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**EMOTIONS AND HEALTH: A STUDY OF “PSYCHOSOMATIC”
PATTERNS IN GERMAN MEDIEVAL *REGIMINA SANITATIS***

MA Thesis in Comparative History
with the specialization in Interdisciplinary Medieval Studies

Central European University

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by

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(Kazakhstan)

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Accepted in conformance with the standards of the CEU

Chair, Examination Committee

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I, the undersigned, **Farida Mukazhanova**, candidate for the MA degree in Comparative History, with the specialization in Interdisciplinary Medieval Studies declare herewith that the present thesis is exclusively my own work, based on my research and only such external information as properly credited in notes and bibliography. I declare that no unidentified and illegitimate use was made of the work of others, and no part of the thesis infringes on any person's or institution's copyright. I also declare that no part of the thesis has been submitted in this form to any other institution of higher education for an academic degree.

Budapest, 23 May 2011

Signature

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INTRODUCTION

In a recent clinical study two Korean scientists came to the conclusion that patients with trait of high anger had the shortest time to recurrent cardiac events;¹ another study has demonstrated the connection between anger and premature cardiovascular disease.²

The effect of emotions and psychological states on bodily health in the medieval context is the subject of this thesis. The focus will be on *accidentia animi* (emotions) in their interplay with physical health in the material of *regimina sanitatis* (regimens of health). The main **aim** of the study is to establish the ways in which *accidentia animi*, or emotions, were believed to define bodily health in the Middle Ages. How emotions affect health, which ones are beneficial and which harmful, such are the questions which have inspired my research interest and resulted in this thesis.

Thus, the **research questions** for my study are as follows:

- Which emotions/psychological states have an effect on the body?
- Which emotions/psychological states are beneficial and which are harmful? Or alternatively, which “psychosomatic” pattern can be identified on the basis of the source material?
- Are there any other interdependencies between emotions and health or emotion-health patterns and, if so, what are they?

As **primary sources** I will use texts of a particular genre of medical literature called *regimina sanitatis*. The body of selected primary sources consists of eight regimens in the German vernacular written between the fourteenth and sixteenth centuries. The language of

¹ Eun Kyeong Song, Youn-Jung Son and Terry A. Lennie, “Trait Anger, Hostility, Serum Homocysteine, and Recurrent Cardiac Events after Percutaneous Coronary Intervention,” *American Association of Critical-Care Nurse* 18, No. 6 (2009): 554-56; available at <http://ajcc.aacnjournals.org/content/18/6/554.full.pdf+html> (Last accessed 26 May 2011).

² Patricia P. Chang, MD, MHS; Daniel E. Ford, MD, MPH; Lucy A. Meoni, ScM; Nae-Yuh Wang, PhD; Michael J. Klag, MD, MPH, “Anger in Young Men and Subsequent Premature Cardiovascular Disease,” *Archives of Internal Medicine* 162, No. 8 (2002): 901-906; available at <http://archinte.ama-assn.org/cgi/content/full/162/8/901> (Last accessed 26 May 2011).

the compositions has been chosen as a formal criterion. These selected primary sources will be put in a comparative framework with other similar compositions produced in other periods and regions. The diversity of the primary source material is mainly justified by the rarity of *accidentia animi* components in works of this genre.

All the regimens used here have been edited and published; in a single case the work is available in a facsimile edition supplemented with a modern German translation. I have worked with the original and have provided my own translation of pertinent quotations from the source material.

The present study uses an interdisciplinary approach as it lies at the crossroads of the field of the history of emotions and the history of medicine. Both of these two major theoretical frameworks will be considered and the approaches used will be defined.

The theoretical frameworks define the **structure** of the present thesis. Thus, the study opens with an introductory part where the main aim, methodology, and research questions etc. are considered. A review of scholarship on the chosen genre and of research with similar aims is also presented. The next two chapters deal with the theoretical framework of the primary source material. Thus, in chapter 1 I outline the key concepts of medieval medical theory which were crucial for understanding the relationship of emotions to health. The next chapter's goal is to present an overview of the history of the *regimen sanitatis* genre, where the historical development of the *accidentia animi* element is traced. Chapter 3 is dedicated to the history of emotions; I look at the definitions, approaches and tools used in the discipline in order to situate my own contribution to the field. In the next chapter, Chapter 4, I analyze the primary source material, identify patterns and provide answers to research questions. In the conclusion the outcomes of the analysis are summarized and paths for further research are suggested.

The state of the scholarship...

It would be incorrect to say that the genre I work with has not been covered in scholarship, nor is it true that nothing has been written on premodern medical concepts where emotions' or passions' effects on the body are explored. There has been no study, however, investigating the relationship of emotions and health in medieval *regimina sanitatis* in detail. It is the ambition of this study to shed light on the variety of *accidentia animi* which are crucially important for human health, which are an indispensable part of the medieval regimen of health, as well as the particular "psychosomatic" and other patterns which emotions can form in the material of selected German regimens of health.

... on the Genre.

Regimen sanitatis literature has been widely researched, which is also true for the German representatives of the genre. Researchers of the medieval regimens of health have brought to light various aspects of the *regimen* literature. Traditionally, the research focused on the authorship of a particular regimen, sources, and parallels with other works of this kind, dissemination, influence, etc.

As concerns the historical evolution of the genre, Marilyn Nicoud's *Les régimes de santé au Moyen Âge. Naissance et diffusion d'une écriture médicale (XIIIe- XVe siècle)* is the most comprehensive history of *regimen* literature to date. As the title of the book suggests, especially the second part, this is a thorough investigation of the genre in its evolution and dissemination, in great detail.³ However, the book focuses mainly on Italian and French *regimina*, neglecting German compositions.

³ Marilyn Nicoud, *Les régimes de santé au Moyen Âge. Naissance et diffusion d'une écriture médicale (XIIIe- XVe siècle)* (Rome: École Française de Rome, 2007).

At the same time, German scholarship has a long-standing tradition in *Fachliteratur* research. Karl Sudhoff, Gerhard Eis, and Gundolf Keil are the leading figures who have studied medieval medical and scientific texts. They are authors of a great number of publications which it will be impossible to review here. Their contribution to the study of medical literature cannot be overestimated. In my thesis, I make use of some of their edited volumes.⁴

The critical editions of surviving *regimina sanitatis* are of great help to scholars as they make primary sources more widely available for further research. For example, an English translation of two of Moses Maimonides' treatises⁵ allowed me to use this material for comparison; moreover, I have also used other editions, for instance, facsimile copy of a late Transylvanian regimen.⁶

The preponderance of the section on food and drink in the body of *regimina* puts a stamp on the research of such literature as well. Thus, the most prominent component of regimens – *cibus et potus* – has been well-researched. Melitta Weiss Adamson's *Medieval Dietetics. Food and Drink in Regimen Sanitatis Literature from 800 to 1400* is a detailed study of twenty-three *regimina* focusing on food and drink.⁷ In my study, I will rely on her findings, especially those concerning *accidentia animi*.

Unfortunately, there is no detailed comparative study of *accidentia animi* in German or any other *regimina* literature. Usually mentioned last or completely lacking in the sources,

⁴ Gerhard Eis, “Die Gross-Schützenser Gesundheitslehre. Studien zur Geschichte der deutschen Kultur im Südosten” (Brno: R.M. Rohrer, 1943), idem, *Medizinische Fachprosa des späten Mittelalters und der frühen Neuzeit* (Amsterdam: Rodopi, 1982); idem, *Forschungen zur Fachprosa, Ausgewählte Beiträge* (Bern: Francke Verlag, 1971); “Ein deutsch puech machen”: *Untersuchungen zur landessprachlichen Vermittlung medizinischen Wissens*, ed. Gundolf Keil (Wiesbaden: Reichert, 1993); *Medizin im mittelalterlichen Abendland*, ed. Gerhard Baader and Gundolf Keil (Darmstadt: Wissenschaftliche Buchgesellschaft, 1982), *Würzburger medizinhistorische Forschungen: Festschrift zum 70. Geburtstag von Willem F. Daems*, ed. Gundolf Keil, *Beiträge zur Wissenschaftsgeschichte*, vol. 24 (Pattensen (Han.): Horst Wellm Verlag, 1982).

⁵ Ariel Bar-Sela, Hebbel E. Hoff, Elias Faris, Moses Maimonides, “Moses Maimonides' Two Treatises on the Regimen of Health: Fi Tadbīr al-Sihhah and Maqālah fī Bayān Ba'd al-A'rād wa-al-Jawāb 'anhā,” *Transactions of the American Philosophical Society* NS 54, No. 4 (1964): 3-50.

⁶ Paulus Kyr, *Die Gesundheit ist ein Köstlich Ding*, 1551, ed. Robert Offner (Hermannstadt: Schiller Verlag, 2010).

⁷ Melitta Weiss Adamson, *Medieval Dietetics. Food and Drink in Regimen Sanitatis Literature from 800 to 1400* (Frankfurt am Main: Peter Lang, 1995).

emotions have often been overlooked by most researchers. Even when the important role attributed to the emotions in medical compositions has not gone unnoticed, scholars have often confined themselves to laconic statements about their importance.⁸ In some cases it might be an enumeration of typical *accidentia animi*: in Adamson's summary, "the emotions usually discussed under this heading were joy, anger, anxiety, fear, sadness, and shame."⁹

A more detailed consideration than usual is given to emotions in Pedro Gil-Sotres' article on regimens of health in the volume *Western Medical Thought from Antiquity to the Middle Ages*.¹⁰ He begins by defining *accidentia animi* or *passiones*, as they are usually called in Latin sources, mentioning that these would be called "feelings" or "emotions" rather than "passions" in modern terminology."¹¹ Identifying *accidentia animi* as "psychosomatic movements directly affecting the body, and indirectly affecting the soul,"¹² Gil-Sotres also speaks of "healthful" and "unhealthful passions." Joy is the only emotion in the first category; while sadness, anxiety, fear, and, last but not least, wrath are among the "unhealthful" emotions of the second category.¹³ It is important to mention that Gil-Sotres paid adequate attention to physiological changes which emotions were believed to produce in the body, external symptoms, diseases, and treatment recommendations.

⁸ Faye Getz has noted that "[i]mportant for understanding [medieval]... medical ideas is to remember that the emotions (or passions of the soul) had an important effect on the body's well-being." Although here the scholar is referring to Geoffrey Chaucer's medical ideas, this statement holds true for much of the medieval medical system, of which Chaucer's views are a part. Faye Marie Getz, *Medicine in the English Middle Ages* (Princeton, NJ: Princeton University Press, 1998), 88.

⁹ Melitta Weiss-Adamson, "Regimen sanitatis," in *Medieval Science, Technology, and Medicine: an Encyclopedia*, ed. Thomas Glick, Steven J. Livesey, Faith Wallis (New York: Routledge, 2005), 438-439, esp. 438.

¹⁰ Pedro Gil-Sotres, "The Regimens of Health," in *Western Medical Thought from Antiquity to the Middle Ages*, ed. Mirko D. Grmek and Bernardino Fantini (Harvard: Harvard University Press, 1998), 291-318.

¹¹ *Ibid.*, 313.

¹² *Ibid.*

¹³ *Ibid.*, 313-314.

... on emotional states in relationship to the body

There is also research on the premodern concepts of how health is dependent on or interconnected with emotions. Quite a number of publications speak of psychosomatic medicine and psychosomatic approaches in the ancient, medieval and early modern contexts. For example, there is a study on Byzantine,¹⁴ as well as medieval psychosomatic medicine.¹⁵ Sometimes concrete cases are investigated within this framework like, for instance, heart disease.¹⁶

Apart from this, there is a recent PhD dissertation on emotions in the medieval medical context of which I learned in the last month of writing my own thesis. Na'ama Cohen-Hanegbi's doctoral dissertation deals with the conceptualization and treatment of emotions in medicine and confession literature in late twelfth to fifteenth-century Spain and Italy,¹⁷ she is also the author of another study of women's emotions in medical *consilia*.¹⁸

The system which emotions form in medieval *regimina sanitatis* is still to be researched in detail. My modest study is meant to fill this gap and explore the patterns of the emotion-body interplay that can be found in German regimens of health. Although working with restricted primary source material, I will make use of a systematic approach, hopefully avoiding the danger of extrapolating from a small data set.

¹⁴ Aristotelis Chr. Eftychiadis, "Byzantine Psychosomatic Medicine," *Medicina nei Secoli Arte e Scienza* 11, No. 2 (1999): 415-421.

¹⁵ Antoinette Stettler, "Zur Psychosomatik im Mittelalter," *Gesnerus*, 31, No.1 (1974): 99-106; R. W. Gutt, "Psychosomatische und somatische Grundlagen der Wunderheilungen aus dem 13. und 14. Jahrhundert," *Medizinische Klinik* 61, No. 52 (1966): 2084-2087; Jürg A Bosshard, *Psychosomatik in der Chirurgie des Mittelalters, besonders bei Henri de Mondeville*, Inaugural Diss. Univ. Zürich (Zürich: Juris-Verlag, 1963).

¹⁶ Carol E. McMahon, "The Psychosomatic Approach to Health. A Study in Premodern Medicine," *Chest* 69 (1976): 531-537.

¹⁷ Personal communication via Internet; also can be found in the Program for "Learning to Feel: Emotions Beyond Nature vs. Nurture" Conference (10-14 April 2011), 14, available at http://www.zeitgeschichte-hamburg.de/img/download/D_142105099_em.pdf (Last accessed 26 May 2011).

¹⁸ Naama Cohen, "The Emotional Body of Women: Medical Practice between the Thirteenth and the Fifteenth Century," in *Le sujet des émotions au Moyen Âge*, ed. Piroska Nagy and Damien Boquet (Paris: Beauchesne, 2008), 465-482.

CHAPTER ONE

“THE BALANCE OF HEALTH” – CONTEXTUALIZED *ACCIDENTIA ANIMI* IN THE MEDICAL THEORY OF THE *REGIMEN SANITATIS*

The concept of emotions playing an important role in health matters is embedded in the theoretical basis of the sources under consideration. A *regimen of health* is meant to regulate human health through six crucial factors, including *accidentia animi*, or emotions. In this respect, all compositions of the genre are quite similar, both in structure and content. This fact is also due to the established medical tradition inherited from ancient Greece. Here, I will focus on the medical theory of the medieval *regimen sanitatis*, which is the natural context for emotions in relationship to bodily health. I will consider the humoral theory – the theoretical basis underlying the medical regimen literature – along with its main components, the *sex res non naturales*.

Due to the limitations of a study of this scale, I will only deal with the medieval medical concepts from the viewpoint of preservation of health in this genre. Only the dietetic or hygienic aspect of the medieval medical system will be considered here. The religious and philosophical dimensions of medieval medicine, as well as therapy, surgery, or pharmaceutical practices, lie outside the scope of the study and will not be treated.

1.1. Humors, Qualities, and the Balance of Health

For a better understanding of the medical system of the sources I will consider its evolution from Classical Greek and Byzantine medicine, through the contribution of Arab physicians and scholars to its assimilation by the medieval West. I will start by tracing the gradual development of the theoretical system, focusing on the essential components and terminology. I will then discuss the main components of this medical system in detail, essentially the *res naturales*, *sex res non naturales*, and *res contra naturam*. Not aiming to

present an exhaustive account of the evolution or system, I will instead highlight the aspects related to the emotional component.

1.1.1. The Four Humors

As has been pointed out by numerous scholars, medieval medicine, including dietetics, is rooted in humoral theory.¹⁹ The origins of humoral theory go back as early as the sixth century BC, with the theory of four elements – fire, water, air and earth – attributed to Empedocles (504-443 BC)²⁰, and later Zeno (fifth century BC), introducing the four basic qualities – hot, cold, wet, and dry – into the system.

What Melitta Weiss Adamson terms “the prototype of a humoral pathology”²¹ can be found as early as around 400 BC. In what is now called the *Corpus Hippocraticum*, or Hippocratic writings, the four qualities were linked to four bodily fluids: black bile, phlegm, bile, and blood. The *Nature of Man* contains the most systematic humoral theory of the whole *Corpus Hippocraticum*.²² Other scholars, however, maintain that Alcmaeon of Croton (fifth century BC) was the first figure to whom the concept of health as a balance of opposing factors in the body can be attributed.²³

The four cardinal elements were linked to the four qualities only in the fourth century BC.²⁴ This system, in which fire is associated with the hot, air with the cold, water with the

¹⁹ Adamson, *Medieval Dietetics*, 10; László András Magyar, “Stellenwert des Sanitatis studium im medizinischen Schrifttum seiner Zeit,” in Paulus Kyr, *Die Gesundheit*, 21.

²⁰ For a good survey of the evolution of the theory and a summary of research into it, see Adamson, *Medieval Dietetics*, 10-18.

²¹ Ibid., 11.

²² The text, written ca. 400 BC, was ascribed by Aristotle to Polybius, who might have been Hippocrates’ son-in-law. The text not only lists the four bodily fluids for the first time, but establishes that the four main qualities must be in the right proportion to one another for health to be preserved, Ibid.

²³ Alcmaeon defines health using political metaphors: The equality (*isonomia*) of the opposing powers which make up the body (e.g., the wet, the dry, the hot, the cold, the sweet, the bitter, etc.) preserves health, whereas the monarchy of any one of them produces disease; *The Stanford Encyclopedia of Philosophy*, available at <http://plato.stanford.edu/entries/alcmaeon/#Health> (Last accessed 26 February 2011). Also see Christa Hagenmeyer, “Die ‘Ordnung der Gesundheit’ für Rudolf von Hohenberg: Untersuchungen zur diätetischen Fachprosa des Spätmittelalters mit kritischer Textausgabe,” Dissertation, University of Heidelberg, 1972, 96-97.

²⁴ Adamson, *Medieval Dietetics*, 12.

wet, and earth with the dry, was later developed by Aristotle.²⁵ The idea of the four temperaments was also introduced by Aristotle, and was elaborated by medieval writers.²⁶ Another significant development of the system was connected with the Pneumatic school of medicine,²⁷ which added more factors to the system.²⁸

Yet the system only acquired its more or less final shape in the writings of Galen (129 – 216/217 AD). He combined the existing elements of theory found in Plato, Aristotle, and the Pneumatic school with the Hippocratic system, in particular as found in *The Nature of Man*.²⁹ The system, elaborated on and enriched by Galen, features the four elements connected to the four qualities and fluids; it also encompasses both the micro- and macrocosm, four qualities of taste, and nine temperaments.³⁰ The balance of the cardinal qualities is mentioned by Galen as *eukrasia* or *symmetria*, while the imbalance is called *dyskrasia*.³¹

This idea is of great importance for understanding medieval medicine, therapy, and prophylaxis. The key to health was believed to be the balance or harmony of the humors (*eukrasia*), while the imbalance of bodily fluids (*dyskrasia*) was seen as the cause of disease. In this manner, the art of preserving health consisted in removing the excessive humors from the body and restoring the ones that were in deficit. Activities such as bloodletting, exercise, and baths were supposed to help to dispose of superfluous fluids. The compositions of the *regimen sanitatis* genre discuss the ways in which one can maintain this healthy balance in everyday life.

²⁵ Ibid.

²⁶ Ibid.

²⁷ This school, founded in Rome by Athenaeus of Cilicia in the 1st century AD, adopted an active principle of immaterial nature, *pneuma* or the spirit of the Stoics. This principle was the cause of health and disease.

²⁸ For example, the male/female principle was introduced; the elements and the qualities were also linked to the senses: taste, smell, and hearing. See Adamson, *Medieval Dietetics*, 13.

²⁹ Ibid.

³⁰ Ibid.

³¹ Ibid. See also Gil-Sotres, “The Regimens of Health,” 294.

The division of the four main qualities into four levels of intensity (*gradus*) – with the fourth being the strongest – is also attributed to Galen, but might have been in existence before him.³² Foodstuffs were believed to possess the quality of being either cold or hot, dry or moist, on a four-degree scale.³³ Therefore, any food or drink could be used as medicine to keep the balance of the qualities within the body; however, when taken without due attention to the composition of humors and qualities, food and drink could be a source of harm to the body.³⁴

Galen's authority in matters of health marked medieval medical writing throughout many centuries, as late as the mid-sixteenth century. By way of an example, in one of the late sources under consideration here, *Die Gesundheit ist ein Köstlich Ding*, Galen is mentioned twice already in the introduction!³⁵ Due to their huge importance and influence, the works of Galen have received wide scholarly attention that focused on various aspects of the issue of health and disease, from reconciling pagan elements of Galenic writings with Christianity to the so-called Arabic Galenism on etiology.³⁶

Later, starting from the early eighth century,³⁷ Greek medical lore found its way into the Arab learned world. Ali ibn Abbas al-Majusi, or Haly Abbas (d. 994) is famous for his

³² See Adamson, *Medieval Dietetics*, 16.

³³ For instance, aniseed is hot and dry in the third degree in this system, while an apple is moist and cold in the first degree. See Magyar, "Stellenwert des Sanitätsstudium im medizinischen Schrifttum seiner Zeit," 24-25.

³⁴ Melitta Weiss Adamson mentions that in Galen's system the division between foodstuffs and drugs is blurred, still it is important that "[l]ike Hippocrates, Galen distinguishes between pharmacopoeia which is capable of altering the *physis*, and foodstuffs which merely increase the substance of the body. See eadem, *Medieval Dietetics*, 16. The author traces the texts in which the *gradus*-system is described as well as Greek and Latin terms used to refer to it, see *ibid.*, 16-17.

³⁵ Paulus Kyr, *Die Gesundheit ist ein Köstlich Ding*, 45-46.

³⁶ There is a rich literature on Galen's teachings and its further assimilation by Arabic and Western writers. See, for instance, Vivian Nutton, "God, Galen, and the Depaganization of Ancient Medicine," in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (Woodbridge: York Medieval Press, 2001), 15-32; Danielle Jacquart, "The Introduction of Arabic Medicine into the West. The Question of Etiology," in *Health, Disease and Healing in Medieval Culture*, ed. Sheila Campbell, Bert Hall, and David Klausner (Toronto: Centre for Medieval Studies, University of Toronto, 1992), 186-195; Danielle Jacquart, "Moses, Galen, and Jacques Despars," in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (Woodbridge: York Medieval Press, 2001), 33-46; Daniel J. Boorstin, *The Discoverers* (New York: Vintage Books, 1985), esp. the chapter "The Tyranny of Galen," 344-350.

³⁷ The beginning of the translation activity has not been precisely identified; see George Saliba, "Islamic Translation and Translators," in *Dictionary of the Middle Ages*, vol. 12, ed. Joseph R. Strayer (New York: Simon and Schuster Macmillan, 1989), 127-133, esp. 127-128.

medical compendium, *Kāmil al-Ṣinā'ah al-Tibbiyyah*. The importance of this critical systematization of Galen's heritage can hardly be overestimated. In the late eleventh century *Kāmil al-Ṣinā'ah al-Tibbiyyah* was translated into Latin, and became known under the Latin name *Liber pantegni*. Constantinus Africanus (Constantine the African; c. 1020 – 1087) also translated other no less important treatises: for instance, Johannitius' *Isagoge* or *Introduction to Galen* and the *Viaticum* of Ibn Al-Jazzar.³⁸

Constantine's translations represent an important milestone; once the medical theory of the ancients and Arab physicians was assimilated, the Western medical tradition entered a new prolific stage. Medical theory and practice developed steadily, and new treatises (although rooted in the old tradition) were produced. Among the plethora of medical texts were numerous regimens of health meant to help their readers maintain good health.

1.1.2. 'Naturals', 'non-naturals' and 'contra-naturals'.

A few words need to be said about the key concepts of medieval medical theory: *res naturales*, *sex res non naturales*, and *res contra naturam*. As emotions, which are the main subject of my investigation, are part of the *sex res non naturales*, it seems logical to start with them. The terms *res non naturales* and 'non-naturals' are used interchangeably as is common in English-language scholarship.

The six non-naturals are key to the genre of *regimen sanitatis*. These factors, fundamental for health, have long been believed to be Galen's own terms. This issue of the origin of non-naturals and Galen's authorship of the term is discussed by Adamson.³⁹ 'Naturals', 'non-naturals' and 'contra-naturals' appear to have been first systematized in the

³⁸ "Introduction," in *Practical Medicine from Salerno to the Black Death*, ed. Luis García-Ballester and Roger French (Cambridge: CUP, 1994), 1-29, esp. 10.

³⁹ Reviewing the research done by scholars such as Lelland Rather, Saul Jarcho, Jerome Bylebyl, Peter Niebyl, and Luis García-Ballester, Melitta Weiss Adamson summarizes it as follows: the concepts of the key factors for health that can be found in Galenic texts were later systemized as the six non-naturals by Alexandrian Galenism and subsequently taken over by Arab authors. Adamson, *Medieval Dietetics*, 18-20.

work of Johannitius, or more precisely, in the Latin translation of his *Introduction*, executed by Constantinus Africanus in the second half of the eleventh century. It is here that one comes across *res naturales*, *res non naturales*, and *res contra naturam*.⁴⁰ As one can see, it is in this Latin translation of the *Isagoge* that the six non-natural factors influencing health become associated with the term *res non naturales*, “as they were known throughout the Middle Ages.”⁴¹

Johannitius’ order of non-naturals is the following: 1. *aer*, 2. *motus et quies*, 3. *cibus et potus*, 4. *somnus et vigilia*, 5. *repletio et evacuatio*, and 6. *accidentia animi*. The same order is found in Haly Abbas’ composition, where these factors are linked to the number six.⁴² These six non-naturals, with a slight difference in names, appear in yet another important text, which reached the Latin world in the first half of the twelfth century. The *Secretum secretorum*, believed to be a series of letters between Aristotle and his student, Alexander the Great, was written by an unknown Islamic author in the tenth century. This composition was one of the most read in the Middle Ages, by scholars and lay readers alike.⁴³ The *Secretum secretorum* teaches: “With this should be observed the quality of the regimen in six non-natural things: in air, exercise and rest, food and drink, sleep and walking, coitus, and passions and emotions.”⁴⁴

If the non-naturals represented the factors which had an impact on the body and could be regulated, then the naturals were natural, organic factors that could be affected. The four humors and four qualities, discussed above, constituted the fundamental element of *res*

⁴⁰ Ibid., 20; “Introduction” to *Practical Medicine from Salerno to the Black Death*, 10-11; Peregrine Horden, “Religion as Medicine: Music in Medieval Hospitals,” in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (Woodbridge: York Medieval Press, 2001), 135-153, esp. 142-143.

⁴¹ Adamson, *Medieval Dietetics*, 20.

⁴² Ibid.

⁴³ Faye Getz calls this work “the most powerful example of medical Arabism in medieval England,” but its influence was not limited to this area. Roger Bacon is one of the English intellectuals of the thirteenth century who elaborated on pseudo-Aristotelian ideas. For more detailed information, see Getz, *Medicine in the English Middle Ages*, 53-63.

⁴⁴ *repletio et evacuatio* is reduced to *coitus* here. *Observetur cum hoc regiminis bonitas in sex rebus non naturalibus: aere, exercicio et ocio, cibo et potu, somno et vigilia, coitu et accidentibus anime*; English and Latin text quoted from Adamson, *Medieval Dietetics*, 20.

naturales.⁴⁵ Besides, there were also *res contra naturam*, or diseases, which were to be analyzed externally through their symptoms.⁴⁶ External signs such as swellings or fevers, as well as the pulse, along with body's excretions, primarily urine, were used for diagnosis.

The concept of the six non-naturals is key to understanding the bulk of compositions like the ones I am exploring. The possibility of regulating non-natural factors in order to preserve good health became the axis around which prophylactic medical texts centered. The emphasis on the preventive qualities of the *sex res non naturales* is strong in the regimens and has been noted by scholars.⁴⁷ Their ambivalent nature was described by Avicenna, in the early eleventh century: non-naturals, in balance and moderation, have a beneficial effect on the health and prevent sickness, while excessive and unbalanced use of the same non-naturals can cause sickness. This other aspect of the nature of the six non-naturals did not become very popular, and neither did the terminology which Avicenna used for this concept.⁴⁸

The following is an overview of the six factors:

1. *aer* – not only the quality of air – its temperature, humidity, smell, purity – but also influence of environmental factors, such as geographical location, climatic conditions, winds, seasons, winter and summer habitation, clothes, perfumes, etc.; also as the carrier of disease such as plague;

⁴⁵ In its elaborated form the system of *res naturales* consists of seven groups: *elementa* – the four elements fire, air, water, earth, with their qualities warm, cold, moist, and dry; *commixiones/complexiones* – various proportions of elements and qualities characterizing a person; *compositiones (humores)* – the four bodily fluids: blood, yellow bile, black bile, and phlegm in their interplay; *membra (partes)* – the organs and parts of the body; *virtutes (facultates)* – the powers operating in the body, comprising *virtus animalis*, *virtus spiritualis* and *virtus naturalis*; *operationes (actiones)* – the physiological processes which are brought about by *virtutes*, e.g., digestion or excretion; *spiritus* – the breathlike substance which is thought to be the carrier of powers and functions. For more information, see Ferenc Némethy, “Zum Regimen Sanitatis in Deutscher Sprache,” *Orvostörténeti közlemények* 30, No. 3-4 (1984): 11-23, esp.14.

⁴⁶ These can be subdivided into *morbis* or *morbi (aegritudines)* – illnesses; *causa morbi* – causes of illness; *accidentia morbum sequentia (signa, significationes)* – symptoms of illness, Ibid., 14.

⁴⁷ Adamson, *Medieval Dietetics*, 21.

⁴⁸ In Avicenna's writing, non-naturals are called *causae efficientes* when they harm the body and *causae necessariae* when they help preserve health. In the first case, they appear to be closer to *res contra naturam*. See Adamson, *Medieval Dietetics*, 20-21, 66, and 73.

2. *motus et quies*⁴⁹ – exercise and rest, where the necessity of physical exercise for a healthy organism is emphasized. Describes the type, quality, quantity, speed, and intensity of physical activity, the effects of excessive and moderate exercise on the body, the rhythm of physical activity and rest periods. Establishes the difference between “sport” and other types of movement (active and passive movement, movement while working), sometimes also includes baths and massage;

3. *cibus et potus* – regarded as the most important and thus, the most elaborated component of healthcare; contains advice on appetite, quantity, quality, amounts, order and time of food consumption, dietetic lists of foodstuffs and their humoral qualities, culinary recipes, etc.;

4. *somnus et vigilia* – regulation of phases of sleep and wakefulness, duration of sleep, relation to food consumption (for instance, recommended foodstuffs before going to bed), digestion, and emotional well-being, etc.;

5. *repletio et evacuatio*⁵⁰ – on the whole, regulates purging the body of harmful excesses, which could be blood, urine, stool, menstrual blood, mucus, saliva, semen, vomit, etc; usually contains detailed recommendations for phlebotomy; sometimes includes coitus, baths, massages; may also discuss haematoscopy, clysters, etc.;

6. *accidentia animi*⁵¹ – emotions and states of the mind and their effect on the body.

To sum up, the medical system of the medieval *regimen sanitatis* is preventive as it is concerned with the preservation of health. This form of medieval dietetics is rooted in the four-humor theory and centers around the six non-naturals. The dietetic focus, in its broad

⁴⁹ Can appear as *exercitium et otium*, or just *exercitium*.

⁵⁰ Could be also called *inanitio et repletio*, or *secreta et excreta*, *laxatio et constrictio humorum*.

⁵¹ Other names can be *accidentia animae*, *motus animi*, *affectus animi* or *animi affectiones*.

sense,⁵² describes a healthy way of life, in which a balanced emotional state plays an important role. The preventive aspect of *δίαιτα* is more prominent than the therapeutic one. In this matter, the right diet – in the modern sense of the word – played a particularly important role throughout the whole tradition.

In this system, just as the world was believed to be composed of four elements (earth, water, fire, air), so the body was thought to consist of four humors, corresponding to each element – black bile (*melaina cholé*), phlegm (*phlegma*), bile (*cholé*), and blood (*haima* or *sanguis*), respectively. Similar to the core elements, humors possessed their qualities, being warm or cold, dry or moist, where, for instance, earth is cold and dry, water is cold and moist, fire is warm and dry, and air is warm and moist. The art of maintaining human health consisted of preserving the balance of these four humors and their qualities.

Therapy and prophylaxis could be achieved through the agency of these principle qualities of warm/cold, dry/moist. For instance, if cold humors like phlegm and black bile produced cold diseases, or similarly warm diseases were produced by warm humors, the ailment could be treated by applying substances with opposite qualities. Thus, according to the principle *contraria contrariis curantur*, cold diseases are to be cured by warm substances and warm diseases by cold. The full variety of food and drink, as well as other non-naturals, served to achieve this end: air and environment, repletion and excretion⁵³/elimination and retention⁵⁴, exercise and rest, sleep and wakefulness, emotions or affects.

⁵² The Greek word *δίαιτα* – “way of living, mode of life” – denotes a regulated way of life, a healthy mode of life.

⁵³ In the terminology of Melitta Weiss-Adamson; see eadem, “Regimen sanitatis,” in *Medieval Science, Technology, and Medicine: an Encyclopedia*, 438.

⁵⁴ In the terminology of Faith Wallis; see eadem, “Theoretical Medicine,” in *Medieval Science, Technology, and Medicine*, 336-340, esp. 338.

CHAPTER TWO

REGIMENS OF HEALTH. A HISTORICAL OVERVIEW.

Before venturing into the exploration of emotion-health patterns in the selected primary sources, it is necessary to consider what this genre represents. The preventive nature of the genre was discussed in the previous chapter. Here I will concentrate on the historical development of the genre, highlighting the main stages of its evolution and variations in the types of compositions. The history of the emotional component in regimen of health literature will also be traced.

The main stages in the development of the genre can be summarized as follows:

1. Pre-Arabist period – The “European period of limited knowledge before the translation from Arabic flooded the continent;”⁵⁵
2. Arabist period – “the assimilation-period of Greco-Roman science mainly by the Arabs and the Latin translations of the Arabic texts;”⁵⁶
3. Westernization period – “the age of scientific literature produced in Europe from Pre-Arabist and Arabist sources in Latin and in the vernacular.”⁵⁷

Regimens of health have a long history and their origins can be traced back to as early as 400 BC, to the *Corpus Hippocraticum*.⁵⁸ The next important stage in the development of the genre was connected with Arabic medicine. Greek medical books were translated into

⁵⁵ Adamson, *Medieval Dietetics*, 22.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Three Hippocratic writings are particularly concerned with dietetic aspects: *Regimen* (or *Dreams*), *A Regimen for Health*, *Regimen in Acute Diseases*, in Nicoud, 3. The Greek titles of the works are: *περὶ ἐνύπνιον* (*peri enupniôn*); *περὶ διαίτης* (*peri diaitês*), *περὶ διαίτης ὀξεῖον* (*peri diaitês oxêôn*).

Syriac/Arabic, resulting in a “blending [of] the knowledge of Greece with the wisdom of the East.”⁵⁹ As was mentioned above, the main figure of the translation activity was Johannitius.

This prominent Nestorian scholar understood and underscored the necessity to take care of passions of the soul:

Sundry affections of the mind produce an effect within the body, such as those which bring the natural heat from the interior of the body to the outer parts or the surface of the skin. Sometimes this happens suddenly, as with anger; sometimes gently and slowly, as with delight and joy... some affections disturb the natural energy both internal and external, as, for instance, with grief.⁶⁰

*Sunt quaedam accidentia animae quae faciunt intra corpus, sicut ea, quae commovent calorem ab interiori parte ad superficiem cutis, aut impetuose ut ira, aut leniter cum suavitate ut deliciae. Sunt etiam quae ad se caliditatem contrahunt et celant, aut impetuose ut terror vel timor, aut leniter ut angustia. Et sunt quae commovent naturalem virtutem intus et extra ut est tristitia...*⁶¹

Muslim scholars did not ignore the importance of emotions and passions for the physical wellbeing of a person. Rhazes (ca. 865 – 925), for instance, wrote a chapter on this topic.⁶² Ibn Butlan’s (d. ca. 1066) famous *Tacuinum Sanitatis* also contains a section dedicated to *accidentia animi*.⁶³ Haly Abbas also dealt with the interdependence of emotional and physical health, as has been pointed out by researchers.⁶⁴ In contrast, *accidentia animi* are

⁵⁹ “Moses Maimonides’ Two Treatises on the Regimen of Health,” 3.

⁶⁰ Johannitius, *Isagoge*, here quoted from Horden, “A Non-natural Environment,” 143.

⁶¹ *Isagoge Iohannitii*, ed. Maurach, here quoted from Danielle Jacquart, “The Introduction of Arabic Medicine into the West,” 195. Also compare Hugh of St. Victor, *Didascalicon* 2.26, ed. Buttner: *Accidentia animae ideo dicuntur occasio sanitatis vel infirmitatis, quia aliquando commovent calorem impetuose, ut ira, vel leniter, ut delectationes, vel attrahunt et celant aut impetuose, ut terror et timor, aut leniter, ut angustia. Et sunt quae commovent naturalem virtutem intus et extra, ut est tristitia* (“Accidents of the soul ... sometimes move the natural heat impetuously, as anger, or gently, as delight; sometimes they withdraw and conceal it impetuously, as fear or terror, or gently, as anguish. And there are some that move the natural virtue from the interior and exterior, as grief.”) Latin text and English translation by Jacquart in eadem, 194 and 191, respectively.

⁶² In *Liber de medicina ad Almansorem (Liber Almansoris)* there is a chapter called “De cogitationibus anime.” In Adamson, *Medieval Dietetics*, 59.

⁶³ It discusses *uerecondia*, *ira*, *cantus*, *organare cantum uel sonare*, *sonare et balare*, *gaudia* (Adamson, *Medieval Dietetics*, 87), of which only *uerecondia* (shame), *ira* (anger), and *gaudia* (sic!) (joy) appear to be emotions proper. Apart from these three, fear, anxiety, and sadness are mentioned in the *Tacuinum Sanitatis* entry of *Medieval Science, Technology, and Medicine: An Encyclopedia*, 469.

⁶⁴ Nurdeen Deuraseh and Mansor Abu Talib explore this issue in the Islamic medical tradition. They mention joy and contentment among the positive/beneficial emotions, in contrast to harmful anger, sadness, worry, fear and anxiety. In Nurdeen Deuraseh and Mansor Abu Talib, “Mental Health in Islamic Medical Tradition,” *The International Medical Journal* 4, No. 2 (2000): 76-79, esp. 77.

absent from Avicenna's (ca. 980 – 1037) *Canon of Medicinae* and *Cantica*, although his list of *causae efficientes* (non-naturals) includes all six factors.⁶⁵

Beginning in the second half of the eleventh century, this body of medical knowledge, elaborated and systemized by Arab as well as Byzantine authors, was taken over in the West. This translation activity is believed to be one of the factors that led to the creation of the school of Salerno.⁶⁶ Other medical schools emerged after the twelfth century, such as those in Paris, Montpellier, Bologna, and Padua.⁶⁷

In connection with the famous medical school of Salerno a particularly influential medical treatise needs to be mentioned. The widely known *Regimen sanitatis Salernitanum*, or *Flos medicinae*, is believed to have been produced in Salerno between 1260 and 1300.⁶⁸ This composition, written in verse, bears a dedication to Robert, Duke of Normandy, the eldest son of William the Conqueror. The language of the poem is quite plain, while the significance of this handbook of health was great. It enjoyed enormous popularity, was translated into vernacular languages (including German),⁶⁹ and there are numerous manuscripts, incunabula, and early prints (more than 250 printed editions, including at least 40 incunabula).⁷⁰

The importance of emotions in the matters of health was not overlooked in this illustrious regimen of health:

*si tibi deficient medici, medici tibi fiant
hæc tria – mens læta – requies – moderata diæta.*⁷¹

⁶⁵ Ibid., 67, 74.

⁶⁶ Alain Touwaide, "The Legacy of Classical Antiquity," in *Health and Healing from the Medieval Garden*, ed. Peter Dendle and Alain Touwaide (Woodbridge: The Boydell Press, 2008), 15-28, 22.

⁶⁷ Magyar, "Stellenwert des Sanitatis Studiums im medizinischen Schrifttum seiner Zeit," 22.

⁶⁸ Adamson, *Medieval Dietetics*, 97.

⁶⁹ An example of bilingual version of the *Regimen sanitatis Salernitanum* will be considered in Chapter 5 of the present thesis.

⁷⁰ Adamson, *Medieval Dietetics*, 98.

⁷¹ "Shouldst Doctors need? be these in Doctors' stead—/ Rest, cheerfulness, and table thinly-spread." In addition to this, in the very first verse of the regimen, one is reminded: *Si vis incolumem, si vis te reddere sanum,/ Curas tolle graves, irasci crede profanum*; ("If thou to health and vigor wouldst attain, /Shun weighty cares—all anger deem profane"). For Latin text and English translation, see *Regimen sanitatis Salernitanum*, ed. John Ordonaux (Philadelphia: J. B. Lippincott, 1871), 46, 47.

Popularization was a significant stage in the development of the regimen of health genre. It was possible after another important step was achieved – the main characteristics of the genre being fixed. These include: compositions centering on the six non-natural factors, a new title for works of this kind, and also practical orientation of the texts.⁷² This important development is associated with the *Regimen sanitatis ad inclytum regem Aragonum*, by Arnold de Villanova (Arnaldus de Villa Nova, Arnaldus de Villanueva, Arnaldus Villanovanus, Arnaud de Ville-Neuve or Arnau de Vilanova), known by several versions of his name.⁷³ This physician of Catalan origin, who lived between 1235/1240 – 1311, wrote works on medicine, alchemy, and astrology, and he is also famous for his commentary of *Regimen sanitatis Salernitanum*.⁷⁴

It can be argued that it is incorrect to treat works, such as Villanova's *Regimen sanitatis ad inclytum regem Aragonum*, as *regimina sanitatis*, they are rather *consilia*. "... [A] text drawn up at someone's request which expounded a medical treatment for a particular illness suffered by a specific patient," stresses Sebastià Giralt, constitutes a *consilium*.⁷⁵ At the same time, not all researchers draw such a sharp dividing line between more general regimens and more personalized *consilia*. Nicoud and Adamson consider such texts among the *regimina sanitatis*. I would like to emphasize that for my study demarcating the boundaries between the two genres is not relevant, and I include *consilia* in the body of regimens to be analyzed. The focus of my study is on how emotions affect the human body, whether it is a specific addressee of a *consilium*, or a general reader of a *regimen sanitatis*.

⁷² Nicoud, *Les Régimes de Santé*, 154.

⁷³ Ibid.

⁷⁴ Adamson, *Medieval Dietetics*, 97; *Regimen sanitatis Salernitanum*, 40-43. Also compare Villanova's commentary on joyfulness; in *Regimen sanitatis Salernitanum*, 41.

⁷⁵ Sebastià (sic! Sebastià) Giralt, "The 'Consilia' (sic! *Consilia*) Attributed to Arnau de Vilanova," *Early Science and Medicine* 7, No. 4 (2002): 311-356, esp. 311. In the analyzed *consilia*, Giralt mentions the following emotions: worries, anger, and alarm in the *Cura febris ethice*; cheerfulness in the *Regimen quartane*; eadem, 331 and 338 respectively.

Starting in the thirteenth century, the genre of maintaining health entered its most popular period. Numerous compositions appeared all over Europe, both in Latin and the vernaculars. It would be impossible to cover the historical evolution of the whole *regimen* literature, thus I will focus on the German representatives of the genre.

Regimens in the German vernacular can be found from as early as the twelfth century. The *Breslauer Arzneibuch*, by an unknown compiler, is one of the earliest Middle High German regimens known. Its dating is problematic; although the manuscript has been dated to the thirteenth century, large portions of its content can be found in compositions of the twelfth century.⁷⁶ Another early regimen of health, *Spiegel der naturen*, was produced in 1325, authored by Everhard von Wampen in Low German verse.⁷⁷ One of the most influential regimens was composed around 1300 by Konrad von Eichstätt. Melitta Weiss Adamson emphasizes the fact that his *Sanitatis Conservator* had an impact on most of late-medieval German dietetic writing.⁷⁸ Unfortunately, Konrad leaves out emotions and passions of the soul from the discussion: “The non-natural missing in Konrad’s *regimen*, as in so many other European *regimina*, is *De accidentia animi*.”⁷⁹

Although in many cases regimens of health are difficult to categorize and separate from other medical writings, it can be said that after 1348 the genre of *regimen sanitatis* had its aim fixed as the preservation of health of those to whom it was addressed, leaving therapy

⁷⁶ Adamson, *Medieval Dietetics*, 23, 103.

⁷⁷ Ibid., 138.

⁷⁸ Ibid., 142, 149.

⁷⁹ Ibid., 144. However, Adamson researched two regimens in the tradition of Konrad’s composition which do discuss emotions; these are the *Tractatus de regimine sanitatis* of Arnold von Bamberg (beginning of the fourteenth century; I will consider this composition in Chapter 5 in more detail) and *Regel der Gesundheit* (fifteenth century); see *ibid.*, 152, 182 respectively. In another regimen, contained in the composite manuscript *Haubuch* by Michael de Leone (mid-fourteenth century), Adamson mentions anger, sadness, and deep distress; see *eadem*, “Preventive Medicine in Fourteenth-Century Würzburg: The Evidence in Michael de Leone’s *Hausbuch*,” in *Ir sult sprechen willekomen. Grenzenlose Mediävistik. Festschrift für Helmut Birkhan zum 60. Geburtstag*, ed. Christa Tuczay, Ulrike Hirhager, Karin Lichtblau (Bern: Lang, 1998), 501-520, esp. 513.

to related genres such as *consilia*.⁸⁰ Apart from this *consilium/regimen* contradistinction, other differentiations are also made within the genre.⁸¹

In print, the earliest German medical incunabula go back to 1470s. Two were noted by Thomas E. Keys in his research on the earliest medical books printed with movable type: the *Ordnung der Gesundheit*⁸² (which will be considered later among the selected primary sources) and Bartholomaeus Metlinger's *Ein Regiment der jungen Kinder*.⁸³ Influenced by the trends of the medical school which they belonged to,⁸⁴ regimens of health were produced everywhere in Europe by the fifteenth and sixteenth centuries. The genre enjoyed great popularity, by this time written for and read by a wide audience, not only medical specialists.

⁸⁰ Nicoud, *Les régimes de santé au Moyen Âge*, 279.

⁸¹ Pedro Gil-Sotres, for instance, distinguished two large groups: regimens tailor-made for individuals of high social rank (i.e. *consilia*) and "university" regimens (frequently linked to the teaching activity of their authors). In Gil-Sotres, "The Regimens of Health," 300.

⁸² First printed April 23, 1472, at Augsburg. See Thomas E. Keys, "The Earliest Medical Books Printed with Movable Type: A Review," *The Library Quarterly*, 10, No. 2 (1940): 220-230, esp. 225. Christa Hagenmeyer mentions it as the first of the German medical books to go to print, with as many as twelve prints between 1472 and 1495. See Christa Hagenmeyer, "Die 'Ordnung der Gesundheit'," 10.

⁸³ First printed in 1473, at Augsburg. See Keys, "The Earliest Medical Books," 225.

⁸⁴ The moving away from the *gradus*-system, for example, was connected with Montpellier becoming the center of medical learning over Salerno; in Adamson, *Medieval Dietetics*, 200. The introduction of rules, *regulae*, which make the contents more memorable, is connected with the French school of dietetics; *ibid.*, 201.

The regimen's development also meant diversification of the genre. Apart from the conservative regimen proper – the one designed for adults – there are a range of regimens aimed at other groups – pregnant women, children, the elderly, and convalescents. Moreover, another group of texts form the so-called travel-regimina. Furthermore, some of the texts are general in nature, intended for a wide audience, while others are addressed to certain individuals and personalized. For instance, such tailor-made regimens, or rather *consilia*, might aim at gout.⁸⁵ In addition to all this, the whole picture is made even more complicated by a number of related genres or subgenres, for instance, the *regimen duodecim mensium*, regimens for the months of the year, or pestregimina, prophylactic plague regimens.⁸⁶

It is hardly possible to review the historical development of a genre as diverse and rich as *regimen sanitatis* in the few pages of this chapter. It has just been my aim to point out the principle milestones in the evolution of this genre from its origins in the *Corpus Hippocraticum* and Galen's work to the diverse regimen literature of the late Middle Ages, as well as different types of regimen literature. In the later period, when a huge number of compositions were produced, I have narrowed the view down to the German regimina in accordance with the selected primary material.

⁸⁵ One such text will be considered in the practical part of this thesis, namely, *Regimen editum contra arteticam siue podegram per Erhardum Knab, artium et medicine doctorem*.

⁸⁶ Different scholars differentiate different types of *regimina*. The types distinguished by Ferenc Némethy, for instance, include: Seasonal regimen (*Regimen temporum*), monthly regimen (*R. duodecim mensium*), movement regimen (*R. motus, exercitii et quietis*), travel and sea regimen (*R. iter agentium, R. mare intransitum*), food regimen, regimen of excreta and vomiting, regimen for pregnant women and women in labor, regimen for newborn babies, children, adolescents, old people, etc. See Ferenc Némethy, "Zum Regimen Sanitatis in Deutscher Sprache," 12.

CHAPTER THREE

SITUATING THIS STUDY WITHIN THE HISTORY OF EMOTIONS

With the relevant aspects of the history of medicine covered, it is imperative to cover the history of emotions for the second major theoretical framework of the present study. I chose to concentrate on the field in general, its approaches and historiography, as this will serve better to situate my own contribution. The main questions posed to a medievalist interested in the emotions of late medieval German medical texts are: “What are (medieval) emotions? How can one study them? What is the state of research for the emotions I have identified and examined?”

To answer these questions adequately, I begin by addressing the problem of the definition(s). Attention will be given to the approaches to studying emotions in historical perspective. The history of emotions has often been criticized on various grounds, for this reason I will also consider problems and pitfalls, along with the approaches which allow overcoming these difficulties. Only the aspects relevant to a medievalist’s perspective on the history of emotions will be treated, leaving psychological, neurological, philosophical, and anthropological dimensions to more specialized studies.

3.1. “A Maturing Field”⁸⁷

Feelings and mental states have never been neglected or forgotten. From philosophers of ancient Greece and Rome to medieval theologians to thinkers and intellectuals of the (early) Modern Age, emotions and related phenomena have attracted close attention. In scholarship, emotions can be and have become the object of study from different perspectives: psychology, psychiatry, neurology, anthropology, sociology, etc. They are also

⁸⁷ To describe the present state of the research I am using the collocation which Peter N. Stearns used a decade ago; see Peter N. Stearns, “History of Emotions: Issues of Change and Impact,” in *Handbook of Emotions*, ed. Michael Lewis and Jeannette M. Haviland-Jones (New York: The Guilford Press, 2000), 16-29, esp. 19

a fruitful research topic for practitioners of the history of emotions, where the best insights are gained with interdisciplinary approaches.

The rise in the study of emotions did not happen until recent decades. Back in 1941 a history of emotions was called for by Lucien Febvre;⁸⁸ now research into all things emotional is on the upturn. “Emotional turn,” a “burgeoning field,” “a new narrative,” “a rich seam for study” ... such phrases reflect the importance of recent research into emotions and passions. Since the term “emotional turn” was used in 2006 for the first time,⁸⁹ it has become natural to view it as such.⁹⁰ Indeed, the nuanced and careful investigation of emotions, as well as their expression, representation, and contextualization, has lived up to the “turn.”

Quite a number of scholars have embarked on this path, with the result of more and more publications with more and more approaches. In this regard, the history of emotions does represent a burgeoning field, as Jan Plamper has referred to it.⁹¹ A new narrative for the study of emotions in the past is something Barbara Rosenwein called for back in 2002.⁹² Nowadays, the tantalizing framework of the old narrative has been left behind; no one sees the emotional life of the Middle Ages as childlike and ungoverned, as Johan Huizinga and Norbert Elias treated it.⁹³ The hydraulic model (irrational emotions as opposed to the rational

⁸⁸ See Barbara Rosenwein, “Worrying about Emotions in History,” *The American Historical Review* 107, No. 3 (2002): 821-845, esp. 821; also Peter Burke, “Is There a Cultural History of the Emotions?” in *Representing Emotions. New Connections in the Histories of Art, Music and Medicine*, ed. Penelope Gouk and Helen Hills (Aldershot: Ashgate, 2005), 35-47, esp. 35.

⁸⁹ Thomas Anz, “Emotional Turn? Beobachtungen zur Gefühlsforschung,” *literaturkritik.de* 12 (2006), available at http://literaturkritik.de/public/rezension.php?rez_id=10267 (Last accessed: 4 May 2011).

⁹⁰ It is mentioned in two recent publications which nicely summarize the historiography of emotions. See Ute Frevert, “Was haben Gefühle in der Geschichte zu suchen?” *Geschichte und Gesellschaft* 35, No. 2 (2009): 183-208, esp. 184-187; Jan Plamper, “The History of Emotions: An Interview with William Reddy, Barbara Rosenwein, and Peter Stearns,” *History and Theory* 49 (2010): 237-265, esp. 237.

⁹¹ Plamper, “The History of Emotions,” 237.

⁹² Barbara Rosenwein, “Worrying about Emotions in History,” 821-845.

⁹³ Huizinga spoke of “... a tone of excitement and of passion to everyday life and ... that perpetual oscillation between despair and distracted joy, between cruelty and pious tenderness which characterize life in the Middle Ages;” in Johan Huizinga, *The Waning of the Middle Ages: A Study of the Forms of Life, Thought and Art in France and the Netherlands in the XIVth and XV Centuries*, tr. Frederik J. Hopman (New York: Anchor Books, 1924), 9; here quoted from Rosenwein, “Worrying about Emotions,” 822. Elias believed that “People [in the Middle Ages] are wild, cruel, prone to violent outbreaks and abandoned to the joy of the moment;” in Norbert Elias, *The Civilizing Process* (Oxford: Blackwell, 1994), 319; here quoted from Rosenwein, “Worrying about Emotions,” 823. For a critique besides Rosenwein’s see Frevert, “Was haben Gefühle in der Geschichte zu suchen?” 195, 196.

reasonable mind) has been overcome, as well as the flaw of a sweeping generalizing treatment of emotional experiences.

The new trend is a history of emotions which pays due attention to contexts, aspects, and details. Cross-cultural comparisons are encouraged by some,⁹⁴ while it is emphasized that any emotion (as well as its expression) is culture- and period-specific.⁹⁵ It is indeed a rich seam for study, in Catherine Cubitt's words,⁹⁶ when emotions are studied on an interdisciplinary foundation, offering new insights into aspects of history otherwise incomplete.

3.2. Definition(s)?

What does the history of emotions investigate? In spite of the seeming obviousness of the answer to this question the matter is not that simple. The main notion of the history of emotions is fraught with difficulties. Is there a universal definition for "emotion"? Is there one single "right" approach to studying, analyzing, defining, etc. the so-called emotions? Furthermore, what can be done with the problem of terminology, adequately rendering psychological experiences from one language into another?

We all have an idea of what is felt or experienced as an emotion; but the problem begins when one tries to define it clearly in scientific terms for scholarly purposes.⁹⁷ As elusive as it is, this notion might also be referred to as passions, feelings, sentiments,

⁹⁴ "... there is another recourse to assist the study of medieval peoples' emotions: the judicial use of comparisons," see Mary Garrison, "The Study of Emotions in Early Medieval History: Some Starting Points," *Early Medieval Europe* 10, No. 2 (2001): 243-250, esp. 247.

⁹⁵ "... 'the emotions', unchanging within human nature, transcending historical conditions, do not exist. Rather, 'emotions' are brought into being socially and historically, and recognized, encouraged, controlled, particularly in relation to race and colour, social class and gender." See Penelope Gouk and Helen Hills, "Towards Histories of Emotions," in *Representing Emotions. New Connections in the Histories of Art, Music and Medicine*, ed. Penelope Gouk and Helen Hills (Aldershot: Ashgate, 2005), 15-34, esp. 15.

⁹⁶ Catherine Cubitt, "The History of the Emotions," *Early Medieval Europe* 10, No. 2 (2001): 225-227, esp. 225.

⁹⁷ The OED, for example, defines emotion as "A mental 'feeling' or 'affection' (e.g. of pleasure or pain, desire or aversion, surprise, hope or fear, etc.), as distinguished from cognitive or volitional states of consciousness." See OED, <http://www.oed.com/view/Entry/61249?redirectedFrom=emotion#eid> (Last accessed 27 March 2011). However, such a definition is highly ambiguous, and makes use of notions that are often used as synonyms in the history of emotions research, where "emotions," "feelings," "affections," and "passions" are sometimes used interchangeably.

sensibility, affections, affectivity, desires, drives or instincts.⁹⁸ Scientific definitions, suitable for the domain of psychology, do not necessarily simplify the task of the historians of emotions.⁹⁹

It has been demonstrated that defining emotions entails drawing further distinctions, sometimes even splitting hairs; thus, some would differentiate between emotions and episodes of emotional experience,¹⁰⁰ others draw a sharp dividing line between “passions and affections” or “sentiments and affections” and “emotions.”¹⁰¹ Such differentiation might be suited to philosophical theorizing or psychological categorization, but it is barely helpful for the medievalists and historians who want to deal with representations or manifestations of emotional life and experiences. For this reason devising technical definitions of emotions does not seem to solve the problems of the history of emotions, furthermore, these definitions are liable to criticism, too.

The fact that all emotions are culture-dependent makes any attempt to formulate the “best” definition futile. It is indeed not possible to devise an overarching definition of emotions which would apply to all periods and all places, or one that could not be argued against. It has become a consensus among historians of emotions that there cannot be a definition or an approach which would be universally valid.¹⁰²

⁹⁸ Peter Burke, “Is There a Cultural History of the Emotions?” in *Representing Emotions*, 35-47, esp. 38.

⁹⁹ For instance, William James (1842-1910) and William McDougall (1871-1938) saw emotions as psychological concomitants of instinctive behavioral categories, generally occurring either when the behavioral implementation of such instincts was frustrated or as a result of the behavior itself rather than its motivation. This definition has been argued by psychologists as well as scholars such as Graham Richards, for its limited applicability. See Graham Richards, “Emotions into Words?” in *Representing Emotions*, 49-65, esp. 51-52.

¹⁰⁰ Peter Goldie, *The Emotions: a Philosophical Exploration* (Oxford: Clarendon Press, 2000), 11.

¹⁰¹ Thomas Dixon, *From Passions to Emotions: the Creation of a Secular Psychological Category* (Cambridge: Cambridge University Press, 2003), 18-19.

¹⁰² See Penelope Gouk and Helen Hills, “Towards Histories of Emotions,” in *Representing Emotions*, 17; Damien Boquet and Piroska Nagy, “L’historien et les émotions en politique: entre science et citoyenneté,” in *Politiques des émotions au Moyen Âge*, ed. Damien Boquet and Piroska Nagy (Florence: Sismel – Edizione del Galuzzo, 2010), 5-30, 15. However, the psychologist Bernard Rimé, the author of the concluding essay in the same volume, disagrees. He insists that there is an established *prototype* definition of emotion (“Pour l’émotion, les prototypes comportent notamment des traits tels que la modification abrupte de la situation, les réponses expressives, les modifications de la conscience, et les tendances d’action. Ainsi, selon cette logique, plus l’état d’un individu donné rassemble de telles caractéristiques à un moment, plus cet état sera considéré comme une émotion.” See Bernard Rimé, “Les émotions médiévales. Réflexions psychologiques,” in *Politiques des*

A more inclusive term may indeed be better suited to this type of study, as for example, French *histoire d'affectivité*.¹⁰³ Accounting for the diversity of emotional and psychological phenomena that become the focus of scholarly investigation, such a term might also offer an alternative to the definition-of-emotion issue.

3. 3. Approaches, Pitfalls and Possibilities

A more constructive way to formulate the theoretical tenets of a field such as the history of emotions is looking at the approaches used rather than definitions. The category of “all things emotional” is broad, thus, the arsenal of possible approaches is broad and needs to be suited to the nature and aims of a particular study.

I have chosen to focus on the approaches of the three leading historians of emotions (in Anglophone scholarship), who have discussed the history of emotions in a recent interview.¹⁰⁴ This interview represents not only one of the most current views on this study, but it is also a good summary of key concepts, analytical tools, challenges, and possibilities.¹⁰⁵

William Reddy embarked on emotional history with the view that emotion is a structure through which all different complex meanings and nuances of social history become personal,¹⁰⁶ and in his investigation introduced the concept of “emotives.”¹⁰⁷ These are expressions about what one feels (i.e., emotions) which are both managerial and explanatory. In the scholar’s own words, “[a]n emotional expression is an attempt to call up the emotion

émotions au Moyen Âge, ed. Damien Boquet and Piroska Nagy (Florence: Sismel – Edizione del Galuzzo, 2010), 309-332, 312.

¹⁰³ Boquet and Nagy, “L’historien et les émotions en politique: entre science et citoyenneté,” 5-30; Damien Boquet and Piroska Nagy, “Pour une histoire des émotions. L’historien face aux questions contemporaines,” in *Le sujet des émotions au Moyen Âge*, ed. Piroska Nagy and Damien Boquet (Paris: Beauchesne, 2008), 15-51.

¹⁰⁴ Plamper, “The History of Emotions.”

¹⁰⁵ There is also a strong French school of the history of emotions. For a detailed summary of the discipline, see Boquet and Nagy, “Pour une histoire des émotions,” 15-51.

¹⁰⁶ Reddy, in Plamper, “The History of Emotions: An Interview,” 238.

¹⁰⁷ See Reddy, *The Navigation of Feeling* (Cambridge: CUP, 2001), 104.

that is expressed; it is an attempt to feel what one says one feels.”¹⁰⁸ One of the key points for Reddy is the political significance of emotions, as well as the normative nature of “emotional regimes.”¹⁰⁹

Barbara Rosenwein, in her turn, emphasizes the culture-specific nature of emotions; they are “the result [of] our values and our assessments.”¹¹⁰ That is why emotions differ from culture to culture, from society to society, from one “emotional community”¹¹¹ to another. Moreover, in this scholar’s view, assuming that our emotions are identical to those of the past is absolutely unhistorical, with the very “emotion” category being a recent construct.¹¹² Always tied to emotions are how they are expressed – by words, gestures, mimicry, body language, and so on. Investigating emotions in historical perspective, Rosenwein employs the method of association.¹¹³

In the same interview, Peter N. Stearns stressed that research along the history-of-emotions guidelines allows gaining insights into psychological and historical issues as they are interdependent, with more attention to social contexts and consequences.¹¹⁴ At the same time, he differentiates between emotions proper, as psychological experiences, and emotionology, as emotional norms and cultural standards.¹¹⁵ Stearns maintains that research should concentrate mainly on emotionology because, firstly, this aspect is more accessible than personal experiences themselves, and, secondly, because norms influence behaviors, attitudes, and evaluations.

One of the difficulties linked with the study of how people felt about something in the faraway past – a flaw of which the history of emotions has been accused – is the lack of direct

¹⁰⁸ Reddy, in Plamper, “The History of Emotions: An Interview,” 240.

¹⁰⁹ To put it in a nutshell, “every community deploys emotional ideals and norms, and inculcates norms through emotional rituals, formulas, prayers, oaths, and so on.” Ibid., 240.

¹¹⁰ Rosenwein, in Plamper, “The History of Emotions: An Interview,” 251.

¹¹¹ See Rosenwein, *Emotional Communities in the Early Middle Ages* (Ithaca: Cornell University Press, 2006).

¹¹² Rosenwein, in Plamper, “The History of Emotions: An Interview,” 253.

¹¹³ Ibid., 254.

¹¹⁴ Stearns, in Plamper, “The History of Emotions: An Interview,” 262.

¹¹⁵ Ibid.

access to the feelings and emotions of the informants. Scholars nonetheless have demonstrated how this problem can be overcome. One of the possible approaches is focusing on norms of emotion and patterns of behavior characterizing a certain “emotional community” or a certain society, class, stratum, etc.¹¹⁶ Alternatively, one can deal with representations of emotions which are as insightful; if not the mental states themselves than the ways in which they were to be expressed can say a great deal about a society’s values, attitudes, norms, and customs. The representation of emotions in visual material has now become a popular topic;¹¹⁷ feelings and passions have never been neglected in literary studies.¹¹⁸

It is salutary to remember that the study of such subject matter as passions, emotions, and mental states, is not hard science. Emotional experiences are always embedded in culture, within the borders of the respective society (or some section of it), and time period; also, they are handed down through the intermediary of the source, written, visual or otherwise. In this context, “approaches” appears to be the key word, as the source material of love letters or paintings depicting individuals overcome by grief or spiritual affect can be truly illuminating but will probably require different approaches. In the case of written material, scholars have warned against unjustified dismissal of *topoi* (or what one may consider as such) as stereotypical clichés of little scholarly value.¹¹⁹

The extent to which the idea of joy, anger or, say, fear in the Middle Ages or antiquity is shaped by modern concepts and attitudes to such emotions is another criticism of the history of emotions. Similarly, one can question whether these are completely different from what is now called by these names (not to speak of how to approach them from this

¹¹⁶ Stearns’ “emotionology.” See above.

¹¹⁷ The most recent publication on this topic is “Geschichte, Emotionen und visuelle Medien,” *Geschichte und Gesellschaft* 37, No. 1 (2011): 1-129.

¹¹⁸ Patrick Colm Hogan, *What Literature Teaches Us about Emotion. Studies in Emotion and Social Interaction* (Cambridge: CUP, 2011).

¹¹⁹ See Garrison, “The Study of Emotions in Early Medieval History,” 245-247.

perspective). To skeptics, the historians of emotions respond by showing that different chronological frameworks are not necessarily hostile to one another. “To study the emotions of medieval people on their terms as well as ours, it may be helpful or necessary to juxtapose these two perspectives, the modern psychological and medieval theological,” states Mary Garrison.¹²⁰

The challenges in the study of feelings and emotions of the past are numerous, from definitions to the danger of particularism (focusing on specific emotions rather than psychology)¹²¹ or constructionism (treating emotions as social or discursive constructs).¹²² The ways to overcome such pitfalls depend on the specificity of the study design, the aims, and the nature of sources. As for the directions in which the history of emotions should develop, the views of scholars are influenced by their research interests and preferred methods or time period. Some suggestions and guidelines can be compared in the interview conducted by Jan Plamper.¹²³

3. 4. Sketching a Map of Emotions

No less easy or straightforward than the problem of definition is answering the question: “Which emotions make up the history of emotions?” Demarcating the boundaries of the domain cannot be achieved by drawing up lists of emotions. The attempts to single out fundamental emotions have been harshly criticized,¹²⁴ mainly on the grounds that emotions are not being universal. It is not the case that the emotions which have been identified and examined by scholars establish the subject and borderlines of the field. Nevertheless, specific

¹²⁰ Ibid, 245.

¹²¹ Ibid., 250.

¹²² Burke, “Is There a Cultural History of the Emotions?” 43.

¹²³ Plamper, “The History of Emotions: An Interview.”

¹²⁴ The ten fundamental emotions identified by Carroll Izard and S. Buechler include interest, joy, surprise, sadness, anger, disgust, contempt, fear, shame/shyness, and guilt; this view was argued against by Anna Wierzbicka, “Human Emotions: Universal or Culture-Specific?” *American Anthropologist* 88, No. 3 (1986): 584-594, esp. 584-585. Alternatively, Paul Ekman distinguished six universal emotions (happiness, sadness, disgust, surprise, anger and fear), arguing that facial expressions of these are constant and universal in all cultures; for a critique see Rosenwein, in Plamper “The History of Emotions: An Interview,” 260.

examples of emotions, passions or affections that have been studied can provide a good understanding of the discipline. So, which passions are on the agenda of researchers?¹²⁵

Anger is perhaps the emotion with the richest history, occupying a special place in the history of emotions. A number of studies have explored what anger was about in antiquity,¹²⁶ in the Middle Ages, and in later periods.¹²⁷ There is no special history of **sadness**, but related phenomena have been studied. For instance, quite a lot is written on melancholy¹²⁸ and on representations of grief in medieval literature.¹²⁹

A number of publications are dedicated to **fear**, beginning with the studies of Jean Delumeau to more recent ones.¹³⁰ As for the experience and expression of **worry**, in Jewish tradition at least attitudes and contexts have been studied by Michele Klein.¹³¹ Insights into **belligerence** during the medieval period can be gained from Norbert Elias' article.¹³² Other emotions still await having their histories written, for instance, surprise or obstinacy.

¹²⁵ Below I would like to focus on the emotions which I am dealing with. The emotions enumerated by no means exhaust the subject matter of the field, nor present the trends in the research.

¹²⁶ *Ancient Anger: Perspectives from Homer to Galen*, Yale Classical Studies, vol. 32, ed. Susanna Braund, Glenn W. Most (Cambridge: CUP, 2007); William Vernon Harris, *Restraining Rage: The Ideology of Anger Control in Classical Antiquity* (Cambridge: Harvard University Press, 2001), Simon Kemp and K. T. Strongman, "Anger History and Management: A Historical Analysis," *American Journal of Psychology* 108, No.3 (1995): 397-417.

¹²⁷ *Anger's Past. The Social Uses of an Emotion in the Middle Ages*, ed. Barbara H. Rosenwein (Ithaca: Cornell University Press, 1998); Paul R. Hyams, *Rancor and Reconciliation in Medieval England. Conjunctions of Religion and Power in the Medieval Past* (Ithaca: Cornell University Press, 2003); Carol Zisowitz Stearns and Peter N. Stearns, *The Struggle for Emotional Control in America's History* (Chicago: University Of Chicago Press, 1986); Maureen Flynn, "Taming Anger's Daughters: New Treatment for Emotional Problems in Renaissance Spain," *Renaissance Quarterly* 51 (1998): 864-886; Kate McGrath, "Medieval Anger: Rage and Outrage in Eleventh- and Twelfth-Century Anglo-Norman and Northern French Historical Narratives," PhD. Diss. (Atlanta: Emory University, 2007), Joëlle Rollo-Koster and Alizah Holstein, "Anger and Spectacle in Late Medieval Rome: Gauging Emotion in Urban Topography," in *Cities, Texts, and Social Networks 400 - 1500*, ed. Caroline Goodson, Anne E. Lester, Carol Symes (Ashgate: Ashgate Publishing, 2010), 149-176, and others.

¹²⁸ Some of the recent publications on manifestations of melancholy include: Eric Gidal, "Civic Melancholy: English Gloom and French Enlightenment," *Eighteenth-Century Studies* 37, No. 1 (2003): 23-45; Marion Wells, *The Secret Wound: Love-Melancholy and Early Modern Romance* (Stanford: Stanford University Press, 2006); Peter G. Toohey, *Melancholy, Love, and Time: Boundaries of the Self in Ancient Literature* (Ann Arbor: University of Michigan Press, 2004).

¹²⁹ Elke Koch, *Trauer und Identität: Inszenierungen von Emotionen in der deutschen Literatur des Mittelalters* (Berlin: Walter de Gruyter, 2006).

¹³⁰ Jean Delumeau, *La Peur en Occident, XVI-XVIIIe siècles: Une Cité assiégée* (Paris: Fayard, 1978); *Fear and Its Representations in the Middle Ages and Renaissance*, ed. Anne Scott and Cynthia Kosso (New York: Brepols Publishers, 2002).

¹³¹ Michele Klein, *Not to Worry: Jewish Wisdom and Folklore* (Philadelphia: Jewish Publication Society, 2003).

¹³² Norbert Elias, "On Transformations of Aggressiveness," *Theory and Society* 5, No. 2 (1978): 229-242.

Summing up, it should be noted that the approaches and methods chosen need to be defined by the nature and aims of the particular research goals. In my study, I understand emotions in the modern state of the word, making use of Rosenwein's method of association. I also share Mary Garrison's view that approaching medieval emotions with modern concepts does not mean anachronism, but can be helpful and illuminating. I treat the analyzed emotions in the primary sources as the products of their own time, however, as components of the medieval medical system, rooted in a different worldview and (pre)scientific concepts. I proceed by exploring what role in human health was ascribed to emotions in the preventive medical literature of the later Middle Ages.

CHAPTER FOUR

INTERPLAY OF EMOTIONS AND HEALTH

*His quoque; corpora nostra
Aut suauiter afficiuntur,
Aut moleste læduntur.*

De animi affectibvs,
Paulus Kyr, *Sanitatis studium*¹³³

In this present chapter I will proceed to the analysis of the selected primary sources. Eight medieval *regimina sanitatis* from the broad region of German-speaking Europe will be the main material. In addition to these, a number of other compositions from other areas or time periods will be examined as comparative material. The diversity of these sources, in terms of both the area and time of their production, as well as their form or context, is explained and justified by the rarity of the emotional component in sources of this kind. This comparative study of the genre, both chronologically and geographically, will serve the purpose of establishing certain recurrent patterns (common to all or the majority of compositions irrespective of time or place of production), as well as identifying peculiarities in the selected *regimina*.

The primary sources under scrutiny are the following:

1. *Büchelin wye der mensch bewar das leben sein* (1460);¹³⁴
2. *Die Gross-Schützenser Gesundheitslehre* (early sixteenth century);¹³⁵
3. Villingen manuscript (end of the fourteenth century);¹³⁶
4. Erhard Knab, *Gichtregimen* (1469);¹³⁷

¹³³ *Sanitatis studium ad imitationem aphorismorum compositum. Item, Alimentorum uires breuiter et ordine Alphabetico positae. Autore Paulo Kyr medico. Impressum in Inclyta Transylvaniae Corona Anno 1551.* Here quoted from facsimile copy in Paulus Kyr, *Die Gesundheit ist ein Köstlich Ding*, ed. Robert Offner (Hermannstadt: Schiller Verlag, 2010), 43-126.

¹³⁴ *Büchelin wye der mensch bewar das leben sein.* Facsimile aus der Handschrift D 692/XV 3 der Kirchenbibliothek zu Michelstadt um 1460, ed. Dietrich Kurze (Hürtgenwald: Guido Pressler, 1980), 25-117.

¹³⁵ Gerhard Eis, *Die Gross-Schützenser Gesundheitslehre. Studien zur Geschichte der deutschen Kultur im Südosten* (Bnrno: R.M. Rohrer, 1943), 90-172.

¹³⁶ Gerhard Eis, "Eine altdeutsche Sammelhandschrift aus Villingen," in *Medizinische Fachprosa des späten Mittelalters und der frühen Neuzeit*, ed. Gerhard Eis (Amsterdam: Rodopi, 1982);

5. Heinrich Münsinger, *Regimen sanitatis in fluxu catarrhali ad pectus* (second half of the fifteenth century);¹³⁸
6. Meister Alexander, *Monatsregeln* (fifteenth century);¹³⁹
7. *Ordnung der Gesundheit* (ca. 1400);¹⁴⁰
8. Ortolf von Baierland, *Arzneibuch* (fourteenth century);¹⁴¹

Hereafter the sources will be referred to in this manner. The dates refer to the composition of the original.

4.1. Overview of the Selected *Regimina*

The corpus of the primary sources under scrutiny consists of eight texts from the fourteenth through the sixteenth centuries. All the regimens are in the German vernacular, while one of the texts (*Büchelin wye der mensch bewar das leben sein*) combines German and Latin verses, and was heavily influenced by the *Regimen sanitatis Salernitatum*.¹⁴² The Meister Alexander, *Monatsregeln* is in fact an expanded vernacular translation of the Latin original.¹⁴³

As for the form of the texts, they are not homogeneous; a few of the works are in fact *consilia* like those dealing with gout or bronchial catarrh, whereas Meister Alexander's

¹³⁷ *Regimen editum contra arteticam siue podegram per Erhardum Knab, atrium et medicine doctorem. Incipit feliciter 1469.* See Gerhard Eis, "Erhard Knabs Gichtregimen," in *Forschungen zur Fachprosa*. Ausgewählte Geiträge, ed. Gerhard Eis (Bern: Francke Verlag: 1971), 91-100.

¹³⁸ *Regimen sanitatis editum pro Friderico palatino Rheni per doctorem Münsinger in fluxu catarrhali ad pectus.* See Gerhard Eis, "Heinrich Münsingers 'Regimen sanitatis in fluxu catarrhali ad pectus,'" in *Forschungen zur Fachprosa*. Ausgewählte Geiträge, ed. Gerhard Eis (Bern: Francke Verlag: 1971), 81-90.

¹³⁹ Meister Alexander, *Monatsregeln*, Würzburger medizinhistorische Forschungen 30 (Hannover: Horst Wellm Verlag, 1985).

¹⁴⁰ Christa Hagenmeyer, "Die 'Ordnung der Gesundheit' für Rudolf von Hohenberg: Untersuchungen zur diätetischen Fachprosa des Spätmittelalters mit kritischer Textausgabe," Dissertation, University of Heidelberg, 1972.

¹⁴¹ *Das Arzneibuch Ortolds von Baierland nach der ältesten Handschrift (14. Jhdt) (Stadtarchiv Köln W 4° 24*)*, ed. James Follan (Stuttgart: Wissenschaftliche Verlagsgesellschaft, 1963).

¹⁴² *Büchelin wye der mensch bewar das leben sein*.

¹⁴³ Compare, for instance, the Latin versions edited by Gerhard Baader and Gundolf Keil (Cod. germ. mon. 398) and Ortrun Riha (Cod. 8769 of Madrid National Library); see Gundolf Keil, "Eine lateinische Fassung von Meister Alexanders Monatsregeln," in *Medizin im mittelalterlichen Abendland*, ed. Gerhard Baader and Gundolf Keil (Darmstadt: Wissenschaftliche Buchgesellschaft, 1982), 228-259, esp. 247-256; Meister Alexander, *Monatsregeln*, 79-130.

composition is a *regimen duodecim mensium*. In a single case I had to rely on an excerpt from a medical text where the topic is regulating bloodletting and measures after the procedure.¹⁴⁴ The range of topics discussed (bloodletting, plague prevention, etc.) goes beyond the six non-naturals, which means that some of the sources are medical compendia rather than *regimina sanitatis* proper.

The *Büchelin wye der mensch bewar das leben sein* comes from Codex Michelstadt D 692/ XV 3, from the town church library of Michelstadt in the Odenwald.¹⁴⁵ The composition, based on the *Regimen sanitatis Salernitanum*, contains 375 Latin and 699 German verses.¹⁴⁶ Although there is no direct reference to the author, Dietrich Kurze maintains that the work was written by Nicolaus Matz (1440 - 1513), the founder of the town church library.¹⁴⁷ As for the dating of the *Büchelin*, Kurze suggests that Nicolaus Matz wrote the original text during his studies in Vienna, sometime between 1455 and 1469.¹⁴⁸

Two of the sources under consideration were produced in Heidelberg by learned physicians about whose personality and practice some facts are known: *Gichtregimen* and *Regimen sanitatis in fluxu catarrali ad pectus*. The first text gives both the date of production and the name of the author, stated in the title of the work (*Regimen editum contra arteticam siue podegram per Erhardum Knab, atrium et medicine doctorem. Incipit feliciter 1469*).¹⁴⁹ Knab came from Zwiefalten (in modern Baden-Württemberg) and was educated in Bologna and Heidelberg.¹⁵⁰ The addressee of the regimen, in fact a *consilium*, is not known; in all likelihood it was a high-ranking individual to whom *doctor atrium et medicine* Erhard Knab was a personal physician.¹⁵¹

¹⁴⁴ Eis, *Eine altdeutsche Sammelhandschrift aus Villingen*.

¹⁴⁵ *Büchelin wye der mensch bewar das leben sein*, 9.

¹⁴⁶ Late Middle High German of Swabian dialect. Ibid., 9,13.

¹⁴⁷ Ibid., 10.

¹⁴⁸ Ibid., 10, 11.

¹⁴⁹ From Heidelberg codex Pal. Germ. 226 (ff. 264r-267r). See Eis, "Erhard Knabs Gichtregimen," 91.

¹⁵⁰ Ibid.

¹⁵¹ Ibid.

As for Heinrich Münsinger (Mynsinger, Minsinger; d. 1472), the author of *Regimen sanitatis in fluxu catarrali ad pectus*,¹⁵² it is known that he worked as both a *physicus* and a surgeon.¹⁵³ In his service as a personal physician to Count Palatine Frederick II (1451 - 1476) he composed the *consilium* designed to relieve the consequences of the right side bronchial catarrh of his patron.¹⁵⁴ The work is written in plain language and personalized.¹⁵⁵

In the case of Meister Alexander's *regimen duodecim mensium*, I have worked with the German vernacular version of the composition. The Latin original – a part of a compendium – was written sometime between the beginning of the thirteenth and the beginning of the fourteenth century by a certain *magister Alexander Hispanus*.¹⁵⁶ The identity of the author has not been established with precision; Riha demonstrates that he was in all likelihood a physician of clerical background¹⁵⁷ active in the German area.¹⁵⁸ On the basis of this Latin original a number of German vernacular month regimens were composed; Ortrun Riha identified fourteen such versions in 1985.¹⁵⁹

The version I use – a version close to the original (*die textnahe Bearbeitung*)¹⁶⁰ – comes from Austrian territory of the fifteenth century.¹⁶¹ It was completed by an anonymous educated author, with a clerical background.¹⁶² The author not only translated from Latin freely, but also inserted elements from other sources. For these reasons this version contains references to anger and obstinacy, unlike other more verbatim translations and the Latin original itself.

¹⁵² From Cod. lat. 244 (ff. 212r-217r) in Bavarian State Library, Munich. See Eis, "Heinrich Münsingers "Regimen sanitatis in fluxu catarrhali ad pectus," 81.

¹⁵³ Ibid.

¹⁵⁴ Ibid. 83.

¹⁵⁵ The dialect used is Alemannic with a slight influence of Swabian dialect. Ibid., 85.

¹⁵⁶ Meister Alexander, *Monatsregeln*, 33.

¹⁵⁷ Ibid., 34.

¹⁵⁸ Ibid., 33.

¹⁵⁹ Ibid., 53.

¹⁶⁰ Based on the Codex XI D 10 of the National Library of the Czech Republic in Prague (ff. 43^r-45^v). In Meister Alexander, *Monatsregeln*, 156-173.

¹⁶¹ Ibid., 52.

¹⁶² Ibid., 55.

Die Gross-Schützener Gesundheitslehre comes from a manuscript in the library of Count Charles Kollonitz in the castle Veľké Leváre (Gross-Schützen; near Bratislava); in 1937 it was acquired by Gerhard Eis who provided a critical edition.¹⁶³ The dating of the manuscript, in accordance with a source analysis, is no earlier than 1520.¹⁶⁴ It appears that the text from Veľké Leváre manuscript is the only known version of this regimen of health.¹⁶⁵ Neither the author's identity nor the place of production can be established with precision.¹⁶⁶ It can be inferred from the text that the author was probably a physician.¹⁶⁷

Ortolf von Baierland's *Arzneibuch* is one of the oldest medical works in German, dating back to the second half of the thirteenth century. Hartmut Broszinski and Gundolf Keil's dating of the original is between 1250 and 1300,¹⁶⁸ Ortrun Riha places it around 1290.¹⁶⁹ Not much is known about the author who is believed to have worked in Würzburg.¹⁷⁰ Although the *Arzneibuch* and its parts were widely copied and used, the oldest extant texts are not the original version. I have used the edition by James Follan, based on the manuscript from 1348.¹⁷¹

The *Ordnung der Gesundheit* is another important medical composition that circulated widely in various forms in manuscripts, incunabula, and early prints. It has been mentioned earlier that it was the first medical book in German to be printed.¹⁷² As has been argued by

¹⁶³ Described as Hs. 21 of Eis' personal collection. See Eis, *Die Gross-Schützener Gesundheitslehre*, 13.

¹⁶⁴ Ibid., 14.

¹⁶⁵ Ibid.

¹⁶⁶ Ibid., 16.

¹⁶⁷ Ibid., 38.

¹⁶⁸ See Hartmut Broszinski and Gundolf Keil, "Ein niederdeutsches Ortolf-Exzerpt aus den Jahren um 1400," in *Fachprosa-Studien. Beiträge zur mittelalterlichen Wissenschafts- und Geistesgeschichte*, ed. Gundolf Keil (Berlin: Erich Schmidt Verlag, 1982), 291-304, esp. 291.

¹⁶⁹ See Ortrun Riha, *Ortolf von Baierland und seine lateinische Quellen. Hochschulmedizin in der Volkssprache* (Wiesbaden: Dr. Ludwig Reichert Verlag, 1992), 7.

¹⁷⁰ Broszinski and Keil, "Ein niederdeutsches Ortolf-Exzerpt," 291; *Das Arzneibuch Ortolfs von Baierland nach der ältesten Handschrift*, 58.

¹⁷¹ The oldest manuscripts identified by him in 1963 and used for the edition: the Würzburg Manuscript M. ch. f. 79 (1398), held at the Würzburg University Library, and the Cologne Manuscript W. 4° 24*, held at the Cologne City Archives (1398). See *Das Arzneibuch Ortolfs von Baierland nach der ältesten Handschrift*, 20, 24, 38-39. In 1982 Broszinski and Keil published a critical edition of an excerpt from the *Arzneibuch* in Low German, stemming from around 1400; see Broszinski and Keil, "Ein niederdeutsches Ortolf-Exzerpt," 295.

¹⁷² Supra note 60.

Christa Hagenmeyer, the book was compiled around 1400 at the court of Count Rudolf VI of Hohenberg¹⁷³ and bears a dedication to Rudolf and his consort, Margarete von Tierstein.¹⁷⁴ The name of the author is not known; it is reasonable to assume that he was either the personal physician of the count or a clergyman at the court.¹⁷⁵ The treatise was widely used in monastic circles and later by educated clergymen, in the practices of physicians and barber-surgeons and among educated members of the bourgeoisie.¹⁷⁶ The earliest full version of the *Ordnung* comes from a manuscript from around 1450, which has been critically edited by Hagenmeyer; this edition is used in this study.¹⁷⁷

The Villingen manuscript is a composite manuscript which was compiled in the Benedictine monastery of St. Georg in Villingen (Schwarzwald).¹⁷⁸ It consists of two originally independent parts which were bound together sometime around 1500 or later.¹⁷⁹ The first part is a compilation of medical and veterinary texts,¹⁸⁰ in the second part more medical composition are found. The phlebotomy text under scrutiny is found in the second part of the codex, which goes back to the end of the fourteenth century.¹⁸¹

It is worth mentioning that emotions are not necessarily discussed only in the section dedicated to *accidentia animi* of all the six non-naturals, but in other parts of the regimens. Indeed, only two of the eight sources give this section a relevant heading (*Die Gross-Schützensener Gesundheitslehre*, Heinrich Münsinger's regimen). Interestingly enough, one encounters emotions, among other things, in the section on good new wine in the *Ordnung der Gesundheit*.¹⁸²

¹⁷³ Hagenmeyer, "Die 'Ordnung der Gesundheit' für Rudolf von Hohenberg," 82.

¹⁷⁴ Ibid., 281.

¹⁷⁵ Ibid., 84.

¹⁷⁶ Ibid., 90-91. Also see Adamson, *Medieval Dietetics*, 162.

¹⁷⁷ Cod. Sal. 9,53 of the University Library Heidelberg. See Hagenmeyer, "Die 'Ordnung der Gesundheit' für Rudolf von Hohenberg," 12, 277.

¹⁷⁸ Eis, "Eine altdeutsche Sammelhandschrift aus Villingen," 1.

¹⁷⁹ Ibid.

¹⁸⁰ Ibid., 2.

¹⁸¹ There is a record on f. 242v with the date 1394. See Ibid., 5-6.

¹⁸² *Von gu^otem newem wein*, ibid. in 335.

A close reading of the source material shows that even in the case of absence of the *accidentia animi* component among the non-naturals – discussed in its own right – references to emotions and psychological states can still be found and used for research purposes. Thus, I will analyze texts like the *Ordnung der Gesundheit* which have been described in scholarship as lacking *accidentia animi* or mention of emotion.¹⁸³

4.2. “Psychosomatic” Patterns. Emotions’ Influence on Health

4.2.1. In the Selected *Regimina*

Below I will consider in detail “psychosomatic” patterns, by which I mean particular patterns of an emotion or a psychological state having an effect on human health, either beneficial or harmful.¹⁸⁴ I have introduced the distinction between beneficial/positive and harmful/negative for purposes of systematization; none of the sources classifies emotions into these categories, which are, however, implied.

¹⁸³ Compare, for instance, Hagenmeyer “... allein das Diätetikum “accidentia seu motus animi” wird nicht dargeboten,” in Hagenmeyer, *Die 'Ordnung der Gesundheit' für Rudolf von Hohenberg*, 52. Also see Adamson, *Medieval Dietetics*, 163.

¹⁸⁴ The term “psychosomatic” is understood as “caused or aggravated by psychological factors,” when refers to a physical disorder, as defined in OED. See OED, <http://www.oed.com/view/Entry/153938?redirectedFrom=psychosomatic#eid> (Last accessed: 23 May 2011).

The overview of specific emotions is presented in the following chart:

Particular Emotion	Ratio of the mentions in the selected sources (out of total of 8)	The regimen (see the list above)
(<i>Zorn</i>) ¹⁸⁵ [anger]	87.5 % (7/8)	1, 2, 4, 5, 6, 7, 8
(<i>Traurigkeit</i>) ¹⁸⁶ [sadness]	75 % (6/8)	1, 2, 4, 5, 7, 8
(<i>Freude</i>) ¹⁸⁷ [joy]	75 % (6/8)	1, 2, 3, 4, 5, 8
(<i>Sorge</i>) ¹⁸⁸ [worry]	50 % (4/8)	1, 3, 5, 8
(<i>kurtzvil</i>) [pleasure]	12.5% (1/8)	3
(<i>Kummer</i>) ¹⁸⁹ [worry]	12.5% (1/8)	3
(<i>kriegen</i>) ¹⁹⁰ [belligerence]	12.5% (1/8)	4
(<i>Wunder</i>) ¹⁹¹ [surprise]	12.5% (1/8)	4
(<i>vnmut</i>) [displeasure]	12.5% (1/8)	2
(<i>hertmuetikait</i>) [obstinacy]	12.5% (1/8)	6
(<i>Furcht</i>) ¹⁹² [fear]	12.5% (1/8)	5

Figure 1.
Emotions mentioned in the
selected primary sources

In this chart the emotions are given in the original language, in standardized form, in order to keep as close to the original as possible and to avoid the danger of inadequate rendering of the emotions from one language into another; this problem is inherent in the history of emotions as has been mentioned in the previous chapter. The English equivalents have been provided for orientation/reference only.

¹⁸⁵ In the sources: *zorn*, *czorn*, *zurn*, *zoren*, *zorne*, *czornne*, *tornne*, *torne*.

¹⁸⁶ *Trurigkeit*, *traurigkait*, *traurikait*.

¹⁸⁷ *Freude*, *frod*, *froude*, *frad*, *fro^eud*.

¹⁸⁸ *Sorg*, *sorgveltigkeyt*, *sorgfelligkeit*.

¹⁸⁹ *kumber*

¹⁹⁰ I have translated *kriegen* as an emotion as “belligerence.”

¹⁹¹ *wunder* may also be translated as “anger” or “wrathful excitement”; see Grimm, *Deutsches Wörterbuch*, vol. 30, col. 1784. http://germazope.uni-trier.de:8080/Projekte/WBB2009/DWB/wbgui_py?lemid=GK13703 (Last accessed 26 May 2011).

¹⁹² *Forcht*.

Apart from specific emotions, it is necessary to consider all the patterns of emotional states which have an impact on the health. In figure 2, I summarize the results of the analysis of psychosomatic patterns, of both harmful and beneficial effects. The number of mentions is shown by the symbol +; the results are based on both particular emotions mentioned (as above) and more general descriptions. Due to the restrictions of space, the works are referred to according to the numbers in the list above.

Regimen								
Emotion	1	2	3	4	5	6	7	8
<i>Negative Influence on Health</i>								
Anger	++	+		+	+	++	++	+++
Sadness	+++	++		+	+		+	++
Worry	+	+	++		+			++
Belligerence				+				
Obstinacy						+		
Fear					+			
Surprise				+				
Displeasure		+						
<i>Positive Influence on Health</i>								
Joy	++	+	++	+	+			+++
Pleasure			+					+

Figure 2.
Occurrences of “psychosomatic” patterns
in the selected primary sources

From the chart it can be seen clearly that negative emotions are more numerous than their positive counterparts, “joy,” and similar to it, “pleasure.” It is worth examining each of these emotions on its own.

Anger (*zorn*), as can be seen from the sources, is the most frequently mentioned emotion. Moreover, it can be said that its relationship with the body is depicted in a more elaborate fashion than that of other emotions. For instance, in several sources an explanation is provided as to why anger is harmful for human health. This is best illustrated in the *Monatsregeln*, which explain the way in which the body becomes heated by anger and thus loses strength. This work warns against getting angry in both hot and cold months, for example, in August¹⁹³ and January,¹⁹⁴ which testifies to the fact that the negative effect of this emotion was not thought to be restricted to the warm season.¹⁹⁵

The month regimen section in the *Ordnung der Gesundheit* also contains a warning against anger in May. Here, however, it is not the workings of the emotion that are discussed, but rather its consequence: gout/paralysis.¹⁹⁶

It can be said that anger is the emotion whose unhealthy nature is associated with gout. Thus, in two regimens under consideration anger is listed among the possible causes of gout (*gicht*, *gycht*), in the above mentioned *Ordnung der Gesundheit* and in Ortolf's von

¹⁹³ “Vnd da von sol man sich auch dann huetten vor / hiez der sunnen... vnd auch vor czorn, / wann da von wird ain mensch auch erhiezt vnd / wesward an seiner kraft” (“And one should also protect oneself from the heat of the sun... and also from anger, because from it one becomes hot too and loses one's strength”), in Meister Alexander, *Monatsregeln*, 168. Here and below translation mine, unless otherwise noted; the emotions have been underlined.

¹⁹⁴ “Der mensch huet sich / vor czorn, hertmuetikait” (“One protects oneself from anger and obstinacy”), Ibid 157.

¹⁹⁵ For a brief overview of ancient and medieval views on anger, including its effect on the body, see Simon Kemp and K. T. Strongman, “Anger History and Management,” esp. 397-403. For a detailed discussion of anger and other emotions in ancient and medieval philosophy consult Simo Knuuttila, *Emotions in Ancient and Medieval Philosophy* (Oxford: Clarendon Press, 2004).

¹⁹⁶ “Man sol nit zurnen, wan da von den wirt gegycht” (“One should not be angry, as one gets gout/paralysis from that”). In Hagenmeyer, *Die 'Ordnung der Gesundheit'*, 285.

Baiernland *Arzneibuch*.¹⁹⁷ As for the special gout *consilium* by Erhard Knab, it warns against anger and a number of other harmful emotions and recommends joy.¹⁹⁸

More than one disease is ascribed to the effects of anger. For example, the case of *emotoyca passio*, or blood spitting (*Blutauswurf*), is considered in the *Arzneibuch*; and the first measure of how to deal with/cure the disease is to protect oneself from anger.¹⁹⁹

Anger, just like excessive **sadness**, can also be the cause of madness (*mania*, *vnsynicheyt*, *vnsynnicheyt*), teaches the *Arzneibuch*.²⁰⁰

Occasionally the specific nature of negative emotions is explained. A few compositions consider several emotions together, and provide physiological explanations of their effect on the body. For instance, Heinrich Münsinger's regimen offers a physiological account of anger, worry, sadness, and fear in common: "...Your Grace should avoid worry, sadness, fear and especially anger, as it moves the fluid and blood and vapor in the head and makes the fluid in the head to flow even more."²⁰¹ Similarly, *Die Gross-Schützenser Gesundheitslehre* links the harm done by displeasure, anger, sadness, and excessive worry with the perturbation of the blood and humors and changes in the natural complexion of a

¹⁹⁷ "Paralisis het dy gycht; dat kumt gerne van calden eder von czornne eder ouerigeme etene vnde drynkende eder van unkuschet..." ("Paralysis, also called gout, comes often from the cold or anger or excessive eating and drinking or from unchastity..."). In *Das Arzneibuch Ortolfs von Baiernland*, 125.

¹⁹⁸ "Item ir sollent vch huten vor zorn vnd wunder, vor trurigheit, vor kriegen, besonder sollent ir suchen zimlich froude, wa mit die gesin mag; die bringt vch besonder crafft vnd sterck" ("Besides, you have to protect yourself from anger and rage, from sadness and from belligerence, especially you should seek enough joy, which you enjoy with your mind, this brings you particular strength and power"). In Knab, *Gichtregimen*, 99.

¹⁹⁹ "Emotoyca passio is eyn suke, daz deme menschen blot get vs deme munde Me sal eme alzo helfen: se sollen sich huten vor torne, vor vasten ..." ("Emotoyca passio [Blood spitting] is a disease, when the blood comes out a person's mouth ... One should help him like this: they should beware from anger, from fasting ..."). In *Das Arzneibuch Ortolfs von Baiernland*, 137, 138.

²⁰⁰ "Mania is in duscheme eyn vnsynicheyt vnde wert itwanne von boseme etende ... eder von torne, eder von ouerigher trorichet. Itwanne kumt de suke van oberiger hitte vnde van oueriger vuchtichet also van deme blode, so synt se allewege vrolich vnde vnderwylen trorich." ("Mania is called insanity in German and comes sometimes from bad food ... or from anger, or excessive sadness. Sometimes the disease comes from excessive heat and from excessive wetness, and also from the blood, this way the people are always joyful and from time to time sad"). Ibid., 126.

²⁰¹ "...Vwer gnad sol vermyden sorgveltigkeyt, trurigheit, forcht vnd besunder zorn bewegt die fluss vnd das geblyt vnd die dempff im hopt vnd macht den fluss im hopt noch mer fliessen," in Münsinger, *Regimen sanitatis in fluxu catarrhali ad pectus*, 89.

person.²⁰² According to the *Ordnung der Gesundheit*, anger and sadness, just like a lack of chastity and much work, increase the temperature of the body in an unhealthy way.²⁰³

The number of emotions mentioned in the *Büchelin wye der mensch bewar das leben sein* is limited to anger, sadness, worry, and joy; however, they are discussed in three verses in different combinations but with the same idea in mind. Thus, the first of the verses suggests restraining oneself from harmful anger and worry, and recommends being joyful;²⁰⁴ in the next verse, the dangers of sadness and frequent anger are explained (not only do they affect the body but even precipitate death),²⁰⁵ and finally, the positive effect of joy is contrasted with the negative effect of sadness.²⁰⁶ Thus, the importance of emotions for the balance of health is strongly emphasized in this regimen.

Obstinacy (*hertmuetikait*) appears in only one regimen – Meister Alexander’s *Monatregeln*, where it is mentioned together with the only other emotion noted, anger.²⁰⁷ It is possible that these two emotions were associated in view of their effects, at least by the author of the work.

²⁰² “In den czu fällen ewers gemütes sölt ir euch hüten vor vnmut, czorn vnd traurigkait vnd vor vil sorgfelligkeit, wan die dingk seyn bewegen das blut vnd feuchtigkeit des leybs vnd verandern die natürlichen complexion des menschen” (“As for your mood, you should beware of displeasure, anger and sadness and of much worry, because these ailing things stir up/disturb the blood and the moisture of the body and change the natural complexion of the human”). In Eis, *Die Gross-Schützenser Gesundheitslehre*, 91.

²⁰³ “Man sol sich hüten vor unkeusch, vor zoren und traurikait und vor grosser arbeit, wann sie den leichnam enzündent und schickent zu^e empfangnuß diß gepresten” (“One should protect himself from unchastity, from anger and sadness and a lot of work when they heat up the body and lead to this disease”). In Hagenmeyer, *Die 'Ordnung der Gesundheit'*, 335.

²⁰⁴ “...So bis frolich vnd loß zorn hin gan, / Auch grosses sorg soltu laussen anston” (“... so be joyful and leave anger behind and do not worry a lot”). In *Büchelin wye der mensch bewar das Leben sein*, 25. Also, compare the corresponding Latin verse with the first lines of the *Regimen sanitatis Salernitatum*, 46, which was used as its source.

²⁰⁵ “Das betrubt hercz, stetter zoren / Und das gemütt, das dy frad hot verloren, / Dy drew ding verczere den lib behendt, / Das der mensch gewint ain kurz endt” (“A sorrowful heart, frequent anger and the mood which has lost its joy, these three things consume the body swiftly, so that the man meets a short end”). In *Büchelin wye der mensch bewar das leben sein*, 25. Here, I have considered “das betrubt hercz” and “das gemütt, das dy frad hot verloren” synonymous with sadness.

²⁰⁶ “Das betrubt hercz zwinget off vn(d) vill/ Den menschen zu des todes zill; / Aber frolicher mut zu aller stundt / Wirkt off, das das alter grünt” (“A sorrowful heart often brings people to the end, but the joyful mind always makes the life’s age blossom”). Ibid.

²⁰⁷ “Der mensch huet sich / vor czorn, hertmuetikait” (“One protects oneself from anger and obstinacy”). In Meister Alexander, *Monatsregeln*, 157.

There are not many positive/healthy emotions; only **joy** (with the related **pleasure**) appears in the sources. Nonetheless, the beneficial effect of joy is strongly affirmed by the authors and it stands in contrast to all the unhealthy and harmful emotions. Joyfulness is “prescribed” for the maintenance of health and prophylaxis of illness in six regimens out of the eight examined.²⁰⁸

4.2.2. The Comparative Material

A similar picture can be found in a regimen quite distant from the selected primary material both geographically and chronologically. The regimen of health written by Moses Maimonides (1135 – 1204) sometime between 1193 and 1198²⁰⁹ takes a strong stand on the crucial role of emotional well-being in health:

On this account, the physicians have directed that concern and care should always be given to the movements of the psyche; these should be kept in balance in the state of health as well as in disease, and no other regimen should be given precedence in any wise. The physician should make every effort that the sick, and all the healthy, should be most cheerful of soul at all times, and that they should be relieved of the passions of the psyche that cause anxiety. Thereby the health of the healthy will persist.²¹⁰

²⁰⁸ “So bis frolich...” (“... So be joyful”); “...Aber frolicher mut zu aller stundt / Wirkt oft, das das alter grünt” (“...A sorrowful heart often brings people to the end, but the joyful mind always makes the life’s age blossom”); in *Büchelin wye der mensch bewar das leben sein*, 25; “Darumb sölt ir frölichen seyn vnd nit betrüben yn ewrem gemüte, wollt ir euch ewer gesuntheit brauchen” (“That is why you should be joyful and not gloomy in your spirits, if you wish to enjoy good health”); in Eis, *Die Gross-Schützenser Gesundheitslehre*, 91; “... vnd sol man ... alle arbeit fliehen vnd allen kumber vnd sorg lan ligen ... vnd fro^eud vnd kurtzvil süchen. vnd sol ain mensch zû den lûten siczen vnd gan bi den er gern sitzet, von den sin gemût mug erfrowet werden” (“... and one should ... escape all work and put away all worry and trouble ... and seek joy and pleasure. And one should spend time with the people one likes, from which one’s mood may become joyful”); in Eis, *Eine altdeutsche Sammelhandschrift aus Villingen*, 7; “...besonder sollent ir suchen zimlich froude, wa mit die gesin mag; die bringt vch besonder crafft vnd sterck” (“... especially you should seek enough joy, which you enjoy with your mind, this brings you particular strength and power”); in Knab, *Gichtregimen*, 99; “Dar vmb soll üwer gnad süchen zimlich frod, wa sie mag” (“That is why Your Grace should seek enough joy, which You enjoy”); in Münsinger, *Regimen sanitatis in fluxu catarrhali ad pectus*, 89; “Men sal en so helfen: sint se von troren vnde von trobenisze vnngesunt worden, so sal man se vrolich machen vnde sal en vyl geloben gutes dingez” (“One should help them like this: in case they became ill from sadness and gloom, then one should make them joyful and should promise them a lot of good things”); in *Das Arzneibuch Ortolfs von Baierland*, 127.

²⁰⁹ Ariel Bar-Sela, Hebbel E. Hoff, Elias Faris, Moses Maimonides, “Moses Maimonides’ Two Treatises on the Regimen of Health,” 38.

²¹⁰ *Ibid.*, 25.

From this quotation, as well as the two paragraphs preceding it, one can clearly see how important Maimonides deemed passions of the psyche²¹¹ for bodily health. The pattern of the beneficial effect of joy as contrasted to the negative effect of sadness or anxiety can be discerned in both *On the Regimen of Health*²¹² and in *A Treatise in Elucidation of Some Accidents and the Response to it* written by Maimonides at the behest of Sultan Al-Malik Al-Afḍal.²¹³ It is emphasized that first harmful passions should be removed to rectify the psyche (regain emotional equilibrium), which in turn will help restore physical health.²¹⁴

As for specific “psychosomatic” patterns, Maimonides does not specify particular emotions which lead to particular health disorders. He does, however, mention the states which need to be removed in order to regain mental equilibrium: “grief and obsession,” “terror of what is unnatural to fear,” and “diminution of satisfaction.”²¹⁵ As one can see, emotional balance is given a major role in the matter of curing certain states and regaining health.

The *Sanitatis studium* composed by Transylvanian physician, Paulus Kyr, contains the most casual treatment of *animi affectus* and at the same time is the richest in “psychosomatic” patterns. The author, educated in Vienna, Padua, and Ferrara,²¹⁶ enjoyed a good reputation as a physician and worked as the town doctor (*physicus*) in his home town Braşov (Kronstadt, Stephanopolis, Corona, Krunen, Brassó).²¹⁷ His *Sanitatis studium* went into print in 1551 and was intended for students of the Braşov Gymnasium.²¹⁸

²¹¹ As pointed out by the authors of the article and of the English translation, passions of the soul (Arabic *al-infā'alāt al-naḥsaniyyah*) connote more than emotional excitement or agitation. See *ibid.*, footnote 94, 23.

²¹² Full name: *Fī Tadbīr al-Ṣiḥḥah* [The Treatise Sent to the King al-Afḍal, son of Saladin, concerning the Regimen of Health].

²¹³ Full name: *Maqālah fī Bayān Ba'd A'rāḍ wa-al-Jawāb 'anhā* [The Response to the Letter of al-Afḍal in which He Elucidated all those Accidents which have Befallen Him].

²¹⁴ *Ibid.*, 22, 25, 38,

²¹⁵ *ibid.*, 25.

²¹⁶ Robert Offner, “Kronstadt, der Stadtarzt Paulus Kyr und Ferrara,” in Paulus Kyr, *Die Gesundheit ist ein Köstlich Ding*, 12.

²¹⁷ *Ibid.*, 13.

²¹⁸ *Ibid.*, 19.

Paulus Kyr starts the chapter about emotions by stating their possible effects on health – used as an epigraph to this present chapter – and discusses *animi affectus* at some length. Nine such emotions or affects are discussed: *gaudium* (joy), *timor* (fear), *maestitia* (sorrow), *cura* (worry), *animi angor* (distress), *cogitationes graviores* (grave thoughts, pensiveness), *terror* (great fear), *pudor* (shame), *ira* (anger); all of these have been underlined in the book by a careful reader.²¹⁹

Kyr's manner is different from all the other authors; not only does he bring in the names of four authorities (Aristotle, Valerius Maximus, Hippocrates, and Pliny) incorporating material from various sources, but he also enumerates quite a good number of states and illnesses that can be caused by the *animi affectus*. Some of these patterns are original and have no parallels in the material investigated.

Interestingly enough, this is the only source in which joy can have a negative, even lethal, effect: "Aristotle reports that as a result of unexpected joy one has exhaled one's life; besides Valerius Maximus tells that several fainthearted had died by reason of joy."²²⁰

Similarly, excessive shame²²¹ or sudden fear can be the reason for death.²²² In addition to this, fear – just as sadness – may lead to an excess of black bile.²²³ The impact on the bodily health of such emotions and states as sorrow, worry, distress, and particularly pensiveness, is negative through other states that they produce: restlessness and sleeplessness.²²⁴

²¹⁹ The facsimile copy in the edition used here comes from the book now kept in the archives of the Lutheran Church at Braşov (shelf mark: HB 510, old: 0941/3). See Robert Offner, "Vorwort," in Paulus Kyr, *Die Gesundheit ist ein Köstlich Ding*, 8.

²²⁰ *Gaudio subito allato animam expirasse refert Aristoteles, Valerius deniq; maximus, præ gaudio non nulli admodum pusillanimes mortui sunt.* Ibid., 71.

²²¹ *Pudore immenso nonnullos mortuos esse, Plinius author est.* Ibid.

²²² *Timore subitaneo nonnulli morte perierunt præsertim pusillanimes admodum.* Ibid.

²²³ *// Si autem timor et maestitia longo tempore habentes perseuerent Hippoc. autore, ex eo atra bilis significatur;* ibid.

²²⁴ *Mæstitia, curæ, animi angor et cogitationes præsertim grauiiores non modicam uim corporibus faciunt: inducunt enim inquietudinem ac uigilias, unde sensuum lesio est, et totius corporis robur minuitur;* ibid.

With regard to anger, Paulus Kyr provides more than general statements of its harmfulness; he mentions that it can lead to apoplexy or palsy or quivering of the whole body.²²⁵ It is interesting to mention that according to the Transylvanian author, great fear is the possible cause of epilepsy, but it may be beneficial in some kinds of insanity.²²⁶

4.3. Other Patterns.

The investigation of the selected primary material shows that an interdependence of emotions and body is expressed not only through the pattern “emotion causes disease/harm,” but also through other patterns. These need to be considered in some detail.

4.3.1. Emotions’ Relation to Bodily Organs

The verse 139 of the *Büchelin wye der mensch bewar das leben sein* links emotions to particular bodily parts. Thus, anger is said to be produced in the heart, the spleen is responsible for laughter, and love is located in the liver.²²⁷

It is hardly surprising that in a system where bodily health and emotional states are perceived as tightly interconnected, such patterns can be found.²²⁸ The tight connection between psychology and physiology works both ways, so that a specific emotion causes a physical reaction in the body, but physiological processes can themselves result in a specific emotional state. For instance, sadness produces a constriction of the heart that leads to a diminution of blood and spirits diffused to the internal and external members, and thereby chilling and drying the whole body, so that it can no longer digest food, and so, wastes away.

²²⁵ *Ira deniq, cui quanta uis est, uel inde palam fit, quod quosdam ira concitados, quasi attonitos, ac extra se positos uidemus, inde sunt aliquando grauissimi morbi apoplexia, paralysis, articularum maxime, ac totius corporis tremor.* *ibid.*, 71-72.

²²⁶ *Terrore aliquibus animi deliquium ac morbum comitialme accidisse compertum habemus: sicut contra in quibusdam insaniae speciebus perterreri ac expauescere prodest.* *Ibid.*, 71.

²²⁷ ... *cor excitat iram, [s]plen ridere facit, cogit amare iecur...*; ...*[d]as hercz auch tüt den zurn machen, [v]nd das milcz machete lichen, [d]ie leber ist der liben schin...* (“The heart also produces anger, the spleen produces laughter, and the liver is the shrine of love.”) *Ibid.*, 103.

²²⁸ Compare Gil-Sotres on the heart as the central organ that generates passions, or emotions; see Gil-Sotres, “The Regimens of Health,” 313.

At the same time, a sickly state or wasting away can also produce sadness.²²⁹ This is what Arnald de Villanova was warning Jaume II in his *Regimen sanitatis ad inclytum regem Aragonum*, as Michael R. McVaugh underscores, that anger and sadness should be avoided as the first overheats the body, whereas the second chills and dries.²³⁰

4.3.2. Emotions' Relation to Blood Vessels and Phlebotomy

As for the blood vessels, Ortolf's *Arzneibuch* states that a large and strong blood vessel can be a sign not only of a health but of a mild and joyful disposition,²³¹ a sad heart goes with small vessels;²³² whereas a person who is often cross has a small blood vessel that beats fast.²³³

The same vascular-psycho-physiological account can be found in at least two other medical compositions which I have analyzed: the *Ordnung der Gesundheit* and a medical text from manuscript B.V. 3, now kept in the Archdiocese Library of Eger.²³⁴ The striking similarities between the blood vessel-human temperament patterns in these two works and Ortolf's von Baierland *Arzneibuch* are explained by the fact that the latter was used as the source for the former. The *Arzneibuch*, compiled sometime in the second half of the thirteenth century, was one of the most famous and most copied, with a sharp increase in its influence

²²⁹ Michael R. McVaugh, *Medicine Before the Plague. Practitioners and their patients in the Crown of Aragon, 1285-1345* (Cambridge: CUP, 1993), 147.

²³⁰ Ibid.

²³¹ "Egidius sprichit, is de adere groz vnde stark an eyne gesunde mensche, dat bedudet eyne gesund vnde eyne milde mensche vnde eyne vrolichen menschen, vnde de lyde vnde nature gesund syn;" (ch. 60) "Aegidius teaches that when a blood vessel is large and strong in a healthy person that means a healthy and a mild person and a joyful person, and that the limbs and nature are healthy;" *Das Arzneibuch Ortolfs von Baierland*, 106.

²³² "Eyn cleyne adere an eyne gesunden menschen bedudet eyne kalde nature vnde eyne krancken menschen, vnde eyne afnemyng an deme liue vnde trorich herte;" (ch. 61) "A small vein means a healthy person, a cold nature and that the person is of a sick nature and a decrease in the body and a sad heart;" *ibid.*

²³³ "Slet eyne adere snel an eyne gesunden menschen vnde is cleyne, dat bedudet eyne hitte vnde eyne dorre nature vnde gar tornich mensche, dez torn schire hyn is;" (ch. 62) "When a blood vessel beats fast in a healthy person and is small, that shows a hot and dry nature and a quick-tempered person whose anger goes away fast;" *ibid.*, 107.

²³⁴ Marion Ónodi, "Die deutschen medizinischen Texte in der Handschrift B.V.3 der Erzdiözesanbibliothek Erlau (Eger)," in "'Ein teutsch puech machen': Untersuchungen zur landessprachlichen Vermittlung medizinischen Wissens [im Sonderforschungsbereich 226 entstanden]," ed. Gundolf Keil (Wiesbaden: Reichert, 1993), 402-442.

and dissemination from the onset of the fifteenth century.²³⁵ There was a whole tradition of texts and compilations which copied Ortolf's work, sometimes only in the form of excerpts.²³⁶

In the case of the Eger manuscript, chapters 60, 61 and 62 echo the respective chapters of the *Arzneibuch*.²³⁷ The so-called *Pulstraktat* (written in the German vernacular)²³⁸ is one of the medical treatises in the second part of this manuscript.²³⁹ This part is shorter than the first one, containing theological texts, and dates back to the end of the fifteenth century.²⁴⁰ As for the *Ordnung der Gesundheit*, the fourth book is also based on the *Arzneibuch*, chiefly uroscopy and pulse excerpts.²⁴¹ The information about the veins and what they are signs of is practically identical with the original.²⁴²

Not only were emotions believed to be in close interconnection with the complexion of a person, but they were also central to a conservative regime following bloodletting. For

²³⁵ Broszinski and Keil, "Ein niederdeutsches Ortolf-Exzerpt aus den Jahren um 1400," 291.

²³⁶ Ónodi, "Die deutschen medizinischen Texte in der Handschrift B.V.3 der Erzdiözesanbibliothek Erlau (Eger)," 408-411; Broszinski and Keil, "Ein niederdeutsches Ortolf-Exzerpt aus den Jahren um 1400," 293.

²³⁷ "Jst d̄y ader gros vnd starkh an ainem gesundten menschen, das pedewttet ain gesundten an dem herczen vnd ein mitterss hercze vnd einenn frolichen menschen vnd das auch d̄y gelider vnd d̄y natur gesundt seindt;" "When a blood vessel is large and strong in a healthy person that means a healthy in heart, of a moderate heart and a joyful person, and that the limbs and nature are healthy;" "Item ain kl̄yne ader an ainem gesundten menschen, das bedew^ottet ain khalteu nat̄r vnd einen khranchen menschen vnd einen abnemenen an dem leyb vnd auch aines trawrigen herczen;" "A small vein in a healthy person shows cold nature and a sick person and a decrease in the body and also a sad heart;" *ibid.*, 412. "Schlecht d̄y ader dratt ann ainem gesundten menschen vnd ist chl̄ain, das pedewt haysse vnd durrew nat̄r vnd einen zarnigen menschen, des czoren aber schier verget;" "When a blood vessel beats fast in a healthy person and is small, that shows a hot and dry nature and a quick-tempered person whose anger goes away fast;" *ibid.*, 413.

²³⁸ *Ibid.*

²³⁹ The *Pulstraktat* in Ortolf's *Arzneibuch*, in its turn, had Aegidius Corboliensis' *Carmen de pulsibus* as the source, which the author elaborated and modified to a great extent. See Ortrun Riha, *Ortolf von Baierland und seine lateinische Quellen*, 8,10.

²⁴⁰ Ónodi, "Die deutschen medizinischen Texte in der Handschrift B.V.3," 404.

²⁴¹ Hagenmeyer, *Die 'Ordnung der Gesundheit' für Rudolf von Hohenberg*, 55, 58. also see Adamson, *Medieval Dietetics*, 162-163.

²⁴² "Es spricht Egidius: Ist die ader groß und starck an ainem gesunden menschen, das bedeutet a^uch gesunthait an dem hertzen und ain miltes hertz und ain frolichen menschen und das seine gelider von natur starck sind;" (ch. 42) "Aegidius teaches that when a blood vessel is large and strong in a healthy person that also means healthy of the heart and a mild heart and a joyful person, and that his limbs are healthy by nature;" "Ain claine ader bedeut an ainem gesunden menschen ain kalt natur und das der mensch krancker natur ist und ain abnemung am leib und ain traurigs hertz;" (ch. 43) "A small vein means a healthy person, a cold nature and that the person is of a sick nature and a decrease in the body and a sad heart;" "Schlecht die ader drat an ainem gesunden menschen und ist clain, das bedeutt ain hayß und dirr natur und ain gech zornigen menschen, des zoren doch schier hin ist;" (ch. 44) "When a vein beats fast in a healthy person and is small, that shows a hot and dry nature and a quick-tempered person whose anger goes away fast;" in Hagenmeyer, *Die 'Ordnung der Gesundheit' für Rudolf von Hohenberg*, 365.

instance, the bloodletting treatise in the Villingen manuscript gives recommendations for the first day of phlebotomy. It is noteworthy that, again, emotional wellbeing is essential to a phlebotomy regime; thus, one is recommended to put away all worries and troubles and to seek joy and pleasure.²⁴³

4.3.3. Emotions in the Plague-Prevention Regimen

From the body of the selected primary sources as well as comparative material a large area emerges in which emotions seem to play a particularly crucial role: plague-prevention measures. Among the primary sources investigated, the *Ordnung der Gesundheit* contains recommendations concerning emotions in a special part dedicated to plague prevention (Book III; *Das drittail diss buchs sagt von der pestilentz*).²⁴⁴ Although corrupt air was usually believed to be the source of infection, the medical texts kept reminding their reader of the necessity of maintaining emotional health in such perilous times. “One should protect oneself from unchastity, from **anger** and **sadness** and a great deal of exertion when they heat up the body and lead to this disease,” warns the *Ordnung der Gesundheit*.²⁴⁵

For illustration of this recurrent model, I will look at other texts from different contexts which support this link between plague prophylaxis and psychological equilibrium. The first of such comparative sources, the Leeuwarden manuscript, contains a short plague treatise. It was composed around 1470, in the Middle Dutch vernacular (*mittelniederländisch*).²⁴⁶ The anonymous author, who drew from other similar

²⁴³ “... vnd sol man ... alle arbeit fliehen vnd allen kumber vnd sorg lan ligen ... vnd fro^eud vnd kurtzvil süchen. vnd sol ain mensch zû den lûten siczen vnd gan bi den er gern sitzet, von den sin gemût mug erfrowet werden” (“... and one should ... escape all work and put away all worry and trouble ... and seek joy and pleasure. And one should spend time with the people one likes, from which one’s mood may become joyful”); in Eis, *Eine altdeutsche Sammelhandschrift aus Villingen*, 7.

²⁴⁴ Hagenmeyer, Die ‘Ordnung der Gesundheit’, 332.

²⁴⁵ “Man sol sich hu^eten vor unkeusch, vor zoren und traurikait und vor grosser arbeit, wann sie den leichnam enzündent und schickent zu^e empfengnuß diß gepresten.” Ibid., 335.

²⁴⁶ Willy L. Braekman and G. Dogaer, “Spätmittel niederländische Pestvorschriften,” in *Medizin im mittelalterlichen Abendland*, ed. Gerhard Baader and Gundolf Keil, (Darmstadt: Wissenschaftliche Buchgesellschaft, 1982), 443-475.

compilations,²⁴⁷ advises his readers to avoid anger, unhappiness and sadness, and besides, to be joyful and not too fearful.²⁴⁸

Another interesting source to consider is a plague poem (*Pestgedicht*) edited by B. D. Haage. The earliest known version of this rhymed composition with recommendations on plague prevention appears in a manuscript which was produced before 1424 in the Alsatian region.²⁴⁹ As for the source, Haage argues that it must date to around 1400 or earlier.²⁵⁰ Later versions of the poem survive in various other manuscripts, in some cases the authorship is ascribed to a certain Hans Andree.²⁵¹ This short plague poem makes further references to emotions and psychological states. First, quite traditionally, it warns against the negative sadness, anger and despondence, as contrasted to positive joy;²⁵² and later it also underscores that everything should be done with love and (good) sense, as well as by living in peace.²⁵³

Even as late as in the second half of the seventeenth century the role of emotional balance can be found in preventive treatises on the plague. To illustrate this, I quote a plague treatise written by English anatomist and physician Thomas Willis (1621-1675), entitled *A Plain and Easie Method for Preserving [by God's Blessing] those that are Well from the Infection of the Plague, and for Curing such as are Infected with it. Written in the Year 1666.*²⁵⁴ An excerpt from this medical treatise illustrates well the extent to which the *sex res*

²⁴⁷ Ibid., 475.

²⁴⁸ “Toern, onghenoecht, bedructheit van herten ... alle dese salmen scuwen daer men can ende mach, ende men sel vrolic wesen ende ymmer niet seer verueert.” (“Zorn, Unzufriedenheit, Traurigkeit des Herzen ...: all das soll man vermeiden, soweit man das kann und vermag, und man soll fröhlich sein und niemals allzu ängstlich”); Middle Dutch text and German translation in *ibid.*, 460.

²⁴⁹ Bernhard Dietrich Haage, “Zur Überlieferung eines altdeutschen Pestgedichts,” in *Würzburger Medizinhistorische Forschungen*. Beiträge zur Wissenschaftsgeschichte. Band 24. Festschrift zum 70. Geburtstag von Willem F. Daems, ed. Gundolf Keil (Pattensen (Han.): Horst Wellm Verlag, 1982), 323-335.

²⁵⁰ Around the same time as the plague part was added to the *Ordnung der Gesundheit*, *ibid.*, 326.

²⁵¹ Ibid., 323.

²⁵² “Truren, zorn und och unmût/ Soltu lossen, sie sint nit gût./ Bis in dime mûte zû mossen frolich./ Dz entfil ich dir sunderlich.” (“Of Sadness, anger and also displeasure/ You should get rid of, they are not good./ Be in moderately joyful mood, / This I recommend you particularly.”) Ibid., 334.

²⁵³ “Du solt och allewegent ettewz begynnen / Zû tûnde mit libe und och mit synnen. / Einig mit freden sin in huse, / Frûge und spote wesen in siner kluse / Ist och usser mossen vaste gût, / Ist er do inne mit frölichem mûte.” Ibid., 335.

²⁵⁴ The printed edition from 1691 of this work is available at <http://www.med.yale.edu/library/historical-old/willis/will1.htm> (Last accessed: 15 May 2011).

non naturales, and the *accidentia animi* among them, were influential in the domain of preventive medicine well into the mid-seventeenth century in continental Europe and in England.

Now because the Spirits are commonly the first that receive Infection; We must fortifie them, that they may not easily admit the approaches of their Enemy, which when they are in full vigor and expansion, they will repel, and as it were keep off at a distance. Therefore **Wine** and **Confidence** are a good **Preservative** against the **Plague**: But when the Spirits, through fear, or want of supply, do recede, and are forc'd to give back, the Enemy enters, and first seizeth them, and thence gets into the Blood and Humors; Therefore much **Fasting** and **Emptiness** are **bad**: But every one should Eat and Drink at convenient Hours, in such manner and measure, as may always keep the Spirits lively and chearful, and endeavour to compose his Mind and Affection against fear and sadness.²⁵⁵

Some scholars have argued that compositions such as the English treatise should be considered as a distinct type of medical text, different from *regimina sanitatis*.²⁵⁶ Irrespective of details of classification, *A Plain and Easie Method* takes a stand on emotions as they are related to bodily health which is in accordance with earlier regimens of health.

4.3.4. *Complexio* and Temperaments

Complexion theory is yet another way in which the psychological and somatic were linked.²⁵⁷ In this system, human dispositions – the temperament – and character were defined by the composition of the main qualities (*complexio* or *crasis*).²⁵⁸ Some of the sources under consideration here elaborate on this theory and make reference to the relation between the body's complexion and emotional states.

²⁵⁵ Ibid., 7-8. <http://www.med.yale.edu/library/historical-old/willis/Willis06-07.jpg>, <http://www.med.yale.edu/library/historical-old/willis/Willis08-09.jpg> Boldface original, underlining mine.

²⁵⁶ "Plague tractates have been usually grouped within the larger genre of *regimina sanitatis* ... Yet this grouping ignores the fact that a proportion of the plague tractates that appeared during the period also included a curative regime along with the traditional preventive one." See Jon Arrizabalaga, "Plague Tractates," in *Medieval Science, Technology, and Medicine: an Encyclopedia*, ed. Thomas Glick, Steven J. Livesey, Faith Wallis (New York: Routledge, 2005), 405-409, esp. 406.

²⁵⁷ For a brief overview see Nancy G. Siraisi, *Medieval and Early Renaissance Medicine. An Introduction to Knowledge and Practice* (Chicago: The University of Chicago Press, 1990), 101-106.

²⁵⁸ Ibid., 101.

The *Ordnung der Gesundheit* suggests that one can recognize a healthy person not only by the color and consistency of his urine or other physical symptoms, but also by his mild and joyful disposition (“How to recognize a healthy person. If he has more blood, which means heat and moisture, so the person is joyful and sings eagerly and is mild.”)²⁵⁹ The prevalence of heat and dryness over cold and moisture explains a quick temper (“If he has more heat and dryness than cold and moisture, then he gets angry easily and his anger goes away quickly and he is unstable... and is faint-hearted”).²⁶⁰ Prevalent cold and dryness result in a predisposition to sadness and fear (“But if he has more cold and dryness than heat and moisture he is often sad and very fearful”).²⁶¹ This passage of the *Ordnung der Gesundheit* is based on material in the *Arzneibuch* where the same system can be found.²⁶² In yet another place in the *Ordnung der Gesundheit* temperaments proper are discussed. Here the author discusses in detail how the body’s prevailing humor with its qualities defines someone’s temperament (“sanguine,” “melancholic,” “choleric” or “phlegmatic”), and with it, the predisposition to certain emotions or psychological states. Below, I will focus on the emotions which are defined by each particular temperament.

Thus, the regimen ascribes joyfulness and bravery to the sanguine temperament,²⁶³ as contrasted to sadness and fearfulness, common to the melancholic *complexio*.²⁶⁴ A person of a

²⁵⁹ “Wie man ain gesunden menschen erkennen sol. Hatt er des plütz mer, das ist der wirm und feuchtikayt, so ist der mensch frolich und singt geren und ist milt;” *ibid.*, 345.

²⁶⁰ “Hatt er der hitz und dirrin mer, denn der keltin oder der feuchtin, so ist er geren zornig und der zoren ist im schier hin und ist an seinen dingen unstet ... und ist claines mutes;” *ibid.*

²⁶¹ “Hatt er aber der keltin und dirrin mer, dann der hitz und feuchtin, so ist er geren traurig, er fürcht im ser;” *ibid.*

²⁶² “Nû wyl ich sagen, wo man eynen gesunden menschen sal erkennen ; wat natûre he an eme hebbe, dat he dez blûdez mer, dat yst der wermede vnde der fuchtekeyt, so yst he (warm und fewcht und ist froleich) vnde synget gerne vnde yst milde, vnde syn harne yst goltfar vnde to mate dycke;” (“Now I would like to say how to recognize a healthy person and what nature he represents: he has more blood, that is heat and wetness, he is warm and wet and joyful and he sings eagerly and is mild and his urine is golden and thick”); “Hat her auer der hytte vnde der dorde me, so yst he gar tornyg vnde der torn yst schyr vorgan; her yst vnstete ... (“But if he has more heat and dryness, then he is often angry and his anger goes away fast; he is unstable...”); “Hat her auer der kelde vnde dorde me, so yst he gerne truryg vnde worthtig sych sere...;” (“But if he has more coldness and dryness, then he is often sad and very fearful...”); *Das Arzneibuch Ortolfs von Baierland*, 82-83.

²⁶³ “Er ist milt zu^e erlichen dingen, er ist frolich, zimlich. Er ist kuⁿ und mu^{tig} zu^e gu^{ten} dingen, er ist gu^{tig}...;” (Sangwineus, ch. 21) (“He is mild in serious matters, he is joyful, honest. He is bold and courageous in good things, he is amicable...”); Hagenmeyer, *Die 'Ordnung der Gesundheit' für Rudolf von Hohenberg*, 290.

choleric temperament is described as brave and prone to anger which, however, soon passes,²⁶⁵ unlike people of a phlegmatic temperament.²⁶⁶ The author of the *Ordnung* names Aristotle as his source.²⁶⁷ It is interesting to observe that the emotions mentioned in connection with temperaments correspond to the ones which have been identified as the most frequently listed among *accidentia animi* of the preventive regimen. Thus, the four emotions with which the *Ordnung der Gesundheit* operates (joyfulness, sadness, anger, fear) receive another degree of interdependence with human body.

4.3.5. Emotions and Religion

In general, the system of emotions in the bulk of the medical compositions of this genre has no religious or ethical component. As has been demonstrated, the harmfulness of certain emotions and passions is explained by changes in the body and physiology attributed to them, in the terms of Galenic medicine rather than in theological terms. However, there is an exception to this rule in the *Tractatus de Regimine sanitatis*, written by Arnold von Bamberg.²⁶⁸ In this case a Christian dimension has been added to the system.

This regimen is particularly curious to consider, not only because it explains how important it is to begin with the *accidentia animi* in the matters of health,²⁶⁹ but because it discusses these within a religious framework. The author advocates restraining such emotions

²⁶⁴ “Ain mensch der selben natur ist geren karg, geytig, traurig ... und ist forchtsam...” (Melancolicus, ch. 22) (“A man of this complexion is quite thrifty, greedy, sad and ... fearful... ”); *ibid.*, 290-291.

²⁶⁵ “Er ist ... schnellen zorns, der ist im doch schier hin. ... Er ist unforchtsam ...;” (Colericus, ch. 23) (“He is quick-tempered, but his anger goes away soon... he is not fearful... ”); *ibid.*, 291.

²⁶⁶ “Der mensch ... ist nit zornig;” (Flegmaticus, ch. 24) (“The person is not prone to anger”); *ibid.*

²⁶⁷ *Ibid.*, 288.

²⁶⁸ *Tractatus de Regimine sanitatis* (*Incipit tractatus de Regimine sanitatis magistri Arnoldi praepositi Jacobi in Babenburch. See Latin text with a German translation in Karin Figala, Mainfränkische Zeitgenossen “Ortolfs von Baierland”: Ein Beitrag zum frühesten Gesundheitswesen in den Bistümern Würzburg und Bamberg, Pharm. Diss. (Munich: Ludwig-Maximilians-University, 1969), 160-190, 190-220, respectively.*

²⁶⁹ *Et quia inter sex res non naturales circa quarum commensurationem et ordinationem debitam versatur totum regimen sanitatis, accidentia animae turbant (turbantur) ut in pluribus aliquantulum intellectum, quo turbato cuiuslibet regiminis executio pariter conturbatur, et cum hoc etiam corpus non modicum alterant (alteratur), cui alterato non iam debetur regimen sanativum sed potius curativum ideo ut videtur in dicto regimine merito est ab ipsis incipiendum. Ibid., 161. Figala bases the Latin edition of the regimen on the oldest manuscript (Ms. 434 Erlangen) from 1317, using another codex (Clm 7755 Munich) from 1318 for comparison (in brackets).*

as anger, worry, and sadness for the sake of the morals and philosophy of Christ; he is also concerned about the fact that anger and worry separate one from God, apart from affecting the mind and body.²⁷⁰

The Christian moralistic element can be explained by the fact that the author was both a physician and a member of the clergy, the provost of the St. Jakob secular canonicate monastery in Bamberg.²⁷¹ Probably educated at Bologna,²⁷² Arnold wrote the regimen upon the request of Augustinus Gazotti, bishop of Agram²⁷³ (Zagreb) in 1317.²⁷⁴

The reference to Christianity notwithstanding, the emotions of Arnold's regimen are in compliance with the traditional system and support the common pattern.²⁷⁵ The author explains the harmful nature of negative emotions from positions of Christian morals; however, the perturbation caused by emotions is framed in traditional Galenic medical terms.

As far as Christian elements are concerned, Arnold von Bamberg's regimen is the sole work which makes such ideas explicit. Significantly, in other compositions produced in monastic circles, emotions and states of the mind are not given a moral value and their impact on the body is drawn in medical, not Christian or philosophical, terms. One of these texts – the Villingen manuscript – describes a bloodletting regime without elaborating on issues of piety or morality.²⁷⁶

²⁷⁰ *Sed quia prohibere huius scilicet irasci, sollicitari, tristari, etcetera ad moralem et Christi (ipsum) philosophum qui considerando dispositionem et ordinem universi novit omnia mala et bona mundi propter quae et in pluribus sollicitari et irasci contingit esse mala et bona fantastica et omnino non duratura nec irascendum penitus nec solummodo (solomodo) propter illa quae separant nos a deo potius quam ad medicum pertinere videtur. Ibid.*

²⁷¹ "Propst des Säkularkanonikatsstiftes St. Jakob in der Bischofsstadt Bamberg," *ibid.*, 78. Also see Adamson, *Medieval Dietetics*, 150.

²⁷² The closing of the regimen suggests: *Super hoc tamen specialiter poteritis habere consilium cum domino et magistro meo G. archidiacono bononiensi*, 189. See Figala, *Mainfränkische Zeitgenossen* "Ortolf von Baierland," 79; also see Adamson, *Medieval Dietetics*, 150.

²⁷³ Figala, *Mainfränkische Zeitgenossen* "Ortolf von Baierland," 80; also Adamson, *Medieval Dietetics*, 150.

²⁷⁴ Figala, *Mainfränkische Zeitgenossen* "Ortolf von Baierland," 80, 84.

²⁷⁵ Compare Figala's commentary on the *accidentia animae* section: Figala, *Mainfränkische Zeitgenossen* "Ortolf von Baierland," 90.

²⁷⁶ *Supra* note 217.

The *Liber de Conservanda Sanitate* is another text which comes from the Benedictine monastery The Small Garden in Walcourt, Belgium.²⁷⁷ Neither the identity of its author nor the exact date of composition is known. L. Elaut has suggested that, in all likelihood, the regimen was written by a friar.²⁷⁸ As for the date, although the colophon on page 179 r° mentions the year 1444, the *Liber* and other texts in the same bundle might go back to an earlier epoch.²⁷⁹ The *Liber de Conservanda Sanitate* teaches “[item] *summe cavendum est ab ira, tristitia, timore, solitudine et cogitatione rerum melancolium inducentium, et servanda est tunc castitas.*”²⁸⁰ Here, only the mention of chastity might be seen as an indication of the monastic context of the regimen; which, all the same, can be found in compositions designed for a less pious readership.²⁸¹ The sentence following the one regulating emotional life might also have been influenced by a monastic way of life, as it warns about “things warming and heating up.”²⁸²

In spite of all this, it seems to me that the patterns of emotions in this manuscript should be considered as a part of the larger plague-prevention model rather than as mere monastic moralizing guidelines. The location of the sentence with the mention of emotional states – in the section entitled *De modo preservationis de epidemia* – places it in the anti-plague (or any other epidemic) emotional regime framework. The two examples demonstrate, however, that a religious dimension was compatible with the system and could easily be added. The concept of emotions as an integral part of physical wellbeing was, nonetheless, defined in Galenic terms.

²⁷⁷ L. Elaut, “The Walcourt Manuscript: A Hygienic Vade-Mecum for Monks,” *Osiris* 13 (1958): 184-209, 184.

²⁷⁸ *Ibid.*, 185-186.

²⁷⁹ *Ibid.*, 185.

²⁸⁰ “And one is to beware in the highest degree of anger, sadness, fear, excessive worry and contemplation about the things bringing black bile, and then chastity is to be preserved.” *Ibid.*, 206.

²⁸¹ See, for instance, the *Ordnung der Gesundheit* or *Arzneibuch*, which “prescribes” chastity: *supra* note 27, 33.

²⁸² Elaut, “The Walcourt Manuscript,” 206.

Summing up, the ways in which emotions and psychological states relate to the body and health are numerous, as is demonstrated in the selected primary sources and comparative material. First and foremost, there are a number of emotions and states which disturb the balance of health and thus cause harm to the body; these have been referred to as negative in the present study. The most frequently mentioned among these are anger, sadness, and worry. In contrast, the positive or salubrious emotions are few; however, practically every regimen of health which discusses *accidentia animi* underscores the beneficial effect of joy on human health.

Apart from the models in which emotions can cause or trigger certain unhealthy states or diseases – considered “psychosomatic” patterns – emotions form other patterns. For instance, a number of sources make emotional wellbeing an important constituent part of a plague-prevention regime. Similarly, evidence can be found about the important role that emotions play in a phlebotomy regime; a correlation between the size of blood vessels and emotional characteristics of an individual has also been identified. In addition to the interplay of the vascular system and emotional states, emotional dispositions (temperaments) are said to be explained by physical factors.

Certain emotions are mentioned more frequently than others and certain patterns are recurrent. On the whole, the diverse texts under consideration form a consistent system in regard to emotions and psychological states. In the case of Arnold von Bamberg’s *Tractatus de Regimine sanitatis*, *accidentia animi* are placed in a theological framework, which is uncommon for *regimen*-literature. The later in time a regimen of health is written the more diverse the patterns of emotion-body relationship seem to be. Paulus Kyr’s *Sanitatis studium*, written in the mid-sixteenth century, on the one hand, contains a few models which have no parallel in other investigated sources, and on the other hand, pictures some of the emotions as both harmful and beneficial in different situations.

CONCLUSION

Drew Leder wrote in 1998:

The lethal diseases of the modern industrial age, most prominently cardiovascular disease and cancer, have been shown to be intimately bound up with sociocultural and personal intentionalities; that is, life-style, emotions, environmental agents, habits of diet, drug use and exercise.²⁸³

Fascinatingly, the six non-natural factors do not seem to have lost their topicality up to the present day. In the light of modern scientific research, *accidentia animi* deserve special attention. This thesis has demonstrated that new insights can be gained from a detailed investigation of the emotions and psychological states mentioned in German *regimina sanitatis*.

Certain psychosomatic patterns could be identified in the selected primary sources material, in which particular emotions were believed to result in particular diseases and unhealthy states. At this point a disclaimer should be made as the primary material used here was only a small sample and further comparative study is required.

Evidence has been found for other patterns of interaction between the body and emotions. It has been shown that a number of sources include emotions among the necessary components of a plague prevention regime. The other patterns which *accidentia animi* seem to form have also been considered, including their relation to blood vessels and phlebotomy, as well as to temperaments. The question as to whether emotions should be considered a part of medieval religious discourse has also been considered.

This study has demonstrated that the accounts of psychosomatic relationships are varied in the selected primary source material and deserve further research. A more exhaustive comparative study of *regimina sanitatis* with a focus on emotions would be

²⁸³ Drew Leder, "A Tale of Two Bodies: The Cartesian Corpse and the Lived Body," in *Body and Flesh. A Philosophical Reader*, ed. Donn Welton, (Malden, MA: Blackwell Publishers, 1998), 117-129, 127.

necessary to deepen the understanding of their considered role in the matters of medieval health.

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