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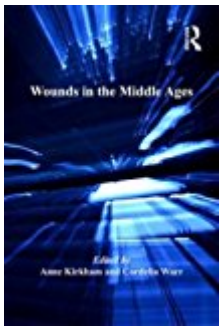
Anne Kirkham, Cordelia Warr, eds.. *Wounds in the Middle Ages.* History of Medicine in Context Series. Farnham: Ashgate Publishing, 2014. 271 pp. $149.95, cloth, ISBN 978-1-4094-6569-0.



Reviewed by Dana Cushing

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Commissioned by Margaret Sankey (Air University)

The editors, Anne Kirkham and Cordelia Warr, are to be commended for this informative and multidisciplinary work. As a combat-disabled veteran and scholar of medieval military history, I possess both personal experience and professional interest in this material, and learned important new facts and approaches from the ten different perspectives of the contributing authors. The medieval experiences, attitudes, and concerns studied in this volume were and are truly fundamental yet extremely dynamic in our lives today. This book is a timely and relevant contribution to medieval studies. The editors' introduction is mainly summary while providing some idea of the book concept.

The editors come from a fine arts history perspective; their reaching beyond the mere portrayal of wounds to the experience of the actual person is commendable. This "discourse on suffering" includes the facts of religious and military violence in medieval life as well as common illness and injury, offering explorations in public perception ("fear, horror and revulsion" [p. 2]), problems in law with proving and compensating injuries, ignorance of invisible disability and consternation over the incurable, psychospiritual care, cases in medical practice and governance, the evidence of wounding and suffering in surviving media, and modern perceptions of medieval medical history. Kirkham and Warr have an excellent turn of phrase and profound ideas to offer, along with ample footnotes for the university student.

Unfortunately, the introduction has difficulty maintaining focus and heavily relies on sources in translation. Likewise, the book suffers from unnecessary segmentations and artificial juxtapositions of time and subject, which greatly disfavors a particular author and clearly interrupts the book's flow twice. Minor criticisms include the absence of common abbreviations in footnotes, and inconsistent translation of medieval names.

Nevertheless, this book is extremely useful for the undergraduate student and the interested professional; it is a valuable acquisition for an institutional library and conveniently exists in digi-

tal format (not provided to me) to encourage international scholarship. The book begins strongly with "Military Wound Management in the Middle Ages" by Jon Clasper, well known in the military community as an eminent surgeon and scholar. Clasper's chapter provides an outstanding introduction to the state of the medieval medical arts, especially useful for scholars outside the medical field. He summarizes the medieval issues of wound characterization and assessment, intervention, pain management, sepsis, miasma, bodily humors, anatomical study, cosmetic legacy, and the difficulties of transmitting knowledge (often requiring rediscovery) and studying anatomy (using ancient treatises and animal studies because of church prohibitions). Importantly, he explains the logic of medieval medical providers—who agreed that wounds needed healing while differing widely in their methods and materials due to circumstance or philosophy—and the inaccuracies of modern perceptions of medieval medical brutality and primitivism, especially before firearms. Clasper is at the forefront of an emerging discipline in medieval studies now engaging well-known medieval military scholars, for example, Kelly R. DeVries's new essay on battlefield surgeon Ambroise Pare.[1] Clasper is changing attitudes toward wounds today and historically, and the editors have done well to include his work.

Then focusing on the twelfth century, as medical practice became formalized, Clasper provides numerous and instructive examples of the causes and care of many different injury types. He asserts that combat drives medicine; I would suggest that combat technology drives medicine, as technological change in conflict produces medical change due to new injuries requiring both improvisation and study. Clasper's study proves this historically (such as projectile injuries in medieval times, studied by another contributor later in this book) and his work outside of this particular chapter proves this presently (such as traumatic brain injury).[2] My view is offered in the spirit of what Clasper frames as the process of debate and refinement in medicine, a continuous and dynamic process connecting the modern, medieval, and ancient eras.

Next, Warr presents a second perspective, stigmata in art. Using the stigmata of Saint Francis, she investigates the transformation of this religious event from its occurrence in 1226 to its theological formalization in 1617. Interestingly, Warr discovers that the blatant and horrific aspects of the stigmata increased significantly over this period, from a simple scar to a chronically bloody oozing hole. Most significantly, she finds that improvement in medicine from the thirteenth to the seventeenth centuries required that the stigmata worsen to remain qualified as a miracle in the Augustinian and Thomist view. This further accounts for manifestations of actual iron nails in the hands and feet of fourteenth-century saints. Moreover, there occurred a sort of "tailored narrative" of stigmata over time, from Saint Francis's silent suffering followed by his concealment of his scarring later aggrandizing into the chronic public bloodlettings of Santa Lucia. This chapter is well written and well sourced. I hope that Warr will expand on the ranking of different forms of suffering, and the faking of religious wounds, in her future work.

A third contribution comes from Louise Elizabeth Wilson, beginning the portrayal of Saint Edmund of Abingdon in two vitae to demonstrate medical and miraculous healings as an intersection of disability and religion. Certainly the hagiographers' personal connections to the miraculously healed person and their concern for authenticity makes the study of these vitae a uniquely useful contribution to medieval scholarship in itself, accomplished by Wilson's adept and well-written treatment. She deftly contextualizes these two vitae within the formalization of medicine through the university, the increased scrutiny of sainthood. She demonstrates that doctor and saint were not adversarial but divergent choices in care, evidencing the medieval mindset that grace

might cure what nature allowed and—as today—the patient's urgent desire for healing versus the patient's extreme fear of medical intervention. Next she considers the trope of Christ as the eternal healer, the perceived relationship between a clean soul and a healthy body, and the belief that suffering reflected blasphemy while providing a route to contrition and penance—theology expressed in our own time by Pope Emeritus Benedict XVI. This chapter provides substantial examples and statistics. It is a superior work of scholarship.

Wilson's chapter is a difficult act to follow, making the fourth chapter by Karine van t'Land appear both misplaced and jagged, yet the chapter, which is very challenging intellectually, appears polished when read by itself. As the fifth chapter by M. K. K. Yearl further examines theological-medical discourse, it is unclear why the editors did not place Yearl's work prior to Van t'Land's piece, so that it could segue into Van t'Land's chapter much less jarringly than what has resulted: a sudden and unsettling transition from theological disability discourse, to a complex and challenging historiography, then a return to theological disability discourse. A medical doctor immersed in historical scholarship, Van t'Land develops many excellent points. Most unfortunately, the editors should have addressed numerous difficulties that stem from the very difficult task of collecting and translating the contents of a medical textbook for the nonspecialist audience historiographically. The detractions from the useful information in this work include a few instances of unexpected terminology ("chyme," "cambium") and words that lack the available modern equivalents (for example, "laudable pus" is commonly called "exudate" and, less accurately but more popularly in English, "lymph"). The author argues nicely for using the Arabic word "fen" in place of the English word "section" throughout the work, yet this choice further burdens the reader by imposing yet another new word, creating an obstacle to accessing her lessons, which are informative yet challenging. The doctor's conceptualization of prognosis and Hippocratic Oath would have benefited from elaboration in the text, as these are concepts too important for the footnotes. I commend Van t'Land on her intellectual scope and high level of academic research. Her historiographic work is excellent. Positively, Van t'Land gives us an interesting perspective on wounds as disruptions, and a thorough discussion of Avicenna's radical moisture (life force), which is timely and relevant to today's interest in the qi of historical medicine in Asia.

In the fifth chapter, then, the aforementioned Yearl further examines the medieval duality of medicine between soul and body, demonstrating that a patient may begin with physical medicine and proceed to spiritual medicine or vice versa. This occurs today and therefore it is a relevant and well-informed study of the "spiritual physician"; in fact, Yearl provides many helpful examples of this duality drawn from twelfth-century treatises, the church fathers, the rules of the monastic orders, and other sources. Of special interest is Yearl's investigation of pastoral providers' medical knowledge. Abbots especially needed to understand both medical pathology and the soul in order to achieve a harmonious healing of the medieval patient. Yearl's excellent explanation of the medieval authors' conception of the parallel worlds of the world, the self, and the soul is a highlight of this commendable and very engaging study.

Hannah Priest is a creative writer bringing to this book a sixth perspective, literary examples of wounding as a reflection of chivalric culture. Her chapter is especially interesting as many of her medieval findings remain present in modern military culture. Beginning with the medieval romance Eric and Enide, Priest guides the reader through the meaning of wounds for the medieval man as a public figure, as a person of status, and as a reflection of Christ. Priest demonstrates the close association of the literature intended for a

noble audience with the violence experienced by that noble audience, especially the knight. Aggression occurs correctly or rudely in these tales, yet prowess and thus wounds were both required and expected of the knight in real life as in these stories. Yet a knight's wounds imperiled his masculinity, status, and livelihood—a major concern of medieval people expressed in medieval literature.

Consequently, the wound required treatment. Priest shows how treating a knight's wound created a social contract between the knight and the healer even when the healer was an opponent, a form of "homosocial" bonding that remains a powerful emotional force among today's veterans and continues in today's war stories and films. Sometimes this contract is refused or even broken; Priest uses the medieval phrasing that the modern military person expresses as "no good deed goes unpunished." This social contract could even supersede the knight seeing an actual doctor —the brothers-in-arms care for one another and keep secret their wounds from outsiders, another feature of modern military life. More generally in courtly society, wounds were virile and disability was impotence, a social attitude that has not changed in modern times.

Priest discusses endurance, power, dominance, status, and redemption in the romance cycles. The cumulative suffering, piety, and sacrifice of the knight reflected Christ as the Man of Constant Sorrows. A knight's vulnerabilities reflected Christ as Human. Wounding and healing, especially in the form of fainting and recovering consciousness, reflected Christ the Resurrected. The knight's romantic love interest symbolized the purity of Mary's love for Christ—perhaps a way of healing the personal emotional wounding of an arranged marriage. Another form of emotional wounding was the knight's test. Priest argues that these intersections between literature and religion allowed medieval men to acknowledge and manage injury and to accept the transformation of their bodies by wounds and healing in a masculine way. I confess an aversion to gender studies and thus was most impressed by this very insightful, relevant literary study of personal military history.

Next, turning back the literary clock, Jenny Benham investigates medieval Germanic law. Benham has conceived a method of study in two ways: first, by using the sagas as a reflection of thirteenth-century practices since the extant codices post-date this era; and second, by comparing the manifestations of these laws in the similar cultures of the Scandinavian realms. Benham dispels many misconceptions of how intent, injury, witnessing and oaths, trials, juries, and verdicts were defined by the participants in these societies, paying special attention to mediation and settlements outside of courts. Benham details problems of compensation for injury and disability, in translating the wound and the loss of work ability into a monetary value, providing equality before the law (notably in Iceland) and laymen's medical knowledge in common law (the Dutch province of Zeeland is particularly interesting). Benham then details the unique situation of England, where people lived under the Danelaw, Anglo-Saxon traditions, and the new Anglo-Norman laws by examining contemporary manuscript references and the Eyre Rolls to reveal the practical and codification aspects of the legal situation as these cultures converged. Interestingly, major crimes and trial by ordeal proved both dynamic and nuanced across the time period of Benham's study. The chapter concludes in 1215, and Benham notes the changes in legal emphasis necessitated by Lateran IV.

In sum, Benham evidences a wide variety of detail deftly woven into an informative narrative of comparison. Unfortunately, the editors again break the book's flow, artificially separating this chapter from the next section and that section's lead chapter, which brings the reader into England's fourteenth century to discover the outcome

of the twelfth century's converging cultures. Moving on to the eighth contributor: Ian Naylor, who specializes in pharmacy and plastic surgery, turns to historical study of malpractice in medieval London. Two hundred years from the previous chapter, crime and mishap continued to create both legal and medical problems. Medical providers were now expected to conform to a system—educated, classified, standardized, regulated, and censured by their guild. Medicine moved from innovation to a craft, a profession for which each practitioner had to uphold the traditions and reputations of their guild. Cleverly, Naylor turns for evidence from this self-interested guild to the London Coroner's Office for more objective evidence of wounds and injuries, whether by mishap or by crime. (I would have used the Coroner's Office evidence to frame the chapter's series of cases, rather than begin with a specific case.) In sum, Naylor has written an exemplary work of scholarship here, writing engagingly and humanely about medieval patients as people, investigating seven interesting cases of medical practice gone awry.

The ninth perspective follows the case study model. Basing her essay on her dissertation subject, a Flemish medical doctor named Jan Yperman who addressed a manuscript of his knowledge to his son, Maria Patijn considers Yperman's career in context, considering both the history of Yperman's craft and the evidence of medieval art history. Patijn discusses how doctors across medieval Europe subverted the crossbow from an instrument of wounding to an instrument of repairing its wounds, presenting a gallery of remarkable images recording the procedure in medieval art. Further, she shows that late medieval portraits employed the presence of the apparatus itself as a symbol, record, and display of medical status—much like the book in earlier medieval artwork. Patijn focuses on the paintings of a Dutch artist, Isaack Koedijck. Additionally, she explicates the physical preparation, apparatus, and procedures required to remove a crossbow bolt by reversing the crossbow itself. In fact, I would have liked to read more about Yperman's education and career, and hope that Patijn will contribute more of her work in English.

Concluding the book is a tenth perspective of medieval wounds by Lila Yawn, who has turned her study of Italian art toward present-day popular culture. This chapter will prove the most engaging for undergraduate students as it begins with three popular films: ***Star Wars*** (1977), ***Pulp Fiction*** (1994), and Monty Python's ***The Holy Grail*** (1975). From this foundation—modern imagery of wounding and dismemberment, and how we think about this in our own life context—Yawn moves into a multidisciplinary survey of religion and warfare across the medieval era. While somewhat uneven in pacing, this chapter is detailed and cogently argued by a leading authority in medieval fine arts; it is undoubtedly a useful example for the teaching professor to engage undergraduate students in medieval studies.

The editors come from a fine arts and history background; their reaching beyond the portrayal of wounds to the experience of the actual person is commendable. This book is highly informative and achieves a wide reach across eras and disciplines.

Notes

[1]. Kelly R. DeVries, "Military Surgical Practice and the Advent of Gunpowder Weaponry," ***Canadian Bulletin of Medical History/Bulletin canadien d'histoire de la medicine*** 7, no. 2 (2016): 131-146.

[2]. Clasper's extensive bibliography is available at www.imperial.ac.uk/people/j.clasper/publications.html.

If there is additional discussion of this review, you may access it through the network, at https://networks.h-net.org/h-war

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