SAPIENZA
UNIVERSITÀ DI ROMA

Healers: Lexicon, Functions and Roles of Medieval *Medici*

E-ISSN 2531-7288
ISSN 0394/9001

Tommaso Duranti
Alma Mater Studiorum - University of Bologna

MEDICINA NEI SECOLI
Journal of History of Medicine and Medical Humanities
36/1 (2024) 39-62

Received: Settembre 2023
Accepted: Novembre 2023
DOI: 10.13133/2531-7288/2896

Corresponding Author:
tommaso.duranti@unibo.it

ABSTRACT

The article presents the latest historiographical guidelines, aimed at providing a comprehensive understanding of individuals involved in healthcare activities during the Middle Ages. If one approaches medieval care without adopting a modern professional standpoint, the picture is much broader, more complicated, and less rigid than commonly portrayed. The use of this non-teleological approach also allows overcoming some traditional divisions, such as those between sacred and profane, between the early and late Middle Ages, and between learned and empirical physicians. The therapeutic journey that a patient can undertake becomes enriched.

Keywords: Healers - Practitioners - Professionalisation - Healthcare Occupations

1. A syncretic view of medieval syncretism

Traditional approaches on medieval practitioners – a generic term, that has only recently acquired a professional connotation[1] - have been built on the transposition of rigid professional categories and of the irreconcilable coexistence of sacred and profane, typical of a culture dominated by biomedicine, to a time where these two categories did not exist. These interpretations mainly descend from two integrated causes:

1. A history of medicine, particularly when authored by physicians consciously or unconsciously engaged in reconstructing historical progress, aimed, on one hand, to emphasize the abyssal difference between the contemporary medicine and the pre-modern 'primitive' world. On the other hand, it sought to present a consequent teleological interpretation of the evolution of the discipline, wherein biomedicine constituted the inevitable realization of 'medicine *tout court*', as if it were a universal and natural phenomenon[2].
2. A positivist interpretation of sources, especially those considered 'official', from the late Middle Ages, a period taken as a model and indicator of the entire millennium. In this sense, the public documentation utilized by historians to trace the origins of modern professions resulted in the construction of a rigid hierarchical – and equally rigid value-based – model of healthcare activities, interpreted as anticipations of the modern subdivision of healthcare professions.

The latter aspect – which is supported by historical evidence, but still requires a critical interpretation – has a counterpart in a medieval *querelle*: the debate over whether medicine was an *ars* or a *scientia* aimed at transforming it into a discipline rooted in reason, thus worthy of university recognition. However, this process has led to an attempt to disqualify – or at least subdue – all those healers not trained in the same curricula and methods[3]. Historiographical narratives have therefore established a rigid taxonomy of medieval health professions, consisting of physicians, surgeons, and barbers. Other actors, if considered at all, belonged to the nebulous and 'archaic' realm of religion, belief, folklore, and magic. The scholastic debate on medicine as *scientia rationalis* provided strong justification for this classification, but only if one ignores the doctrinal and normative nature of this production.

For some decades now, specialized historiography has abandoned the proposal of such a monolithic interpretation. Historians now collectively acknowledge that each medical system possesses its own rationality, and the question of rationality itself is not significantly crucial[4]. Qualitative and prosopographical research on medieval healthcare activities – if we refrain from labelling them as professions – has demonstrated that from the high Middle Ages, professional taxonomy does not withstand the transition from the discourse of authority to social reality[5]. The preponderance of

university-educated physicians in the period is unsustainable for numerical reasons, and professional antagonism should not be overstated: the image of an erudite medicine in conflict with all other healthcare practitioners is accurate but only partial and holds mostly theoretical value.

Thanks to the significant contributions of medical anthropology to medieval and general historiography, these rigid interpretations have now given way to a more plural and nuanced perspective, which does not aim to validate modern concepts in the past (or rather, it does not seek to confirm *a single* modern cultural system). These contributions have thus created an entirely different scenario.

The clear separation between medicine (or science), religion, and magic, based on a natural idea of rationality as mentioned earlier, is now universally acknowledged as outdated. These three systems are interconnected and frequently intersect to such an extent that they should not be perceived as merely coexisting independent facets, but rather as three different aspects of a syncretic attitude[6].

The historiographical paradigm shift, which has prioritized studies considering the 'point of view of the sick'[7], has led to a significant alteration. From this perspective, to understand the healthcare strategies employed in the Middle Ages, it is crucial to consider all the individuals that a sick person (along with their family and associates) could, at least theoretically, turn to when dealing with disease, sickness, and illness. This assumes that they exhibited a syncretic behaviour in their choices, where the motivation for such decisions is not always clear within the framework of learned categories[8].

The techniques employed during this period are not conducive to establish rigid categories. The principles of Galenic medicine permeated different social environments, at times undergoing simplification or misinterpretation, and treatments often exhibited overlap. The separation between pharmaceutical and dietary practices on one hand, and surgical practices on the other, frequently lacked practical significance. The resort to religious rituals (such as prayers and miracles) was not solely a prerogative of the clergy, and lay physicians often made equal use of them, even when they had a university training. Likewise, the recourse to what we define as a magical practice was not the exclusive domain of a single category: spells, invocations, amulets, astrological images were all part of the arsenal of priests, academic physicians, improvised healers, elderly villagers and so forth. Even miracles, to some extent, were not exclusive to saints (or their relics or even to God): consider the well-known case of thaumaturgic kings[9]. Some authors discuss natural medicine or the use of herbs, but this aspect does not require in-depth analysis, given that medieval pharmacology was entirely natural. Therefore, it does not function as a determining factor when considering the different categories of practitioners.

Gender studies and women's history have offered, and continue to offer, significant methodological value beyond their specific research scopes, particularly in the recon-

struction of therapeutical pluralism[10]. The notable scarcity of female healers in historical sources raised the question of whether this underrepresentation is a by-product of historians' perspectives. When searching for traces of women defined by the traditional professional labels, such instances appear in such a small percentage that it becomes almost absurd when considering all the evidence suggesting substantial female involvement in healthcare and caregiving across various civilization[11]. Furthermore, this approach reiterates the discourse of authority that, especially after the late Middle Ages, sought to marginalize women professionally. Up until the 14th century, terms used to denote healthcare professionals carried both feminine and masculine inflections. However, gradually, their female counterparts ceased to appear in normative documents, as the omission of names is a form of erasure (or a deliberate attempt to erase) of a reality[12]. Consequently, more recent research has sought to privilege approaches not focused on professional nomenclature, but rather on the conception of medicine as technologies of the body, recreating and attributing new meanings to the lexicon, drawing from diverse sources. It can be argued that this approach unveiled the hidden realms of female universe[13]. In my opinion, this methodology also offers valuable insights for more fruitful analysis of 'non-professional' male agents active in the field.

Furthermore, the domestic sphere played a primary role in the therapeutic journey of medieval patients towards recovery, both in terms of chronology (initial healing attempts were made at home before exploring other strategies) and quality (the majority of treatments occurred within the domestic context). In this regard, medieval Europe does not differ from other historical periods and cultural environments[14]. Women dominated the domestic space, not necessarily due to an assumed natural inclination for caregiving, but mainly because they were increasingly confined to it. The home represents an unavoidable location, a private domain much more challenging to investigate than the official realms of public power and occupations. It is within this space that self-care - a cornerstone of medieval (as well as ancient) attitudes towards illness - took place. The concept of domestic self-care included the understanding that the sick did not autonomously determine their actions and therapeutic strategies, but rather there was a collective reliance to strategies that did not require the intervention of a professional healer (be it an officially recognised physician or someone who primarily practiced this activity). This recourse to more private solutions was collective in nature, involving and mobilizing family members, friends, neighbours, colleagues, and many other individuals directly connected to the sick person[15].

This approach also blurs the differences between the early and the late Middle Ages, which were previously based on the absence, in the former of these two periods, of strong institutions responsible for creating therapeutic categories (specifically, public institutions and Universities, in this instance). If, instead of considering categories and professional vocabulary, one considers the possibilities available to the sick, it becomes

clear that the plurality of practitioners and therapeutic strategies characterises both macro-periods. Certainly, there are some differences: Katharine Park recently wrote a synthesis on medieval medical practice, establishing a chronology divided into four parts. The first, roughly concluded by the mid-11th century, marked by a considerable scarcity of sources; the second from 1050 to 1200, sharing similar features with the previous one but with more evidence. The third encompasses the turning point determined by the urbanisation and commercialization of European society, including the "creation" of a medicine transformed into *doctrina* taught in universities (1200-1350); finally, the last part, from the mid-14th to the 15th century, is marked by the emergence of medical institutions[16]. This framework, well-founded and widely accepted, should not overestimate differences in the period, as Park herself highlighted. For the sake of synthesis and in an effort to soften interpretative paradigms associated with traditional periodization, in this paper, however, I maintain the usual bipartition of the Middle Ages, considering the 13th century as a turning point. It is this century that witnesses the foundation of medical universities[17], as well as the first organisational entities of healthcare professions[18], a process closely connected to the emergence of diversified healthcare functions and the creation of a structural 'occupational' lexicon. While this did not standardize the situation, it marked a shift. In the13th century, at least from an official perspective, the Church also began to distance itself from the active role the clergy had in healthcare practice: a very slow process with numerous exceptions, even among the highest levels of the ecclesiastical hierarchy[19]. This distancing is more due to a moralisation of the clergy's behaviour and the separation between ecclesiastical and lay worlds than to a hypothetical aversion the Church expressed towards a medicine of bodies. This notion is one of the many commonplaces concerning the Middle Ages that, despite everything, continues to endure[20].

This aspect still generates many misunderstandings, which, despite historiographical efforts, seems to persist in defining the history of healers in the early Middle Ages. The confusion is rooted in the assumption of a distinction between religious medicine and secular medicine, not to mention the difference between medicine of the soul and medicine of the body. While these are indeed two distinct spheres, they are highly intermixed and juxtaposed throughout the entire period under consideration, and beyond[21].

2. The *medici*-monks of the early Middle Ages

Early medieval medicine is frequently still labelled as 'monastic medicine', suggesting that healers during this period were exclusively or primarily individuals affiliated with monastic communties. However, this definition requires further clarification: the monastic nature of this medicine relies on the type of sources available. Nearly all our knowledge about medicine, particularly as a discipline, in the first centuries of the Middle Ages is derived from copied texts, produced, and preserved within monastic

institutions. The monastic monopoly on medicine, therefore, is a textual monopoly and does not exclusively pertain to medical practice[22].

Indeed, the monastery, primarily conceived as a place of study and preservation, also served a more strictly therapeutic function. The ideal model, represented by the renowned St Gall plan, reveals a specific attention to healthcare concerns and practises: infirmaries, specific halls and kitchens, baths, vegetable and herbal gardens were designed for the members of the religious community wherein *medici,* who were not necessarily monks, operated. These practitioners often extended their services to outsiders and laypeople, offering care, assistance, as well as advice and guidance[23]. In the English context, there is evidence of monks visiting the homes of the sick[24]. Their role derived from practical and/or theoretical experience, their notions of medicine and, above all, of healthcare, to which the aspect of spiritual care, always connected to that of the body, cannot be separated. The term *medicus* was used to describe the monk providing these services, not because he practised a profession, nor necessarily because he was an 'expert' in medicine, according to professional and/or juridical criteria[25]. Meanwhile, central and northern Italy were characterised by the absence of monk-*medici*, with a majority of lay healers or even secular cleric practitioners[26].

Healthcare services that explicitly intersected body and soul were offered in sanctuaries[27]. These places, often pilgrimage sites due to the preservation of relics, provided spaces where physical healing, not necessarily understood as pathological, could also be sought. In these sanctuaries, a holistic healing process, highly valued in medical anthropology, was practiced: for example, morally and/or socially negative and harmful behaviours, defined as sins in a Christian context, were identified, and their correction was considered as equally important or even more significant than the disappearance of physical symptoms[28]. The effectiveness and, more importantly, the enduring success of resorting to these therapeutic strategies, which did not cease with the end of the Middle Ages (nor with the emergence of biomedicine), should be assessed in terms of symbolic efficacy and expectations. Hagiographies portray saints employing both secular medical procedures and mysterious interventions. In short, these sources depict not an opposition between medical systems (spiritual and corporal), but rather their integration, especially from the perspective of the sick[29].

The ecclesiastical monopoly on early medieval culture has thus granted us a powerful and exclusively religious perspective on the medicine practiced in that period, significantly shaping our comprehension. It is not that there are no traces of lay pratictioners, even in secular documents. Instead, their limited presence is the result of a lower cultural and social significance attributed to their activities, which were considered 'not worthy' of written record. These agents, often referred to with generic terms (mostly designated as *medicus*, a term that in the early Middle Ages held a generic and inclusive meaning) appear in 'indirect' documents. In these cases, their mention is not due to their professional functions, but rather their involvement in activities such as sell-

ing and buying goods, witnessing contracts, or in generic terms, appearing in normative texts[30]. Therefore, there are few elements that allow us to draw a clearer picture: certainly, we can imagine them possessing varying levels of education, mainly trained through experience or self-taught, practicing both medicine and surgery, especially considering the prevailing interest of early medieval medicine in therapeutic practice. Classifying these actors using dichotomies between learned and popular or scientific and magical is challenging – misleading connotations, as previously noted, when assessing different forms of treatment.

3. The healthcare professions of the late Middle Ages

The scholarly discourses elaborated by the medical doctrine that emerged after the experience of the *Schola Salernitana*, and later, in the core of medieval universities[31], dignified the discipline and gradually increased the number of educated physicians. However, these discourses also resulted in a lexical mutation that should not be interpreted as a faithful reflection of reality. Around the 13th century, a different society was being built; urbanisation and rapid economic growth led to a rapid separation of various work activities, as well as a progressive use of 'professional' categories as a means of individual identification, shaping social-image, administration and taxation[32]. The habits of a more secularized society gave rise to new demands for healthcare and prevention in the Europe of the time[33]. All these aspects collectively contributed to create what is considered – though not without debate – the first medicalization of society[34]. Concerning therapeutic options, the plurality of healers did not undergo a radical transformation: treatments provided by clergymen and miraculous cures did not disappear; instead, they witnessed additional incentives, albeit under more regulated conditions. Firstly, this occurred due to the urbanisation of religious houses and an increasing affinity between spiritual and bodily needs, including the proliferation and establishment of hospitals[35]. Secondly, it was a result of the progressive regulation of practices associated with miracles, their validation, and the increase of vows (the practice of penitence or pilgrimage followed by the fulfilment of the requested outcome)[36].

Scholarly reflection and the organisation of work, especially in urban environments, resulted into an initial classification of healthcare activities. Firstly, with the scholarly division of treatments into diet, pharmacopoeia and surgery, a distinction aroused between *physici* (dedicated to the first two) and surgeons. This disciplinary fragmentation also gave rise to a hierarchy: despite the variety of contexts, the *physica* and its practitioners held a more prestigious role, both intellectually and socially. However, this hierarchy should not be transposed to the perception of users, where the practical application of techniques made a tangible difference[37]. Authorities focused their progressive interventions towards these specific aspects, aiming to organise therapeutic functions: what, in terms not universally agreed upon, can be defined as the emergence

of professionalisation[38]. This process primarily manifested through the gradual issuance of licenses, granted by political authorities or universities, ensuring a monopoly over all (secular) healthcare activities, and providing greater guarantees to the sick. References to the common good should not be dismissed as mere functional rhetoric aimed solely at imposing norms from above: many studies suggest that the professionalisation process occurred rather 'from the bottom'[39]. Judicial consequences, which played a significant role in historiography, should not be overstated and should be considered in the light of professional closure, that is, the practise of medicine as a predominant and remunerated activity, thereby socially 'identifying'[40].

The theoretically rigid categories resulted in a theoretical crystallization of nomenclature. The performative aspect of these discourses may have had a more limited impact on the medieval marketplace than the historiographical investigations. 'Believing' in the taxonomy used in the official sources – more easily accessible and more functional to a preconceived thesis – narrowed the range of healers to those terms, excluding individuals not fitting into these categories or labels and, particularly those whose titles are not easily aligned with contemporary healthcare classifications. In some ways, this was the main consequence of medieval professionalisation[41].

It is precisely those who are excluded and marginalised in our perspective, however, who unveil a diverse world that the process of professionalisation has only partially managed to hinder: a world composed of those healers, who, in the lexicon of the time, can be collectively categorized under the umbrella category of empiricists. Their terminology, once again, derived from an authoritative discourse, in this specific case, from doctrine: it denoted individuals who had trained and practised only through everyday experience, in sharp opposition to the idea of a *scientia medica* built on the study, assimilation and commentary of authority texts[42]. It was therefore learned physicians from academic environments who coined the label of empiricist (*empiricus*), supported by public authorities. Within this large group, the variety of technical, social and cultural types was extreme, and being considered an empiricist (usually not a self-determined label[43]) did not necessarily mean not having a license to practice. The case of barbers is relevant in this sense. While they did not use the label of *medicus*, they still held the title of healthcare operators, engaging in both prevention and treatment. Consequently, they were sought after by private citizens, convents, royal, princely and ecclesiastical courts, and enrolled by the city and public power[44]. Barbers often organised into guilds, fully integrating into the urban labor market, and many of them identified themselves as barber-surgeons, emphasizing which activity was – or wanted to be – prevalent, creating a sort of oxymoron for us[45]. Furthermore, many surgeons were empiricist, trained, as in most medieval cases and professions, through apprenticeship. It is challenging to argue that the majority of *physici* were not empiricist; while the number of university-educated physicians certainly increased, they always represented the great minority[46].

To summarize, it is evident that the late medieval 'professionalisation' process did not create impervious categories but rather attempted, albeit unsuccessfully in the mid-period, to establish a rigid socio-economic hierarchy. In reality, these different categories often collaborated and worked in synergy over the period. The terminology itself, therefore, always contingent, artificial and in need of historicization[47], should be approached with caution: for instance, the Florentine Giovanni Battista appears in 1468 defined in hospital documents as a barber, perhaps a barber-surgeon ("medico della barba"), but also as a "medico cierusicho, e quando bisognia per fisicha"[48]. This is just one of a myriad of examples.

From the perspective of the sick, these categories have long been regarded as part of a set of options to be alternated or used simultaneously, not perceived as mutually exclusive, despite the growing reliance on, if not erudite, at least controlled and 'sanctioned' medicine[49]. Moreover, the search for professional healers included other actors, with pharmacists being notably relevant. Whereas in the early Middle Ages the *medicus* was responsible for the preparation and sale of drugs, pharmacists at this point were primarily merchants, authorized, however, to prepare drugs under the guidance of licensed physicians, with whom they could not establish economic agreements[50]. Practice, however, reveals the existence of societies of *medici* and pharmacists, as well as many cases in which the sick followed treatments devised by pharmacists: a way of shortening the duration of the healing process, avoiding excessive intervention in one's lifestyle habits, and seeking a solution for the symptoms rather than the healing of the causes (something much disputed by empiricists)[51]. The practice also reveals the existence of men and women who offered their services, voluntary or for a fee, in the institutions of care - hospitals that should be understood as comprehensive healthcare entities, regardless of whether or not there are medical 'professionals'[52] within them–; the appeal to the clergy and to the sacred, and most importantly, the practice of self-care and homecare, a *longue-durée* structure in the field.

4. Conclusions

Studies on healthcare practitioners confirm the existence of pluralism in every medical system, except, perhaps, that of biomedicine. Each healer – whether officially recognised or not according to norms, professional or occasional, theoretically trained or through apprenticeship; lay or ecclesiastic: male or female; even human or supernatural – should be considered a *medicus*. This perspective takes into account their specific social, cultural and technical profile, viewing them as "mediators of healing"[53] and agents of body technologies.

Similarly, the narrative of medieval healers should broaden the scope of inquiries and methodologies, avoiding uncritically adhering to the 'terms' that resonate, sometimes

illusively, with contemporary healthcare professions and their classificatory *ratio*. The transition between the early and late Middle Ages, in this sense, can be understood as a process of terminological differentiation, which did not imply, at least not exclusively, a therapeutic differentiation. Focusing solely on practitioners recognised by authorities (civic, academic), or university *doctores* allow us to investigate some fundamental aspects, especially regarding doctrinal and normative discourses, but it may obscure the senses for those who wish to explore the therapeutic resources available in these societies.

Scholars should identify these resources, sometimes making a deliberate effort to distance themselves, aiming to keep their focus on the various medical spheres (popular, professional, and folk[54]), much like, perhaps, a sick person would have done in the Middle Ages.

Bibliography and notes

Acknowledgements: translated by Edward Loss

Non-ISO4 abbreviations
AM = AM. Rivista della Società italiana di antropologia medica
BECh = Bibliothèque de l'École des Chartes
CIAN = Cuadernos del Instituto Antonio de Nebrija de estudios sobre la Universidad
Dynamis = Dynamis. Acta hispanica ad medicinae scientiarumque historiam illustrandam
Hist Med S = Histoire, médecine et santé
Q St UniPd = Quaderni per la storia dell'Università di Padova

Websites
St Gall Plan: https://www.e-codices.unifr.ch/it/list/one/csg/1092

Printed primary sources & Studies
Abbott A, The System of Professions: an Essay on the Division of Expert Labor. Chicago-London: University of Chicago; 1988.
Agrimi J, Crisciani C, *Edocere medicos*. Medicina scolastica nei secoli XIII-XV. Milano-Napoli: Guerini - Istituto italiano per gli studi filosofici; 1988.
Agrimi J, Crisciani C, Immagini e ruoli della "vetula" tra sapere medico e antropologia religiosa (secoli XIII-XV). In: Paravicini Bagliani A, Vauchez A (eds), I poteri carismatici e informali: chiese e società medioevali. Palermo: Sellerio; 1992. pp. 224-61.
Agrimi J, Crisciani C, Savoir médical et anthropologie religieuse. Les representations et les fonctions de la *vetula* (XIII^{e}-XV^{e} siècle). Ann Hist Sci Soc 1993;46(5):1281-308.
Amundsen DW, Medieval Canon Law on Medical and Surgical Practice by the Clergy. Bull Hist Med 1978;52(1):22-44.
Biller P, Ziegler J (eds), Religion and Medicine in the Middle Ages. York: York Medieval Press; 2001.
Bloch M, Les rois thaumaturges. Étude sur le caractère surnaturel attribué à la puissance royale particulièrement en France et en Angleterre. Paris: Istra; 1924.

Bowers BS, Keyser LM (eds), The Sacred and the Secular in Medieval Healing: Sites, Objects, and Texts. London-New York: Routledege; 2016.
Brown P, The Cult of the Saints. Chicago: The University of Chicago Press; 1981.
Bullough VL, The Development of Medicine As a Profession: the Contribution of the Medieval University to Modern Medicine. Basel-New York: S. Karger; 1966.
Burnham JC, How the idea of profession changed the writing of medical history. London: Wellcome Institute for the History of Medicine; 1998.
Cabré i Pairet M, Salmón Muñiz F, Poder academico versus autoridad femenina: la Facultad de Medicina de Paris contra Jacoba Felicie (1322). Dynamis 1999;19:55-78.
Cabré M, Women or Healers? Household Practices and the Categories of Health Care in Late Medieval Iberia. Bull Hist Med 2008;82(1):18-51.
Canetti L, Terapia sacra. Guarire al santuario. In: La medicina nel Basso Medioevo. Tradizioni e conflitti, Atti del LV Convegno storico internazionale, Todi, 14-16 ottobre 2018. Spoleto: Centro Italiano di Studi sull'Alto Medioevo; 2019. pp. 46-75.
Cavallo S, Artisans of the Body in Early Modern Italy. Identities, Families and Masculinities. Manchester-New York: Manchester University Press; 2007.
Chandelier J, Avicenne et la médecine en Italie. Le Canon dans les universités (1200-1350). Paris: Champion; 2017.
Chandelier J, Nicoud M, Entre droit et médecine. Les origines de la médecine légale en Italie (XIII^{e}-XV^{e} siècles). In: Chandelier J, Robert A (eds), Frontières des savoirs en Italie à l'époque des premières universités (XIII^{e}-XV^{e} siècles). Roma: École française de Rome; 2015. pp. 233-93.
Ciasca R, L'arte dei medici e speziali nella storia e nel commercio fiorentino dal secolo XII al XV. Firenze: Olschki; 1927.
Cifuentes L, La promoció intel·lectual i social dels barbers-cirurgians a la Barcelona medieval: l'obrador, la biblioteca i els béns de Joan Vicenç (fl. 1421-1464). Arx textos catalans antics 2000;19:429-79.
Collard F, Samama E (eds), Mires, physiciens, barbiers et charlatans: les marges de la médecine de l'Antiquité au XVI^{e} siècle. Langres: D. Guéniot; 2004.
Conforti M, *Vetulae*, matrone, mammane. Le donne e la cura. In: Santoro M (ed.), La donna nel Rinascimento meridionale. Atti del convegno internazionale (Roma, 11-13 novembre 2009). Pisa-Roma: Fabrizio Serra Editore; 2010. pp. 121-30.
Corbellini G, Storia e teorie della salute e della malattia. Roma: Carocci; 2014.
Cosentino S, La figura del *medicus* in Italia tra tardoantico e altomedioevo. Tipologie sociali e forme di rappresentazione culturale. Med secoli 1997;9(3):361-98.
Degrassi D, Lavoro e lavoratori nel sistema di valori della società medievale. In: Franceschi F (ed.), Il Medioevo. Dalla dipendenza personale al lavoro contrattato (Storia del lavoro in Italia, 2). Roma: Castelvecchi; 2017. pp. 15-43.
Dei F, Antropologia medica e pluralismo delle cure. AM 2014;37:81-104.
Dumas G, Les femmes et les pratiques de la santé dans le "Registre des plaidoiries du Parlement de Paris, 1364-1427". Can Bull Med Hist 1996;13(1):3-27.
Duranti T, Ammalarsi e curarsi nel Medioevo. Una storia sociale. Roma: Carocci; 2023.
Duranti T, *Doctores* e dottori: laurea in medicina e professioni mediche nel Medioevo. In: Guerrini MT, Lupi R, Malatesta M (eds), Un monopolio imperfetto. Titoli di studio, professioni, università (secc. XIV-XXI). Bologna: Clueb; 2016. pp. 1-13.
Duranti T, Lavoro, igiene, salute. Studio preliminare sull'arte dei barbieri di Bologna (ante 1348). In: Lazzari T, Pucci Donati F (eds), A banchetto con gli amici. Scritti per Massimo Montanari. Roma: Viella; 2021. pp. 253-64.

Duranti T, The Origins of the *Studium* of Medicine of Bologna: a *Status Quaestionis*. CIAN 2018;21:121-49.
Ferngren GB, Medicine and Health Care in Early Christianity: Medicine & Health Care in Early Christianity. Baltimore: Johns Hopkins University Press; 2009.
Ferragud C, Barbers in the Process of Medicalisation in the Crown of Aragon during the Late Middle Ages. In: Sabaté F (ed.), Medieval Urban Identity: Health, Economy and Regulation. Cambridge: Cambridge Scholars Publishing; 2005. pp. 143-65.
Ferragud C, Medicina i promoció social a la baixa Edat Mitjana (Corona d'Aragó 1350-1410). Madrid: Consejo Superior de Investigaciones Científicas; 2005.
Flint V, The Early Medieval Medicus, the Saint and the Enchanter. Soc Hist Med 1989;2:127-45.
Foscati A, Tra scienza, religione e magia: *incantamenta* e riti terapeutici nei testi agiografici e nei testi di medicina del Medioevo. In: Golinelli P (ed.), Agiografia e culture popolari – Hagiography and Popular Cultures. Atti del convegno internazionale (Verona, 28-30 ottobre 2010). Bologna: Clueb; 2012. pp. 113-28.
Friedmann D, Les Guérisseurs. Splendeurs et misères du don. Paris: A.M. Métailié; 1981.
Galdi A, Guarire nel medioevo tra taumaturgia dei santi, saperi medici e pratiche magiche. In: Golinelli P (ed.), Agiografia e culture popolari – Hagiography and Popular Cultures. Atti del convegno internazionale (Verona, 28-30 ottobre 2010). Bologna: Clueb; 2012. pp. 93-112.
García Ballester L, McVaugh MR, Rubio A, Medical Licensing and Learning in Fourteenth-century Valencia. Trans Am Philos Soc 1989;79(6).
Garrigues L, Les professions médicales à Paris au début du XV^{e} siècle. Praticiens en procès au parlement. *BECh 1998;*156(2):327-67.
Gentilcore D, Medical charlatanism in early modern Italy. Oxford: Oxford University Press; 2006.
Getz F, Medicine in the English Middle Ages. Princeton: Princeton University Press; 1998.
Getz FM, Medical Practitioners in Medieval England. Soc Hist Med 1990;3:245-83.
Green MH, Bodies, Gender, Health, Disease: Recent Work on Medieval Women's Medicine. SMRH 2005;3s.,2:1-46.
Green MH, Documenting Medieval Women's Medical Practice. In: García-Ballester L, French R, Arrizabalaga J, Cunningham A (eds), Practical Medicine from Salerno to the Black Death. Cambridge: Cambridge University Press; 1994. pp. 322-52.
Green MH, Integrative Medicine: Incorporating Medicine and Health into the Canon of Medieval European History. Hist Compass 2009;7(4):1218-45.
Green MH, Making women's medicine masculine: the rise of male authority in pre-modern gynaecology. Oxford-New York: Oxford University Press; 2008.
Hanne G, Introduction. Langage du travail, travail du langage. In: Hanne G, de Larivière CJ (eds), Noms de métiers et categories professionelles. Toulouse: Presses universitaires du Midi; 2010. pp. 7-19 (https://books.openedition.org/pumi/33011?lang=it).
Henderson J, Horden P, Pastore A, The World of the Hospital. Comparisons and continuities. In: Id. (eds), The Impact of Hospitals 300-2000. Oxford: Peter Lang; 2007. pp. 1-56. (now in: Id., Cultures of Healing. Medieval and After. London-New York: Routledge; 2019).
Henderson J, The Renaissance Hospital: Healing the Body and Healing the Soul. New Haven: Yale University Press; 2006.
Horden P, A Non-Natural Environment: Medicine without Doctors and the Medieval European Hospital. In: Browers BS (ed.), The Medieval Hospital and Medical Practice. Aldershot: Routledge; 2007. pp. 133-45.

Horden P, Sikness and Healing. In: Noble TFX, Smith JMH (eds), The Cambridge History of Christianity, III: Early Medieval Christianities, ca. 600-ca. 1000. Cambridge: Cambridge University Press; 2008. pp. 416-32 (now in: Id., Cultures of Healing. Medieval and After. London-New York: Routledge; 2019).

Horden P, Smith R (eds), The Locus of Care. Families, communities, institutions, and the provision of welfare since antiquity. London: Routledge; 1997.

Horden P, What's Wrong with Early Medieval Medicine?. Soc Hist Med 2011;24(1):5-25 (now in: Id., Cultures of Healing. Medieval and After. London-New York: Routledge; 2019).

Horn W, Born E, The Plan of St. Gall: A Study of the Architecture and Economy of, and Life in a Paradigmatic Carolingian Monastery. Berkeley-Los Angeles: University of California Press; Berkeley-Los Angeles; 1979.

Jacquart D, Cinquante ans de recherches sur la médecine des XIII^{e}-XV^{e} siècles: les contours d'un nouvel objet pour l'historien. In: La medicina nel Basso Medioevo. Tradizioni e conflitti. Atti del LV Convegno storico internazionale, Todi, 14-16 ottobre 2018. Spoleto: Centro Italiano di Studi sull'Alto Medioevo; 2019. pp. 1-24.

Jacquart D, La médecine médiévale dans le cadre parisien XIV^{e}-XV^{e} siècle. Paris: Fayard; 1998.

Jacquart D, La scolastica medica. In: Grmek MD (ed.), Storia del pensiero medico occidentale. Antichità e Medioevo. Roma-Bari: Laterza; 1993. pp. 261-322.

Jacquart D, Le milieu medical en France du XII^{e} au XV^{e} siècle. Genève: Librairie Droz; 1981.

Jacquart D, Micheau F, La médecine arabe et l'Occident medieval. Paris: Maisonneuve et Larose; 1990.

Jacquart D, Paravicini Bagliani A (eds), La scuola medica salernitana: gli autori e i testi. Atti del Convegno internazionale, (Salerno, 3-5 novembre 2004). Firenze: SISMEL-Edizioni del Galluzzo; 2007.

Kibre P, The Faculty of Medicine at Paris, Charlatanism, and Unlicensed Medical Practices in the Later Middle Ages. Bull Hist Med 1953,27(1):1-20.

Kieckhefer R, Magic in the Middle Ages. Cambridge: Cambridge University Press; 1989.

Kleinman A, Concepts and a model for the comparison of medical systems as cultural systems. Soc Sci Med 1978;12(2B):85-93.

Kristeller PO, Studi sulla Scuola medica salernitana. Napoli: Istituto italiano per gli studi filosofici; 1986.

Lauwers H, Construire la norme des métiers de santé au Parlement de Paris (XIV^{e}-XVI^{e} siècles). Médiévales 2016;7:137-57.

Lock M, Scheper-Hughes N, A critical-interpretative approach in medical anthropology: rituals and routines of discipline and dissent. In: Johnson T, Sargent C (eds), Medical Anthropology, Contemporary Theory and Method. Westport: Praeger Publishers; 1990. pp. 47-72.

Lupo A, Malattia ed efficacia terapeutica. In: Cozzi D (ed.), Le parole dell'antropologia medica. Piccolo dizionario. Perugia: Morlacchi Editore; 2012. pp. 127-55.

McCleery I, Medical Licensing in Late Medieval Portugal. In: Turner WJ, Butler SM (eds), Medicine and the Law in the Middle Ages. Leiden-Boston: Brill; 2014. pp. 196-219.

McVaugh MR, Medicine before the plague. Practictioners and their patients in the Crown of Aragona, 1285-1345. Cambridge: Cambridge University Press; 2002.

McVaugh MR, The Rational Surgery of the Middle Age*s*. Firenze: SISMEL-Edizioni del Galluzzo; 2006.

Meaney A, The Practice of Medicine in England about the Year 1000. Soc Hist Med 2000;13(2):221-37.

Montford A, Health, Sickness, Medicine and the Friars in the Thirteenth and Fourteenth Centuries. Farnham: Ashgate; 2004.
Moulinier-Brogi L, Les médecins dans le Centre-Ouest au Moyen Âge (XIII^{e}-XV^{e} siècle). In: Laurioux B, Moulinier-Brogi L (eds), Scrivere il Medio evo. Lo spazio, la santità, il cibo. Roma: Viella; 2001. pp. 405-29.
Moulinier-Brogi L, Médecins et apothicaires dans l'Italie médiévale. Quelques aspects de leurs relations. In: Collard F, Samama E (eds), Pharmacopoles et apothicaires. Les "pharmaciens" de l'Antiquité au Grand Siècle. Paris: L'Harmattan; 2006. pp. 119-34.
Naso I, Medici e strutture sanitarie nella società tardo-medievale: il Piemonte dei secoli XIV e XV. Milano: FrancoAngeli; 1982.
Nicoud M, Faut-il historiciser l'expertise?. Hist Med S 2021;18:9-25.
Nicoud M, Formes et enjeux d'une médicalisation médiévale (XIII^{e}-XV^{e} *siècles)*. Genèses 2011;82:7-30.
Nicoud M, Les régimes de santé au Moyen Âge. Naissance et diffusion d'une écriture medicale (XIII^{e}-XV^{e} siècle), 2 voll. Roma: École française de Rome; 2007.
Nicoud M, Salute, malattia e guarigione. Concezioni dei medici e punti di vista dei pazienti. Quad stor 2011;1:47-74.
Nutton V, Continuity or Rediscovery? The City Physician in Classical Antiquity and Mediaeval Italy. In: Russell AW (ed.), The Town and State Physician in Europe. Wolfenbüttel: Herzog August Bibliothek; 1981. pp. 9-46.
O'Boyle C, Surgical Texts and Social Contexts: Physicians and Surgeons in Paris, c. 1270-1430. In: García-Ballester L, French R, Arrizabalaga J, Cunningham A (eds), Practical Medicine from Salerno to the Black Death. Cambridge: Cambridge University Press; 1994. pp. 156-85.
Oliver L, The body legal in barbarian law. Toronto: University of Toronto Press; 2011.
Paravicini Bagliani A, Il corpo del papa. Torino: Einaudi; 1994.
Park K, Doctors and medicine in early Renaissance Florence. Princeton: Princeton University Press; 1985.
Park K, Magic and Medicine: The Healing Arts. In: Brown JC, Davis RC (eds), Gender and Society in Renaissance Italy. London: Longman; 1998. pp. 129-49.
Park K, Medical Practice. In: Lindberg DC, Shank MH (eds), The Cambridge History of Science, 2: Medieval Science. Cambridge: Cambridge University Press; 2013. pp. 611-29.
Park K, Medicine and Society in Medieval Europe, 500-1500. In: Wear A (ed.), Medicine in Society. Cambridge: Cambridge University Press; 1991. pp. 59-90.
Park K, Secrets of Women. Gender, Generation, and the Origins of Human Dissection. New York: Zone Books; 2006.
Pelling M, Medical Practice in Early Modern England: Trade or Profession?. In: Prest W (ed.), The Professions in Early Modern England. London: Croom Helm; 1987. pp. 90-128.
Pelling M, The Common Lot. Sickness, Medical Occupations and the Urban Poor in Early Modern England. London: Routledge; 2014.
Perez S, Histoire des Médecins. Artisans et artistes de la santé de l'Antiquité à nos jours. Paris: Perrin; 2015.
Pesenti Marangon T, "Professores chirurgie", "medici ciroici" e "barbitonsores" a Padova nell'età di Leonardo Biffi (ob. dopo il 1448). Q St UniPd 1978;11:1-38.
Picot J, Le milieu médical à Montferrand au Moyen Âge. Essai de répertoire prosopographique (milieu XIII^{e}-milieu XVI^{e} siècle). Bull Auvergne 2014;CXV:99-154.

Pilsworth C, Could you just sign this for me John? Doctors, charters and occupational identity in early medieval northern and central Italy. Early Mediev Eur 2009;17(4):363-88.
Pilsworth C, Healthcare in Early Medieval Northern Italy: More to Life than Leeches. Turnhout: Brepols; 2014.
Pizza G, Antropologia medica. Roma: Carocci; 2005.
Pool R, Geissler W, Medical anthropology. Maidenhead: Open University Press; 2005.
Rawcliffe C, Medicine and society in later medieval England. Stroud: Alan Sutton Pub.; 1995.
Ritchey S, Strocchia ST, Introduction. In: Ritchey S, Strocchia S (eds), Gender, Health, and Healing, 1250-1550. Amsterdam: Amsterdam University Press; 2020. pp. 15-38.
Rossi G, La *scientia medicinalis* nella legislazione e nella dottrina giuridica del tempo di Federico II. Studi Mediev 2003;s.3,xlvii:179-218.
Roversi Monaco F (ed.), Teoria e pratica medica nel basso Medioevo. Teodorico Borgognoni vescovo, chirurgo, ippiatra. Firenze: SISMEL-Edizioni del Galluzzo; 2019.
Sandri L, Il Collegio medico fiorentino e la riforma di Cosimo I: origini e funzioni (secc. XIV-XVI). In: Baldassarri SU, Ricciardelli F, Spagnesi E (eds), Umanesimo e università in Toscana (1300-1600). Firenze: Le Lettere; 2012. pp. 183-211.
Sandrini E, La professione medica nella dottrina del diritto comune. Secolo XIII-XVI (parte I). Padova: CEDAM; 2008.
Santoro D, La cura delle donne. Ruoli e pratiche femminili tra XIV e XVII secolo. In: Pacifico M, Russo MA, Santoro D, Sardina P (eds), Memoria, storia e identità. Scritti per Laura Sciascia. Palermo: Associazione Mediterranea; 2011. pp. 779-803.
Santoro M, "Professione": origini e trasformazioni di un'idea. In: Zardin D (ed.), Corpi, "fraternità", mestieri nella storia della società europea. Roma: Bulzoni Editore; 1998. pp. 117-58.
Shatzmiller J, Femmes médecins au Moyen Âge. Témoignages sur leurs pratiques (1250-1350). In: Histoire et société: mélanges offerts à Georges Duby, vol. 1: Le couple, l'ami et le prochain. Aix-en-Provence: Publications de l'Université de Provence; 1992. pp. 165-75.
Shatzmiller J, Jews, medicine, and medieval society. Berkeley: University of California Press; 1994.
Sigal P-A, L'homme et le miracle dans la France médiévale (XI^{e}-XII^{e} siècle), Paris: Cerf; 1985.
Siraisi NG, Medieval & Early Renaissance Medicine. An Introduction to Knowledge and Practice. Chicago and London: The University of Chicago Press; 1990.
Skinner P, Health and Medicine in Early Medieval Southern Italy. Brill: Leiden; 1997.
Stengers I, Le médicin et le charlatan. In: Nathan T, Stengers I, Médecins et sorciers, Paris: Editions du Seuil; 2004. pp. 115-61.
Strocchia ST, Forgotten Healers. Women and the Pursuit of Health in Late Renaissance Italy. Harvard: Harvard University Press; 2019.
Talbot CH, Hammond EA, The Medicals Practitioners in Medieval England: A Biographical Register. London: Wellcome Historical Medical Library; 1965.
Vauchez A, La sainteté en Occident aux derniers siècles du Moyen Âge d'après les procès de canonisation et les documents hagiographiques. Roma: École française de Rome; 1981.
Ventura I, La Scuola Medica Salernitana. In: Galdi A, Pontrandolfo A (eds), Storia di Salerno. Vol. I: Età antica e medievale. Salerno: Francesco D'Amato Editore; 2020. pp. 245-59.
Veronese J, Guérir et rendre malade: un exemple de l'ambivalence de la magie savante médievale (XII^{e}-XV^{e} s.). In: Chapelain de Séreville-Niel C, Delaplace Ch, Jeanne D, Sineux P

(eds), Maladies et lieux religieux de la Méditerranée antique à la Normandie médievale. Rennes: Presses Universitaires de Rennes; 2020. pp. 241-53.
Wickersheimer E, Dictionnaire biographique des médecins en France au Moyen Âge, Jacquart D (ed.). Genève: Librairie Droz; 1979.
Young A, The anthropologies of illness and sickness. Annu Rev Anthropol 1982;1:257-85.
Young A, The relevance of traditional medical cultures to modern primary health care. Soc Sci Med 1983;17(16):1205-11.
Zettler A, Exkurs I: Zu den Klosterärzten. In: Rappmann R, Zettler A, Die Reichenauer Mönchsgemeinschaft und ihr Totengedenken im frühen Mittelalter. Sigmaringen: Jan Thorbecke Verlag; 1998. pp. 265-78.

1. See McVaugh MR, Medicine before the plague. Practictioners and their patients in the Crown of Aragona, 1285-1345. Cambridge: Cambridge University Press; 2002, p. 40; Pilsworth C, Could you just sign this for me John? Doctors, charters and occupational identity in early medieval northern and central Italy. Early Mediev Eur 2009;17(4):363-88, pp. 369-72; Perez S, Histoire des Médecins. Artisans et artistes de la santé de l'Antiquité à nos jours. Paris: Perrin; 2015. p. 11; Duranti T, *Doctores* e dottori: laurea in medicina e professioni mediche nel Medioevo. In: Guerrini MT, Lupi R, Malatesta M (eds), Un monopolio imperfetto. Titoli di studio, professioni, università (secc. XIV-XXI). Bologna: Clueb; 2016. pp. 1-13, p. 1.
2. This 'teleological path' generally begins in the ancient classical age, which, from a humanistic perspective, is regarded as the distinguished origin (Green MH, Integrative Medicine: Incorporating Medicine and Health into the Canon of Medieval European History. Hist Compass 2009;7(4):1218-45, pp. 1223-4): once again, then, the Middle Ages appear as an interruption in the path of civilisation.
3. On the debate about medicine as *ars* or *scientia*, see Agrimi J, Crisciani C, *Edocere medicos*. Medicina scolastica nei secoli XIII-XV. Milano-Napoli: Guerini - Istituto italiano per gli studi filosofici; 1988, esp. chap. 1; Jacquart D, La scolastica medica. In: Grmek MD (ed.), Storia del pensiero medico occidentale. Antichità e Medioevo. Roma-Bari: Laterza; 1993. pp. 261-322.
4. About the argument of 'rationality' (and its opposite of 'irrationality') in medical thought systems - in addition to the discussions of Scholasticism (see ref. 3) - cf. Pizza G, Antropologia medica. Roma: Carocci; 2005, p. 196; Stengers I, Le médicin et le charlatan. In: Nathan T, Stengers I, Médecins et sorciers. Paris: Editions du Seuil; 2004. pp. 115-61. Nowadays, even within biomedicine, the rationality/irrationality pair seems to have lost explanatory value: cf. Corbellini G, Storia e teorie della salute e della malattia. Roma: Carocci; 2014. p. 44.
5. E.g.: Talbot CH, Hammond EA, The Medicals Practitioners in Medieval England: A Biographical Register. London: Wellcome Historical Medical Library; 1965; Wickersheimer E, Dictionnaire biographique des médecins en France au Moyen Âge, Jacquart D (ed.), Genève: Librairie Droz; 1979; Jacquart D, Le milieu medical en France du XII^{e} au XV^{e} siècle. Genève: Librairie Droz; 1981; Naso I, Medici e strutture sanitarie nella società tardo-medievale: il Piemonte dei secoli XIV e XV. Milano: FrancoAngeli; 1982; Park K, Doctors and medicine in early Renaissance Florence. Princeton: Princeton University Press; 1985; Shatzmiller J, Jews, medicine, and medieval society. Berkeley: University of California Press; 1994; Rawcliffe C, Medicine and society in later medieval

England. Stroud: Alan Sutton Pub.; 1995. Getz F, Medicine in the English Middle Ages. Princeton: Princeton University Press; 1998. esp. pp. 5-8; Ead., Medical Practitioners in Medieval England. Soc Hist Med 1990;3:245-83; Siraisi NG, Medieval & Early Renaissance Medicine. An Introduction to Knowledge and Practice. Chicago and London: The University of Chicago Press; 1990; Moulinier-Brogi L, Les médecins dans le Centre-Ouest au Moyen Âge (XIII^{e}-XV^{e} siècle). In: Laurioux B, Moulinier-Brogi L (eds), Scrivere il Medio evo. Lo spazio, la santità, il cibo. Roma: Viella; 2001. pp. 405-29; McVaugh MR, ref. 1; Picot J, Le milieu médical à Montferrand au Moyen Âge. Essai de répertoire prosopographique (milieu XIIIe-milieu XVIe siècle). Bull Auvergne 2014;CXV:99-154. Chandelier J, Nicoud M, Entre droit et médecine. Les origines de la médecine légale en Italie (XIII^{e}-XV^{e} siècles). In: Chandelier J, Robert A (eds), Frontières des savoirs en Italie à l'époque des premières universités (XIII^{e}-XV^{e} siècles). Roma: École française de Rome; 2015. pp. 233-93.

6. In sum, there is no such thing as magic that opposes, or at least is autonomous concerning religion and science, nor vice versa: studies on these topics have by now unanimously overcome the idea of the coexistence of different spheres that are monopolised by as many different social, and even professional, categories. More appropriate is the question of authority: which magic and which practitioners of magic are legitimate; which miracles can be attested and confirmed; and in this vein, which practitioners of secular therapies are legitimate and legitimised, and to what extent (Kieckhefer R, Magic in the Middle Ages. Cambridge: Cambridge University Press; 1989; Flint V, The Early Medieval *Medicus*, the Saint and the Enchanter. Soc Hist Med 1989;2:127-45; Horden P, What's Wrong with Early Medieval Medicine?. Soc Hist Med 2011;24(1):5-25; Park K, Magic and Medicine: The Healing Arts. In: Brown JC, Davis RC (eds), Gender and Society in Renaissance Italy. London: Longman; 1998. pp. 129-49; Biller P, Ziegler J (eds), Religion and Medicine in the Middle Ages. York: York Medieval Press; 2001; Foscati A, Tra scienza, religione e magia: *incantamenta* e riti terapeutici nei testi agiografici e nei testi di medicina del Medioevo. In: Golinelli P (ed.), Agiografia e culture popolari – Hagiography and Popular Cultures. Atti del convegno internazionale (Verona, 28-30 ottobre 2010). Bologna: Clueb; 2012. pp. 113-28; Galdi A, Guarire nel medioevo tra taumaturgia dei santi, saperi medici e pratiche magiche. Ibid. pp. 93-112; Pilsworth C, Healthcare in Early Medieval Northern Italy: More to Life than Leeches. Turnhout: Brepols; 2014. p. 149; Bowers BS, Keyser LM (eds), The Sacred and the Secular in Medieval Healing: Sites, Objects, and Texts. London-New York: Routledege; 2016; Veronese J, Guérir et rendre malade: un exemple de l'ambivalence de la magie savante médievale (XIIe-XVe s.). In: Chapelain de Séreville-Niel C, Delaplace Ch, Jeanne D, Sineux P (eds), Maladies et lieux religieux de la Méditerranée antique à la Normandie médievale. Rennes: Presses Universitaires de Rennes; 2020. pp. 241-53).
7. Cf. Nicoud M, Salute, malattia e guarigione. Concezioni dei medici e punti di vista dei pazienti. Quad stor 2011;1:47-74.
8. Cf. Pool R, Geissler W, Medical anthropology. Maidenhead: Open University Press; 2005. pp. 44-5; Dei F, Antropologia medica e pluralismo delle cure. AM 2014;37:81-104. On the introduction of concepts of disease, sickness, and illness by anthropology: Young A, The anthropologies of illness and sickness. Annu Rev Anthropol 1982;1:257-85.
9. Regarding the *vetula* see Agrimi J, Crisciani C, Immagini e ruoli della "vetula" tra sapere medico e antropologia religiosa (secoli XIII-XV). In: Paravicini Bagliani A, Vauchez A (eds), I poteri carismatici e informali: chiese e società medioevali. Palermo: Sellerio;

1992. pp. 224-61; Eaed., Savoir médical et anthropologie religieuse. Les representations et les fonctions de la *vetula* (XIII^e^-XV^e^ siècle). Ann Hist Sci Soc 1993;46(5):1281-308. On thaumaturge kings see Bloch M, Les rois thaumaturges. Étude sur le caractère surnaturel attribué à la puissance royale particulièrement en France et en Angleterre. Paris: Istra; 1924.

10. Among several studies, see at least: Shatzmiller J, Femmes médecins au Moyen Âge. Témoignages sur leurs pratiques (1250-1350). In: Histoire et société: mélanges offerts à Georges Duby, vol. 1: Le couple, l'ami et le prochain. Aix-en-Provence: Publications de l'Université de Provence; 1992. pp. 165-75; Green MH, Documenting Medieval Women's Medical Practice. In: García-Ballester L, French R, Arrizabalaga J, Cunningham A (eds), Practical Medicine from Salerno to the Black Death. Cambridge: Cambridge University Press; 1994. pp. 322-52; Park K, Secrets of Women. Gender, Generation, and the Origins of Human Dissection. New York: Zone Books; 2006. p. 10; Cabré M, Women or Healers? Household Practices and the Categories of Health Care in Late Medieval Iberia. Bull Hist Med 2008;82(1):18-51; Green MH, Making women's medicine masculine: the rise of male authority in pre-modern gynaecology. Oxford-New York: Oxford University Press; 2008; Conforti M, *Vetulae*, matrone, mammane. Le donne e la cura. In: Santoro M (ed.), La donna nel Rinascimento meridionale. Atti del convegno internazionale (Roma, 11-13 novembre 2009). Pisa-Roma: Fabrizio Serra Editore; 2010. pp. 121-30; Santoro D, La cura delle donne. Ruoli e pratiche femminili tra XIV e XVII secolo. In: Pacifico M, Russo MA, Santoro D, Sardina P (eds), Memoria, storia e identità. Scritti per Laura Sciascia. Palermo: Associazione Mediterranea; 2011. pp. 779-803; Park K, Medical Practice. In: Lindberg DC, Shank MH (eds), The Cambridge History of Science, 2: Medieval Science. Cambridge: Cambridge University Press; 2013. pp. 611-29, pp. 623-4; Strocchia ST, Forgotten Healers. Women and the Pursuit of Health in Late Renaissance Italy. Harvard: Harvard University Press; 2019; Ritchey S, Strocchia ST, Introduction. In: Eaed. (eds), Gender, Health, and Healing, 1250-1550. Amsterdam: Amsterdam University Press; 2020. pp. 15-38.
11. Cabré M, ref. 10, 23.
12. See e.g. Dumas G, Les femmes et les pratiques de la santé dans le "Registre des plaidoiries du Parlement de Paris, 1364-1427". Can Bull Med Hist 1996;13(1):3-27.
13. Body technologies are defined as the skills, beliefs, and practices about the body's functioning: see Cabré M, ref. 10; Green MH, Bodies, Gender, Health, Disease: Recent Work on Medieval Women's Medicine. SMRH 2005;3s.,2:1-46, p. 3.
14. Regarding domestic space as the main place of healing: Horden P, Smith R (eds), The Locus of Care. Families, communities, institutions, and the provision of welfare since antiquity. London: Routledge; 1997; Pilsworth C, ref. 6, chap. 5; Cabré M, ref. 10. pp. 27 ff.; cf. also Kleinman A, Concepts and a model for the comparison of medical systems as cultural systems. Soc Sci Med 1978;12(2B):85-93, p. 86.
15. Pizza G, ref. 4. pp. 189-91; it should be understood as the main therapeutic strategy, due to not only contingent but also cultural causes: the self-healing power of nature (cf. Brown P, The Cult of the Saints. Chicago: The University of Chicago Press; 1981. pp. 157-62) and the prominence accorded to dietetic-hygienic regimes, as such achievable even without recourse to the medical practitioner (on *regimina sanitatis* as a genre: Nicoud M, Les régimes de santé au Moyen Âge. Naissance et diffusion d'une écriture medicale (XIII^e^-XV^e^ siècle), 2 voll. Roma: École française de Rome; 2007).
16. Park K, ref. 10.

17. A turning point came in the 12th century with the conspicuous work of translations from Arabic and Greek, which extended the medical library and provided the theoretical basis for the development of the discipline in Europe: Jacquart D, Micheau F, La médecine arabe et l'Occident medieval. Paris: Maisonneuve et Larose; 1990; Jacquart D, ref. 3; Chandelier J, Avicenne et la médecine en Italie. Le *Canon* dans les universités (1200-1350). Paris: Champion; 2017; see also Nicoud M in this issue. For an overview of the rise of medical universities: Duranti T, The Origins of the *Studium* of Medicine of Bologna: a *Status Quaestionis*. CIAN 2018;21:121-49.
18. An early case is that of Florence: see Ciasca R, L'arte dei medici e speziali nella storia e nel commercio fiorentino dal secolo XII al XV. Firenze: Olschki; 1927; Sandri L, Il Collegio medico fiorentino e la riforma di Cosimo I: origini e funzioni (secc. XIV-XVI). In: Baldassarri SU, Ricciardelli F, Spagnesi E (eds), Umanesimo e università in Toscana (1300-1600). Firenze: Le Lettere; 2012. pp. 183-211.
19. The cases are numerous: for example, Theodoric Borgognoni, bishop, Dominican friar, and well-known 13th-century surgeon (Roversi Monaco F, Teoria e pratica medica nel basso Medioevo. Teodorico Borgognoni vescovo, chirurgo, ippiatra. Firenze: SISMEL-Edizioni del Galluzzo; 2019).
20. Historiography has revealed the cliché of a conflict between the Church and medicine, since Amundsen DW, Medieval Canon Law on Medical and Surgical Practice by the Clergy. Bull Hist Med 1978;52(1):22-44; see also Montford A, Health, Sickness, Medicine and the Friars in the Thirteenth and Fourteenth Centuries. Farnham: Ashgate; 2004. Cf. Crisciani C in this issue.
21. Regarding the integration of the body and the spirit, it will suffice here to refer to Jacquart D, Cinquante ans de recherches sur la médecine des XIII^{e}-XV^{e} siècles: les contours d'un nouvel objet pour l'historien. In: La medicina nel Basso Medioevo. Tradizioni e conflitti. Atti del LV Convegno storico internazionale, Todi, 14-16 ottobre 2018. Spoleto: Centro Italiano di Studi sull'Alto Medioevo; 2019. pp. 1-24, pp. 19-21; see also Crisciani C, in this issue.
22. Horden P, Sikness and Healing. In: Noble TFX, Smith JMH (eds), The Cambridge History of Christianity, III: Early Medieval Christianities, ca. 600-ca. 1000. Cambridge: Cambridge University Press; 2008. pp. 416-32; Id., ref. 6; Park K, ref. 10. pp. 615-7; Pilsworth C, ref. 1. pp. 386-7 concludes that "it could be said that we are seeing not so much the 'clericalization' of medicine in this period in Italy, as the gradual 'medicalization' (in the loosest sense) of ecclesiastical institutions, including clerical education".
23. Cf. Zettler A, Exkurs I: Zu den Klosterärzten. In: Rappmann R, Zettler A, Die Reichenauer Mönchsgemeinschaft und ihr Totengedenken im frühen Mittelalter. Sigmaringen: Jan Thorbecke Verlag; 1998. pp. 265-78. On the St. Gallen plan: Horn W, Born E, The Plan of St. Gall: A Study of the Architecture and Economy of, and Life in a Paradigmatic Carolingian Monastery. Berkeley-Los Angeles: University of California Press; Berkeley-Los Angeles; 1979. The plan is available at https://www.e-codices.unifr.ch/it/list/one/csg/1092.
24. Cf. Meaney A, The Practice of Medicine in England about the Year 1000. Soc Hist Med 2000;13(2):221-37; Park K, Medicine and Society in Medieval Europe, 500-1500. In: Wear A (ed.), Medicine in Society. Cambridge: Cambridge University Press; 1991. pp. 59-90, p. 68.
25. On the medieval medical expert, see Nicoud M, Faut-il historiciser l'expertise?. Hist Med S 2021;18:9-25; it is also a juridical construction, upon which the process of

professionalisation also lies: Sandrini E, La professione medica nella dottrina del diritto comune. Secolo XIII-XVI (parte I). Padova: CEDAM; 2008; see also ref. 38.

26. About this context, see Cosentino S, La figura del *medicus* in Italia tra tardoantico e altomedioevo. Tipologie sociali e forme di rappresentazione culturale. Med secoli 1997;9(3):361-98; Pilsworth C, ref. 1; Ead., ref. 6. chap. 6.
27. About the shrines as places of healing see Brown P, ref. 15; Sigal P-A, L'homme et le miracle dans la France médiévale (XI^{e}-XII^{e} siècle). Paris: Cerf; 1985; Canetti L, Terapia sacra. Guarire al santuario. In: La medicina nel Basso Medioevo, ref. 21. pp. 46-75. However, Horden P, ref. 22. p. 2 assumes that only a minority of the sick would resort to the pilgrimage to the saint; according to Ferngren GB, Medicine and Health Care in Early Christianity: Medicine & Health Care in Early Christianity. Baltimore: Johns Hopkins University Press; 2009. p. 13 in the first five centuries, Christians mainly turned to lay healers and domestic care.
28. Cf. Lock M, Scheper-Hughes N, A critical-interpretative approach in medical anthropology: rituals and routines of discipline and dissent. In: Johnson T, Sargent C (eds), Medical Anthropology, Contemporary Theory and Method. Westport: Praeger Publishers; 1990. pp. 47-72. On the subject of efficacy, especially medical anthropology has emphasised the necessity of not restricting to the measurable efficacy of biomedicine: cf. Young A, The relevance of traditional medical cultures to modern primary health care. Soc Sci Med 1983;17(16):1205-11, p. 1208; Pizza G, ref. 4. chap. 8; Lupo A, Malattia ed efficacia terapeutica. In: Cozzi D (ed.), Le parole dell'antropologia medica. Piccolo dizionario. Perugia: Morlacchi Editore; 2012. pp. 127-55. This approach is also considered in historiography, e.g. Horden P, ref. 6. p. 20: "Instead of looking for biomedical efficacy we should perhaps think, as anthropologists do, in terms of therapeutic success: a matter of overall patient satisfaction with the therapeutic encounter rather than altered pathology".
29. Canetti L, ref. 28. p. 51 defines them as "santi educati alla scuola di Ippocrate"; see also Foscati A in this issue.
30. Cf. Siraisi NG, ref. 5. p. IX; see Skinner P, Health and Medicine in Early Medieval Southern Italy. Brill: Leiden; 1997. pp. 79-88; Pilsworth C, ref. 1; Ead., ref. 6; Oliver L, The body legal in barbarian law. Toronto: University of Toronto Press; 2011.
31. On the *schola salernitana*, see at least: Kristeller PO, Studi sulla Scuola medica salernitana. Napoli: Istituto italiano per gli studi filosofici; 1986; Jacquart D, Paravicini Bagliani A (eds), La scuola medica salernitana: gli autori e i testi, Atti del Convegno internazionale, (Salerno, 3-5 novembre 2004). Firenze: SISMEL-Edizioni del Galluzzo; 2007; Ventura I, La Scuola Medica Salernitana. In: Galdi A, Pontrandolfo A (eds), Storia di Salerno. Vol. I: Età antica e medievale. Salerno: Francesco D'Amato Editore; 2020. pp. 245-59. Regarding the rise of medical universities, see Duranti T, ref. 17.
32. Cf. Hanne G, Introduction. Langage du travail, travail du langage. In: Hanne G, de Larivière CJ (eds), Noms de métiers et categories professionelles. Toulouse: Presses universitaires du Midi; 2010. pp. 7-19; Degrassi D, Lavoro e lavoratori nel sistema di valori della società medievale. In: Franceschi F (ed.), Il Medioevo. Dalla dipendenza personale al lavoro contrattato. Roma: Castelvecchi; 2017. pp. 15-43, esp. p. 19.
33. Starting with the papal court: Paravicini Bagliani A, Il corpo del papa. Torino: Einaudi; 1994.
34. In historiography, this concept is now used (at least in some contexts and for the final centuries of the Middle Ages) to refer both to the progressive introduction of forms professional knowledge control; and to the progressive increase in medical care and supply

(including the emergence of *medici* salaried by public authorities): Nutton V, Continuity or Rediscovery? The City Physician in Classical Antiquity and Mediaeval Italy. In: Russell AW (ed.), The Town and State Physician in Europe. Wolfenbüttel: Herzog August Bibliothek; 1981. pp. 9-46; McVaugh MR, ref. 1; Shatzmiller J, ref. 5; Nicoud M, Formes et enjeux d'une médicalisation médiévale (XIII^{e}-XV^{e} siècles). Genèses 2011;82:7-30; Jacquart D, ref. 21. p. 23.

35. On the medieval hospitals as a place of healing, see Bianchi F, in this issue.
36. Certain changes in the commercialization of secular healing have similar elements to the practice of vows: Park K, ref. 10. p. 618. On the transformation of the concept of holiness and related practices, it is a must to refer to: Vauchez A, La sainteté en Occident aux derniers siècles du Moyen Âge d'après les procès de canonisation et les documents hagiographiques. Roma: École française de Rome; 1981.
37. Cf. O'Boyle C, Surgical Texts and Social Contexts: Physicians and Surgeons in Paris, c. 1270-1430. In: García-Ballester L, French R, Arrizabalaga J, Cunningham A (eds), ref. 10. pp. 156-85. Jacquart D, La médecine médiévale dans le cadre parisien XIV^{e}-XV^{e} siècle. Paris: Fayard; 1998. chap. 1; Ead., ref. 21. pp. 12-3. McVaugh MR, The Rational Surgery of the Middle Ages. Firenze: SISMEL-Edizioni del Galluzzo; 2006 effectively demonstrated that the surgery too was involved in a course of rational and learned dignification. See also Cifuentes L, in this issue.
38. An auto-normative system, a community consciousness, an outlined training path, and some form of selection are the current features that define a profession. However, even the now classic Abbott A, The System of Professions: an Essay on the Division of Expert Labor, Chicago-London: University of Chicago; 1988. p. 1, points out that the very concept of professionalisation is misleading, as it seems to focus more on the forms than on the contents. In the past, a professional interpretation of the trades of the late Middle Ages was preferred (probably with a teleological perspective); Then, especially in the 1990s, there was a counter-reaction, with the profession being considered only from the perspective of the capitalist system; today, we are more cautious, but also less confined by strict definitions of contemporaneity. Certainly, there were certain traits that emerged at that time: we can therefore consider the last few centuries of the Middle Ages as the starting point of professionalization. See at least Bullough VL, The Development of Medicine as a Profession: the Contribution of the Medieval University to Modern Medicine. Basel-New York: S. Karger; 1966; Pelling M, Medical Practice in Early Modern England: Trade or Profession?. In: Prest W (ed.), The Professions in Early Modern England. London: Croom Helm; 1987. pp. 90-128, esp. p. 90. Burnham JC, How the idea of profession changed the writing of medical history. London: Wellcome Institute for the History of Medicine; 1998; Santoro M, "Professione": origini e trasformazioni di un'idea. In: Zardin D (ed.), Corpi, "fraternità", mestieri nella storia della società europea. Roma: Bulzoni Editore; 1998. pp. 117-58, esp. pp. 118-25; McVaugh MR, ref. 1; McCleery I, Medical Licensing in Late Medieval Portugal. In: Turner WJ, Butler SM (eds), Medicine and the Law in the Middle Ages. Leiden-Boston: Brill; 2014. pp. 196-219.
39. On medical licensing, cf. García Ballester L, McVaugh MR, Rubio A, Medical Licensing and Learning in Fourteenth-century Valencia. Trans Am Philos Soc 1989;79(6). Rossi G, La *scientia medicinalis* nella legislazione e nella dottrina giuridica del tempo di Federico II. Studi Mediev 2003;s.3,xlvii:179-218. McCleery I, ref. 38; Duranti T, ref. 1. pp. 4-8. Both McVaugh MR, ref. 1 and Ferragud C, Medicina i promoció social a la baixa Edat Mitjana (Corona d'Aragó 1350-1410). Madrid: Consejo Superior de Investigaciones

Científicas; 2005 emphasise that this introduction was the result of a social change and therefore a bottom-up impulse.

40. Starting with Kibre P, The Faculty of Medicine at Paris, Charlatanism, and Unlicensed Medical Practices in the Later Middle Ages. Bull Hist Med 1953;27(1):1-20, the case of Paris at the end of the Middle Ages offered a very conflicting image, which should not be overestimated, nor understood as paradigmatic for the whole of medieval Europe, but critically examined and contextualized; see also Garrigues L, Les professions médicales à Paris au début du XV^{e} siècle. Praticiens en procès au parlement. BECh 1998;156(2):327-67; Cabré i Pairet M, Salmón Muñiz F, Poder academico versus autoridad femenina: la Facultad de Medicina de Paris contra Jacoba Felicie (1322). Dynamis 1999;19:55-78; Lauwers H, Construire la norme des métiers de santé au Parlement de Paris (XIVe-XVIe siècles). Médiévales 2016;7:137-57.
41. Cf. Hanne G, ref. 32. par. 6: "la possibilité même d'exercer une profession passe souvent par l'appropriation d'une terminologie, par un monopole des mots qui est la première condition d'un monopole de fait" and ff. pp.
42. On the figure of the empiricist, see Duranti T, Ammalarsi e curarsi nel Medioevo. Una storia sociale. Roma: Carocci; 2023. pp. 96-100.
43. This is one of the main differences compared to the category of charlatans during the Modern Age: Gentilcore D, Medical charlatanism in early modern Italy. Oxford: Oxford University Press; 2006. p. 2.
44. Park K, ref. 6. p. 135. Regarding barbers as therapists, cf. Cifuentes L, La promoció intel·lectual i social dels barbers-cirurgians a la Barcelona medieval: l'obrador, la biblioteca i els béns de Joan Vicenç (fl. 1421-1464). Arx textos catalans antics 2000;19:429-79; Collard F, Samama E (eds), Mires, physiciens, barbiers et charlatans: les marges de la médecine de l'Antiquité au XVIe siècle. Langres: D. Guéniot; 2004; Ferragud C, Barbers in the Process of Medicalisation in the Crown of Aragon during the Late Middle Ages. In: Sabaté F (ed.), Medieval Urban Identity: Health, Economy and Regulation. Cambridge: Cambridge Scholars Publishing; 2005. pp. 143-65; Pelling M, The Common Lot. Sickness, Medical Occupations and the Urban Poor in Early Modern England. London: Routledge; 2014; Duranti T, Lavoro, igiene, salute. Studio preliminare sull'arte dei barbieri di Bologna (ante 1348). In: Lazzari T, Pucci Donati F (eds), A banchetto con gli amici. Scritti per Massimo Montanari. Roma: Viella; 2021. pp. 253-64.
45. Cf. Cifuentes L, ref. 44. esp. pp. 430-3.
46. Again, professional labels are not as evident in practice: for some examples, see Pesenti Marangon T, "Professores chirurgie", "medici ciroici" e "barbitonsores" a Padova nell'età di Leonardo Biffi (ob. dopo il 1448). Q St UniPd 1978;11:1-38: pp. 12-3; McVaugh MR, ref. 1, pp. 35-40; Duranti T, ref. 1. pp. 1-3.
47. Cf. Hanne G, ref. 32.
48. Literally: 'doctor of the beard' and "as a surgeon and needed as a physician" (Henderson J, The Renaissance Hospital: Healing the Body and Healing the Soul. New Haven: Yale University Press; 2006. p. 229).
49. The crux of the matter is who has the authority to control and approve; cf. ref. 39.
50. On the relationship between apothecaries and other therapists: Moulinier-Brogi L, Médecins et apothicaires dans l'Italie médiévale. Quelques aspects de leurs relations. In: Collard F, Samama E (eds), Pharmacopoles et apothicaires. Les "pharmaciens" de l'Antiquité au Grand Siècle. Paris: L'Harmattan; 2006. pp. 119-34, and in general studies cited at ref. 5.

51. See Jacquart D, ref. 37. p. 310.
52. About the ‘medicalisation’ of medieval hospitals as a misleading approach, see Henderson J, Horden P, Pastore A, The World of the Hospital. Comparisons and continuities: In: Iid. (eds.), The Impact of Hospitals 300-2000. Oxford: Peter Lang; 2007. pp. 1-56 and Henderson J, ref. 48. See also Bianchi F, in this issue.
53. A label suggested by Friedmann D, Les Guérisseurs. Splendeurs et misères du don. Paris: A.M. Métailié; 1981; cf. Pizza G, ref. 4. pp. 216-8. Furthermore, the mediating function aligns the therapist with that of the priest, a similarity well documented even in the Middle Ages: see Crisciani C in this issue.
54. This is the distinction in medical arenas proposed by Kleinman A, ref. 14. pp. 86-7: “the popular arena comprise principally the family context of sickness and care, but also includes social network and community activities”; the folk arena “consists of non-professional healing specialists”.