Clare Pilsworth


Since obtaining her PhD at Cambridge in 1999, Clare Pilsworth has quietly gone about promoting the study of the social history of medicine in the early Middle Ages, co-editing (and contributing to) an influential special issue of *Social History of Medicine* in 2000, and publishing carefully crafted studies of northern Italian hagiographical texts. Her present book represents the culmination of this work, setting out her core thesis that the traditional division in scholarship, between learned and practical medicine, just does not work for early medieval Italy, by far the most literate region of early medieval Europe.

Pilsworth sets out to blur the boundaries in six richly documented chapters. These move from legal frameworks to archaeological evidence, from manuscript evidence to hagiography, and finally from ‘unsanctioned healers’ to doctors (*medici*). The seductive evidence of the law, Roman and ‘barbarian’ (in this case, Alamannic for the far North, Lombard elsewhere), is rapidly dismissed: Pilsworth argues that legislators were not particularly concerned with outbreaks of disease, and that sick people’s engagement with legal frameworks might be limited to the elite making their wills (which, curiously, do not feature in the book). She does, however, emphasize the assumption made in Lombard laws that doctors were available to treat the wounded, and returns briefly to legal material for her discussion of doctors and of surgery later in the book.

Chapter 2, on diet and health, draws upon a varied evidence base, from Anthimus’s 6th-century *De observatione ciborum* (On the Observance of Foods) to the detailed archaeological findings from the monastic site at Santa Giulia in Brescia, playfully described in its later period as “a thriving, wealthy, Carolingian estate that happened to include some nuns.” (62). Pilsworth points out that far more historical attention has been paid to nutritional issues and trauma than to other conditions visible in skeletal remains such as arthritis, a clear challenge to further work.

Chapter 3 develops the theme of blurred boundaries between the scholarly and the practical, with a forensic examination of two contrasting manuscripts, St Gallen 751 (now thought to have been produced in northern Italy in the 9th century) and Modena, Archivio Capitolare ms I.I.11, of similar date. In both cases Pilsworth explores the potential purposes of these medical miscellanies. By examining both the content and the layout of such manuscripts, Pilsworth effectively demonstrates that they could have a multiplicity of potential uses, and that the Modena text, in particular, represents “the backbone of early
medieval medicine”: practical advice and recipes that any able and experienced individual could prepare in any number of locations, from monastic to domestic. Further examples of recipes, this time added to non-medical manuscripts from early medieval Italian contexts (one wonders, however, whether ‘medical’ and ‘non-medical’ even retain their utility as labels), are discussed in a rich section titled “Vile Scraps”, which would have deserved a more extended treatment. Brief sections on phlebotomy and surgery seem rather pale by comparison. If practical remedies were available, therefore, why consult a saint or shrine?

This is the question underpinning Chapter 4, where the topos of the failed doctor is investigated and found to be almost entirely missing from northern Italian hagiographical evidence (in contrast to the South). Pilsworth references her own article on medicine and hagiography in Italy, but it might have been useful to have had a list or table setting out the materials that were consulted to come to this somewhat surprising conclusion. A discussion then follows of possible sites of healing, and it is argued that major early cult sites (in Milan, Pavia, Ravenna, and rural sites such as Pedona and Bobbio), do not seem to have developed healing associations, supporting Peregrine Horden’s thesis that shrine healing was sought only by a minority.

The importance of the home as the place of treatment, posited in Chapter 5, is of course almost entirely impossible to document, and the penitentials concerned with maternal neglect of infants draw upon material from much further afield, making their evidence for Italian practice unreliable. (Here I wondered whether translating gentilem as ‘foreign’ was entirely correct, and whether in fact it might have referred to an unbaptised baby, given the context.) Pilsworth therefore engages in a process of elimination: legal references to magic could be read as references to knowledge of herbal remedies; hostels or xenodochia existed as temporary shelter for the poor and pilgrims, and their association with named medici might indicate medical treatment, but this was not their primary function. Chapter 6, therefore, returns to the figure of the doctor, consulted within or outside the home, and to prominent figures such as Gaidoald, medicus to the Lombard king. Arguably, this chapter would have stood up to scrutiny without the inclusion of a section on Lucca, based on Pilsworth’s 2009 article in Early Medieval Europe. The appearance of doctors in charter evidence, primarily as witnesses, attests to their respected status in early medieval Italy, and it is suggested that variant notarial practice between different towns and regions explains why they are not even more prevalent in this type of evidence. Nineteen individuals are identified before 900 AD, approximately half of whom were identified as clerics, and it is suggested that practising medicine provided at least some of these with an income.