"Popular" Medicine and the "Elites" in the Late Middle Ages*

GERHARD JARITZ, KREMS/BUDAPEST

I

Talking about popular medicine arises the same problems as talking about popular culture or popular religion. And this is certainly nothing new. All of us have a certain knowledge or imagination of what we are talking about but we are not really able to define. Talking about "elites" obviously leads us to very similar difficulties.

Those problems should not mean though that we better were to avoid talking about popular medicine and elites. We think that those terms are very well able to be used as a framework for analysis and also for our paper – but that we have to be aware of their "fuzzyness" and that we at least have to try to describe what we mean when we say what we do.

The distinguished scholar of the early modern period, Peter Burke, got well aware of the mentioned problems and discussed particularly the "two-tier model" of elite and popular culture. To a certain degree such a model seems to be valuable. But the model certainly also at the one hand might lead towards a "false impression of homogenity of the thinking", behaviour and mentality of the "people" as well as of elites – which certainly is not true. On the other hand and in connection with this first "illusion" we might get the impression of a strict borderline between the different cultures of the people and the cultures of the elites. But this borderline certainly again is a fuzzy one and our interest should rather be concentrated on interaction than on division.[1] Especially with regard to elites we should be interested

* Revised version of a paper delivered at the conference 'Medieval Medicine. Healing Body and Mind' at the Center for Medieval and Renaissance Studies, The Ohio State University, Columbus, Ohio, in February 1994.

[1] Peter Burke, Popular Culture Reconsidered. In: Mensch und Objekt im Mittelalter und in der frühen Neuzeit (Veröffentlichungen des Instituts für Realienkunde des Mittelalters und der frühen Neuzeit 13 = Sb. Ak. Wien, phil. hist. Klasse 568) Vienna 1990. 183 sq.

in practices of "biculturality" which might be very well adopted or taken over for our problem of "popular medicine" and the elites.

There are certainly the other possibilities to speak of official and non-official medicine which again may cover parts of the distinguishing factors of different levels. And there might be the possibility to speak of a medicine of and for the elites and such of and for the non-elites which may become particularly useful, if the medicine of elites is to be connected with certain symbols of status and codes of argumentation which are supposed to be reserved for those elites. And everything else would then be non-elite medicine, popular medicine.[2] There naturally is the diversion between learned medicine and non-learned medicine, often again being quite vague. And we might use the approach of popular medicine as medicine from and for the "below", but not emphasising that it touches o n l y the lower social groups of society but that it a l s o touches them. All those components will be relevant for our question to some extent. A clear distinction and/or definition we are not able to give.

We might describe the problem we are dealing with as being the question to what extent very different practices to heal body and mind which normally were not part of learned medicine and/or were neglected or condemned by its representatives but at the same time played an important role in medieval society, particularly for lower social groups of society – to which extent these practices also can be traced as having been of relevance for those groups of society which can be circumscribed as elites of different levels.

II

A very valuable source for starting our considerations is one complex of sources not directly connected with the medical professions: the miracle reports. Miracles certainly played an important role in medieval society and might have got relevant for anybody. Everybody, regardless of social status, wealth and function, could come into the situation that she or he needed God's and/or some saints' help with regard to certain health problems of

[2] Cf. Willem Th.M. Frijhoff, Cultuur, mentaliteit: Illusies van elites? Nijmegen 1984, 21 sqq.; Gerhard Jaritz, Gemeinsamkeit und Widerspruch: Spätmittelalterliche Volkskultur aus der Sicht von Eliten. In: Volkskultur des europäischen Spätmittelalters, ed. Peter Dinzelbacher and Hans-Dieter Mück (Böblinger Forum 1) Stuttgart 1987, 16 f.

her or his body and mind. Miracles could help where and when nothing and nobody else were anymore able to help.

One of the patterns one gets confronted with when studying late medieval miracle reports is certainly the one of the physician who had to quit and could not help anymore. Only God's or his saints' help remained valid. Against the will or help of God or in relation to them, the physician, his knowledge and his ability could become useless.

The inability of physicians – in relation or contrast to the power and ability of God and his saints – is something which we are regularly confronted with.[3] It is an image which one more or less must have become aware of in late medieval society. There are those miracle reports.[4] The woman from Zlabings (Slavonice) had lost her hand (Fig. 1). She was healed by the physician and the intervention of the saint. By asking for the help of the Virgin Mary of Mariazell, one of the most important medieval Austrian pilgrimages, she became able to move her fingers again[5] Not alone the physician of this world could help but also and completely only the physician from another world: Virgin Mary, you physician above all physicians. Saint Wolfgang you heavenly physician, etc. etc. We find such remarks regularly in miracle reports.[6]

One of the very important aspects concerning this matter is that everybody, regardless of her or his social status, wealth and function could be helped: not only the simple folks but also members of the elites, even rulers. In their sickness, Margrave Henry of Moravia and his wife received help of the Virgin Mary of Mariazell by intervention of St. Wenceslas (Fig. 2). At least from its general basis, there is no difference between elites and non-

---

[3] Cf., on the other hand, Michael R. McVaughn, Medicine before the Plague. Practitioners and their Patients in the Crown of Aragon 1285–1345. Cambridge 1993, 138.

[4] Cf. Barbara Schuh, Jenseitigkeit in diesseitigen Formen (Schriftenreihe des Instituts für Geschichte der Universität Graz 3) Graz 1989, 26 sqq.; Harry Kühnel, 'Werbung', Wunder und Wallfahrt. In: Wallfahrt und Alltag in Mittelalter und früher Neuzeit = Sb. Ak. Wien, phil.-hist. Klasse 592) Vienna 1992, 95–113.

[5] So-called 'Großer Maria Zeller Wunderaltar', 1518–1522. Graz, Landesmuseum Joanneum.

[6] Cf. Wittmer-Butsch, Pilgern zu himmlischen Ärzten: historische und psychologische Aspekte früh- und hochmittelalterlicher Mirakelberichte. In: Wallfahrt und Alltag, 247–250.

elites with regard to the possibility or chance to be healed by heavenly intervention.

Fig. 1: The woman from Zlabings gets healed with the help of the physician and the Virgin Mary. Panel painting, Großer Mariazeller Wunderaltar, 1518-1522. Graz, Landesmuseum Joanneum.

Fig. 2: Healing of Margrave Henry of Moravia and his wife through the intervention of St. Wenceslas and the Virgin Mary. Panel painting. Großer Mariazeller Wunderaltar, 1518-1522. Graz, Landesmuseum Joanneum.

Fig. 3: Healing through the intervention of St. Agnes:
the inability of the medical practitioner.
Fresco. 1414. Kaltern (Southern Tyrol), church St. Catharine.

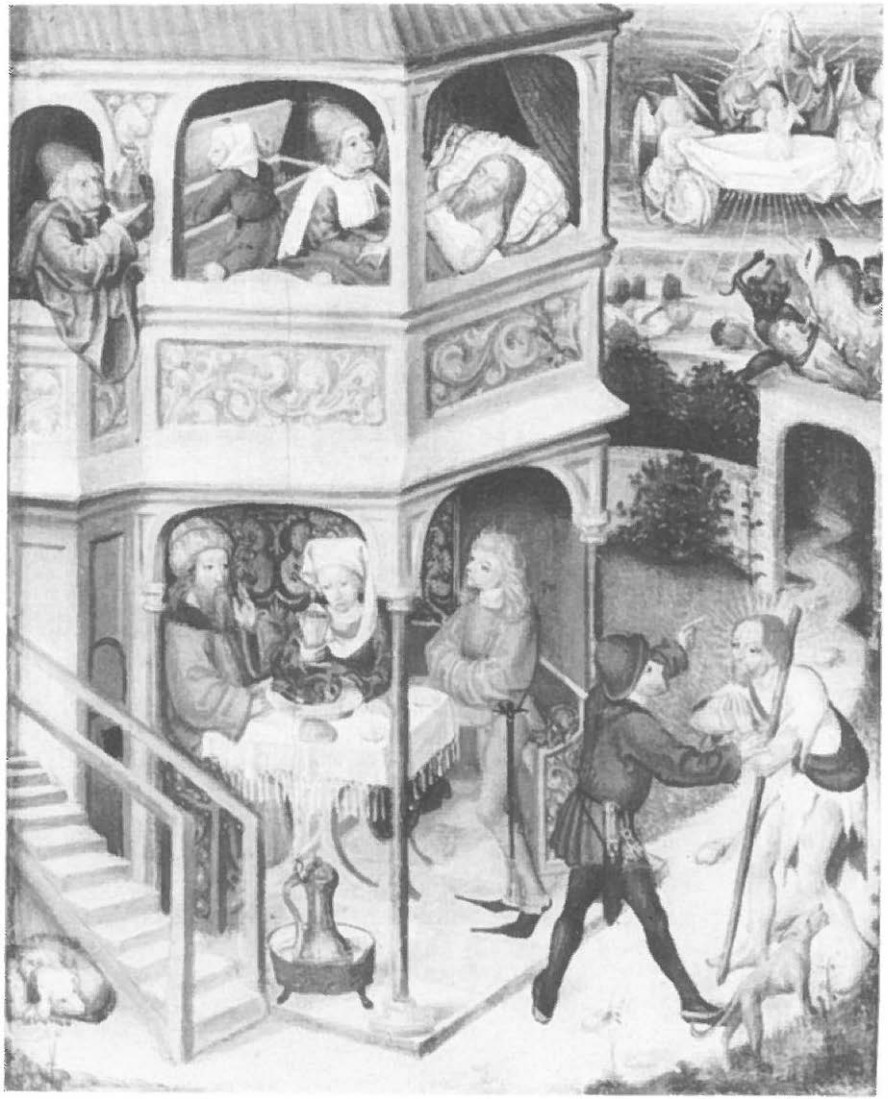

Fig. 4: Parable of the rich man and Lazarus, the beggar: the death of the rich man; the inability of the physician.
Panel painting, end 15. cent. St. Paul (Carinthia), Benedictine monastery.

It is not only those miracle reports which confront us with such a situation but, for instance, a number of other well-known religious stories, legends, their modifications and additions. For example, the legend of St. Agnes healing a sick man (Fig. 3). It again can show the inability of the physician holding the urinary flask in his hands and not being able to give any more help. Or the parable of the rich man and the poor Lazarus. After the rich man had refused to help and when it came to his hour of dead, not only the priest got unable to give help but certainly also the physician (Fig. 4).

The image of the limits of the knowledge of physicians is therefore one which we are regularly confronted with, particularly from a religious approach. Those limits of any secular methods of help are something which everybody could be confronted with. In the late medieval argumentation this certainly is particularly relevant for those groups of society who – from their economical ability – were able to consult a physician, or, to put it more general, the learned medicine.

It is, by the way, a very remarkable fact that this image of the failing of physicians to be found in miracle reports is something which seems to get typical not before the twelfth century, when medicine started to move away from only clerical control towards a secular domain, particularly in the towns.[7]

III

But, the ability of physicians and their actual or possible limits must not only be seen in relation and confrontation to the ability of God and his saints. Because there certainly also were others who could help if physicians actually failed or in the case that some problems occurred. And this is something which was not only occasionally taken into consideration by some individuals but rather seems to have been a general possibility, also made use of by elites or even the uppermost top of society. We certainly know a number of examples, also from post-medieval times, how this was practiced. Just think of the example of the French King Louis XIV.[8] To his deathbed,

[7] See Schuh, Jenseitigkeit, 28 sqq., based on Peter Assion, Geistliche und weltliche Heilkunst in Konkurrenz. Zur Interpretation der Heilslehre in der älteren Medizin- und Mirakelliteratur. In: Bayerisches Jahrbuch für Volkskunde 1976/77 (1978) 7–23.

[8] See Frijhoff, Cultuur, 8–10.

he not only ordered a large number of his physicians but also – with their agreement – some village quack from Provence who possessed some elixir against gangrene, and he looked for help by using the "remède du feu abbé Aignan", originally a remedy against waterpocks, but in this case – based on the clerical quality of its producer – without doubt seen as last cure-all.

Or this other, very interesting example of the Dutch archpriest from Leiden, Hugh van Heussen, rich, educated, Jansenist, member of diverse elites; an example which was so well analysed by Willem Frijhoff.[9] In 1687 Hugh van Heussen sent his sick sister, who was keeping his household, over the Channel to king James II to be touched by him and thereby get cured. This case obviously does not show a controversy between the *ratio* of the elites and the *superstitio* of the people.

Van Heussen needed his sister' help in the house. In the letter to the English apostolic vicar he emphasised that her help was undispensable in his household. And the whole story did not reflect a mistrust against the learned medicine, but just another, additional alternative. She even took a number of testimonies of well-known physicians with her to England, stating that they could not help in her country. Perhaps there was some English doctor who could help, if the king's sacral help remained powerless.

And such and similar patterns are certainly also to be found directly or indirectly in late medieval sources. Having fallen ill, the bishop of Passau in Bavaria sent a letter to the abbot of the Benedictine monastery of Göttweig on March 1, 1477, explaining the following situation: On February 26 at lunchtime he got heavy toothache, which became lesser in the evening. The same night he was befallen by such a pain of stones that he could not sleep. The pain became so heavy that he lost his appetite and since that time was not anymore able to urinate. He asked the abbot to pray for him, and to hold a service in honour of the Virgin Mary and all the patrons of his bishopric that they might intervene for the mercy of God. Moreover he asked for some tasty, not strong and rather sweet wine, which he was not able to get. On March 4 abbot Lawrence answered the letter, gave notice of the service which was held and transmitted some special wine. On the same day the bishop replied with an address of thanks. Three weeks later, on March 24, the abbot sent the bishop *aquam ob eius mirabiles effectus plurimum famosam*, some herbs and particularly the herb *paritaria* which

[9] Cf. Frijhoff, Cultuur 8–10.

should be put into his bath. The *aqua famosa* had already helped some noblemen suffering from pain of stones, had opened the urinary passage and had caused relieve of other abdominal pains. The next day the bishop offered his thanks, emphasising that he was hoping for help by using the mentioned remedies.[10]

At least similar cases can be assumed if one looks closer into the evidence of monastical account-books. Again it is the variety of different objects and deeds which obviously at the same time are supposed to help or at least are connected with some hope. In 1471, the abbot of the above mentioned Lower Austrian Benedictine abbey of Göttweig obviously fell severely ill. The entries into the account-book show expenses for three different doctors, one pharmacist, one *balneator*, one *chirurgus* and for the acquisition of *unum libellum de arte moriendi*.[11]

And such application of very different methods to provide health can certainly lead into spheres which we clearly can put into the realm of superstition, as was at least also partly done by medieval persons being affected of them. Think of the wedding-night of the later emperor Frederick III with Eleonor of Portugal. The Portuguese ladies of Eleonor incensed the bed, recited rhymes, it was consecrated with the help of a priest and with sacred water – *ut est superstitio mulierum*, as the chronist Thomas Ebendorfer put it – to provide a happy marriage and everlasting love. And Frederick: he got frightened and anxious – about the danger of being overcome by some magic – and ordered another bed.[12]

There is this regularly occurring polarity and ambiguity between using and applying methods not (really) authorised by the church or by representatives of the learned medicine or by other secular elites on the one hand but their usage and application partly by themselves – and on the other hand condemning them and/or at the same time being frightened of them.

IV

Particularly the last mentioned examples lead us rather away from the

[10] Cf. Gerhard Jaritz, Klösterliche Rechnungsbücher als Quelle für die Rolle der Medizin in monastischen Gemeinschaften des Spätmittelalters. In: Medizin, Gesellschaft und Geschichte 9 (1990) 85.

[11] Jaritz, Klösterliche Rechnungsbücher 83. For surgeon-barbers in the Middle Ages, cf. Susanna Stolz, Die Handwerke des Körpers. Marburg 1992, 13–119.

[12] Cf. Jaritz, Gemeinsamkeit und Widerspruch 26.

history of specific patterns of the inability of the learned physician. It takes us more to a history of different available possibilities which were or could be seen as equivalent because they all were supposed to help. This equivalence of the learned and the "popular" or not-official could particularly be found out in studies which have been concentrating on a much earlier period than the one, out of which we took our previous examples.

In the courtly literature of around 1200 the patterns of curing appear often and in different varieties. Particularly the curing of wounds is something which occurs regularly in the courtly romances of this period. And these wounds could be cured by female wizards (Erec of Hartmann von Aue), by professional physicians (Eneas romance of Heinrich von Veldeke), by wise women (in the Tristan of Gottfried von Straburg or in the Parcival of Wolfram von Eschenbach) or by a knight of medical knowledge (Parcival).

The courtly romances show a kind of preference for the non-academic medicine, particularly practiced by women, with an affinity to the magic. Nevertheless, there is no conflict of demands and also no competition between the learned and the not-learned but much more the acceptance of the different varieties and a kind of equality of them. The romances, reflecting in a wider sense the possibilities of the right *ars vivendi*, do not create a hierarchy, do not condemn and not directly prefer. They at least indirectly let the possibilities open to choose.[13]

The same seems to be generally true for other literary sources though in some of them, particularly in bible poetry and legends, the polarity to God as the true healer and physician is emphasised, and in satires (Schwänken) the humorous and satirical element, sometimes particularly is supposed to hit the learned physiscians.[14] But still, if you need help and/or if specific interests are not touched, then every method can take place equally ranked or equivalent – also and sometimes particularly concerning those members of society who had an elitarian function.

---

[13] Cf. Barbara Haupt, Heilung von Wunden. In: An den Grenzen höfischer Kultur. Anfechtungen der Lebensordnung in der deutschen Erzähldichtung des hohen Mittelalters, ed. Gert Kaiser. Munich 1991, esp. 104–109.

[14] Cf. Torsten Haferlach, Die Darstellung von Verletzungen und Krankheiten und ihre Therapie in mittelalterlicher deutscher Literatur unter gattungsspezifischen Aspekten. Heidelberg 1991, esp. 184–216.

V

There are certainly a lot of medieval arguments with regard to use and abuse of medical practices. This question of use and abuse and the different ways to deal with them is – as we think – one of the general central points on which any analysis with regard to our research problem has to be focused on. And particularly there the fuzzyness of borderlines becomes extremely evident. The well-known preacher and university teacher Nicolaus of Dinkelsbühel, who lived and worked in Vienna between 1385 and his death in 1433, may offer us an example. One of the typical passages out of his sermons deals with use and abuse of Christian practices. The benediction of objects offers the possibility to use them in a symbolic and spiritual way and may that way lead to positive conseqnences for man: Use the sacred water as sacred water, but do not go further. If you take sacred water home on the day of St. Blaise it is to be used as a sacred object, but not – as he said – against any tumor or other sickness and not against the worms on kraut or against beetles in the vineyard or against mildew. In another connection with candles he argued in a similar way, stressing that one should not believe that what some foolish parish-priests weree preaching, saying or writing.[15] And here we see this typical ambivalence of different authorities. Not only the well-known preacher and university teacher was an authority but also the parish-priest, though on another level. But those different levels were not as distinguished or separated, as the preacher might have wanted to emphasise. In everyday life of people of all ranks who needed help this controversy might not have been existent, about which one can regularly, for instance, find evidence in religious writing, particularly in sermons. They sometimes distinguished drastically, like in the example of Berthold von Regensburg, between the honourable learned doctor of medicine and the female wizard to whom he put the question: "Do you want to fake the medicine of God?"[16]

Not only those cases – out of many – of the learned preacher condemning some abuse and at the same time warning from foolish parish-priests,

[15] Cf. Ernst Englisch, Deutsche Predigten als Vermittler zwischen Gelehrtenkultur und Volkskultur. In: Volkskultur des europäischen Spätmittelalters, ed. Peter Dinzelbacher and Hans-Dieter Mück (Böblinger Forum 1) Stuttgart 1987, 156 sq.

[16] Cf. Ernst Wolfgang Keil, Deutsche Sitte und Sittlichkeit im 13. Jahrhundert nach den damaligen deutschen Predigten. Dresden 1931, 159 sqq. and 187 sq.

who obviously support it, or from wizards, who practice it, clearly show the problematics of acceptance and refusal. In the course of such an ongoing discussion one really could suspect that there might have been a feed-back effect: By regularly mentioning abuse and condemning it, a result into the other direction at least might be thought of. The recipient, the person seeking help might have got the impression that truth was lying behind something, which was continuously condemned by some authorities but obviously supported or practiced by others, even if those authorities were to be put on different levels.

Think in this connection of the amulets regularly criticised and regularly used, particularly in religious paintings of baby Jesus (Fig. 5). Think of the hand of Fathme or Saint Anne, also rarely used in religious painting (Fig. 6), think of the prognostical books particularly used by members of the elites and at the same time condemned by the church (Johannes Hartlieb, the physician of the Bavarian duke Louis VII), think of the regularly used bloodletting tables, and some harsh satirical critics on them (Hans Folz 1480).[17]

Not only the already given examples of sermons but a number of other evidences might lead us to the conclusion that learned medicine, "popular medicine" and God are sometimes with regard to their ability to help not only close together but were used together. They represented those different possibilities. If one of them did not not help, one tried the other, or one tried all of them together, at the same time to improve the chances. If one's health is in danger, there is not just one generally valid authority.

The vague borderlines – if any – are also particularly proved by manuscripts containing collections of various recipes. Recipes generally are something which are quite nearer to each other than they are for our understanding today. Collections containing cooking recipes, recipes against sickness being based on authorative medical knowledge and such which we today would clearly put into the category of superstition, also of prognostical character, are something which we certainly find combined or together – which with regard to cooking recipes at least indirectly already can be found in the *Didascalion* of Hugh of St.Victor of the 12th century (1137): *cibum et potum inter attributa medicine annumero* .... And in an allegory

[17] Cf. Gerhard Jaritz, Aderlaß und Schröpfen im Chorfrauenstift Klosterneuburg (1445–1533). In: Jahrbuch des Stiftes Klosterneuburg NF 9 (1975) 78.

on the sciences, the arts and the crafts at the court of emperor Maximilian I in a woodcut of Hans Burgkmair of 1507 one finds the *ars coquinaria* as the sixth of the *artes mechanicae* replacing or better representing the *medicina*.[18]

Fig. 5: Jesus with a coral amulet.
Panel painting (detail), Meister von Uttenheim, c. 1470. Vienna, Österreichische Galerie.

[18] Cf. Kitti Jurina, Vom Quacksalber zum Doctor Medicinae. Die Heilkunde in der deutschen Graphik des 16. Jahrhunderts. Cologne–Vienna 1985, 20 and 32, fig. 25.

Fig. 6: The Massacre of the Innocents (detail);
woman bearing a hand of St. Anne-amulet.
Panel painting. Meister des Schottenaltars, c.1470.
Vienna. Benedictine monastery of the Scots.

As an example of this type of sources I just would like to mention a fifteenth century manuscript of monastic origin today kept in the University Library of Graz (Austria). A large collection of cooking recipes is followed by diverse recipes dealing with different problems of health or of the body generally. They are followed by some tractates concerning pestilence and other recipes with regard to the treatment of animals and of plants.

And in the course of recipes dealing with the human body and health it is certainly quite natural to have for instance the following recipes or remedies in an order:

Item if a woman wants to have a baby
Item another one concerning this matter
Item if a woman should conceive
Item if a woman is suffering from breast disease
... (a number of them)
Item if a woman wants to have a smaller breast
Item if you want to know if a woman is still a virigin
Item if you want to know if she will give birth to a boy or to a girl etc.

They certainly follow in this example an order with regard to different problems of the female body – and collect concerning very different aspects. Moreover they represent very different methods of a rather wide spectrum – from the stomach of a hare to massage the woman's breasts which makes them smaller, to vinegar herbs which should be put on the woman's head without her knowledge. If then she talked about a man she would give birth to a son, if about a woman, she would give birth to a daughter, and if about both, then the child would live long. To give a last example: If the woman is about to give birth: Write a letter which should be fixed on the woman's body or around the knee or the leg containing the following words: "Elisabeth gave birth to John, Anne to Mary, the Virgin Mary to Christ without any pain. O child, you may be boy or girl, in the name of Jesus Christ, our Lord, ... come out to see the light of life, given by the birth of God ...".[19]

[19] Cf. Universitätsbibliothek Graz, Hs. 1609, fol. 211v sqq; Gerhard Jaritz, Leben um zu leben. In: Alltag im Spätmittelalter, ed. Harry Kühnel, 3rd ed. Graz-Vienna-Cologne 1986, 158. Cf. a similar manuscript concentrating on the medical side: Warren R. Dawson, A Leechbook or Collection of Medical Recipes of the Fifteenth Century. London 1934.

Such recipes are certainly partly well-known and occur ever again in very different sources also far into later periods. What seems to be important, though, is that there cannot be found any differentiations of various levels or methods of treatment or suggestions referring to it in the sources. They are taken as representing similar, without difference concerning the way to obtain help, may it be authorised by the learned medicine, condemned or regarded as superstitious by diverse authorities or accepted by very different people seeking help, cure and health.

VI

A very important aspect and source concerning our topic is furthermore positioned on another level of argumentation and understanding. It is the matter of any non-learned medicine being competitious to the learned medicine, particularly the one taught at universities. Examples from the Medical Faculties condemning or going to court against non-learned medicine may at least to some extent be interpreted following such kind of controversy.

Particularly an example from the university of Vienna from the eighties of the fifteenth century seems to be remarkable and should be dealt with a little bit more extensively. It is the case of a curing old woman, who certainly fits from the beginning into the pattern of arguments against women working in the medical trade[20], particularly those old women of doubtful knowledge, which we find ever and again in different sources – pleading against their work concerning childbirth, their usage of magic, the neglectance of legitimate rules etc. "... and one hears of old women", says for example Sebastian Brant in his "Narrenschiff" of 1494, "who know their art so well, they cure all sickness, no difference of whom, of young and old, child, man and woman ..."[21] The element of superstition plays an important role with regard to them in the critical argumentations: "Be careful with old women who take away the sacred water from the baptism font to use it for their superstitious practices". This is emphasised in the "Ceremoniale

[20] For medieval women medical practitioners, cf. Monica H. Green, Documenting medieval women's medical practice. In: Practical medicine from Salerno to the Black Death, ed. Luis García-Ballester et al. Cambridge 1994, 322–352.

[21] Cf. Sebastian Brant, Das Narrenschiff. Stuttgart 1978, 194.

Basiliensis episcopatus" of the bishopric of Basel in Switzerland in the year 1513.[22]

And such an old woman, *una vetula*, rose major problems for the Faculty of Medicine of the University of Vienna. It is a very remarkable example of the controversy between the learned medicine and other spheres of medical practice.[23]

The *vetula maledicta* lived in a small village about 30 miles west of Vienna, and there she *indocta et certe inexperta practicavit*. Therefore, she had to appear before the Faculty, was examined, because of lacking knowledge she was prohibited to continue practicing *sub pena excommunicationis*. She went on, became excommunicated, which was told to the people from the pulpits of Vienna, Klosterneuburg, Tulln and St. Pölten. Vienna and those mentioned surrounding towns obviously show from where she received her patients, representing a circle of about 30 miles around the village where she lived. The number of people consulting her 'non-expert' knowledge must have been remarkable. She – and that again shows her special position – applied to Rome to be absolved – without success. Therefore, she went back to the faculty asking for absolution. They agreed under the following conditions:

1) A charter should be written and paid by the *vetula* that by her work she had treasoned the people in body and mind. It also should contain the explicit threat of another excommunication and of being beaten, when not abstaining from her business.
2) Again paid by her it should be made public from the pulpits of Vienna, Klosterneuburg, Tulln, St.Pölten and Melk that she had made fun of the Faculty and had called the doctors ignorants.
3) She had to give an oath about abstaining from any medical work and from arguing against the Faculty.
4) She should stand between half an hour and one hour in the pillory of the graveyard of Saint Stephen's in Vienna on a feast day, when a large number of people would be gathering there so that everybody who

[22] Cf. Jaritz, Leben um zu leben, 164.

[23] Cf. Acta facultatis medicae II, ed. Karl Schrauf, Vienna 1899, 133, 136, 137, 141 sqq.; Harry Kühnel, Mittelalterliche Heilkunde in Wien (Studien zur Geschichte der Universität Wien V) Graz-Cologne 1965, 50 sq.

had consulted her should recognise that he or she had done something erroneous by visiting *dictam vetulam pro medicina* ....

She refused to accept this fourth point. A member of the quite influential noble family of the Roggendorfer intervened for her, without success. At last she agreed to do the same what she was asked to do in Vienna on the graveyard of the small town of Tulln, where she lived nearby. This was accepted. At the very end she refused to pay for the charter, saying that she did not have any money.

The story seems to be exceptional though a number of other cases have survived showing a similar situation of not-learned *empirici* who were fought against by the faculty.[24] What appears to be particularly interesting and valuable for the question I am dealing with, though, is the obvious large number of patients from quite far away who consulted her, who were obviously also such people which can without doubt be recognised as members of the political and economical elite of the area. Especially the open support which she got from a member of one of the leading noble families of the country must be emphasised.

Thereby, it is again proved that from the patients point of view, a controversy does not or at least need not exist. The controversy is therefore generally not predestined. To a large extent such controversies obviously arose, besides from some religious authorities, out of economic matters, out of economic competition between the learned and the non-learned, "popular" representatives of the medical profession. And this economic competition and its reflection in the sources seems to correlate with the degree of organisation of the dominant part of the two parties, who were offering the same or at least a similar solution to problems of the body and mind. The more organised the dominating part, in this case the Faculty or the learned physicians got, the more strictly the domination had to be emphasised, the dominated to be marginalised or condemned.

VII

And this seems to be proved even more true, if we turn once again back to the miracle reports, which we mentioned at the beginning. Because there

[24] Cf. Danielle Jacquart, Medical practice in Paris in the first half of the fourteenth century. In: Practical medicine from Salerno to the Black Death, ed. Luis García-Ballester et al. Cambridge 1994, 199 sqq.

we do not only find the pattern of the helpless doctors against the power of God and his saints but also the inability of specific saints, of specific pilgrimages, of the saint of a specific pilgrimage who could not heal – but another saint, another pilgrimage, the same saint of or in another pilgrimage was successful.[25] God and his saints are therefore also not in the same way omnipotent, but sometimes more and sometimes less omnipotent. 1496 a man called Matthäus Eberhard from a village near Würzburg in Southern Germany had already tried to receive help by vows to the Virgin Mary of Aachen – certainly one of the most important European pilgrimages of the Middle Ages with international clientel – and to the Alsacian Rufach, both without any succes. Then he turned to the Virgin Mary of Altötting in Bavaria – there he received help. A Bavarian broadsheet from 1517 shows the most important Marianic pilgrimages: Aachen, Einsiedeln in Switzerland, Altötting in Bavaria and Loretto in Italy in the form of a cross. But in the center of this cross, there is the pilgrimage of Ettal. On the one hand mentioned together with clearly generally more important pilgrimages, on the other hand and moreover positioned in the center of those – being (or at least trying to be) the most important of them all.[26] Again a higher degree of organisation initiated (economic) competition, which even did not stop in front of God and his saints.

All of them might help, and one tries. Some of them are better, some of them are worse, some of them really can offer the expected help. And this again does not rely on any boundaries or borderlines concerning the social status of the ones in need. Elites are touched as well as members of low social groups of society.

And this general situation and demand might well be one of the main explanations for this intermingling between the official and the non-official, the learned and the popular, on the one hand always being good for controversies, on the other hand and at the same time more than good enough to help. Should we not differenciate between popular culture/elite culture

[25] Cf. Constanze Hofmann-Rendtel, Wallfahrt und Konkurrenz im Spiegel hochmittelalterlicher Mirakelberichte. In: Wallfahrt und Alltag in Mittelalter und früher Neuzeit (Veröffentlichungen des Instituts für Realienkunde des Mittelalters und der frühen Neuzeit 14 = Sb. Ak. Wien, phil.-hist.Kl. 592) Vienna 1992, 115–131; Kühnel, 'Werbung', Wunder und Wallfahrt, 95–113.

[26] Cf. Gerhard Jaritz, Zwischen Augenblick und Ewigkeit. Einführung in die Alltagsgeschichte des Mittelalters. Vienna–Cologne 1989, 120 sq.

generally on the one hand and popular medicine/official medicine on the other hand? There are aspects of culture where a very clear distinction between the elites and the people can or had to be made, particularly in those areas where it was necessary as a status symbol to show the otherness of the top in comparison to lower social groups of society. Did not such a model or demand become problematic, if this otherness might have endangered or cost one's life, which could have been saved when one had at least checked all the available possibilities: even those which had been negatively connoted "popular" by oneself under normal condition of health not having been at stake?

MEDIUM AEVUM

QUOTIDIANUM

31

KREMS 1994

HERAUSGEGEBEN VON GERHARD JARITZ

GEDRUCKT MIT UNTERSTÜTZUNG DER KULTURABTEILUNG
DES AMTES DER NIEDERÖSTERREICHISCHEN LANDESREGIERUNG

Titelgraphik: Stephan J. Tramèr

Herausgeber: Medium Aevum Quotidianum. Gesellschaft zur Erforschung der materiellen Kultur des Mittelalters. Körnermarkt 13, A-3500 Krems, Österreich. – Für den Inhalt verantwortlich zeichnen die Autoren, ohne deren ausdrückliche Zustimmung jeglicher Nachdruck, auch in Auszügen, nicht gestattet ist. – Druck: KOPITU Ges. m. b. H., Wiedner Hauptstraße 8-10, A-1050 Wien.

Inhaltsverzeichnis

Vorwort

Das vorliegende Heft von *Medium Aevum Quotidianum* setzt zum einen die Publikation von Vorträgen am *International Medieval Congress* in Leeds mit dem Beitrag von Christian Krötzl fort. Zum anderen kommt ein Referat des Herausgebers bei der Tagung *Medieval Medicine. Healing Body and Mind* zum Abdruck. Zwei weitere Aufsätze stammen von Absolventen des Mittelalterprogramms an der Central European University in Budapest.

Nahezu gleichzeitig mit *Medium Aevum Quotidianum* 31 erscheint Sonderband IV unserer Reihe, der sich mit dem Alltag von Lehrlingen in Sachsen vom 15. bis zum 18. Jahrhundert auseinandersetzt. Sonderband V wird eine Arbeit von Frau Felise, einer Schülerin von Hans-Werner Goetz, Hamburg, beinhalten und sich der Behandlung des Alltags in mittelalterlichen Stadtchroniken widmen.

Verhandlungen hinsichtlich Sonderband VI und VII sind im Gange. Wir hoffen, Ihnen zu Beginn des Jahres 1995 genaueres mitteilen zu können. Heft 32 wird im Februar 1995 zum Erscheinen gelangen.

Wir möchten die Gelegenheit wahrnehmen, unseren Mitglieder ein frohes Weinachtsfest sowie Erfolg und Ruhe für das Jahr 1995 zu wünschen. Außerdem möchten wir sie neuerlich herzlich einladen, uns Beiträge für unsere Publikationsorgane zu übermitteln. Wir werden uns bemühen, diese nach gegebenen Möglichkeiten rasch zu publizieren.

Gerhard Jaritz, Herausgeber