

Johanna Bergqvist

*Läkare och läkande: Läkekonstens
professionalisering i Sverige under medeltid och
renässans*

Lund: Lund Studies in Historical Archaeology 16, 2013

478 pages

ISBN 978-91-89578-52-4

Review by David Dunér

Our knowledge of medicine and medical practice in medieval Sweden is mainly based on the very limited amount of written sources that have been preserved from the Middle Ages, and osteological material from various excavations that provide information about, for example, epidemics, living conditions and the health status of the population. It is therefore of great interest to find out what the archaeological material, other than the bones, can say about the practice of medicine during this time. Johanna Bergqvist's dissertation in historical archaeology, *Läkare och läkande: Läkekonstens professionalisering i Sverige under medeltid och renässans* (Leeches and leechcraft: The professionalization of the art and craft of healing in Sweden During the Middle Ages and Renaissance) defended at Lund University in 2013, is an ambitious and determined attempt to use the material culture in order to gain insight into the medieval art of healing.

The first chapter presents the framework of the thesis and provides a background to the research on the history of medieval medicine. The hypothesis is that in the Nordic countries at the beginning of Middle Ages there was an older understanding of diseases based on the observable causes of diseases. During the latter part of the Middle Ages this conception was replaced by a more abstract understanding whereby diseases

were understood in terms of its symptoms and signs. Earlier research, it is argued, has put far too much stress on the similarities and differences between the ancient-scholastic and the Nordic medicine, with the result that the originality and specific conditions of Nordic medicine have been neglected. Bergqvist wants to radically tone down the role and importance of scholastic medicine in medieval Sweden.

Materiality, written sources and thick contexts are the subject of the second chapter. The objects of the material culture, such as scalpels, vessels, cures, tweezers, and instruments for bloodletting, lead to the identification of problems and to difficult interpretations. Without any deeper analysis of the text material – traditional textual analysis falls largely outside the scope of this thesis – some of the extant medical literature is mentioned briefly, such as traces of medicine in the Norse sagas, Saxo Grammaticus's *Gesta Danorum* from the late 1100s, the monastic diary of Vadstena, Olaus Magnus's *Historia de Gentibus Septentrionalibus* (1555), and various court records.

The third chapter deals with medical cultures and cultural encounters, which includes short accounts of the medical practice in the early Iron Age, the Greek and Roman roots of scholastic medicine, the Schola Medica Salernitana etc. The fourth chapter concerns conceptions of diseases and injuries, and here the author has more to say: perceptions of disease and illness can be seen as socio-cultural expressions, and the way they are named tells us, among other things, about gender and the various roles of the sick. Doctors are in focus in chapter five, which discusses different forms of knowledge, a discussion that leads to the question of professionalism and the professionalization of medicine. The argumentation takes its departure from Michael Polanyi's concept of "tacit knowledge", that is, a knowledge that is obtained through the body and the senses. The concept of tacit knowledge is then put in contrast to verbalized knowledge, and experience-based knowledge in contrast to theoretical knowledge. This culminates in a discussion of who carried this knowledge, the question of the existence of female doctors, the availability of doctors and where they practised their profession, and finally about the professionalization of the medical practice. The "inherited" ability of medical skills was in fact a tacit knowledge communicated in a tight socio-cultural context, for example the family. The sixth chapter concerns medical treatments, hygiene, midwifery, drugs, bloodletting, cupping, surgery etc.

The concluding seventh chapter on doctors, healing and change, gathers some general observations. The conception of diseases seems to have changed during the Middle Ages. The role of the sick could take different forms and be expressed in different ways in different environments, and

gender differences can be found. There was, the author claims, a domestic experiential and cause-oriented art of healing that was widespread in Nordic society, as opposed to a bookish and theorizing medicine in the scholastic tradition that was practised primarily in monasteries. And further, the material culture of the monasteries did not spread outside the monastic environments. No traces of that have been found, according to the findings that the dissertation is based on, except for bloodletting and cupping. However, the author notices a difference in the practice of medicine between the earlier and latter part of the Middle Ages. It is argued that the rapid decline of the population in the late Middle Ages led to a major loss of knowledge due to the decrease in the Black Death of the individuals who had medical knowledge. Because medical knowledge was largely transferred between family members, and was not written down in books, but mediated through interpersonal contacts and apprenticeships, these skills also became vulnerable to a drastic population decline. Professionalization can first be observed during the 16th century, which also led to the gradual exclusion of women from the medical profession.

The thesis put forward seven conclusions: (1) “The medieval and Renaissance art of healing was a heterogeneous phenomenon”; (2) “The perception and comprehension of disease, illness and afflictions shifted during the Middle Ages from a domestic *cause- and consequence-oriented* perception towards a more *symptom- and sign-oriented* perception”; (3) “The character and the conditions for the sick role varied within society”; (4) “The knowledge most highly valued in the secular practitioners seems to have been ‘know-how’ and craft knowledge, that is, experience-based, individually possessed knowledge, rather than book-learned ‘know-that’”; (5) “The influence of scholastic medicine was probably quite limited”; (6) “The secular tradition differed considerably from the monastic tradition”; and (7) “The professionalization of the art of healing was not linear.” Now, it might well be argued that some of these conclusions (1, 3, 7) are not very surprising – the opposite, though, would be surprising – and other conclusions (2, 4, 5, 6) are more or less controversial, more or less convincing and more or less supported by the sources. Although there still remains a lot for future research to deal with, particularly the interpretation of the material culture and the analysis of the changes of conceptions of health, the present dissertation can nevertheless be considered to be a contribution through its inventory of the archaeological record. The appendix gives lot of empirical material to build on for future research: the catalogue of artefacts and archival data from cities such as Lund, Gamla Lödöse, Nya Lödöse, Skara, Visby, Linköping, Vadstena, Sigtuna and Uppsala, and monasteries such as Alvastra, Varnhem, Vreta, Gudhem and Vadstena.

Material culture is without doubt something that can give necessary clues to the medical practice of the Middle Ages. The most obvious thing missing, though, for a deeper understanding of medieval medicine and perceptions of health and illness, are the religious beliefs concerning health and disease. For some strange reason, the author dismisses – as we see several times (pp. 85, 112, 328) – the “magical” and religious conceptions of disease and health. Besides the fact that it is obviously anachronistic to dismiss religion and spirituality and treat religion as irrelevant to medical knowledge and beliefs about health and illness in the Middle Ages, it makes the author’s claim – that the significance of monasteries for the medical practice should be toned down – less credible. This calls for a more thorough investigation that also includes the monastic life, spiritual beliefs and the Swedish church history, and a history of medicine that does not make, in a positivist manner, a distinction between secular and religious art of healing. Instead, one can argue that the historian cannot, or should not, make a distinction between secular and religious medicine during the Middle Ages. People in the Middle Ages certainly did not believe that religion and spiritual health were irrelevant in order to avoid diseases and maintain physical health. For a deeper understanding of the medieval practice of medicine one must pay attention to the holistic approach to health that was held by Scholastic medicine; health was dependent on the environment, water, place of residence, the air, etc. Health was not just a matter of surgical or pharmaceutical treatments of the body. The dissertation is driven by an eagerness to downplay the role of monastic or scholastic medicine for the medieval Swedish medicine that could be found in the society outside the monasteries. There are arguments for this, but the rather lukewarm interest in Swedish monastic history, Swedish church history and the Hippocratic-Galenic school of medicine, combined with a dependence on research relating primarily to English conditions, drives the dissertation from a Romanization to end up instead in an Anglicization of Swedish medieval medicine.

A second topic that must be explored to gain a deeper knowledge of medieval medicine is the use and introduction of medical plants. Diet and medical herbs have played a critical role in traditional folk medicine as well as in the Hippocratic-Galenic medicine. Studies of plants and gardening could provide details of what they ate, what plants were grown and which plants were spread (perhaps from the monastery gardens) in the Middle Ages. The role of the monastery gardens is not discussed at all, even though it is admitted that the knowledge of herbal medicine was probably significant in monastic milieu as well as in the surrounding society, but they consisted of various flora (p. 318). Would

we be able to prove this statement by archaeological methods? Through studies of the plant material we might be able find traces of the practices of the school medicine that the author lacks in the material. No other methods of treatment than exsanguination can be found in the archaeological material, it is said (p. 330). But plants in fact stood for a large portion of the medical treatments, such as emetic, diuretic, cooling and warming methods.

By bringing the archaeological findings and the material culture to the discussion of the state of the medieval medical practice in Sweden, the dissertation touches on something important for future research. The debate, however, about how the findings presented in the dissertation should be interpreted and what we can conclude concerning the change of medicine in the period will certainly continue.