

Ecologies of Healing in the Premodern World (600-1350 CE)

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The Good, the Bad and the Dangerous: piety, practice and the making of a good physician

Ahmed Ragab (Johns Hopkins University)

When the Andalusian geographer, Ibn Jubayr (1145-1217), travelled across the Near East on his way to Mecca between 1183-85, he remarked that every city in the region boasted of at least one hospital so much so that a city without a hospital stood out as odd or particularly under-privileged. Ibn Jubayr's observation confirms what we know from other historical records about the proliferation and spread of hospitals from the tenth to the thirteenth century and beyond marking a new ecology of medical practice where these charitable institutions occupied an important place in the lives of patients and practitioners alike. The spread of hospitals, most of which were funded by religious endowments (*awqāf*) also impacted the religious composition of the medical community encouraging, actively and passively, more Muslims to join the ranks of physicians and practitioners.

This shifting ecology of medical practice impacted how physicians understood their practice, how they evaluated their and each other's careers and accomplishments, and who counted as a good physician in the eyes of patients and peers alike. On one hand, piety, commitment to charity and the ideals of the learned elites came to occupy an increasingly important position in the lives of practitioners. On the other hand, the perception of diseases, what counts as a rare, dangerous or difficult to heal and how these categories affected a physician's career and reputation, also shifted with the shifting medical ecology.

In this paper, I explore the changing meaning of good practice. I ask what made a good physician good, and how physicians understood and evaluated their practice and that of their peers and students. Analysing biographies, practice manuals and hospital dispensaries, I investigate the complex and, often, informal emergence of standards of good practice that shaped the contours of medical communities in the medieval Near East.

When medicine doesn't work: making sense of failure in early medieval ecologies of healing

Richard Sowerby (University of Edinburgh)

During the early Middle Ages, men and women recognized that sometimes the methods of healing which they employed did not achieve their desired effects. Stories of perennial seekers after health are a familiar feature of hagiographical writing; remedy-collections might include within them tools for determining in advance whether one's medicine would fail; and medical practitioners sometimes spoke directly about the reputational damage which they might suffer if their treatments were ineffective. In this paper, I want to suggest that ideas about failed attempts at healing occupied a more significant place in the early medieval 'ecology of healing' than we generally imagine. Drawing on an eclectic range of sources from a variety of Christian

and Islamic contexts, I want to suggest that discourses about ‘failed medicine’ were prevalent in a number of early medieval societies, and examine the kinds of situations which prompted writers and thinkers to give thought to the subject. I shall suggest that in fact, ideas about ‘failed medicine’ contributed meaningfully to the diversity of early medieval healing practices. Our sources offer suggestions that those who navigated the ‘medical marketplace’ in the early Middle Ages encountered multiple, competing explanations for medical success and failure, and that one factor which determined which kind of healing they might pursue was the degree to which they found those explanations persuasive.

Postpartum healing: purification, purity and time in the Western Mediterranean 1100-1350

Naama Cohen-Hanegbi (Tel Aviv University)

Latin Christian custom incorporated an ambiguous approach to the postpartum period. While refuting blood pollution as an arcane Jewish belief, it maintained practices that encapsulated concepts of purity and purification which merged with medical methods, healing practices and rituals. The lying-in, thanksgiving rituals, the bleeding of the lochial flow, afterbirth purgations, first milk etc. were in various ways interconnected. This essay examines a range of healing practices and medical literature aimed for the period following childbirth which were documented and composed in the Western Mediterranean between 1100 and 1350. In defining the “ecology of the postpartum period” and the forms of care which maintained it, this study seeks to answer three central questions. First, where and in what ways concepts of purity and defilement are apparent in the postpartum healing and what do such appearances serve? Second, how does postpartum healing relate to mental ailments and provide mental care? Third, how is time managed, counted, framed and negotiated in determining the period of postpartum? By inquiring into these issues, I anticipate that a novel way of understanding the traditions of postpartum care in the period will emerge.

Among the sources I study are miracle accounts, sermons, medical *consilia, practica* and medical commentaries written in Iberia, Provence and Italy. The chronological and geographical focus offers two crossroads which will be considered in my analysis: the translations of Arabic and Greek medical works into Hebrew, Latin and the vernaculars and the spread of university medicine, and the interaction between Christians, Muslims and Jews in these regions. Thus, I intend to reflect on the role written medicine played within postpartum care, and the degree of inter-religious engagement in such practices, which was no doubt substantial through midwifery, nursing, homecare and servitude.

Marian miracles and Salernitan medicines: new healing technologies in Anglo-Norman England

Winston Black (St. Francis Xavier University)

Anglo-Norman England (1066-1154) was home to a vibrant, creative, and cosmopolitan clerical culture, which was receptive to scientific and medical innovations while also producing new genres of religious literature. These two trends have typically been studied separately as historians of medicine have explored, on the one hand, the remarkable popularity of Salernitan medical texts in twelfth-century England, and historians of religion, on the other, have chronicled the Anglo-Norman invention of Marian miracle collections at the same time. Yet even though both textual traditions—medical and miracle—frequently shared the same goal of

healing, and even though these texts were produced in the same Benedictine religious houses their significance has not been explored together.

In this presentation I explore the intersection of religious and natural healing in post-Conquest England by studying Marian miracle collections and Salernitan medical books as products of a unified Anglo-Norman search for new “healing technologies”. I will focus on the prodigious output of the scriptorium at the monastery of Bury St. Edmunds, where monks produced important medical manuscripts such as the “Bury Herbal” and multiple copies of Constantine the African’s *Pantegni*, as well as new religious collections of miracles for both their own St. Edmund and for the Virgin Mary. To be sure, a number of scholars have noted the influence of learned medical theory on miracle texts in twelfth-century England, but what I am proposing is that the Marian miracle specifically was redeployed in Anglo-Norman England as a healing technology alongside, and not in conflict, with natural remedies understood in terms of Arabo-Galenic medical theory. For example, the physician’s ability to diagnose and cure illness according to the four humors, a defining feature of Salernitan medicine, can be seen as complementary to the Virgin Mary’s power to heal and control the four elements, a guiding theme in the first Marian miracle collections. Similarly, the focus on the miraculous appearance of bodily, oral signs of the Virgin’s power finds a strong parallel with the reading of bodily signs and prescription of oral remedies in the medical collection.

Medicine in the margins: a window onto multidirectional knowledge exchange in the early middle ages

Claire Burridge (University of Sheffield)

Despite radical transformations in the study of early medieval health and medicine in recent decades, much of the extant medical literature has yet to be thoroughly investigated. Latin pharmaceutical writings found beyond the established classical and late antique corpus offer one such example. Although some anonymous recipe collections, such as the *Lorscher Arzneibuch*, have received attention, the hundreds of recipes located in the margins of or sandwiched between texts have been almost entirely overlooked. Such prescriptions, however, present a unique perspective on the transmission of medical knowledge: the contexts in which this material is located—medical and non-medical alike—may shed light on the individuals who recorded this information, how these recipes were intended to be read, and the environments in which such knowledge was shared. Using this relatively untapped resource, this paper approaches the topic of knowledge transfer from a new direction, concentrating on evidence for the ‘vertical’ diffusion of information between individuals operating at different levels of society and the implications of these interactions.

The transmission of knowledge has been studied chronologically and, more recently, geographically; consider, for example, work on the reception of classical and late antique texts or the spread of eastern pharmaceutical information in the west. Marginal recipes offer a window onto another dimension of knowledge exchange, showcasing both the top-down dissemination of ‘learned medicine’ derived from classical and late antique traditions as well as the bottom-up recording of local practices. The existence of medical knowledge alongside non-medical texts, together with the introduction of local information into the written record, complicates the traditional conceptualisation of learned medicine in this period. Ultimately, by focusing on marginal recipes, this paper investigates a previously unexplored area within pharmaceutical writing and contributes to our understandings of the contexts in which medical knowledge appears, the individuals who produced and read these texts, and the evolving interfaces of learned medicine in the early medieval west.

Miraculous healing in disguise: sacred drugs in Byzantine medical works

Petros Bouras-Vallianatos (University of Edinburgh)

This paper will question the boundaries between rational medical approaches and miraculous healing by focusing on the use of various kinds of consecrated or sacred liquids (e.g. water, oil) and recipes for sanctified composite drugs (e.g. incense, cerates, salts) in Byzantine medical works. The use of holy water, holy oil or various kinds of cerate is common in various Byzantine collections of miracles (e.g. those of Sts Kosmas and Damian, Sts Cyrus and John, St Artemios, and the Theotokos of the Life-giving Spring), where the substance in question appears to have supernatural healing powers related to the veneration of a certain saint. The same substances often appear as ingredients of composite drugs in medical works, where we can also even see long recipes for composite drugs ascribed to various saints, e.g. ‘Antidote of St Peter’, ‘Salt of St Luke’, ‘Cerate of St John the Evangelist’. Depending on the author and the nature of the medical work, the use of holy substances and the administration of sanctified drugs may be explicitly connected with the treatment of disease based on the principles of the theory of four humours. This connection is particularly intriguing, since it clearly attests to the practice of combining Galenic rational understanding of disease with popular healing practices. Still, could a particular ‘holy’ substance used in a recipe be considered an active ingredient, essential for the treatment of a certain condition? Or is its use simply a symbolic part of the process of making the recipe sacred? Particular attention will be paid to the genre, origin, and intended audience of the medical works in question. Moreover, an attempt will be made to contextualise references to particular saints in light of surviving details about their shrines and the corresponding miracle accounts. Lastly, comparisons with examples from the medieval Latin medical literature will further elucidate our understanding of the category of sacred drugs.

The person and her environment: notions from the Hebrew *Book of Asaf* and the Tibetan *Gyushi*

Ronit Yoeli-Tlalim (Goldsmiths, University of London)

This paper will analyse connections between a person’s health and their environment, as they are delineated in two medieval medical texts: the Hebrew *Book of Asaf* and the Tibetan *Gyushi*. It will ask more broadly: how can environmental humanities help us think about these connections, and conversely: how can medical texts like these contribute to a more global environmental humanities?

Recent history has reminded us that we ought to be thinking about public health—and the history of public health—in a more ecological approach. As we comprehend that we can no longer separate health, healthcare and their histories, from their ecological contexts, we can gain much by directing more/ renewed attention to histories of these connections. The two case-studies which will be discussed in this paper provide some directions of thought for these purposes.

“Corrupted airs, infected pastures, and other hidden causes”: Combatting Disease in the Late Medieval Stable

Sunny Harrison (Open University)

Late Medieval Europe was beset by a series of ecological disasters contributing to what scholars have long referred to as the ‘Late Medieval Crisis’ or ‘Crises’. Contagious diseases struck not only humans but also domesticated animals: epizootics such as cattle murrain, sheep

scab, and equine fevers decimated herds, halted armies and caused famines, social upheaval, and economic depression. Scholars increasingly recognize epizootic diseases as important historical events and key parts of the landscapes of premodern health and illness. However, whilst human diseases such as leprosy and the plague have received significant scholarly attention over the last half-century, there have been only limited and disparate discussions of disease in medieval non-human animals. In particular, we have a relatively poor understanding of the conceptualization of epizootic illness, its comparison with contemporary theories of human disease, and the importance of animal disease management within wider systems of agriculture, medicine, and public healthcare.

This paper will begin to address this lacuna through a discussion of disease management and prevention in the royal and aristocratic stables and stud-farms of late-medieval England, France, and Italy. Drawing on veterinary manuals, stable-records, and disease remedies it will argue that aspects of the theory and practice of disease management developed significantly during this period in response to a greater prevalence of equine diseases - caused in part by global climate change and increasing horse populations - and increasing anxieties around contagion and infection. It will investigate the preventative and prophylactic theories that underpinned disease management in the medieval stable and explore the relationships between pharmaceutical and ritual curative strategies. It will further argue that animal disease and herd-management were important facets of medieval healthcare and present significant opportunities for trans-disciplinary discussion of disease responses in a time of plague.

Whose ecologies of healing? Premodern discourses on disease today

Anthony Cerulli (University of Wisconsin–Madison)

In this talk, I am concerned with a basic question: How do we—students and scholars of histories of medicines—re-present information about disease that’s contained in premodern texts? With South Asia and Sanskrit medical literature as my reference points, I reflect on the nature of our understanding *today* of disease *back then*, probing the “philological ecology” that naturally forms between us (students and scholars) and the composers, compilers, and editors of the premodern literatures we read and re-present in classrooms and publications. In part, this talk is thus a self-reflexive exercise that asks: When we teach and write about premodern disease and ecologies of healing, to what extent do we (or can we) associate ourselves and our present circumstances in the often elaborate and sometimes indeterminate relationships that sustained premodern textual expressions of premodern health and illness? I consider my own research as a case study, probing my attempts to create an interdisciplinary approach to the study of premodern disease and ecologies of healing in South Asia that pays attention to the “lives” and “practices” of Sanskrit texts in present-day India.

Wounding and healing wounds: military men as a neglected knowledge community of practitioners in 15th century chronicles

Iona McCleery (University of Leeds)

There has long been a desire amongst scholars to show how advanced the Middle Ages was in military medicine and wound treatments. However, limiting analysis to what a small group of mainly 13th-14th-century learned surgeon-physicians wrote for others of their kind could obscure alternative forms of healing knowledge. Two excellent recent volumes of essays show wounds to be multi-disciplinary and complex. Yet even within these publications, most research focuses on French and English contexts. The wounds of men are heavily documented,

but historians of health, unlike literary scholars, have undertaken relatively little critical study of the injuries of men *as men*, or looked at a wider range of contexts beyond surgical texts. There is still a need for a thorough social history of medieval surgery.

In the 1360s one of the key figures in the history of surgery, Guy de Chauliac, described five groups or sects of practitioners with different approaches to wound treatments, who could be described as ‘knowledge communities’, sharing practice among and between each other. The fourth group was made up of ‘those who follow war’. In this essay I will open up an ecology of healing that focuses on these men of war rather than academic surgeons. As well as studying the nuances of wounding in non-surgical sources, I will argue that those who inflicted wounds could treat them if necessary. I will focus on the chronicles written by Fernão Lopes and Gomes Eanes Zurara in the 1430s-1460s covering the Iberian stage of the Hundred Years War (1370s-80s) and the Portuguese expansion into North and West Africa during the first half of the 15th century, a context that is itself neglected in scholarship.

The 1259 epidemic in Sichuan: evidence of cross-cultural exchange of medical knowledge and practices in the Mongol Empire

Stephen Pow (Saint Petersburg State University)

The Mongol Empire’s rapid expansion over much of Eurasia during the first half of the thirteenth century brought about unprecedented contacts between individuals, distant societies, and cultures suddenly united under Mongol rulers. These included physicians who were of great value to Mongol military leaders and rulers from the Chinggisid dynasty; such practitioners often were drawn in large groups into the service of these figures while on campaign and in times of peace. During the Mongol period, we know of Islamic physicians present in East Asia and the export of their pharmacological knowledge and institutions to China. Likewise, we encounter rulers of the Ilkhanate in Persia being treated with moxibustion by Chinese physicians and translations of Chinese pulse diagnosis classics into Persian.

The 1259 “miasmatic” *zhang* (瘴) epidemic which suddenly erupted in the Mongol army and reportedly felled Möngke Khan, the last ruler of the unified Mongol Empire, during the siege of the Song Dynasty’s fortress, Diaoyucheng, is often viewed by historians as an event of great political consequence. Yet, the source material on this episode, though fragmentary, has thus far been overlooked for its intriguing evidence of a potent cross-cultural interchange of medical knowledge and practices during a crisis. Persian sources and Chinese sources retain suggestions that wine and even *qu* (麴), a typical Chinese fermenting agent, were distributed to combat the epidemic. This tendency reflects some older Persian treatments to avoid *vabaa* pestilence and likewise reflects the Mongols’ own laws related to water and ‘sanitation’ *avant la lettre*. Mongol leaders commandeered wine harvests in the immediate aftermath. The practice of using alcohol to combat ‘miasmatic epidemics’ continued during Mongol campaigns in subtropical East Asia during the remainder of the thirteenth century, suggesting a set of military medical protocols emerging from cross-cultural knowledge transfers.

“We Jewish physicians, who are under the yoke of the rulers...”. Medicine among Jews before the Plague.

Carmen Caballero-Navas (University of Granada)

Recent studies have contributed significantly to shed light on the emergence of the Hebrew

medical corpus, mainly by investigating the major enterprise of translation of medical texts from Latin into Hebrew undertaken by an anonymous translator at the end of the 12th century. Although this enterprise was essential for the inception of the corpus, its creation was only possible thanks to the contemporaneous and successive contributions of many other translators, commentators, authors, and copyists, a good number of whom were physicians themselves. In my view, the time frame between the closing years of the twelfth and the mid-fourteenth century is a key period for understanding the social and intellectual processes that determined the Jewish acquisition of medical knowledge and, more importantly, the integration of Jewish medical practitioners into the legitimate medical system.

On the basis of this premise, this paper explores two medical books written originally in Hebrew by two learned physicians with a wealth of clinical experience, who strove to accommodate their practice to the new medical system, and participated in the highly complex health care market of their time: *Šori ha-guf* (Balm of the Body), written by Nathan ben Yo`el Falaquera during the second half of the 13th century in Provence, which has been hitherto only partially edited; and the so far unedited *Sefer ha-yosher* (The Book of Perfection), written slightly later also in Provence by a hitherto unknown author who was connected to the court of Pope Martin IV (1281–4).

By focusing on these two works, this paper attempts to shed light on the strategies developed by Jewish physicians to accommodate their knowledge and practice to contemporary understanding of health, illness and medical care. In particular, it will pay attention to the authors' perception of their own practice and the practice of other people and communities; their views on medical care across religious and cultural boundaries; their possible collaboration with Christian practitioners; their reliance on magical and/or religious healing strategies; and their attitudes to women's medical practice.

The information from the authors' narratives will be coupled with the data on medical practice from other contemporary historical documents to evaluate the circumstances, extension and categories of healthcare among Jews in this context.

Ancient canons vs. contemporary practices – medical practice in China during the twelfth century

Asaf Goldschmidt (Tel Aviv University)

Song dynasty China (960-1276 CE) was a period of major transformation. Some scholars claim that these transformations represent the Chinese “renaissance” signalling the dawn of modernity. During the eleventh century, printing technology became popular and the government sponsored printing and promulgating of a wide variety of literature, including medical canons. These printing projects made medical literature widely accessible to literati. Some of these newly printed medical canons were hundreds of years old not always compatible with existing clinical practices.

In this paper I will discuss the tension between existing ‘proven’ medical practice and the knowledge included in the newly printed and widely accessible for the first time medical canons. Using a medical case histories from various sources, I will discuss the extent to which physician applied the medical theories and practices of the canons when they treated patient in the clinical realm. In other words, I will ask did Chinese physicians during the twelfth century rely on their experience, which we may term as ‘empirical knowledge’, or did they defer to the written word of the canons?

In this paper I will show how physicians were at times ambivalent toward these medical canons. On the one hand, they used quotations from these medical canons as means of establishing authoritative position when persuading members of the patient's family to choose

their diagnosis and treatment suggestions over other physicians. But, on the other hand, when documenting their practice in their own records, they stated that the canons included mistakes, problems, and inconsistencies.

“This is Torah, and I must learn” - Talmudic approaches to medicine within their transcultural contexts

Lennart Lehmhaus (University of Tübingen)

In the wake of a larger research project on transmission and transformation of ancient sciences, I am particularly interested in the role of the rabbinic community therein — both as the authors of later authoritative texts and as participants in dynamic and transcultural ecologies of knowledge and healing in late antiquity. The rabbinic discourse served as a hub but also as a threshold for (secular? /scientific?) information on medicine and nature in general that was eventually incorporated into the body of mainstream Talmudic tradition.

Accordingly, in my paper I will focus on the exchange of knowledge related to illness and healing among the sages and between them and various interlocutors — from more abstract concepts of diseases to practical advice in the area of recipes or diet and health regimen. What was the role of rabbinic scholars and other Jews in their various institutional (the household, the study circle, the study house or the synagogue) and local settings (i.e., Palestine and Babylonia) with significant cultural differences? Of particular interest will be the role of master-disciple relationships and the importance of the “peer review” of medical matters within this community of learners. This paper seeks to parse the strategies that underlie the Talmudic portrayal of rabbis in their roles as patients, medical experts or even practitioners (‘doctors’/‘care-takers’). I argue that the rabbis utilized their core expertise in Halakha (“Jewish law”), exegesis and Talmudic dialectics to serve their interest in illness and healing — and vice versa. My work is based on new research in ancient medical history and history of knowledge allowing for a broader understanding of medical expertise beyond technical literature. The study enters into a conversation with recent work on the embeddedness of general education (*paideia*) and medicine within religious texts and institutions in early Christian traditions. Which might have prompted rabbinic efforts to integrate and authorize such medical expertise and other so-called “secular knowledge” within their Talmudic universe.

Wine and healing in medieval Persian poetry: the *Dānishnāma* of Hakīm Meīsārī

Manuel Giardino (University of Warwick)

Literary production in Arabic and Persian from the medieval period presents numerous examples of the importance of wine, especially in a courtly context, accompanied by feasting, dancing, and music. Many are the medical texts written by Islamic physicians that discuss the benefits and risks associated to consuming too much (or too little) wine, as well as the making and prescription of wine-based potions to treat illnesses.

Steeped in the medical thought of Muhammad ibn Zakarīya al-Rāzī and Ibn Sīnā is the less known medical encyclopaedia known as *Dānishnāma dar ‘Ilm-i Pizishkī*, or *Encyclopaedia of Medicine*, written in verse by a mysterious physician named *Hakīm Meīsārī*, perhaps at the court of the Buyid prince Nasir al-Dawla. The text survives in its entirety in one single, later copy housed at the Bibliothèque Nationale de France and bearing the date 826/1448. The poems deal with a variety of medical practices, from phlebotomy to diagnosis and treatment of all illnesses. Despite being a prime example of both pharmacopoeia and

treatment typical of medieval Islamic medicine, the *Dānishnāma* appears disconnected from its cultural context, the same that saw the emergence of key contemporaneous texts like Ibn Sīnā's *Qānūn*. In addition to this, nothing is known about Meīsārī besides what he says of himself in the encyclopaedia.

Through an evaluation of all the poems that deal with wine, this chapter will introduce the *Dānishnāma* to an English-speaking audience, with the hope to elicit a full study of the text. By comparing Meīsārī's *mathnawis* to other examples of poetry coming from the Latin, Greek and Arabic traditions, it will be shown that the Persian language, too, had its own repertoire of medical didactic poetry which was welcomed and employed by physicians at the Buyid courts both as a teaching tool and as an *aide-memoire* in treatment.

Hospitals and the human state

Sethina Watson (University of York)

It is easy to associate the term 'hospital' with medicine, and the long story of hospitals with the emergence of medical facilities. For the middle ages, such a view has been complicated by a wealth of scholarship that has transformed our understanding of these multifaceted foundations. Yet the question of treatment remains central, especially in English-language scholarship, stimulated by an appreciation of the non-naturals, medicine for the soul, and religious service of staff and suffers. We have a well-developed picture of hospitals as tending spaces and frameworks that developed from the mid-thirteenth century.

This paper follows the work of hospitals, and especially their acts of interventive care, into the world that made them. It focuses on the period before 1250, the era of most active hospital foundation, to look through the eyes of those who imagined hospitals, as foundations that addressed problems in the world beyond their walls. It uses charters, regulations, and endowments of hospitals in England (with a view, too, to France) to explore the designs of founders, patrons, and regulators, exploring how they conceived of and, indeed, gave shape to the activity that constituted a hospital. In these designs it finds a language not of treatment but of sustenance and transformation. Their efforts, this paper argues, looked less at social problems, or bodily health – as central as these were to the contributions of hospitals across the *longue durée* – than deficiencies in human being. The paper will therefore explore welfare as an issue of material provision as much as health, and interventive care as a human and a material act. Here recovery becomes a question of human privation and want on the one hand, and maintenance and restoration on the other.

Breaking habits: "Monastic medicine" before 1050

Zubin Mistry (University of Edinburgh)

Scholarship on early medieval European medicine has paid more careful attention to the production and transmission of medical texts and manuscripts than to the mainly ecclesiastical institutions that produced, exchanged and preserved them: monasteries and cathedrals. It has been a while since medical historians began talking, often with a tinge of disappointment, about early medieval medicine as *Mönchsmedizin*, medicine primarily by and for monks. Yet, even while historians of medicine resist such reductions, we can easily end up discussing medical manuscripts in a mental space still cloistered from the dynamic religious landscapes that newer histories of monasticism are sketching out.

This paper explores how rethinking monasteries and monasticism can reinvigorate the social history of medicine before 1050. It will consider the implications of three key strands in

histories of monasticism for how we think about healthcare practices and literate medicine. First, the history of monasticism in the early middle ages is, at root, the history of how institutions managed the increasing necessity of lay society for monastic life. Therefore, the circulation of literate medicine across social networks, in which monasteries were key nodes, needs to be set against broader processes by which monasticism was becoming increasingly socialised. Second, older schematic histories of monasticism, which made adherence to particular forms of monastic life the central organising principle, have recently given way to appreciation for the heterogeneity of monasticisms. This accent on institutional diversity can be used to raise timely questions about the possibilities (and impossibilities) of institutionalisation of healthcare and/or literate medicine.

Asceticism and healing has a much wider and deeper history that extends well beyond European Christianity. Monasteries and medicine have vital south and east Asian histories too. Out of monastic humility, I confess my paper has not managed to turn to these as I had hoped it would. But in my presentation, I will ask what historical comparisons might tell us about the ideological and sociological dynamics of “monastic medicine”.