
*Medicine in the Crusades* originally went to press six years ago. Nonetheless, it remains the only substantial academic work on this subject and the recent appearance of a paperback edition has made it more affordable. The work itself covers the two hundred year history of the Frankish states, from the beginning of the First Crusade in 1096 until the fall of Acre in 1291. From the opening pages, it is clear that Mitchell struggled with the paucity of sources. Rather than attempt a vast but shallow survey, he maintains a commitment to “weapon injuries and their treatment” (p. 4). In actuality, he does much more than this: he looks at trauma broadly conceived and considers not only what took place in the Frankish states, but in all parts of Europe that supplied crusaders. The result is a book that will be interesting to those engaged with the history of medieval medicine either professionally or out of personal interest.

In chapter one, Mitchell discusses the types of medical practitioner as well as individuals who appear in records from the Frankish states. He makes it clear that his task is a daunting one. The table of those “who may possibly have been in a crusade” (p. 28) is a good illustration of the difficulties faced by those who wish to do research on his topic. Nonetheless, Mitchell does well throughout the book finding and presenting a wide range of material relevant to those studying the trauma aspect of the crusades. One surprising point is that most of those who appear on the registers in the Frankish states were Christian, though he admits there could be a bias in the surviving sources.

In the next chapter, “Hospitals on the battlefields and in the towns,” Mitchell looks at more than just military wounds. In trying to figure out whether hospitals were indeed precursors to those that would later develop in Europe, he necessarily considers that not all individuals in hospitals were wounded by war: some institutions provided shelter and general care (not necessarily medical care as traditionally defined) to pilgrims.

Chapters three through six cover various aspects of trauma and surgery, including archaeological evidence of torture, and finally both acute and elective surgery. The third chapter bears the mark of Mitchell’s expertise outside of textual medical history. He uses palæopathology to uncover the kinds of wounds evident in bones excavated from medieval battle sites. He draws this information from western and northern Europe in the expectation that it will serve as some indicator of wounds that might have been found within Frankish lands. In other words, the chapter illustrates how little physical evidence there is from the territories that are the subject of this book.

In the fourth chapter, Mitchell again resorts to the use of Western evidence to speculate about the east. He discusses torture in medieval Europe to demonstrate techniques the Crusaders would have used; while not dismissing the knowledge that crusaders brought with them, he clarifies that torture was already used in the East. In this chapter, as in many others, Mitchell puts his medical background to good use. After discussing textual and other evidence he explains that the extremities could swell...
Mitchell takes a slightly different approach in chapter five, but again one dictated by the availability of sources. In examining “Injuries and their treatment,” he looks at medical texts used before and after the twelfth century. In part, he does this to determine the influence of eastern knowledge on the post-Crusade west. However, his scope is broader than it would be had he thought only of written material. He demonstrates intellectual creativity in his consideration of non-textual sources. For instance, he suggests that people may have learned about anatomy while preparing the bodies of the dead for transport, whether by eviscerating and packing the body with salt or by boiling the body for transport of the bones.

In the sixth chapter, Mitchell augments the information available to those working on trauma by considering non-acute operations. He has an extensive discussion of bloodletting (pp. 193-98) and notes that the military orders appear to have copied their monastic counterparts in building regular bleeding into the routine of life. Another example that is in keeping with the format of discussing historical documents and then explaining them from a medical perspective is one involving osteomyelitis. The ointments did no good but he remarks that the vinegar used in the end would have flushed the infection away through the lymph system (p. 189).

In the seventh chapter, the book moves on to a topic of interest to all who engage with the history of medieval medicine: “Exchange of medical knowledge with the Crusades.” Here, Mitchell presents evidence for a true exchange of knowledge: that is, not simply information moving from East to West, but a mutual exchange of ideas. He reveals a text written in Arabic script so clear that it is “as if to be read by a foreigner,” (p. 208) and the text was indeed heavily annotated in Latin by what is thought to be a late twelfth-century Italian hand. He also notes that while medieval authors may not have made direct references to medically-trained persons on Crusade, it is clear that many were there and that they would have been influenced by the experience. Here, too, is an important point: learning from the Crusades did not necessarily involve information passed from those in Eastern lands back. Practitioners would have learned from experience and incorporated their observations into later medieval medical books.

Mitchell examines one other area around which there has been some debate about the direction of transfer of ideas: medical legislation. In chapter eight, “Frankish medical legislation,” he argues that medical licensing was likely adapted from local custom by those in the Frankish states but that the laws themselves may ultimately have derived from canon law. He argues convincingly (pp. 227-28) that the Assises de Jerusalem are significantly more developed than the Lex Aquila, the former being purely about property and the latter having an in-depth section on medical malpractice as more than an issue of property damage. The appendix, a translation of relevant passages by Vivian Nutton (pp. 232-36), backs up this view and presents what are surprisingly detailed statutes applicable to malpractice cases.

In his conclusion, Mitchell iterates the difficulty in finding corroborating source material. This is clear from reading the book, but to his credit he presents this as a