Although excellent work has been produced in medieval medical history for well over a century, it has only been in the past twenty years or so that the field has reached a "critical mass" of scholarship that combines the necessary groundwork of philology with the interpretative work that makes the sometimes esoteric concerns of medical theory or the structures of medical practice come alive for the average reader. Broadly speaking, medical history as it is currently practiced addresses three major questions: (1) the history of medical ideas, which usually involves examination of medical texts; (2) the history of medical practices and practitioners, which can be researched both through medical texts and a variety of other sources; and (3) broader cultural-historical questions about how ideas about the physical body, whether in health or disease, interacted with other ideas or practices, be they religious, legal, political, etc. Since this last approach usually involves the same research methods as other fields (e.g., examining descriptions of illness in saints' lives, studying concepts of bodily injury in court cases), I have not attempted to address it in this essay.¹ The other two questions have methods and research tools more specific to the field, and it is therefore on these that I have concentrated.

I have structured the following essay in a way that I hope will meet the needs both of the experienced medievalist wishing to research some particular question in medical history, and of the teacher wishing to guide students interested in doing an entry-level project. The bibliography is heavy on items relating to England for the simple reason that that field has thus far produced the most reference works; hopefully, the imbalance will be rectified in coming years. Because so much material is now available
digitally (a topic I will return to below), it is possible to do a fair amount of quality research long before you ever set foot in an actual European archive or library, thus making your time there infinitely more efficient and valuable.

MEDICAL IDEAS: TEXTS AND THEIR AUTHORS

How do you begin to learn what medical ideas circulated in the Middle Ages? Siraisi's 1990 volume is the only textbook in the field, though I find that the medieval chapters in Conrad et al work better as a general introduction for students with no background in intellectual history.² No general history of Byzantine medicine has, to my knowledge, ever been published, and there are major lacunae in that field generally. For Arabic (or Islamic) medicine, the forthcoming survey by Pormann and Savage-Smith will fill a major need; for the impact of Islamic medicine in the west, the standard is Jacquart and Micheau's monograph. A very good overview of later medieval English medicine can be found in Rawcliffe's study, which is especially valuable for its integration of literature and art. Obviously, all of these works are deliberately generalist in their perspectives, and scholars should always look for more recent and specialized studies when examining specific questions.

Fortunately, there has been a spate of new publication of encyclopedias in recent years, and several of these offer excellent entrees to more specialized knowledge and bibliography on particular topics. The recently published Routledge encyclopedia on medieval science (edited by Glick et al) and several entries in the DMA Supplement edited by Jordan offer valuable summaries of current thinking on key issues and figures. Medical topics will also be well represented in the forthcoming women and gender encyclopedia edited by Schaus et al. Several different national biographical projects are incorporating more and more information on medical authors: any medical author who wrote or was translated into German will have an entry in Ruh's Verfasserlexikon, which is consistently excellent and
often worth consulting even if you are not looking for German writers; for Italian authors, see the *Dizionario biografico*. English authors who wrote in Latin are included in Sharpe’s survey, which is particularly valuable for listing both extant manuscripts and medieval witnesses to lost copies. The new *Oxford Dictionary of National Biography* has many important entries on British medical writers and practitioners (including a “group” entry on “Women medical practitioners in England”). Two specialized biographical tools for the history of medicine are the indispensable dictionaries of Wickersheimer (with supplements by Jacquart) on France, and Talbot and Hammond (with addenda by Getz) on England.

Many medical texts have no known authors or are so inconsistently ascribed that it is impossible to sort out the confusion. For these instances, you need to look for texts by their topic and for this the best method is to search through works that sort items by *incipit*. The standard work for history of science and medicine is Thorndike and Kibre (often referred to simply as TK), though the *In principio* database produced by the Institut de Recherche et d'Histoire des Texts (IRHT) in Paris is a crucial supplement. For vernacular works, the bar has now been set by Voigts and Deery Kurtz’s survey of scientific and medical texts in Old and Middle English. Unfortunately, aside from Cifuentes’s excellent study of Catalan medical literature, no similarly comprehensive projects on other vernacular traditions have yet been attempted. For these, you need to go through language-specific resources or general bibliographical databases such as the Wellcome Library’s on-line catalog or such standards as the International Medieval Bibliography. For texts relating to women, see the comprehensive list I published in 2000.

**Finding Texts and Manuscripts**

Once you’ve located an author or a text, what do you do next? In contrast to religious or literary topics where 18th- and 19th-century philologists started...
massive (and in some cases, ongoing) editing projects (think Migne's *Patrologia* or EETS), for medical texts there are few such repositories of published texts. Unless you're lucky enough to happen upon a work that has received a modern edition (a searchable collection of 86 Middle English texts is now available from Taavitsainen *et al* on CD-ROM and Tavormina's volume includes new editions of important works on sex and generation), you generally have two options for locating your text. First, a surprising number of medieval medical texts retained their utility into the age of print and can therefore be found in one or more Renaissance editions. These present their own problems of reliability (attributions are wrong, texts are corrupted or meddled with by "classicizing" editors, etc.), but in a pinch they are often satisfactory for giving us a quick understanding of the scope and argument of particular texts. The encyclopedic works cited above will often indicate at least the earliest of such printed editions, and copies of them can often be located through various microfilming projects.6

The Renaissance editions, even where they exist, however, are no substitute for the medieval texts as they circulated in their original manuscript form. This is the most erratic level of research, but also the most rewarding. To identify manuscripts of a given text, all the biographical and *incipit* works listed above should be searched. Most crucial to doing manuscript work, however, is identifying a catalog description of the manuscript. (Still indispensable here is Kristeller and Krämer's work, though new catalogs are always being published for specific collections, as are important surveys of dated manuscripts.) The best of these will give you a complete list of contents of the manuscript, its codicological structure, its date, information on the scribe, ownership, artwork, etc. The worst of them (and there are many that fall into this category) will offer only a few of these data. At this level of your research, there is no essential difference between what a medical historian has to do and any other scholar working with texts in manuscript. Most of the
paleographical and other guides noted in other MFF essays will be useful.

PROBLEM AREAS
There are three issues that make work with medical texts in their manuscript context particularly difficult. First, and this is perhaps the biggest desideratum for the field of medieval medical history, is the absence of any single dictionary devoted to medieval medical terminology. What is an “aposteme”? What does it mean for the uterus to be “suffocated”? A team of Finnish scholars has been making great headway in the study of Middle English technical terminology and grammar (see bibliographic entries for Taavitsainen and Norri), and the glossaries included in recent editions can be of great help, especially ones that compile terminology for several different texts (see, for example, Tavormina and Hunt’s work on Anglo-Norman medicine). Even if you are not working with vernacular traditions, such texts can often be of great help in determining how medieval readers themselves interpreted certain Latin terminology.

Second is the issue of technical abbreviations used in medical texts. For example, “m.” can, in the manuscripts I use, mean *manipulus* [handful], *manus* [hand], *menstrua* [menses], or a variety of other terms depending on the context. Again, no single reference work for such matters exists, though the handbook by Cappelli has at least the standard symbols used for “ounce,” “dram,” etc. Your best bet is to take a modern edition that includes at least a few images of the manuscript and examine how the editor has expanded abbreviations.

The third issue is how to understand the relationship between medical texts and the images that accompany them. As with most areas of illumination, medical images have often been extracted from their manuscript contexts and interpreted as if their significance and cultural valence were transparent. Scholars new to the field of medical history must recognize: (a) how relatively rare medical illustration is in general (for example, of over 200 Latin and vernacular copies of the
Trotula texts, only three have any practical illustrations); (b) that certain kinds of medical issues (e.g. surgery, urine analysis, and plant lore) were far more likely to elicit illustrative traditions than others; and (c) that illustrations often had their own traditions and could be incorporated into texts that had nothing to do with the images’ origins. A forthcoming collection of essays on medical illustration (Givens et al, especially the important overview of Peter Jones, whose earlier study of medical imagery remains the standard reference) will put us all on a more solid foundation for making meaning out of medical images.

**BRINGING THE ARCHIVE TO THE DESKTOP AND THE CLASSROOM**

My personal belief is that no one should publish an edition of a text without having studied the manuscript “in the flesh.” Nevertheless, use of facsimiles—printed, microfilmed, or digital—is increasingly a necessity as well as a virtue, both because of escalating travel costs but also because they allow libraries to “share their wealth” more generously without wear and tear on the original document. Many national libraries are now putting both their catalogs and in some cases manuscript images on-line. The increasing accessibility of manuscripts on-line also allows integration of manuscript work into the classroom. The Wellcome Library, for example, has made available images of its precious 15th-century “Physician’s Handbook”; the “phlebotomy man,” among other contents, could easily be studied by students who know neither Latin nor much Middle English. Similarly, a project to index medical images here in North America has now made a useful database available.

Although certain medical theories were arcane even in the Middle Ages, known only to an educated few, many basic concepts and practices—an understanding of the humors, the practice of phlebotomy—would have been familiar to the general medieval populace. Making more of the rich medical history of medieval Europe known to students and fellow scholars will greatly enhance our ability...
to reconstruct medieval ideas and practices on and of the body, filtering out as much as possible our own distorting modern perspectives.

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END NOTES


For a general overview of where cultural historians have and have not engaged with medical history as it relates to feminist concerns, see Green 2005, listed in the bibliography. For valuable advice on researching topics related to sexuality, see the essay by Cadden, also listed in the bibliography.

2 Full citations can be found in the bibliography.

3 The incipit is the first few words of the text, usually excluding any ascribed title.

4 This database is somewhat spare in its descriptions of the texts. If you want a more discursive overview, see Keiser's survey which, while not as comprehensive, offers fuller information on authors, etc.

5 For medical history, the Wellcome Library for the History and Understanding of Medicine <http://library.wellcome.ac.uk/> provides both a continually updated bibliographic database and an ever-growing images database. As a "central warehouse" for information on medical history generally, the Wellcome Library has no peer. A French database has recently been created on "ancient medicine," which is defined broadly to include the medieval period as well: Bulletin de Médecine Ancienne/Ancient Medicine Newsletter <http://194.254.96.19/amn/debut.htm>. This bibliography usefully combines listings for books and articles.

6 The National Library of Medicine owns many such Renaissance editions and has microfilmed most of them. Various microfilm series of a more general nature include medical books.

7 For these two questions, fortunately, there are answers. See Michael R. McVaugh, "Surface Meanings: The Identification of Apostemes in Medieval Surgery," in Medical Latin from the Late Middle Ages to the Eighteenth Century, ed. Wouter Bracke and Herwig Deumens (Koninklijke Academie voor Geneeskunde van Belgie, 2000), pp. 13-29; and Monica H. Green, ed., The "Trotula": A Medieval Compendium of Women's Medicine (Philadelphia: U Pennsylvania P, 2001). Note that only the hardback (2001) edition of this has the Latin index verborum; the 2002 paperback edition has only English terminology.

8 Hunt has been a prolific editor of Anglo-Norman medical texts. Unfortunately, these are published in a variety of venues and no composite glossary has yet been produced.

9 One of my favorites is Medieval