at the fairs and along the roads leading to a shrine or in the distress of an epidemic, seldom separated by the fragile boundary between health and sickness, considering how thin this line was in a precarious and harsh ecosystem: just a poor harvest, a cold winter or an overly strenuous walk would be enough for people to switch from one condition to the other - the devout pilgrim could easily become a sick pilgrim, in the generalized uncertainty that characterized the journey of the Christian *viator* on earth. Nor were there any theories or practices specifically regarding sickness itself, as it was intertwined with *paupertas* in the more comprehensive state of *infirmitas* which (in a reality as harsh as in religious anthropology) constitutes the ‘normal’ condition of fallen man; and charitable acts towards *infirmi* were likewise undifferentiated. Moreover, the symbolic complex that develops around the figure of Christ– who is both a sick man, a physician, and a medicine- is the

image around which the relationships of the *infirmi* with themselves, God and neighbor are shaped. Above all, a direct and immediate connection could be found between sin and illness, between miracles and healing –in other words, between soul and body, between God and man. The result is a ‘spiritual’ medicine that was basically called a ‘pedagogy of suffering’: ailments were valued because they were a remedy for the soul of those who suffered and, at the same time, the sick provided a remedy for the souls of those who charitably comforted and helped them.

### 3. Spiritual medicine in the 12<sup>th</sup> century

Since these were the conditions that characterized the spheres of material life, generic aid and spirituality in charitable and pastoral care, this background provided a context for the early types of ‘spiritual medicine’, viewed from a doctrinal and textual perspective. In the first place, the doctrines of physical medicine had to be employed to better interpret the numerous scriptural passages that speak of the human body or miracles performed upon it: Augustine and Jean Gerson remind readers of this essential aid for proper exegesis and recommend its use. Immediately and intuitively, a close analogy— based on the relationship between soul and body - between their respective forms of healing, that is, between salvation and health, comes to mind. This has given rise to metaphors that connect the two types of health: from early times, analogies and metaphors drawn from medicine are very commonly found when discussing the care of souls. In fact, beginning with Augustine, Gregory and Jerome, we find metaphors concerning Christ as physician<sup>5</sup>, sins as *vulnera*<sup>6</sup>, cardinal sins as leprosy, heretics seen as lepers with the various forms of this affliction, the ointments of prayer and penance, the Church as an *apotheca medicaminum*. More generally, we should “ad usos nostros convertere”<sup>7</sup> medical knowledge – argues Rabanus Maurus. As an example of these “usi”, the medical metaphorization is omnipresent in Hugo of Saint Victor’s *De quinque septenis* (a theological text on the definition of the gifts of the Holy Ghost) and it embodies the health-giving benefits of the gifts of the Holy Ghost. In this text, the Holy Ghost takes on the role of both physician and medicine<sup>8</sup>; the *languores* of the sick soul result from the capital sins - *vulnera interioris hominis*; the *medicus* is God, the *dona Sancti spiritus* are an *antidotum*, the *virtutes* are *sanitas*. There are plentiful, ingenious metaphors strewn throughout, but these are extremely generic, and they will remain so, as clichés and fixed semantic bundles, until the time of Luther<sup>9</sup> and beyond. They became more specific and structured only starting from the 12<sup>th</sup> century. In fact, it was only during the so-called ‘12<sup>th</sup> century Renaissance’ that Western medicine, previously confined to a few schematic compendia and humble peripheral schools<sup>10</sup>, experienced significant growth, as did every cultural and non-cultural field related to it<sup>11</sup>. One could mention the translations of medical texts from Arabic in Montecassino; the flourishing school of medicine in Salerno in the

twelfth century<sup>12</sup>, the early years of the school of medicine in Montpellier<sup>13</sup>, the naturalistic studies at the canonical school of Chartres<sup>14</sup>. Moreover – in a developing and self-differentiating society - the health care market began to take shape. Alongside physician-monks, healers who wandered from fair to fair, sanctuaries producing wondrous miracles with the aid of their relics, and village wisewomen (with their limited and often superstitious remedies), the learned professional physician emerged, a new and specific figure produced by the Middle Ages. The last-mentioned had the opportunity to study at the foremost Western medical schools and possessed a thorough and precise doctrinal knowledge, recently conveyed to us through translated text. At the same time, in the 12<sup>th</sup> c., pastoral care also underwent an innovative development: especially preaching and confession – which, metaphorically speaking, have and will always be seen respectively as prevention and treatment for the soul infected by sin - adjusted to suit the needs of a society that had become far more complex and structured. Preachings *ad status* thus began to be prepared. These were not intended for all Christians without distinction, but specifically for a particular social group or for members of certain professions; the preacher had to carefully select and analyse his audience, considering its characteristics and predispositions to produce suitable and genuinely exhortative teachings<sup>15</sup>. In brief, confession – given the establishment of an ethical code based rather on the intentions of the sinner than on the objective nature of the sin – had to pay attention to the mindset and lifestyle of each and every sinner. This reached the point that, at the beginning of the 13<sup>th</sup> c., the Fourth Lateran Council (1215) prescribed it for every Christian at least once a year. From then on, the confessor was in direct and periodic contact with each sinner/*infirmus*<sup>16</sup>, and was meant to care for each soul. Against this scenario, the metaphorization of ‘spiritual medicine’ became more precise and specific in its choice of borrowings from the doctrines of physical medicine, which now had many more texts and theories at its disposal, as can be seen from two interesting cases.

In his work “*De medicina animae*”, written for the prelates to guide them in understanding the causes and remedies for moral deviations in the monasteries, the Augustinian Hugh of Fouillois<sup>17</sup> analyses life in the monastic settings in terms of the polarity between body and soul, sicknesses, and cures. Just as we can prevent physical ailments by considering the physical constitution (*complexio*)<sup>18</sup> of a person, the same defence-recovery mechanisms can be applied to the soul, bearing in mind the spiritual constitution. Thus, it involves adapting concepts related to humours and *complexio*, sicknesses and material treatments, to the context of monastery and the monk’s soul, making secular knowledge fully useable for spiritual purposes. What Hugh uses as a basis for the analogy he constructs is the theoretical medicine, which was, by then, more complex, and specific; Hugh puts that complexity to competent use in the pharmacological part of his treatise as well, to classify spiritual ailments and therapies for them following the schema *a capite usque ad calcem*, which can be found in contem-

porary nosological medical writings. The task of the Father Superior's certainly had always been to take care of his *subditi*, as required by Benedetto's *Regula*. Then, it became his responsibility, as a *spiritualis medicus*, to make more precise diagnoses and administer specific treatments for the souls of his subordinates, using his medical knowledge. Hugh had a decent understanding of the naturalistic-medical theories of his times: indeed, extensive, and specific borrowings from the theories of the *Schola Salernitana* and some titles of medical texts can be found also in his treatise.

In the *Liber poenitentialis*<sup>19</sup> by Alain de Lille – whose naturalistic interests are well known<sup>20</sup> - dedicated to the clergy of his times to urge them to become proficient at taking confession, many elements considered above simultaneously come into play: the persistent metaphorization taken from medical treatment for the body applied to care for the soul, the new subjective ethics of individual consent, the changes in pastoral care. Alain explores two aspects of physical medicine. Firstly, the confessor should know how and to what extent the body, along with its humours and *complexion*, influences each person's soul: this means that gluttony could be considered less serious in those who are sanguine and robust, more inclined to eat heartily, rather than those who can easily fast<sup>21</sup>. On the other hand, the confessor should also understand the physiological reactions of the human organism to certain stimuli, and precisely why, naturally and neutrally, some sins – such as gluttony or lust, for example- appear one after the other: this will make it easier for the penitent to avoid them. It will also be helpful if the confessor knows that certain vices – again, gluttony and lust- also have dangerous physical effects, causing diseases in the organism, aside from the soul. When reminded of these, the penitent may be induced to mend his ways. In this case, therefore, the body, its natural predispositions, and humours, belong to the realm of the confessor. They are no longer just a basis for generic analogies and metaphors, but a component of specific causal links between the soul and the organism that the priest must understand. But, above all, Alain, faced with a class of clergy he judges so incompetent that often priests - both when preaching and confessing- “*quos debent sanare profundius vulnerant*”, resorts to the behaviour of the educated professional physician and presents it as a model to emulate: thus, the priest “*debet gerere statum materialis fisici vel medici*”. All the knowledge of the latter, his actions, his professional ethics, the organization of his diagnostic questions, his affability, combined with his rigorous treatment and his attention to the specifics of each individual patient, should be imitated by the priest. The body is no longer related by analogy to the disorders of the soul, and the physician's overall knowledge and behaviour of bodies becomes a regulatory and pedagogical ideal. Alain may have appreciated this either during his preaching period in Montpellier, presumably in students and medical professionals, or perhaps because he had read or heard about the Salernitan treatises on medical profession, which at that very time were devoted to the manners and behaviours of the skilled and watchful professional: the best known of all was the conduct

manual *De adventu medici ad egrotum*, attributed to Arcimatteo da Salerno. These two cases demonstrate that medicine was no longer the *vana curiositas* criticized and despised by Fathers and monks, and that the *schola Hippocratis* was no longer obliged to make way for the *schola Salvatoris*, the sole dispenser of true well-being: Christian ministers should dedicate some time to this aspect and know how to adapt it to their specific goals in spiritual treatment.

#### 4. Physicians and theologians in the 13<sup>th</sup> century

At this point, a stable understanding of secular, scientific medicine had been reached, together with its projection into ‘spiritual medicine’ which, in its various senses<sup>22</sup>, became usual in the following centuries. Therefore, in the 13<sup>th</sup> c. we find texts written by theologians (Albertus Magnus, for instance), which pay attention to what *dicunt medici*<sup>23</sup>. However, the analysis of the various instances of the use of medical knowledge found in their texts lies beyond the scope of this paper<sup>24</sup>. It is equally impossible to briefly summarize the interweaving of religious zeal and medicine on which much of the later writings of a famous physician –Arnaldo da Villanova- are based. Arnaldo was a lecturer in Montpellier and the court physician of various popes and sovereigns, an advocate of the Spirituals of Provence, an apocalyptic prophet<sup>25</sup>. A less famous yet equally zealous Christian physician was Galvano da Levanto<sup>26</sup>, who translated key moments and fundamental aspects of Christian religiosity into a wide range of meticulous medical metaphors. In his texts, Galvano divides his topic into two parts: the medical analysis, for example, of epilepsy and subsequently its re-evaluation in terms of ‘spiritual medicine’. The writings of these two physicians, not by chance called *theologizantes*, should be considered alongside the *Liber de exemplis*, from the same period: this is an encyclopaedia written for homiletic purposes by the Dominican Giovanni di San Gimignano<sup>27</sup>. A special chapter in this book suggests the use of *exempla* (that is, analogies) based on medical doctrine and cases to make a sermon particularly appealing and vivid. The text provides a vast selection of *exempla* that the preacher could use. This is demonstrated, amongst the many other preachings we could cite, in the sermons (and the *quodlibeta*) by Remigio de’ Girolami, in those of Jordan of Pisa, and in *Lo specchio di vera penitenza* by Jacopo Passavanti.

Two thinkers of the 13<sup>th</sup> c. – a period rich in intersections between medicine and religious ideas – stand out as particularly interesting in this context: Nicholas of Ockham, a Franciscan theologian and lecturer at Oxford; and Humbert of Romans, the fifth General of the Dominican Order.

Nicholas, in the prologue to his commentary on the *Sentences*<sup>28</sup>, addresses the common question about the nature of theology. Nicholas views theology as the union of the theoretical and the practical (as in the case of medicine); its *subiectum* is not God – as the Dominicans would have it - but the *genus humanum reparabile*. In support of this



definition, Nicholas quotes from Avicenna's *Canon*, where he defines the *subiectum* of medicine as the human organism *ex parte qua sanatur*<sup>29</sup>, that is, human beings in their bodily form with the addition of a specific difference: they can be cured. Nicholas concludes that "*Est enim theologia supernaturalis medicina*". Thus, in theology, God is discussed not inasmuch as He is God, but because he is *reparans*, capable of curing humankind, both through the ancient mosaic *mandata* and the new law of love in the Gospel. On other theological topics, such as the nature of Adam in the earthly Paradise<sup>30</sup>, Nicholas demonstrates his medical expertise and provides unusual medical references partly due to the naturalism permeating theological thought during the century. The opinion of Ziegler, who discerns a 'medicalization'<sup>31</sup> of theological thought, especially in the second half of the 13<sup>th</sup> c., and the considerations of Paravicini Bagliani on the nature of a 'theology of the body' for the same period<sup>32</sup>, appear appropriate and persuasive. I would like to point out here two works by Humbert of Romans, *De eruditione praedicatorum* (a collection of outlines for sermons *ad status* that provide a sort of sociology of preaching<sup>33</sup>), and *Expositio regulae sancti Augustini*<sup>34</sup>. In the latter, as confirmation that the *schola Hippocratis* is no longer despised, Humbert harshly criticises those brothers who, proud of their extreme ascetism, refuse medical treatment when sick, thus considering themselves to be more faithful and saintlier. However, the General admonishes that the body is a useful tool through which the preacher can act, as he should, in the world, and the cleric is obliged to take great care of it: the vainglorious ascetics should therefore bow with humility and gratitude when receiving any treatment from physicians<sup>35</sup>. In *De eruditione praedicatorum* there are several plans of sermons dealing with medicine, the sick and treatment: for lepers in leproseries, for caregivers, for hospital orders, for the sick, and finally, one to address physicians, or rather, students in medicine. Here, Humbert presents a panegyric of spiritual medicine<sup>36</sup>, which he considers one of the greatest glories that secular medicine can boast. Here are his words: "Indeed, there are three results that the science of medicine allows one to achieve: first and foremost, a knowledge of one's corporeal nature: it is medicine which teaches us how wretched and fragile the human body is. The second result consists in the act of mercy: by means of medicine many charitable acts may be carried out to benefit the sick, who are burdened with great misery. The third result is spiritual healing for souls: indeed, from art and medical sciences several guidelines concerning spiritual medicine can be found"<sup>37</sup>.

We have thus come to define a true discipline for the well-being of the soul: 'spiritual medicine', which was fully recognised as such.

## 5. The 15<sup>th</sup> century

At the beginning of the 15<sup>th</sup> c., the chancellor of the University of Paris, Jean Gerson, dedicated a speech to this 'spiritual medicine'<sup>38</sup> to graduating students in medicine. Gerson emphasizes the excellence of secular medicine, but also its limitation, and



ends precisely with a list of the duties of spiritual medicine and the indispensable support that it receives from physical medicine. He reminds his audience that, through medical knowledge, we are able to understand more accurately the “*morbos corporales de quibus in Scriptura frequenter mentio est*”; above all, he emphasizes that “*utilem esse cogitationem humani corporis et accidentium suorum ut animae natura suorumque actuum et passionum intrinsecarum manifestatio facilius habetur*”: the investigation into the passions, indispensable for the preacher, will benefit greatly. In addition, medical science allows transferring the causes of diseases and the methods of treating the body to the spiritual, or rather moral sphere (*ad aedificationem morum*), adapting them to the maladies of the soul. The theories of secular medicine thus enable interpreting the whole set of *morbis spiritualis* according to the effects of the *infirmis corporalis*, which are more evident and convincing for the listeners. It also allows thinking of spiritual medicine as a repetition of the various parts of secular medicine (*praeparativa, purgativa, preservativa, reparativa*). Therefore, it is like a book “*a cuius lectione facilis est transitus ad scribendum librum conscientiae, transferendo naturales res ad morales intellectus*”.

However, also several late medieval physicians were aware of the spiritual elevation that secular medicine could provide<sup>39</sup> – for example, Tommaso del Garbo and Jacopo da Forlì. In the rhetoric of their graduation speeches, they emphasize that medicine more than any other field of knowledge brings one closer to God (“*inter artes maxime appropinquat scientie divinae*”): in fact, it allows a thorough knowledge of one of His most complex and secret creations – the human organism. When studying and treating the body, the physician, on the one hand, come closer than others to *res sacre* (medicine “*manuducit ad elevationem mentis in causam primam*”, say both Gerson and Jacopo da Forlì); on the other hand, he performs one of the most fundamental and compelling acts of mercy, since a sick body can neither think nor act properly. Therefore, as the surgeon Henri de Mondeville reminds students and colleagues “*ex scientia vestra potestis salvare animas vestras*”.

Finally, I would like to mention the *Tractatus moralis predicandus in civitate pestilentiata hiis qui de civitate recedere non possunt*<sup>40</sup> (Ferrara, 1424) by the city’s Dominican inquisitor Bartolomeo da Ferrara<sup>41</sup>, which is notable for its breadth, considering the series of other writings on this topic<sup>42</sup>. In fact, this is not just a sermon (like those of other contemporary preachers on the subject), but a truly wide-ranging *Tractatus*, with considerations on how to act to promote the well-being of the soul in a plague-ridden city. In this case, preaching would be the most fruitful- or the only thing to do - but, more generally, a range of considerations (from the causes of the plague to actions to prevent it, encouraging the processions and promoting an appropriate ‘diet’ for the soul) should be transposed into the spiritual, biblical and theological realm. A sort of interpretation of the plague in theological-religious terms is proposed, which could become a guide for preachings *de peste* to be used by other potential preachers,

at a time when the plague was endemic in the cities of Europe and Italy. The index of the *Tractatus* is similar to that of medical texts on the plague (treatises, *consilia*, prescriptions), many of which were written from the mid-14<sup>th</sup> onwards and throughout the 15<sup>th</sup> c. Their structure is almost identical, describing the real causes, signs, and remedies for the plague. However, in Bartolomeo's work, the key to interpreting the deadly disease and its remedies is entirely religious: the aim of the text is to save the soul and it takes the form of a *tractatus moralis*, although it dedicates significant space to naturalistic and medical concepts. Therefore, we have here a surprising case of 'spiritual medicine' - a real *Pestschrift moralis* - at a time when secular medicine was doubted and discredited, as it did not yet know how to deal with the malady<sup>43</sup>. Bartolomeo borrows the organization of the material related to the plague from the physicians and incorporates numerous medical concepts and theories about the plague and its treatment.

It might be interesting to compare Bartolomeo's *Tractatus* with the vernacular treatise on the plague written by the court physician Michele Savonarola in the 1440s, in Ferrara, to assist all his fellow citizens, *ricchi, poveri e mezani*<sup>44</sup> as a *medico humano*<sup>45</sup>. The physician Michele - whose deep-seated and heartfelt Christian devotion allowed him on various occasions to provide moral and even religious counsel, besides dietetic and medical advice - obviously provides details on the remedies for the plague but also emphasizes precautions that the confessor should adopt in the presence of plague victims. He stresses the moral duty not to infect those around him, reminds readers of the charitable and pious services given by the bishop in the plague-ridden city and the sermons on the streets urging people to repent. Finally, he suggests saying special prayers to the patron saints<sup>46</sup>. The complementary roles that physician and priest - if they are well prepared and competent - have towards the sick are thus confirmed, along with the beneficial interweaving of their knowledge and aims. As highlighted by the physician Arcimatteo di Salerno in his *De adventu medici ad egrotum* two centuries earlier, in the house of a sick person, "the physician and the priest hold the place of honour". In fact, they both cherish the health of man, which consists of the union of body and soul. It could be said that 'spiritual medicine' in Christian thought and pastoral care closely intersects and follows the doctrinal and professional events and the phases of development of secular medicine: its marginality in the early Middle Ages; its revival in the 12<sup>th</sup> c.; its success as a science and university discipline in the 13<sup>th</sup> and 14<sup>th</sup> centuries; its confusion and doubts in the 15<sup>th</sup> century. In the context of the medieval West, characterized to a greater or lesser extent by 'religious overdetermination', I think it might be useful, in addition to the study of the increasingly elaborate doctrines followed by physicians, to examine the projection of the image of medicine that the soul healers appropriated for their purposes. This could lead to a better understanding of both forms of therapy<sup>47</sup>.

## Bibliography and notes

Non-ISO4 abbreviations

AFP = *Archivum fratrum praedicatorum*

Es Filos = Esercizi filosofici

PL = Migne JP (ed.), *Patrologia Latina cursus completus...*, Series Latina. 221 voll. Parisiis: J. P. Migne /Garnier; 1844-

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1. Here I would like to revisit a few considerations developed more fully in Crisciani C, *Medicina e 'medicina spirituale': alcuni casi*. forthcoming.
2. Agrimi J, Crisciani C, *Carità e assistenza nella civiltà cristiana medievale*. In: Grmek MD (ed.), *Storia del pensiero medico occidentale. Antichità e Medioevo*. Roma-Bari: Laterza;



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3. Strictly speaking, *infirmus* refers to a person without security: the poor, the sick, the pilgrims.
  4. Chapelain de Séreville-Niel C, Delaplace Ch, Jeanne D, Sineux P (eds), Purifier, soigner ou guérir? Maladies et lieux religieux de la Méditerranée antique à la Normandie médiévale. Rennes: Presses Universitaires de Rennes; 2020.
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  7. Cf. his comments on *Ecclesiastes*, 8.13, in PL 109, col. 1031.
  8. Cf. Hugues de Saint-Victor, De quinque septenis; De septem donis Spiritus Sancti. In: Id., Six opuscules spirituels: la méditation, la parole de Dieu, la réalité de l'amour, ce qui'il faut aimer vraiment, les cinq septénaires, le sept dons de l'Esprit-Saint. Baron R (ed.), Paris: Éditions du Cerf; 1969. pp. 102, 108, 122-6.
  9. Cf. Steiger JA, Medizinische Theologie: Christus medicus und theologia medicinalis bei Martin Luther. Leiden: Brill; 2005.
  10. Cf. Beccaria A, I codici di medicina del periodo presalernitano (secoli IX, X e XI). Roma: Edizioni di storia e letteratura; 1956; Id., Sulle tracce di un antico canone latino di Ippocrate e Galeno. *Ital Medioev Um* 1971;14:1-23.
  11. Cf. Jacquart D, Medical Education in the 12th Century. In: Giraud C (ed.), *A Companion to Twelfth-Century Schools*. Leiden: Brill; 2019. pp. 203-25.
  12. Cf. Kristeller PO, Bartolomeo, Musandino, Mauro da Salerno e altri antichi commentatori dell'«Articella». In: Id., *Studi sulla scuola medica salernitana*. Napoli: Istituto italiano per gli studi filosofici; 1986; Lawn B, *The Salernitan Questions*. Oxford: Oxford University Press; 1963; Jacquart D, Paravicini Bagliani A (eds), *La scuola medica di Salerno. Gli autori e i testi*. Firenze: SISMEL-Edizioni del Galluzzo; 2007.
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  14. Cf. Gregory T, L'idea della natura nella Scuola di Chartres. *G Crit Filos Ital* 1952;s. III,XXXI:433-42; Id., *Anima mundi. La filosofia di Guglielmo di Conches e la Scuola di Chartres*. Firenze: Sansoni; 1955, esp. chs. 3 and 4; Faloci R (ed.), *Vie spéculative, vie méditative et travail manuel a Chartres au XIIe siècle*. Chartres: AACMEC; 1998; on the meaning of *physica* in this period cf. Bylebyl JJ, *The Medical Meaning of 'Physica'*. *Osiris* 1990;s.2,6:16-41.

15. Cf. Humbertus de Romanis, *De eruditione praedicatorum libri duo*. Lugduni; 1677, where various outlines for possible sermons show an interest in the body, to which the preacher also had to pay attention: peasants, lepers and the sick.
16. Cf. Beriou N, *La confession dans les écrits théologiques et pastoraux du XIIIe siècle: médication de l'âme ou démarche judiciaire?*. In: *L'aveu. Antiquité et Moyen Âge. Actes de la table ronde de Rome (28-30 mars 1984)*. Roma: École française de Rome; 1986. pp. 261-82.
17. Cf. Ugo di Foulloy, *La medicina dell'anima*. Serio M (ed. and transl.). Torino: Il Leone Verde; 1998; Müller I, *Hugo de Folieto: De medicina animae*. Antike Humoralpathologie in christlicher Deutung. In: Schulze C, Ihm S (eds), *Ärztelkunst und Gottvertrauen: Antike und mittelalterliche Schnittpunkte von Christentum und Medizin*. Hildesheim: Georg Olms Verlag; 2002. pp. 71-89; Dannenberg LA, Melville G, *Zwischen Heil und Heilung...des Traktat De medicina animae Hugos de Folieto*. In: Paravicini Bagliani A (ed.), *Terapie e guarigioni*. Firenze: SISMEL-Edizioni del Galluzzo; 2010. pp. 1-23; Zecher JL, *Spiritual Direction as a Medical Art in Early Christian Monasticism*. Oxford: Oxford University Press; 2022.
18. Regarding this medical category cf. Chandelier J, Robert A, *Nature humane et complexion du corps chez les médecins italiens de la fin du Moyen Âge*. *Rev Synth* 2013;134,6s. (4):473-510; Jacquart D, *De 'crasis' à 'complexio': note sur le vocabulaire du tempérament en latin medieval*. In: Sabbah G (ed.), *Textes médicaux latins antiques*. Saint-Etienne: Publications de l'Université de Saint-Etienne; 1984. pp. 71-6; Groebner V, *'Complexio'/Complexion: Categorizing Individual Natures, 1250-1600*. In: Daston L, Vidal F (eds), *The Moral Authority of Nature*. Chicago: The University of Chicago Press; 2004. pp. 361-83; Zuccolin G, *Tommaso d'Aquino sulla compressione corporea*. In: *Le corps humain selon Thomas d'Aquin. Nature et destinée = Rev Sci Philos Theol* 2019;103(4):625-48; Ottosson PG, *Scholastic Medicine and Philosophy*. Napoli: Bibliopolis; 1984, esp. ch. 3; Bakker P, Beneduce C (eds), *Complexio. Across Times and Disciplines*, forthcoming.
19. Alain de Lille, *Liber Poenentialis*. Longère J (ed.), *Arch Hist Doctrin Litt du M-Age* 1965;32:169-242.
20. Cf. D'Alverny MT, Introduction. In: Alain de Lille, *Textes inédits*. D'Alverny MT (ed.), Paris: Vrin; 1965.
21. Cf. Alain de Lille, ref. 19, pp. 193-94.
22. In addition to the more explicit cases examined here, the term 'spiritual medicine' can also be used to describe the attention (which integrates and goes beyond the thoughts on the matter in classical medicine) paid to the behaviour of the physician (by both priests and physicians themselves): this attention focused on his particular ethics as a Christian professional; or when the considerations of religious anthropology - for example regarding the *veritas* of human nature, Adam's physical organism, the resurrected bodies of the saints, or even the corporeity of Christ- makes use of medical concepts and theories. Space does not permit me to examine these aspects here.
23. Cf. Ziegler J, *'Ut dicunt medici': Medical Knowledge and Theological Debates in the Second Half of the Thirteenth Century*. *Bull Hist Med* 1999;73:208-37.
24. Cf. amongst the many studies on the subject now available, Reynolds PL, *Food and the Body: Some Peculiar Questions in High Medieval Theology*. Leiden: Brill; 1999; Donato MP, Berlivet L, Cabibbo S, Michetti R, Nicoud M (eds), ref. 2; Crisciani C, Ferrari G, *Estudi introductorii*. In: Arnaldi de Vilanova *Tractatus de humido radicali*, McVaugh MR (ed.). Barcelona; Universitat de Barcelona; 2010 (AVOMO 5.2); Cova L, *I principi della*

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25. Cf. Arnaldi de Villanova *Commentum in quasdam parabolas et alias aphorismorum series: Aphorismi particulares, Aphorismi de memoria, Aphorismi extravagantes*, ed. Paniagua JA, Gil Sotres P (eds), Barcelona: Universitat de Barcelona; 1993 (AVOMO 6.2) (on which cf. Agrimi J, Aforismi, parabole, esempi. *Forme di scrittura della medicina operativa: il modello di Arnaldo da Villanova*. In: Galuzzi M, Micheli G, Monti MT (eds), *Le forme della comunicazione scientifica*. Milano: FrancoAngeli; 1998. pp. 361-92); Ziegler J, *Medicine and Religion c. 1300. The Case of Arnau de Vilanova*. Oxford: Clarendon press; 1998.
  26. Cf. Calvet A, *À la recherche de la médecine universelle*. In: Crisciani C, Paravicini Bagliani A (eds), *Alchimia e medicina nel medioevo*. Firenze: SISMEL-Edizioni del Galluzzo; 2003. pp. 177-216 (with partial ed. of Galvano's mss. on these topics, pp. 205-16).
  27. Cf. Ziegler J, *Medical similes in religious discourse. The case of Giovanni di S. Gimignano O.P. (ca.1260-ca.1333)*. *Sci context* 1995;8:103-13.
  28. Cf. Olszewski M, *Theologia ut medicina supernaturalis. The nature of theology according to Nicholas of Ockham. With an edition of the prologue to his Commentary on the Sentences*. *Archa Verbi* 2008;5:143-65.
  29. Olszewski M, ref. 28, pp. 153-54; Luther would take up this definition; the passage quoted by Nicholas is in Avicenna, *Liber canonis Venetiis*; 1507 (ripr. Hildesheim, 1964), I, 1, f.1ra: "Dico quod medicina est scientia qua humani corporis dispositiones noscuntur ex parte qua sanantur vel ab ea remorentur...".
  30. Cf. J Ziegler J, *Medicine and Immortality in Terrestrial Paradise*. In: Biller P, Ziegler J (eds.), ref. 2. pp. 201-42.
  31. Cf. Nicoud M, *Formes et enjeux d'une médicalisation médiévale (XIIIe-XVe siècles)*. *Genèses* 2011;82:7-30 (the whole issue is devoted to this topic).
  32. Cf. the considerations of A. Paravicini Bagliani in his studies on Roger Bacon, especially in Paravicini Bagliani A, *Medicina e scienze della natura alla corte dei Papi nel Duecento*. Spoleto: Centro italiano di Studi sull'Alto Medioevo; 1991.
  33. Humbertus de Romanis, ref. 15; cf. Casagrande C, *I concetti di ordo e di status in un manuale di predicazione del secolo XIII: il De eruditione praedicatorum di Umberto da Romans*. In: *Atti XXV Congresso Nazionale Filosofia, II*. Roma: Tipografia New Graph; 1980. pp. 206-13.
  34. Humbertus de Romanis, *Expositio super Regulam Sancti Augustini*. Novocomii: apud Hieronymum Frova; 1602, pp. 293-96.
  35. Remember the praise given to 'brother body' expressed, for same reasons, by saint Francis.
  36. Humbertus de Romanis, ref. 15, pp. 488-9 in the sermon for students of medicine; cfr. also pp. 475-6 and 502-3 for outlines for sermons to assistants in the hospitals and to lepers.

37. It. tr. in Agrimi J, Crisciani C, Malato, ref. 2, pp. 205-7.
38. Cf. Gerson J, Pro licentiandis in medicina (Consideranti mihi). In: Id., Oeuvres Complètes, Glorieux P (ed.), vol. 5. Paris: Desclée; 1962: pp. 144-51; Crisciani C, Il Cancelliere Gerson ai licenziandi in medicina. In: Crisciani C, Zuccolin G (eds), Verba et mores. Studi per Carla Casagrande. Roma: Aracne; 2022. pp. 77-94.
39. Cf. Crisciani C, Fioravanti G, I filosofi e i medici come gruppo: autorappresentazione e autopromozione. In: Casagrande C, Fioravanti G, La filosofia in Italia al tempo di Dante. Bologna: Il Mulino; 2016. pp. 77-90, esp. pp. 77-81; Crisciani C, Silenzio, parole e discorsi del medico: tra scienza ed etica, tra filosofia e retorica. forthcoming.
40. Cf. Firenze, Biblioteca Nazionale, ms. G.8. 1459 (XV), ff. 1-77; shortly to be published in the edition: Bartolomeo da Ferrara, Tractatus moralis predicandus in civitate pestilenciata, Maggioni GP (ed.), intr. Crisciani C, Duranti T, Maggioni GP. Firenze: SISMEL-Edizioni del Galluzzo; 2024.
41. Cf. Alecci A, Bartolomeo da Ferrara, in Dizionario Biografico degli Italiani, 6. Roma: Istituto della Enciclopedia Treccani; 1964. pp. 149-50; Creytens R, Barthélemy de Ferrara O.P. et Barthélemy de Modène O.P, deux écrivains du XV siècle. AFP 1955;25:346-75.
42. Cf. Gecksner O, Doctors and Preachers against the Plague: Attitudes toward Disease in Late Medieval Plague Tracts and Plaque Sermons. In: Bowers BS, Migl Keyser L (eds), The Sacred and the Secular in Medieval Healing. Oxford-New York: Routledge; 2012. pp. 78-102; cf. also Biel Gabriel, Sermones medicinales contra pestem. In: Sermones... Gabrielis Biel Spirensis... Haugenau; 1516. ff. 144r-152v.
43. Cf. Marchionne di Coppo Stefani, *Chronica fiorentina*. In: RIS2, 30/1, Rodolico N (ed.). Città di Castello: Scipione Lapi; [poi] Bologna: Nicola Zanichelli; 1903-1955, section 634: “[...] e non valeva nè medico, né medicina, o che non fossero ancora conosciute quelle malattie, o che li medici non avessero sopra quelle mai studiato, non pareva che rimedio vi fosse”.
44. Savonarola M, De preservatione a peste et eius cura. In: Belloni L (ed.), I trattati in volgare della peste e dell’acqua ardente di Michele Savonarola. Milano: Officine industrie grafiche italiane Stucchi; 1953. pp. 1-41, p. 4.
45. Cf. C Crisciani C, Zuccolin G (eds), Michele Savonarola. Medicina e cultura di corte Firenze: SISMEL-Edizioni del Galluzzo; 2011; Zuccolin G, Michele Savonarola medico humano. Fisiognomica, etica e religione alla corte estense. Bari: Edizioni di Pagina; 2018.
46. Savonarola M, ref. 45, pp. 5-6, 10, 24.
47. For a review of recent results on this topic Gürbüz A, Wallis F, ‘Angelical Coniunctions’: An Introduction. Early Sci Med 2021;26:419-38.