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and necromancy; and magic as entertainment. Readers of this journal will be particularly interested in her section on medical magic. Jolly explains that this was an especially “fuzzy” area. Medieval medicine embraced both a material and spiritual understanding of illness in which physical and religious factors played a part. Within this context, it is often difficult to distinguish magical medicine from religious healing. Both the materials of medicine (herbs, animal parts and stones) and the ritual performance of words and signs (prayers and charms) provided occasions for the use of medical magic to cure and ward off illness.

The second part of the volume contains Catharina Raudvere’s discussion of *trolldömr*, or witchcraft, in early medieval Scandinavia. She analyses uses of the term *trolldömr* in two groups of Old Norse texts, the sagas and the mythological narratives. Composed during the thirteenth century, these mainly Icelandic and Norwegian texts are written accounts of an oral tradition stretching back to the ninth century when Christianity first reached Scandinavia. Raudvere is primarily interested in exploring mentalities concerning *trolldömr*, that is, the widely held beliefs and associated rituals concerning certain individuals who, it was assumed, could influence the physical world around them. This, of course, is a literary rather than an historical exercise, but in so far as the texts constitute a collective social memory, they embody an ideal of the past in which magic played a part. This literary analysis, then, is designed to illuminate the cultural past of Scandinavian magic.

Raudvere points out that *trolldömr* could be used for either good or malevolent ends. For example, public rituals such as the *seiðr* served to ward off various sorts of evil, including physical or mental disease, and runic verses were chanted to bring about healing or secure the safe delivery of a baby. As in many other pre-Christian societies, Scandinavian beliefs about the medical efficacy of witchcraft merged imperceptibly into broader attitudes concerning folk medicine.

The volume ends with Edward Peters’ excellent survey of the Church and State’s

attitude to magic from the fifth to the sixteenth century. Drawing upon his extensive knowledge of the sources, Peters fleshes out the tripartite periodization of medieval magic outlined by Jolly. Although this essay does not directly address medical magic, Peters does underline the importance of healing miracles in medieval hagiography and the role they played in distinguishing the legitimate use of God-given supernatural powers for good purposes (*miracula*) from the mere wonder-working of magicians (*mira*). This superb piece of synthetic intellectual history will be essential background reading for students of medieval magic.

Admittedly, these are three rather diverse essays, but their different perspectives (and their excellent bibliographies) will definitely be appreciated by students and scholars of medieval magic alike.

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Lawrence I Conrad and Dominik Wujastyk (eds), *Contagion: perspectives from pre-modern societies*, Aldershot, Ashgate, 2000, pp. xviii, 224, £45.00 (hardback 0-7546-0258-3).

The purpose of this book is to question the importance of the notions of contagion in pre-modern societies. It could perhaps be summarized by a sentence in Vivian Nutton’s lucid paper, “On almost all ancient schemata, contagion, whether in the strict sense of a disease transmitted by touch or in the wider one of a disease of contiguity, was only rarely invoked to explain the origin of an illness, and even when it was, it formed only one part, and not necessarily the most important part, of a complex of overlapping alternatives” (p. 161). Indeed all the nine papers in this useful book agree on this point and most warn against the danger of modern biomedical concepts of contagion being read into pre-modern texts.

The book contains three papers on China by Kuriyama, Chang, and Cullen; two on India by Das and Zysk; two on the Middle East by

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Conrad and Lieber, and two on Western Europe by Nutton and Touati. It is introduced by Conrad and Wujastyk, organizers of a conference on contagion at the Wellcome Institute for the History of Medicine in 1993, on which the volume is based.

The book is particularly useful in presenting a global picture of the notion of contagion in various pre-modern societies by first looking at the terms that implied transmission: *epaphe*, *synanachronsis* in Greek; *upasarga* in Sanskrit; *contagio* in Latin; *adwâ* in Arabic; *xiangran*, *chuanran* in Chinese. All these ancient terms contained ambiguous and unclear notions on person-to-person contact and transmission. Many of them were related rather to ideas of pollution, or to supernatural causes. None of them was found to be of central importance in ancient medical theories. Even when the danger of being close to the sick was observed, there was generally no systematic understanding of the mechanism of transmission. No coherent contagion theory thus appeared in the West before the sixteenth century. This point is particularly well argued in Nutton's paper.

A major reason for the marginal importance of contagion in pre-modern medicine is that, for most ancient medical systems, other factors such as seasonal or environmental influences, physical constitution of the person, and religious or supernatural elements were more important in the explanation of the spread of diseases. Kuriyama emphasized the issue of seasonal influences as part of the cosmic order in the Chinese case. This is again mentioned by Chang, for whom the notion of "fetal toxin", not contagious itself, could be brought out by unseasonal breath (qi), central in the spread of smallpox. Quite similar to the Chinese case, early European doctors preferred using the categories of bodily change and external alteration in the surrounding air to explain the occurrences of diseases. Religious, ethical or ritual factors are discussed at length by Cullen, Das and Zysk for the Chinese and Indian cases. In classical âyurveda, the main explanations for the spread of diseases remained divine, supernatural, or moral. In medieval Islamic medicine as described by

Conrad, the omnipotence of God and the divine will prevented a full development of any theory of contagion, even though *adwâ* as applied to leprosy and plague did imply contagion and transmission.

One particular disease is used more frequently than others to illustrate the secondary importance of contagion in this volume, and that is leprosy. Lieber emphasizes that the Biblical *sâra'at*, erroneously translated as leprosy and categorized into two types, clean and unclean, could imply some contagious diseases. However the state of "contagion" was again a result of the lack of faith in God. The demystification of the idea of the contagious nature of leprosy in early Europe is articulated more clearly in Touati's paper. For him, the idea of contagion regarding leprosy as we understand it today remained secondary for a long time, until the growing influence of Arab-Islamic medicine in the thirteenth century. Even during the early period of segregation of lepers, the concern of contagion was not generalized. Leper houses built from the eleventh century were more a result of the concern of religious redemption and charity than of the fear of contagion. Leprosy, like many other diseases, was a common metaphor for sins such as heresy.

Many authors, however, also have the good sense to mention that the fear of contagion was more widespread in society than explained in medical texts, so that measures were taken and laws were drawn up to prevent close contact with the sick.

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Vivian Nutton (ed.), *Medicine in the Renaissance city*, special issue *Renaissance Studies*, 2001, 15 (2), pp. 155, £31, US\$54. Orders to: Journals Subscriptions, Oxford University Press, Great Clarendon Street, Oxford OX2 6DP, UK. E-mail: jnl.orders@oup.co.uk

In his introduction to this monograph issue of *Renaissance Studies*, Vivian Nutton outlines