

Bodily and Spiritual Hygiene in Medieval and Early Modern Literature

Fundamentals of Medieval and Early Modern Culture



Edited by
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Bodily and Spiritual Hygiene in Medieval and Early Modern Literature

Explorations of Textual Presentations
of Filth and Water

Edited by
Albrecht Classen

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Table of Contents

Albrecht Classen

Introduction: Bathing, Health Care, Medicine, and Water in the Middle Ages and Early Modern Age — 1

Warren Tormey

Treating the Condition of ‘Evil’ in the Anglo-Saxon Herbals — 88

Daniel F. Pigg

Bald’s *Leechbook* and the Construction of Male Health in Anglo-Saxon England — 114

Belle S. Tuten

The *Necessitas Naturae* and Monastic Hygiene — 129

James L. Smith

Caring for the Body and Soul with Water: Guerric of Igny’s *Fourth Sermon on the Epiphany*, Godfrey of Saint-Victor’s *Fons Philosophiae*, and Peter of Celle’s Letters — 148

Erin S. Lynch

Affected yet Untouched: Spatial Barriers and the Neurobehavioral Impact on Lepers Living with Limited Interpersonal Touch in the Middle Ages — 171

Debra L. Stoudt

Elemental Well-Being: Water and Its Attributes in Selected Writings of Hildegard of Bingen and Georgius Agricola — 193

Cynthia White

***Potiones ad sanandum*: Text as Remedy in a Medieval Latin Bestiary — 221**

Rosa A. Perez

Troubled Waters: Bathing and Illicit Relations in Marie de France’s “Equitan” and in *Flamenca* — 275

Christopher R. Clason

The Liquids in Gottfried's *Tristan und Isolde*: Focus of Nature and Locus of Illness and Healing — 293

Jean E. Jost

**The Ambiguous Effects of Water and Oil
in Middle English Romance: Acknowledged and Ignored — 331**

Anne Scott

**Lodestone and Litmus Test: Aqueous Presentations of Emotional Experience in
Medieval and Renaissance Literature — 357**

Fabian Alfie

**The Sonnet about Women who Marry in Old Age: Filth, Misogyny, and
Depravity — 389**

Scott L. Taylor

***Si Odore Solo Locus Pestilentiosus Fiat*: Private Property, Public Health and
Environmental Hygiene – Advantages of the English Common Law of Nuisance
over the *Corpus Juris Civilis* — 407**

Sarah Gordon

***Mens Sana in Corpore Sanus*: Water, Wellness, and Cleanliness in Five
Fifteenth-Century Medical Manuals — 424**

David Tomíček

**Water, Environment, and Dietetic Rules in Bohemian Sources of the Early
Modern Times — 441**

Albrecht Classen

**The 'Dirty Middle Ages': Bathing and Cleanliness in the Middle Ages. With an
Emphasis on Medieval German Courtly Romances, Early Modern Novels, and Art
History: Another Myth-Buster — 458**

Chiara Benati

**The Field Surgery Manual Which Became a Medical Commonplace Book:
Hans von Gersdorff's *Feldtbuch der Wundarzney* (1517) Translated into Low
German — 501**

Thomas G. Benedek

The Role of Therapeutic Bathing in the Sixteenth Century and Its Contemporary Scientific Explanations — 528

Thomas Willard

Testing the Waters: Early Modern Studies — 568

List of Contributors — 599

Index — 605

Albrecht Classen

Introduction: Bathing, Health Care, Medicine, and Water in the Middle Ages and Early Modern Age

Modern Myths about Pre-Modern Hygiene

Unfortunately, modern, mostly negative myths about medieval and early modern conditions in the areas of hygiene, medicine, and health continue to dominate the popular understanding of the past. However, to formulate it bluntly, people in previous centuries might have used different approaches to hygiene and interpreted well-being perhaps differently than we do today, but they were neither dirty nor sickly, irrespective of high mortality rates, famines, epidemics, and perhaps underdeveloped medical care. Their societies worked well because they pursued their own hygiene and had, relatively speaking, a functioning medical system in place.¹ Differences between one country and another, between one social group and another, and differences between religions, genders, and age

¹ *Misconceptions about the Middle Ages*, ed. Stephen J. Harris and Baryon L. Grigsby. Routledge Studies in Medieval Religion and Culture, 7 (New York: Routledge, 2008). For the history of medicine in the Middle Ages, see, for instance, David C. Lindberg, *The Beginnings of Western Science: The European Scientific Tradition in Philosophical, Religious, and Institutional Context, 600 B.C. to A.D. 1450* (Chicago: University of Chicago Press, 1992); Plinio Prioreschi, *A History of Medicine*. 2nd ed. 7 vols. (Omaha: Horatius Press, 1995–2007); Vern L. Bullough, *Universities, Medicine and Science in the Medieval West*. Collected Studies, CS781 (Aldershot and Burlington, VT: Ashgate/Variorum, 2004); Luke Demaitre, *Medieval Medicine: The Art of Healing, From Head to Toe*. Praeger Series on the Middle Ages (Santa Barbara, CA: Praeger, 2013). The research on this large topic is truly legion, as scholarship in French, German, Italian, Spanish, Russian, etc. fully confirms. For an excellent summary and survey, see now Carrie Griffin, “Historiography of Medieval Medicine,” *Handbook of Medieval Studies: Terms – Methods – Trends*, ed. Albrecht Classen. Vol. 1 (Berlin and New York: Walter de Gruyter, 2010), 651–66. In my own contribution to this volume, I address some of the modern myths about hygiene and well-being in the pre-modern world through the lens of literary sources.

groups have, as to be expected, always to be taken into consideration,² but that is the same as today.

Unfortunately, we know relatively little about the daily practices of taking care of the bodily needs in the Middle Ages and the early modern age because we have fairly few documents, so it seems, addressing those issues, and because, which is probably much more accurate, modern research has not dealt with those issues to the same extent as it has done with regard to legal, religious, political, literary, art-historical, and military conditions, for instance. Again, however, this could also be said about the modern world in which only a minority of writers or artists turn their attention to such seemingly mundane aspects of everyday life, and do not include, unless driven by prurient interests, descriptions of bath scenes, not to speak of toilet matters.

Undoubtedly, today there is a whole industry in the Western world dedicated to baths, toilets, personal hygiene, and medical care, and there are many professions focused on those issues, but it would be erroneous to assume that in the past architects did not care about bathrooms, for instance, or that medical doctors ignored many of human healthcare needs, just because the records might not be specific enough. All monastic communities, for instance, had to have very clear organizational structures regarding bodily needs, including personal cleaning, defecation, health care, etc.³ Moreover, as we will see reflected in many contributions to this volume, water itself constituted a most meaningful element, both for drinking, cleaning, healing, and for spiritual transformations and epistemology.

2 Britta-Juliane Kruse, *Verborgene Heilkünste: Geschichte der Frauenmedizin im Spätmittelalter. Quellen und Forschungen zur Literatur- und Kulturgeschichte*, 5 (Berlin and New York: Walter de Gruyter, 1996).

3 *Sittengeschichte des Intimen: Bett, Korsett, Hemd, Hose, Bad, Abtritt: die Geschichte und Entwicklung der intimen Gebrauchsgegenstände*, ed. Leo Schidrowitz (Vienna: Verlag für Kulturforschung, 1926). For a very specific case, see Pia Kamber, *Die Latrinen auf dem Areal des Augustinerklosters: Basel, Augustinergasse 2, Grabung 1968. Mit einem Beitrag zur Baugeschichte des Klosters von François Maurer* (Basel: Archäologische Bodenforschung Basel-Stadt, 1995). The history of latrines has been the subject of research especially by archeologists, historians, and paleoparasitologists, see the contributions to *Sanitation, Latrines and Intestinal Parasites in Past Populations*, ed. Piers D. Mitchell (Farnham, Surrey: Ashgate, 2015). Cf. also the contribution to this volume by Belle S. Tuten. Both modern popular literature and countless websites are filled with misinformation about this topic; it belongs to the mythical concepts about the past to assume that people in the pre-modern era were dirty, unhealthy, primitive, and did not know anything about a decent toilet culture, as we are wont to embrace it today.

The Core Issues: Dirt, Filth, and Health

To highlight the critical concern of the present volume, let me formulate up front the fundamental thesis pursued both here in this introductory essay and in the subsequent articles: Dirt and filth are not the central concern for most cultural historians, but if we ignore, for instance, the world of toilets and bathrooms, and then that of medicine and healthcare, we do not do full justice to the topic of medieval and pre-modern culture, and this both in concrete material terms and in a metaphorical, religious, and philosophical context.⁴ No medicine will be of long-term good if people did not take care of their bodies, either in the form of good and nourishing food, or in the form of hygiene. Hence the contributors to this volume address a variety of sub-themes pertaining to human well-being, but as diverse as the topics might be at times, they all add up to create a complex image of the fundamental living conditions in the pre-modern world.

The contributions are concerned with reflections on and concepts of filth, water, and hygiene in medieval and early modern texts, both literary, historical, and legal. Even if the emphasis rests on the question how the literary or legal material and other textual genres contribute evidence concerning such matters as health conditions, well-being, and medicine in the pre-modern world, the volume addresses both the cultural-historical and literary dimension. We also would have to consult art-historical sources, which was unfortunately not possible here.

Historians of medicine have already done their fair share of research, but their expertise has not necessarily carried over to the many different disciplines in Medieval and Early Modern Studies. Our collective efforts will hence be focused on hygienic, medical, and physiological aspects as reflected in literary, didactic, religious texts, but then also in medical treatises. The interest will rest on bathing cultures throughout time, on spas, on general health care, and on the medical

⁴ Kay Peter Jankrift, *Mit Gott und schwarzer Magie: Medizin im Mittelalter* (Darmstadt: Wissenschaftliche Buchgesellschaft, 2005); Heinrich Schipperges, *Der Garten der Gesundheit: Medizin im Mittelalter* (Munich: Artemis, 1985); see also the contributions to *Der Dienst am Kranken: Krankenversorgung zwischen Caritas, Medizin und Ökonomie vom Mittelalter bis zur Neuzeit. Geschichte und Entwicklung der Krankenversorgung im sozioökonomischen Wandel*. Veröffentlichungen der Historischen Kommission für Hessen, 68 (Marburg: Elwert, 2007). The list of relevant studies could easily be extended. But the present book is not specifically dealing with the history of medicine, as much as the various contributors are often touching on this topic from literary and practical perspectives. For investigations of medieval surgery, treatment of wounds, bloodletting, and medical knowledge at large, see, for instance, Piers D. Mitchell, *Medicine in the Crusades: Warfare, Wounds, and the Medieval Surgeon* (Cambridge and New York: Cambridge University Press, 2004).

discourse from the early Middle Ages to the eighteenth century in a larger, cultural-historical context.⁵ We can safely assume that a solid understanding of pre-modern hygiene and medicine, for instance, as reflected both in the relevant healthcare regimens and literary documents, will contribute to a deepening of our awareness about the fundamental living conditions and the corresponding discourse in fictional and factual texts in that world. In other words, this book addresses both the medical/hygienic aspect and its correspondence in the contemporary literature.

Dirt as an Epistemological Challenge

Of course, dirt matters because it is just part of all life and simply has to be taken into account as a natural component of all existence. This also applies to health, medical problems, surgeries, hospitalization, and general cleanliness. We can, in other words, gain tremendous insight into the fundamental aspects of medieval and early modern culture, that is, people's everyday lives, by studying, as the title of this book signals, hygiene, medicine, and well-being. By asking, once again, how people in the pre-modern era approached dirt, health, illness, well-being, medicine, and hygiene, we enter, only seemingly, a hidden level of all human existence. In reality, the discussion of these fundamental topics opens crucial perspectives toward the central cultural components because without health no one can exist, or exist well.

The human body cannot and must not be ignored, especially not within a cultural-historical context. As Mary Douglas pointed out, "our ideas of dirt also express symbolic systems and ... the difference between pollution behaviour in one part of the world and another is only a matter of detail."⁶ And later in her study, she highlights the other profound insight: "We cannot possibly interpret rituals concerning excreta, breast milk, saliva and the rest unless we are prepared

⁵ There is already considerable scholarship on bathing culture in antiquity; see, for instance, Marga Weber, *Antike Badekultur*. Beck's archäologische Bibliothek (Munich: C. H. Beck, 1996). Cf. also the survey article by Inge Nielsen and R. S.-H. (not listed), "Bäder," *Der neue Pauly: Enzyklopädie der Antike*, ed. Hubert Cancik and Helmut Schneider. Vol. 2 (Stuttgart and Weimar: J. B. Metzler, 1992), 397–400; Werner Heinz, "Baden, Salben und Heilen in der römischen Antike," *Augster Museumshefte*, 13 (*Augst: Römermuseum*, 1993). See also Stephan Busch, *Versus Balnearium: Die antike Dichtung über Bäder und Baden im römischen Reich* (Berlin and New York: Walter de Gruyter, 1999).

⁶ Mary Douglas, *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo* (London and New York: Routledge, 1966), 35.

to see in the body a symbol of society, and to see the powers and dangers credited to social structure, reproduced in small, on the human body.”⁷

Human waste is as much telling as human art, it simply represents the other side of the same coin. The decrepit, sick, suffering, smelly, and disgusting body belongs as much to our existence as the well-dressed, healthy, strong, and pleasantly smelling body of an ordinary individual, which medieval artists have expressed numerous times within the framework of the “memento mori” motif, such as the painting “Bridal Pair” in the Cleveland Museum of Art and in the Musée de l’Oeuvre Notre Dame in Strasbourg, along with the back panel painting “Standing Rotting Couple,”⁸ all of them making up the “double macabre portrait.” But here we are not dealing with the motif of death, but with the question how pre-modern individuals approached hygiene, how much they resorted to baths and used water for cleaning, what role medicine played, and what constituted human happiness in the first place. In short, both hygiene and medicine have a very long history, and they shed as much, if not even more, light on cultural history as war chronicles, political narratives, Arthurian romances, etc.

Healing and well-being, for instance, are regularly associated with water, whether we think of baptism, Christ’s power over water, or the working of angels driving water toward sick people in a hospital, such as in the motif of the Pool of Bethesda, as depicted in the Pericopes in a manuscript from Regensburg, ca. 1430, today London, British Library (Egerton MS. 1122 f. 12v).⁹ Intriguingly, healing also takes place when the wounded or sick person receives clean water for washing and internal use, replenishing lost liquids. Spirituality and concrete medical and hygienic interests have regularly intertwined and supported each other.

7 Mary Douglas, *Purity and Danger* (see note 6), 115.

8 Daniel Hess, *Das Gothaer Liebespaar: Ein ungleiches Paar im Gewand höfischer Minne* (Frankfurt: Fischer Taschenbuch, 1996), 20–24; Allmuth Schuttwolf et al., ed., *Jahreszeiten der Gefühle: Das Gothaer Liebespaar und die Minne im Spätmittelalter* (Ostfildern-Ruit: Verlag Gerd Hatje, 1998), 168–70; Jean Wirth, *La Jeune Fille et la Mort, Recherches sur les Themes Macabres dans l’art Germanique de la Renaissance* (Paris: Genève Librairie Droz, 1979), 41–43; see now Dominique DeLuca, “*Bonum est mortis meditari*: Meanings and Functions of the Medieval Double Macabre Portrait,” *Death and the Culture of Death in the Middle Ages and the Early Modern Age*, ed. Albrecht Classen. *Fundamentals of Medieval and Early Modern Culture*, 16 (Berlin and Boston: Walter de Gruyter, 2016), 239–61.

9 Jeffrey F. Hamburger and Nigel F. Palmer, *The Prayer Book of Ursula Begerin: Art-Historical and Literary Introduction*. With a Conservation Report by Ulrike Bürger. 2 vols. (Dietikon-Zürich: Urs Graf Verlag, 2015), vol. 1, 197. See also Fig. 240, showing a kind of hospital with individual sick people lying in bed, while Christ stands in front of one of them, and an angel in the background, half-immersed in a pond, moves the healing water (Hussite Codex, Prague?, ca. 1440, Vienna, Österreichische Nationalbibliothek, Cod. 485, fol. 28v (here p. 198)).

Body and Mind: The Dialectics of Human Existence

Human life consists of both body and mind, and both require constant care, development, training, and examination. Throughout time people have always striven to grow up, to stay healthy, to thrive, and to be and to do well in general. Of course, the approaches and methods, the means and instruments applied, the medication and the treatment by a physician have changed considerably from period to period, but the fundamental concerns have remained the same. Medical doctors and other health care professionals have consistently tried their best to heal people (see the Hippocratic Oath), and in that process have closely studied the human body, its natural conditions, the environment, and the etiology of diseases.

There was, however, a considerable learning curve throughout time, and it would be foolish to idealize (or glorify) the world of hygiene and medicine in the past in contrast to the present, though we can certainly find numerous intriguing alternative concepts of significant effect in medieval *regimens* or in early modern medical recipe books. As Luke Demaitre observes,

Ever since late antiquity, the physician was characterized as ‘the servant of nature’ (*minister naturae*) ... Close to being deified, nature was considered intelligent, purposeful, almost omnipresent ... and near perfect ... Today’s yearning for things organic, together with alarm about tensions between mankind and the environment, may help us to appreciate the holistic outlook of earlier times. Everything, including the human body, was connected in the vastness of the universe and in the cycle of life.¹⁰

The body, as we know, constantly ingests, digests, and excretes in rhythmical manner, which requires cultural historians to consider not only the external fea-

¹⁰ Demaitre, *Medieval Medicine* (see note 1), 15. See also Alain Touwaide, “Medicine,” *Handbook of Medieval Culture: Fundamental Aspects and Conditions of the European Middle Ages*, ed. Albrecht Classen. Vol. 2 (Berlin and Boston: Walter de Gruyter, 2015), 954–98; esp. 973–77. For a broad overview, see Lawrence I. Conrad, Michael Neve, Vivian Nutton, Roy Porter, and Andrew Wear, *The Western Medical Tradition. 800 BC to AD 1800* (New York: Cambridge University Press, 1995); Melitta Weiss Adamson, *Medieval Dietetics*. German Studies in Canada, 5 (Frankfurt a. M., Berlin, et al.: Peter Lang, 1995); *Western Medical Thought from Antiquity to the Middle Ages*, ed. Mirko D. Grmek (Cambridge, MA: Harvard University Press, 1998); Joseph Ziegler, *Medicine and Religion c. 1300: The Case of Arnau de Vilanova* (New York: Oxford University Press, 1998); Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: The University of Chicago Press, 2007). Many contributions to the present volume extend our understanding of medieval medicine further in a variety of details. At the end of this Introduction I will provide critical summaries of each, adding further references and elaborations, where appropriate.

tures of human existence, but also the internal ones, hence the material conditions on a truly basic level. In that regard the study of hygiene and the dangers of lacking or absent hygiene serves extremely well to grasp what past cultures were like. According to Gerhard Jaritz,

the research into shit, defecation, excrement, latrines, and also dirt and waste is not very popular and common in Medieval Studies, as in a number of other fields too, as, for instance, anthropology or literary and art historical studies.¹¹

Nevertheless, we can clearly observe a growing interest in such marginal (marginalized) and yet also central matters because they might or can inform us much more about mundane, trivial, banal, and yet also important aspects of human life in the past than, for instance, official records or chronicles.¹² Recent research into medieval and early modern toilets hence signals a real paradigm shift in this regard because human waste is endemic to human existence, and we cannot simply turn our attention away from it without putting on dangerous and unnecessary epistemological blinders.

As G. Ulrich Großmann correctly underscores, people throughout time have certainly enjoyed assembling at and talking during meals, and also delighted in

¹¹ Gerhard Jaritz, “Excrement and Waste,” *Handbook of Medieval Culture: Fundamental Aspects and Conditions of the European Middle Ages*, ed. Albrecht Classen. Vol. 1 (Berlin and Boston: Walter de Gruyter, 2015), 406–14; here 406. See also *Sanitation, Latrines and Intestinal Parasites in Past Populations*, ed. Piers D. Mitchell (see note 3). The contributors take a broad approach, studying the history of sanitation and the impact of parasites on human health all over the world from pre-history to the late Middle Ages, and occasionally even the nineteenth century. Since people tended to associate health with fresh smell – see the highly popular miasma theory – and the absence of nuisance sights, and were not really cognizant of the presence and workings of parasites, true sanitation was neither present in ancient Rome nor in fifteenth-century London (see the study by Craig Taylor, “A Tale of Two Cities: The Efficacy of Ancient and Medieval Sanitation Methods,” *Sanitation, Latrines and Intestinal Parasites*, 69–97).

¹² See, for instance, *Fecal Matters in Early Modern Literature and Art: Studies in Scatology*, ed. Jeff Persels and Russell Ganim. Studies in European Cultural Transition, 21 (Aldershot, Hampshire, and Burlington, VT: Ashgate, 2004); Daniel Furrer, *Wasserthron und Donnerbalken: Eine kleine Kulturgeschichte des stillen Örtchens* (Darmstadt: Primus Verlag, 2004); Valerie Allen, *On Farting: Language and Laughter in the Middle Ages*. The New Middle Ages (New York and Houndmills, Basingstoke, Hampshire: Palgrave Macmillan, 2007); see also the contributions to *Evolution of Sanitation and Wastewater Technologies Through the Centuries*, ed. A. N. Angelakis (London: IWA Publisher, 2014).

⁹ G. Ulrich Großmann, “Zur Baugeschichte des Abtritts,” *Aborte im Mittelalter und der Frühen Neuzeit: Bauforschung, Archäologie, Kulturgeschichte*, ed. Olaf Wagener. Studien zur internationalen Architektur- und Kunstgeschichte, 117 (Petersberg: Michael Imhof Verlag, 2014), 13–22.

discussing food at large, but the consequences of the ingestion, that is, waste and waste disposal, have regularly been passed over in silence because it has normally been regarded with embarrassment and even shame.¹³ Toilets are normally places of solitude, perhaps with the exception of those in monasteries and other communities, as Belle S. Tuten informs us in her contribution to this volume.¹⁴ They are necessary, but kept on the side or away from the normal living spaces for basic health reasons because human waste is normally identified as toxic, smelly, and highly unpleasant. Nevertheless, to get rid of excrement is just as important for life as is ingesting food for our nourishment; it's all part of the same system, since health has much to do with balance, in-take, release of detritus, and cleansing. Imbalance in that regard can be life-threatening.

Even though we tend to feel disgust, there is nothing really dirty about it at all; nature takes care of it after a while because 'dirt' is a rather subjective term and does not make much sense in an ecocritical context. Only humans really tend to demarcate their civilized spaces as preserved for cleanliness and order, whereas in nature the situation is very different, entirely oriented toward sustainability, resources, decomposition, and rebirth.¹⁵

The Body and Cultural History

Cultural historians have already discussed the tensions between wilderness and cultivated spaces as perceived and discussed in pre-modern discourses,¹⁶ and this entire dialectical concept can be transferred to the private sphere as well since dirt, filth, bodily fluids, feces, etc. tend to undermine the human sense of self, culture, order, sophistication, self-respect, and ingenuity, as the figure of Death proclaims so powerfully in the twenty-fourth chapter of Johannes von Tepl's *Der Ackermann* (ca. 1400):

13 G. Ulrich Großmann, "Zur Baugeschichte des Abtritts," *Aborte im Mittelalter und der Frühen Neuzeit: Bauforschung, Archäologie, Kulturgeschichte*, ed. Olaf Wagener. Studien zur internationalen Architektur- und Kunstgeschichte, 117 (Petersberg: Michael Imhof Verlag, 2014), 13–22.

14 "The Necessitas Naturae and Monastic Hygiene."

15 David R. Montgomery, *Dirt: The Erosion of Civilizations* (Berkeley, CA: University of California Press, 2007); Heather I. Sullivan, "Dirt Theory and Material Ecocriticism," *Interdisciplinary Studies in Literature and Environment* 19.3 (Summer 2012): 515–31.

16 Peter Dinzelbacher, "Die Symbolik des Wilden und des Gezähmten im Mittelalter: Ein Beitrag zum 'Prozess der Zivilisation'," *Symbolon* 19 (2014): 285–319.

a human is conceived in sin, nourished with impure, unspeakable feculence in the maternal body, born naked and smeared like a beehive; a mass of refuse, a churn of filth, a dish for worms, a stinkhouse, a repulsive washtub, a rancid carcass, a mildewed crate, a bottomless sack, a perforated pocket, a bellows, a rapacious maw, a reeking flagon of urine, a malodorous pail, a deceptive marionette-show, a loamy robber's den, an insatiably slaking trough, a painted delusion. Let recognise who will: every human created to completion has nine holes in his body; out of all these there flows such repellent filth that nothing could be more impure.¹⁷

This detritus reminds us, when we are confronted by it, of our corporeality and draw us back into the foundational framework of nature in the biological sense of the word. Cultural history, however, without regard to human (and natural) biology would be hollow and rather one-sided, deceiving us about the true complexities of the issue at stake.

Dirt as a Cultural Entity *Par Excellence*

In her seminal study, *Purity and Danger*, Mary Douglas already alerted us to the critical problem identifying dirt with defilement and absence of hygiene. As she remarks,

dirt is essentially disorder. There is no such thing as absolute dirt; it exists in the eye of the beholder. If we shun dirt, it is not because of craven fear, still less dread of holy terror ... Dirt offends against order. Eliminating it is not a negative movement, but a positive effort to organise the environment.¹⁸

From her anthropological point-of-view, eliminating dirt is a cultural process, not necessarily driven by hygienic needs: "... it is a creative movement, an attempt to relate form to function, to make unity of experience."¹⁹

However, Douglas then moves into much larger issues pertaining to social order, hierarchy, religion, and culture, and discusses the relationship between

¹⁷ Johannes de Tepla, civis Zacensis, *Epistola cum Libello Ackerman; und, Das Büchlein Ackerman / nach der Freiburger Hs. 163 und nach der Stuttgarter Hs. HB X 23*, ed. and trans. (into modern German) by Karl Bertau (Berlin and New York: Walter de Gruyter, 1994); for an English translation; see <http://www.michaelhaldane.com/HusbandmanandDeath> (last accessed on June 30, 2016).

¹⁸ Mary Douglas, *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo* (London and New York: Routledge, 1966), 2.

¹⁹ Douglas, *Purity and Danger* (see note 6), 2.

religious ritual and hygiene, as this can be observed amongst many non-western peoples, but then also in the modern world, though then without any clear awareness of the underlying ritual functions.²⁰ Pressing the issue further, Douglas comments, “I am going to argue that our ideas of dirt also express symbolic systems and that the difference between pollution behaviour in one part of the world and another is only a matter of detail.”²¹ Even if we are no longer concerned with religious conditions when removing dirt, it is clear that dirt, defined as such, reflects on a system around it: “Dirt is the by-product of a systematic ordering and classification of matter, in so far as ordering involves rejecting inappropriate elements.”²²

All this matters for us here especially because the question concerns the larger issue of hygiene, medicine, and health in the pre-modern western world. Contrary to popular opinions, people have always worked hard to establish and pursue any possible personal cleaning opportunities, and those are associated with medicine, and hence with health. The contributions to this volume thus aim at uncovering multiple layers of fundamental aspects of human culture in the European world prior to 1800, addressing both hygiene and physical well-being, both from a medical and a spiritual perspective, regularly expressed in literary texts.

Health, Hygiene, and Well-Being from Late Antiquity through the Middle Ages

Even though there is a general, certainly naïve and erroneous assumption that everything was better during the Roman Empire and that with the arrival of the Germanic people and thus the beginning of the early Middle Ages a dark age fell upon the earth, we have to question this both broadly and in detail, since so much depends on location, cultural areas, individual people, economic conditions, and the educational level within a certain society. Comparing the classical world with the medieval era might be like comparing apples with oranges, so it would be better to look at what we actually know and how we can approach our

²⁰ Douglas, *Purity and Danger* (see note 6), 33.

²¹ Douglas, *Purity and Danger* (see note 6), 36.

²² Douglas, *Purity and Danger* (see note 6), 36.

global topic with as much objectivity as possible, beginning with the situation in the early Middle Ages.²³

Water in Cultural-Historical Terms

At this point it deserves to be noted that throughout the entire history of the Christian Church water mattered profoundly, signifying both life (baptism) and death (deluge, that is, sinfulness, destruction), as we can observe both in the biblical texts and in the writings of the Church Fathers and subsequent theologians. Countless religious images confirm this dialectical approach to water, which has always symbolized the two extremes of human existence.²⁴ Expressions by saintly figures concerning a disgust of the body, and hence deliberate strategies to avoid cleaning the body, would have to be understood against the foil of a functioning health system in order to underscore the individual's exceptionality and holiness.

History of Bathing

This approach toward a history of hygiene, medicine, and well-being is most easily pursued if we focus on bathing at first, which I myself will investigate at greater length in my contribution to this volume.²⁵ Fortunately, we can already

23 Gerd Althoff, "Finsteres Mittelalter?! Zur Dekonstruktion eines Klischees," *Farbe im Mittelalter: Materialität – Medialität – Semantik*, ed. Ingrid Bennewitz and Andrea Schindler. Akten des 13. Symposiums des Mediävistenverbandes vom 1. bis 5. März 2009 in Bamberg. Vol. 1 (Berlin: Akademie Verlag, 2011), 47–63. See also the contributions to *Fiktion Dunkles Mittelalter*, ed. Heribert Illig (Gräfelfing: Mantis Verlag, 1994). Thomas E. Woods, *How the Catholic Church Built Western Civilization* (Washington, DC: Regnery Publ., 2005).

24 Heimo Reinitzer, "Wasser des Todes und Wasser des Lebens: Über den geistigen Sinn des Wassers im Mittelalter," *Kulturgeschichte des Wassers*, ed. Hartmut Böhme (Frankfurt a.M.: Suhrkamp, 1988), 99–144. I am currently preparing a monograph on *Water in Medieval Literature*, in which I am engaging with this topic at much greater length than I can do here (to appear with Lexington Books, 2017).

25 "The 'Dirty Middle Ages': Bathing and Cleanliness in the Middle Ages. With an Emphasis on Medieval German Courtly Romances and Early Modern Novels: Another Myth-Buster." Consult also the studies by Christopher R. Clason and Rosa A. Perez in this volume. See also the contributions to *The Nature and Function of Water, Baths, Bathing, and Hygiene from Antiquity through the Renaissance*, ed. Cynthia Kosso and Anne Scott. Technology and Change in History, 11 (Leiden and Boston: Brill, 2009). They are grouped under the following headings: gender roles, attitudes,

rely on excellent older research in this area, although many of the really important contributions from the early twentieth century and earlier have become obscure and forgotten by many scholars today. Alfred Martin, for instance, published as early as 1906 an astoundingly rich volume on bathing cultures in the pre-modern world of Germany, in which he assembled much valuable material that we only need to review again in light of more modern editions and critical perspectives in order to realize how far ahead he was, actually, for his time with regard to the history of hygiene.²⁶

Already during the time of the Merovingians, the *Lex Alemannorum* and the *Lex Bajuvariorum* mention bath houses or bathrooms, while steam baths, like modern-day saunas, seem to have been quite common also in the Slavic areas (Martin, 1–4).²⁷ The famous sketch for the St. Gall monastery contains also sections for bath houses. Various early medieval texts such as the Latin *Ruodlieb* epic poem (ca. 1030) provide rather detailed information about bathing arrangements, particularly before major holidays, but various times we learn from monastic rules that bathing was permitted only occasionally to intensify the rigor of the monastic life in veneration of God. Such artificial limitations, however, only make sense if ordinary, lay people had plenty of opportunities and enjoyed taking baths and tended to clean their bodies as often as necessary (Martin, 8–9).

Many times we hear of higher-ranking clerics or nobles who, when they felt guilty of some transgressions or wanted to demonstrate publicly their sinfulness, provided baths for the poor and needy, if not even the sick ones, whom they cleaned and shaved with their own hands (Martin, 8–9). These included such famous figures as the bishops of Mainz and Utrecht, Empress Kunegunde (wife of Emperor Henry I), Saint Elisabeth of Thuringia, and others (Martin, 9).²⁸ When the Bishop of Lüttich (d. 1037) announced that he would no longer take a bath, or when St. Elisabeth declared that dipping a foot into a bath would be enough for

practices, and innovations in baths and bathing (from antiquity through the early modern age); water and the formation of identity and policy; ancient and medieval water sources and resources; and religious and literary imagery.

²⁶ Alfred Martin, *Deutsches Badewesen in vergangenen Tagen: Nebst einem Beitrag zur Geschichte der deutschen Wasserheilkunde* (Jena: Eugen Diederichs, 1906).

²⁷ See also Achim Thomas Hack, *Alter, Krankheit und Herrschaft im frühen Mittelalter*. Monographien zur Geschichte des Mittelalters, 56 (Stuttgart Hierseemann, 2009); cf. also the contributions to *Das Lorscher Arzneibuch und die frühmittelalterliche Medizin: Verhandlungen des Medizinhistorischen Symposiums im September 1989 in Lorsch*, ed. Gundolf Keil. Geschichtsblätter Kreis Bergstraße, Sonderband, 12 (Lorsch: Verlag Laurissa, 1991).

²⁸ Zappert, “Über das Badewesen mittelalterlicher und späterer Zeit,” *Archiv für Kunde österreichischer Geschichtsquellen* 21 (1859): 3–166.

her (Martin, 9), then these were not reflections of a lacking hygiene overall in that society, but, by clear contrast, a confirmation how much bathing belonged to the standard culture also at that time. Those saints or other famous figures used the existence of a presumably well established hygienic culture in order to increase their own religious or ascetic reputations.

Already Charlemagne (d. 814) was reported as having enjoyed hot baths and the activity of swimming. His biographer Einhard comments, sometime after 817, as follows:

[Charles] also liked the steam produced by natural hot springs and the exercise that came from swimming frequently. He was so good at swimming that no one was considered better than him. For this reason [that is, the existence of the hot springs], he built his palace in Aachen and lived there permanently during the final years of his life until he died. He invited not only his sons to the baths, but also his nobles and friends. Sometimes he invited such a crowd of courtiers and bodyguards, that there might be more than a hundred people bathing together.²⁹

In fact, as this and many other documents confirm, physical exercise, personal hygiene, active pursuit of a healthy lifestyle were not uncommon. The evidence from the world of the Carolingians, that is, from the members of the royal class, projects a lively picture and entirely contradicts many foolish concepts we might have today about the early Middle Ages.³⁰ We could easily extend this approach to the time of medieval knighthood, since every knight had to have an able and strong body, which could only be achieved through intensive physical training and careful observation of hygiene and health care.³¹

In the following section of his investigations, Martin quickly moves into the fifteenth and sixteenth centuries, when satirists and social critics formulated countless comments about the morally debilitating effects of bathing, especially when men and women took a bath together. But he also alerts us to one of the most famous courtly depictions of a bath, that of Sir Jacob of Warte in the *Manesse* manuscript from the first third of the fourteenth century (Martin, 14).³²

29 Einhard, “The Life of Charlemagne,” *Charlemagne’s Courtier: The Complete Einhard*, ed. and trans. Paul Edward Dutton (2000; Peterborough, Ont.: Broadview Press, 2006), 15–30; here 30–31.

30 Achim Thomas Hack, *Karolingische Kaiser als Sportler: Ein Beitrag zur frühmittelalterlichen Körpergeschichte*. Jenaer mediävistische Vorträge, 4 (Stuttgart: Franz Steiner Verlag, 2015).

31 In my own contribution to this volume I will investigate this aspect especially with regard to the literary-historical evidence.

32 For a comprehensive introduction to this manuscript, see now Lothar Voetz, *Der Codex Manesse: Die berühmteste Liederhandschrift des Mittelalters* (Darmstadt: Wissenschaftliche Buchgesellschaft, 2015). His bibliography lists the relevant editions and studies. Here I consulted

Here we see an obviously somewhat older knight sitting in a large tub situated under a great deciduous tree, probably a lime tree. Two standing ladies and one kneeling lady tend to him, one placing a garland of flowers on his head, the other extending a chalice with wine (?) to him, while the third, somewhat behind the tub, is massaging his right arm. A maid operates a manual bellow to feed the fire underneath a huge kettle, which apparently serves to supply more hot water for the tub.

As topical as the entire scene might be, the artist was certainly interested in integrating a normal situation in the life of his patrons, such as taking a bath, although everything is tinged in erotic colors. The age discrepancy between the naked man and the young maids is remarkable, but the setting certainly evokes the time of May when love begins to bloom again according to ancient traditions. Taking a bath in the month of May was regularly regarded as most advisable because of its great health effects, as many authors commented throughout the late Middle Ages (Martin, 11–23). The author subsequently follows the cultural history of bathing far into the modern age and can thus trace a continuous tradition from the early Germanic world in the second or third centuries to the nineteenth and twentieth centuries.

He also alerts us to the two different strategies in trying to gain health through the power of water, either by taking a hot bath or a cold bath. The use of cold water, or even of snow or ice, in the case of frost bites and related sufferings as a counter-measure was widely known and applied since the high Middle Ages (Martin, 33–34). The particular properties of the water in a baptismal font would not need any further discussion, while the employment of cold water in a large vessel to determine the guilt of an accused adds another component regarding the symbolic significance of water. However, already Emperor Louis the Pious issued a strict ban against such legal procedures in 823, but it was practiced even hundreds of years after that (Martin, 35). Moreover, there is much information about the great interest in swimming in rivers or lakes, and this already since the earliest time in late antiquity and then throughout the Middle Ages (Martin, 39–45).

Codex Manesse: Die Miniaturen der Großen Heidelberger Liederhandschrift, ed. and explained by Ingo F. Walther together with Gisela Siebert (Frankfurt a. M.: Insel, 1988), 40–41. For a discussion of nakedness, shame, and baths in medieval literature, see Albrecht Classen, “Naked Men in Medieval German Literature and Art: Anthropological, Cultural–Historical, and Mental–Historical Investigations,” *Sexuality in the Middle Ages and Early Modern Times: New Approaches to a Fundamental Cultural–Historical and Literary–Anthropological Theme*, ed. Albrecht Classen. *Fundamentals of Medieval and Early Modern Culture*, 3 (Berlin and New York: Walter de Gruyter, 2008), 143–69.

Martin subsequently explores topics such as private baths, public baths, bathing in the late Middle Ages and in the early modern age, mineral baths, health baths in the post-medieval period, and modern balneology. All these aspects are well documented and illustrated, considering the 700 endnotes and 159 illustrations. Contrary to common assumptions today, then, relying on Martin's observations and conclusions we can affirm without doubt that the pre-modern world was fully aware of the need to pay close attention to personal hygiene, and also of the pleasures which resulted from the exercise of the body through swimming and taking baths. And how else could it have been? There are simple physio-biological conditions that must be met for an entire society to exist and thrive. Cleanliness is not really a matter of cultural choice, but a *conditio sine qua non*, even though there are countless strategies and decisions either to report about it or not. Of course, bathing has also always served aesthetic purposes, to increase one's bodily beauty, as was already addressed in the Old Testament where we can read about Bathsheba taking a bath when she is observed by King David who then immediately lusts after her (2 Samuel 11).

Even though, as Elizabeth Archibald notes, “[f]or medieval theologians David symbolised Christ, and Bathsheba the Church washing off worldly dirt to be worthy of the Bridegroom, so that her bathing was in fact aimed at spiritual beauty,”³³ both the illuminators and commentators still could not hide the basic therapeutic or health-oriented purpose of Bathsheba taking a bath. Despite the fact that numerous clerical authors criticized this emphasis on the body, allowing it to be cleaned in a hot bath, the evidence for public, later even private baths throughout pre-modern Europe is overwhelming. Moreover, the New Testament contains significant references to the bath as a place where miraculous healing takes place, such as the pool of Bethesda in John 5:1–9, where Jesus heals a man.

Early Christian authors such as Clemens of Alexandria (d. after 211) voiced very positive opinions about bathing and personal hygiene and ridiculed pagan priests who abstained from cleaning themselves as a false sign of their holiness.³⁴ Countless comments by early medieval theological writers underscore the ubiquity of baths, fountains, wells, and fonts that served both for private cleaning and for spiritual cleansing. As Johannes Zellinger confirms, the ceremony of hand washing before, during, and after a liturgical process derived from ancient

33 Elizabeth Archibald, “Bathing for Beauty in the Middle Ages,” *The Recovery of Beauty: Arts, Culture, Medicine*, ed. Corinne Saunders, Jane Macnaughton, and David Fuller (New York: Palgrave Macmillan, 2015), 53–71; here 55.

34 Johannes Zellinger, *Bad und Bäder in der altchristlichen Kirche: Eine Studie über Christentum und Antike* (Munich: Max Huebner, 1928), 9–11.

customs, but also reflected the true extent of a bathing and hygiene culture already in the early Middle Ages.³⁵ The architectural and technical sophistication of the Roman time was probably not maintained on quite the same level in the subsequent periods, but washing oneself regularly, and the luxury of hot and cold water were certainly greatly appreciated and realized wherever and whenever the necessary material resources were available. Even the Christian Church did not change this at all, on the contrary, despite many, but certainly extreme statements regarding personal attempts to fight the body in order to help the soul, beginning with refraining from personal hygiene.

Of course, if we pay primary attention to what some of the Church Fathers and other clerical/religious authors such as the encyclopedic Isidore of Seville (560–636) had to say about baths, we might easily fall into the trap of post-medieval myth-making, projecting a highly unclean, even filthy world where every effort was made to chastise the body and to withhold medical and hygienic treatments. Much depends on the genre in which authors expressed themselves, since when we focus on theological and mystical treatises, on hagiography and religious biographies, the very opposite of health, beauty, and physical happiness is advocated in order to liberate the spirit and to defend the soul from the devil's temptations. When we turn, however, to erotic literature from the high and late Middle Ages, whether to courtly romances or verse narratives, such as *fabliaux* or *mæren*, the very opposite is commonly the case, as when the French dauphin, Duke Charles d'Orléans (1394–1465) publicly praised the virtues and pleasantries of baths and dinners in those locations.³⁶ Whenever we hear of more intimate situations in people's private lives, we can detect important references to personal health-care and hygiene, and this throughout the Middle Ages and certainly in the following periods.

Hygiene, the Bathroom, and the Sick: The Development of the Medieval Hospital

As we observed already above, there is a global tendency not to mention defecation and urination in literary sources. But although public narratives such as chronicle accounts and political documents do not normally concern themselves with such matters, we can be certain that the pre-modern world had a great inter-

³⁵ Zellinger, *Bad und Bäder* (see note 34), 102–06, et passim.

³⁶ Archibald, "Bathing for Beauty" (see note 33), 60–68.

est in and need of taking care of their own bodies, whether in the healthy or the sick stage. If the entire topic has so much to do with ordering, as Mary Douglas highlighted, then we only have to look more carefully where the detritus has been moved, by whom, with what purpose, and how then the sanitized body or space is perceived, especially in the pre-modern era this book is occupied with.

One great opportunity to study this subject matter consists of focusing on the famous Saint Elisabeth/Elizabeth of Thuringia/Hungary (1207–1231) because she was the founder of a hospital and is closely associated with the systematic treatment of sick people. We can and must talk as much about hygiene as about medicine, and subsequently about well-being as fundamental social-historical components of society at large also in the Middle Ages, so Elisabeth's workings and efforts to help the sick can be a valuable starting point for the larger discussion which will follow subsequently in the individual contributions.

This Hungarian princess, daughter of King András II (1177–1235) and his wife Gertrude of Merania (1185–1213), was married to Louis IV, Landgrave of Thuringia, in 1221. However, he died very young, when being on route to the sixth crusade in 1227, whereupon she left the Wartburg in Eisenach (Thuringia) and moved to Marburg, where she founded a hospital, continuing the same charitable work which she had already begun in Eisenach when her husband had still been alive. But Elisabeth accepted the harsh rules of her Franciscan confessor, Konrad of Marburg, and died, perhaps as a consequence of excessive fasting and self-castigation, in 1231. Already in 1235 she was canonized, and this rather quickly, as the result of Konrad's energetic efforts to promote her sanctity through numerous biographical accounts, which he commissioned from Dietrich von Apolda, and other testimonies.³⁷

As we can read, for instance, here drawing from the German translation printed by Matthes Maler in Erfurt in 1520, people were shocked about her self-humiliation when she did not shy away from nursing and taking care of even the sickest and dirtiest patients, although she was the daughter of the Hungarian king. As Elisabeth is said to have answered, “Ich en thu nicht die wergke durch mich sunder in mir ist wirgken vnd thun die gnade gots Die dingk ich thun / seynt nicht schnoede sunder gots wunderwergke vnd artzneye / sprach nicht das da stynckt dar durch gereyniget werden die hertzen” (I I do not do those works for

37 *Die Vita der heiligen Elisabeth des Dietrich von Apolda*, ed. Monika Renner. Veröffentlichungen der Historischen Kommission für Hessen, 53 (Marburg: N. G. Elwert Verlag, 1993); Esther Meier, *Handbuch der Heiligen* (Darmstadt: Wissenschaftliche Buchgesellschaft, 2010), 146–48; Michel Aaij, “Saint Elisabeth of Thuringia, 1207–2007,” *A Journal of Early Medieval Northwestern Europe* 10 (2007): <http://www.heroicage.org/issues/10/bio2.html> (last accessed on June 30, 2016).

myself but God's grace works and performs through me. The things that I do are not miserable but God's miracles and medicine; so do not say that it is smelling badly since the hearts will be cleaned thereby).³⁸

Sanctity and health care went hand in hand in her case, but she was certainly not the first person to make a major effort to provide medical treatment to the sick. In fact, most medieval monasteries were not only spiritual communities, but also included, apart from their library, scriptorium, garden, etc., also a hospital for the sick brothers or sisters. Monastic herbals, made most famous by the Benedictine magistra Hildegard of Bingen, had a tremendous influence on medieval society, and considering the intense network of monasteries throughout Europe, we can safely argue that people in the pre-modern era were not simply abandoned to their sicknesses or illnesses and had many resources available to gain help.³⁹ Elisabeth, however, was the first woman to establish a hospital for the public, even though she subsequently succumbed to the hard work and to the constant exposure to bacteria and viruses from her patients.⁴⁰

38 *Das Leben der heiligen Elisabeth von Thüringen: Cronica sant Elisabet zcu Deutsch* (Erfurt, Matthes Maler, 1520), ed. with an intro. by Herbert Hömig (Bad Neustadt a. d. Saale: Verlag Dietrich Pfaehler, 1981). Norbert Ohler, *Elisabeth von Thüringen: Fürstin im Dienst der Niedrigsten. Persönlichkeit und Geschichte*, 114/115. 2nd. rev. ed. (1984; Göttingen and Zürich: Muster-Schmidt, 1992); Daria Barow-Vassilevitch, *Elisabeth von Thüringen: Heilige, Minnekönigin, Rebellin* (Ostfildern: Thorbecke, 2007); see now Linda Burke, "A Sister in the World: Saint Elizabeth of Hungary in the Golden Legend," *Hungarian Historical Review* 5.3 (2016): 1–27 (I thank the author for sharing her study with me even before the ultimate publication). The research and popular literature on Elisabeth is, of course, expansive. Many hospitals all over the world are named after her, such as the Saint Elizabeth's Health Center, Tucson, Arizona.

39 See the contribution to this volume by Debra L. Stoudt. There is a whole legion of popular, quasi-scholarly studies on Hildegard of Bingen's medical recipes and general advice on maintaining one's health; cf., for instance, Wighard Strehlow, *Die große Heilkunde der Hildegard von Bingen: Gesundheit, Ernährung, Edelsteinkunde; Die Ernährungstherapie der Hildegard von Bingen* (Stuttgart: Lüchow, 2005). For critical, scholarly perspectives, see the contributions to *Heilkunde im Mittelalter*, ed. Ortrun Riha. *Das Mittelalter*, 10 (Berlin: Akademie Verlag, 2005); Victoria Sweet, *Rooted in the Earth, Rooted in the Sky: Hildegard of Bingen and Premodern Medicine*. Studies in Medieval History and Culture (New York: Routledge, 2006).

40 Much has been written about Elisabeth, such as by Reinhold Schneider, *Elisabeth von Thüringen*. Insel Taschenbuch, 1118 (Frankfurt a. M.: Suhrkamp, 1997); Ernst W. Wies, *Elisabeth von Thüringen: Die Provokation der Heiligkeit* (Esslingen and Munich: Bechtle Verlag, 1993). See also the excellent catalogue for the exhibition dedicated to her, *Sankt Elisabeth: Fürstin, Dienerin, Heilige: Aufsätze, Dokumentation, Katalog* (Sigmaringen: Jan Thorbecke Verlag, 1981). See also Daria Barow-Vassilevitch, *Elisabeth von Thüringen: Heilige, Minnekönigin, Rebellin* (Ostfildern: Thorbecke, 2007); Wilfried Warsitzka, *Elisabeth: Königstochter, Landgräfin und Heilige* (Jena: Bussert & Stadeler, 2007); Christa Bertelsmeier-Kierst, *Elisabeth von Thüringen und die neue Frömmigkeit in Europa* (Frankfurt a. M., New York, et al.: Peter Lang, 2008).

She is often depicted in manuscript illustrations and in frescoes working in the hospital and providing care to the sick, which signals the fundamental combination of spirituality and medicine, or the curative treatment of the body along with the treatment of the mind. Numerous chroniclers reflected on her contributions to the new lay piety emerging in the wake of the rise of the Franciscan Order,⁴¹ and she was particularly praised for her personal efforts to practice what she was preaching, or what she had embraced as the principle of her own spirituality.

The Growth of the Medieval Hospital

Elisabeth had founded a first hospital already in Gotha in 1223 in order to help the famished and starving population of the settlement below the Wartburg (today Eisenach) suffering from the severe winter in 1226/1227 during her husband's absence. But the term 'hospital' is misleading in this context, since the medieval meaning entailed much more than just medical treatment.⁴² Instead, the institution intended, at its implicit goals, to feed the hungry, to give refreshment to the thirsty, to offer a place to stay to the travelers, to provide clothing, to treat the sick, and to bury the dead. These were the six, later seven works of mercy, preached by Christ according to Matthew 25:34–40, to which also belonged the mercy to ransom the captives. All of these were perhaps best illustrated by the Master of Alkmaar, who created wooden panels for the Church of Saint Lawrence in Alkmaar, Netherlands, ca. 1540.⁴³

Those were then coupled with the seven works of spiritual mercy: To instruct the ignorant; to counsel the doubtful; to admonish sinners; to bear wrongs patiently; to forgive offences willingly; to comfort the afflicted; and to pray for

⁴¹ *Elisabeth von Thüringen: die Mutter der Armen*, essay by Walter Nigg, images by Helmuth Nils Loose, and a contribution by Maria Schaeffler (Freiburg i. Br., Basel, and Vienna: Herder, 1979).

⁴² *Das Hospital am Beginn der Neuzeit: soziale Reform in Hessen im Spiegel europäischer Kulturgeschichte: zum 500. Geburtstag Landgraf Philipps des Großmütigen*, ed. Arnd Friedrich. *Historische Schriften des Landeswohlfahrtsverbandes Hessen: Quellen und Studien*, 11 (Petersberg: Imhof, 2004).

⁴³ Max J. Friedländer, *Die altniederländische Malerei*. Vol. 10: *Lucas van Leyden und andere holländische Meister seiner Zeit* (Berlin: Cassirer, 1932); Carl Ernst Köhne, *Belgien und die Niederlande: Landschaft, Geschichte, Kultur* (Stuttgart: Kohlhammer, 1965); see also online: https://upload.wikimedia.org/wikipedia/commons/f/fd/Werken_van_Barmhartigheid%2C_Meester_van_Alkmaar_%281504%29.jpg (last accessed on June 30, 2016).

the living and the dead.⁴⁴ How much Elisabeth was personally involved in the building of the hospital in Marburg, or whether her Confessor, Konrad, can be credited with the financing and the supervision of the actual construction, does not need to be discussed here. At any rate, Elisabeth was the *spiritus rector*, and on her behalf the hospital was dedicated to Saint Francis, which was thereby the first Franciscan patrociniun north of the Alps.⁴⁵

In fact, many more hospitals then sprang up all over medieval Europe, which thus allows us to investigate further the intense efforts everywhere in the pre-modern world to improve and intensify health-care for ever wider circles of people.⁴⁶ Amazingly, Elisabeth was only twenty-one years of age when she moved from the Wartburg to Marburg in order to dedicate her life to the care of such ostracized sick people as lepers, who had to be settled at a safe distance from the major towns or villages out of fear that they could infect other people. They were also not allowed to participate personally in the church services and could only listen in to the mass and the performance of the liturgy through a leper's squint (hagioscope), such as in the cathedral of Limerick, Ireland (founded in 1168). The fear of infection through touch ruled supreme, as Erin S. Lynch discusses further in her contribution to this volume.

Only in 1179 the papal canon *De leprosis* had regulated the lepers' lifestyle and ordered that they had to be removed from the centers of society for safety reasons. This stipulation also applied to the hospital established by Elisabeth, since it was

⁴⁴ https://en.wikipedia.org/wiki/Works_of_mercy (last accessed on June 30, 2016).

⁴⁵ Wies, *Elisabeth von Thüringen* (see note 40), 148–51; see also Werner Moritz, “Das Hospital der heiligen Elisabeth in seinem Verhältnis zum Hospitalwesen des frühen 13. Jahrhunderts,” *Sankt Elisabeth*, 1981 (see note 40), 101–16.

⁴⁶ Jesko von Steynitz, *Mittelalterliche Hospitäler der Orden und Städte als Einrichtungen der sozialen Sicherung*. Sozialpolitische Schriften, 26 (Berlin: Duncker & Humblot, 1970); A. Karenberg, “Hospitäler in Prag vom Hochmittelalter bis zur Aufklärung (1135–1800),” *Sudhoffs Archiv für Geschichte der Medizin und der Naturwissenschaften* 79.1 (1995): 73–100; Peregrine Horden, *Hospitals and Healing from Antiquity to the Later Middle Ages*. Variorum Collected Studies Series, 881 (Aldershot et al.: Ashgate, 2008); G. Réveillas and D. Castex, “Biologie et coutumes funéraires: Les établissements hospitaliers du Moyen Age et de l'époque moderne: état d'une recherche en cours,” *Bulletins et mémoires de la Société d'anthropologie de Paris* 22.1 (2010): 74–83; M. Pauly, “The Placing of Hospitals in Middle Ages Meuse and Ardennes,” *Revue Belge de Philologie et d'Histoire* 89.2 (2011): 585–603. Wherever we look in medieval and early modern Europe, considering virtually all time periods, we come across hospitals; first in monasteries, then in special houses run by the monastic Orders, and finally in cities and other locations, maintained by secular authorities.

far enough away from the town center of Marburg, and yet close enough to secure basic supplies and to provide the necessary basic medical treatment.⁴⁷

Not surprisingly, Elisabeth enjoyed tremendous popularity as a saint, as Dietrich von Apolda's hagiography confirms, which has survived in eleven manuscripts and was translated into German numerous times, as the twenty-three manuscripts confirm.⁴⁸ A printed version appeared in Erfurt in 1520, published by Matthes Maler.⁴⁹ She enjoyed her fame particularly because she as a high-ranking noblewoman dedicated her life to the sick and the poor, and tried to offer them basic health care. All this, however, does not allow us to draw reliable information from these hagiographical accounts regarding hygiene and medicine at the upper levels of society.

Already in the early Middle Ages the hospital of the monastery of St. Gall in northern Switzerland was famous, and we could easily rattle off a long list of other significant health-care centers throughout medieval Europe without gaining a significantly different perspective.⁵⁰ Of course, hospitals were not what

47 Dieter Jetter, *Grundzüge der Hospitalgeschichte*. Grundzüge, 22 (Darmstadt: Wissenschaftliche Buchgesellschaft, 1973); S. Reicke, *Das deutsche Spital und sein Recht im Mittelalter*. 2 vols. Kirchenrechtliche Abhandlungen, 111 and 114. Rpt. (1932; Amsterdam: Rodopi, 1967); Gerard A. Lee, *Leper Hospitals in Medieval Ireland, with a Short Account of the Military and Hospitaller Order of St Lazarus of Jerusalem* (Dublin: Four Courts Press, 1996); James William Brodman, *Charity and Welfare: Hospitals and the Poor in Medieval Catalonia* (Philadelphia, PA: University of Pennsylvania Press, 1998); Peregrine Horden, "Family History and Hospital History in the Middle Ages," *Living in the City*, ed. Eugenio Sonnino. Collana convegno, 4 (Rome: Casa editrice Università degli studi di Roma La Sapienza, 2004), 255–82; *Europäisches Spitalwesen: Institutionelle Fürsorge in Mittelalter und Früher Neuzeit: Hospitals and Institutional Care in Medieval and Early Modern Europe*, ed. Martin Scheutz, Andrea Sommerlechner, Herwig Weigl, and Alfred Stefan Weiss (Cologne and Vienna: Böhlau, 2008). See also the contribution to this volume by Erin Lynch who focuses on the treatment of lepers and their psychological problems of lacking haptic contacts with ordinary people. There are still many such architectural designs for lepers to be found in England, such as in St. James' in Great Ormside, Cumbria; St. Bees Priory, St. Bees, Cumbria (now infilled); St. Mary's Church, Easington, County Durham; St. Nicholas' Church, Berden; St. Nicholas Church, Westgate Street Gloucester, Gloucestershire; etc. For other hagioscopes in medieval Europe, see <https://en.wikipedia.org/wiki/Hagioscope> (last accessed on July 7, 2016). There is also a remarkable example in St. Mary's Cathedral in Limerick, Ireland, today difficult to find behind the organ.

48 <http://www.handschriftencensus.de/werke#D> (last accessed on Feb. 12, 2016).

49 *Das Leben der heiligen Elisabeth von Thüringen* (see note 38); see also Margret Lemberg, *Die Marburger Fragmente der mittelhochdeutschen Verslegende vom Leben der heiligen Elisabeth*. Marburger Drucke, 6 (Marburg: Hitzeroth, 1991).

50 Walter Horn and Ernest Born, *The Plan of St. Gall: A Study of the Architecture & Economy of & Life in a Paradigmatic Carolingian Monastery*, with a foreword by Wolfgang Braunsfels; a translation into English by Charles W. Jones of the directives of Adalhard, 753–826, the ninth abbot of

we mean today with that term when they emerged first in the fourth century C.E.; instead they were mostly hostels for the poor and travelers, for people in need, and those who ran hospitals assumed that responsibility out of a strong Christian sense to be kind to one's fellow men, that is, compassion. Hence, quite naturally, throughout the Middle Ages and early modern age hospitals differed from each other greatly, depending on the institution and organization that supported them. Hospitals in monasteries were mostly, or even exclusively, only open to the member of their community, while leprosariums served to house lepers. Since the ninth century, hospitals increasingly welcomed primarily old and poor people, women, and orphans, but that was to change again in the course of time, especially when new diseases and epidemics appeared.

The Hospital Brothers of St. Anthony, Order of St. Anthony or Canons Regular of St. Anthony of Vienne (Canonici Regulares Sancti Antonii, or CRSAnt) formed a monastic congregation in 1095 by Gaston of Valloire, a nobleman of the Dauphiné, and his son. It was confirmed by Pope Urban II in the same year, in gratitude for the son's miraculous cure from St. Anthony's fire presumably thanks to the relics of Saint Anthony the Great; hence their specific goal consisted of helping sick people who suffered from the so-called St. Anthony's Fire, a very common phenomenon especially among the poor who could not afford to eat better bread not infected by the toxin. Due to the community's successes further hospitals were opened in Gap, Chambéry, and Besançon, and later many others appeared all over Spain, Italy, Flanders, and Germany, where one of their first monasteries and hospitals was opened in 1214 in the far south, in Memmingen. The Hospitallers took care also of the victims of the Black Death, and by the end of the fifteenth century owned ca. 370 hospitals all over Europe. However, since the sixteenth century, with the rise of the Protestant Reformation and, especially, the development of more advanced medical treatments (Paracelsus), the Order declined – also for many other reasons, to be sure – and received its death knell by the French Revolution. Their most famous hospital was located in Isenheim

Corbie; and with a note by A. Hunter Dupree on the significance of The Plan of St. Gall to the history of measurement. 3 vols. California Studies in the History of Art, 19 (Berkeley, CA: University of California Press, 1979); Peter Ochsenbein, *Das Kloster St. Gallen im Mittelalter: die kulturelle Blüte vom 8. bis zum 12. Jahrhundert* (Stuttgart: Theiss, 1999); Johannes Duft, "Die Apotheke und der Heilkräutergarten im Hospital des karolingischen Klosterplanes zu St. Gallen," *Apotheken und Apotheker im Bodenseeraum: Festschrift für Ulrich Leiner*, ed. Ernst Ziegler (Sigmaringen: Thorbecke, 1988), 13–24; Andrea zur Nieden, *Der Alltag der Mönche: Studien zum Klosterplan von St. Gallen* (Hamburg: Diplomica-Verlag, 2008).

near Colmar, today known so well because of the glorious altar piece by Niclaus of Haguenau and Matthias Grünewald (1512–1516).⁵¹

In her contribution to this volume, Chiara Benati discusses the medical commonplace book (*Arzneibuch*) by one of the most respected physicians working in the nearby Straßburg hospital run by the same Order, Hans von Gersdorff.⁵² As today, of course, the relationship between physicians and hospitals has always been of great significance, neither side being able to exist without the other. We are dealing here, undoubtedly, with the mental dimension of human existence, since the physical well-being depends just as much on spiritual happiness as on physical happiness.⁵³

Briefly turning to the east and other religious cultures, the first Islamic hospital was erected in Bagdad on behalf of al-Mansur in 766, particularly open to the poor. But in the following centuries such *Bimaristans* were opened in all major cities in the Islamic empire. The focus normally rested on treating eye illnesses and mental sickness.⁵⁴ Jewish health centers, such as those established in Jerusalem and Palermo in ca. 600, in Regensburg ca. 1210, Cologne 1248, Vienna ca. 1379, cannot be easily compared to Christian or Islamic hospitals because they

51 Generally, see Kay P. Jankrift, *Krankheit und Heilkunde im Mittelalter*, 2nd ed. (Darmstadt: Wissenschaftliche Buchgesellschaft, 2012); in particular, see Adalbert Mischlewski, “Der Antoniter-Orden in Deutschland,” *Archiv für mittelrheinische Kirchengeschichte* 10 (1958): 3–32; id., *Grundzüge der Geschichte des Antoniterordens bis zum Ausgang des 15. Jahrhunderts, unter besonderer Berücksichtigung von Leben und Wirken des Petrus Mitte de Caprariis.*” Bonner Beiträge zur Kirchengeschichte, 8 (Cologne and Vienna: Böhlau, 1976); https://en.wikipedia.org/wiki/Hospital_Brothers_of_St._Anthony (last accessed on June 9, 2016).

52 Cf. Annette von Gersdorff, “Medizin und erwachende Neuzeit: der Wundarzt Hans von Gersdorff; ca. 1450 bis 1529,” Ph.D. diss. Munich 1976. See now also Philippe Hemigou, “Medieval Orthopaedic History in Germany: Hieronymus Brunswig and Hans von Gersdorff,” *International Orthopaedics* 39.10 (2015): 2081–86.

53 I have discussed this already in a larger context; see the my Introduction to *Mental Health, Spirituality, and Religion in the Middle Ages and Early Modern Age*, ed. Albrecht Classen. Fundamentals of Medieval and Early Modern Culture, 15 (Berlin and Boston: Walter de Gruyter, 2014).

54 Dieter Jetter, “Zur Architektur islamischer Krankenhäuser,” *Sudhoffs Archiv für Geschichte der Medizin und der Naturwissenschaften* 45.3 (1961): 261–73; Arsian Terzioğlu, “Mittelalterliche islamische Krankenhäuser unter Berücksichtigung der Frage nach den ältesten psychiatrischen Anstalten,” Ph. D. diss. Berlin 1968; Linda Northrup, *Al-Bīmārīstān al-Manṣūrī Explorations: The Interface Between Medicine, Politics and Culture in Early Mamluk Egypt*. ASK Working Paper, 12 (Bonn: Annemarie Schimmel Kolleg – History and Society During the Mamluk Era (1250–1517), 2013); for a recent survey, see Ahmed Ragab, *The Medieval Islamic Hospital. Medicine, Religion, and Charity* (New York: Cambridge University Press, 2015).

operated on different religious and medical premises. Parallel to hospitals, we can find many Jewish baths, or mikvehs, in medieval cities.⁵⁵

As we can read in the *Encyclopaedia Judaica*:

The public bath and adjoining *mikveh* were maintained by Jewish communities throughout the Middle Ages as part of the institutions of Jewish social life and welfare. Hygienic habits and the ritual requirements of the Jewish religion made the Jews regard bathing as part of their living routine during a period when bathing was generally considered a form of rare luxury in Europe.⁵⁶

In the course of time, medieval hospitals received more of a monastic rule, better financial support, and an increased medical staffing, much of which was regulated during the council of Vienne in 1311. In 1120 Raymon de Puy founded a major hospital in Jerusalem and under the order of St. John. It was transferred to Cyprus in 1291 after the loss of Jerusalem, and to Rhodes in 1309.⁵⁷ The later Middle Ages witnessed the growth of hospitals in many parts of Europe, especially in the cities, such as in Barcelona in 1401, and in many parts of northern Italy since the first half of the fifteenth century (*Ospedali Maggiori*). Many late

55 For broad historical perspectives, see the contributions to *Zur Geschichte der jüdischen Krankenhäuser in Europa: Vorträge auf dem Symposium der Deutschen Gesellschaft für Krankenhausgeschichte am 13. Februar 1970 in Heidelberg*. *Historia hospitalium*, Sonderheft (Düsseldorf: Triltsch, 1970).

56 "Bath, Bathing: Middle Ages and Modern Times," *Encyclopaedia Judaica*, 2nd edition, vol. 3 (Detroit, New York, et al.: Thomson Gale, 2007), 210–11 (https://www.jewishvirtuallibrary.org/jsourc/judaica/ejud_0002_0003_0_02167.html; last accessed on June 9, 2016). A great example of a mikveh, which was re-discovered only recently by archaeologists, can be found in Erfurt, Germany, which is located near the Krämerbrücke and the Old Synagogue. Cf. E. Altwasser, Gerhard Schade, and Karin Sczech, *Alte Synagoge und Mikwe zu Erfurt* (Jena and Quedlinburg: Busert & Stadeler, 2009). See also Stefanie Hoss, *Baths and Bathing: The Culture of Bathing and the Baths and Thermae in Palestine from the Hasmoneans to the Moslem Conquest, with an appendix on Jewish rituals baths (miqva'ot)*. BAR International Series, 1346 (Oxford: Archaeopress, 2005). See also David Kotlar and Judith Baskin, "Mikveh," *Encyclopaedia Judaica*, 2nd edition, vol. 14, 225–27.

57 See the contributions to *Der Johanniter-Orden, der Malteser-Orden, der ritterliche Orden des hl. Johannes vom Spital zu Jerusalem: seine Aufgaben, seine Geschichte*, ed. Adam Wienand (Cologne: Wienand Verlag, 1977); Jürgen Sarnowsky, *Die Johanniter: ein geistlicher Ritterorden im Mittelalter und Neuzeit* (Munich: C. H. Beck, 2011); Thomas Freller, *Die Johanniter, vom Kreuzritter zum Samariter: die Geschichte des Malteserordens* (Gernsbach: Casimir Katz Verlag, 2012); for an excellent English study, see Jonathan Simon Christopher Riley-Smith, *Hospitallers: The History of the Order of St. John* (London: Hambledon Press, 1999); see also the contributions to *The Military Orders: History and Heritage*, ed. Victor Mallia-Milanes (Aldershot, Hampshire, and Burlington, VT: Ashgate, 2008).

medieval hospitals were housed in rather impressive buildings with numerous relics and works of art, such as in Bruges, Beaune, Tonnerre, Angers, Lübeck, Winchester, and Isenheim.⁵⁸ Many other hospitals can be identified in cities all over medieval and early modern Europe, such as in Bruges (Belgium) or Kilkenny (Ireland), even though the architectural remains often are rather sparse.

After all, and that is all we need to observe here, sickness, illness, and the respective medical treatment were as fundamental for all human history throughout the entire pre-modern world as were very different aspects such as love, marriage, sexuality, and death. The difference between Jewish, Islamic, and Christian hospitals or medical treatment might have been in degrees, that is, in some different methods and approaches to dealing with the sick, but in essence every society throughout time had to find pragmatic solutions in handling its sick and dying members.⁵⁹

The overarching influence of Islamic medicine, which in turn heavily drew from classical knowledge through a flood of Arabic translations, on Jewish and Christian medicine cannot be overlooked. Jewish doctors quickly gained the greatest reputation for their practical experience and high level of expertise, appealing thereby also to their Muslim and Christian neighbors. As John M. Efron alerts us, there was a proportionately larger number of physicians among the Jewish population than in any other group. They led a fairly peripatetic lifestyle, freely sharing their information with colleagues far and wide:

As a consequence, Jewish doctors enjoyed public recognition both within the narrow confines of Jewish society and far beyond its limits. As is well known, Jewish physicians all over Europe were called upon to be court physicians in the service of kings, princes, and members of the aristocracy. Christian clergy also made use of Jewish doctors, to the extent that the majority of late medieval and Renaissance Popes had Jewish physicians in their service.⁶⁰

58 U. Lindgren, “Hospital,” *Lexikon des Mittelalters*, vol. V (Munich and Zurich: Artemis Verlag, 1991), 133–37; https://en.wikipedia.org/wiki/Isenheim_Altarpiece (last accessed on June 9, 2016). See also the contributions to *Europäisches Spitalwesen – institutionelle Fürsorge in Mittelalter und Früher Neuzeit*, ed. Martin Scheutz. Mitteilungen des Instituts für Österreichische Geschichtsforschung, Ergänzungsband, 51 (Vienna and Munich: Oldenbourg, 2008); see also Heinz Grotzfeld, *Das Bad im arabisch-islamischen Mittelalter: eine kulturgeschichtliche Studie* (Wiesbaden: Harrassowitz, 1970).

59 See, for instance, Peter E. Pormann and Emile Savage-Smith, *Medieval Islamic Medicine*. New Edinburgh Islamic Surveys (Edinburgh: Edinburgh University Press, 2007); Ahmed Ragab, *The Medieval Islamic Hospital: Medicine, Religion, and Charity* (New York: Cambridge University Press, 2015). It is not clear whether Jews ever had hospitals of their own within medieval Europe, but we can be certain that they entertained their own practice in that regard.

60 John M. Efron, *Medicine and the German Jews: A History* (New Haven, CT, and London: Yale University Press, 2001), 17. He draws, for instance, from Isak Münz, *Die jüdischen Ärzte im Mit-*

We also must not ignore the considerable number of Jewish women working as medical professionals.⁶¹

Medieval Medicine – an Old and Ever New Research Topic

Hygiene, healthcare, and medicine are intimately tied together, and this also from a historical perspective. Of course, the early Middle Ages knew probably much less how to cope with sickness, infections, epidemics, and other health problems than people in later centuries, which commonly led to a very high mortality rate especially among infants and young mothers.⁶² But in the course of time – and this well before 1500, as we have already observed with regard to Saint Elisabeth – medieval society witnessed the growing establishments of hospitals, the rise of medical care generally, the constant professionalization of medical education, and hence also the increasing health of the entire population. This is documented through many different text genres and archeological investigations. The high Middle Ages witnessed the growth of herbal treatises, of medicinal recipe books, the considerable increase in the number of medical professionals, and also the foundation of hospitals, especially outside of monasteries.⁶³

Medieval medicine derived much of its knowledge either from the classical-ancient tradition or from oral folkloric sources, or magic; however, since the twelfth century the influence of the Hippocratic-Galenic tradition, transmitted to

telalter: Ein Beitrag zur Kulturgeschichte des Mittelalters (Frankfurt a. M.: J. Kauffmann, 1922); see also Joseph Shatzmiller, “On Becoming a Jewish Doctor in the High Middle Ages,” *Sefarad* 43.2 (1983): 239–50; id., “Doctors and Medical Practice in Germany Around the Year 1200: The Evidence of Sefer Hasidim,” *Journal of Jewish Studies* 33.1–2 (1982): 583–93. See now also the almost encyclopedic study by Johann Christoph Bürgel, *Ärztliches Leben und Denken im arabischen Mittelalter*, ed. Fabian Käs. Islamic History and Civilization, 135 (Leiden: Brill, 2016).

⁶¹ *Die Frau im Judentum – Jüdische Frauen in der Medizin*, ed. Caris-Petra Heidel. Medizin und Judentum, 2 (Frankfurt a. M.: Mabuse-Verlag, 2014).

⁶² Horst Wolfgang Böhme, “Krankheit, Heilung und früher Tod zu Beginn des Mittelalters,” *Gesund und krank im Mittelalter: Marburger Beiträge zur Kulturgeschichte der Medizin. 3. Tagung der Arbeitsgruppe “Marburger Mittelalter-Zentrum (MMZ)” Marburg, 25. und 26. März 2005*, ed. Andreas Meyer and Jürgen Schulz-Grobert (Leipzig: Eudora-Verlag, 2007), 211–26.

⁶³ See now the overview by Karl-Heinz Leven, *Geschichte der Medizin: von der Antike bis zur Gegenwart*. Beck’sche Reihe, 2452 (Munich: Beck, 2008); Walter Bruchhausen, Heinz Schott, and Ralf Forsbach, *Geschichte, Theorie und Ethik der Medizin*. Uni-Taschenbücher, 2915 (Göttingen: Vandenhoeck & Ruprecht, 2008).

Europe through Arabic translations, which were then translated into Hebrew, and ultimately into Latin at centers such as Toledo and Salerno, deeply transformed all of pre-modern medicine.⁶⁴ The humoral theory, relying on the concept of the four humors in the human body, enjoyed the greatest respect wide into the early modern time.⁶⁵

Cultural-Historical Approaches to Healthcare

The purpose here cannot be to write once again a history of medieval and early modern history, which has already been done numerous times by much better experts in this field, even though Alain Touwaide correctly warns us that the entire field continues to suffer from many shortcomings. “Manuscripts are still largely uncatalogued ... texts have not been identified well enough and their content has not been properly studied. Consequently, many works are still unknown and *a fortiori* unpublished in the form of scholarly printed editions.”⁶⁶ Currently, however, we observe a rapprochement between archaeology, forensic science, history of medicine, and philology (working with medical tracts in manuscript form), all of them collaborating to enhance our understanding of the medical conditions in the pre-modern world.

The present volume intends to contribute to this research field, with a focus more on literary-historical documents, though the medical history well into the early modern age and the topics of spas, hygiene, bathing, and hence per-

⁶⁴ This topic has been discussed already for a very long time, and the relevant research literature is legion; for a good synopsis, see Bernhard Dietrich Haage and Wolfgang Wegner, together with Gundolf Keil and Helga Haage-Naber, *Deutsche Fachliteratur der Artes in Mittelalter und Früher Neuzeit*. Grundlagen der Germanistik, 43 (Berlin: Erich Schmidt Verlag, 2007), 177–256; see now the contribution to this volume by Thomas G. Benedek. Cf. also Elisabeth Sulzer, *Darmgesundheit im Mittelalter: Analyse ausgewählter deutschsprachiger Kochrezepte aus dem Münchener Arzneibuch Cgm 415 vor dem Hintergrund der Humoralmedizin und Versuch einer kritischen Bewertung im Lichte moderner pharmakologischer Erkenntnisse*. Mediävistik zwischen Forschung, Lehre und Öffentlichkeit, 11 (Frankfurt a. M.: Peter Lang, 2016). Her study proves to be particularly valuable because she approaches those medieval medical recipes from the point of view of modern-day pharmacology, which is her secondary field of study.

⁶⁵ Harald Derschka, *Die Viersäftelehre als Persönlichkeitstheorie: zur Weiterentwicklung eines antiken Konzepts im 12. Jahrhundert* (Ostfildern: Thorbecke, 2013). Many of the contributors to our volume address this topic as well.

⁶⁶ Alain Touwaide, “Medicine,” *Handbook of Medieval Culture: Fundamental Aspects and Conditions of the European Middle Ages*, ed. Albrecht Classen. Vol. 2 (Berlin and Boston: Walter de Gruyter, 2015), 954–98; here 954.

sonal cleanliness are not excluded either. While medieval architecture reveals few details about the actually present bath culture, which became much better known only in the subsequent centuries, this should not mislead us to assume that people did not take baths or did not have available a variety of water sources, cold and hot, for their personal hygienic needs.⁶⁷ After all, mineral and thermal baths and spas were quite popular already in the late Middle Ages.⁶⁸ While above I reflected on actual healthcare in a hospital or through the care of a physician, here I am looking more at prophylactic approaches pursued by people in the pre-modern era.

We know of countless travelers who underwent extensive efforts and spent large amounts of money to frequent spas for medical and for entertainment purposes, and this since the late fourteenth century.⁶⁹ Urban public baths had already turned into centers of communal entertainment, get-togethers, and health-care, but spas gained tremendous attraction especially since the late fifteenth century. The statutes of the Zürich Großmünster canon house granted the canons since 1376 a lengthy tour to a spa, probably to the near-by Baden, of up to eight days once in spring and once in fall. The same is recorded for the canons of the Mainz Cathedral after 1467, who were granted health-specific ‘vacations’ at spas for a duration of up to six weeks. Similarly, the Nuremberg city council gave its high-ranking urban administrator the privilege of taking time off to visit a spa. Major spas existed in Wiesbaden (since 1232), near the castle of the house of Nassau (since 1448), then in Aachen (at the latest since 1267), and in Bad Ems (since 1382).⁷⁰

⁶⁷ See the contributions to *Badekultur in der Renaissance: Funktionsweise, Bauprogramm und Vorbilder der Badeanlage des Château de Mauvies, Burgund. Katalog zur Ausstellung im Rahmen des Forschungsprojektes ‘Thermische Behaglichkeit in Badeanlagen der Renaissance’*, ed. Susanne Traber and Claudia Nagel (Aachen: Fachhochschule, Fachbereich Architektur, 2005).

⁶⁸ Frank Fürbeth, *Heilquellen in der deutschen Wissensliteratur des Spätmittelalters: zur Genese und Funktion eines Paradigmas der Wissensvermittlung am Beispiel des ‘Tractatus de balneis naturabilis’ von Felix Hemmerli und seiner Rezeption; mit einer Edition des Textes und seiner frühneuhochdeutschen Übersetzung*. Wissensliteratur im Mittelalter, 42 (Wiesbaden: Reichert, 2004).

⁶⁹ *Badeorte und Bäderreisen in Antike, Mittelalter und Neuzeit*, ed. Michael Matheus. Mainzer Vorträge, 5 (Stuttgart: Franz Steiner, 2001).

⁷⁰ Birgit Studt, “Die Badenfahrt: Ein neues Muster der Badepraxis und Badegesellschaft im deutschen Spätmittelalter,” *Badeorte und Bäderreisen* (see note 69), 33–52; see also Frank Fürbeth, “Zur Bedeutung des Bäderwesens im Mittelalter und in der frühen Neuzeit,” *Paracelsus und Salzburg*, ed. Heinz Dopsch and Peter F. Kramml. Mitteilungen der Gesellschaft für Salzburger Landeskunde, Ergänzungs-Band, 14 (Salzburg: Gesellschaft für Salzburger Landeskunde, 1994), 463–97. See also the contributions to this volume by David Tomíček and by Thomas G. Benedek.

Medicine and Literature in the Middle Ages

Little wonder that poets and writers throughout the late Middle Ages enjoyed referring to such spas, and then also to hospitals and physicians, commonly with a sense of irony and mockery, which nevertheless confirmed the ubiquitous presence of such institutions and the practice of such medical experts throughout Europe, not to mention the Islamic world, where probably much better and higher standards were the norm.

Satire of the professional field of medical doctors seems to have been a current topic throughout time, and this also in the pre-modern world, especially in the wake of the disastrous Black Death (ca. 1347–ca. 1351 and many times thereafter). Laughter about some situations or objects, however, is not a good indicator for the absence of a phenomenon; on the contrary, comedy actually reveals more common conditions or situations; otherwise the audiences would not have enjoyed the fun.

The famous early Renaissance thinker, poet, and philosopher Petrarch (1304–1374) tended to criticize and satirize the entire field of physicians, particularly in his *Invective contra medicum* (1352–1353; *Invectives Against a Doctor*), but he also enjoyed good friendships with medical experts such as Tommaso Del Garbo (1305–1370).⁷¹ His approach was tongue-in-cheek, and as serious as his arguments are supposed to sound, as humorous they were really to be perceived, at least with respect to the true nature of medicine. In other words, the debate between Petrarch and one of the medical doctors attending the ill Pope Clement VI pertained not so much to the true value of medicine, but to the ranking of the various humanist disciplines, since for Petrarch rhetoric would have to be appreciated much higher than medicine:

If in fact, like the rational soul, unless it has lost reason, commands its own body, and the body serves the soul, so all the arts invented for the soul command those invented for

⁷¹ Klaus Berdolt, *Arzt, Krankheit und Therapie bei Petrarca: die Kritik an Medizin und Naturwissenschaft im italienischen Frühhumanismus*. Acta humaniora (Weinheim: VCH, 1992); Katherine Park, *Doctors and Medicine in Early Renaissance Florence* (1985; Princeton, NJ: Princeton University Press, 2014). See also Thomas Hay, *Epochen der Satire: Traditionslinien einer literarischen Gattung in Antike, Mittelalter und Renaissance*. Spolia Berolinensia, 28 (Hildesheim: Weidmann, 2008); Nancy S. Struever, “Petrarch’s *Invective contra medicum*: An Early Confrontation of Rhetoric and Medicine,” *Modern Language Notes* 108.4 (1983): 659–79; George A. Trone, “‘You lie like a doctor!’ Petrarch’s Attack on Medicine,” *Yale Journal of Biology and Medicine* 70.2 (1997): 183–90.

the body; the arts of the body serve those of the soul. It is known that the liberal arts were invented for the soul, as the mechanical arts were for the body.⁷²

Nevertheless, as we can recognize here as well, the fourteenth century already knew of a strong medical profession, whether or not its representatives were truly effective in their dealings with the sick. Petrarch basically used that group of experts as a foil for his own philosophical reflections on rhetoric and the liberal arts.

The Medical Doctor in the Work of Der Stricker

While I have discussed mostly the practical aspects of health-care, medicine, hygiene, bath culture, and related topics, from here on I turn especially to literary examples where the same subject matters are discussed or mentioned in passing, shedding significant light on the public discourse on those issues. This is, then, so to speak, the complementary discourse to the medical or hygienic one. There are earlier examples as well where a literary character is poking fun at professional medicine, such as the famous priest and rogue, Amîs, a figure created by the Middle High German poet Der Stricker (fl. ca. 1220–1250) (perhaps: The Knitter) who became the founding stock character of medieval and early modern German satirical literature.⁷³ Although serving as a village priest, Amîs is both free and intelligent enough to operate far beyond his parochial limits, and actually roams through the world and makes fun of and ridicules those individuals who are guilty of arrogance, hubris, pride, and other vices. At one point, Amîs

⁷² Petrarch, “Invective contra medicum,” *Opere Latine di Francesco Petrarca*, vol. 2, ed. Antonietta Bufona (Turin: Unione Tipografico-Ed. Torinese, 1987).

⁷³ For a brief introduction, see Michael Resler, “Der Stricker,” *German Writers and Works of the High Middle Ages: 1170–1280*, ed. James Harin and Will Hasty. Dictionary of Literary Biography, 138 (Detroit, Washington, DC, and London: Gale Research, 1984), 117–32. See also Stephen L. Wailes, *Studien zur Kleindichtung des Strickers*. Philologische Studien und Quellen, 104 (Berlin: Erich Schmidt, 1981); Rupert Kalkofen, *Der Priesterbetrug als Weltklugheit: Eine philologisch-hermeneutische Interpretation des “Pfaffen Amis”*. Epistemata, IL (Würzburg: Königshausen & Neumann, 1989); Albrecht Classen, “Love and Marriage and the Battle of Genders in the Stricker’s *maeren*,” *Neuphilologische Mitteilungen* XCII.1 (1991): 105–22; Hedda Ragotzky, “Die ‘Klugheit der Praxis’ und ihr Nutzen: zum Verhältnis von erzählter Geschichte und lehrhafter Fazitbildung in Mären des Strickers,” *Beiträge zur Geschichte der deutschen Sprache und Literatur* 123.1 (2001): 49–64; Klaus Grubmüller, *Die Ordnung, der Witz und das Chaos: Eine Geschichte der europäischen Novellistik im Mittelalter: Fabliau – Märe – Novelle* (Tübingen: Max Niemeyer, 2006), 79–101.

arrives at the court of the Duke of Lorraine to whom he introduces himself as the best possible medical doctor (“arzat,” 813).⁷⁴ Amîs does not address the duke by accident, as we learn immediately, since the latter admits that his hospital is filled with too many sick people whom he cannot get healed. The duke promises him much money if he helps him remedy this situation (822), but Amîs insists that he should wait with the payment or reward until he would have heard from the mouth of the sick himself that they had been completely recovered: “daz si jehent daz si gesunt sin” (835; that they say that they are healthy).

Twenty of the sick people are brought to court, and Amîs takes them to a private chamber to examine them. But in reality he only tells them to decide amongst themselves who would be the sickest of them all. He would then take that person, kill him/her and use the blood to heal them all, certainly a horrible scenario, which frightens everyone, so that even those who suffer the most quickly decide to claim that they are actually well: “unde begunnen alle jehen, / in wære genade geschehen, / si wæren alle wol gesunt” (883–85; and they all began to say that they had been graced, they all were quite healthy). Amîs challenges them, however, not willing to believe them, but since they are so afraid of being victimized, they even swear that they have no ailment or illness any longer. This is exactly what the rogue had tried to achieve, so he sends them all to the duke to confirm in his presence that they feel well again. Amîs receives a large payment and quickly departs, sending all the money home to his friends in England. As to be expected, a week later all the sick people return, worse off than ever before, and admit how the priest, who was in reality no medical doctor, had badly manipulated them. Yet, by that time it is all too late and the rogue has disappeared, though his fame and notoriety grow far and wide (931–32).

The Medical Doctor in the Narratives of *Till Eulenspiegel*

This motif of the deceptive medical doctor, who only pretends to know something about healthcare and brags to be the best doctor in the entire world, found numer-

⁷⁴ Des Strickers *Pfaffe Amis*, ed. K. Kamihara. Göppinger Arbeiten zur Germanistik, 233 (Göppingen: Kümmerle, 1978). See now Elizabeth Andersen, “Die Norm des Komischen im ‘Pfaffen Amis,’” *Text und Normativität im deutschen Mittelalter: XX. Anglo-German Colloquium*, ed. Elke Brügggen, Franz-Josef Holznagel, Sebastian Coxon, Almut Suerbaum, and Reinhold Katers (Berlin and Boston: Walter de Gruyter, 2012), 321–32.

ous imitations; none better than by the anonymous poet of *Till Eulenspiegel* (ca. 1510, perhaps by Hermann Bote from Brunswick).⁷⁵ Because of the great importance and huge impact of *Till Eulenspiegel*, which is not reflected by any of the contributions here, I offer a more extensive discussion of Bote's work.

This collection of prose tales, or *histori*, has represented one of the greatest challenges for literary historians, being characterized by many different aspects of comedy, including satire, sarcasm, scatology, linguistic humor, social criticism, and so forth. Little wonder that scholarship has continuously responded to these tales because they reflect not just laughter and fun, but also, which seems to be the most characteristic of literary humor, profound epistemological reflections.⁷⁶

In the fifty-seventh tale, Eulenspiegel arrives in Nuremberg, where he posts big broadsheets, advertising himself as a most famous physician, capable of helping all people, irrespective of their illness. Throughout time, and until today, people desperate because they cannot get well, have irrationally relied on such fantasy promises by a miracle healer. Indeed, here the hospital itself is filled with many sick individuals, who do not receive the required help, or whom the medical experts cannot help as desired. Irrespective of their medical misery, the head administrator of the hospital would like to get rid of the inhabitants because they do not recover and simply cost money. So this seems to be something like an Anthonite hospital for the poor and the sick, financed by the Order.

Eulenspiegel does not approach the head officer; instead his advertisement attracts the latter's attention because he foolishly hopes that the stranger, with his outlandish promises of miraculous healing powers, might be able to help him. The protagonist pursues the particular strategy of seducing the authorities to believe him because of his outlandish claims that he could heal even the worst case (53). Of course, just as in the case of Der Stricker, Eulenspiegel has no

75 *Ein kurzweilig Lesen von Til Ulenspiegel*, ed. Wolfgang Lindow (Stuttgart: Philipp Reclam jun., 1966); regarding Herman Bote's authorship of these tales, which continues to be rather debatable, see Herbert Blume, "Hermann Bote – Autor des *Eulenspiegelbuches*? Zum Stand der Forschung," id., *Hermann Bote: Braunschweiger Stadtschreiber und Literat: Studien zu seinem Leben und Werk*. Braunschweiger Beiträge zur deutschen Sprache und Literatur, 15 (Bielefeld: Verlag für Regionalgeschichte, 2009), 211–35 (orig. 1994).

76 Albrecht Classen, "Der vertrackte, widerspenstige Held Till Eulenspiegel. Sexualität, der Körper, Transgression," *Euphorion* 92.2 (1998): 249–70; id., "Transgression and Laughter, the Scatological and the Epistemological: New Insights into the Pranks of Till Eulenspiegel," *Medievalia et Humanistica* 33 (2007): 41–61; id. "Laughter as the Ultimate Epistemological Vehicle in the Hands of Till Eulenspiegel," *Neophilologus* 92 (2008): 417–89. See also the contributions to *Laughter in the Middle Ages and Early Modern Times: Epistemology of a Fundamental Human Behavior, Its Meaning, and Consequences*, ed. Albrecht Classen. Fundamentals of Medieval and Early Modern Culture, 5 (Berlin and New York: Walter de Gruyter, 2010).

medical knowledge and only pretends to be the miracle doctor, however, insofar as he threatens all the sick patients by saying that he would burn to powder the one whom he would deem the weakest, no one dares to question his authority.

Greed and medical desperation go hand in hand; there are many cases of sickness that cannot be healed, and hence the hospital is overcrowded with individuals who have already spent a long time there, wasting away the available budget. Very similar to the account in *Der Stricker's story*, the issue is not a medical one, offering an answer to the many hopeless cases of sick and dying people living in the hospital. Instead, the owner of the hospital proves to be a gullible person willing to try anything in his power to reduce the number of patients in his hospital, whether this is realistic or not. Just as today, we might say, sickness thus proves to be a matter of financial profit, either for the owner of the hospital or for the physician, all depending on their relationship and on the doctor's medical skills.

Insofar as all the sick people in the hospital promise Eulenspiegel to trust him and to do exactly as he orders them to do, we realize that the account itself reflects profoundly on issues of authenticity, trustworthiness, medical sciences, reliance, and honesty. Just as in the case of *Der Stricker's account*, Eulenspiegel informs each sick person that he could only help her or him if he were to burn the worst-off person to death and to make each sick inhabitant imbibe part of the ash of the burnt individual. Fundamental fear of death thus emerges as Eulenspiegel's basis for his devious strategy to extract money for his false claim of being an expert medical doctor.⁷⁷

As both poets reflect, people were desperate and willing to try anything to get well again, despite all their own doubts and questions regarding the claims by those quack doctors. Of course, neither Pfaffe Amîs nor Till Eulenspiegel ever proves to be a really expert medical practitioner; instead they predicate all their efforts on people's gullibility and naiveté in trusting even ordinary individuals from the street that those could produce more of a medical miracle than the educated class of medical practitioners. Instead of proscribing practical and sympathetic medicine or health-related practices, both the Priest Amîs and Till Eulenspiegel rely on common fear of death and make each individual compete against

⁷⁷ I have discussed this issue at greater length in "Angst vor dem Tod: Jämmerliche Männerfiguren in der deutschen Literatur des Spätmittelalters (von *Mauritius von Craûn* zu Heinrich Kaufringer und *Till Eulenspiegel*)," "Sei wi du wilt namenloses Jenseits": *Neue interdisziplinäre Ansätze zur Analyse des Unerklärlichen*, ed. Christa Tuczay. Beihefte zur Mediaevistik, 21 (Frankfurt a. M.: Peter Lang, 2016), 213–31.

each other with the simplistic goal of surviving in the struggle against epidemic sickness.

In a radical move against all expectations, Eulenspiegel resorts to a most brutal strategy, forcing each individual sick person to compete against all others, requiring everyone to get up from his/her bed and to depart from the hospital, whether s/he has been immobile for decades or not. The sheer fear of death makes them all vacate the hospital as fast as possible, although none of them is really healed or has recovered enough to move again. Eulenspiegel simply carries out his strategy on the basis of plain fear of death and thus knows how to move even the most immobile individual, since no one wants to be burnt to death for the well-being of the others.

The owner of the hospital has to learn quickly; for after three days everyone returns to the hospital as sick as before, if not even worse, because they had been chased out of the hospital only out of fear that they could be burnt to death. Undoubtedly, Eulenspiegel did not know how to bring about a miraculous healing, but he had been successful in his rhetorical manipulation for his own purposes because the patients and the owner of the hospital had been ignorant, naive, trusting, and foolish. Eulenspiegel did not know anything else or more than anyone else with respect to health care and medicine, but he understood very well how to manipulate people's basic fear and hope with regards to apparently incurable medical problems. Even though Eulenspiegel had promised a miracle healing for all, the outcome was a complete waste for the owner of the hospital, while the poor sick people had to realize that they had been the victims both of a terrible blackmail and a huge deception scheme: "Also bliben die Krancken wieder im Spital wie vor und was das Gelt verlorn" (54; So the sick people stayed in the hospital again and the money was lost).

There are countless critical approaches to the tales about Eulenspiegel, whether they are linguistic, social, communicative, political, or anthropological in nature. Scholarship has eagerly responded to the incredibly intriguing narratives associated with this outrageous protagonist, who appears to undermine and defy society in any possible situation. This also entails hygiene and medicine, such as when we learn of Eulenspiegel frequenting a public bath where he should endeavor to cleanse his body but where he, in reality, deposits his worst dirt, his feces (no. 69).

The narrator does not perceive any need to explain the existence of a bath house and presents it as a standard feature of urban society in the city of Hanover. For political or advertisement reasons the proprietor calls it a "Huß der Reinikeit" (200; House of Cleanliness). Eulenspiegel does not frequent this house because of his individual need to clean himself, but because he has heard about its popularity. Both Eulenspiegel and the owner engage in a very supportive discussion

of what cleanliness means and confirm to each other what such a bath house could and should achieve for the visitor, especially because it is especially a “Huß der Reinikeit” (201; house of cleanliness) and not simply a “Badstüb” (201; bathroom).

Eulenspiegel fully agrees with the owner that this is a special institution where those who enter are dirty and those who leave are clean, which could be understood both in physical and metaphysical terms. But Eulenspiegel takes the concept literally and defecates right next to the bath tub, which immediately teaches the owner, as he admits, to differentiate more carefully between words and their actual meaning. When he tries to reprimand the protagonist that he should have used a toilet to vacate his feces, and that he should have understood that the primary purpose of his bath house is to clean the body by way of sweating, Eulenspiegel defies him and emphasizes that the body must be cleaned both on the outside and on the inside.

The two almost come to blows, and the owner then basically throws him out, forcing him to go to the living room to get dressed. Trying to scare him, however, he first locks him in. Nevertheless, Eulenspiegel, discovering that the dinner table consists of a folding board, defecates there once again and then closes the table. But he sarcastically warns the proprietor: “‘Lieber Meistir, in diser Stuben bin ich erst gantz gereinigt. Gedenckt mein zu gut, ee es Mitag würt. Ich scheid darvon” (202; Dear Master, I have become entirely cleaned only in this room. Think of me well before noon. I am off). He warns him thus not to confuse ingestion with digestion, or food with excrement, which indicates to us how much the satirical author actually reflected here also on fundamental anthropological issues.

Here we could return to a discussion of the meaning of dirt, as Mary Douglas has already endeavored (see above), but the critical component in the present context consists of the much more cultural-historical dimension indicated here. The narrative reflects in very specific terms that early modern cities had, as a standard feature, both bath houses and toilets. The proprietor is well-off with his business since people must pay an entrance fee and also for the use of the bath itself. He becomes as much the target of Eulenspiegel’s satire and deliberate transgression as many of the different craftsmen, priests, aristocrats, merchants, professors, and others mentioned in the other narratives. Moreover, the owner clearly expresses his disgust and anger that his customer so egregiously soils his bath room and so deliberately misunderstands the intended meaning of ‘cleaning,’ abusing the interior space next to the bath tub as a site for his defecating. But Eulenspiegel is neither interested in anal eroticism nor in being a social rebel, as previous scholarship has often argued. Instead, his horrible action, which simply stinks to heaven, as the proprietor formulates it himself, serves him as a strategy

to deconstruct the traditional assumptions about human language and standard norms of behavior.

In this sense, Douglas's theorizing about dirt as a factor that brings about disorder applies exceedingly well in this context.⁷⁸ But here it may suffice to note only that bodily cleanliness matters greatly for everyone involved in this tale, although Eulenspiegel goes too far for the owner of the bath house and cleans himself, even of his feces. Both the proprietor and the audience both then and today feel deep disgust about this, and yet Eulenspiegel consistently operates with his own human waste in order to provoke the other figures in the tale, and thus to make us laugh about his intelligence and wit.

Many other times Eulenspiegel functionalizes his feces and various bodily fluids to horrify and shame his contemporaries. This does not mean, however, that these tales reflect a lower level of cultural development compared to today vis-à-vis the human body, since everyone displays a high degree of irritation and disgust, rejecting vehemently the rogue's behavior. Moreover, we continue to laugh about his tricks and cunning, even though we are deeply challenged in our own sense of hygiene.⁷⁹

To be sure, the entire collection of tales is deeply determined by the curious, often spurious, interaction between medicine, food-intake, health-care, cleanliness, dirt, and the corresponding linguistic responses. Perhaps not by accident Eulenspiegel's life story begins with his triple baptism, as related in the first tale, where we learn that he was first baptized regularly in the church, but on the way home the god-mother, drunk from the festivities, fell off a bridge and soiled

78 Albrecht Classen, *The German Volksbuch. A Critical History of a Late-Medieval Genre*. Studies in German Language and Literature, 15 (Lewiston, NY, Queenston, and Lampeter: Edwin Mellen Press, 1995, reissued 1999), 185–212; id., "Transgression and Laughter, the Scatological and the Epistemological: New Insights into the Pranks of Till Eulenspiegel," *Medievalia et Humanistica* 33 (2007): 41–61; Alexander Schwarz, "Wer sagt das? Zum Kampf um die Sprecherrolle im *Eulenspiegelbuch*," *Eulenspiegel trifft Melusine: Der frühneuhochdeutsche Prosaroman im Licht neuer Forschungen und Methoden. Akten der Lausanner Tagung vom 2. bis 4. Oktober 2008*, ed. Catherine Drittenbass and André Schnyder. Chloe, 42 (Amsterdam and New York: Rodopi, 2010), 493–507; Hans-Joachim Behr, "Alles Scheiße – oder was? Vorkommen und Funktion von Exkrementen in literarischen Texten der Frühen Neuzeit," *Nahrung, Notdurft und Obszönität in Mittelalter und Früher Neuzeit: Akten der Tagung Bamberg 2011*, ed. Andrea Grafetstätter (Bamberg: University of Bamberg Press, 2014), 11–32.

79 Alison Williams, *Tricksters and Pranksters: Roguery in French and German Literature of the Middle Ages and the Renaissance*. Internationale Forschungen zur Allgemeinen und Vergleichenden Literaturwissenschaft, 49 (Amsterdam and Atlanta, GA: Rodopi, 2000); see also the contributions to *Komische Gegenwelten: Lachen und Literatur in Mittelalter und Früher Neuzeit*, ed. Werner Röcke and Helga Neumann (Paderborn, Munich, et al.: Ferdinand Schöningh, 1999).

herself and the baby badly, which the narrator identifies as the second baptism. Consequently, Eulenspiegel has to be given a bath to clean him again: “Da war Eulenspiegel eins Tags dreimal geteufft, einmal im Tauff, einmal in der Lachen und eins im Kessel mit warmen Wasser” (11; That day Eulenspiegel was baptized three times; first in the baptism font, then in the ditch, and finally in the vessel with warm water).

Other Medical Doctors: Authority Figure or Object of Laughter? Geoffrey Chaucer

Significantly, the figure of the medical doctor emerged in other European literatures as well, most famously, perhaps in Geoffrey Chaucer’s *Canterbury Tales* (ca. 1400), who portrayed here a learned individual who operates just as much in astrology as in practical medicine, relying heavily on Galenic humoral pathology and on natural magic:

He knew the cause of everich maladye,
Were it of hoot or coold or moyste or drye,
And where they engendred and of what humour.
He was a verray, parfit praktisour:
The cause yknowe and of his harm the roote,
Anon he yaf the sike man his boote.⁸⁰

Very skilled also in merchandising his medications, he is well prepared and ready to dispense his own powders and pills from his carry-on apothecary. The narrator introduces him as highly learned in bookish lore, drawing from the ancients:

Wel knew he the olde Esculapius
And Deyscorides and eek Rufus,
Olde Ypocras, Haly, and Galyen,
Serapion, Razis, and Avyken,
Averrois, Damascien, and Constantyn,
Bernard, and Gatesden, and Gilbertyn. (429–34).⁸¹

80 Geoffrey Chaucer, *The Canterbury Tales*. Sec. ed. by Robert Boenig and Andrew Taylor (Peterborough, ON, and Buffalo, NY: Broadview, 2012), 419–24.

81 As to be expected, there are numerous studies both on the Physician himself and then on his tale; see, for instance, Kirk L. Smith, “False Care and the Canterbury Cure: Chaucer Treats the New Galen,” *Literature and Medicine* 27.1 (2008): 61–81; Joshua J. Stigall, “His Studie Was But

Chaucer's satire and irony with regard to this physician does not need to be explored further; suffice it here to observe only that this famous poet included this figure as a common person who could not be missed in such a company of pilgrims, especially since the overarching purpose of his collection was to mirror his society at large and to entertain his audience with his witty, at times contemptuous remarks.

Chaucer's satire, typical and characteristic for this author, ought not to blind us to the relevance of the physician's appearance in the first place, especially because he apparently functions here as a caricature of his entire profession. There is no point in making fun of a profession at large if it were not wide-spread, well established, and probably functioning well, particularly at that late point in time, close to the end of the Middle Ages. And indeed, when we pay closer attention to other literary genres, we discover many different examples where physicians appear on the stage and make a big case of themselves, thereby being transformed into objects of ridicule.⁸² However, the very presence of literary satire directed against members of the medical profession in the pre-modern world signals that there must have been many, probably more or less well trained, and consulted by many people. Since they could not always guarantee healing, which is the same even today, those suffering from medical problems bitterly complained about the physicians and apothecaries and charged them with incompetence or hypocrisy. In fact, this all sounds surprisingly familiar to modern ears.

Les Cent Nouvelles Nouvelles

One final example to illustrate this case can be found in the famous French collection *Les Cents Nouvelles Nouvelles*, composed by an unknown author – here disregarding several potential individuals, such as Antoine de La Salle, Jean du Ponceau, or Philippe Pot – sometime between 1456 and 1467 and printed first in 1486.⁸³

Litel on the Bible': Materialism and Misreading in Chaucer's Physician's Tale," *Christian Scholar's Review* 42.3 (2013): 245–60; and for a quick treatment of the various authority figures mentioned here, see Boenig's and Taylor's commentary (see note 80), 54, note 10.

⁸² Albrecht Classen, "Die Figur des Arztes in den spätmittelalterlichen Fastnachtspielen," *Mittelalterliches Jahrbuch* 47.3 (2012): 429–42.

⁸³ *Les cent nouvelles nouvelles*, ed. Roger Dubuis (Lyon: Presses Universitaires de Lyon, 1991; see also the reprint: Paris: Champion, 2005); Albrecht Classen, *Sex im Mittelalter: Die andere Seite einer idealisierten Vergangenheit. Literatur und Sexualität* (Badenweiler: Wissenschaftlicher Ver-

In the second novella, a young and attractive woman, daughter of a wealthy merchant, is wooed by many men, who would like to marry this fifteen-year old. But one day she contracts hemorrhoids, which endanger all the hopes and plans which her parents already had for this beauty. Everyone in the entire family is deeply grieved about this misfortune, and even elderly relatives cannot achieve any improvements despite a plethora of herbs and other folk medicine. Finally, all the doctors in town are brought in, one by one, and they all want to study the particular body part, to the young woman's great embarrassment.

She refuses for a long time, until her parents urge her hard enough, but all this is to no avail. She is placed on a bed, entirely covered, except at the specific spot where her hemorrhoids rest. The doctors try their best, they order all kinds of creams, powders, and medication, but nothing works because, as the narrator emphasizes, their learned books do not tell them anything about this ailment. In fact, it is getting worse every day, and her suffering increases, instead of getting better. Finally, the parents encounter an old Franciscan monk who has lost eyesight on one side, but appears to enjoy great authority because of his old age and a life filled with much travel. This old man, who soon proves to be nothing but a lustful predator, promises to cure the poor victim and arrives the next day with a powder and a tube through which he intends to blow the medicine into her orifice. Enjoying the opportunity, he closely studies and carefully touches her exposed behind.

The young woman, curious about his operation, turns her head and looks at him, seeing how he is applying the tube to her anus, lustfully staring with his one eye at her body. She finds the scene extremely hilarious and cannot suppress her laughter, which unfortunately erupts into a huge fart. That wind, however, hits the tube and blows the powder backwards right into the miserable man's only eye. Within a few days the acidic material destroys his pupil, leaving him blind, and he demands financial support for the rest of his life from the girl's father, who naturally rejects this, although he offers him a payment equivalent to the sum which he would have given him in case he had healed his daughter. This leads to a law case in London, which is apparently never fully decided, but everyone in the city enjoys hearing about it because of the grotesque case. This account thus ended up in the *Cent Nouvelles Nouvelles* because of its entertaining nature, whereas neither the young woman's medical problem nor the old Franciscan as a pretended physical doctor truly matter. We are informed that she finally gets well

lag Bachmann, 2011), 265–300. See now María Cristina Azuela Bernal, *Del Decamerón a las Cent Nouvelles nouvelles. Relaciones y transgresiones en la Nouvelle Médieval*. Cuadernos del Seminario de Poética, 24 (México: Universidad Nacional Autónoma de México, 2006).

again on her own, but she has lost her reputation since she is from then on no longer known because of her beauty, goodness, or elegance, but because of her involuntary breaking of wind which destroyed the Franciscan's eye-sight.⁸⁴

Even though the issue of hemorrhoids would not seem to be a major medical problem, not even in the fifteenth century, it causes much embarrassment, public gossip, and curiosity. Her physical privacy is entirely destroyed since every medical doctor, including the old Franciscan, is allowed to study her exposed rear closely, and yet no one can help her. Undoubtedly, the narrator predicated his story critically on the phallic symbolism of the tube and the Franciscan's lustfulness, which only results, however, in his becoming entirely blind. The girl heals on her own at the end, while the whole stream of doctors cannot help her at all. The author casts much satire on the entire professional group of medical experts, since everyone seems to be a quack and resorts to fake medicine, only topped by the monk who believes that he can utilize the situation for his own sexual lustfulness to penetrate her from behind, in proxy, at least.

But once again, this narrative does not inform us specifically about the lack of hygiene and medical care; on the contrary, we are specifically alerted to the presence of many physicians in town, even though none of them seems to be capable of solving the issue. Significantly, the parents subsequently resort to an alternative approach, hoping that a member of the Church like this old Franciscan monk could provide the long desired effective assistance. Ironically, of course, very similar to the Pfaffe Amis and Till Eulenspiegel they all simply pretend to be truly learned and experts in the medical field.

The second story in the *Cent nouvelles nouvelles* proves to be so remarkable particularly in our context because it is the only one where the topic does not deal explicitly with love, sex, rape, marriage, and adultery. Instead, the focus rests on the young woman's derrière and how all the doctors and the Franciscan enjoy studying it carefully without achieving any success in healing her hemorrhoids. Her parents do not hesitate to spend much money on her medical treatment, though none of the doctors can actually help her. The narrator reflects

⁸⁴ There is not much relevant research literature on this marvelous collection; but see Nelly Labère, "Regarder par le trou de la lorgnette: 'L'Assez apparente verité' des *Cent nouvelles nouvelles*," *Moyen Français* 57–58 (2005–2006): 203–26; Sarah Kay, "Ideology in 'Cent nouvelles nouvelles' 62: History, Historicism and Historicity," *Mittelalterliche Novellistik im europäischen Kontext: Kulturwissenschaftliche Perspektive*, ed. Mark Chinca, Timo Reuvekamp-Felber, and Christopher Young (Berlin: Erich Schmidt, 2006), 224–37; Alexandra Vélissariou, "L'Espace et le jeu des *Cent nouvelles nouvelles*," *Moyen Age: Revue d'Histoire et de Philologie* 114.2 (2008): 239–54; David P. LaGuardia, *Intertextual Masculinity in French Renaissance Literature: Rabelais, Brantôme, and the Cent nouvelles nouvelles* (Aldershot, England; Ashgate, 2008).

thus the true extent to which health care was in great demand in late medieval cities and elsewhere, though he does not indicate any respect for this profession. However, the narrator's full interest here does not rest on the physicians' medical knowledge and expertise, but on their sexual interest in gazing at her exposed behind. The purpose of the text was not to instruct us about how good or bad the medical doctors were, but to poke fun at the medical profession and to provide entertainment at the cost of those physicians. The narrative is also instructive in illustrating what mundane medical problems could affect late medieval people, who were obviously equally concerned with how to handle hemorrhoids as we might be today.

Health Care, Bathing, and Medicine: Both the Literary and the Practical Dimension

As this brief overview has vividly demonstrated, medieval and early modern poets were keenly aware of the great significance of cleanliness, hygiene, baths, medical care, and health issues. From here we can return to our initial concern about what we really know about hygiene, medicine, and well-being in the pre-modern world. As the list of literary examples, which could easily be expanded, indicates, there was much to laugh about physicians, especially because people seem to have been determined by a healthy dose of suspicion and distrust of the miracle drugs and fake medications commonly applied. At the same time, as all authors confirm, those physicians achieved much fame and gained respect because people were so much in need of miracle cures and hence were gullible for any kind of promises by the alleged authorities in the medical field, that is, by the quacks. However, this does not allow us to ridicule pre-modern health-care altogether, since this kind of humor specifically operated with the assumption that the net of available medical doctors was fairly dense, that people could find medical care, even if many times the applied drugs were of rather dubious nature, and that the infamous early modern “Drecksapotheke” (shit apothecary), or apothecary was commonly stocked with highly dubious drugs, often made of feces, urine, nails, rat skins and blood, foreskins, etc.⁸⁵

⁸⁵ Francis B. Brévar, “Between Medicine, Magic, and Religion: Wonder Drugs in German Medico-Pharmaceutical Treatises of the Thirteenth to the Sixteenth Centuries,” *Speculum* 83 (2008): 1–57; id., “Medical Remedies in Medieval Wonder Drug Treatises: How Efficient Were They?,” *Ain güt geboren edel man: A Festschrift for Winder McConnell on the occasion of his Sixty-Fifth Birth-*

At the same time, we can find numerous solid examples of a great interest in bath culture, which people enjoyed highly wherever they could find healthy, mineral rich, warm springs. Even though far below the standards of our modern time, the medieval world was quite aware of the need of and the means to supply water to people's houses, to a castle, or to a city hall.⁸⁶ In my own contribution

day, ed. Gary C. Shockey. Göppinger Arbeiten zur Germanistik, 757 (Göppingen: Kümmerle, 2011), 72–194. For a considerably skeptical view, see John Wortley, “Three Not-So-Miraculous Miracles,” *Health, Disease, and Healing in Medieval Culture*, ed. Sheila Campbell, Bert Hall, and David Klausner (New York: St. Martin's Press, 1992), 159–68; for the alternative perspective, see Nancy Siraisi, “The Faculty of Medicine,” *Universities in the Middle Ages*, ed. Hilde de Ridder-Symoens (Cambridge: Cambridge University Press, 1992), 360–85; similarly Ortrun Riha, “Das systematologische Defizit der Artesforschung: Überlegungen zur mittelalterlichen deutschen Fachliteratur,” *Archiv für das Studium der neueren Sprachen und Literaturen* 229 (1992): 255–76. In his book, *Ein Stockholmer mittelniederdeutsches Arzneibuch aus der zweiten Hälfte des 15. Jahrhunderts* (Stockholm: Kungliga Biblioteket, 1967), Agi Lindgren cites a report on the effectivity of some of the plants found in the Stockholm medico-pharmaceutical manuscript X 113, written up by the licensed apothecary Lars-Einar Fryklöf. See also Jerry Stannard, “Albertus Magnus and Medieval Herbalism,” *Albertus Magnus and the Sciences. Commemorative Essays 1980*, ed. James A. Weisheipl (Toronto: Pontifical Institute of Mediaeval Studies, 1980), 355–77; id., “Rezeptliteratur als Fachliteratur,” *Studies on Medieval Fachliteratur: Proceedings of the Special Session on Medieval Fachliteratur of the Sixteenth International Congress on Medieval Studies, Kalamazoo, Michigan (U.S.A.), May 10, 1981*, ed. William Eamon. Scripta, 6 (Brussels: Omirel, UFSAL, 1982), 59–73; id., “Herbal Medicine and Herbal Magic in Pliny's Time,” *Pline l'Ancien: Témoin de son temps. Conventus Pliniani Internationalis, Namneti 22–26 Oct. 1985 habiti, acta edenda cvararvnt Iacobvs Pigealdvs Namnetensis, Iosephvs Orozivs Salmanticensis* (Salamanca: Universidad Pontificia de Salamanca, 1987), 95–106. See also Ortrun Riha, “Medizin und Magie im Mittelalter,” *Das Mittelalter* 10 (2005): 64–72. Altogether, however, we pay too much attention to overdramatized reports about horrible ingredients in pre-modern medication sold by rather dubious haberdashers or other pseudo-experts. Official apothecaries existed already since the early fourteenth century, such as the Rats-Apotheke (City Council Apothecary) in Göttingen, Germany, established by Duke Otto of Brunswick in 1332. Chaucer includes a reference to an apothecary – though missing in that specific context, which indicates their rather common presence in medieval society, in his “The Nun's Priest's Tale” in his *Canterbury Tales* (see note 80), lines 181–84. For apothecaries in the medieval Islamic world, see Sharif Kaf al-Ghazal, “The Valuable Contributions of Al-Razi (Rhazes) in the History of Pharmacy During the Middle Ages,” *Journal of the International Society for the History of Islamic Medicine*, 3.6 (October 2004: 9–11. Sarah Gordon, in her contribution to the present volume, brings to our attention how much late medieval medical authors formulated very clear concepts about the healing power of water, hence of basic hygiene.

⁸⁶ *Die Wasserversorgung im Mittelalter*. Geschichte der Wasserversorgung, 4 (Mainz: Philippe von Zabern, 1991); *Wasser auf Burgen im Mittelalter*. Geschichte der Wasserversorgung, 7 (Mainz: Philippe von Zabern, 2007); *Wasser und Brunnen in alten Zürich: zur Geschichte der Wasserversorgung d. Stadt vom Mittelalter bis ins 19. Jh.*, ed. Elisabeth Suter (Zürich: Wasserversorgung, 1981).

I will discuss numerous cases, such as the report by the Halle citizen Hans von Waltheym who in 1474 went on a luxurious and comfortable pilgrimage to the Provence and on the way home stayed in Baden east of Zürich and south of Bad Ragaz near Vaduz in order to take advantage of the numerous baths there.⁸⁷ We also have to keep in mind two major factors concerning all our historical and literary documents, not to forget art-historical material. Poets and writers traditionally emphasize more the unusual, the sensational, the shocking, and drastic, instead of treating the banal, the trivial, or the pedestrian. Consequently, dramatic accounts of physicians who carry out seemingly absurd rituals and perform useless, if not even dangerous and deadly processes normally appear in satirical and sarcastic narratives and reflect more the tendency to make fun of that profession than to share accurate information. Those late medieval and early modern writers projected caricatures, but did not reflect intimately on the actual conditions of medieval and early modern hospitals, for instance. Hence, in order to understand critically how medical doctors approached their tasks, we must consult so-called *leechbooks* or medical recipe books, many of which have actually survived. The considerable emphasis there on the use of clean and fresh water, on baths, and on preventative care comes as no little surprise and deserves to be underscored prominently within our context, as Sarah Gordon does in her contribution to this volume.

Health Care in the Pre-Modern World: A Modern Perspective

Finally, if we take into view the great diversity of data, including images, sketches, reports, poems, biographical and hagiographical narratives, etc., regarding hygiene, health, health-care, then we quickly realize how complex the entire situation must have been, already in the pre-modern world. Archeological and medical-forensic investigations working with medieval cemeteries, for instance, are very useful research approaches, but they only tell us one side of the story. Similarly, the literary or religious documents, as we just have seen, reflect only the other side. In other words, we can only hope to gain a more solid understanding

⁸⁷ Ich, Hans von Waltheym: Bericht über eine Pilgerreise im Jahr 1474 von Halle in die Provinz, ed. Birte Krüger and Klaus Krüger. Forschungen zur hallischen Stadtgeschichte, 21 (Halle a. d. S.: Mitteldeutscher Verlag, 2014), 224–26.

of the world of pre-modern healthcare and medicine, hygiene and drug therapy if we invite numerous different scholars to contribute.

For the present project, this goal was not completely achieved, especially because the scientific aspects could not be addressed fully enough. Nevertheless, the purpose of this volume is rather to look at hygiene, medicine, and well-being in the pre-modern world from a literary and historical perspective, which is, of course, valid enough by itself and in conformity with our entire book series.

The specific theme pursued here picks up a major effort in previous years to reflect in a series of conferences and subsequent publication of the relevant contributions on the impact of Paracelsus (1493–1541) on his contemporaries and his posterity, on health and death, on the development of medicine in the early modern age well into the eighteenth century, and hence also on the question how the individual could achieve happiness in physical and mental terms. All those, however, were not simply medical in nature, but were also discussed in many different ways by poets, artists, philosophers, theologians, and others. Throughout the centuries major intellectuals offered profound insights into the intricacies of health and happiness, whether we think of Seneca, St. Augustine, Boethius, Petrarch, Erasmus of Rotterdam, and then also Paracelsus, or Theophrastus von Hohenheim, and Valentin Weigel.⁸⁸

By the same token, mankind has always been plagued by massive epidemics, whether we think of the Black Death, the Spanish Influenza, AIDS, or Ebola. The first of those epidemics was not restricted to the Middle Ages, but rather emerged already in late antiquity, continued to raise its ugly heads in the following centuries, raged through the late Middle Ages and early modern age, and has continued to reappear until the present, both in Asia and in Africa, in Europe and on the American continent. Humanity is, so it seems, in an ongoing struggle against and with viruses and bacteria, and people actually consist to very large extent of viruses and bacteria in the first place, not only within the body itself, but par-

88 Albrecht Classen, “Gutes Leben und guter Tod von der Spätantike bis zur Gegenwart: Ein philosophisch-ethischer Diskurs über die Jahrhunderte hinweg,” *Gutes Leben und guter Tod von der Spätantike bis zur Gegenwart: Ein philosophisch-ethischer Diskurs über die Jahrhunderte hinweg*, ed. Albrecht Classen. Theophrastus Paracelsus Studien, 4 (Berlin and New York: Walter de Gruyter, 2012), 1–109. See also the other contributions to this volume; cf. also *Paracelsus im Kontext der Wissenschaften seiner Zeit: Kultur- und Mentalitätsgeschichtliche Annäherungen*, ed. Albrecht Classen. Theophrastus Paracelsus Studien, 2 (Berlin and New York: Walter de Gruyter, 2010); *Religion und Gesundheit in der Frühen Neuzeit: Der heilkundliche Diskurs im 16. Jahrhundert*, ed. Albrecht Classen. Theophrastus Paracelsus Studien, 3 (Berlin and Boston: Walter de Gruyter, 2011).

ticularly within our very own DNA.⁸⁹ However, we cannot limit our approach to sickness, ailment, and death by focusing on medical issues alone.

Happiness matters for all of us in huge terms, providing the mental framework for a healthy life. The ability to establish a decent level of hygiene has always contributed to people's feeling of well-being, and hence to health. In other words, the intimate intertwining of body and mind, of cleaning insight and outside – in this regard even Till Eulenspiegel was not that far off – and the constant efforts to maintain a solid balance between the physical and the spiritual demands can be identified as the foundational rocks of good human life, irrespective of whatever religious orientation the individual might pursue.

The History of Cleanliness and Hygiene – Once Again: Marguerite de Navarre

It remains highly unclear whether the Middle Ages and early modern age at large were dirtier/cleaner than the early modern age since so much depends on the various circumstances, the social level, rules and regulations, institutional requirements, and natural conditions. There are countless reports about the Baroque culture, for instance, indicating that toilet practices declined even among the highest members of society.⁹⁰ In Marguerite de Navarre's *Heptaméron* (1558), for instance, we learn of two remarkable situations that speak rather badly

89 Pest: *Die Geschichte eines Menschheitstraumas*, ed. Mischa Meier (Stuttgart: Klett-Cotta, 2005); John Aberth, *Plagues in World History*. Exploring World History (Lanham, Boulder, et al.: Rowman & Littlefield, 2011); *Pandemic Disease in the Medieval World: Rethinking the Black Death*, ed. Monica H. Green (Kalamazoo, MI, and Bradford: Arc Medieval Press, 2015). As to the relationship between people and viruses, a whole library could be cited here; but see now Milton W. Taylor, *Viruses and Man: A History of Interactions* (Cham: Springer, 2014); Thomas M. Bell, *An Introduction to General Virology* (Burlington, VT: Elsevier Science, 2014).

90 Gunter Mann, "Gesundheitswesen und Hygiene in der Zeit des Übergangs von der Renaissance zum Barock," *Medizinhistorisches Journal* 2 (1967): 107–23; Georges Vigarello, *Wasser und Seife, Puder und Parfüm: Geschichte der Körperhygiene seit dem Mittelalter*, trans. from the French by Linda Gränz. Reihe Campus, 1057 (1985; Frankfurt a. M.: Campus-Verlag, 1988); Ulrika Kiby, *Bäder und Badekultur in Orient und Okzident: Antike bis Spätbarock* (Munich: DuMont, 1995); see also the contributions to *Eau & Toilette: Hygiene und Schönheit von -3900 bis +2011: Waschen, Kleiden, Duften ... vom Barock bis zum Ende des 19. Jahrhunderts*, ed. Christine Egli, Dominik Gügel, and Urs Leuzinger (Frauenfeld: Amt für Archäologie des Kantons Thurgau; Salenstein: Napoleonmuseum, 2011); Bernd Roeck, *Lebenswelt und Kultur des Bürgertums in der Frühen Neuzeit*, 2nd ed. (Munich: Oldenbourg, 2011).

about hygiene at sixteenth-century courts and elsewhere. I cannot test the validity of these two examples, but they deserve to be mentioned here as well insofar as they are included in this comprehensive collection almost just in passing without any particular concern for their implications regarding hygiene.⁹¹

The twenty-first story discusses the tragic love relationship between Rolandine, a close relative of the Queen of France, and a bastard and impoverished young man whose appearance strikes everyone as extremely ugly. But the two develop a very intense emotional relationship and eventually even declare their marriage before God, but everyone at court is opposed to this 'sordid' affair, and especially the Queen makes every effort to block them from seeing each other. This requires that they have to resort to many different strategies and cunning, such as utilizing many different kinds of messengers to deliver his letters to her. One of them is an old and trusted servant, who makes his way to the castle where Rolandine lives with the queen. However, he is suddenly observed and noticed, which leads to a series of persecutions, but the old man at first tries to dissimulate his purpose there, turns to the wall "as if to pass water, tore up the letters into the smallest pieces he could and threw them behind a door" (244). In other words, urinating in the hallways was a common practice and not forbidden. We never learn more about this since other aspects dominate much more heavily, but for our purposes we still need to keep this odd example in mind for the larger picture of early modern hygiene.

In story eleven, a noble lady called Roncex goes visiting a Franciscan monastery one day, and while she has religious conversations, as we might assume, she needs to use the bathroom. Fortunately, there is one, a little and dark privy,

⁹¹ Marguerite de Navarre, *Heptaméron*, ed. Renja Salminen. Textes littéraires français, 516 (Geneva: Droz, 1999); for the English translation, I have used Marguerite de Navarre, *The Heptameron*, trans. with an intro. by P. A. Chilton (Harmondsworth, Middlesex, England: Penguin, 1984); for some of the relevant studies on Marguerite and her work, see, for instance, Marguerite de Navarre, *The Heptameron*, trans. with an intro. by P. A. Chilton (Harmondsworth, Middlesex, England: Penguin, 1984); Nicole Cazauran, *L'Heptaméron de Marguerite de Navarre* (Paris: Société d'Édition d'enseignement Supérieur, 1978); Jamil Chaker (Shakir), *Origines et formes de la nouvelle de Marguerite de Navarre*. Publications de la Faculté des sciences humaines et sociales de Tunis, IV Série, Lettres, 7 (Tunis: Publications de la Faculté des sciences humaines et sociales, 1995); *International Colloquium Celebrating the 500th Anniversary of the Birth of Marguerite de Navarre, April 13 & 14, 1992*, Agnes Scott College, ed. Régine Reynolds-Cornell (Birmingham, AL: Summa Publications, 1995); Patricia F. and Rouben C. Cholakian, *Marguerite de Navarre: Mother of the Renaissance* (New York: Columbia University Press, 2006); *A Companion to Marguerite de Navarre*, ed. Gary Ferguson and Mary B. McKinley. Brill's Companions to the Christian Tradition (Leiden and Boston: Brill, 2013); Joshua M. Blaylock, "A Skeleton in the Closet: Secrecy and Anamorphosis in Marguerite de Navarre's *Heptameron*," *Sixteenth Century Journal* 45 (2014): 951–72.

and the narrator has no hesitation to describe its appearance in clear terms: “It was the place used by all the Franciscans, and all over the seat and everywhere else there was the fruits of Bacchus and Ceres” (156). The poor lady has no choice and must resort to this filthy privy, which might consist of a row of toilets because we are told: “this poor lady ... went and sat down on the filthiest and dirtiest seat in the whole place” (156). She is entirely soiled, including her clothing, and does not dare to move in order to avoid further staining, so she calls out for help to her maid who immediately suspects that her lady is being raped by one of the Franciscans and rallies everyone to come to the rescue.

The scene which appears before their eyes could not be more embarrassing for the lady: “... bottom bare lest her gown should be soiled, and shrieking for one of her women to come and clean her up. A splendid spectacle for the men who had come running to her rescue. And the only trace of a Franciscan was the filth stuck to the poor lady’s behind” (156).

The Franciscans possess a privy, and it might have a row of seats, but it is not all that clear. The narrator only focuses on the utter dirt and the men’s bad bathroom behavior which causes the lady so much distress and shame. Her horror must have been the result of a shockingly different toilet setting where no cleanliness could be found. We do not know how the friars could use their privy without soiling themselves or why no one was in charge of cleaning it, but the point consists of the contrast between female needs and expectations of bathroom cleanliness and male behavior – unfortunately, similar complaints are raised by women all over the world about men even today, but that’s beside the point here.

The Impact of Syphilis

But we need to consider a very different change that affected all of late medieval Europe with huge implications for the health-care system, general hygiene, and medicine. The appearance of syphilis, probably having been imported from the Americas, by Columbus’s crew, basically brought about a paradigm shift. The first written records of an outbreak of syphilis in Europe occurred in 1494/1495 in Naples, Italy, during a French invasion. Because it was spread by returning French troops, the disease was known as “French disease,” and it was not until 1530 that the term “syphilis” was first applied by the Italian physician and poet

Girolamo Fracastoro.⁹² This outbreak of an epidemic had the catastrophic consequences that public bath houses all over Europe lost massive numbers of customers and had to close their doors. At the same time, in Córdoba, Spain, King Philipp II banned the use of the Arabic language, wearing of corresponding clothing, public gambling and games, and public bathing was forbidden as a heathen custom, predominantly associated with the Arabic culture. About 900 of those houses were allegedly closed and destroyed. In Nuremberg, the bath houses were not closed, but those suffering from syphilis were no longer granted entrance.⁹³

Could we hence argue that human society in the post-medieval world lost the traditionally high hygienic status as might have been standard in the Middle Ages, at least among the aristocracy? Just as in the case of Marguerite's tale where the old servant simply turns to the wall to let go his water, in the seventeenth century the famous Elisabeth (Liselotte) von der Pfalz (1652–1722), wife of Philippe I, Duke of Orléans, younger brother of Louis XIV of France, and mother of France's ruler during the Regency, complained in some of her thousands of letters that too many people living in Versailles had to resort to corners and hallways to meet their

92 Alfred W. Crosby, Jr., *The Columbian Exchange: Biological and Cultural Consequences of 1492*. Contributions in American Studies, 2 (Westport, CT: Greenwood Pub. Co. [1972]); Claude Quétel, *History of Syphilis*, trans. Judith Braddock and Brian Pike (1986; London: Polity Press in association with Basil Blackwell, 1990); for the earliest legislation against the use of public baths in order to combat the spread of the disease, see Karl Sudhoff, "Die ersten Massnahmen der Stadt Nürnberg gegen die Syphilis in den Jahren 1496 und 1497," *Archiv für Dermatologie und Syphilis* 116 (1913): 1–30; cf. also the contribution to this volume by Thomas G. Benedek; and for a useful overview, the online article at: https://en.wikipedia.org/wiki/History_of_syphilis (last accessed on June 10, 2016).

93 Detlev Quintern, "Wunder, Wollust, Wohlbefinden – Das türkische Bad als Utopie: Ein Kulturvergleich," *Wasserwelten: Badekultur und Technik. Begleitschrift zur Ausstellung Wasserwelten im Landesmuseum Natur und Mensch Oldenburg, 15. August –17. Oktober 2010*, ed. Mamoun Fansa. Schriftenreihe des Landesmuseums Natur und Mensch, 77 (Mainz: Phillip von Zabern, 2010), 198–220; Ralf Richard Wagner, "... undt wan eine Prinzeß auf die retirade gehen will ...: Bad- und Toilettenräume in den Schlössern der Kurpfalz," *Das Stille Örtchen: Tabu und Reinlichkeit bey Hofe*, ed. Wolfgang Wiese and Wolfgang Schröck-Schmidt (Berlin and Munich: Deutscher Kunstverlag, 2011), 120–31; Werner Heinz, "ignorenz der doktoren, welche sie umbs leben gebracht ...': Medizin und Hygiene im 17. Jahrhundert," *Gutes Leben und guter Tod von der Spätantike bis zur Gegenwart: Ein philosophisch-ethischer Diskurs über die Jahrhunderte hinweg*, ed. Albrecht Classen. Theophrastus Paracelsus Studien, 4 (Berlin and Boston: Walter de Gruyter, 2012), 251–79; here 271–72. See also Nadeije Laneyrie-Dagen et Georges Vigarello, *La toilette: naissance de l'intime = The Invention of Privacy* (Paris: Hazan and Musée Marmottan Monet, [2015]).

bathroom needs, obviously because there were not enough toilets in that famous castle.⁹⁴

However, we probably have to be much more careful in the assessment of hygiene at Versailles or at any other contemporary castle since we do not have sufficient data for either perspective, with the situation having been awful and smelly, or with all this being the result of modern myths of the dirty past. After all, when Liselotte complained about the malpractice, she also complained about all of the courtly mores and cultural conditions in France and might have exaggerated considerably as well. Since she was, as we would say today, a rather grumpy person, we would have to regard her negative comments about the common hygiene at Versailles, with caution, if not even skepticism.

We can see clearly, to be sure, how much hygiene, health, and medicine are really at the core of cultural history, as the many contributors indicate with their papers compiled in this volume. In this regard, both the historical-literary and the medical and practical evidence matters greatly and should really be viewed in tandem.

Critical Summaries of the Contributions

All these insights and perspectives have been the driving motivations to bring together a large group of international scholars interested in this global topic of hygiene, medicine, and well-being in the pre-modern world. After each contribution had been fully reviewed and edited, I took it upon myself to re-read each one again as critically as possible and to compose summaries. In those summaries I also include some additional research and relevant literature that can widen our perspectives. In other words, the following remarks are not supposed to be regarded simply as brief versions of the individual contributions; instead they aim at reflecting on the individual observations, at contextualizing them, and thus at presenting a cohesive concept altogether.

⁹⁴ There are many webpages that address cultural-historical issues such as hygiene and the availability of toilets in the pre-modern world, but they mostly lack in evidence and convey mostly modern myths about the past. See, for instance, the online blog dealing with this issue, unfortunately lacking in scholarly support: <http://thisisversaillesmadame.blogspot.com/2014/04/the-lack-of-toilets.html> (last accessed on April 18, 2016). See, however, William Ritchey Newton and Willy Kessels, *Derrière la façade: vivre au château de Versailles au XVIIIe siècle*. Rpt. (2008; Paris: Galerie Alain Paviot, 2011).

Already in the early Middle Ages we hear of many attempts to provide health care both to the elite and to the general public, such as the well-known Anglo-Saxon *Bald's Leechbook* composed sometime in the late ninth century in which the author apparently tried to convey to his audience what medical practices in the Mediterranean world might be useful for the situation in England. The first book deals with external, the second with internal disorders, while the third book summarizes other medical recipes as they were characteristic of the Anglo-Saxon world. Even though many of the ingredients recommended might make us shudder today, an experiment in 2015 demonstrated that some pharmaceutical mixture containing garlic and the bile of a cow's stomach actually achieved the desired effect being a potential agent for use against Methicillin-resistant *Staphylococcus aureus* (MRSA).⁹⁵

Similarly, *The Lacnunga*, a tenth-century medical tract, offers recipes that include a variety of natural, herbal products, rituals, prayers, and incantations, and we can thus observe an approach to healing which seems to share many similarities with postmodern integrative medicine. Health, in other words, as those early medieval recipe books signal, cannot simply be maintained by material medicine, but strongly depends as well on spiritual concepts supporting all life.

Warren Tormey offers a critical reading suggesting that those early recipe books reflect a significant paradigm shift from the Anglo-Saxon pagan past to an early Christian, Mediterranean-influenced concept of medicine especially with respect to what was identified as "evil" both in spiritual and material terms. The difference between a medical and a religious explanation of the sickness affecting body and mind was minimal, as also the Old English *Herbarium* confirms. The proper selection and use of medicinal herbs could ward off, as we can read, evil at large, demons, and satanical figures. Tormey notes that we can thus identify a significant merging of pagan and early medieval Christian teachings in the field of medicine and healing. The same applies to continental, especially Germanic and Old High German charms that assumed Christian features only in the course of time because the missionaries worked closely with the local authority figures

⁹⁵ The experiment was carried out by Freya Harrison, a microbiologist, and Christina Lee, an Anglo-Saxon scholar, both at the University of Nottingham, UK. The key approach was to observe carefully the right mixture of ingredients: "Using exactly the right method also seems to be crucial, says Harrison, as another group tried to recreate the remedy in 2005 and found that their potion failed to kill bacteria grown in a dish." <https://www.newscientist.com/article/dn27263-anglo-saxon-remedy-kills-hospital-superbug-mrsa/> (last accessed on June 10, 2016); see also the "Geleitwort" by Andrea Hofmeister-Winter to Elisabeth Sulzer, *Darmgesundheit im Mittelalter* (see note 64), 5–7.

and were apparently hesitant to suppress ancient cultural practices upon which the population relied in cases of sickness.⁹⁶

Of course, as Tormey also points out, the Church viewed those pagan recipes with suspicion and tended to equate them with magic and superstition, and yet it was not in a position to repress the traditional medicine which seems to have been more effective than we have believed. We might even assume that this tension between official Church-approved recipes and operations and those advocated by the pagans continued throughout the centuries and probably found its most dramatic and horrifying expression in the early-modern witch craze. In the Anglo-Saxon culture, however, the Church did not yet have the same power and had rather to adapt and allow these forms of medical and religious synchronism, such as expressed in the *Leechbook*, which made it possible to fight ‘evil’ both physically and spiritually. In other words, even in the area of hygiene and medicine did the religious tensions play out, which underscores how much those aspects mattered already then in general terms.

The presence of evil was of great concern for both Christians and pagans, and both sides in a way met half way in terms of drawing on rituals, sacred words, and herbal means to fight this arch enemy. Curiously, herbal medicine was going to be fully included in monastic and other medical practices from early on, such as in the case of Hildegard of Bingen, but in the world of Anglo-Saxon culture herbs were commonly used to fend off evil in whatever form it might appear, which apparently also met the approval of the Catholic church. After all, as Tormey underscores, many of the recipes also included Christian rituals that normally formed part of the mass, which hence must have appeased the clerics vis-à-vis those otherwise pagan recipes. In particular, fighting against evil by means of herbs and rituals the pagans could be convinced of the attractiveness of the Christian church since it proved to be receptive to the ancient medications and combined them with their own liturgical practices for the same purposes.

Mental disorder, above all, was increasingly associated with the workings of demons; hence both the Church and the pagan medical practitioners pursued the same interests in fighting off those ‘evil’ forces. This made it possible for the clerics increasingly even to include sermons, prayers, and hymns, thus slowly

⁹⁶ These Old High German charms have been discussed already for a long time; see now Albrecht Classen, “Old High German Missionary Activities by Means of *Zaubersprüche* – Charms: Anthropological-Religious Universals in the Early Middle Ages,” *Kościół w dobie chrystianizacji* (*Churches in the Era of Christianization*, ed. Marian Rębkowski. Wolińskie Spotkania Mediewistyczne, III (Szczecin/Stettin: Institute of Archaeology and Ethnology, Department of Archaeology, 2016), 77–88. Chiara Benati, in her contribution to this volume, offers an extensive discussion of charms from the early Middle Ages to the early modern age.

occupying, if not colonizing the field of medicine and hygiene in the Anglo-Saxon world. Simultaneously, the pre-literate, oral traditions grounded in pagan practices maintained their foothold in these herbal recipe books. The synchronism worked so well because it operated on a universal basis common in many world religions, combining the oral components with learned elements. Tormey indicates also how much such mixing of pagan with Christian elements interwove contemporary secular poetry, such as *Beowulf*, and it could even be found in healing manuals by early monastic writers who resorted to ancient Greek and Roman texts to specify the power of Christian teachings with regards to sicknesses whose etiology was more and more identified with demonology threatening the human spirit.

The discussion of these Anglo-Saxon healing manuals thus makes it possible to grasp a more universal cultural concept built on the merging of pagan and Christian, of oral and literate dimensions. After all, as Tormey concludes, the treatment of mental illnesses, that is, those that were allegedly related to the workings of demons or even the devil, represented considerable challenges to the traditional healers and the Christian doctors alike, who therefore happily joined forces to fend off evil with all means available to them.⁹⁷

Continuing with the examination of the *Leechbook*, Daniel F. Pigg emphasizes the extent to which Anglo-Saxon society commanded a surprisingly high level of medical understanding and struggled hard to help those affected by all kinds of diseases, as reflected by numerous contemporary medical treatises even in the vernacular, either translated from the Latin into the vernacular or based on autochthonous recipes finally collected in written form. While Tormey reviewed Bald's *Leechbook* from a more general perspective, comparing the pagan with the Christian components, Pigg investigates how much the author was aware of gender-specific illnesses and wounds. And indeed, Bald was very clear about women's and children's medical needs and health conditions, in contrast to those by men. Pigg here focuses on the degree to which masculinity above all is represented in this collection of recipes.

⁹⁷ See also the contributions to *Pagans and Christians: The Interplay Between Christian Latin and Traditional Germanic Cultures in Early Medieval Europe. Proceedings of the Second Germania Latina Conference held at the University of Groningen, May 1992*, ed. Tette Hofstra (Groningen: Forsten, 1995); David Petts, *Pagan and Christian: Religious Change in Early Medieval Europe*. Debates in Archaeology (London: Bristol Classical Press, 2011); *Religious Practices and Christianization of the Late Antique City (4th – 7th cent.)*, ed. Aude Busin. Religions in the Graeco-Roman World, 182 (Leiden and Boston: Brill, 2015).

Generally, the *Leechbook* displays a clear emphasis on heat as the critical condition of the human body, especially, however, of male bodies since they have to produce semen. In addition, loss of hair, sexual desire or lack thereof, military wounds, etc. strongly occupy the author's interest. While heroic epics and later courtly romances tended to present ways how masculinity was to be performed in wars or at tournaments, here in this recipe book we are given concrete data as to men's medical needs, such as how to regrow hair.

Whereas previous research has explored masculinity primarily in literary texts and in chronicle accounts, Pigg suggests to examine the specifics of the *Leechbook* as a textual mine for our understanding of early medieval masculinity within the Anglo-Saxon framework. Loss of hair, above all, represented a potential decline in political and social status. Similarly, lack of sexual desire or excessive lustfulness had a deep impact on a man's position within his society, so it is not surprising to find specific recipes to help a man regain his balance in that regard. The *Leechbook* thus proves to be an ideal study object reflecting on Anglo-Saxon society at large insofar as the medical advice provided here reflects on gender in many different, significant ways. Pigg's study offers numerous implications for future studies on medieval masculinity and healthcare insofar as medical authors obviously revealed through their selection of recipes the characteristic composition of their clients and the general conditions of hygiene and well-being prevalent at that time period.

While individuals have had their own problems in achieving a certain level of hygiene in their homes throughout time, communities have always faced much greater challenges because of the density of the living quarters. From early on, monasteries had to establish specific rules and regulations pertaining to toilet habits if they did not want to suffer from rampant sickness and other afflictions. What did the various founders of monastic organizations have to say about human waste, drinking water, personal hygiene, and the like?

Belle S. Tuten turns her attention to the Benedictines and examines their famous rules regarding specifics concerning handling bodily waste. After all, as she argues, this aspect was just as important for the monks as was the daily ritual of praying and reading, since physical and spiritual components made up the holistic set-up of all monastic life. The ability to control the body and to manage even the effluents was just as significant as the ability to fast, to learn, to study, and to practice monastic rituals.

The body has its own rhythm, and all monastic rules addressed it, either indirectly or directly. This also applies to St. Benedict's rules, which Tuten examines carefully as to how they reflected the natural needs to vacate the human waste at regular intervals. This was of particular importance for the children (oblates)

and young members (novices) in monasteries who first had to learn how to adapt to the norms required from all adult monks. All this went hand in hand with the great concern about the seductive power of sexuality, which likewise had to be strictly controlled and repressed; hence the various rules about the monks' sleeping habits and their control at night by the abbot or the prior. Insofar as in monasteries all aspects of human life were subject to control and supervision, so urination and defecation were similarly regimented strictly.

Various authors specifically addressed nocturnal emission, but they normally admitted that since this happened without willful intention, this left the individual monks guilt-free. By the same token, the treatment of human effluents was an important aspect as well since it represented physical sinfulness. Nevertheless, all bodily functions had to be controlled and regulated, hence also waste, a practice which was extremely important for all monastic communities already in the early Middle Ages. Even a most ascetic life style, as recommended by Cassian, could not repress the bodily needs altogether, which motivated later writers to embrace a more moderate regulation for the entire monastic community, including eating and drinking habits, and hence the use of the toilet. However, in order to facilitate this systematic approach, the various authors, including St. Benedict, addressed eating and drinking habits, such as avoiding red meats, which made it more possible to observe specific hours to visit the lavatories. At the same time, some authors voiced concern about monks who might not be able to concentrate on their duties and rituals if they were not well fed or had not taken care of their bodily needs properly. Some even warned that tired monks would not be in a position to pay full attention to the religious service, while overeating could disturb the daily structure of using the bathrooms collectively.

Not surprisingly, monastic authors of recipe books, such as the *St. Gall Botanicus*, were considerably concerned with digestive problems. Despite all efforts by the monastic superiors, it is highly likely, as Tuten emphasizes, that many monks or nuns suffered from worm infections, diarrhea, and indigestion, which required extensive attention to their physical needs. In the larger context, as we may conclude, medieval monasteries generally seem to have upheld a high degree of hygiene and took good care of their members, since a disturbed body could not aspire for the purity of the mind – a wisdom which certainly holds true until today.

Water and health have always been associated with each other, and this particularly in the monastic cultures of the high Middle Ages, as James Smith discusses in his contribution, especially because monks or nuns were focused both on bodily and spiritual cleanliness. Already famous Aelred of Rievaulx (1110–1167) addressed this topic in his reflections on monastic life, emphasizing the necessity for the members of the monastic community to maintain a high level of hygiene.

Bodily cleanliness was identified as a symbolic of spiritual cleanliness, and this in noticeable contrast to earlier monastic practices, though Belle S. Tuten in this volume also alerts us to considerable misunderstandings in that regard. For Cistercians at large the physical bath was the precondition for the spiritual bath, hence the great emphasis on water within the entire Cistercian Order.⁹⁸ Some writers went so far as to identify the grounds of Clairvaux as a *locus amoenus*, thus projecting the monastic space as paradisiacal because of its cleanliness. After all, as Adelard of Bath or Bernard Silvestris emphasized, the external, physical world simply mirrored God's nature.

In his investigations, James Smith concentrates on the Cistercian preacher-abbot Guerric of Igny; the Victorine canon regular Godfrey of Saint-Victor; and the letter-writing Benedictine abbot Peter of Celle. The first translated the geographic landscape of the Holy Land as described in the Bible into a metaphorical, spiritual world where rivers and lakes mirrored God's working here on earth. Bodies of water assumed religious significance through their baptismal function, as described in Scriptures. Smith calls this phenomenon spiritual ontology through which epiphany or religious enlightenment was possible by way of studying physical objects, such as water, which allowed the true Christian to receive baptism. Guerric of Igny referred particularly to the river Jordan which could provide, spiritually speaking, new religious visions. Heavenly and earthly rivers were explicitly aligned with each other, which created a theological paradigm of aquatic hermeneutics which many other authors copied throughout the Middle Ages.

Smith traces the tradition of this water symbolism also in the works of twelfth-century Godfrey of Saint-Victor who wrote texts for the school classes and creative religious works that were mystically inspired and thus often predicated on the symbolic imagery of water in its myriad of manifestations. Godfrey perceived water as the spiritual venue to acquire knowledge derived from God. However, the schoolmaster in Godfrey likewise comes forward in that he addressed very specifically basic challenges for his students who had to go through many layers of difficult material in order to comprehend their lessons both practically and spiritually. The mechanical arts appeared to him like polluted rivers that had to be left behind in order to gain true, divine insights in all life. Thereby he challenged the traditional approach toward learning by the Victorines and asked for a more mystically imbued approach to human understanding, which he achieved through the application of water images, polluted versus clean. Relying on the pilgrimage

⁹⁸ Ulrich Knapp, *Die Zisterzienser und das Wasser* (Petersberg, Kr. Fulda: Michael Imhof Verlag, 2016).