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The Western Medieval Medical Literature, its Books and Readership: A Complex Reality

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Marilyn Nicoud
Avignon University CIHAM-UMR5648

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Corresponding Author:
marilyn.nicoud@univ-avignon.fr

ABSTRACT

The aim of this article is to present the main characteristics of the development of medical literature in the Western world from the 12th century onwards, in relation to the intellectual context of its production and the social conditions of its reception and reading. By connecting the theoretical and practical dimensions of the discipline with the materiality of manuscript books, and the cultural context of the writings to the expectations of the medical readership, this article aims to highlight the great diversity of this literature. Written in universities, but increasingly in the court *milieux* and the urban world, these texts primarily aimed at students and colleagues to help them in learning and practice, but also at a wider public concerned about its health.

Key words: Medical Literature - Manuscripts - Readership - *Regimen sanitatis* - *Consilia* - Universities - Courts

The history of medicine began with the history of its literature. Until the mid-19th century, these studies, mainly carried out by physicians, took the form of surveys of texts and manuscripts[1]. Émile Littré, Charles Daremberg, Salvatore De Renzi, Valentin Rose, Julius Pagel, Karl Sudhoff and his pupils, Lynn Thorndike, Henry Sigerist, Ernest Wickersheimer, Adalberto Pazzini, Paul Oskar Kristeller and Pearl Kibre, all represented the leading figures in this new historical field based on philology, which studied medical doctrine and some of the major figures of the *ars medica*[2]. Although many of the medieval authorities remain unpublished, numerous editions and manuscript catalogues were published to gain a better understanding of medical thought and identify its written tradition[3]. This primary trend is still ongoing, particularly thanks to the work of historians, philosophers, and philologists[4].

Some of these early studies highlighted the epistemological and cultural revolution of the 11th and 12th centuries and the significant transformations that occurred between Late Antiquity and the Late Middle Ages. In the Latin West, from the 5th to 10th centuries, there was a lesser production and dissemination of texts, with approximately 158 surviving manuscripts, most of which date from the Carolingian period[5]. In addition to the translation into Latin, between the 5th and 7th centuries, of treatises originally written in Greek by famous *auctoritates* of Antiquity and the early Middle Ages (Hippocrates, Dioscorides, Rufus of Ephesus, Galen, Oribasius, Soranus of Ephesus, Alexander of Tralles, Paul of Aegina), most of the corpus consisted of practical knowledge focused on health prevention, prognosis, and therapeutic tools. These included dietary calendars, herbariums, lists of *quid pro quo*, recipes, books about secrets, semiology, diseases, *lunari*, *compendia*, as well as a few texts on medical ethics[6]. Written by known, anonymous, or mistakenly attributed authors, these works, often rearranged, were copied and preserved, like most books of that period, in the monastic *scriptoria*.

However, from the 11th century onwards, the proliferation of medical manuscripts, their wide distribution and the transformation of their contents changed the profile of this literature, in terms of discursive forms, genres, and languages: *expositiones*, *quaestiones*, *summae*, *compendia*, treatises dedicated to a specific topic, works in verse, *epistolae*, etc. Although Latin remained the primary means of communication throughout the Middle Ages, vernacular languages began also to be used for writing about medicine, pharmacology, semiology, and surgery[7]. This variety was the result of both the acquisition of new knowledge (which allowed medicine to establish itself as a theoretical science based on natural philosophy rather than a mechanical art) and of a social demand for care that promoted erudite practitioners.

This quantitative and qualitative transformation can be explained by three main factors. Firstly, the spread throughout Europe of Latin translations of Greek and Arabic philosophical and medical works from Antiquity and the medieval period, which profoundly reshaped medical knowledge[8]. Secondly, the development of medical

schools, mainly in Salerno, Montpellier and, to some extent, Paris, which were more renowned for their intellectual output than for their structural aspects[9]. Thirdly, the transformation of the schools into universities, with the institutionalization of a curriculum, learning methods and authoritative texts, and the emergence of the figure of the *physicus*, recognized not only through diplomas but also by political authorities[10]. Although the community of medical practitioners remained heterogeneous throughout the Middle Ages (as learned physicians constituted a minority[11]), these phenomena nonetheless led to a significant transformation of medical theory and practice[12].

If the 'internal' history of medicine remains important, it is also necessary to link doctrinal contents and formal discourses to the cultural and social conditions of its production and transmission[13]. An approach that connects the intellectual dimension to the materiality of manuscript books, and the cultural context of their writings to the expectations of their readership, could help delineate the contours of a complex literature.

1. From a "theoretical turn to a practical turn"

As part of the profound institutional and cultural transformations that began in the 11th and 12th centuries, the profile of medical literature underwent changes characterized by two major trends: the first was the comprehension and absorption of the new knowledge transmitted through Latin translations of Greek and Arabic texts; the second was the proposal of a new learning method suitable for the training of students. In this regard, teachers in schools and universities began to write different texts, using the tools of scholastic exegesis to facilitate the reading of ever-expanding corpus of authoritative sources, such as the *Articella* (a collection of Hippocratic and Byzantine manuals augmented, from the middle of the 12th century, by new texts), al-Majûsî's *Pantegni* replaced by Avicenna's *Canon* and other Arabic encyclopedias, the "new Galen", etc[14]. This syllabus constituted a constantly evolving curriculum. Their readings and commentaries contributed create a body of consensual knowledge also aimed at establishing the theoretical dimension of medicine based on the principles of natural philosophy. It also helped to impose an ethical approach to medicine common to all physicians studying at the university[15].

These works, primarily intended for students and colleagues, reflected the teaching activity and they intricately connected writing and reading[16]: there were numerous commentaries considered as the result of academic *lectio* of authoritative texts[17]. Consisting of literal explanations, questions, *dubia* and sometimes digressions[18] (either revised by the professor or simply reported from *reportationes*, i.e., students' notes), these *expositiones* were the outcome of a dialogue between the master, the reference text, and the disciples. However, universities also promoted other types of texts: useful tools for clarifying divergent positions among medical authorities (such

as the *concordantiae*, a kind of dictionary by the two Parisian masters from the 13th and 14th centuries, Johannes de Sancto Amando and Petrus de Sancto Floro); *summae* that collected all medical knowledge, like the *Sermones medicinales* by the Florentine Niccolò Falcucci (d. 1412) in 7 volumes, or personal statements like the famous *Conciliator* by the Paduan Pietro d'Abano (d. 1316), in an attempt to reconcile medicine and astrology[19]. In a highly competitive medical market, these works may have represented a means to stand out from the others. By choosing a specific form of discourse, a personal style, distinct opinions, particular subjects such as anatomy, gynecology, innovative theories or debates, a singular author or school of thought could be easily identifiable and recognized[20]. Despite the long tradition of these discursive genres, it would be wrong to believe that continuity is synonymous with uniformity. As Joël Chandelier has shown for the art of commentary, which dates back to Antiquity, "si les autorités sont parfois restées les mêmes, les modes de commentaires et les questions posées aux textes ont grandement varié en fonction des intérêts des lecteurs mais aussi des besoins de leur public ainsi que du contexte institutionnel et intellectuel"[21].

These developments also revealed a stronger connection between theory and practice, teaching and the practice of medicine, as a result of the growth of a medical market based on an increased demand for care and treatments[22]. A significant number of texts directly related to medical practice were written until the 13th century by more or less famous practitioners, as well as anonymous authors. These texts included tools of semiology, the treatment of diseases (*practicae*), new therapeutic instruments such as balneotherapy, collections of *experimenta* (remedies tested and authenticated by a famous physician), pharmacological works, and so on[23]. These treatises were often based on personal experiences and observations and aimed sometimes to propose new ideas[24]. Most of this practical literature, like the works of Bernard de Gordon, a professor in Montpellier in the early 14th century, was intended for students and practitioners to help them in learning and practicing medicine in all its possible applications. However, some of these works were also aimed at a wider audience and should be seen as a medical response to new expectations.

2. Responding to a demand for care

This new medicine also had a social impact. Starting from the 13th century, the development of the *ars medica* as a profession revealed certain forms of medicalization, particularly visible in the Western Mediterranean[25]. This process took on different forms – the extension of medical boundaries to new subjects, the claiming of expertise, a greater penetration of medicine into medieval societies… It also implied an interest from political authorities in health matters, in terms of providing medical care (even before the plague), with the recruitment of town practitioners, for example, and

in terms of extending control over medical practice, with the creation of colleges to prohibit empirics from practicing[26]. While being treated by an educated physician remained a privilege of the social elite, much of the medical literature written in the 14th and 15th centuries reflects this concern to better adapt theoretical doctrine to the specific conditions of practice, to help practitioners in their daily practice and to inform a lay public with up-to-date advice.

The plague is a typical example of this strong connection between intellectual perspectives and social interaction. Its sudden arrival gave rise to an impressive number of treatises written from 1348 onwards, entirely dedicated to this *new* disease[27]. They constitute one of the most widespread medical genres. Often dismissed by the historiography of epidemics - with a few exceptions[28] - this literature of over 300 texts is, on the contrary, a symbol of medical concerns in the face of a dreaded disease. It represents a collective effort by the community of scholars to provide an understanding of its onset and spread, and to propose practical solutions. Written at the initiative of practitioners or at the request of private individuals, public authorities, professional colleges or colleagues, these texts in Latin and vernacular languages from all over Europe were an attempt to address, first and foremost, an intellectual challenge, as the plague called into question the etiological principles of epidemic diseases. Secondly, they aimed to address a public health issue, as the disease disrupted the demographic balance and threatened the survival of medieval societies. Widely disseminated in numerous manuscripts and printed works, these *Pestschriften* also attest to the need for medical advice, both for physicians on how to treat patients and for the lay public on how to prevent diseases. They reflect both the demand for expertise and confidence in learned medicine.

They also bear witness to a transformation in medical ethics, which could not resign itself to not attempting to cure a disease that was generally recognized as fatal[29]. Representing a sort of written communication between different levels of practitioners, as well as between physicians and laypeople, these plague treatises disseminated enlightened knowledge, often based on personal experience, to a wide audience. However, they were only a later avatar of other genres (*regimina sanitatis* and *consilia*) that already connected theory and practice, physicians and laypeople, and from which they borrowed part of the content and organization.

The *consilia*, originating in Italy at the end of the 13th century and likely based on a legal model, were initially records of a professional act: a practitioner or a patient sought the advice of a physician on a specific case[30]. The early examples, such as the *consilia* of Taddeo Alderotti or Gentile da Foligno from the 13th and 14th centuries, varied widely in composition, ranging from simple prescriptions to comprehensive advice that included a description of the case and the treatment (including dietary and pharmacological recommendations), which would soon become the classic form of *consilium*. These prescriptions could be the result of a personal

examination or simply notes taken on a case, but they were often written in *absentia*, without direct consultation.

While in modern tradition, patients' letters were often kept in the personal archives of famous physicians[31], in the Middle Ages, only the physicians' responses were generally preserved, typically copied into extensive collections of *consilia*[32]. As Chiara Crisciani has recently pointed out, these selections and compilations, mostly organized by author, were used in the classroom to learn medicine by specific case[33]. This development, particularly significant in the late Middle Ages, certainly changed the nature, perception, and use of these individual prescriptions, which became a fixed genre primarily aimed at students. However, they also reflected professional communication among different practitioners. Alongside Latin[34], the professional language, the writing of *consilia* in the vernacular confirms the existence of direct written communication between patient and physician[35].

Closely related to the *consilia*, the *regimina sanitatis* represent another form of advice aimed at a lay audience, with a different objective: not to treat diseases but to prevent them and maintain the body healthy. Originating in the early 13th century and often based on ancient models (the pseudo-Hippocratic letters and the pseudo-Aristotelian *Secret of secrets*), these texts quickly became a distinct genre of medical literature[36]. Often aimed at an aristocratic audience, they gradually expanded their readership through translations of the most widely read texts, by writing in vernacular languages or through anonymous compilations copied into common books[37]. From a medical perspective, the *regimen* was necessary due to the uncertainty of therapeutic procedures and the Galenic conception of the state of health, which was constantly changing and had to be monitored. In a sense, this monitoring could be carried out even without the presence of a physician at the patient's bedside, simply by reading the text. The rules, based on the proper use of the "six non-naturals"[38], were meant to be applied by the patients-readers themselves. Not only did they have to understand the education content, but they also had to be willing to follow the rules, even if they went against their own habits. To turn the reader into an active participant in his/her own health, the author would adopt a specific tone, which could vary from a prescriptive approach to a more pedagogical one. In the latter case, especially in texts written in the 15th century, the *regimina* became a kind of health education manual[39].

This gradual expansion of the readership that shaped a part of this literature, including less informed practitioners and laypeople, is also revealed by the material diversity of medical books.

3. Medical books and their readership

The proliferation of medical works in the late Middle Ages and the early modern period is characteristic of the expansion of the public interest in medical culture and the extension of the "lieux de savoir"[40]. In addition to universities, which remained the

primary place for medical writing, towns and, especially, courts provided new settings from the 14th century onwards, giving rise to specific medical genres[41]. Similar to the *regimina sanitatis*, which were often written for, or even at the request of, an aristocratic readership, the numerous treatises on poisons reflected the fear engendered by these criminal practices[42]. The diversity of medical topics encouraged by both intellectual interests and social needs, is mirrored in the variety of manuscript books. The formal presentation, content, conditions of production and, more broadly, the materiality of books may reflect different reading habits and uses. While each manuscript can, in some respects, be considered a *unicum*, certain trends reveal the different audiences for these books, which can also be seen in the inventories of private libraries, where they appear in the collections of professionals and laypeople (aristocrats and scholars)[43].

As Danielle Jacquart has recently observed, miscellanies that brought together different works in the same codex were in the majority but referred to very different realities[44]. Many copies made by workshops, but also by students, often corresponded to an academic use with large margins left for remarks; they could combine texts from the curriculum, such as the *Articella*, parts of Avicenna's *Canon* or anthologies of passages considered to be the most important within the same codicological units[45]. However, they could also assemble texts from different periods or on different themes, like the books commissioned from the copyist Hermann Zurke in the mid-fifteenth century by the physician Gilbert Kymer[46]. Composed in 1453 by Niccolò Dati da Visso, a physician from Siena, ms 1177 of the Riccardiana library in Florence contained around thirty different texts, mainly related to curing illnesses. Called "Quodlibetum" by its author, this compilation represented a kind of personal library, contained within a single book[47]. Commissioned or created by professionals themselves, these practical collections could also be of interest to a lay audience, as in the case of ms Laud Misc. 617, an anthology copied by various Italian hands and owned by an English squire at the end of the 15th century[48]. Sometimes, medical texts could also be copied in a non-medical environment, such as *regimina sanitatis* or recipes added to a blank page as a token of personal interest in health.

Alongside these collections, some books fell into the category of the "libro unitario"[49]. These were compilations of texts by a single author, such as the works of Rhazes or Galenic translations[50]. This development, which prefigured Renaissance editions, also concerned medieval authors whose works were brought together to form a kind of *opera omnia*, such as certain manuscripts of Antonio Guaineri's works (d. 1458), or the compilations composed by the Schedel of *consilia* written by Antonio Cermisone (d. 1441) and Bartolomeo Montagnana (d. 1452)[51]. Generally produced for intellectual purposes, some of these anthologies reveal a more antiquarian intention and the role of the copyist as an author. The "libro unitario" as a single book with a single text is logically the result of dedication copies made at the request of the dedicatee or to

recommend oneself to him or her. The two dietary treatises written by Bernardo Torni (d. 1497) for Cardinal Giovanni de' Medici or the *Summa lacticiniorum* by Pantaleone de Confienza (d. *ca* 1497) sent to Pope Sixtus IV, which all remained single copies, thus illustrate the secular audience of medical discourse[52]. This same readership was also targeted by certain illuminated manuscripts; alongside the appearance of technical drawings and urine diagrams, intended for professionals[53], certain dietetic *codices* were often the subject of illustration programs, such as Aldobrandino da Siena's *Livre de Physique*, written in the mid-13th century, or the illustrated tradition of Ibn Butlân's *Tacuinum sanitatis*, where the original text was reduced to make way for paintings[54]. Created by workshops and illuminators, these copies bear witness to the lay dissemination of medical knowledge in the late Middle Ages.

4. Conclusions

A holistic approach connecting the intellectual, cultural and social dimensions of medical literature highlights its polyphonic aspects and the gradual diversification of its readership. Its intellectual dimensions have contributed to build knowledge and shaping a community of practitioners asserting a specific identity. Furthermore, it has provided a means of expressing expertise in health-related matters to public authorities. While primarily aimed at the professional community, a didactic and accessible part of this literature has also piqued the interest of a lay audience, increasingly interested in self-care. This wider dissemination of medical knowledge, even though partly limited to the social elite, attests to its practical dimension and its concern for health issues, as reflected in the involvement of practitioners in medieval societies. This comprehensive approach enables to link the history of texts with the history of practices, and the history of medicine with the history of health and to history in general.

Bibliography and notes

Non-ISO4 abbreviations
Arch Gesch Med = Archiv für Geschichte der Medizin
Eng Manuscript Stud = English Manuscript Studies 1100-1700
Hist Med S = Histoire, Médecine et Santé
Sci Context = Sciente in Context
Hist Compass = History Compass
Roman Philol = Romance Philology

Websites
eTK - eVK2 (https://cctr1.umkc.edu/search).
Galeno Latino (https://www.galenolatino.com/).
La ciència en la cultura catalana a l'Edat Mitjana i el Renaixement (https://sciencia.cat/).
Manmed (*Manuscripta Medica*) (https://www.manuscripta-medica.com/).

Manuscripts

Città del Vaticano, Biblioteca Apostolica Vaticana, ms Pal. lat. 1195 (collection of *incubabula*).
Città del Vaticano, Biblioteca Apostolica Vaticana, ms Vat. Lat. 4479.
Firenze, Biblioteca Medicea Laurenziana, ms Plut. 20.53.
Firenze, Biblioteca Medicea Laurenziana, ms Plut. 73-34.
Firenze, Biblioteca Riccardiana, ms 1177.
Milano, Biblioteca Ambrosiana, ms A 108 inf.
Nantes, Musée Dobrée, ms 20.
Oxford, Bodleian Library, ms Bodl. 361.
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Oxford, Bodleian Library, ms Laud Misc. 558.
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