

Translating Disease: The Vernacular Medical Treatise in the Late Medieval Kingdom of Aragon

Michael Solomon
Emory Univ., Atlanta

During the fourteenth and fifteenth centuries the Kingdom of Aragon experienced a remarkable upsurge in the amount of practical medical advice available to readers in the vernacular. Translations of health compendiums, herbals, treatises on the plague, and gynecological manuals provided for nonprofessionals the basic principles of health preservation. In 1305 Arnau de Vilanova wrote an abbreviated version of his *Liber de regimine sanitatis* (1299) for the king of Aragon, Jaume II, which was subsequently translated into Catalan at the request of the king's wife, Blanca who could not read Latin. In 1339 with the plague virtually knocking on the door of Catalunya, Jacme d'Agramont wrote his *Regiment de preservacio de pestilencia*, recognized as one of the first treatises in the vernacular to inform citizens of the threat of pestilence and epidemic. Later during the early 15th century an anonymous Catalan or Valencian writer translated and emended a 13th century Latin treatise on sexual hygiene, *Liber minor de coitu*, which he named, perhaps scandalously from modern standards, the *Speculum al foderi*. In that same century an unidentified physician named Mestre Joan translated one of

the Trotula texts on female hygiene, gynecology, and cosmetics.¹ We have today fifteenth-century translations of Galen's treatise on urine, *De coneixensa de les orines* and his work on foods *Tractat de les viandes*. We have translations of Arabic medical works such as the *Llibre d'Almassor* and several Catalan translations of Peter of Spain's enormously popular *Tesor de pobre*, a work originally written to guide the sick who could not afford professional medical attention. There are Catalan/Valencian translations of Macer's herbal and a fifteenth-century translation of Arnau de Vilanova's *Aforismes de conservacio de la memoria* (Beaujouan).

The abundance of medical translations in the fourteenth and fifteenth centuries was not unique to the Kingdom of Aragon. A similar upsurge, which Faye Marie Getz calls "nothing less than explosive," took place in England during the same period (1-2). Castilian translators produced vernacular translations of Bernard of Gordon's *Lilium medicinae* and Johannes de Ketham's *Compendio de la salud humana*, two of the most popular medical handbooks in the later Middle Ages. In the late fifteenth century Francisco López de Villalobos translated and metrified portions of Avicenna's *Canon*, titled *Sumario de la medicina*.²

Despite the great number of vernacular medical works, medieval translators left no explicit theory of medical translation.³ To understand the difficulties facing medical translators, modern scholars can only turn to the scattered comments in the authors's prologues or to the brief observations found in late medieval treatises on medical ethics. From these sources we can glean three interrelated concerns that served as guiding principles for the creation of a vernacular treatise:

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- 1 Biblioteca Nacional MS 3356. For description of manuscript see Paz y Meliá's "Trotula por Maestre Joan." For a study and classification of the Trotula treatises see John Benton's "Trotula, Women's Problems, and the Professionalization of Medicine in the Middle Ages."
 - 2 Transcriptions and facsimiles of Bernard's *Lilium*, Ketham's *Compendio*, and López de Villalobos's *Sumario*, as well as a number of other medical texts, are now available on the Admyte (Archivo digital de manuscritos y textos españoles) disk 1.
 - 3 With very few exceptions, all vernacular medical treatises were translations or reformulations of larger, more complicated and extensive works in Latin or Arabic. In this paper I use the terms "medical translation" and "vernacular medical treatise" interchangeably.

1. *The translation should be truly popular, educating the common man rather than the medical specialist*

Translators were greatly concerned that medical information be made available to all those who desired it. Alfonso Chirino, author of the fifteenth-century Castilian *Menor daño de la medicina* clearly expressed his intention to make medical information available to the general public. He commented in the prologue that “todo lo que aquí fallardes escripto non será por vocablos de medecina nin por palabras escuras saluo fablando bulgarmente que qualquier omne puede entender” (6). He also encouraged his readers to disseminate the information –or the medicines created on the basis of this information– to others, emphatically insisting that the medical cures, advice, and drugs described in his treatise be used independently of practicing physicians.

It is clear that many popular medical treatises in Aragon were likewise written for broad dissemination. In the introduction to the *Regiment de preservacio de pestilencia*, the first of a long series of brief treatises dedicated to informing the general public on ways to avoid the ravages of the plague, Jacme d’Agramont stated that the treatise was made primarily for the benefit of the people and not for the instruction of the physician. He insisted that the work was made for the common and public good, that it could be used without the aid of a physician, and that it should be given to anybody who desired to make a copy of it for his or her personal use.⁴ Likewise the author of the *Speculum al foderi* stipulated that his work was for all men who desired to read it.⁵ In practice we can see that the author/translator remained faithful to his goals by regularly translating the more erudite and scientific words into their popular equivalents. For example, the Latin *coitu* which is consistently used for sexual intercourse in *Liber minor de coitu* is rendered as the more popular “foder.”

4 “lo tractat aquest es feyt principalment a profit del poble e no a instruccio dels metges, com jo sia dels menors del mon e sia axi com a verne en comparacio de molts altres. E de regiment de preservacio pot tot hom usar ab aquest present tractat sens de metges, sens tot periyll [...] E com lo damontdit tractat, segons que ja he dit, sie feyt a utilitat comuna e publica, placie-us, seynnors, de donar-ne treslat a tot hom qui.n vuylle copia” (48).

5 “E yo quir parlar per aco en aquesta raho, e complit e be declarat, per so que entenen tot home qui'l vulle guardar” (47).

2. The vernacular treatise should avoid lengthy theoretical arguments

One of the most often repeated concerns of medical translators is that medical knowledge be translated unencumbered by excessive jargon, long arguments and technical intricacies. In his prologue to his translation of Arnau de Vilanova's *Regiment de sanitat*, Berenguer Sarriera expressed concern over the difficulty for common people to read the vast quantities of medical material.

E per co con la art de medicina és fort longa, e ls savis metges entichs ho agen longuament escrit (axí que ls grans senyors qui an os grans negociis, ne encare lo poble comú, bonament no [h]o poden entendre). (100)

The anonymous author of the the *Speculum al foderi* suggested that many medical texts were so long winded that they did more harm than good:

Dix Albufumet que con sie cosa que los libres [que] parlen en molt foder són molts atrobats, may yo viu d'ells negun compliment en aytal fet, ans los atrobe desviats e escampats en manera que ere major lo dan que habian que lo profit. (45)

The translator promised the reader that he would not make a lengthy exposition: "E vull guardar que no age longues rahons" (45).

3. The vernacular medical treatise should be arranged in such a way as to provide easy access to the material

To help the reader quickly find the desired information, the author/translator took on the role of editor, inserting rubrics, marginalia, and other indexing devices into their translated texts. The author of the *Speculum al foderi* stated in his introduction that he divided the works into chapters so that one could easily find the sought-after information (45). Likewise, Berenguer Sarriera explained that he included marginal notes and chapter headings so that "qui legiran en aquest libre pusquen pus leugerament trobar" (100-01). The desire to make important works retrievable encouraged writers to reformulate the discursive material into commented translations, abridgements, and alphabetized lists of

pharmaceuticals and diseases. Avicenna's *Canon*, the single most important medical textbook during the Middle Ages and Renaissance, underwent massive alterations during the late fifteenth and sixteenth centuries, its chapters appearing as separate books or its contents being reduced to summaries and collections of aphorisms.⁶ In the late fifteenth century, Francisco de Villalobos wrote a metrified version of the *Canon*, titled the *Sumario de la medicina*, that was designed to easily (*ligerament*) allow the uneducated reader to locate medical information.⁷

The general public encouraged the reformulation of medical information into easy-to-use manuals for laymen. The widespread demand for such works can be seen in the fact that many of the early books printed in the Iberian Peninsula were vernacular plague treatise and health compendiums. For learned professionals, however, the popular dissemination of medical knowledge was thought to be potentially dangerous, capable of distorting medical principles and discouraging the intervention of authorized healers.

Hippocrates tells us in the first aphorism that "Life is short, but the art long; the crisis fleeting; experiment perilous, and decision difficult." Medical educators and deontologists interpreted Hippocrates' notion of the longevity of art in opposition to the brevity of life as a warning of the need for physicians to dominate a theoretical body of knowledge. Life is too short for the physician to experience every contingency: experimentation is too dangerous when death is knocking at the patient's door. Practice, therefore, must be tied to firm control over an enormous amount of information about the body and the world. Thus therapeutic practices were eminently connected to an intellectual currency that was contained and disseminated in books. Isaac Israeli, in his reworking of the first aphorism, makes this clear when he explains that "the knowledge of medicine is very extensive, and the days of men are too short to attain its perfection, the accomplished physicians are set apart, and refined, and purged of the ignoramuses, by their constant occupation in the study of

6 For example, in 1508 there appeared in Lyons a small volume titled *Flores Avicennae* that was designed to allow the Avicenna corpus to be easily committed to memory. See Nancy G. Siraisi's fascinating article "The Changing Fortunes of a Traditional Text."

7 "Dize vn sumario que comprende todas las enfermedades vniuersales y particulares segun que las puso Auicena conel qual ligeramente podra quien quiera que enla dicha sciencia tenga p<f>i'ncipios" [fol. 2v].

books and their meditation over them day and night, and their dedication to it apart from other men, before they are needed in their profession" (*The Book of Admonitions to the Physicians* 150).⁸

In contrast to modern clinical research, medieval physicians advanced medical knowledge by spending time reading books, scrutinizing etymologies and collecting anecdotes, rather than laboring in the laboratory, dissecting corpses and amassing data. In fact, permission to dissect cadavers was not given regularly until the sixteenth century and was strictly prohibited in most areas of Europe throughout the Middle Ages. To learn new corporal truths, a physician was taught to dissect the ancient lexicon of bodily parts. Danielle Jacquart and Claude Thomasset have recently demonstrated how sexual distinctions between males and females were developed by etymological readings of words like *vir*, *mulier*, *testiculi*, and *vulva* (7-47). For example, the instructing physicians at the School at Salerno used an etymology by Saint Isidore to teach that the *vulva* is named by analogy to a folding door *valva* because it is the door to the belly that receives the semen, or because the fetus proceeds from it. This idea produced an enormous amount of analogical speculation that eventually led to etiological and pathological discoveries about the body. A woman may have a door, but unlike men whose penises serve as a lock, their doors swings back and forth allowing all kinds of noxious vapors and corrupt winds to penetrate and disease her body. Women were, therefore, naturally weaker and more acceptable to disease than men as seen in their very etymologies: *Vir*, according to Isidore comes from strength, force, and consequently, good health, whereas *mulier* derived from *mollities* signified softness and weakness, hence, disease prone.

The lexical transformation that took place in the creation of a popular medical treatise produced a great deal of anxiety for translators and educated physicians. Implied in medieval medical theory is the idea that the transformation of medical language during the process of translation necessarily threatens the integrity of medical theory. In the prologue to Berenguer Sarriera's translation of Arnau de Vilanova's *Regiment* we find the following warning for readers:

8 For an example of the interpretation of the first aphorism in the later Middle Ages see Alonso Chirino's discussion in his *Espejo de medicina* (373-86).

E prec los legidors d'aquest que, si per ventura en lo romanc ho en la sentencia del libre trobaven nuyla cosa qui.ls semblas no raonable, que ans que ho prenguesen, que ho corregisen ab aquel del lati, per co cor moltz vocables e entenimentz ha en los libres de medicina, que a penes se poden metre en romance. (101)

When Sarriera complains that there are many words that cannot be adequately translated into Catalan, we can assume that his concern is caused by the frustrating inability to find popular words whose etymologies adequately communicated the nature of the body and the etiology of disease. For example, the common Catalan word in medical treatises for man is "hom" rather than a derivative of the Latin *vir*. Hence in this case the lexical choices would have limited the ability to convey certain ideas that were embedded in the words themselves.

The idea that language reveals important physiological and pathological truths dates back to Antiquity. Plato argued in the *Cratylus* that signifiers are not conventional or arbitrary, but natural emanations that arise out of the relation between idea and form, signifier and signified. It is interesting that Plato also argued in favor of the logotherapeutic power of words. Not only could words inform humans about the body, they could also cure it. In antiquity people acknowledged the efficacy of logotherapeutic practices, and in times of illness they eagerly sought healers who could restore their health with the skillful use of chants, hymns, spells, and prayers. Fully present in the Platonic dialogues is the notion that physicians cannot heal part of the body without administering to the greater whole; just as it is not right to treat the eyes without treating the head, or the head without treating the body, so neither can the body be treated without treating the soul" (Lain Entralgo 114).

In Spain *saludores* and *ensalmadores* frequently attempted to cure ailments with words, prayers, and chants; to stop bleeding *ensalmadores* uttered the words, "Sanguis, mane in te, sicut sanguis Christi mansit in se"; to cure a headache, "Maria Jordanem transivit, et tunc Sanctus Stephanus" (Herrero 185). There is ample evidence to show how psalms, avemarias, and paternosters were used in medicinal practice. An addendum to a group of Catalan medical treatises offer the following "cure for all illnesses":

Conjur-ta, fich, de part de nostro senyor Deu, Jhesu Christ,/ e per Luch e per March e per Johan e per Meteu, los quatra avengelistes de Deu/ e per le berga meria, tant gentill,/ que.t sech lo cap e.t podrescha la rahill.

The following instructions accompany the chant:

E sia-y dit per tres vegades e per cade vegada astiga nou jorns e sia-y anomenat lo nom del pasient tres vegades e sien-hi dits tres paternostes e tres avemerias. (Perarnau i Espelt 48)

The curative power of language was acknowledged -albeit with some reservation- by educated physicians. Bernard of Gordon, one of the most respected theorists in the later Middle Ages, offered a therapy for epilepsy that required the physician to repeat various times into the ear of the patient the names of the three kings: ‘Gaspar fert mirrham, thus Melchior, Baltasar aurum’ (*Liliu* 65r). The patient who listens to these words, Bernard tells us, will be healed by the grace of God. He also explains that these words can be written down and hung around the patient’s neck as a possible cure. Another cure consisted of having a clergyman read the sermon delivered on the Feast of the Holy Cross, ‘Erat spumans e stridens...’ over the head of the patient. The priest should then write it down and have the words brought to the epileptic’s neck.

Medieval physicians acknowledged the ability of words to both cure and disrupt the human body. From a theoretical standpoint the proper use of language was closely related to control over the exogenous conditions or *non-naturals* that influence health and sickness. It was well understood that the imaginative faculty, like other sundry effects of the mind, could generate pathological or salutary conditions in the body. Thus medical deontologists, such as Estéfano (*Visita y consejo de medicos*), suggested that healthy men who fear a disease become sick, while sick men who *imagine* their recovery become well.⁹ Theorists warned physicians to be on guard not to say anything that would cause the patient to worry about their condition. Estéfano emphatically cautioned against revealing the possibility of death to the patient, for he, like Plato, recognized that such

9 “E vemos que el omne ssano que teme de enfermar & vemos quel enfermo que a desesperanca de ssanar ssana” (*Visita* fol. 63r).

talk would only dishearten the soul, and thus further complicate the condition of the body.

The popular and professional appreciation of the therapeutic power of language permitted a curious relation between vernacular treatises and medical practice. When medicinal discourse becomes codified, it gains a quality of concreteness, making it transferable, portable, and discretely usable. In effect, codification makes medicinal discourse a "thing" that like drugs and ointments, can be transacted from one interpretive setting to another, retaining value but changing meaning" (van der Geest 348). When words are written down, their power (real or imaginary) becomes objectified. This power not only becomes accessible to others, but it is able to "stand on its own, be kept in a cupboard, locked behind doors, handed over to others across place and time" (van der Geest 349). The value of healing words increases when language appears in concrete forms.

In medieval Europe it was very common to write oral conjurations and charms on scraps of paper that could be literally applied to a wound or ailing part of the body. In the Wolsthun Manuscript we are told of a cure for menstrual problems that consists of writing the words "By Him, and with Him, and in Him" on a piece of paper and then placing it on the afflicted woman's head. (Kieckhefer 4). It is not uncommon to find a process of liquefying words into potions that could be drunk. John of Mirfield noted in his *Breviarium Bartholomei* a practice of writing scriptural quotations on a piece of paper; the paper was then soaked in water until the ink was washed away; the solution could then be drunk as a medicine (Towler 32). Luis García Ballester has documented similar cases among Morisco practitioners in Valencia in which the words from scriptures (often alleged to be names of devils according to the inquisition) were written on a plate that was soaked in water and the liquid later was administered to the patient.¹⁰ In one curious case, an illiterate woman from the Valencian town of Turis held a medical book up to a mirror with the intent of creating

10 "escribio con tinta negra el ave maria en un plato y luego con agua lo deslio y lo echo en un jarro con mas aqua para que lo bebiere el enfermo, y otro dia pidio una sarten vieja... y del suelo della saco dos pedacos del tamano de un quarto cada uno y escrivio en ellos con tinta en la lengua castellana, 'dios te salve maria, a don diego dios le guarde de otras enfermedades'" (cited by García Ballester, *Historia social* 1, 167-69).

a mimetic transfer of the cures in the book to her body by means of the reflected image (168).

Unlike the stodgy tomes accessible only to the professional physician, the vernacular treatise was designed to be used by the general public. When we understand the common medieval belief in logotherapy, we can see how even the illiterate could devise treatments for themselves and for their associates using the physical artifact of the book. The vernacular medical handbook literally put the cure in the patient's hand, thus discouraging the intervention of the professional physician.

By allowing the sick to take control of their own bodies independently of physicians, the popular medical treatise threatened not only the medical profession but also the professional control over the general social order. Disease in any age, ancient, modern or medieval, is a social construct that is constituted outside (and often even independent of) the pains and disability suffered by the patient. Any constellation of signs and symptoms can be classified and treated as a disease. In his seminal article on reification in medical practice, Michael Taussig points out that "the body is not only a mosaic of biological entities, but a container of highly charged symbols -excretions, fluids, textures, scents, surfaces, emotions, cycles. Illness, with its ensuing despair and hope, makes the body ripe as little else for encoding all that society deems as being real and true." Any type of behavioral aberration, complaint, criticism, or discontent can be pathologized. Historically, we can see how African-American slaves who made repeated attempts to escape were diagnosed as suffering from a psychosomatic disorder known as *drapetomania*. During the eighteenth and nineteenth centuries men and women who masturbated regularly were said to be sufferers of *onanysmus*, a disease that called for surgical treatments such as vasectomy, castration, or the insertion of needles into and around the genitalia. Even today, feminists and gay activists argue that medical knowledge often casts their behavior in the molds of pathological conditions. Medicine, therefore, is inextricably tied to dominating ideologies and political hegemonies. As such any vernacularization or popularization of medical knowledge not only can undermine the necessity of professional physicians, but it also may provide mechanisms for challenging ideological concerns. At stake in any alteration and dissemination of medical information is not only the wellbeing of a particular individual, but stability and order of the individual's society.

Although the repercussions following the rise of vernacular medical treatises in the later Middle Ages have yet to be fully or systematically studied, we can observe that the production of these works correspond with some of the most significant and enduring changes in the medical profession since Antiquity. The availability of usable medical texts, made possible by the extensive translation and reformulation of learned treatises, may have contributed to the development of new mechanisms of clinical control. For example, from the fifteenth century there are firmly established regulations and licensing procedures that regulate the practice of medicine, limiting it to the learned, university-trained physician while excluding women, Jews, Moriscos and other medical subalterns. From the fifteenth century hospitals become less the refuge of the stricken poor than the preferred locus for categorizing, separating, and quarantining the sick. In the early Middle Ages a physician gained his power and authority by controlling large bodies of information stored in medical books that only he could read. With the translation of medical information into the vernacular it became increasingly necessary to transfer the center of power and authority to legal and architectural devices that assured the physician that he, and he alone, had recuperated control over his patients and their bodies.

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