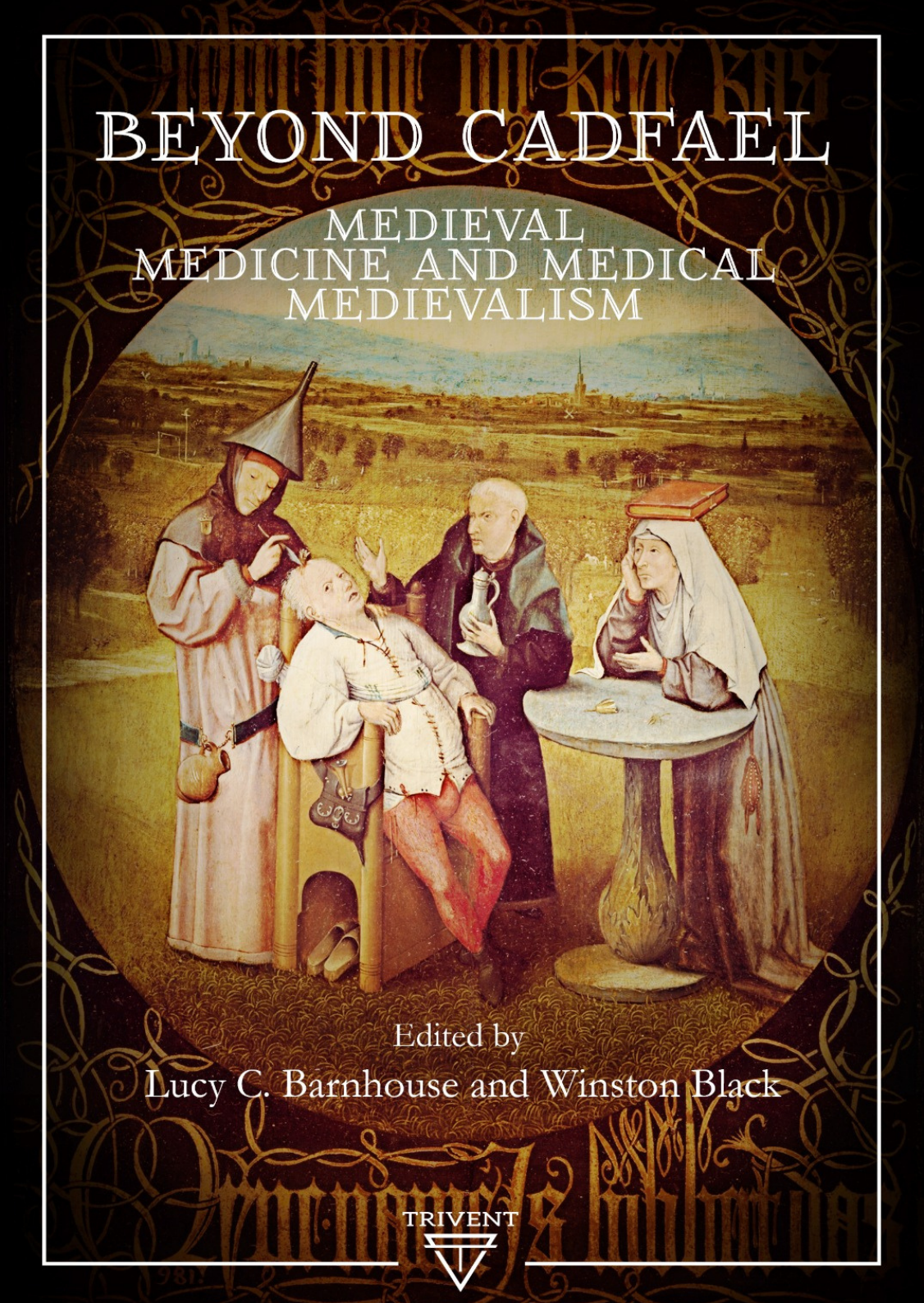
BEYOND CADFAEL

MEDIEVAL MEDICINE AND MEDICAL MEDIEVALISM



Edited by

Lucy C. Barnhouse and Winston Black

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Beyond Cadfael

Medieval Medicine and Medical Medievalism

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INTRODUCTION

BEYOND CADFAEL: IDENTIFYING AND DEFINING MEDICAL MEDIEVALISM

LUCY C. BARNHOUSE AND WINSTON BLACK

In 1984, a tourist attraction called Shrewsbury Quest opened in the town of the same name in Shropshire, England, located on the grounds of the Abbey of St Peter and St Paul and the parish church of The Holy Cross. Shrewsbury Quest, which closed in 2001, was dedicated to many aspects of the history of medieval Shrewsbury, but its main focus was immersion in the twelfth-century world of Shrewsbury's most famous fictional resident, the monk and herbalist Brother Cadfael.[1] Cadfael is the protagonist of twenty crime novels written by Ellis Peters (the pen name of Edith Pargeter, 1913-1995) and of the television series of thirteen episodes based on the novels, starring Sir Derek Jacobi (ITV, 1994-1998). The novels have been translated into multiple languages and sold tens of millions of copies worldwide. They have also served for many people as an entry into medieval studies and some aspects of medieval medicine, as witnessed by a spate of popular books from the heyday of the television series: *Brother Cadfael's Book of Days, Brother Cadfael's Herb Garden,* and *The Cadfael Companion*.[2] The underlying premise of these and

[1] A description of this attraction, with photographs, is provided at a German fan site for Brother Cadfael, *Die Chroniken des Bruder Cadfael* (also in English), which claims to be "probably the most extensive private Cadfael website" and "approved by Ellis Peters' trustee of estate": www.cadfael.de/html/es-s-quest.html, Accessed May 27, 2022. Special thanks to Dr. Emily Reiner for her additional editorial assistance with this volume.

[2] Robin Whiteman, *Brother Cadfael's Book of Days: The Material and Spiritual Wisdom of a Medieval Crusader-Monk* (London: Headline, 2000); Rob Talbot and Robin Whiteman,

similar books is that the medieval world depicted by Peters, however fictional, is nonetheless a reasonably accurate reflection of a historical reality, one that a fan of Cadfael's adventures can readily enter.

Cadfael is probably the best-known example in the Anglophone world of "medical medievalism": a modern representation of medieval medicine, intended for a popular audience.[3] A Welsh Benedictine monk, Cadfael not only serves as the herbalist and medic for his monastery, but also applies his skills in plant lore and natural observation to solving the shocking number of murders that occur in the town of Shrewsbury and its environs. He is positioned as a liminal figure of "intimate alterity," comfortably at home in an English monastery, but also an outsider as both a Welshman and a long-time resident of the Holy Land.[4] This alterity makes him not only attuned to identifying and tracking important clues but also approachable to a modern audience, who are also sympathetic outsiders to the medieval, monastic setting of the stories.

The first five books in the series of Brother Cadfael novels all open with the crusader-turned-monk in his garden or workshop (both key stops on the Shrewsbury Quest tour), overseeing the work of medieval medicine. The second novel, *One Corpse Too Many*, exemplifies particularly well the tensions inherent in much medievalism, that is, between the vision of the medieval past as one characterized by violence and brutality, and that of the medieval world as characterized by relationships believed lost to modern society: a closeness to God, to nature, and to community. In *One Corpse Too Many*, the violence of twelfth-century England's interregnum and civil war (1138-1153) comes to Shrewsbury and its abbey with the siege of a castle and its disturbing aftermath.[5] It also

Brother Cadfael's Herb Garden: An Illustrated Companion to Medieval Plants and Their Uses (Boston: Bulfinch Press, 1997); *The Cadfael Companion: The World of Brother Cadfael* (New York: Mysterious Press, 1995).

[3] Our definition of the term "medical medievalism" is inspired by—but slightly different—its first application by Zrinka Stahuljak in her monograph *Pornographic Archaeology: Medicine, Medievalism, and the Invention of the French Nation* (Philadelphia: University of Pennsylvania Press, 2013), 3.

[4] The term is from Lesley Jacobs, "Idealized Images of Wales in the Fiction of Edith Pargeter/Ellis Peters," in *Mass Market Medieval: Essays on the Middle Ages in Popular Culture*, ed. David W. Marshall (Jefferson, NC: McFarland & Company, 2007), 90-101, at 91, building on the work of Jeffrey Jerome Cohen on Gerald of Wales in "Hybrids, Monsters, Borderlands," in *The Postcolonial Middle Ages*, ed. Jeffrey Jerome Cohen (New York: Palgrave, 2000), 85-104.

[5] Ellis Peters, *One Corpse Too Many* (London: Macmillan, 1979), 53-57, 79-82, 116, 213.

enables Cadfael to discover the location of a murder. In the 1994 television adaptation of the novel, the plant goosegrass also becomes a visual motif, with Derek Jacobi's Cadfael carefully obtaining and preserving samples of the plant found on the corpse and at the crime scene. This visual motif is easily recognizable from decades of serialized detective shows; here, the sleuth and his clues are made recognizably medieval in appearance but comfortably modern in the context of a crime novel.

But this recognition of the medieval world may be a false one. Goosegrass (or cleavers), while common to Ellis Peters' beloved native Shropshire, was not a particularly popular ingredient in medieval medical texts. The reference work designed to explicate Cadfael's botanical knowledge for readers cites a seventeenth-century herbal in its discussion of the plant.[6] And Cadfael's activities owe much more to the tropes of detective fiction from Poe and Conan Doyle onwards than to his duties as a monastic herbalist, even in the turbulent times of the English interregnum. "If the Middle Ages hadn't existed," Catherine Brown has suggested, "people might have had to invent them, just so that we could safely be non-medieval."[7] This invented Middle Ages is on display as much in the theme park as in the novels and television series. As one reviewer of Shrewsbury Quest remarked, the town of Shrewsbury became the site of "a battle between real history and fictional history."[8] At Shrewsbury Quest visitors could explore replicas of Cadfael's hut and his "physic garden," key scenes from the murder mysteries. Cadfael's medical skills, we read, were learned from Muslims in the Holy Land when he was serving as a soldier there during and after the First Crusade. Readers of the novels understand from this plot element that any useful knowledge in physiology, anatomy, or therapeutics could not be gained

[6] Rob Talbot and Robin Whiteman, *Brother Cadfael's Herb Garden: An Illustrated Companion to Medieval Plants and their Uses* (Boston: Bulfinch Press, 1997), 108-09. Goosegrass (if we can understand this as the modern plant, *Galium aparine* L.) does not occur in any of the most important high medieval herbals, such as Macer Floridus's *De viribus herbarum*, *Circa instans*, or Hildegard of Bingen's *Physica*. For later medieval references to a plant that may be goosegrass or cleavers, see Tony Hunt, *Plant Names of Medieval England* (Woodbridge: D.S. Brewer, 1989), s.v. Galium Aparine, 324.

[7] Catherine Brown, "In the Middle," *Journal of Medieval and Early Modern Studies* 30:3 (2000), 549.

[8] Martha Moffett, "Cadfael's cloister," *South Florida Sun-Sentinel* Jan 1, 1995, www.sun-sentinel.com/news/fl-xpm-1995-01-01-9412270315-story.html, accessed Dec 30, 2021.

in twelfth-century Europe but had to come from a civilization that is portrayed as both timeless and exotic, which serves as a medieval proxy for modern medical skills.[9] When a European gained that sort of knowledge, they could transcend the backwardness of medieval Western Europe and display the skills of a modern medical examiner. Visitors to Shrewsbury Quest co-create a similar anachronism, using clues from Cadfael's rustic hut and herbarium to solve a mystery in the style of a modern investigative detective. This opposition of the medieval and the modern, as Helen Young and Kavita Mudan Finn have recently argued, has been used from the early modern period onwards in service of a modernity imagined as exclusively and inevitably white and European.[10]

The use of the (invented) Middle Ages as a site of imagined contrast with the modern is particularly prevalent in popular culture depictions of medieval medicine. This volume aims to show that medieval medicine occupies multiple and multivalent spaces in the modern imagination. Recent decades have seen particularly robust scholarship on both medieval medicine and popular medievalism, but work uniting these threads of scholarship remains a desideratum. Medieval medicine retains, in the words of several scholars, an "'eye-of-newt' image among the general public,"[11] who often assume (or are told through popular media) that medieval remedies and medical practices were reminiscent of the repulsive and magical ingredients in the Three Witches' bubbling cauldron in Shakespeare's *Macbeth*.

Moralizing and prejudiced attitudes towards disease, moreover, have even been referred to as a kind of "diagnostic medievalism," associated with a mode of understanding and engaging with disease imagined as

[9] See Edward Said, *Orientalism* (London: Routledge, 1980), 9-11, for this mode of co-creating 'Europe' and 'the Orient' in the western imagination. See also Robin S. Reich's essay in this volume, "The Fantasy of Medieval Medicine: Orientalizing Experiential and Textual Traditions in the Imagined Medieval Past".

[10] Helen Young and Kavita Mudan Finn, *Global Medievalism* (Cambridge: Cambridge University Press, 2022), 1-4. This valuable work appeared after this volume was in proofs.

[11] Anne van Arsdall, "Rehabilitating Medieval Medicine," in: *Misconceptions About the Middle Ages*, eds. Stephen J. Harris and Bryon L. Grigsby (New York: Routledge, 2007), 135-41; Peregrine Horden, "What's Wrong with Early Medieval Medicine?" *Social History of Medicine* 24 (2011), 24-25; Anne Van Arsdall. "Challenging the 'Eye of Newt' Image of Medieval Medicine" in *The Medieval Hospital and Medical Practice*. ed by Barbara S. Bowers. (Burlington: Ashgate, 2007), 195-204.

distinctively medieval." [12] Especially – but by no means exclusively – since the outbreak of the COVID-19 pandemic, the medieval has appeared as a signifier of inadequate medical knowledge, helplessness in the face of disease, and failures of both imagination and implementation in public health policy.[13] It is widely assumed that medieval people could do nothing—and thus did do nothing—in the face of premodern pandemics like the Black Death of 1346-1353. Contemporary calls to embrace effective countermeasures to COVID-19, including masks, vaccines, and social isolation measures, are routinely depicted as modern innovations that can save us from the implied failures of medieval medicine. At the same time, the plague masks used by some doctors only in the seventeenth century have been hailed as supposedly medieval precursors to modern protective equipment.[14] In the context of widespread personal anxiety and often incoherent public health policy, the alterity of the medieval and the construction of popular medical medievalisms can serve as both exhortation and comfort: this is what should be abandoned; this is what can be transcended. If collective inertia and willful ignorance are understood as 'medieval,' we can reject the ways in which these patterns indict our own societies.

Imagining the historical past and the contemporary moment as basic, opposing facts on either side of a chasm is an all too prevalent conceptual binary.[15] Moreover, this constructed opposition is not unique to the modern period. The practice of medievalism can be viewed as having begun in the Middle Ages itself, with literary narratives inventing a

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[12] Jessica Chace, "Diagnostic Medievalism: The Case of Leprosy's Stigma," *Disability Studies Quarterly* 39 (2019), https://dsq-sds.org/article/view/6410/5409. Last accessed January 7, 2020.

[13] For an overview of such coverage see Ali Shamekh, Ata Mahmoudpoor, and Sarvin Sanaie, "COVID-19: Is it the black death of the 21st century?" *Health promotion perspectives* 10:3 (2020), 166-167. See also "The Mother of All Pandemics: The State of Black Death Research in the Era of Covid-19," a 2020 webinar sponsored by the Medieval Academy of America, with Winston Black and Lori Jones as moderators, and Monica H. Green as respondent, www.medievalacademy.org/general/custom.asp?page=PandemicWebinar. See also Umberto Eco, "Living in the Middle Ages," in *Travels in Hyperreality* (New York, NY: Harvest Press, 1990), 73-85.

[14] See, for example, Ainsley Hawthorn, "Plague doctors and PPE: Today's gear has nothing on the medical garb of the Renaissance," *CBC News Newfoundland & Labrador* August 23, 2020. www.cbc.ca/news/canada/newfoundland-labrador/renaissance-ppe-plague-doctors-1.5687152

[15] Larry Scanlon, "Introduction," *American Literary History* 22 (2010), 718-719.

chivalric past which contrasts with the authors' own historical moment, itself envisioned as one of decline.[16] With the creation of an imagined Middle Ages came its "ideological conscription"; whether romantic ideal or barbaric other, the Middle Ages are never neutral.[17] Their uses of the Middle Ages, moreover, are notable for their multiplicity and flexibility, and, sometimes, for their syncretism and anachronism.[18] Whereas Regency England or Renaissance Italy may behave in more or less predictable ways as backdrops for historical fictions, the fictional Middle Ages – of Britain, of Baghdad, or even of Westeros in George R.R. Martin's fantasy novels and HBO series – do not. They can be idyllic settings for heroic endeavor and for the "love, truth, and faithfulness" which Thomas Malory lamented in 1485 as lost, part of the "irrecuperable pastness" which is so frequently projected onto the premodern.[19] Such is the power of medievalism that fantasy worlds are often treated as recognizably "medieval," as attested by both academic and popular discourse on *Game of Thrones* and *Lord of the Rings*.[20] Both scholarly and popular definitions of the Middle Ages are "constructed, invented, produced," undermining the frequently critiqued divide between medieval studies and medievalism.[21] The essays in this volume analyze how medical medievalisms are produced, circulated, and debated. As a whole, the volume examines the extent to which such medievalisms "habitually tell the same story of the European Middle Ages," and the

[16] Tison Pugh and Susan Aronstein, "Introduction: Theorizing America's Medievalisms," in: *The United States of Medievalism*, eds. Tison Pugh and Susan Aronstein (Toronto: University of Toronto Press, 2021), 3-18, at 5. See also Umberto Eco, "Dreaming the Middle Ages," in *Travels in Hyperreality,* 65-67, for the idea of a continuous return of the Middle Ages.

[17] Pugh and Aronstein, "Introduction," 5; Young and Finn, *Global Medievalism*, 1.

[18] Marcus Bull, *Thinking Medieval: An Introduction to the Study of the Middle Ages* (New York, NY: Palgrave, 2005), 38-39; Louise D'Arcens, "Medievalism: Scope and Complexity," in *The Cambridge Companion to Medievalism*, ed. Louise D'Arcens (Cambridge: Cambridge University Press, 2016), 5-6.

[19] Thomas Malory, *Le Morte d'Arthur*, Book XVIII (New York, NY: Heritage Press, 1955), 674; Larry Scanlon, "Introduction," 719; Bull, *Thinking Medieval*, 18-19, 25-26.

[20] See for example Jane Chance, ed. *Tolkien the Medievalist* (London: Routledge, 2008); Shiloh Carroll, *Medievalism in A Song of Ice and Fire and A Game of Thrones* (Woodbridge: Boydell and Brewer, 2018); Kavita Mudan Finn, "Game of Thrones is Based in History—Outdated History," *The Public Medievalist*, May 2019, www.publicmedievalist.com/thrones-outdated-history/, accessed April 15, 2022.

[21] Fitzpatrick, "The Academy and the Making of Neomedievalism," 14.

ways in which they can complicate or contradict narratives of medieval history in general and the history of medicine in particular.[22]

Many of the contributors to this volume, when explaining to acquaintances that they study medieval medicine, have received the response, "Oh, like Brother Cadfael?" As those exchanges indicate, Cadfael provides a popular locus of understanding that can serve as an entry point to critical analysis of medieval medical history. Yet Cadfael and other figures of medical medievalism have also become an impediment to researching and teaching about medieval medicine. Arguably, Ellis Peters's stories have calcified medieval medicine in the popular imagination: her representation of Anglo-Welsh monastic medicine in the early twelfth century has come to serve as representative of all medieval medicine. Yet medicine changed vastly over the millennium of the Middle Ages and particularly in the century (ca.1150-1250 CE) after the setting of the Cadfael Chronicles. It also differed significantly between geographical regions, social classes, and religious and secular groups, not to mention differing in diagnoses and treatments for specific diseases and specific patients. We can and should complicate matters further by emphasizing that the medicine of medieval Europe is not the medicine of the Islamicate Middle East, of south Asia, or of China and Korea in the same period.[23] While the concept of a 'global Middle Ages' is an inevitably fraught one, our understanding of the medical traditions of each region in the premodern era is enriched by contextualization, comparison, and exploration of difference. This approach is highlighted in the third and final section of this volume, in which the authors pose a series of comparisons about medicine and medievalism between Europe and East Asia and between the Middle Ages and today.

The relationships of medievalism to the formal study of the Middle Ages are many, and these relationships have been changing and

[22] Young and Mudan Finn, *Global Medievalism*, 7-10, quoted at 7.

[23] On the term 'Islamicate,' coined by the historian Marshall Hodgson (1922-1968), and its historiography, see Fitzroy Morrissey, "The Venture of the Islamicate: The History of a Key Concept in Islamic Intellectual History," 29 July 2021, https://intellectual history.web.ox.ac.uk/article/venture-islamicate-history-keycon cept-islamic-intellectual-history.

diversifying in the twenty-first century.[24] The Middle Ages can sometimes be pretextual: a background for the exploration of ideas with little connection to the mental and physical worlds of the medieval past.[25] But as has been widely noted, the desire for a certain vision of the Middle Ages has driven scholarly as well as popular medievalism.[26] And medieval studies, as an academic field, has come a long way from the skepticism with which nineteenth- and twentieth-century scholars treated amateur medievalism and the study of such medievalism.[27] Though the relationship between the study of medievalism and more traditional medieval studies remains fragile, it has been suggested that increased scholarly attention to medievalism offers rich possibilities at a time when academic support for the study of the Middle Ages themselves is in decline.[28] While the methods of scholarly and amateur medievalism may differ, these modes of pursuing and imagining the Middle Ages are characterized by complex interdependence, as illustrated in the media and medical practices examined by this volume.[29]

Even as scholarship on medievalism and scholarship on medieval medicine have burgeoned simultaneously in medieval studies, they have rarely been in conversation with each other. While many clichés about the Middle Ages – about science and sex, about race and gender, about travel and trade – have been increasingly queried and undermined, popular medical medievalisms remain largely unchanged.[30] Persistently,

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[24] KellyAnn Fitzpatrick, "The Academy and the Making of Neomedievalism," in: *Neomedievalism, Popular Culture, and the Academy: From Tolkien to Game of Thrones* (Woodbridge: Boydell and Brewer, 2019), 4.

[25] Eco, "Dreaming of the Middle Ages," 68-69.

[26] See, for example, Miri Rubin, *The Middle Ages: A Very Short Introduction* (Oxford: Oxford University Press, 2014), 6-9; D'Arcens, "Medievalism: Scope and Complexity," 1-7.

[27] Kathleen Biddick, *The Shock of Medievalism* (Durham, NC: Duke University Press, 1998), 1-4, discusses both change and continuity in scholarly anxieties.

[28] Fitzpatrick, "The Academy and the Making of Neomedievalism," 6-8.

[29] D'Arcens, "Medievalism: Scope and Complexity," 6, on the "complex history of interdependence" linking scholarly and non-scholarly approaches to the Middle Ages; on the different approaches to method in scholarly and popular medievalism, see Andrew B.R. Elliott, *Remaking the Middle Ages: The Methods of Cinema and History in Portraying the Medieval World* (Jefferson, NC: McFarland and Co., 2011), 9-34.

[30] Andrew Albin et al., eds., *Whose Middle Ages? Teachable Moments for an Ill-Used Past* (New York, NY: Fordham University Press, 2019), for instance, is a valuable collection but contains no essays focused on medicine. Stephen J. Harris and Bryon L. Grigsby, eds.,

too, the Middle Ages are imagined as quintessentially a time of disease. This is an idea found not only in popular culture but in the most essential scholarly works on medieval medicine. Katharine Park, in her foundational essay "Medicine and society in medieval Europe," described the European Middle Ages as "a universe of disease," playing on Jacques Le Goff's own interpretation of the Middle Ages as "a universe of hunger."[31] From leprosy to dysentery, from malaria to tuberculosis, from vitamin deficiencies to intestinal parasites, illness and disease were omnipresent in medieval society, and it is both possible and worthwhile to write a history of disease in the Middle Ages, while rejecting an image of the Middle Ages as uniquely diseased.[32] The premodern identification and modern portrayal of some of these diseases are explored in the first section of this volume, particularly in the essays by Luke Demaitre and Courtney A. Krolikoski.

To write a history of disease in medievalism, however, is a different matter. What diseases are considered stereotypically "medieval"? How and when do they appear in modern contexts and in what sort of media? Is the presence of a disease in a "medieval" movie, game, or novel an example of medical medievalism that reflects conscious thought about healing in the past, or has it been placed there by the authors or creators simply as part of the expected "Dark Ages" scenery? Are these "medieval" diseases actual historical pathologies, fictionalized representations of known diseases, or entirely fictional? A case study may be found in the open-access publication of "a digital cautionary tale" about misidentifying medieval images of disease as representations of the Black Death.[33] This co-authored article contains an edition and translation of primary sources alongside an analysis of images

Misconceptions about the Middle Ages (New York, NY: Routledge, 2001), has only two of its thirty-one essays dedicated to medieval medicine: Van Arsdall, "Rehabilitating Medieval Medicine," 135-41, and Bryon Grigsby, "Medical Misconceptions," 142-50. For a counterexample, see Winston Black, *The Middle Ages: Facts and Fictions* (Santa Barbara, CA: ABC-CLIO, 2019).

[31] Katharine Park, "Medicine and Society in Medieval Europe," in *Medicine in Society: Historical Essays*, ed. Andrew Wear (Cambridge University Press, 1992), 59-90, at 60.

[32] One of the most recent and progressive contributions to this field is *Death and Disease in the Medieval and Early Modern World: Perspectives from Across the Mediterranean and Beyond*, ed. Lori Jones and Nükhet Varlik (Boydell & Brewer, 2022).

[33] Monica H. Green, Kathleen Walker-Meikle, and Wolfgang P. Mueller, "Diagnosis of a 'Plague' Image: A Digital Cautionary Tale," *The Medieval Globe* 1 (2014), 309-325.

representing leprosy and the biblical plague of boils that have been repeatedly misconstrued in modern publications as representing bubonic plague. Three years after its publication, one of the authors was again driven to correct misuse of the latter image.[34] And as recently as 2020, one of the present editors was presented with the biblical image as a depiction of plague, to accompany an essay on the Black Death and COVID-19.[35] It is not enough to correct the misuse of medieval images of disease; we should query why modern audiences continue to interpret images of leprosy as images of plague, even after repeated correction. In that spirit, this collection brings the subfields of medievalism and medieval medicine into conversation with each other, engaging with the imagined oppositions of the medieval and the scientific, and medieval and modern understandings of medical practice. From practical medicine to postage stamps, and from video games to the vocabulary of disease, the topics of the following essays offer a kaleidoscopic view of medieval medicine and its afterlives.

Beyond Cadfael examines both how the practices and understandings of medicine and illness were shaped by cultural contexts in the Middle Ages, and how representations of medieval medicine in popular culture are influenced by popular ideas of the medieval. Popular stereotypes of the medical and the medieval have often been at odds. As François-Olivier Touati and other historians of premodern medicine have observed, the Middle Ages is often imagined as a time essentially characterized by the inescapable prevalence of disease.[36] Medicine, on the other hand, is often conceptualized — particularly in western media — as belonging to the modern, the clinical, and the professional. And yet, as Umberto Eco dryly observed, "Indeed, it seems that people like

[34] Rae Ellen Bichell, "Iconic Plague Images Are Often Not What They Seem," *NPR Goats and Soda*, August 18, 2017, www.npr.org/sections/goatsandsoda/2017/08/18/542435991/those-iconic-images-of-the-plague-thats-not-the-plague, accessed January 15, 2022.

[35] Lucy Barnhouse, email correspondence, November 25, 2020. A compromise was reached in correctly captioning the image for Barnhouse, "The Pestilential Premodern? Going Digital with the Medieval," *EuropeNow*, Dec. 2020, www.europenowjournal.org/2020/12/07/the-pestilential-premodern-going-digital-with-the-medieval/, accessed Jan. 15, 2022.

[36] François-Olivier Touati, *Maladie et Société au Moyen Age: La lèpre, les lépreux et les léproseries dans la province ecclésiastique de Sens jusqu'au milieu du XIVe siècle* (Bruxelles: De Boeck & Larcier, 1998) 19; Adam J. Davis, *The Medieval Economy of Salvation: Charity, Commerce, and the Rise of the Hospital* (Ithaca, NY: Cornell University Press, 2019), 22-27 et passim.

the Middle Ages."[37] Frequently, the Middle Ages occupy a paradoxical dual role in popular media, both that of the simpler past that is desired, and the barbarism and chaos from which modernity must escape, or which must be transcended in order that modernity may emerge.[38] Another constructed duality is one that David Matthews has defined as that of the gothic or grotesque Middle Ages vs. that of the romantic Middle Ages.[39] We can see in these options the legacies of Walter Scott, progenitor of many of the European medievalisms that persist to this day; while emphases and trends in ways of imagining the Middle Ages may come and go, the options for the imagined medieval set in the nineteenth century enjoy enduring influence.[40]

The contributors to this volume, using a variety of methods, examine the vibrancy and diversity of medievalism across multiple media. In doing so, they aim to contribute to what Geraldine Heng has called "a re-education of desire" for the medieval.[41] The goal of such a re-education of the imagination is not merely exporting the discipline of scholarly accuracy to contexts beyond the academy, but a liberation of the imagination to conceptualize a Middle Ages not limited by the clichés and prejudices of post-medieval tropes, however created. As Heng has observed, both public and academic desire shape the Middle Ages we see and seek in our interactions with the past.[42] Coming from different disciplines and different lived experiences, the scholars contributing to this volume present multiple visions of medieval medicine. In doing so,

[37] Eco, "Dreaming the Middle Ages," 61.

[38] Laurie A. Finke and Martin B. Shichtman, "Apocalyptic Medievalism: Rape and Disease as Figures of Social Anomie," in: *Cinematic Illuminations: The Middle Ages on Film* (Baltimore, MD: Johns Hopkins University Press, 2007), 288-334.

[39] Matthews, *Medievalism: A Critical History,* 15.

[40] On the influence of nineteenth-century medievalism, particularly in the Anglophone world, see Bull, *Thinking Medieval*, 7-41. On the legacy of Walter Scott, see James Watt, "Sir Walter Scott and the Medievalist Novel," in *The Oxford Handbook of Victorian Medievalism*, ed. Joanne Parker and Corinna Wagner (Oxford: Oxford University Press, 2020), 162-74.

[41] Geraldine Heng, "Medievalists and the Education of Desire," in *Whose Middle Ages? Teachable Moments for an Ill-Used Past,* ed. Andrew Albin et al. (New York: Fordham University Press, 2019), 276.

[42] Heng, "Medievalists and the Education of Desire," 275-90.

we are seeking not primarily to "rehabilitate" medieval medicine, nor to assess the authenticity of particular instances of medical medievalism.[43]

This book is aimed not simply at correcting misconceptions about the history of medieval medicine (by continuing the "battle between real history and fictional history" at play in 1990s Shrewsbury), although we do hope readers come away with a better understanding of how medieval healers and physicians actually worked. Rather, our contributors explore the elaboration and persistence of approaches to the history of medieval medicine that go far beyond the stereotypically Eurocentric medieval world of Cadfael. Echoes of medieval diseases and medieval medicine are found in the television sitcom *Seinfeld*, in the songs of U2, in many other novels besides the Cadfael Chronicles, in numerous video games, as well as in genres such as museum exhibitions and documentaries that purport to present the historical reality of medieval medical practice and practitioners. Each of these genres embraces and promotes its own versions of medievalism and of medical medievalism.

The Cadfael Chronicles give modern audiences a relatively positive portrait of medieval medicine. Yet many modern depictions of medieval medicine focus instead on only the most absurd and repulsive elements that existed – or have been imagined as existing – within medieval remedy books and healing practices. Such an approach to medieval medicine actively rejects the complexity, diversity, and rationality of premodern medical traditions, instead reducing medieval medicine to a few choice examples meant to shock and disgust. This approach occurs not only in fictional genres, such as novels, movies, and videos games, but even in recent historical texts intended for popular audiences. In most cases, the authors of these books aim to paint a sympathetic and historically accurate picture of medieval medicine, but their titles and covers tell a different story, one that aims to confirm many readers' assumptions about medieval medicine as closer to fantasy potions than to modern therapeutics. Such works include *Dragon's Blood and Willow Bark*, *Medicine in the Middle Ages: Surviving the Times*, and *Revolting Remedies from the Middle Ages*. While the first two of these books were published by

[43] Cf. Anne van Arsdall, "Rehabilitating Medieval Medicine," 135-41; April Harper, "Misdiagnosing Medieval Medicine: 'Magical' Muslims, Metanarrative and the Modern Media," in *The Middle Ages in Modern Culture: History and Authenticity in Contemporary Medievalism*, ed. Karl C. Alvestad and Robert Houghton (London: Bloomsbury, 2021), 58-73.

non-academics for presses that specialize in local and popular history for a British audience (Amberley Publishing and Pen and Sword Books), the last (*Revolting Remedies*) was edited by Dr. Daniel Wakelin, a medieval paleography scholar at the University of Oxford, and published by Oxford's Bodleian Library.

A closer look at Toni Mount's book *Dragon's Blood and Willow Bark* enables us to analyze how the tension between cover and text plays out in a popular book on medieval medicine. Mount's book is an entertaining survey of medieval medical traditions with the obligatory references to Hippocrates and Galen and their enduring influence but based primarily in later medieval England, the setting of Mount's other books, the Sebastian Foxley murder mysteries. While Mount does explain that "dragon's blood" is in fact the medicinal resin of the Socotra dragon blood tree (*Dracaena cinnabari*) and thus does not indicate medieval belief in mythological dragons, the title is nonetheless used to draw in readers looking for and expecting the grotesque and marvelous from a book on medieval medicine. In this spirit, the book's blurb promises a medieval medicine practiced by "butchers and executioners" prescribing "roasted cats" to a later medieval populace that is frequently "showered in poo". The connections between genuine medieval medicine and fantasy worlds are emphasized by a mock disclaimer on the back of the book: "N.B. No animals, large, furry or mythological, were harmed during the research for this book." Apparently either Mount or the press was uncomfortable with the original title of the book, because in its second printing in 2016, they republished it as *Medieval Medicine: Its Mysteries and Science*. Gone is the fantastic allure of "dragon's blood," replaced with a new focus on the "science" behind medieval medicine. Even though the text within the book did not change (nor did the blurb and mock warning on the back cover), the new title dramatically shifts its apparent purpose, from entertaining the reader with the backwardness of medieval medicine to educating the reader about its supposed validity in the context of modern biomedicine. Both approaches are far from atypical and both participate in a widespread othering of medieval medicine.

Going "beyond Cadfael" means examining diverse works across multiple genres to understand medical medievalism. It means stretching the boundaries of the field of medieval medicine geographically and chronologically, beyond just England and Northern France and beyond just the High Middle Ages. It even means leaving Europe entirely in our

study of medieval medicine and medical medievalisms, to understand the important similarities and profound differences among the various medical traditions of the world. It is not enough to acknowledge the Eurocentrism of most medieval medicine and medical medievalisms. It is particularly incumbent upon professional medievalists to interrogate that Eurocentrism and explore the dangerous and constructive tensions created when we compare the premodern medical traditions of different cultures. "Medieval medicine" was not just European medicine. It belonged to a complex network of medical ideas and medical substances stretching across the whole of Afro-Eurasia. This new narrative of premodern medicine is only now being crafted and promoted by medical historians like Ronit Yoeli-Tlalim, who calls on medievalists to "ReOrient" our histories of medicine and to examine the intellectual and trade networks that connected medical practices from Europe to East Asia.[44]

The geographies of medical medievalisms tend to reflect the historically Eurocentric geography of medieval studies, focusing on Western Europe, and within that region focusing even more on just England, Scotland, Wales, and Ireland. Historians and popular writers frequently try to shoehorn the whole of "medieval medicine" into their preferred location or time period. Such is the case with a recent survey of medieval medicine, *Medicine in the Middle Ages: Surviving the Times*, by an author who has written primarily Tudor historical romances. Sure enough, many of the specific examples of "medieval" medicine come not from the Middle Ages from the biographies of King Henry VIII and Lady Margaret Beaufort.[45] But the Middle Ages, as imagined in the blurb for this book, are defined as a time when "people were subject to an array of not only deadly diseases but deplorable living conditions... [and] when cures for sickness were often worse than the illness itself."[46] This is a medieval world chosen to appeal primarily to an Anglophone readership, not only in the United Kingdom, but also in the United States, Canada, and Australia, where medievalism has often been linked to narratives

[44] Ronit Yoeli-Tlalim, *ReOrienting Histories of Medicine: Encounters Along the Silk Roads* (London: Bloomsbury, 2021).

[45] Juliana Cummings, *Medicine in the Middle Ages: Surviving the Times* (London: Pen and Sword, 2021).

[46] The National Archives, London, https://shop.nationalarchives.gov.uk/products/medicine-in-the-middle-ages-surviving-the-times, accessed May 16, 2022.

"about white European possession of the land."[47] Many of the most popular medieval fictions take place in a recognizably "historic" Britain (the Brother Cadfael mysteries, Connie Willis's *Doomsday Book*, Mel Gibson's *Braveheart* [1995], and Kazuo Ishiguro's *The Buried Giant* [2015]) or in a fictional landscape clearly inspired by the geography of medieval Europe: George R. R. Martin's map of Westeros is essentially an inverted map of Ireland and Britain.[48] In her study of medieval crime fiction, Anne McKendry observes an unsettling nostalgia in the popularity of stories set in a fictionalized medieval "Britain" within non-European settler colonial states, a nostalgia that reflects a "deep (and often problematic) attachment to the fantasy of a medieval past by postcolonial societies."[49] One of the things this volume aims to do is to examine how the medieval past is fantasized as simultaneously diseased and curable, the locus of both grotesque illness and miraculous remedy.

Beyond Cadfael: Contents and Approaches

The medical medievalisms studied in this volume represent a significant branch of the "contemporary medieval", described by Clare Lees and Gillian Overing as "an emerging environment for interdisciplinary work within the creative humanities."[50] Medical medievalism specifically, however, remains under-studied and undertheorized. In contributing to a series on medievalism, this volume aims to showcase and stimulate such interdisciplinary work. Moreover, this volume found its genesis in academic conferences that promote the value of exploring, among many facets of medieval studies, the backgrounds and contexts of the contemporary medieval. These included the session, "Beyond Cadfael: Medieval Medicine in Popular Culture," organized and chaired by Lucy

[47] Young and Mudan Finn, *Global Medievalism*, 4-5, quoted at 4.

[48] "Game of Thrones' Westeros Is Really Just Britain and An Inverted Ireland," *Brilliant Maps*, March 7, 2015. https://brilliantmaps.com/westeros/, accessed June 11, 2022. George R.R. Martin admitted as much at the 2014 San Diego Comic Con in a "Rulers of the Realm" panel moderated by Ali T. Kokmen: www.youtube.com/watch?v=lUCz3c6-akU&t=930s, accessed June 11, 2022. On the Eurocentrism of Westeros, see Young and Mudan Finn, *Global Medievalism*, 26-31, 38-40.

[49] Anne McKendry, *Medieval Crime Fiction: A Critical Overview* (Jefferson, NC: McFarland & Co., 2019), 6.

[50] Clare A. Lees and Gillian R. Overing, "Doing It Differently: Medieval and Contemporary," in: *The Contemporary Medieval in Practice* (London: UCL Press, 2019), 5.

Barnhouse for the 54th International Congress on Medieval Studies (2019) at Western Michigan University (a conference well known among medievalists simply as "Kalamazoo"). More voices were added to this continuing discussion of medical medievalism in two conference sessions organized by Winston Black and chaired by both editors of this volume, "Mud, Blood...and Medicine? Modern Medical Medievalism", for *Medievalism Today*, the 36th Annual International Conference on Medievalism (2021), sponsored by the International Society for the Study of Medievalism and held at Delta College in Michigan.

The papers on medical medievalism presented in these two conferences, and the resulting essays in this collection, explore continuities between ancient and medieval medicine, between early and later medieval medicine, and between European and Asian medical traditions, as well as correspondences and contrasts between the medieval and the modern.[51] Moreover, they examine a range of historical medievalisms, from nineteenth-century imaginings of Ibn Sīnā to representations of medieval surgery in recent television, and from detective fiction to echoes of Victorian medievalism in contemporary music and other media. The following essays showcase both the Eurocentrism of much medievalism, and the richly varied realities of medieval cultures and responses to them around the globe. As they collectively demonstrate, while medical medievalism has hitherto been comparatively neglected in the field of medievalism, it provides fruitful material for study. Medieval medicine is the one subfield shared by all contributors to this volume. Severally, they have training in anthropology and history, archaeology and religious studies, with experience in lab and field work, as well as in the classroom. Collectively, they examine a range of ways in which medieval and modern medical knowledge, and narratives about that knowledge, enter into dialogue with each other. Whether through examining the imagined Middle Ages of the nineteenth century, parallels between medieval merchants and the herbalists of high fantasy, or medieval and modern uses of breastmilk, these essays bring multiple medievalisms into conversation. In so doing, they recognize

[51] For this as a desideratum, see Horden, "What's Wrong with Early Medieval Medicine?", 5.

history as an endeavor of contact, of "resurrection," and of enabling and enacting transhistorical communities.[52]

This volume represents what we hope is only the first of many forays into the field of medical medievalism. So how should the contributions to this volume, the first on this subject, be arranged; what sort of principles and topics should guide inquiry into this field? When presented with the history of medicine, scholars and popular audiences alike tend to focus on the perceived differences between modern and premodern medical traditions. Most examples of medical medievalism, as described in this volume's essays, highlight the gulf, whether real or imagined, between the stereotypes of effective and clean modern medicine and barbarous and filthy medieval medicine. This focus on changes over time in the history of medicine only makes sense, as we can see all around us today the benefits of new systems of disease etiology, microbiology, and genetics, as well as a range of effective antiseptics, analgesics, and sedatives. Yet if we step back to look at the basic elements and participants of medical practice, whether in the eleventh or twenty-first century, in England or in Korea, we can see that little has changed: nearly every interaction that falls under the overarching concept of "medicine", whether medieval or modern, involves an essential triad of disease or complaint, a medical practitioner, and a treatment.

For this reason, the editors have organized the ten contributions to *Beyond Cadfael* into three thematic sections according to these three participants in a typical medical interaction: Section I, on "Disease, Medicine, and the Imagined Medieval," examines modern representations of "medieval" diseases (real and imagined) and medical interactions (literary and real) that can fruitfully be read through the lens of medical medievalism. Section II, "Doctors at Work in Medieval Worlds," looks at the practitioners themselves—surgeons, physicians, and herbalists, among others—as they appear in novels and movies, video games, and other popular representations. Finally, the three chapters of Section III, "Women's Medicine, Medieval and Modern," explore premodern medical treatments (herbs, fumigations, charms, and more) and their persistence in contemporary culture. This third section differs from the others in focusing not only on women's medicine, as distinguished from generic medieval medical ideas based on an assumed

[52] Carolyn Dinshaw, *Getting Medieval: Sexualities and Communities, Pre- and Postmodern* (Durham, NC: Duke University Press, 1999), 46.

male body, but also on the medical traditions of East Asia, as a reminder that the study of "medical medievalism" should not be confined to the Western European borders of traditional medieval studies.

The contributors to Section I explore questions concerning modern representations of disease in the Middle Ages. Because almost every discussion of disease in the Middle Ages focuses unsurprisingly on plague, it is useful here to shift the discussion to other less-discussed diseases, some well-situated in the popular medieval imaginary (leprosy), others associated less with the Middle Ages but still possessing a significant medieval context (lupus), along with fictional diseases that are clearly based on elements of plague or leprosy, such as greyscale in *The Game of Thrones* novel and television series.

According to Luke Demaitre, in his contribution "'Is it Lupus?' — The Wolf in a Disease, from Metaphor to Medicine," synoptic histories of lupus leave gaps between the roots of this disease in vernacular metaphor and its analysis in modern medicine. A strictly scientific perspective leads some authors to disregard the historical context of lupus, to underestimate the significance of popular beliefs about the disease, and to oversimplify the genesis of a complex nosological entity. Demaitre offers a review of the provenance and vagaries of "lupus" (the "wolf") as a disease category, the interactions between learned discourse and lay imagination, the search for a rational classification of the disease, and the persistence of popular responses. The elusiveness of a definition for lupus, together with its continued appeal to imagination, echoes through pop culture in television shows such as *Seinfeld* and *House*.

Similar patterns of popular engagement can be seen in representations of leprosy (understood in medieval contexts as both Hansen's Disease and other skin conditions subsumed under that term) in modern media. Courtney Krolikoski explains in her chapter, "'Have you Come Here to Play Jesus?': The Use and Misuse of Medieval Leprosy in Modern Media," that even though the historiography of leprosy in the Middle Ages has evolved dramatically over the last three decades, modern perceptions of the disease have yet to follow. As such, the use of the terms "leper" and "leprosy" continue to follow popular ideas that have been firmly fixed for many centuries in Western culture, resulting in media images of disfigured individuals shunned by "healthy" society. Indeed, this longstanding image of the ulcerated, begging leper with clapper in hand persists in mainstream media, ranging from lyrics like

U2's *One*, "have you come here to play Jesus / to the lepers in your head?" to articles in magazines like *The Economist* which sensationalize the term through taglines like "Loneliness is the leprosy of the 21st century."[53] Krolikoski confronts this persistent narrative of leprosy, focusing on expulsion and exclusion, by disentangling modern usages of the disease from its historical actors. With over 200,000 new cases of Hansen's Disease each year worldwide, those affected by leprosy are haunted by nineteenth-century physicians' interpretations of medieval sources, read against the backdrop of colonialism.[54] By examining medieval medical texts, like the *Practica* of Bartholomaeus of Salerno, Krolikoski helps dismantle modern narratives of misunderstanding and exclusion by presenting how medieval physicians understood and treated the disease of leprosy. It is important to challenge the exclusion narrative of this disease by examining the historical reality of leprosy in the Middle Ages and to understand the legacy left by decades of research that emphasized exclusion and isolation.

Whereas lupus and leprosy were diseases that genuinely existed in the medieval world, traceable through textual and bioarchaeological evidence, and that continue to afflict people to this day, the disease of "greyscale" is wholly imaginary yet fully situated within an "Imagined Medieval". In her essay, "The Fantasy of Medieval Medicine: Poultices, Dusty Tomes, and the Spice Trade in the Medieval Mediterranean," Robin S. Reich guides us through the complex semiotics of how diseases and treatments are coded as "medieval" within modern fantasy literature, movies, and television series. One of her key examples is the fictional disease known as "greyscale" in George R.R. Martin's *Song of Ice and Fire* novels and their HBO adaptation, *Game of Thrones*. Reich also explores how diseases are diagnosed and treated by fantasy authors like J.R.R. Tolkien in *The Lord of the Rings* and J.K. Rowling in her *Harry Potter* books. These and other fantasy authors frequently situate their medical medievalisms on a binary of "wild wisdom" and "esoteric knowledge,"

[53] Maggie Fergusson, "How does it really feel to be lonely?" *The Economist: 1843 Magazine*, 22 Jan 2018, https://www.economist.com/1843/2018/01/22/how-does-it-really-feel-to-be-lonely, accessed June 1 2022.

[54] See Kathleen Vongsathorn and Magnes Vollset, '"Our Loathsome Ancestors': Reinventing Medieval Leprosy for the Modern Word, 1850-1950," in: *Leprosy and Identity in the Middle Ages: From England to the Mediterranean*, edited by Elma Brenner and François-Olivier Touati (Manchester: Manchester University Press, 2021), 347-82.

reproducing in their stories popularly held ideas about the nature of medieval learning as either overly pastoral or overly bookish.

In the final contribution to Section I, "Drinking the Word of God: Qur'anic Healing and Modern Science in Contemporary Egypt," Ana Vinea brings the tools of both medievalism and anthropology to the streets of modern Cairo. Her chapter focuses on a long-standing practice in the Islamic tradition: imbuing water with the Qur'an and drinking it, for prophylactic, therapeutic, and devotional purposes. She analyzes its articulations in contemporary Egypt, particularly in Qur'anic healing, a revivalist form of exorcism and counter-sorcery that in the context of the Islamic revival has gained increased visibility, stirring debates across the religious-secular divide. Through an anthropological analysis of both the pragmatic aspects of drinking the Qur'an and of the discursive space created around it, Vinea shows that Qur'anic healers have reconfigured this popular therapeutic technique, and Islamic healing more broadly, in ways that privilege a normative scientization of healing. Two intersecting threads comprise this reshaping process: a persistent emphasis on the normative, orthodox form of treatment has been fused with attempts to standardize and theorize therapeutic practices by deploying arguments, and notions framed as rooted in science. Qur'anic healers insist that only certain narrow forms of imbuing water with the Qur'an are permitted and argue that modern science demonstrates the effects of reciting the Qur'an over water. Through these processes, Qur'anic healers aim to create a modern science of orthodox healing that is simultaneously rooted in the "correct" Islamic tradition developed in the Middle Ages and aligned with modern, scientific knowledge.

The essays of Section II introduce us to medieval healers themselves—doctors, surgeons, herbalists, and medical teachers, among others—as they have understood and misunderstood in modern media. The first contribution to Section II takes the reader back to the healers and medical practices of the Early Middle Ages. In her chapter, "Early Medieval Surgery: Challenging Popular Stereotypes with Archaeological Evidence," Claire Burridge evaluates and challenges the portrayal in popular culture of medieval surgery, which has long been stereotyped as frightfully primitive. Images of unhygienic conditions, senseless bloodletting, and unrefined barber surgeons tend to come to mind. While research into Islamic medicine, highlighting sophisticated surgical writings and complex diagrams, has begun to influence popular

understandings of medieval medicine and overturn these stereotypes, many negative preconceptions remain firmly entrenched in the popular imagination—would anyone have survived 'going under the knife'? Regarding the early medieval West, a period traditionally associated with the stagnation, if not retrogression, of medicine, the near total absence of textual evidence for surgery paints an even bleaker picture: was knowledge of surgery entirely lost during this period?

The archaeological record, and specifically the evidence presented by skeletal remains, offers a different – and less bleak – perspective. Markers of surgical intervention, including significant, invasive procedures like trepanations (the removal of sections of the skull), reveal that, despite a major lacuna in the written record, surgery certainly continued during this time. Furthermore, evidence of healing and long-term care, such as signs of healed infections or the incredible discovery of a lower leg and foot prosthesis, speak to the sophistication and success of some surgical treatments. This chapter will review archaeological evidence for surgery in the early Middle Ages, considering skeletal remains from both insular and continental contexts, to shed light on an area traditionally overlooked by the scholarship given the lack of textual sources. The integration of archaeological evidence offers a much-needed corrective to long-standing stereotypes, challenging popular portrayals of medieval medicine.

In the next chapter, "Avicenna, Prince of Physicians, in Modern Popular Culture," Winston Black shifts the geographical focus of the volume from Europe to Islamicate Asia and the subject matter to modern depictions of a single medieval physician. Black explores the nineteenth- and twentieth-century legacy of the Persian physician and philosopher Ibn Sīnā (ca. 980-1037 CE, known as "Avicenna" in the West). Avicenna's *Canon of Medicine* shaped medical thought and practice in Asia, Europe, and even the Americas for much of the last millennium. Thanks to his overwhelming influence on medical education, Avicenna has been lauded as a founder or "father" of intellectual fields as diverse as chemistry, nephrology, geology, and psychiatry, and is always presented as a clinical physician before his time. With the rise of both modern medicine and the history of medicine, Avicenna also earned a place among the ranks of pop culture icons and nationalist heroes. Black charts the shifting representations of Avicenna in popular culture from the later nineteenth century to the present day. He explores three

different, yet overlapping, trends in the portrayal of Avicenna: the efforts of Western physicians like Sir William Osler, who praised Avicenna as a "founder" of medicine, to rebuild Avicenna's tomb in Persia; the adoption of Avicenna as a national Iranian hero by the Pahlavi dynasty (1925-1979) and their construction of the Avicenna Mausoleum and Library to replace his older tomb; and the nationalist adoption of Avicenna by other nations (such as Syria, Tajikistan, Uzbekistan) as witnessed especially by his depiction on their postage stamps. In doing so, Black demonstrates that Avicenna and his medical legacy serve as potent symbols for the validation of modern Islamic states as world leaders in the postcolonial era.

In the final essay of Section II, "Mysteries and Medicine: Medieval Medical Practitioners in Crime Fiction," Lucy Barnhouse provides a systematic and quantitative analysis of medicine in medieval crime fiction, from the descriptions of sickness and disability in the novels, to the depictions of medical practitioners and their materials and knowledge. In popular reviews and scholarship alike, such fiction has often been assessed as featuring anachronistically modern detectives against a realistic medieval background. This image, however, is not borne out by nearly half a century of crime novels featuring medieval medical practitioners as detectives. Rather, medieval Europe is exoticized as a place of dirt, danger, and sickness, where sleuths must solve the (imagined) difficulties of medieval society itself, as well as the crimes with which they are confronted. Modern crime fiction also presents one of the most striking examples of persistent modern ideas about medieval medicine, as the knowledge and skills of fictional medical practitioners (like Brother Cadfael) are often framed in terms of herbal knowledge: their ability to rapidly identify, gather, and apply various mysterious herbs for the treatment of disease and the solving of crimes.

The essays of Section III explore important and contentious areas of medicine and medical medievalism: the treatment of women, the representation of their bodies in medical literature, and the complicated question of continuity between medieval remedies and modern folk or popular medicine. All three of these essays, whether based in the medical traditions of premodern England, Korea, or China, provide examples of the continued use of medieval remedies in contemporary homes, saunas, websites, and birth chambers. Each author also demonstrates how contemporary, virulent debates over women's bodies, abortion, birth

control, breastfeeding, infant formula, and sexuality can cloud popular and academic understandings of women's medicine in the Middle Ages.

In her essay, "Global Use of Mugwort in Popular Culture: Its Fumigation Treatment in the *Trotula* and Korean Modern Culture," Minji Lee examines cross-cultural usages of mugwort (understood as several species in the *artemisia* family) fumitory treatments for women's health. She uses mugwort as the focus of a comparison in how different cultures—medieval Europe and modern Korea—shaped the nature of a woman's body and how women wanted to solve their reproductive issues. For example, mugwort is recommended several times in the *Trotula*, a twelfth-century medical collection written in Latin Europe for women's diseases and treatments. According to the *Trotula*, artemisia can be used for treating menstruation retention. Western medieval medicine introduces fumitory treatments with mugwort to regulate the female cycle, but (perhaps surreptitiously) it could also be used as an abortifacient. The herb thus gave women power over conception, but nonetheless reinforced the supremacy of the biological when understanding woman, her power, and her societal possibilities. Mugwort fumitory practice is still present in Korean popular culture. Highly influenced by ancient Chinese medicine, modern Korean folk medicine understands mugwort to be beneficial to women's reproductive organs in general. It is not difficult to find mugwort fumigation in Korean saunas, which advertise that the herb can cure any disorder related to the reproductive body, including infertility or "coldness" from the womb. Looking to the past, we find evidence in the East and the West that suggests that the female body is deficient and needs to be activated from its "cold," "wet," passive state – to be called into the social, as it were, where a woman is only useful if she is a reproductive vessel.

Kristin Uscinski takes a similar approach in her chapter "For to Cause a Woman to Have Milk: Recipes to Promote Lactation for Medieval and Modern Women". Like Lee, Uscinski explores the use of specific plants (such as lettuce and fennel) in both medieval and modern medicine as galactagogues, that is, to increase breastmilk production. Uscinski draws her evidence from an extensive database of recipes drawn from medical texts and recipe collections produced or available in medieval England: the Medieval English Recipes for Women's Healthcare database (MERWH). Formal medical treatises from the Middle Ages, simpler medieval recipes, and popular breastfeeding websites recommend many

of the same plants to promote lactation or maternal health in general, but, as Uscinski demonstrates, each is intended for a different sort of audience and provides a different logic behind the herbal pharmacy. A comparison of medieval and modern lactation remedies counters many of the widespread modern negative attitudes—the very same remedies are used today and promoted, if not by professional physicians, then by popular and prominent paramedical associations. It is the medieval recipes in particular, she argues, that provide some of our best evidence for the elusive subject of women's involvement in the supply and practice of medical care in medieval England.

Wee Siang Margaret Ng, in her essay "The Art of Giving Birth in China," examines how households prepared for the birth of a child in Middle Period China. Childbirth was a ubiquitous experience for women and their families and yet it was also described as a leading cause for death for many women. Childbirth took place at home and was handled by women, often with guidance from older women in the family or from midwives. However, most of what we know about childbirth was recorded by men for most of Chinese history. Ng examines how women and their families prepared for the arrival of a new family member, starting with the authoritative work of Chen Ziming's *Furen daquan liangfang* (*All Inclusive Good Prescriptions for Women*, ca. 1271), which contains a list of things a family should prepare a month before childbirth. Some items on this list include seven types of medicinal *san* (powdered formulae), four types of *wan* (pills), several types of roots commonly used in medicinal formulae, alcohol, vinegar, the urine of a young boy, kitchen implements, containers, soap, candles, and a stool. A study of these items will shed light on continuity and change in the material culture associated with childbirth and women's healing practices in medieval and modern Chinese medicine.

Attaining a thorough understanding of medical medievalism, an effort in which this volume can serve as a preliminary step, necessarily embraces not just the history of medicine and the study of medievalism, but also art history, media studies, medical anthropology, transnational and nationalism studies, and a variety of other approaches and disciplines. The three sections and ten contributions of this volume demonstrate that medical medievalism can be approached in many ways, whether through the examination of real and fictional diseases, herbal remedies and surgical procedures, specific doctors or types of healers,