

**The Experience of Sickness and Health During
Crusader Campaigns to the Eastern
Mediterranean, 1095–1274**

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Submitted in accordance with the requirements for the degree of
Doctor of Philosophy

The University of Leeds,
Institute for Medieval Studies

January 2017

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Acknowledgements

My foremost thanks are due to my supervisors, Iona McCleery and Alan V. Murray, to whom I owe a great deal. Their supportive guidance, high standards, wisdom, and expertise have tempered this work from beginning to end. Their helpful suggestions can not be quantified, and any errors herein are entirely my own. This work was made possible by funding from the Arts and Humanities Research Council, for which I am very grateful.

The Institute for Medieval Studies and the School of History at the University of Leeds have been my home for the past ten years, and I would like to pay credit to the generations of medievalists who have passed through and left their contribution to the department. In my own time, I have benefited immeasurably from the dynamic and inspirational community of the Institute and School, both staff and students, as well as the members of the Health, Medicine, and Society research cluster, who have broadened my outlook (and my reading). I cannot name all those I ought to, but my gratitude is due to them nonetheless. I am especially grateful to Rose Sawyer, Sunny Harrison, Amy Devenney, and Marta Cobb, for their friendship, support, and stimulating lunchtime conversations throughout my time as a PhD student. Special thanks must also be paid to Sophie Harwood, Francesca Petrizzo, and Vanessa Wright, who generously lent me their linguistic ability with Old French and Italian, and Trevor Smith whose detailed knowledge of MHRA and Zotero made the final stages of proof-reading and editing relatively painless.

Beyond Leeds I have been lucky enough to make the acquaintance of many scholars who were kind enough to take an interest in my work. My thanks to Susan Edgington, Jonathan Phillips, William Purkis and Jochen Schenk for inviting me to present at the IHR Crusades and the Latin East seminar in 2015, and to all those I have met through this welcoming community who have provided helpful feedback on my work at various other conferences. The Society for the Social History of Medicine has provided a forum for me to meet medical historians from all periods, of whom special thanks must go to Elma Brenner for her encouragement in the early days, and assisting with fact-checking in the last. I am also grateful for the travel bursaries awarded to me by the SSHM and the Royal Historical Society.

My family and friends have been a constant throughout, and I can only express gratitude for their company, support, food, drink and laughter. Chris Jones must receive specific mention for twice providing laptops when mine failed me and Katherine Phillips for accommodating me during numerous conferences and library visits, and making last-minute visits to the British Library on my behalf.

Finally, to my husband Daniel, who has been with me every step of the way, shoring me up through the difficult times and rejoicing in the good ones. This thesis is dedicated to him, and to our good friend Father Michael Krychiwskyj (1957–2016), from whom we and many others gained so much.

Abstract

This thesis proposes the reading of medieval chronicles, specifically those of the crusades, for their medical content. The crusades left a mark on the historical record in the form of dozens of narrative sources, but texts such as these are rarely considered as sources for medical history. Chapter 1 suggests how chronicles can be used to discover how medical knowledge permeated the literate society of the Middle Ages, and at the same time, by reading the crusader chronicles in a medical mode, to learn more about the lived experience of crusaders and the narrative art of crusader chroniclers. Chapter 2 responds to Roy Porter's highly-influential concept of 'the patient's view' by engaging with critiques of this concept and developing a method to apply it to medieval sources, 'the chronicler's-eye view', demonstrated through a linguistic survey of the identity of sick crusaders and crusaders who offered medical care. The next three chapters take the 'chroniclers'-eye view' of the experience of sick crusaders in three spatial and military contexts. Chapter 3 shows how the crusader march could engender poor health by exposing the travelling crusader to different environments, while Chapter 4 explores conditions for crusaders in port and at sea. Chapter 5 is a detailed examination of the health of crusaders during siege engagements. Finally, chapter 6 shows how the health of a particular facet of crusading society, the crusader leader, had significance for the leader himself and those who followed him. Throughout the key focus is on how the health of crusaders was represented by contemporary chronicles and what narrative significance is revealed by reading these texts for their medical content.

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List of Abbreviations

- AA Albert of Aachen, *Historia Ierosolimitana: History of the Journey to Jerusalem*, ed. & trans. by Susan B. Edgington (Oxford: Clarendon Press, 2007)
- FC Fulcher of Chartres, *Fulcheri Carnotensis Historia Hierosolymitana (1095–1127)*, ed. by Heinrich Hagenmeyer (Heidelberg: Carl Winter, 1913)
- GF *Gesta Francorum et aliorum Hierosolimitanorum: The Deeds of the Franks and the Other Pilgrims to Jerusalem*, ed. and trans. by Rosalind Hill (London: Nelson, 1962)
- GN Guibert of Nogent, *Dei Gesta per Francos*, in *Dei gesta per Francos et cing autres textes*, ed. by R. B. C. Huygens, *Corpus Christianorum: Continuatio Mediaevalis*, 127A (Turnhout: Brepols, 1996), pp. 76–352
- GP Gilo of Paris, *The Historia Vie Hierosolimitane of Gilo of Paris, and a Second, Anonymous Author*, ed. & trans. by C. W. Grocock and Elizabeth Siberry (Oxford: Clarendon Press, 1997)
- HFI *Historia de expeditione Friderici imperatoris*, in *Quellen zur Geschichte des Kreuzzuges Kaiser Friedrichs I.*, ed. by Anton Chroust, *MGH SS rer. Germ.* n.s., 5 (Berlin: Weidmann, 1928), pp. 1–115
- HDFS Huillard-Bréholles, Jean Louis Alphonse, ed., *Historia diplomatica Friderici Secundi*, 6 vols (Paris: Plon, 1852–61; repr. Turin: Bottega d’Erasmus, 1963)
- IP Richard de Templo, *Chronicles and Memorials of the Reign of Richard I: Itinerarium peregrinorum et gesta regis Ricardi*, ed. by William Stubbs, *Rolls Series*, 38, 2 vols (London: Longman, 1864–65), 1
- JJ Jean of Joinville, *Vie de saint Louis*, ed. by Jacques Monfrin (Paris: Dunod, 1995)
- MGH DD Monumenta Germaniae Historica, Diplomata
- MGH SS Monumenta Germaniae Historica, Scriptorum
- MGH SS rer. Germ. Monumenta Germaniae Historica, Scriptorum rerum Germanicarum
- MP, *Chronica* Matthew Paris, *Chronica majora*, ed. by Henry Richards Luard, *Rolls Series*, 57, 7 vols (London: Longman, 1872–83)

- MP, *Historia* Matthew Paris, *Historia Anglorum*, ed. by Frederick Madden, Rolls Series, 44, 3 vols (London: Longman, 1866–69)
- OD Odo of Deuil, De profectioe Ludovici VII in orientem: *The Journey of Louis VII to the East*, ed. & trans. by Virginia Gingerick Berry (New York: Columbia University Press, 1948; repr. New York: Norton, 1962)
- OP Oliver of Paderborn, *Historia Damiatina*, in *Die Schriften des Kölner Domscholasters, späteren Bischofs von Paderborn und Kardinal-Bischofs von S. Sabina, Oliverus*, ed. by H. Hoogeweg, Bibliothek des Litterarischen Vereins in Stuttgart, 202 (Tübingen: Litterarischer Verein in Stuttgart, 1894), pp. 159–282
- RA Raymond of Aguilers, *Historia Francorum qui ceperunt Iherusalem*, in *RHC Occ.*, 5 vols (Paris: Académie des inscriptions et belles-lettres, 1844–95), III (1866), pp. 231–309
- RHC Arm.* *Recueil des historiens des croisades: Documents Arméniens*, 2 vols (Paris: Imprimerie nationale, 1869–1906)
- RHC Occ.* *Recueil des historiens des croisades: Historiens occidentaux*, 5 vols (Paris: Académie des inscriptions et belles-lettres, 1844–95)
- RHGF* *Recueil des historiens des Gaules et de la France*, 24 vols (Paris: Victor Palmé, 1840–1904)
- RH, *Chronica* Roger of Howden, *Chronica*, ed. by William Stubbs, Rolls Series, 51, 4 vols (London: Longman, 1868–71)
- RH, *Gesta* Roger of Howden, *Gesta regis Henrici: The Chronicle of the Reigns of Henry II and Richard I AD 1169–1192*, ed. by William Stubbs, Rolls Series, 49, 2 vols (London: Longman, 1867)

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Note on Referencing and Styles

Use of both editions and translations has been made in this thesis. Quotations from Latin in translation are the author's own, but reference to modern published translations is made for the reader's convenience. Note, however, that in most instances, the author's own translation differs to a greater or lesser degree, and in some cases quite substantially, from the published translation. In the case of facing-page editions, reference is made to the page number of the Latin only, while reference to poetic works is to the line number. Due to linguistic limitations, published translations are used for quotations from Old French, although editions have been consulted for key vocabulary. Reference is therefore made to both the edition and the translation. In the special case of Jean of Joinville's *Vie de saint Louis*, which is divided into identical sections by both the major edition and translation, reference to the edition (ed. Monfrin, 1995) is made to the section number, while reference to the translation (trans. Smith, 2008) is made to the page number. The convention followed for references to Ambroise's *Estoire de la guerre sainte* (ed. and trans. Ailes and Barber, 2003) is to refer to line numbers in the Old French edition, vol. I, and pages in the modern English translation, vol. II.

Quotations to the Bible in Latin are taken from *Biblia Sacra Vulgata*, ed. by Robert Weber and Roger Gryson, 5th edn (Stuttgart: Deutsche Bibelgesellschaft, 2007). Names and placenames are given in common standard English forms, as used in *The Crusades: An Encyclopedia*, ed. by Alan V. Murray (Santa Barbara, CA: ABC-CLIO, 2006).

Chapter 1: Introduction

And thus said the apostolic lord: ‘Brothers, it is fitting that you should suffer many things for the name of Christ: miseries, poverties, nakedness, persecutions, extreme want, infirmities, hunger, thirst and other such things, just as the Lord said to his disciples: “It is fitting that you should suffer many things for my name”’.¹

Thus the anonymous *Gesta Francorum* recorded the putative words of Pope Urban II at the Council of Clermont in November 1095, as he delivered the sermon that instigated the First Crusade. Amongst the chronicles of the time, the *Gesta* preserves much the shortest account of Urban’s words and the focus is not the military purpose of the expedition, nor the importance of reaching the city of Jerusalem, but rather the bodily suffering that the crusaders could expect to endure and the spiritual reward that this would bring. Urban’s sermon stimulated a series of military campaigns to the eastern Mediterranean which spanned two centuries and a reading of the contemporary chronicles shows that the *Gesta*’s focus on physical endurance was prescient, for every expedition seems to have been marked by the experience of hardship, sickness, and suffering.

Much is known about the political history of the crusades, and the military history of the crusades is a burgeoning field.² This thesis takes a different angle,

¹ ‘Ait namque dominus apostolicus, ‘Fratres, uos oportet multa pati pro nomine Christi, uidelicet miserias, paupertates, nuditates, persecutiones, egestates, infirmitates, fames, sites et alia huiusmodi, sicuti Dominus ait suis discipulis: “Oportet uos pati multa pro nomine meo”’: *GF*, 1:1, pp. 1-2.

² The most recent, thoroughly comprehensive, and general history of the crusades is Christopher J. Tyerman, *God’s War: A New History of the Crusades* (London: Allen Lane, 2006; repr. London: Penguin, 2007). On the military history of the crusades, see John France, *Victory in the East: A Military History of the First Crusade* (Cambridge: Cambridge University Press, 1994); *Logistics of Warfare in the Age of the Crusades: Proceedings of a Workshop Held at the Centre for Medieval Studies, University of Sydney, 30 September to 4 October 2002*, ed. by John H. Pryor (Aldershot: Ashgate, 2006); R. C. Smail, *Crusading Warfare*,

seeking to understand the human experience of crusading through the prism of health. What effect did a journey thousands of miles overland in the twelfth century have on the body? How did crusaders and chroniclers understand the health risks of waiting in port for a ship to the eastern Mediterranean? What toll did the experience of a long siege in an unfamiliar land take on the physical condition of a crusader, and how was this interpreted? Where could a sick crusader seek care? What was the fate of the crusade when its leader was incapacitated by illness or death? These are some of the questions this investigation seeks to answer.

1.1 Understanding Health at the Time of the Crusades

We must begin by laying some foundations by considering the understanding of health and ill-health in the crusader period. The theoretical underpinning of this derived ultimately from the Greek medical corpus, which was based on a holistic understanding of health. The basic principle was that of the four humours, substances within the body which needed to be kept in balance in order to maintain health: blood, phlegm, black bile and yellow bile. Each of these substances was characterised by two properties, thus blood was 'hot' and 'wet' while black bile was 'cold' and 'dry'; yellow bile was 'hot' and 'dry', and phlegm was 'cold' and 'wet'. The balance of the four humours in a person's body was individual to them alone, and was known as their constitution. Imbalance in a person's humoral constitution led to illness, and medical treatments functioned by bringing the constitution back into correct proportion. Although internal to the body, the humours could be affected, for good

1097-1193, 2nd edn (Cambridge: Cambridge University Press, 1995); Christopher Marshall, *Warfare in the Latin East, 1192-1291*, Cambridge Studies in Medieval Life and Thought, 4th ser., 17 (Cambridge: Cambridge University Press, 1992).

or for ill, by factors external, or ‘non-natural’, to the body. Managing these ‘non-natural’ factors was therefore a way of maintaining health and managing illness. The non-naturals are usually divided into six groupings: quality of the air; the amount of exercise and rest; sleeping and wakefulness; excretion and repletion; the balance of the emotions; and the intake of food and drink. If the non-naturals were not managed correctly then illness could develop, but manipulation of the non-naturals could rebalance the humours and encourage recovery. The theory is detectable in the writings of Galen but was extended and systematised by the ninth-century Arab writer Hunain ibn-Ishaq, known in the west as Joannitius, and in the tenth century by ‘Ali ibn al-‘Abbas al-Majusi (Haly Abbas). Their work on the non-naturals was translated by Constantine the African, a monk of Monte Cassino, in the 1080s and his partial translation of Joannitius’s work, the *Isagoge*, was contained in the collection of works later known as the *Articella*, which was part of the standard curriculum for medical study in the nascent twelfth-century universities.³

³ Joannitius (Hunain ibn Ishaq), ‘Medical Theory and the Formation of the *Articella* (1): The *Isagoge* of Joannitius’, trans. by Faith Wallis, in *Medieval Medicine: A Reader*, ed. by Faith Wallis (Toronto: University of Toronto Press, 2010), pp. 139–56; Francis Newton, ‘Constantine the African and Monte Cassino: Elements and the Text of the *Isagoge*’, in *Constantine the African and ‘Alī ibn al-‘Abbās al-Maḡūsī: The Pantegni and Related Texts*, ed. by Charles Burnett and Danielle Jacquart, *Studies in Ancient Medicine*, 10 (Leiden: Brill, 1994), pp. 16–47; Luis García-Ballester, ‘On the Origin of the “Six Non-Natural Things” in Galen’, in *Galen and Galenism: Theory and Medical Practice from Antiquity to the European Renaissance*, ed. by Jon Arrizabalaga and others, *Variorum Collected Studies Series*, 710 (Aldershot: Ashgate, 2002), essay IV (first publ. in *Galen und das hellenistische Erbe*, ed. by Jutta Kollesch and Diethard Nickel (Stuttgart: Franz Steiner, 1993), p. 105–15); Pedro Gil-Sotres, ‘The Regimens of Health’, in *Western Medical Thought from Antiquity to the Middle Ages*, ed. by Mirko D. Grmek, trans. by Antony Shugaar (Cambridge, MA: Harvard University Press, 1998), pp. 291–318. For work which uses the non-naturals as a framework to investigate medieval medicine, see *inter alia*: Melitta Weiss Adamson, *Medieval Dietetics: Food and Drink in Regimen Sanitatis Literature from 800 to 1400*, *German Studies in Canada*, 5 (Frankfurt am Main: Peter Lang, 1995); Janna Coomans and Guy Geltner, ‘On the Street and in the Bathhouse: Medieval Galenism in Action?’, *Anuario de Estudios Medievales*, 43 (2013), 53–82; Fabiola I. W. M. van Dam, ‘Permeable Boundaries: Bodies, Bathing and Fluxes: 1135–1333’, in *Medicine and Space: Body, Surroundings and Borders in Antiquity and the Middle Ages*, ed. by Patricia A. Baker, Han Nijdam, and Karine van ’t Land (Leiden: Brill, 2012), pp. 117–45; Peregrine Horden, ‘A Non-Natural Environment: Medicine Without Doctors and the Medieval European Hospital’, in *Hospitals and Healing from Antiquity to the Later Middle Ages*, ed. by Peregrine Horden, *Variorum Collected Studies Series*, 881 (Aldershot: Ashgate, 2008) essay V (first publ. in *The Medieval Hospital and Medical Practice*, ed. by Barbara S. Bowers (Aldershot: Ashgate 2007), pp. 133–45);

The period under study here, 1095–1274, encompasses most of the traditional period of crusading, from the calling of the First Crusade to the return of Prince Edward of England from his crusade in 1274 (the last major Levantine expedition before the fall of the kingdom of Acre in 1291 signalled the end of Latin government in the Holy Land). This period also spans a period of significant development in the history of medicine. Traditional histories of medicine take the foundation of the medical ‘school’ at Salerno as the starting point of the Western medical tradition, and place great importance on the so-called ‘translation movement’ through which many Greek and Arabic texts were made available to a Latin audience for the first time.⁴ The twelfth and earlier thirteenth centuries therefore become a pivot point between the much-maligned medicine of the early medieval period and the scholastic medicine of the later Middle Ages.⁵ Despite the importance of this intermediary period, and notwithstanding recent efforts by Monica Green to re-focus attention onto the ‘long twelfth century’, it is the later Middle Ages which has attracted the greater part of scholarly attention; much remains to be discovered about the application and understanding of medicine in the twelfth and thirteenth centuries.⁶

Peregrine Horden, ‘Religion as Medicine: Music in Medieval Hospitals’, in *Religion and Medicine in the Middle Ages*, York Studies in Medieval Theology, 3 (York: York Medieval Press, 2001), pp. 135–53; Carole Rawcliffe, *Urban Bodies: Communal Health in Late Medieval English Towns and Cities* (Woodbridge: Boydell, 2013).

⁴ Nancy G. Siraisi, *Medieval & Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990), pp. 10–16; Vivian Nutton, ‘Medicine in Medieval Western Europe, 1000–1500’, in *The Western Medical Tradition, 800 BC to AD 1800*, ed. by Lawrence I. Conrad and others (Cambridge: Cambridge University Press, 1995), pp. 139–205.

⁵ On the negative perception of early medieval Western medicine, Peregrine Horden, ‘What’s Wrong with Early Medieval Medicine?’, *Social History of Medicine*, 24 (2011), 5–25.

⁶ Monica H. Green, ‘Rethinking the Manuscript Basis of Salvatore De Renzi’s *Collectio Salernitana*: The Corpus of Medical Writings in the “Long” Twelfth Century’, in *La Collectio Salernitana di Salvatore De Renzi*, ed. by Danielle Jacquart and Agostino Paravicini Bagliani, Edizione nazionale ‘La scuola medica Salernitana’, 3 (Firenze: SISMEL/Edizioni del Galluzzo, 2008), pp. 15–60; Monica H. Green, ‘Salerno on the Thames: The Genesis of Anglo-Norman Medical Literature’, in *Language and Culture in Medieval*

Some attention, albeit limited, has been paid to crusader medicine. There are two monographs on the subject: Piers Mitchell's *Medicine in the Crusades* and Thomas Gregor Wagner's *Die Seuchen der Kreuzzüge*.⁷ Mitchell's work has a dual focus on the state of medical knowledge and practice in the Latin East during the twelfth and thirteenth centuries, and on wounding and surgery, the latter reflecting his specialism as a palaeopathologist. His scope is very broad, taking into account both the experience of Frankish settlers in the Latin East, and that of crusaders who committed themselves to the expedition and then returned home afterwards, maintaining at the same time an awareness of how 'crusader' medicine (using the word to denote both crusaders and settlers) compared to contemporary Arabic medicine. In his conclusion that Frankish medical practice in the Latin East was not necessarily any more primitive or less sophisticated than that of the Muslim or Jewish traditions, Mitchell signalled a movement away from the negative stereotypes, perpetuated in articles from the 1970s to the 2000s, that had pervaded scholarship on medicine in the medieval Latin East, and which have perhaps impeded substantive work on crusader medicine.⁸ Mitchell has also published numerous articles on archaeological aspects of medicine

Britain: The French of England, c. 1100–c. 1500, ed. by Jocelyn Wogan-Browne and others (Woodbridge: York Medieval Press, 2009), pp. 220–31.

⁷ Piers D. Mitchell, *Medicine in the Crusades: Warfare, Wounds and the Medieval Surgeon* (Cambridge: Cambridge University Press, 2004; repr. 2007); Thomas Gregor Wagner, *Die Seuchen der Kreuzzüge: Krankheit und Krankenpflege auf den bewaffneten Pilgerfahrten ins Heilige Land*, Würzburger medizinhistorische Forschungen, Beiheft 7 (Würzburg: Königshausen & Neumann, 2009).

⁸ Mitchell, *Medicine*, pp. 212, 239. For work which holds these negative views of crusader medicine, see Ann F. Woodings, 'The Medical Resources and Practice of the Crusader States in Syria and Palestine, 1096–1193', *Medical History*, 15 (1971), 268–77; Eran Dolev, 'Medicine in the Crusaders' Kingdom of Jerusalem', in *Health and Disease in the Holy Land: Studies in the History and Sociology of Medicine from Ancient Times to the Present*, ed. by Samuel S. Kottke and Manfred Waserman (Lampeter: Edwin Mellen, 1996), pp. 157–72; Stephen R. Ell, 'Pilgrims, Crusades and Plagues', in *Health and Disease in the Holy Land*, ed. Kottke and Waserman, pp. 173–87; Eran Dolev and Nachshon Knoller, 'Military Medicine in the Crusaders' Kingdom of Jerusalem', *Israel Medical Association Journal*, 3 (2000), 389–92; David Nicolle, 'Wounds, Military Surgery and the Reality of Crusading Warfare: The Evidence of Usamah's Memoirs', in *Medieval Warfare, 1000–1300*, ed. by John France (Aldershot: Ashgate, 2006 (first publ. in *Journal of Oriental and African Studies*, 5 (2002), 33–46)), pp. 599–612.

and the crusades, particularly including leprosy, migration, and intestinal parasites, and a companion monograph on disease in the crusades is anticipated.⁹ His work has been highly influential in the field of crusades studies, and has laid the groundwork for other historians of the crusades to touch on medicine and health in their own work.¹⁰

In 2011, Mitchell collaborated with Wagner in an article on the health of King Richard I of England and King Philip II of France at the siege of Acre, which described the conditions of the camp at Acre and advanced a diagnosis for the mysterious *arnaldia*, or *leonardie*, which chroniclers diagnosed in the monarchs.¹¹ Wagner's own monograph, published before his collaboration with Mitchell, concentrates more strongly than Mitchell's on disease and illness. His focus is on reconstructing the epidemiological conditions that affected crusading armies in order to add another diagnostic criterion to the evidence available for retrospective

⁹ *Inter alia*, Piers D. Mitchell, 'An Evaluation of the Leprosy of King Baldwin IV of Jerusalem in the Context of the Medieval World', in Bernard Hamilton, *The Leper King and His Heirs: Baldwin IV and the Crusader Kingdom of Jerusalem* (Cambridge: Cambridge University Press, 2000); Piers D. Mitchell, 'The Myth of the Spread of Leprosy with the Crusades', in *The Past and Present of Leprosy: Archaeological, Historical, Palaeoepidemiological and Clinical Approaches*, ed. by Charlotte Roberts, Mary Lewis, and Keith Manchester (Oxford: Archaeopress, 2002), pp. 175–81; Piers D. Mitchell, E. Anastasiou and D. Syon, 'Human Intestinal Parasites in Crusader Acre: Evidence for Migration with Disease in the Medieval Period', *International Journal of Paleopathology*, 1 (2011), 132–37; Piers D. Mitchell, 'The Spread of Disease with the Crusades', in *Between Text and Patient: The Medical Enterprise in Medieval and Early Modern Europe*, ed. by Florence Eliza Glaze and Brian K. Nance, *Micrologus' Library*, 39 (Firenze: SISMEL/Edizioni del Galluzzo, 2011), pp. 309–30; Piers D. Mitchell, 'Intestinal Parasites and the Crusades: Evidence for Disease, Diet and Migration', in *The Crusader World*, ed. by Adrian Boas (London: Routledge, 2015), pp. 593–606.

¹⁰ For example, two recent histories of the crusades, aimed at a general audience, have included sections on sickness and medical provision, heavily based on Mitchell's work: Norman Housley, *Fighting for the Cross: Crusading to the Holy Land* (New Haven: Yale University Press, 2008), pp. 158–60; Christopher J. Tyerman, *How to Plan a Crusade: Reason and Religious War in the High Middle Ages* (London: Allen Lane, 2015), pp. 245–55.

¹¹ Thomas G. Wagner and Piers D. Mitchell, 'The Illnesses of King Richard and King Philippe on the Third Crusade: An Understanding of *Arnaldia* and *Leonardie*', *Crusades*, 10 (2011), 23–44.

diagnosis (on which more below) and thus advances his own diagnoses of the illness suffered by crusaders.¹²

The third scholar to have devoted sustained attention to aspects of medicine and the crusades is Susan B. Edgington. Edgington's work mainly follows two trends: the first deals with medical knowledge amongst crusaders and their chroniclers, and the second focuses on the learned traditions of medicine and its practitioners in the Latin East.¹³ However, although Mitchell, Wagner and Edgington all rely on chronicles as a major source of information on health and the crusades, none has developed a specialist methodology for dealing with these sources. A recurrent theme in Mitchell's work is the treatment of chronicles as pieces of evidence which can and should be assessed and weighted for accuracy.¹⁴ In this approach, precedence is given to eyewitness authors on the assumption that they were less likely to embellish their accounts, and cross-checking is employed to seek the authentic truth buried in the medieval sources.¹⁵ Edgington's work on the topic grew out of her close familiarity with the First Crusade chronicle of Albert of Aachen and her work is sensitive in its

¹² Wagner, p. 109.

¹³ On the former, Susan B. Edgington, 'Oriental and Occidental Medicine in the Crusader States', in *The Crusades and the Near East: Cultural Histories*, ed. by Conor Kostick (Abingdon: Routledge, 2011), pp. 189–215; Susan B. Edgington, 'Medical Knowledge in the Crusading Armies: The Evidence of Albert of Aachen and Others', in *The Military Orders: Fighting for the Faith and Caring for the Sick*, ed. by Malcolm Barber (Aldershot: Ashgate Variorum, 1994), pp. 320–26. On the latter, Susan B. Edgington, 'A Female Physician on the Fourth Crusade? Laurette de Saint-Valéry', in *Knighthoods of Christ: Essays on the History of the Crusades and the Knights Templar, Presented to Malcolm Barber*, ed. by Norman Housley (Aldershot: Ashgate, 2007), pp. 77–85; Susan B. Edgington, 'Medicine and Surgery in the *Livre des Assises de la Cour des Bourgeois de Jérusalem*', *Al-Masāq*, 17 (2005), 87–97; Susan B. Edgington, 'Medieval Antioch as an Intellectual Centre, and its Influence on Western European Medicine', in *Proceedings of the 38th International Congress on the History of Medicine, 1–6 September 2002*, ed. by Nil Sari and others, 3 vols (Ankara: Türk Tarih Kurumu, 2005), 1, 481–87; Susan B. Edgington, 'Medical Care in the Hospital of St John in Jerusalem', in *The Military Orders, 2: Welfare and Warfare*, ed. by Helen J. Nicholson (Aldershot: Ashgate, 1998), pp. 27–33.

¹⁴ Mitchell, *Medicine*, pp. 5–10; Mitchell, 'Spread of Disease', pp. 313–14.

¹⁵ Mitchell, *Medicine*, p. 6.

handling of the evidence of crusaders' health which can be gained from narrative sources. Her approach is less hierarchical, noting that while the medical incidents recorded in non-eyewitness sources may not represent an historical record of that incident during the crusade, they do relate the medical understanding of the author in their own time and place, and thus are valuable sources for the understanding of contemporary medicine.¹⁶ However, this insightful point is not fully developed into a sustained methodology. Chronicles, which have been the backbone of crusades studies for generations, have actually been underappreciated by medical historians, but they tell us much about the experience, understanding, and impact of health and ill-health in historical societies.¹⁷ This thesis therefore takes as its starting point a

¹⁶ Edgington, 'Medical Knowledge', p. 321.

¹⁷ A limited number of medical historians have seriously engaged with chronicles: Iona McCleery, 'Medical "Emplotment" and Plotting Medicine: Health and Disease in Late Medieval Portuguese Chronicles', *Social History of Medicine*, 24 (2011), 125–41; Peregrine Horden, 'Disease, Dragons and Saints: The Management of Epidemics in the Dark Ages', in *Epidemics and Ideas: Essays on the Historical Perception of Pestilence*, ed. by T. O. Ranger and Paul Slack (Cambridge: Cambridge University Press, 1992), pp. 45–76. The situation is somewhat different in crusades studies, where scholars enthusiastically grapple with the problems and opportunities presented by working with narrative texts. See, *inter alia*: Marcus Bull, 'Narratological Readings of Crusade Texts', in *The Crusader World*, ed. Boas, pp. 646–60; *Writing the Early Crusades: Text, Transmission and Memory*, ed. by Marcus Bull and Damien Kempf (Woodbridge: Boydell, 2014); Marcus Bull, 'The Eyewitness Accounts of the First Crusade as Political Scripts', *Reading Medieval Studies*, 36 (2010), 23–37; Marcus Bull, 'Views of Muslims and of Jerusalem in Miracle Stories, c. 1000–c. 1200: Reflections on the Study of the First Crusaders' Motivations', in *The Experience of Crusading, 1: Western Approaches*, ed. by Marcus Bull and Norman Housley (Cambridge: Cambridge University Press, 2003), pp. 13–38; Barbara Packard, 'Remembering the First Crusade: Latin Narrative Histories 1099–c. 1300' (unpublished PhD thesis, Royal Holloway, University of London, 2011); Nicholas L. Paul, 'Crusade, Memory and Regional Politics in Twelfth Century Amboise', *Journal of Medieval History*, 31 (2005), 127–41; Stephen J. Spencer, 'Constructing the Crusader: Emotional Language in the Narratives of the First Crusade', in *Jerusalem the Golden: The Origins and Impact of the First Crusade*, ed. by Susan B. Edgington and Luis Garcia-Guijarro (Turnhout: Brepols, 2014), pp. 173–89; Christopher J. Tyerman, *The Debate on the Crusades* (Manchester: Manchester University Press, 2011); Kenneth B. Wolf, 'Crusade as Narrative: Bohemond and the *Gesta Francorum*', *Journal of Medieval History*, 17 (1991), 207–16. Other studies, which have particular relevance to individual chronicles, are mentioned in the survey below. Some influential approaches to working with chronicles more generally are: Chris Given-Wilson, *Chronicles: The Writing of History in Medieval England* (London: Hambledon and London, 2004); Sophia Menache, 'Chronicles and Historiography: The Interrelationship of Fact and Fiction', *Journal of Medieval History*, 32 (2006), 333–45; Gabrielle M. Spiegel, *The Past as Text: The Theory and Practice of Medieval Historiography* (Baltimore: Johns Hopkins University Press, 1997); Gabrielle M. Spiegel, 'Theory into Practice: Reading Medieval Chronicles', in *The Medieval Chronicle: Proceedings of the 1st International Conference on the Medieval Chronicle, Driebergen/Utrecht, 13–16 July 1996*, ed. by Erik Kooper (Amsterdam: Rodopi, 1999), pp. 1–12.

Careful consideration of how to use the chronicles of the crusades as sources for the history of medicine in a way which accounts for both the challenges and opportunities of working with such sources.

The historical record of the crusades is particularly rich in narrative texts, but the following survey will outline only those which have been used intensively in the course of this investigation because they have been found to contain particularly stimulating evidence for the experience of health among crusaders. The spread is somewhat uneven and the specific reasons why some authors should have had more interest in health and the human condition than others is explored at the appropriate places in the following text. The First Crusade (1095–99) was an unprecedented movement of peoples which ended, somewhat improbably, with the capture of the city of Jerusalem in 1099 and the establishment of four Frankish states which are known collectively as Outremer. This movement prompted a literary outpouring in Western Europe.¹⁸ Four texts were the work of participants: Fulcher of Chartres, Peter Tudebode, Raymond of Aguilers, and the Anonymous of the *Gesta Francorum*, already encountered.¹⁹ All four were composed in the decade or so after the capture of

¹⁸ Details of editions, translations and key scholarship for the First Crusade narratives can be found in Alan V. Murray, 'The Siege and Capture of Jerusalem in Western Narrative Sources of the First Crusade', in *Jerusalem the Golden*, ed. Edgington and García-Guijarro (Turnhout: Brepols, 2014), pp. 191–215 (pp. 192–99). Some of the most insightful and up-to-date scholarship on the individual texts is found in the introductions to the editions and translations here listed.

¹⁹ Fulcher of Chartres, *Historia Hierosolymitana (1095–1127)*, ed. by Heinrich Hagenmeyer (Heidelberg: Carl Winter, 1913), hereafter FC; translated as: *A History of the Expedition to Jerusalem, 1095–1127*, by Frances Rita Ryan, ed. by Harold S. Fink (Knoxville: University of Tennessee Press, 1969); Peter Tudebode, *Historia de Hierosolymitano Itinere*, ed. by John Hugh Hill and Laurita L. Hill (Paris: Geuthner, 1977); translated as: *Historia de Hierosolymitano Itinere*, by John Hugh Hill and Laurita L. Hill (Philadelphia: American Philosophical Society, 1974); Raymond of Aguilers, *Historia Francorum qui ceperunt Iherusalem*, in *RHC Occ.*, 5 vols (Paris: Académie des inscriptions et belles-lettres, 1844–95), III (1866), pp. 231–309, hereafter RA; translated as: *Historia Francorum qui ceperunt Iherusalem*, by John Hugh Hill and Laurita L. Hill (Philadelphia: American Philosophical Society, 1968); *Gesta Francorum et aliorum Hierosolymitanorum: The Deeds of the Franks and the Other Pilgrims to Jerusalem*, ed. and trans. by Rosalind Hill (London: Nelson, 1962), hereafter (and above, n. 1) GF.

Jerusalem and they are not entirely independent, the *Gesta* serving as a source for the other three authors.²⁰ The *Gesta* also influenced the authors of a number of second-hand histories, who sought to write their own narratives of the crusade in a style they thought more befitting the exaltedness of the expedition: Guibert of Nogent, Baldric of Bourgueil, and Robert the Monk, who all wrote in the 1100s.²¹ Standing slightly apart from these second-hand historians is Albert of Aachen, who did not participate in the crusade himself but utilised the testimony of returning crusaders and, crucially, did not rely on the *Gesta* as his base text; his extensive testimony, composed some time before 1130, is therefore valuable for its independence.²² Also outside the *Gesta* tradition is the text of Gilo of Paris, a Latin poetic account of the expedition which was added to by another author known to scholars as the Charleville Poet, and which was compiled by 1120.²³ Ralph of Caen (writing in the 1110s) and Ekkehard of Aura

²⁰ John France, 'The Use of the Anonymous *Gesta Francorum* in the Early Twelfth-Century Sources for the First Crusade', in *From Clermont to Jerusalem: The Crusades and Crusader Societies, 1095–1500*, ed. by Alan V. Murray, International Medieval Research, 3 (Turnhout: Brepols, 1998), pp. 29–42; John France, 'The Anonymous *Gesta Francorum* and the *Historia Francorum qui ceperunt Iherusalem* of Raymond of Aguilers and the *Historia de Hierosolymitano itinere* of Peter Tudebode: An Analysis of the Textual Relationship between Primary Sources for the First Crusade', in *The Crusades and Their Sources: Essays Presented to Bernard Hamilton*, ed. by John France and William G. Zajac (Aldershot: Ashgate, 1998), pp. 39–69; Jay Rubenstein, 'What is the *Gesta Francorum*, and who was Peter Tudebode?', *Revue Mabillon*, 16 (2005), 179–204.

²¹ Guibert of Nogent, *Dei Gesta per Francos*, in *Dei gesta per Francos et cinq autres textes*, ed. by R. B. C. Huygens, Corpus Christianorum: Continuatio Mediaevalis, 127A (Turnhout: Brepols, 1996), pp. 76–352, hereafter GN; translated as *The Deeds of God through the Franks: A Translation of Guibert de Nogent's Gesta Dei per Francos*, by Robert Levine (Woodbridge: Boydell, 1997); Baldric of Bourgueil, *The Historia Ierosolimitana of Baldric of Bourgueil*, ed. by Steven Biddlecombe (Woodbridge: Boydell, 2014); Robert the Monk, *The Historia Ierosolimitana of Robert the Monk*, ed. by Damien Kempf and Marcus Bull (Woodbridge: Boydell, 2013); translated as: *Robert the Monk's History of the First Crusade: Historia Ierosolimitana*, by Carol Sweetenham, Crusade Texts in Translation, 11 (Aldershot: Ashgate, 2004).

²² Albert of Aachen, *Historia Ierosolimitana: History of the Journey to Jerusalem*, ed. & trans. by Susan B. Edgington (Oxford: Clarendon Press, 2007), hereafter AA. On the rehabilitation of Albert as a key source for the First Crusade, Edgington, 'Introduction' to AA, pp. xxi–lx; Susan B. Edgington, 'The First Crusade: Reviewing the Evidence', in *The First Crusade: Origins and Impact*, ed. by Jonathan Phillips (Manchester: Manchester University Press, 1997), pp. 55–77.

²³ Gilo of Paris, *The Historia Vie Hierosolimitane of Gilo of Paris, and a Second, Anonymous Author*, ed. & trans. by C. W. Grocock and Elizabeth Siberry (Oxford: Clarendon Press, 1997), hereafter GP.

(writing before 1125) were not participants in the First Crusade, but made their way to the Holy Land soon after: Ralph in the entourage of Tancred, one of the First Crusaders who made a dazzling career for himself in the Levant, and Ekkehard in the 1101 Crusade.²⁴ As well as texts dedicated to narrating the expedition, the First Crusade also inspired authors working on general histories to devote some attention to the events of the campaign, and among these a particularly stimulating interpretation of the health of crusaders is found in William of Malmesbury's *Gesta regum Anglorum*, which also makes mention of the little-known crusade of Sigurd Jorsalfar, king of Norway in 1106/08–10.²⁵

The Second Crusade (1147–49), which failed to imitate the achievements of the First, only attracted the sustained interest of one chronicler, Odo of Deuil, in a short text which did not narrate the whole expedition but instead ended *in medias res* before the aborted siege of Damascus infamously ended the crusade.²⁶ As chaplain to

²⁴ Ralph of Caen, *Tancredus*, ed. by Edoardo D'Angelo, Corpus Christianorum: Continuatio Mediaevalis, 231 (Turnhout: Brepols, 2011); translated as: *The Gesta Tancredi of Ralph of Caen: A History of the Normans on the First Crusade*, by Bernard S. Bachrach and David Stewart Bachrach, Crusade Texts in Translation, 12 (Aldershot: Ashgate, 2005); Ekkehard of Aura, *Chronica*, in *Frutolfs und Ekkehards Chroniken und die anonyme Kaiserchronik*, ed. by Franz-Josef Schmale and Irene Schmale-Ott, *Ausgewählte Quellen zur deutschen Geschichte des Mittelalters*, 15 (Darmstadt: Wissenschaftliche Buchgesellschaft, 1972), pp. 123–209, 267–377; translated as: *Hierosolimita*, by T. J. H. McCarthy in *Chronicles of the Investiture Contest: Frutolf of Michelsberg and His Continuator*, ed. by T. J. H. McCarthy (Manchester: Manchester University Press, 2014), pp. 254–60. Ekkehard's *Chronica* was amended by a number of continuators, which are incorporated into the body of the text by Schmale and Schmale-Ott, but translated separately by McCarthy. They are introduced at the appropriate points of the investigation.

²⁵ William of Malmesbury, *Gesta Regum Anglorum: The History of the English Kings*, ed. & trans. by R. A. B. Mynors, Rodney M. Thomson, and Michael Winterbottom, 2 vols (Oxford: Clarendon, 1998), 1, 4:344–89, pp. 592–706; 5:410, pp. 740–42. Relevant scholarship on William's crusade narrative is: Rodney M. Thomson, 'William of Malmesbury, Historian of Crusade', *Reading Medieval Studies*, 23 (1997), 121–34; Joanna Phillips, 'William of Malmesbury: Medical Historian of the Crusades', in *Discovering William of Malmesbury*, ed. by Rodney M. Thomson, Emily Winkler, and Emily Dolmans (Woodbridge: Boydell, forthcoming).

²⁶ Odo of Deuil, *De profectione Ludovici VII in orientem: The Journey of Louis VII to the East*, ed. & trans. by Virginia Gingerick Berry (New York: Columbia University Press, 1948; repr. New York: Norton, 1962), hereafter OD. On this text, see: Jonathan Phillips, 'Odo of Deuil's *De profectione*

Louis VII, king of France, Odo naturally focused on the activities of the French contingent; the German experience, under the leadership of Conrad III, was given limited attention by Otto of Freising, but Otto's account has provided little evidence for this investigation.²⁷ William of Tyre narrates the whole history of twelfth-century Outremer until 1186 (the year of his death), including the First and Second Crusades, but his chronicle has not been used as a fundamental source for this investigation since the focus here is on the perceptions of Western authors writing about the crusader expeditions: William, a native of Outremer, had a different interpretation of what experience of health was to be expected in the Levant.²⁸

With the Third Crusade (1189-92), Western authors were inspired to take up their pens again. The German expedition, led by Frederick Barbarossa until his death *en route* in 1190, was narrated in detail by the *Historia de expeditione Friderici imperatoris*, and also received attention from Magnus of Reichersberg, Otto of St Blasien and Arnold of Lübeck.²⁹ The attention of French chroniclers was somewhat limited: the

Ludovici VII in Orientem as a source for the Second Crusade', in *The Experience of Crusading*, ed. Bull and Housley, pp. 80-95.

²⁷ Otto's short, broken, account of the crusade is found in Otto of Freising, *Otonis et Rahewini gesta Friderici I. imperatoris*, ed. by Georg Waitz, MGH SS rer. Germ., 46 (Hannover: Hahn, 1912), 1:42-47, pp. 60-67; and 1:62-66, pp. 88-95; translated as: *The Deeds of Frederick Barbarossa*, by Charles Christopher Mierow, Medieval Academy Reprints for Teaching, 31 (Toronto: University of Toronto Press, 1994; first. publ. New York: Columbia University Press, 1953), pp. 75-81, 101-08.

²⁸ As seen in section 3.3.3, below. William of Tyre, *Chronicon*, ed. by R. B. C. Huygens, Corpus Christianorum: Continuatio Mediaevalis, 63, 63A, 2 vols (Turnholt: Brepols, 1986); translated as *A History of Deeds Done Beyond the Sea*, by Emily Atwater Babcock and A. C. Krey, Records of Civilization, Sources and Studies, 35, 2 vols (New York: Columbia University Press, 1941; repr. New York: Octagon Books, 1976).

²⁹ *Historia de expeditione Friderici imperatoris*, in *Quellen zur Geschichte des Kreuzzuges Kaiser Friedrichs I.*, ed. by Anton Chroust, MGH SS rer. Germ. n.s., 5 (Berlin: Weidmann, 1928), pp. 1-115, hereafter *HFI*; translated as: *The History of the Expedition of the Emperor Frederick*, by G. A. Loud in *The Crusade of Frederick Barbarossa: The History of the Expedition of the Emperor Frederick, and Related Texts*, ed. by G. A. Loud, Crusade Texts in Translation, 19 (Farnham: Ashgate, 2010), pp. 33-133; Magnus of Reichersberg, *Chronicon Magni Presbiteri*, ed. by Wilhelm Wattenbach, MGH SS, 17 (Hannover: Hahn, 1861), pp. 476-523 (pp. 509-17); translated as: *The Chronicle of Magnus of Reichersberg*, by G. A. Loud in *The Crusade of Frederick Barbarossa*, pp. 149-67; Otto of St Blasien, *Otonis de Sancto Blasio Chronica*, ed. by Adolfus Hofmeister, MGH SS rer. Germ., 47 (Hannover: Hahn, 1912), pp. 41-70; translated as: *The*

chronicler Rigord provides some, but unfortunately few and sketchy, details about the French experience at the siege of Acre (1189–91).³⁰ This is doubly disappointing for this investigation as Rigord had a medical background, and his testimony would have been fascinating, had it contained more detail of the French experience of the conditions at Acre. The Anglo-Norman contribution to the historiography of this crusade is altogether more copious. Perhaps most significant for this study are the full-length accounts of in Ambroise's *Estoire de la guerre sainte* and the *Itinerarium peregrinorum et gesta regis Ricardi* (two closely-related texts by participant-authors), and the substantial treatment by Roger of Howden, another participant-author who narrated the crusade in both his *Gesta regis Henrici secundi*, and *Chronica*.³¹ The latter text, composed after 1192, post-dates the former. Other contemporary chroniclers – Ralph of Diceto, Ralph of Coggeshall, Richard of Devizes and William of Newburgh – made mention of the crusade in their general histories, with some unique medical

Chronicle of Otto of St Blasien, 1187–1197, by G. A. Loud, in *The Crusade of Frederick Barbarossa*, pp. 173–91; Arnold of Lübeck, *Arnoldi Chronica Slavorum*, ed. by Johannes M. Lappenberg, MGH SS rer. Germ., 14 (Hannover: Hahn, 1868), pp. 128–40.

³⁰ Rigord, *Gesta Philippi Augusti*, in *RHGF*, 24 vols (Paris: Victor Palmé, 1840–1904), xvii (1878), pp. 4–62 (pp. 33–36).

³¹ Ambroise, *The History of the Holy War: Ambroise's Estoire de la guerre sainte*, ed. & trans. by Marianne Ailes and Malcolm Barber, 2 vols (Woodbridge: Boydell, 2003); *Chronicles and Memorials of the Reign of Richard I: Itinerarium peregrinorum et gesta regis Ricardi*, ed. by William Stubbs, Rolls Series, 38, 2 vols (London: Longman, 1864–65), I, hereafter *IP*; translated as: *Chronicle of the Third Crusade: A Translation of the Itinerarium peregrinorum et gesta regis Ricardi*, trans. by Helen J. Nicholson, Crusade Texts in Translation, 3 (Aldershot: Ashgate, 1997). The composite text was the product of Richard de Templo, but the first book, from which much evidence is drawn for this investigation, was not his work. See Nicholson, 'Introduction' to *Chronicle of the Third Crusade*, pp. 1–17 (pp. 6–7). Roger of Howden, *Gesta regis Henrici secundi: The Chronicle of the Reigns of Henry II and Richard I AD 1169–1192*, ed. by William Stubbs, Rolls Series, 49, 2 vols (London: Longman, 1867), pp. 10–252, hereafter *RH*, *Gesta*; Roger of Howden, *Chronica*, ed. by William Stubbs, Rolls Series, 51, 4 vols (London: Longman, 1868–71), pp. 8–186, hereafter *RH*, *Chronica*. Authorship of the *Gesta* was at one time attributed to Benedict of Peterborough, but is now accepted as Roger's own work: Doris M. Stenton, 'Roger of Howden and Benedict', *English Historical Review*, 68 (1953), 574–82; John Gillingham, 'Roger of Howden on Crusade', in *Medieval Historical Writing in the Christian and Islamic Worlds*, ed. by David O. Morgan (London: School of Oriental and African Studies, 1982), pp. 60–75; John Gillingham, 'Writing the Biography of Roger of Howden, King's Clerk and Chronicler', in *Writing Medieval Biography, 750–1250: Essays in Honour of Professor Frank Barlow*, ed. by David Bates, Julia Crick, and Sarah Hamilton (Woodbridge: Boydell, 2006), pp. 207–20.

insights, which are discussed fully below.³² The subsequent expedition of 1197, planned by Henry VI of Germany, attracted only limited interest from chroniclers, and has not furnished this investigation with any substantial evidence for the health of crusaders.

In the thirteenth century, narrative histories of crusading expeditions declined in number and diversified in language. For the Fourth Crusade (1202–04), which achieved infamy with its capture of Constantinople in 1204, the Old French accounts of Geoffrey of Villehardouin and Robert of Clari, and the shorter Latin text of the *Devastatio Constantinopolitana*, show some interest in health and the human condition, although this is limited.³³ The Fifth Crusade (1217–22) was the subject of a dedicated Latin chronicle by Oliver of Paderborn, which goes into some detail about the hardships endured by the crusaders at the siege of Damietta (1218–19).³⁴ Frederick II's

³² Ralph of Diceto, *Ymagines historiarum* in *Radulfi de Diceto decani Lundoniensis opera historica*, ed. by William Stubbs, Rolls Series, 68, 2 vols (London: Longman, 1876), I, p. 267–II, p. 174 (II, pp. 50–106); Ralph of Coggeshall, *Chronicon Anglicanum*, in *Chronicon Anglicanum*, ed. by Joseph Stevenson, Rolls Series, 66 (London: Longman, 1875), pp. 1–208 (pp. 21–65); Richard of Devizes, *De rebus gestis Ricardi primi*, ed. by Richard Howlett, in *Chronicles of the Reigns of Stephen, Henry II, and Richard I*, by Richard Howlett, Rolls Series, 82, 4 vols (London: Longman, 1884–69), III (1886), pp. 379–454 (pp. 385–452, with some digressions into English affairs); William of Newburgh, *Historia rerum Anglicarum*, ed. by Richard Howlett, in *Chronicles of the Reigns*, ed. Howlett, I–II (1885), pp. 409–500 (I, 3:10–4:31, pp. 240–383).

³³ Geoffrey of Villehardouin, *La conquête de Constantinople*, ed. & trans. by Edmond Faral, Les Classiques de l'histoire de France au Moyen Âge, 18–19, 2 vols (Paris: Belles lettres, 1961); translated as: *The Conquest of Constantinople*, in *Chronicles of the Crusades*, by Caroline Smith (London: Penguin, 2008), pp. 1–135; Robert of Clari, *La conquête de Constantinople*, ed. by Philippe Lauer, Les classiques français du moyen âge, 40 (Paris: Champion, 1974); translated as: *The Conquest of Constantinople*, trans. by Edgar Holmes McNeal, Records of Civilization, Sources and Studies, 23 (New York: Columbia University Press, 1936); 'The *Devastatio Constantinopolitana*, A Special Perspective on the Fourth Crusade: An Analysis, New Edition, and Translation', ed. and trans. by Alfred J. Andrea, *Historical Reflections/Reflexions Historiques*, 19 (1993), 107–49.

³⁴ Oliver of Paderborn, *Historia Damiatina*, in *Die Schriften des Kölner Domscholasters, späteren Bischofs von Paderborn und Kardinal-Bischofs von S. Sabina, Oliverus*, ed. by H. Hoogeweg, Bibliothek des Litterarischen Vereins in Stuttgart, 202 (Tübingen: Litterarischer Verein in Stuttgart, 1894), pp. 159–282, hereafter OP; translated as: 'The Capture of Damietta', by John J. Gavigan in *Christian Society and the Crusades, 1198–1229: Sources in Translation, including The Capture of Damietta by Oliver of Paderborn*, by Edward M. Peters (Philadelphia: University of Pennsylvania Press, 1971), pp. 49–139 (first publ. University of Pennsylvania Translations and Reprints from the Original Sources of European History, 3rd ser., 2 (Philadelphia: University of Pennsylvania Press, 1948)).

crusade of 1227–29 was mentioned by Matthew Paris in his *Historia Anglorum* and *Chronica majora*, and by the *Chronica Reinhardsbrunnensis*, the monastic chronicle of an abbey particularly favoured by his friend and fellow crusader, Ludwig IV of Thuringia, all three texts giving insights into the experience of health during this expedition.³⁵ By the time of Louis IX's crusade of 1248–54, the chronicle record is preserved chiefly in the vernacular, and the principal source is Jean of Joinville's *Vie de Saint Louis* (discussed more fully below), while Louis's later crusade of 1270 was also recorded in the Old French chronicle of Primat.³⁶ This brief survey has gone some way towards demonstrating the scale of the evidence available for this study; what remains for this Introduction is to demonstrate how it will be put to use in this investigation.

1.2 A Medical Reading of Chronicles of the Crusades

The first issue we must address in developing this methodology is the practice of retrospective diagnosis using historical texts, which features recurrently in Mitchell

³⁵ Matthew Paris, *Historia Anglorum*, ed. by Frederick Madden, Rolls Series, 44, 3 vols (London: Longman, 1866–69), II, pp. 297–314 (with digressions), hereafter MP, *Historia*; *Chronica majora*, ed. by Henry Richards Luard, Rolls Series, 57, 7 vols (London: Longman, 1872–83), III, pp. 126–61 (with digressions), hereafter MP, *Chronica*; *Chronica Reinhardsbrunnensis*, ed. by O. Holder-Egger, MGH SS, 30.1 (Hannover: Hahn, 1896), pp. 490–656 (pp. 611–12).

³⁶ Jean of Joinville, *Vie de saint Louis*, ed. by Jacques Monfrin (Paris: Dunod, 1995), hereafter JJ; *The Life of Saint Louis*, in *Chronicles of the Crusades*, trans. by Caroline Smith (London: Penguin, 2008), pp. 137–336; Primat of Saint-Denis, *Chronique de Primat, traduite par Jean de Vignay*, in *RHGF*, 24 vols (Paris: Victor Palmé, 1840–1904), XXIII (1894), pp. 8–106 (pp. 40–63). For these later expeditions, where we are not as well-served with narrative sources, supplements must be sought to present a fuller picture of the physical experience of crusading. In the present investigation, extensive use has been made of the Latin hagiographies of Louis IX's life by Geoffrey of Beaulieu and William of Chartres, while much of our knowledge of Frederick II's crusade is preserved in the documentary record: Geoffrey of Beaulieu, 'Vita Ludovici noni', in *RHGF*, 24 vols (Paris: Victor Palmé, 1840–1904), XX (1840), pp. 1–27; translated as *Life and Sainly Comportment of Louis*, by Larry F. Field, in *The Sanctity of Louis IX: Early Lives of Saint Louis by Geoffrey of Beaulieu and William of Chartres*, ed. by M. Cecilia Gaposchkin and Sean L. Field (Ithaca, NY: Cornell University Press, 2014), pp. 69–128; William of Chartres, *De vita et actibus*, in *RHGF*, 24 vols (Paris: Victor Palmé, 1840–1904), XX (1840), pp. 27–41; translated as *On the Life and Deeds of Louis*, by Larry F. Field, in *The Sanctity of Louis IX*, ed. Gaposchkin and Field, pp. 129–59.

and Wagner's work on the medical history of the crusades.³⁷ Indeed, it is a methodology to which Mitchell has given special attention, for the reason that as a practice it has attracted some criticism.³⁸ This criticism is cogently articulated by Andrew Cunningham and Jon Arrizabalaga, who stress the primary importance of the social identity of a disease – how a condition was understood and interpreted by its contemporaries – since this can be recovered most reliably and with most profit from historical texts.³⁹ Cunningham, moreover, provocatively suggests that even attempting retrospective diagnosis is simply asking the wrong questions of an historical source: 'Certainly we *can* make such identifications, and we do. But do they mean anything? [...] Are they logical, sensible, and coherent things for us to do?'⁴⁰ Mitchell's response to Cunningham is that such questions result from discomfort in crossing the 'misconceived gap [...] between the sciences and the humanities' and that with appropriate medical and palaeopathological training, the bridge between scientific and historical methods of analysis can and should be crossed.⁴¹ It is not here disputed that palaeopathology and archaeology can yield fascinating and reliable insights into the incidence of disease in historical populations, but the issue of diagnosing medical

³⁷ For example, Mitchell, *Medicine*, pp. 23, 65, 132, 158, 185–86, 192–93, 216. While Wagner says that retrospective diagnosis may in many cases be unfruitful (p. 109), it peppers his investigation nevertheless: for example, Wagner, pp. 109, 111–12, 119–20, 123–25, 151–61, 167–218, 227–39, 253–63.

³⁸ Piers D. Mitchell, 'Retrospective Diagnosis, and the Use of Historical Texts for Investigating Disease in the Past', *International Journal of Paleopathology*, 1 (2011), 81–88.

³⁹ Andrew Cunningham, 'Identifying Disease in the Past: Cutting the Gordian Knot', *Asclepio*, 54 (2002), 13–34; Jon Arrizabalaga, 'Problematizing Retrospective Diagnosis in the History of Disease', *Asclepio*, 54 (2002), 51–70. See also Adrian Wilson, 'On the History of Disease Concepts: The Case of Pleurisy', *History of Science*, 38 (2000), 271–319; David Harley, 'Rhetoric and the Social Construction of Sickness and Healing', *Social History of Medicine*, 12 (1999), 407–35; Ludmilla Jordanova, 'The Social Construction of Medical Knowledge', *Social History of Medicine*, 8 (1995), 361–81.

⁴⁰ Cunningham, p. 13.

⁴¹ Mitchell, 'Retrospective Diagnosis', p. 86.

conditions based on the evidence of historical texts is quite a different matter. Mitchell formulates a set of criteria on which to assess a text to decide whether retrospective diagnosis can be attempted, including whether a text was written by an eyewitness, whether the description of symptoms is clear, and whether there is ‘minimal evidence for modifying [the] description to match medical views of period’.⁴² A vanishingly small number of texts would meet these criteria, and so what ought to be done with those which do not? The issue of whether any text can be called ‘eyewitness’ is discussed at length below, but the third point ought to be addressed now. It is surely impossible to isolate any description of illness or disease from the contemporary conception of health which would have been held by its author and audience; indeed, as the recent growth in the importance of narrative medicine acknowledges, this is not desirable even with modern descriptions of ill-health.⁴³ Furthermore, should the history of medicine be restricted to those with medical training themselves, or only attempted in collaboration with clinicians?⁴⁴ Medical expertise is not the only skill-set which can be successfully be brought to bear on the study of disease in the past. Experience in dealing sensitively with sources such as chronicles allows one to analyse the source on its own terms; not to do so arguably denies the value of chronicles as cultural artefacts. This thesis does not employ retrospective diagnosis at all; if a diagnosis is ever advanced, it is that of the contemporary observer, which is informative in its own right.⁴⁵ Instead, it develops an

⁴² Mitchell, ‘Retrospective Diagnosis’, p. 86. The other factors are the description of identificatory lesions, the description of ‘virtually diagnostic symptoms or signs’ and the presence of epidemiological observations.

⁴³ Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford: Oxford University Press, 2006).

⁴⁴ Mitchell, ‘Retrospective Diagnosis’, p. 84.

⁴⁵ Following Cunningham, pp. 17–20.

approach which focuses attention not on the disease, but on the sufferer and their experience of sickness; not necessarily only that of a person suffering from a biological illness, but one physically or psychologically incapacitated or affected by a variety of ‘real’ or perceived conditions, arising from diverse causes, and the response of the individual and their community.

In this, this thesis is influenced by two major trends in the history of medicine. The first is the expansion of the field of ‘medical history’ to encompass wellbeing, diet, environment, religion and gender, broadening the somewhat narrow history of medicine into the more dynamic history of health.⁴⁶ The second is the shift from ‘iatrocentric’ approaches to the study of medicine, which has dominated medical historiography since the 1980s.⁴⁷ The simplest summary of this shift describes the movement from histories focused on doctors (*iatroi* in Greek) and by extension scientific progress, to those focused on the sick person themselves, subordinating the patient-doctor relationship into just one of a complex web of interactions between, for example, the sick, convalescents, the dying, and the healthy on one hand, and medical professionals, families, caregivers, spiritual guides and informal healers on the other.

The re-focusing of scholarly attention away from the doctor and onto the sick person began in the mid-1980s and was explicitly tackled by Roy Porter, who in 1985

⁴⁶ In the history of pre-modern medicine, this has resulted in studies connecting wider expressions of the human condition to health and medicine, such as food and eating, the use of cosmetics and music: Adamson, *Dietetics*; Luke Demaitre, ‘Skin and the City: Cosmetic Medicine as an Urban Concern’, in *Between Text and Patient*, ed. Glaze and Nance, pp. 97–120; Horden, ‘Music’. The state of the field is perhaps best appraised in *Between Text and Patient*, ed. Glaze and Nance, and the April 2011 special issue of *Social History of Medicine* edited by Claire Pilsworth and Debby Banham. See also Iona McCleery, ‘Review of Florence Eliza Glaze and Brian K. Nance (eds), *Between Text and Patient: The Medical Enterprise in Medieval and Early-Modern Europe*’, *Social History of Medicine*, 25 (2012), 907–8.

⁴⁷ The shift from iatrocentric history is described with much greater complexity in many of the essays contained within Frank Huisman and John Harley Warner, *Locating Medical History: The Stories and Their Meanings* (Baltimore: Johns Hopkins University Press, 2004).

outlined a research agenda for the study of the sick.⁴⁸ He suggested five methods for doing this.⁴⁹ Firstly, historians ought to rid themselves of a preoccupation with cures, but instead consider the whole therapeutic experience of sickness, be that pharmacological or emotional care. Next, he proposed that more attention be paid to maintenance of health, especially through study of the non-naturals. Third, he drew attention to the cultural importance of illness, especially the relationship between illness and religion, characterising ‘health and illness as constitutive parts of whole cultural sets’.⁵⁰ Fourthly, Porter reminded his reader of the public nature of illness: that being sick is not a private experience, but involves a community of supporters and sharers, whose role and experience should be considered. Finally, in his own statement of the point made above, Porter strongly recommended that historians should stop focusing on the doctor as the primary provider of care, concluding that the future of medical history is in ‘a people’s history of health’.⁵¹

Porter’s clarion call for historians to write the history of patients was heard and met with a variety of responses in the form of studies examining the experience of the sick person.⁵² However, just the year before Porter published his ‘Patient’s View’,

⁴⁸ Roy Porter, ‘The Patient’s View: Doing Medical History from Below’, *Theory and Society*, 14 (1985), 175–98.

⁴⁹ Porter, ‘Patient’s View’, pp. 193–94.

⁵⁰ Porter, ‘Patient’s View’, p. 193.

⁵¹ Porter, ‘Patient’s View’, p. 194.

⁵² The essays contained within *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, ed. by Roy Porter (Cambridge: Cambridge University Press, 1985) represent a ‘pilot and preliminary’ study of the history of patients, as Porter puts it in the introduction (pp. 1–22), p. 5. The most enthusiastic response has come from early-modernists: Lucinda McCray Beier, *Sufferers & Healers: The Experience of Illness in Seventeenth-Century England* (London: Routledge & Kegan Paul, 1987); Barbara Duden, *The Woman Beneath the Skin: A Doctor’s Patients in Eighteenth-Century Germany*, trans. by Thomas Dunlap (Cambridge, MA: Harvard University Press, 1991); Mary E. Fissell, *Patients, Power, and the Poor in Eighteenth-Century Bristol* (Cambridge: Cambridge University Press, 1991); Gianna Pomata, *Contracting a Cure: Patients, Healers, and the Law in Early Modern Bologna* (Baltimore: Johns Hopkins University Press, 1998); Alisha Rankin, ‘Duchess, Heal Thyself: Elisabeth of Rochlitz and the Patient’s Perspective in Early Modern Germany’, *Bulletin of the History of Medicine*, 82 (2008), 109–44; Guido

David Armstrong published an article also entitled ‘The Patient’s View’, although the two seem curiously independent of each other.⁵³ Armstrong expressed concern that in many records the so-called ‘patient’s view’ is actually only what the patient is heard to say, and thus mediated by the narrator. This is a salient point, given that Porter’s suggested directions for future studies of the sick rest on the exploitation of first-person sources previously underutilised for medical history: ‘diaries, letters, journals, recipes, records of reading, even, occasionally, as in the case of Charles Darwin, a separate Medical Diary’.⁵⁴ These first-person, experiential records are not analogous to most of the corpus of crusader chronicles which form the backbone of this thesis.⁵⁵ In fact, only two narrators can be found who describe their own health in the crusader chronicles. One is Monachus, archbishop of Caesarea, who wrote of his own ill-health during the siege of Acre, 1189–91. Describing the hardships of the winter of 1189–90, Monachus wrote that he was lucky not to lose his teeth, and that ‘anyone would

Ruggiero, ‘The Strange Death of Margarita Marcellini: *Male*, Signs, and the Everyday World of Pre-Modern Medicine’, *American Historical Review*, 106 (2001), 1141–58; Michael Stolberg, *Experiencing Illness and the Sick Body in Early Modern Europe*, trans. by Leonard Unglaub and Logan Kennedy (Basingstoke: Palgrave Macmillan, 2011). The response from medievalists has been rather more limited: Michael R. McVaugh, *Medicine Before the Plague: Practitioners and Their Patients in the Crown of Aragon, 1285–1345* (Cambridge: Cambridge University Press, 1993; repr. 2002); Nicole Archambeau, ‘Healing Options during the Plague: Survivor Stories from a Fourteenth-Century Canonization Inquest’, *Bulletin of the History of Medicine*, 85 (2011), 531–59; Iona McCleery, ‘Medicine and Disease: The Female “Patient” in Medieval Europe’, in *A Cultural History of Women in the Middle Ages*, ed. by Kim. M. Phillips (London: Bloomsbury, 2013), pp. 85–104.

⁵³ David Armstrong, ‘The Patient’s View’, *Social Science & Medicine*, 18 (1984), 737–44. Porter soon acknowledged Armstrong’s perspective, in Roy Porter, ‘Introduction’, in *Patients and Practitioners*, ed. Porter, pp. 1–22 (p. 2), although he did not critique it. The discrepancy between the two is noted by Flurin Condrau, ‘The Patient’s View Meets the Clinical Gaze’, *Social History of Medicine*, 20 (2007), 525–40, whose insightful critique of Porter’s ‘Patient’s View’, including the thorny problem of what, exactly, a ‘patient’ is in the pre-modern past, is discussed in the next chapter.

⁵⁴ Porter, ‘Patient’s View’, p. 183.

⁵⁵ Noted by McVaugh, p. 187, for his own specialism.

rather be shaved without water than to suffer, as I suffered, so many adverse calamities'.⁵⁶

The other author to describe their own health, and in rather more detail, is Jean of Joinville, whose *Vie de saint Louis*, although infamous for the lurid descriptions it contains about Louis IX's ill-health while crusading, actually mentions Joinville's own health more frequently than it does Louis's. We first hear of Joinville's severe seasickness on the voyage to Cyprus in 1244, when he was so sick that he had to be held up during a religious procession on board the ship.⁵⁷ He was wounded in battle at Mansurah in February 1250, as a result of which, he writes, he contracted the *maladie de l'ost* and was confined to his bed with a double tertian fever (*une double tierceinne*).⁵⁸ Joinville recovered from this episode, but soon after being taken captive with the other crusader leaders in the late spring of 1250 he developed an abscess in the throat, which he thought was sure to kill him.⁵⁹ Despite his fatalism, Joinville recovered, but was too ill to take part in negotiations with the crusaders' captors, and suffered again with seasickness during his voyage to Acre in the early summer of 1250 after being released.⁶⁰ Joinville also suffered while resident in Acre in 1250, first with lassitude that he describes as the failure of his heart (*le cuer me failli*), and then with an unremitting (*contenuue*) fever.⁶¹

⁵⁶ 'Esse mallet quilibet sine aqua rarus / Quam pati, quot passus sum, tot adversos casus': Monachus of Florence, *De recuperatione Ptolemaidae liber*, in Roger of Howden, *Chronica*, ed. Stubbs, III (1867), cvi-cxxxvi (ll. 141-56 (p. cxi); esp. ll. 153-54).

⁵⁷ JJ, sec. 129 (trans. Smith, pp. 177-78).

⁵⁸ JJ, secs. 241, 299 (trans. Smith, pp. 205-06, 219-20).

⁵⁹ JJ, secs. 323-34 (trans. Smith, p. 226).

⁶⁰ JJ, secs. 357, 404 (trans. Smith, pp. 233-34; 245).

⁶¹ JJ, secs. 407, 410, 416 (trans. Smith, pp. 246, 247, 248).

Tracking Joinville's health through his text like this, and focusing particularly on his description of his own illness as a 'patient's view', is a rich seam to mine. His interpretation of disease causation is worth comment: note how he says that his fever and *maladie de l'ost* were a result of his battle wounds, rather than environmental or humoral factors. This is particularly interesting given that previously in the *Vie* he had written that the *maladie de l'ost* had struck the camp because of the *bourbotes* the crusaders were forced to eat during Lent 1250, a period when their food supplies were cut off and food intake restricted by Lenten dietary constraints; these fish, Joinville explains, had been feeding on the dead bodies which polluted the river after the battle of Mansurah.⁶² But when he himself contracted the *maladie de l'ost*, the proposed aetiology is different and Joinville foregrounded his military achievements rather than the difficulties of food supply in camp.⁶³ Joinville's confidence in his own prognosis that he would surely die from the abscess in his throat is intriguing: given that he did not die, we might wonder why he preserved his incorrect prediction when he composed his text many years later. His use of quite specialised terminology throughout his discussions of medical matters, such as *maladie de l'ost*, *double tierceinne*, and *apostume* for abscess, attests to his personal exposure to learned medicine at the French court and in his own household.⁶⁴ In Joinville's text we can also examine how his health is seen to punctuate key moments: the voyage to Cyprus, the battle of Mansurah, Joinville's captivity and then his voyage to the Holy Land, the military portion of the expedition being concluded. In this his health becomes for Joinville the

⁶² JJ, sec. 291 (trans. Smith, p. 218).

⁶³ JJ, sec. 299 (trans. Smith, pp. 219–20).

⁶⁴ *maladie de l'ost*: JJ, secs. 291, 299 (trans. Smith, pp. 218, 219); *double tierceinne*: JJ, sec. 299 (trans. Smith, p. 219); *apostume*: JJ, sec. 324 (trans. Smith, p. 226).

narrator a framing device, and it is important to note that he repeatedly mentions his health during the section of the text which deals with the crusade and its aftermath, but not in the surrounding passages. The crusading section of the text has quite a different character to the rest of the *Vie*, and seems to have been composed at a different time and with different aims to the wider text, which would account for the prominence of Joinville as an agent here, as exhibited through his narration of his own health during the crusade.⁶⁵

Given that Monachus and Joinville are the only two narrators who have been found to discuss their own health in the course of this study, it is necessary to widen the field of examination to include those occasions where an author who participated in the crusade describes medical incidents affecting a large group of people in which it is implied the author is included. In doing so we will take the ‘chronicler’s-eye view’, instead of that of the patient.⁶⁶ Oliver of Paderborn wrote first-hand of the hardships suffered by the Fifth Crusaders at Christmas 1217, and likewise Ambroise recorded how his companions suffered during the winter of 1191–92, during the Third Crusade.⁶⁷ In these cases, when referring to the suffering of a group, Oliver and Ambroise do not record their own personal experience as Joinville and Monachus do: here it may be implied that the author suffered with their fellow crusaders through their use of the first person plural, but not shown beyond doubt. We must be

⁶⁵ While Jacques Monfrin suggests that the whole text was composed between 1305–09, M. Cecilia Gaposchkin and Caroline Smith prefer the two-stage composition proposed by Gaston Paris in 1894, suggesting that the crusading portion of the narrative was first composed in the 1270s–1280s as a personal record of the crusade and later worked into a larger biography of the king: Monfrin, ‘Introduction’ to JJ, pp. vii–cxix (pp. lxvi–lxxvi); M. Cecilia Gaposchkin, *The Making of Saint Louis: Kingship, Sanctity, and Crusade in the Later Middle Ages* (Ithaca, NY: Cornell University Press, 2008), pp. 182–85; Caroline Smith, *Crusading in the Age of Joinville* (Aldershot: Ashgate, 2006), pp. 48–58.

⁶⁶ This is the key methodology for this thesis, and is investigated at more length in the next chapter.

⁶⁷ OP, chap. 4, pp. 167–68 (trans. Gavigan, pp. 55–56); Ambroise, *Estoire*, ll. 7616–36 (II, p. 135).

especially mindful that use of the first-person plural was a way for narrators to signify identification with the whole crusader army, and not necessarily with the particular group which they describe (in this case the sick, starving or suffering).⁶⁸

Examinations such as those above may be exactly the sort of outcome Porter seems to have hoped for from his ‘patient’s view’ approach. But they represent only a tiny proportion of the evidence which has been assembled in this investigation. We should pause now to ask how Porter’s methodology can apply to a field of study which is simply not as rich in first-person, experiential sources as is Porter’s own specialism of early-modern medicine. Exploring the evidence of one final experiential narrator, Fulcher of Chartres, may help us to understand the problem. Fulcher described Baldwin I’s journey from Edessa to Jerusalem in the winter of 1099–1100 thus:

We endured these and many other hardships for the love of God: hunger, cold, excessive rains. Many people, lacking bread, ate horses, asses and camels. Moreover, we were frequently tormented by excessive cold and pouring rains, nor was the heat of the sun enough for us to be able to dry our sodden clothes when the continuation of the rains would trouble us for four or five days. At that time, I saw many people who did not have tents killed by the cold of the rains. I, Fulcher of Chartres, who was amongst them, saw on a certain day many people from both sexes, and the greatest number of beasts, die because of these freezing rains.⁶⁹

In this passage we see Fulcher shift between experiencing hardship himself and bearing witness to the experience of others. In fact, he calls our attention to this by

⁶⁸ Colin Morris, ‘The *Gesta Francorum* as Narrative History’, *Reading Medieval Studies*, 19 (1993), 55–71 (pp. 64, 67–68).

⁶⁹ ‘Utique pro amore Dei haec et alia multa, famem scilicet, frigora, pluvias nimias sustinebamus. Plerique etiam equos, asinos, camelosque, panis egentes manducabant. Insuper algore nimio et imbrium affluentia saepissime torquebamur, nec erat tantum solis aestus, quo pannos nostros madefactos exsiccare possemus, cum imbrium continuatio vel per IV vel per V dies nos vexaret. Vidi tunc plures tabernaculis carentes imbrum algore exstingui. Ego Fulcherius Carnotensis, qui his intereram, vidi quadam die plures utriusque sexus, bestiasque quamplurimas hac pluvia mori algidissima’: FC, 1:33, p. 330 (trans. Ryan, p. 131).

naming himself in the text, a practice which Yuval Noah Harari says is a condition for a text to be called truly ‘eyewitness’, and which Fulcher does frequently.⁷⁰ However, prioritising eyewitness sources based on the idea that they represent a ‘truer’ record does not account for the fact that no eyewitness source precisely records what the author observed. No eyewitness could record the totality of an event, and their text will have undergone many processes of construction before reaching the modern historian. As the anonymous author of the *Gesta Francorum* put it: ‘there is in this land neither clerk nor layman who could write or tell the whole story just as it happened’.⁷¹ Fulcher freely admits that his is a constructed narrative and that he has been deliberately selective of his material: the passage above concludes, ‘[t]o tell would take too long, and to hear would be too tedious, because no anxiety, no sorrow, missed the people of God’.⁷²

The question of eyewitnessing is further complicated when one attempts to recover lived experience from a source. Harari speaks of a clash of authority between the eyewitness and the ‘flesh-witness’, between those who saw an event and those who experienced it.⁷³ What historians prize in an eyewitness source is an implied

⁷⁰ Yuval Noah Harari, ‘Eyewitnessing in Accounts of the First Crusade: The *Gesta Francorum* and Other Contemporary Narratives’, *Crusades*, 3 (2004), 77–99 (p. 78).

⁷¹ ‘nemo est in his partibus siue clericus siue laicus qui omnino possit scribere uel narrare, sicut res gesta est’: *GF*, 8:19, p. 44.

⁷² ‘longum est recitandum et audiendi forsitan taedium, qui nulla anxietas, nullus dolor defuit populo Dei’: *FC*, 1:33, p. 330 (trans. Ryan, p. 131).

⁷³ Yuval Noah Harari, ‘Scholars, Eyewitnesses, and Flesh-Witnesses of War: A Tense Relationship’, *Partial Answers: Journal of Literature and the History of Ideas*, 72 (2009), 213–28. Harari’s ‘flesh-witnesses’ are a product of the Culture of Sensibility of the eighteenth century, formed by the growing prominence of the witness of one’s own senses and experience of the world. To adopt the term, admittedly anachronistically, for the crusaders of the twelfth and thirteenth centuries is perhaps a reflection of the present author’s own inheritance from the eighteenth century of the essential incommutability of experience. Though the intention is to categorise Joinville and Monachus as flesh-witnesses, it is important to note that they were not part of the cultural context which Harari describes, and that they may not have carried the same sense of authority from having experienced the medical episodes they describe. Authority was derived in the Middle Ages from having witnessed (not experienced) an event, although Guibert of Nogent, sensitive to the fact that he had not personally

objectivity; that the narrator observed an event to such a degree that they are able to comment authoritatively on it. With a flesh-witness, however, it is their very subjectivity as both agent and narrator which is valuable, and this is what Porter looks for as the ‘patient’s view’: the subjective, physical experience of a lived event.⁷⁴ But, as discussed above, the corpus of crusader chronicles contains only a handful of flesh-witness accounts of health and medicine in the context of the crusades. In fact, the study in hand contains a number of different levels of authority:

1. The flesh-witness. The narrator experienced a period of sickness, ill-health or hardship during the crusade, and recorded their own experience first-hand.
2. The eye-witness. The narrator was a participant in the crusade and witnessed the sickness, ill-health or hardship of others, and recorded the experience second-hand.
3. The non-eyewitness participant. The narrator was a participant in the crusade but did not necessarily see the incident of sickness or ill-health described.
4. The non-eyewitness, non-participant. The narrator did not participate in the crusade and relied on a variety of sources such as the reports of returning crusaders, or the writings of other authors (who may have come from any of the other categories) to write a second- or even third-hand account.

Even these categories are not discrete, and within a single text medical incidents may be found which could be placed on different levels depending on what

observed the events he described, disputed how authoritative such witness really was: ‘If anyone should object that I did not see, he cannot object that I did not hear, since I believe that, in a way, hearing is almost as good as seeing’ (‘si michi plane id obicitur quia non viderim, id obici non potest quod non audierim, cum visui auditum quodmmodo supparem profecto crediderim’): GN, 7:0, p. 166 (trans. Levine, p. 73). See also Harari, ‘Eyewitnessing’, p. 92; Elizabeth Lapina, “Nec signis nec testis creditur...”: The Problem of Eyewitness in the Chronicles of the First Crusade’, *Viator*, 38 (2007), 117–39; Levine, ‘Introduction’ to GN, pp. 1–17 (pp. 7–8).

⁷⁴ Harari, ‘Flesh-Witnesses’, pp. 217–18, 220.

exactly the author did or did not observe, which can be difficult to establish. There is little to separate a non-eyewitness participant, who relied on the accounts of other crusaders, from a non-eyewitness, non-participant who also had access to such accounts. The non-eyewitness, non-participant may have benefited from first-hand, oral testimonies, which arguably makes their history closer to the 'truth' than that of a non-eyewitness relying on textual sources, which will have already undergone the process of textual construction.⁷⁵ The eyewitness, then, hardly deserves to be placed over the non-eyewitness when it comes to matters of health and bodily experience, since neither embodies the authority of the flesh-witness, but to restrict this investigation into the crusader 'patient's view' to only the evidence of the flesh-witness would be to miss out on the riches of medical experience and understanding, and the interpretation thereof, which are preserved in the sources. To do so, however, requires a different approach than that suggested by Porter, since we must be conscious that in most cases the crusader sufferer speaks by proxy through the narrator, making that narrator an important agent in the creation of the crusader 'patient's view'.

The key issue is that narrative sources, as a genre, deserve more specialised treatment than they have sometimes been given. Chronicles are far from transparent windows onto the past; rather, they are highly constructed artefacts, and if one wishes to use them to access the lived experience of the past it is essential to adopt a specialised methodological approach in order to use the source to its best advantage and to avoid falling into a trap of simply looking for what is or might be true or false in the narrative. Recent work by Stephen Spencer on the function of the emotions in

⁷⁵ Not forgetting, of course, that even oral testimony would have undergone a process of construction and editing that simply cannot be accounted for.

crusader chronicles shows how rich such an approach, influenced by the ‘linguistic turn’, can be.⁷⁶ Marcus Bull suggests that the path lies in the field of narratology, which has not been much taken up by medievalists.⁷⁷ Here, influences from the newer field of medical humanities may have some insight to offer, particularly in what Iona McCleery has called a narrative approach to medical history. Accepting that we cannot know the truth of the past, and taking inspiration from the field of narrative medicine, McCleery encourages historians of medicine using chronicles to read their sources as narratives of illness, and shows that doing so can reveal political, social and religious layers to the text in hand.⁷⁸

The intent of this thesis is to read crusader chronicles in such a way, and the rewards of doing so can be seen in a brief consideration of some of the discussions of health and illness by Raymond of Aguilers. His frequent references to the health of Raymond of Toulouse are best understood in the effect this had on the politics between the crusader leaders, and the effect that the count’s health had on military strategy.⁷⁹ For example, Raymond describes how doubt was cast on the count’s commitment to the crusade during the winter spent besieging Antioch, 1097–98: because of his incapacity and inability to fight, Raymond describes how some accused the count of not contributing enough to the crusader effort, and that he was even

⁷⁶ Spencer, ‘Constructing’ esp. pp. 175–76; Stephen J. Spencer, ‘Piety, Brotherhood and Power: The Role and Significance of Emotions in Albert of Aachen’s *Historia Ierosolimitana*’, *Literature Compass*, 13 (2016), 423–43 (n. 8).

⁷⁷ Bull, ‘Narratological Readings’.

⁷⁸ McCleery, ‘Medical “Emplotment”’, pp. 127–29. For a literary application of such methods, see: Marion Turner, ‘Illness Narratives in the Later Middle Ages: Arderne, Chaucer, and Hoccleve’, *Journal of Medieval and Early Modern Studies*, 46 (2016), 61–87.

⁷⁹ This relates to how the health of the crusader leader was seen to affect the course of their expedition, which is the focus of chapter 6.

alienated from the Provençaux he commanded.⁸⁰ Raymond also relates the count's health to more spiritual matters: when taken seriously ill on the march from Dorylaeum to Antioch earlier in 1097, the count was apparently reassured by a Saxon in the army that God had promised him that the count would survive, and accordingly the count was raised as if from the dead when the Bishop of Orange gave the office for him.⁸¹ Raymond reports this as a miracle, setting the tone for some of his other descriptions of illness, which closely ally the health of the protagonist with their spirituality. Raymond of Aguilers's chronicle is notable for the faith he places in the veracity of the Holy Lance, discovered in Antioch in 1098 as the crusaders were trapped in a desperate military situation. What has not been previously explored is how he uses the health of those involved in the discovery of the Lance to emphasise this. Peter Bartholomew, to whom St Andrew revealed the existence of the Lance in a dream, failed to report his initial vision to the crusader leaders, and started to lose his eyesight.⁸² The correlation between the saintly vision and physical vision is obvious: Peter was gifted with a divine sight and thus his earthly sight was threatened when he kept the knowledge to himself. Another visionary, a priest named Stephen, received his vision when he was ill to the point of death, but recovered after seeing his vision of Christ.⁸³ Later still, a priest of Bishop Adhemar's household became ill because he did not believe in the Lance.⁸⁴ Raymond of Aguilers was not a witness to these episodes. Indeed, it has been suggested that his narrative of the discovery of the Lance

⁸⁰ RA, p. 250 (trans. Hill and Hill, p. 45).

⁸¹ RA, p. 241 (trans. Hill and Hill, pp. 28-29).

⁸² RA, pp. 254-55 (trans. Hill and Hill, p. 53).

⁸³ RA, p. 255 (trans. Hill and Hill, p. 55).

⁸⁴ RA, p. 282 (trans. Hill and Hill, p. 99).

was based on stories he had heard and added to in the manner befitting the miraculous nature of the tale, so his testimony cannot be taken as ‘fact’.⁸⁵ However, by looking past the ‘truth’ of the matter, we are able to see how Raymond allies health with spirituality, and how this contributes to his narrator’s art.

So, simply to make judgements on the veracity of an incident recorded closes off the line of investigation which allows us to study narratives of illness as a tool used by the chroniclers to illuminate certain themes, and through taking the ‘chronicler’s-eye view’ we have already seen how Raymond of Aguilers used stories of illness to emphasise certain spiritual aspects of his text. There are other reasons why it was important to crusader chroniclers to record the experience of health in their texts. The most obvious explanation is perhaps the most prosaic: because such experiences of health and ill-health actually happened. Despite the focus on narration and representation in this thesis, at no point is it intended to suggest that the incidents of sickness recorded in chronicles are fictions. Rather, one is mindful that when working with texts alone we simply cannot know the actuality of the matter in the same way that archaeological investigations can provide some sort of definite evidence for an event. Since we cannot say conclusively that one example of illness in a chronicle records a real event, whereas another example is fictional, or grossly exaggerated, this thesis takes the premise that all such examples are to be treated as true to the chronicler and therefore of importance to this study. Indeed, one reason chroniclers may have chosen to record narratives of illness was to emphasise the authenticity of their tale, so that they are seen to tell the ‘full story’, as it were. We have already seen

⁸⁵ RA, trans. Hill and Hill, p. 51 n. 1; John Hugh Hill and Laurita L. Hill, *Raymond IV, Count of Toulouse* (New York: Syracuse University Press, 1962; first. publ. as *Raymond IV de St-Gilles, Comte de Toulouse* (Toulouse, Privat, 1959)), p. 109 n. 3.

how Fulcher of Chartres used an episode of hardship to place himself in the middle of the action of his story, adding to his authenticity. Non-participant authors can be seen to include stories of health and ill-health which add authenticity to their writing and round out the story. Ralph of Caen, composing his narrative some twenty years after the event, could have excised some of the more graphic details of the suffering amongst the besieging crusaders at the siege of Antioch; instead, he emphasises it, not just describing the inedible foodstuffs the crusaders were compelled to eat (some risked eating poisonous plants), but also the lengths to which they went to obtain such food.⁸⁶ The Provençaux, he wrote, would wound horses internally with a sword in the rectum, and then buy the carcass of the animal which seemed to have died of unexplained causes and was thus not considered fit to eat by other crusaders.⁸⁷ But Ralph's reasoning for the inclusion of this material is more than a simple desire for authenticity. By emphasising the suffering of the crusaders, Ralph shows how 'when wind and the winnowing basket beat the chaff and pure gold, what remains, is grain; gold, cleansed in fire, is purged of the earth', a sentiment which reveals his motivation: to show how the physical condition of the crusaders was a spiritual test to improve them; their suffering was necessary to ensure the success of their expedition.⁸⁸

⁸⁶ Ralph of Caen, chap. 259, p. 71 (trans. Bachrach and Bachrach, p. 102).

⁸⁷ Ralph of Caen, chap. 213, pp. 58–59 (trans. Bachrach and Bachrach, pp. 86–87).

⁸⁸ 'ubi im paleas pepulerunt uannus et aura, / purum, quod remanet, frumentum, aurum igne probatum, / purgatum terrae': Ralph of Caen, chap. 259, p. 71 (trans. Bachrach and Bachrach, p. 102). Fulcher of Chartres made the same point, as discussed in section 5.2, below: FC, 1:16, pp. 224–27 (trans. Ryan, pp. 95–96). On the spiritual importance of the bodily suffering of crusaders as meritorious, an idea which recurs throughout this investigation, see William J. Purkis, *Crusading Spirituality in the Holy Land and Iberia, c. 1095–c. 1187* (Woodbridge: Boydell & Brewer, 2008), pp. 30–47; Miikka Tamminen, 'The Crusader's Stigmata: True Crusading and the Wounds of Christ in the Crusade Ideology of the Thirteenth Century', in *Infirmity in Antiquity and the Middle Ages: Social and Cultural Approaches to Health, Weakness and Care*, ed. by Christian Krötzel, Katariina Mustakallio, and Jenni Kuuliala (Farnham: Ashgate, 2015), pp. 103–17.

Another way to read the episodes of sickness and health recorded in crusader narratives is as to consider them as anecdotes. This literary device as used in sources for the First Crusade was recently analysed by Carole Sweetenham, who identified four characteristics that define an anecdote.⁸⁹ First, the incident described must be in some way differentiated from the surrounding narrative, either by style or subject matter. Secondly, it must also be isolated within that narrative: related to the bigger picture, but focusing on one distinct aspect and narrating that aspect as ‘a self-contained story with a clear beginning, middle and end’.⁹⁰ Thirdly, it must in some way invoke authenticity, either by claiming so, naming the source of the anecdote, or giving prosaic details which give the effect of truth. Finally, it must have a purpose and be designed in order to emphasise a particular aspect of the wider narrative.⁹¹ An anecdote, then, as Sweetenham describes it, is an episode where the narrative suddenly fixes on an individual character and uses their experience to showcase particular views or attitudes about the wider narrative for a moment.⁹² Many of the anecdotes which can be found in crusader chronicles, not just those from the First Crusade, have a medical flavour, and many of the medical incidents preserved in crusader chronicles can be seen to exhibit features of anecdote. Consider the story preserved in the *Historia Friderici imperatoris* of the sick knight who miraculously fought in a skirmish at Niš in modern-day Serbia. To consider the anecdotal character of this tale, let us look at the original description:

⁸⁹ Carol Sweetenham, ‘What Really Happened to Eurvin de Créel’s Donkey? Anecdotes in Sources for the First Crusade’, in *Writing the Early Crusades*, ed. Bull and Kempf, pp. 75–88.

⁹⁰ Sweetenham, p. 76.

⁹¹ Sweetenham, pp. 76–78.

⁹² Sweetenham, p. 78.

A certain sick knight, who was being carried in a litter, regained his strength through his spirit as the brigands rushed forth, accordingly: 'the just are as confident as a lion'. From his bed, he leapt audaciously and fighting manfully he dispatched one of them with a sword in the mouth, turning the rest surely to flight. As soon as they had scattered in flight, his suffering returning, he took to his bed.⁹³

This passage fulfils the category of anecdote insofar as it is differentiated from the surrounding text by stressing the role of one agent in the skirmish (a nameless sick knight). Its self-containment from the surrounding narrative is shown through the explicit temporality of the story, visible through the tenses employed: the knight was sick and being carried (*portabatur*, imperfect tense), regained his strength and fought (*anima receptis viribus*, perfect participles forming ablative absolute), and then returned to his sickened state again (*recumberet*, imperfect tense). Analysis of the grammar shows while that the sickened state continues, the fight was an isolated and self-contained moment in the story, which is itself contained from the wider narrative with its beginning (the state of the sick knight), middle (the knight miraculously fights), and end (the knight becomes sick once more). The attempt at authenticity is conveyed in the small detail of exactly how the knight fought – striking a bandit in the mouth – and precisely how his illness affected him – by necessitating his being carried in a litter – while the purpose of the story is suggested by the biblical quotation of Proverbs 28.1 where, in contrast to the wicked who flee in cowardice, the crusaders are the righteous and given strength through their upright morality.⁹⁴

⁹³ 'quidam miles eger admodum qui in basterna iam dudum portabatur, prorumpentibus latrunculis animo receptis viribus iuxta illud: 'iusta ut leo confidit', de lecto audacter prosiliret et viriliter pugnans unum ex eis in ore gladii daret, ceteros in fugam verteret moxque illis fuga dispersis iterum lecto recidivo dolore recumberet': *HFI*, p. 36 (trans. Loud, p. 67).

⁹⁴ This passage in the Vulgate reads 'fugit impius nemine persequente iustus autem quai leo confidens absque terror erit'. The use of inter-textual reference is another characteristic of anecdotes, which often employed references to Latin literature or conventions of genre. The point of this, Sweetenham explains, was to set the anecdote against a 'wider cultural landscape' and to encourage the reader or

Another medical episode which can be interpreted as an anecdote is that describing the death of Bishop Alvisus of Arras at Philippopolis, as recorded by Odo of Deuil.⁹⁵ Placed during the French crusaders' march to Constantinople, this anecdote describes the death of Alvisus, who had been sent ahead as an envoy to the Byzantine emperor, but who succumbed to sickness before reaching his destination. Odo describes his death in some detail: lying ill, Alvisus asked his attendants to sing the Mass of the Nativity of the Blessed Virgin Mary for him, even though the feast-day itself was some days away, since he knew that he would not be alive by then. Weeping throughout the service, Alvisus took part as much as he was able, and died soon afterwards. He was buried outside the city and when Louis VII arrived he mourned for the bishop at his tomb. After this, Odo tells us that he saw fever-stricken pilgrims sleeping at the tomb in hope of a cure.

This description of Alvisus's death is idealised, ordered and peaceful, and sits rather at odds with the narrative of the crusader march which surrounds it. The anecdote is clearly differentiated from the surrounding text, which describes humdrum details of the crusader march such as the provision of markets and the disorderly drunkenness of the German crusaders, by its style and content, both of which are more befitting of a monastic chronicle.⁹⁶ Odo acknowledges that it is an interpolation, taking up his tale again afterwards with words: 'however, after this brief interruption'.⁹⁷ The claim for authenticity is not only made with the touching details

listener to draw parallels between the story at hand and the literature which was invoked: Sweetenham, pp. 82-83.

⁹⁵ OD, pp. 44-46.

⁹⁶ OD, pp. 44, 46.

⁹⁷ 'His autem paululum intermissis': OD, p. 46.

– that Alvisus struggled to rise for the ‘Aves’ or the name of the Virgin during the service, and that he and his monks wept – but also with the detail that Odo himself saw pilgrims sleeping at his tomb in hope of cure from their ills. There is no inter-textual reference to guide us as to the purpose of the story, but the implication from the mode of describing Alvisus’s death, invoking the Good Death of confessors of the faith, is that he ought to be considered a saintly figure.⁹⁸ Thus by association Odo sanctifies the French crusaders, especially in juxtaposition to the drunken Germans described in the next paragraph.

What the different approaches to medieval chronicles as narrative texts described in this section have in common is that they suggest ways to categorise and analyse the attempts of chroniclers to convey a sense of the lived experience of the crusade through the writing of health. We ought not necessarily take these writings as truth or fact. Sweetenham’s advice when dealing with anecdotes is to exercise caution: that such stories must necessarily have undergone such transformation over the years, quite possibly originating as campfire tales, and that they may bear little resemblance to actual events, although there is always the chance that they preserve a moment of personal experience that would otherwise be lost to history.⁹⁹ However, even without taking all the details at face value, it is here proposed that medieval texts can be used to learn about the understanding and interpretation of the experience of health in a particular social, political, military and cultural context. Let us now return by way of conclusion to Porter’s ‘patient’s view’ and consider how it can be used by historians of

⁹⁸ On such deaths, see: David Crouch, ‘The Culture of Death in the Anglo-Norman World’, in *Anglo-Norman Political Culture and the Twelfth-Century Renaissance: Proceedings of the Borchard Conference on Anglo-Norman History, 1995*, ed. by C. Warren Hollister (Woodbridge: Boydell, 1997), pp. 157–80.

⁹⁹ Sweetenham, pp. 88, 84–85.

pre-modern medicine. While it has been shown that in many cases we might only be dealing with a proxy ‘patient’s view’, by remaining aware of this, and applying appropriate methodologies drawing on narrative medicine and narrative theory, we can still answer Porter’s call to re-centre study on the experience of the sick person. Rather than presuming to access the lived experience of the sick protagonists described in the crusader chroniclers, this study will instead take a ‘chronicler’s-eye view’, through which we can restore the narratives of crusader health and illness to the context of twelfth- and thirteenth-century understandings of health and medicine.

1.3 Scope and Outline

It only remains to outline the scope of this thesis before moving on to the investigation proper. First a distinction must be made: the investigation is primarily concerned with illness and disease, and so other forms of incapacitation such as wounding are only considered where analysis of such events informs our reading of the narratives of crusader sickness. This thesis differs from previous work on crusader medicine not only through a methodological emphasis on the narrative sources, but also in a much narrower focus: only considering crusaders during expeditions, rather than the experience of Franks who settled in, or who were born in, the Latin East. The rationale for this is rooted in medieval theories of health which stressed the importance of adaptation and acclimatisation for good health.¹⁰⁰ The health-related experiences of those who settled in the Latin East would therefore be understood differently by contemporaries, and thus deserve more specialised attention than can be afforded here. For the same reason, the geographical focus is on the eastern Mediterranean and north Africa, excluding the very different climatic conditions of

¹⁰⁰ Discussed more fully in section 3.3, below.

Iberia and the Baltic. The study is bounded chronologically by two events: the call for the First Crusade in 1095, and Prince Edward of England's return to the West in 1274 following his crusade, which was the last major overseas expedition to be concluded before the loss of the kingdom of Acre in 1291.

Most of the investigation is based on the Western narrative sources for the crusades. Arabic sources have been excluded because, despite the shared inheritance of Arabic and Western medicine, the authors of Arabic chronicles would have had a different understanding of these concepts based on the texts they had access to, not to mention the fact that they were writing in a completely different social, cultural, political, and religious context.¹⁰¹ In addition, since those authors inhabited the regions that were so Other to the crusaders, their work is imbued with a very different cultural understanding of the landscape, which, as we will see, is pivotal to the contemporary understanding of health. Moreover, it simply would not be possible to analyse these sources as critically as they deserve by working with them in translation; that work must be left to Arabic specialists. Where appropriate, other contemporary but non-narrative sources have been brought in to supplement the discussion, including evidence from charters and letters. One such is the medical treatise entitled *De regimine et via itineris fine peregrinantium* of Adam of Cremona.¹⁰² This text is very early example of a regimen of health, a genre that increased in popularity from the mid-thirteenth century. It was written for Frederick II to maintain his health during

¹⁰¹ This is well-exemplified in the work of Usāma Ibn Munqidh, whose derogatory comments on the Frankish medicine of the Latin East are contextualised by Lawrence I. Conrad, 'Usāma Ibn Munqidh and Other Witnesses to Frankish and Islamic Medicine in the Era of the Crusades', in *Medicine in Jerusalem Throughout the Ages*, ed. by Zohar Amar, Efraim Lev, and Joshua Schwartz (Tel Aviv: Eretz, 1999), pp. 27–52; Mitchell, *Medicine*, p. 9.

¹⁰² Adam of Cremona, *Ärztliche Verhaltensmassregeln auf dem Heerzug ins Heilige Land für Friedrich II. geschrieben von Adam v. Cremona* (ca. 1227), ed. by Fritz Hönger (Leipzig: Buchdruckerei Robert Noske, 1913).

his crusade, but, despite its uniqueness, it has been afforded virtually no attention.¹⁰³

Since the major focus of this thesis is to consider how the health of crusaders was represented in narrative sources, Adam's text is not the major focus of enquiry, but it is hoped that bringing this treatise to scholarly attention will attract future study.

Appreciating the richness conveyed by the chroniclers' inclusion of medical material in their texts, the thesis will proceed thus. The first chapter investigates the identity of the sick on crusade, engaging directly with Porter's 'patients' and examining how the chroniclers described the position of the sick in the social structure of the crusades. Chapters 3, 4, and 5 consider the experience of health and illness in three different military and geographical contexts: the march overland to the theatre of crusading warfare; the journey by sea, and the concomitant time spent in port; and the crusader siege. The final chapter discusses the health of crusader leaders, and how their experience of ill-health affected their leadership and reputation. Certain key themes run throughout. It will be seen that the contemporary understanding of place and geography and the importance of meritorious suffering were fundamental to how chroniclers wrote about health. The inheritance of ancient Greek medical theories in the twelfth and thirteenth centuries will be shown, and the dissemination of medical ideas through non-medical texts will become apparent. In taking a new look at well-studied texts, the investigation will allow us to come closer to an understanding of the experience of crusaders on campaign.

¹⁰³ Gil-Sotres, pp. 300-02. Adam's editor notes that the regimen was probably composed in advance of Frederick's crusade of 1227: Hönger, 'Einleitung' to Adam of Cremona, pp. v-xii (p. vii). A catalogue entry for the text is mentioned in passing in Mitchell, *Medicine*, pp. 210-11. It is used to a somewhat greater extent in Claude Thomasset, 'Conseils médicaux pour le voyage en mer au Moyen Âge', in *L'homme, la santé et la mer*, ed. by Christian Buchet (Paris: Honoré Champion, 1997), pp. 69-87, although not for its relevance to crusader studies. Wagner summarises the text, but it does not inform his analysis of crusader epidemics: Wagner, pp. 31-35.

Chapter 2: Sick Crusaders and the Crusader Sick

In early 1192, the Third Crusade was faltering. The crusaders, having left Acre at the end of August 1191 after their capture of the city in July, had won an unexpected victory at Arsuf in September and lodged at Jaffa for seven weeks. Since then, however, Richard I's indecisive strategy and divisions amongst the crusader leaders left the host spending the autumn and winter uncertainly moving around the coastal plain, engaging in desultory skirmishes. They spent six weeks in Ramla, where they were troubled by bad weather and enemy raids. In December, the order was made to move on and the crusaders set out in the direction of Jerusalem. They travelled as far as Betenoble, a mere six miles from Jerusalem, but the wintry weather worsened to such an extent that, on account of the excessive rain, horses died, food spoiled, and the crusaders sickened because they were unaccustomed to the environmental conditions.¹ The *Itinerarium peregrinorum* records that:

With the feast of St Hilary [13th January] now approaching, such anxiety and an excess of grief pressed down on our people on account of the retreat, that many of them almost apostatised. They cursed the day of their birth, sorry that they were spared only for such desolation. In addition, many were so incapacitated by severe sickness and penury that they scarcely managed to carry their own provisions even with the greatest effort and labour. Indeed, so many of the sick, neglected and unable to cope for themselves, would have perished there had not King Richard, moved by his sense of divine responsibility, undertaken the care of them all. Sending out messengers all around to ask for those who were sick, through his worthiness he gathered together those who were dying, and bringing them all together he arranged that they be transported to Ramla, to where the whole army was

¹ *IP*, 4:34, pp. 303–04 (trans. Nicholson, pp. 278–29). Note that this chapter is mislabelled as 4:36 in Stubbs's edition, but is placed between 4:33 and 4:35.

being ordered to return, having left that place only a short time before.²

Note that the sick crusaders described in this excerpt undergo subtle changes of identity, signalled by the chronicler's language. From being members of the army, weakened by sickness (*aegritudinum vehementia plures debilitabantur*), they become the infirm (*infirmi*), a discrete group within the crusader host requiring special provision and logistical arrangements, a focus for charity and a prism through which to show the greatness of Richard I as protector and leader.³ The host, unified as 'our people' (*populus noster*) at the beginning of the excerpt, is divided by the presence of sick people who are denoted as different to the other crusaders. The sick crusaders themselves are encompassed by collective terms, reduced to the infirm, the sick and the dying (*infirmi, aegrotantes* and *pereuntes*). It is these shifting identities which will be examined in this chapter, which seeks to categorise the identity of the sick within crusading armies. It would be methodologically unsound to impose categories based on the type of sickness experienced by the sick person (e.g. attempting to distinguish those with infectious diseases from those with enteric conditions); quite apart from the issues of retrospective diagnosis already discussed in the introduction that this would raise, in many cases we are given so little information about the cause of a person's sickness that it would leave us with an unworkably small sample. We must

² 'Instante jam festiuitate Sancti Hilarii, tanta populum nostrum perurgebat de regrediendo sollicitudo et moeroris nimietas, ut propemodum apostaterent quam plurimi. Dies exsecrantes natiuitatis eorum, se dolebant ad tantam reservatos desolationem. Praeterea aegritudinum vehementia plures debilitabantur et penuria, ut vix cum maximo labore at aerumna sufficerent: sed tamen non sufficiebant ad reportanda victualia sua. Infirmorum siquidem quam plurimi, sibi non sufficientes, ibi perclitarentur neglecti, nisi rex Ricardus, divinae motus intuitu pietatis, universorum curam haberet. Missis enim nunciis circumquaque quaerere aegrotantes, in virtute sua congregavit pereuntes, et coadunatos cunctos secum versus Ramulam procuravit deportari, ubi totus dispositus exercitus regressus est, unde paulo ante discesserat': *IP*, 5:2, pp. 309–10 (trans. Nicholson, pp. 284–85).

³ Note that this episode illuminates an aspect of Richard's leadership as it relates to the health of others. The implications that Richard's own health had for his leadership are discussed in section 6.4, below.

therefore find another way to understand the identity of the sick people of the crusades and to understand what this identity meant to contemporaries.

It has already been established in the introduction how this thesis will utilise the chronicles of the crusades in order to explore and understand the experience of those who became sick in the course of their crusade, as a method of accessing the crusader ‘patient’s view’. However, at the core of Roy Porter’s proposed research agenda for a ‘people’s history of health [...] a people’s history of suffering’ lies a problem which Porter himself sidestepped: the very identity of his so-called ‘sufferers’.⁴ Despite entitling his study ‘The Patient’s View’, Porter asserted that the word ‘patient’ ought to be avoided, calling it anachronistic to use a term which implies a doctor-patient relationship that did not exist in the pre-modern past.⁵ In saying this he is informed by the historiographical understanding of the word ‘patient’ mediated by Michel Foucault.⁶ This rests on an Anglophone and Francophone understanding of the word connoting an unequal power relationship, whereby the sick person becomes a patient only through exposure to the medical gaze, Foucault’s *regard*. Porter avoided an in-depth examination of the implications of Foucault’s work for his ‘sufferers’ history’, which led Flurin Condrau to lament that too many historians have simply referred to Porter in order to justify their work on patients and sufferers, but without properly tackling Porter’s ideas on who or what the ‘patient’ of ‘The Patient’s View’ is, or might be, and therefore who the subjects of their own study are.⁷ Condrau takes

⁴ Porter, ‘Patient’s View’, p. 194.

⁵ Porter, ‘Patient’s View’, pp. 181–82.

⁶ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. by Alan Sheridan (London: Routledge, 2003).

⁷ Condrau, p. 536.

issue with Porter's choice to classify his history of patients as history 'from below', since Condrau suspects that Porter did so as an analogy, a form of shorthand, citing Porter's use of Samuel Pepys – too Establishment, in Condrau's opinion – as an illustrative case study for his new method. True history 'from below', according to Condrau, is that of 'power struggles, resistance and perhaps even a popular movement'.⁸ While Porter may have intended to express the patient as the underprivileged partner in the history of medicine, Condrau finds that the analogy 'from below' reinforces a polarity between sufferer and practitioner that serves to remove their evident agency from the patient, and places them into a position of oppression that may simply not have been the case.⁹ As Iona McCleery notes, Porter's statement that the word 'patient' is anachronistic may be a valid one, but simply avoiding the debate has left it a 'highly unstable category that is often avoided by medievalists'.¹⁰ Since it has not proved possible to find any in-depth study of the identity of patients or the sick in the medieval period which explicitly engages with Porter's ideas, it is intended here to accept Condrau's challenge and tackle the problem of Porter's 'patients' or 'sufferers' in a pre-modern context head on.

In modern parlance it is relatively common to find 'patient' used as a synonym for 'sick person'; indeed this seems to be how Porter uses it in coining his approach 'the patient's view'. The Latin root of the English and French 'patient' is *patiens*, which, deriving from the verb *pati*, *patere* (to undergo or endure) only acquired its medical sense as a descriptor for a sick person from the mid-thirteenth century.¹¹

⁸ Condrau, p. 533.

⁹ Condrau, pp. 533–34.

¹⁰ McCleery, 'Female "Patient"', p. 87.

¹¹ Though the *Dictionary of Medieval Latin from British Sources* does note an incident where *patiens* is used to mean 'sick person', with the sense of 'suffering', in Bede's *Historia Ecclesiastica*, general

Insofar as *pati*, *patere* could also mean ‘permit’, it does carry the sense of subordination that the modern ‘patient’ does, but the Latin is ambiguous about what it is to which the sick person submits – to their illness or their treatment – while in English and French the implied submission is clearly to the doctor. In English and French the supplementary meanings of patient as one enduring an inconvenience, or one who waits unhurriedly, is preserved only in the adjectival form, and the noun is now used only to refer to one undergoing medical treatment.¹² Certainly, the meaning of the Latin *patiens* is not as narrow as the English/French noun ‘patient’, and in the period under study did not only mean a sick person under medical care; it could mean that, but more often its meaning was much wider. Despite the flexibility inherent in the word *patiens*, it has not been encountered in any chronicle used for this study as a descriptor for a sick person or a person undergoing medical treatment, thus making use of the word ‘patient’ to describe a sick person particularly anachronistic.

If not as patients, then, how are the sick of the crusades to be referred to, and what place did they occupy in the structures and hierarchies of the crusader movement? This chapter takes a linguistic approach to the question, utilising close reading to see how the chroniclers of the crusades identified the sick, and what meanings this implies. Two main categories, of sick crusaders and of the crusader sick, emerge. ‘Sick crusaders’ suggests those identified first and foremost as crusaders, but having temporarily assumed the condition of sickness; they are mostly named and the

acknowledgement is that *patiens* as meaning ‘patient’ is a thirteenth-century development: *DMLBS*, pp. 334–35; ‘Patient’, *OED Online* <www.oed.com> [accessed 25 January 2017].

¹² The *OED* records ‘patient’ as at one time meaning simply a sick person, not one undergoing medical treatment, but this is now an obsolete use.

context of their illness is given some attention. By contrast, the ‘crusader sick’ signifies a group distinct among the crusader host, bound together by their unifying infirmity: people whose own identity is subsumed by that of their condition.¹³ The fruits of this linguistic analysis will be used to analyse the position of the sick in the social structure of the crusade, revealing that the identifier ‘sick’ carries many more connotations than it at first appears.¹⁴ The basis of this investigation is a survey of the vocabulary the crusader chroniclers use to describe the sick. This vocabulary-based approach to discovering the identity of the sick is a new method in the study of chronicles, although it bears similarities to the statistical typologies created by historians studying medieval miracle cures of the medical conditions healed by saints, and the demographics of those who received such cures.¹⁵ However, applications of the social-statistical approach to miracle collections tend to focus either on the social position of the supplicant, or the nature of the condition being cured, rather than the suffering identity of the cure-seeker.¹⁶ The attempt here is rather to understand the

¹³ Note that to class a group of sick people together under a collective term such as ‘the sick’ assumes a uniformity which may not be the case. Their illness may be caused by various conditions, their capacity might be affected to different degrees, or their illness might be chronic or acute. For the historian to impose such uniformity would be flawed scholarship, but as we will see the imposition is that of the chroniclers.

¹⁴ For this investigation, which rests heavily on terminology, only Latin sources have been considered, in order to preserve the clarity of the results found. Consequently, much of the discussion is confined to the twelfth century, and the early years of the thirteenth. A similar study on the vernacular chronicle sources for the crusades would be of great complementary benefit.

¹⁵ This is an approach first developed by Ronald Finucane and Pierre-André Sigal, and *de rigueur* for historians of the miraculous ever since. Ronald C. Finucane, *Miracles and Pilgrims: Popular Beliefs in Medieval England* (London: Dent, 1977); Pierre-André Sigal, *L’homme et le miracle dans la France médiévale, XI^e–XII^e siècle* (Paris: Cerf, 1985). Unfortunately, neither study showed particular nuance in their discussion of the nature of illness.

¹⁶ On the former, Sharon Farmer, *Surviving Poverty in Medieval Paris: Gender, Ideology, and the Daily Lives of the Poor* (Ithaca, NY: Cornell University Press, 2002), pp. 11–38; Anne E. Bailey, ‘Wives, Mothers and Widows on Pilgrimage: Categories of “Woman” Recorded at English Healing Shrines in the High Middle Ages’, *Journal of Medieval History*, 39 (2013), 197–219. On the latter, Irina Metzler, *Disability in Medieval Europe: Thinking about Physical Impairment during the High Middle Ages, c. 1100–c. 1400* (London: Routledge, 2006), pp. 125–38.

contemporary identification of the sufferer and the condition of suffering through the vocabulary and modes of description chosen by the chronicler; to seek the ‘chronicler’s-eye view’ of the sick crusader. This interdisciplinary method is influenced by literary scholars who have studied medical topics through the perspective of language and vocabulary.¹⁷ Through following such an approach, we are better able to appreciate the contemporary cultural perception of the experience of illness, preparing the way for the studies of illness and space in the crusades which form the next three chapters.

2.1 Being Sick on Crusade: Sick Crusaders

Let us begin with a few simple examples where a chronicler describes a crusader becoming ill. Matthew Paris and Roger of Howden described Philip II Augustus as having become infirm (*infirmabatur*) in northern Italy on his way to the Holy Land in 1189; Roger also used *infirmabatur* to describe the condition of both Richard of Camville, Richard I’s governor of Cyprus, when he left the island for the siege of Acre in 1191, and John, bishop of Evreux, delayed at Pisa in 1190.¹⁸ Without entering into the argument about whether Stephen of Blois was really ill or merely feigning sickness at the siege of Antioch, Baldric of Bourgueil wrote that Stephen had become sick

¹⁷ Joseph Ziegler, *Medicine and Religion c. 1300: The Case of Arnau de Vilanova* (Oxford: Clarendon Press, 1998); Alaric Hall, *Elves in Anglo-Saxon England: Matters of Belief, Health, Gender and Identity*, Anglo-Saxon Studies, 8 (Woodbridge: Boydell, 2007); Jeremy Citrome, *The Surgeon in Medieval English Literature* (New York: Palgrave Macmillan, 2006). See also Turner, ‘Illness Narratives’.

¹⁸ Philip II Augustus: MP, *Chronica*, II, p. 363; RH, *Chronica*, III, p. 39; Richard of Camville: RH, *Chronica*, III, p. 116; RH, *Gesta*, II, p. 172; John, Bishop of Evreux: RH, *Chronica*, III, p. 40; RH, *Gesta*, II, p. 113. The chronicle of Raymond of Aguilers adds more instances of *infirmare*: he reports that Godfrey of Bouillon was greatly infirm, *maxime infirmabatur*, during the winter of 1097–98 at the siege of Antioch (p. 243; trans. Hill and Hill, p. 33); Raymond of Toulouse was infirm, *infirmare*, on a number of occasions (pp. 258, 259, 262; trans. Hill and Hill, p. 59, 61, 65); Adhemar of Le Puy died after he became infirm, *infirmabatur* (p. 258; trans. Hill and Hill, p. 59); and Adhemar’s priest, Bertrand, was infirm, *infirmatus est* because he refused to believe in the veracity of the Holy Lance (p. 282; Hill and Hill trans. 99).

(*aegrotaverat*), causing his retreat, and the *Historia Friderici imperatoris* recorded that a certain Siegfried, count of Moerl, was sick (*aegrotavit*) during the journey of Frederick Barbarossa's army through Greece, and returned home.¹⁹ It is very difficult, even when applying close reading to the crusader chronicles, to advance a definition for what *infirmare* and *aegrotare* mean in these contexts. Certainly, both words have very broad meanings, and there is no way to interpret from them exactly how the sick person ailed, and what symptoms their condition might have exhibited. It is not even possible to say, especially with *infirmare*, that there even was an illness or disease as we might understand it being suffered. *Infirmare* does not necessarily mean that the person was ill, but could mean only that the person had become incapacitated in some way: Odo of Deuil used *infirmare* to describe those experiencing hunger, which is not a 'disease' in the medical sense.²⁰ All we can say for certain is that those who are described as *infirmare* have in some way become unable to function, and, thus enfeebled, have assumed the role of 'sick crusader'. The meaning of *aegrotare* is rather clearer, related as it is to *aegritudo*, meaning illness, but still does not allow us to surmise how the person so described was ill. However, the defining characteristic of sickness as described by the crusader chronicles here seems to be incapacity, a theme which we will see recurs when the health of a crusader leader is discussed in the final chapter.

The act of becoming ill can also be described in such a way that the chronicler gives some sense of the experience of being sick. Sometimes synonyms which refer to the difficulty or physical strain of being ill are used: Raymond of Toulouse was 'labouring with infirmity' (*infirmiorem laborantem*), and 'weary with sickness' (*morbo*

¹⁹ Baldric of Bourgueil, p. 74; *HFI*, p. 98 (trans. Loud, p. 121).

²⁰ OD, p. 124.

fatigatus) at the siege of Antioch according to Albert of Aachen and Raymond of Aguilers.²¹ Since *laborare* and *fatigare* are broader in meaning than *infirmare* or *aegrotare*, i.e. they do not simply refer to sickness but can imply any kind of weakness or difficulty arising from various causes, we can find them used to describe a broader range of infirmities. Thus, for example, Raymond of Aguilers was able to describe Peter Bartholomew as ‘exhausted by weaknesses’ (*morbi defatigatus*) as a result of the injuries he sustained during his trial by ordeal in 1098.²²

We can gain a further insight into how the experience of illness was understood by contemporaries of the crusader sufferer by examining the grammatical constructions used by chroniclers to describe this. Chroniclers seem to have favoured verbal constructions, a practice which may have two possible implications. First, the use of verbs in this way adds pace to the storytelling and is part of the chronicler’s literary toolkit to compose an engaging narrative. Secondly, there may be echoes of the medieval conception of health as a continuum, always changing and in flux. Good health was seen as a perfect balance of the four humours, achieved through the precise management of the six non-naturals. But, since such perfect balance was rarely attained, most people existed somewhere in-between the opposing states of health and sickness, in a form of neutrality of either becoming ill, or recovering from illness.²³ Therefore, the process of becoming ill was understood as a state of being just as the experience of illness itself was, and the mode of writing about becoming ill in the crusader chronicles, using verbal constructions, may be a reflection of this.

²¹ AA, 4:48, p. 322; RA, p. 250 (trans. Hill and Hill, p. 45).

²² RA, p. 287 (trans. Hill and Hill, p. 108).

²³ This neutral state, suggested by Galen, and developed throughout the medieval period, is examined by Maaïke van der Lugt, ‘Neither Ill nor Healthy. The Intermediate State between Health and Disease in Medieval Medicine’, *Quaderni Storici* (2011), 13–45.

The subsequent state of ‘being’ ill can be signalled by the chroniclers’ use of adjectives to describe a sick person; thus Raymond of Toulouse was ‘the sick Raymond’ (*eger Raimundus*) according to Gilo of Paris when the count was too sick to fight at the battle for Antioch with Kerbogha at the end of June 1098.²⁴ Adhemar of Le Puy’s brother, whose name is lost to us, became ill on the journey to the Balkans in 1097 and ‘was left behind, infirm’ (*infirmum dimiserat*) by his brother at Durazzo according to Raymond of Aguilers.²⁵ A ‘sick knight’ (*miles eger*) miraculously managed to fight in a skirmish at Niš in modern-day Serbia as Frederick Barbarossa made his way through Byzantine territories in 1189, according to the *Historia Friderici imperatoris*, returning to his sickened state afterwards.²⁶ These adjectives can also be used with simple verbs to indicate that a person has become ill or indisposed. Raymond of Aguilers, who provides frequent updates on Raymond of Toulouse’s health during the First Crusade, writes that the count ‘had become ill’ (*aeger [...]* *fuera*) at the siege of Antioch, and later during the siege ‘was infirm’ (*infirmus esset*).²⁷ The *Itinerarium*, recording the apparently shameful departure of Ludwig III, landgrave of Thuringia, from the siege of Acre in 1190 due to illness, writes that Ludwig had ‘been made ill’ (*valetudinarius effectus*) while Gilo of Paris wrote that Gerald of Melun ‘was ill’ (*fuit eger*) at the battle for Antioch.²⁸ However, adjectival constructions are much less common than verbal constructions, showing a clear preference on the

²⁴ GP, bk. 7, l. 373.

²⁵ RA, p. 238 (trans. Hill and Hill, p. 24).

²⁶ HFI, p. 36 (trans. Loud, p. 67), and see section 1.2, above.

²⁷ RA, pp. 245, 262 (trans. Hill and Hill, pp. 36, 65).

²⁸ IP, 1:43, p. 94 (trans. Nicholson, p. 99); GP, bk. 7, l. 485.

chroniclers' part for a more active narrative which connotes an understanding of health as an ever-changing state.

When considering the more popular verbal constructions, we find that the verb used is not always obviously one of sickness or illness, or even physical strain. We can also find martial language being used to describe a sick person as having been 'seized', or 'overtaken', or 'taken prisoner' by illness in crusader chronicles. This seems fitting in the military context of the crusader expedition, even though such language is not always used in the immediate context of a military engagement. Thus Guy of Possesse was described by Albert of Aachen as 'seized by infirmity' (*infirmirate occupatus*) when he sickened and died on the march through Asia Minor in 1097; this is the same construction used to describe Stephen of Blois when he retreated from the siege of Antioch, and similar to that used when Gozelo (son of Cono, count of Montaigu) died after the siege of Artah in 1099, 'seized by a great languor' (*languore grauissimo occupatus*).²⁹ The participle *correptus* is very common in the sources, carrying with it a sense of violent invasion of the body by illness: Peter Tudebode reported that Bohemond was delayed for the muster at Antioch in October 1098 on account of being 'carried off by a serious infirmity' (*gravi infirmitate correptus*) while Conrad III of Germany was 'carried off by no slight infirmity' (*non modica infirmitate correptus*), accounting for his stay in Byzantium on his return to the West in 1150, according to Otto of Freising.³⁰ A similar sense of being taken captive by illness is conveyed by the

²⁹ AA, 2:29, p. 112; 4:13, pp. 266–68; 4:29, p. 186.

³⁰ Peter Tudebode, p. 118 (trans. Hill and Hill, p. 94); Otto of Freising, 1:64, p. 90 (trans. Mierow, p. 103). Other incidences of *correptus* include the death of Udelard of Wissant, 'carried off by infirmity' (*infirmirate correptus*) in the region of Marash (AA, 3:27, p. 182); the death of Mahometh, a hostage from the emir of Azaz, after the siege of Antioch, 'carried off by sickness' (*egritudine correptus* (AA, 5:32, p. 379)); and the death of Bodo of Massing on the march through Hungary in 1188, 'carried off by ill health' (*adversa correptus valitudine* (HFI, p. 70; trans. Loud, p. 95)).

use of *captus*: Adhemar of Le Puy ‘was taken by sickness’ (*aegritudine captus est*), leading to his death in 1098 after the siege of Antioch, according to the *Gesta Francorum*.³¹

More violence is found when the chroniclers use ‘struck’ (*percussus*), which is how Albert of Aachen described Adhemar’s succumbing to illness (‘the venerable prelate of Le Puy was the first to be struck by the deadly condition’, *mortifera primum uenerandus presul de Podio percussus*).³²

Martial metaphors for sickness, which can be reduced to ‘illness is war’, are somewhat controversial in modern discourse, although readily applied in conversation and writing to describe the experience of sickness and treatment. Susan Sontag attacked the military metaphor as particularly unhelpful to both sufferer and caregiver, claiming that ‘it overmobilizes, it overdescribes, and it powerfully contributes to the excommunicating and stigmatizing of the ill’.³³ Sontag was in fact hostile to the use of any form of metaphor to describe illness, saying in an oft-quoted remark from her pivotal *Illness as a Metaphor* (1978) that ‘the most truthful way of regarding illness – and the healthiest way of being ill – is one most purified of, most resistant to, metaphoric thinking’, although other scholars have concluded that we are unlikely to stop using metaphorical language to describe illness any time soon, and

³¹ GF, 10:30, p. 74. Peter Tudebode also used *captus* to describe Adhemar’s sickness, ‘he was taken by a grave sickness’ (*a gravi egrotatione captus fuit* (p. 116; trans. Hill and Hill, p. 93)), while for Robert the Monk, Adhemar ‘began to weaken’ (*cepit infirmari* (p. 81; trans. Sweetenham, p. 178)).

³² AA, 5:4, p. 342.

³³ Susan Sontag, ‘AIDS and Its Metaphors’, in *Illness as Metaphor & AIDS and Its Metaphors* (London: Penguin, 2002), pp. 89–180 (p. 180). The benefits and limitations of the ‘illness is war’ metaphor remains a topic of debate in contemporary medicine and healthcare, particularly in oncology: Gary M. Reisfield and George R. Wilson, ‘Use of Metaphor in the Discourse on Cancer’, *Journal of Clinical Oncology*, 22 (2004), 4024–27. More anecdotally, see Natasha M. Wiggins, ‘Stop Using Military Metaphors for Disease’, *BMJ*, 345 (2012) <<https://doi.org/10.1136/bmj.e4706>>; Margaret McCartney, ‘The Fight Is On: Military Metaphors for Cancer May Harm Patients’, *BMJ*, 349 (2014) <<https://doi.org/10.1136/bmj.g5155>>.

that what remains is to study how it is used.³⁴ In the context of this study it is those very connotations of metaphorical language, which Sontag describes as distracting and injurious, that make this investigation rich. Through analysing metaphor and euphemism we gain an insight into the mind of the contemporary author and also their audiences with respect to the conception of being sick, since metaphors only work when both writer and reader understand them: metaphors are both formed by and reflective of a shared conceptual framework.³⁵ The metaphor in medieval writing was, for Giles Constable, a ‘shifting mirror, as it were, to the inner and outer worlds of medieval men and women’; that is, reflective of both the mental and physical world.³⁶ In his study of the metaphors used to describe devotion, Constable admitted that he was only able to scratch the surface of the use of metaphor in medieval Latin writing on the topic, and while his article touched on the use of martial metaphors to describe spiritual battle or striving, it has not been possible to trace any work on the contemporary use of metaphors to describe the experience of illness or health in Latin writing.³⁷

³⁴ Susan Sontag, ‘Illness as Metaphor’, in *Illness as Metaphor*, pp. 1–87 (p. 3). Sontag’s comprehensive dismissal of all metaphors as a tool to discuss disease experience has been questioned: see particularly Jack Coulehan, ‘Metaphor and Medicine: Narrative in Clinical Practice’, *The Yale Journal of Biology and Medicine*, 76 (2003), 87–95; the critiques summarised in Barbara Clow, ‘Who’s Afraid of Susan Sontag? Or, the Myths and Metaphors of Cancer Reconsidered’, *Social History of Medicine*, 14 (2001), 293–312 (p. 310); and Marion Turner, ‘Medical Discourse in Premodern Europe’, *Journal of Medieval and Early Modern Studies*, 46 (2016), 1–5. Studies on the metaphors of illness include: Richard Gwyn, ‘“Captain of My Own Ship”: Metaphor and the Discourse of Chronic Illness’, in *Researching and Applying Metaphor*, ed. by Lynne Cameron and Graham Low (Cambridge: Cambridge University Press, 1999), pp. 203–20 (p. 204); Megan Vaughan, ‘Healing and Curing: Issues in the Social History and Anthropology of Medicine in Africa’, *Social History of Medicine*, 7 (1994), 283–95 (p. 285); Jessica Hughes, ‘Fragmentation as Metaphor in the Classical Healing Sanctuary’, *Social History of Medicine*, 21 (2008), 217–36 (p. 227); Deborah Lupton, *Medicine as Culture: Illness, Disease, and the Body*, 3rd edn (Los Angeles: SAGE, 2012), p. 58.

³⁵ On the importance of metaphor as reflective of, and instrumental in shaping, thought, see George Lakoff and Mark Johnson, *Metaphors We Live By* (Chicago: University of Chicago Press, 1980).

³⁶ Giles Constable, ‘Medieval Latin Metaphors’, *Viator*, 38 (2007), 1–20 (p. 19).

³⁷ Constable, pp. 5, 17–19. Medicine and metaphor can work both ways, as it were, and Constable notes instances where metaphors of medicine and the body are used to describe politics, spirituality

While both Sontag and Scott L. Montgomery date the widespread use of the military metaphor of ‘illness is war’ to the nineteenth century and the discovery of bacteria as agents of disease, it can be seen from the examples presented here that, as Montgomery acknowledges, the metaphor has a much longer history than that.³⁸ In the particularly military context of the chronicles of the crusades it resonates strongly, implying that crusader warfare is done on the battlefield of the body as well as the physical battlefield.³⁹ But as well as the ‘illness is war’ metaphor, we can also find evidence in the crusader chronicles that ‘illness is peace(ful)’, which can be seen when the crusader chroniclers refer to illness and death somewhat euphemistically. The *Itinerarium* records that Eraclius, patriarch of Jerusalem, had ‘taken to his bed’ (*clinicus decubuerat*) in the autumn of 1190, causing Baldwin of Canterbury to act on his behalf in taking spiritual care of the army.⁴⁰ Ralph of Caen wrote that Cono, count of Montaignu, had taken to his bed due to an undescribed but serious condition (*ualitudo grauis lecto affixerat*) and, with less circumspection but still with some delicacy, Robert the Monk wrote that the elderly (*senex*) Gerald of Melun had experienced a lengthy illness during the siege of Antioch in 1098, having ‘lain ill for a long time’ (*longo*

and devotion: Constable, pp. 7–8. On medical metaphors, particularly in spiritual writing, see Ziegler, *Medicine and Religion*; Citrome, *Surgeon*, chap. 1; rev. version of Jeremy Citrome, ‘Medicine as Metaphor in the Middle English *Cleanness*’, *The Chaucer Review*, 35 (2001), 260–80.

³⁸ Sontag, ‘Illness as Metaphor’, p. 67; Scott L. Montgomery, ‘Codes and Combat in Biomedical Discourse’, *Science as Culture*, 2 (1991), 341–90 (pp. 366–68). The military metaphor of illness has been described as static, or dead: that is, it has become so thoroughly disseminated that it has lost its original sense of ‘illness is war’ and is now understood simply as medical language: Montgomery, p. 345; summarised in Gwyn, pp. 207–08. Whether this was the case in the twelfth and thirteenth centuries would be a fascinating direction of investigation: when did ‘illness is war’ as a metaphor ‘die’?

³⁹ In historical studies of health and sickness, the military metaphor is taken to its extreme by Benedictow, who uses it to characterise the spread of the Black Death across Europe in Ole Jørgen Benedictow, *The Black Death, 1346–1353: The Complete History* (Woodbridge: Boydell, 2004). As a result, the disease assumes an agency which in actuality a disease cannot possess, and encourages the reader to see a directed ‘strategy’ which is rather misleading when studying the spread of a disease.

⁴⁰ *IP*, 1:61, p. 116 (trans. Nicholson, p. 118).

tempore aegrotus jacuerat).⁴¹ The image given here is of a more peaceful illness, and the identity of the people described is perhaps important. The chronicler may not have thought it appropriate to use martial language to describe the sickness of Eraclius, a churchman; indeed, when the *Itinerarium* describes Baldwin of Canterbury's own illness later in the siege, it is with similarly peaceful language. Despairing at the debauched and dissolute state of the army, Baldwin 'was taken by feeling a little stiffness, and, growing weak with fever, within a few days he happily fell asleep in the Lord'.⁴²

2.2 Being Sick on Crusade: The Crusader Sick

The chroniclers of the crusaders can therefore be seen to employ an extended vocabulary of sickness which, when analysed, reveals complexities relating to the identity of those suffering from illness. No uniform use of the terminology of sickness has been found, except in one respect. In all the cases so far discussed, the sick crusader in question, even if their name is not known to us, like the anonymous *miles eger* at Niš or the brother of Adhemar of Le Puy, retained a sense of identity and personhood: they were crusaders suffering from illness, but were not subsumed by their conditions. A slightly different picture emerges if we consider how groups of sick crusaders are referred to, and through this the position of the sick in the social structure of the crusades is revealed: their agency, their role in the dynamic of the crusade, and the way chroniclers perceived them. Crusading forces had a very diverse demographic composition, the result of the broad appeal of Urban II's call for the

⁴¹ Ralph of Caen, chap. 148, p. 42 (trans. Bachrach and Bachrach, p. 67); Robert the Monk, p. 77 (trans. Sweetenham, p. 172).

⁴² 'coepit aliquantulum rigorem persentiscere, aestuque febrili fatiscens infra dies paucos in Domino feliciter obdormivit': *IP*, 1:65, p. 124 (trans. Nicholson, p. 126).

First Crusade. The entourages of knights extended beyond military retinues to include craftsmen to maintain the knight's equipment (farriers and armourers, for example) as well as huntsmen to care for the hawks and dogs some crusaders are known to have taken with them.⁴³ Tyerman describes how the crusade did not attract only those from the upper orders of society together with their households of servants and soldiers, but also propertied *burgenses* and *rustici*, as well as any number of artisans, townsfolk, clerics, criminals, merchants, and 'common people'.⁴⁴ It was once thought that the demographic diversity of crusading expeditions declined with the increasing popularity of crusading by sea at the end of the twelfth and into the thirteenth century, crusading becoming instead the preserve of nobility and their personal forces due to the high cost of sea travel.⁴⁵ However, Benjamin Kedar's analysis of the passenger list of a ship carrying crusaders in 1250 has shown that this impression is fallacious: three quarters of the 453 passengers were neither knights nor belonged to knightly retinues: 42 were women, of whom 22 travelled alone, and 45 passengers travelled in small kin groups.⁴⁶ The most recent and nuanced work on the social structure of the crusades has been by Conor Kostick, whose investigation into what

⁴³ Jonathan Riley-Smith, *The First Crusaders, 1095–1131* (Cambridge: Cambridge University Press, 1997; repr. 2002), p. 87.

⁴⁴ Christopher J. Tyerman, 'Who Went on Crusades to the Holy Land?', in *The Horns of Hattin: Proceedings of the Second Conference of the Society for the Study of the Crusades and the Latin East, Jerusalem and Haifa, 2–6 July 1987*, ed. by Benjamin Z. Kedar (London: Variorum, 1992), pp. 13–26 (pp. 17–22). For Tyerman, not all those participating in the crusade were crusaders, in the sense that they may not have all been *crucesignati*, and he also emphasises the difficulties of distinguishing between crusader and pilgrim in the twelfth century at least (an issue which is discussed further in the context of marches in the next chapter). Tyerman, 'Who Went?', pp. 23, 14–15.

⁴⁵ Benjamin Z. Kedar, 'The Passenger List of a Crusader Ship, 1250: Toward the History of the Popular Element on the Seventh Crusade', *Studi Medievali*, 3rd ser., 13 (1972), 267–79 (pp. 271–72). In this Kedar, too, is confronted by the necessity of distinguishing between pilgrims and crusaders, since the passenger list describes them as *peregrini*; given that the voyagers clearly intended to join Louis IX in his crusade, Kedar allows the definition of 'crusader' to stand (pp. 268–69).

⁴⁶ Kedar, 'Passenger List', pp. 270–74.

classifications like *milites* or *pauperes* really meant to the chroniclers of the First Crusade has revealed distinct social groupings within the crusader ranks, and sometimes very real tensions between them.⁴⁷ Awareness of such distinctions, and of the diversity of crusading forces, will inform our reading as we seek to stratify the identity of the crusader sick in the social structure of crusading expeditions.

With this in mind, let us consider the varied ways chroniclers could describe the presence of the sick within the crusading host. When a chronicler wishes to show the widespread mortality caused by a particular episode of illness, they might list the various groups affected: thus Albert of Aachen tells us that ‘both those on horseback and those on foot, both nobles and non-nobles, monks and clerics, small and great, indeed those of the feminine sex’, as well as 1500 German crusaders who arrived later, died in the plague which followed the end of the siege of Antioch in 1098.⁴⁸ Violent and sometimes martial language, already seen to be used to describe the sickness of individuals, is frequently used in the description of groups of sick crusaders: Albert uses it here, saying that myriad crusaders were ‘devastated’ (*devastati*) by the ‘scourge of the mortality’ (*mortalitatis clade*).⁴⁹ Similarly, the *Historia Friderici imperatoris* describes those ‘both noble and poor, both old and young’ being ‘snatched indifferently’, using the aggressive *raperere* to describe the action of the illness.⁵⁰ In these two examples the choice of verb used seems to be influenced by the characteristics of

⁴⁷ Conor Kostick, *The Social Structure of the First Crusade* (Leiden: Brill, 2008). See also Conor Kostick, ‘The Terms *Milites*, *Equites* and *Equestres* in the Early Crusading Histories’, *Nottingham Medieval Studies*, 50 (2006), 1–21.

⁴⁸ ‘tam equites quam pedites, nobiles et ignobiles, monachi et clerici, parui et magni, quin sexus femineus’: AA, 5:4, p. 344; 5:23, pp. 364–66.

⁴⁹ AA, 5:23, p. 366.

⁵⁰ ‘tam nobiles quam pauperes, tam senes quam iuvenes indifferenter raperet’: *HFI*, p. 92 (trans. Loud, p. 117).

the groups described. Discussing groups dominated by non-combatants, both Albert and the *Historia Friderici imperatoris* chose terms which reflected the peril of ‘civilian’ victims of war. Carrying military overtones, *rapere* conveys strongly the sense of the injustice done to non-combatants in war; depending on context it can be translated as pillage, plunder or ravage, while Albert’s *devastere* also connotes the damage done to non-combatants and their land by war. Other examples reinforce the theme that the choice of verb used to describe the actions of sickness seems to be influenced by the characteristics of the group described. When Peter Tudebode describes a group of ill pilgrims, it is as ‘pilgrims who were languishing with excessive sickness’ (*peregrini qui erant languentes in nimia egrotatione*) with no violent overtones.⁵¹ Likewise Magnus of Reichersberg’s description of the unnamed sick bishops carried by their retainers across mountainous terrain describes their incapacitation due to ‘long-running bouts of sickness’ (*propter longas egritudinem*) without any implication of violence.⁵² But when the chroniclers describe military groups the picture is different. Oliver of Paderborn refers to sickness ‘invading’ many from the crusader army (*invasit multos de exercitu*).⁵³ A passage in Ralph of Coggeshall referring to sickness among Richard I’s men records that they were struck (*perculsi*) by sickness, while the *Historia Friderici imperatoris* says that illness killed or cut off (*interimeret*) the crusader army (*exercitus*), prompting the conclusion of the truce of 1192 which brought the Third Crusade to an end.⁵⁴

⁵¹ Peter Tudebode, p. 107 (trans. Hill and Hill, p. 83).

⁵² Magnus of Reichersberg, p. 516 (trans. Loud, p. 164).

⁵³ OP, chap. 20, p. 193 (trans. Gavigan, p. 72). Repeated almost verbatim in *Gesta crucigerorum Rhenanorum*, ed. by Reinhold Röhrich, in *Quinti belli sacri: Scriptores minores*, by Reinhold Röhrich, Publications de la Société de l’Orient latin: Série historique, 2 (Geneva: J. G. Fick, 1879), pp. 27–56 (p. 43).

⁵⁴ Ralph of Coggeshall, p. 51; *HFI*, p. 106 (trans. Loud, p. 127).

Now we encounter the major difference between the conceptualisation of the sick crusader and the crusader sick. While we have just examined cases where groups in the crusader host became ill, we will now consider cases where those who became sick were solely identified by their enfeebled condition. This can be detected strongly in the chroniclers' writing when the subject of the sentence is expressed through a plural noun signifying 'the sick'. On many occasions in the texts under consideration we find variants of *infirmi*, one of the most flexible words for sick and infirm, used in ways which collectivises the sick people thus described. Raymond of Aguilers mentioned the *infirmi* who lay helpless beside the Pool of Siloam during the siege of Jerusalem in 1099, while both Ralph of Coggeshall and the *Itinerarium* lament the fate of the *infirmi* who were killed by Saladin at Jaffa in 1192.⁵⁵ The *Itinerarium* also reported the massacre of the *infirmi* along with those carrying their pallets and cots (*portitores*) at Betenoble in 1192.⁵⁶ The *Historia Friderici imperatoris* describes how the 'weak and infirm' (*debiles et infirmi*) were strengthened by taking Holy Communion during Frederick Barbarossa's march through Serbia in 1190, and also mentions that the *infirmi* toiled with 'those who still looked healthy' (*qui videbantur adhuc sani*) during their arduous march through Seleucia.⁵⁷ Likewise, Oliver of Paderborn reported that *infirmi nostri* were carried by other members of the crusader host on the march from Capernaum to Acre in the early sorties of the Fifth Crusade in 1217, and the papal legate Pelagius organised the evacuation of the *infirmi* from Damietta in 1221.⁵⁸ In the

⁵⁵ RA, p. 294 (trans. Hill and Hill, p. 118); Ralph of Coggeshall, p. 42; *IP*, 6:13, p. 402 (trans. Nicholson, p. 350).

⁵⁶ *IP*, 4:34, p. 304 (trans. Nicholson, p. 279).

⁵⁷ *HFI*, pp. 84, 91 (trans. Loud, pp. 109, 115).

⁵⁸ *OP*, chap. 2, p. 165; chap. 74, p. 271 (trans. Gavigan, pp. 54, 127). See also n. 76, below.

situations Oliver describes, ‘the sick’ are clearly identified as a separate group, not as capable as the other crusaders and reliant on the goodwill of their fellows.

In this discussion one chronicler particularly stands out. Odo of Deuil, participant-author of the only extended narrative source to describe the Second Crusade, is unique because he consistently classifies the sick and incapacitated using collectivising terms, unlike the other chroniclers already discussed who use a combination of approaches. Odo uses *aegri* three times and *infirmi* once. In each of these cases he is describing the sick as a group being disadvantaged at Greek hands: forced to pay high prices for food in Constantinople; taken into the city of Tarsus after being deceived as to the provision of ships; and subsequently confined in a small and unclean place in Tarsus (where, however, the sick crusaders were given alms and support by their supposed Turkish enemies).⁵⁹ The dual implication is that the sick were victims of fortune, and that the maliciousness of the Greeks extended even to injuring such a vulnerable group.

Odo’s understanding of the social identity of the sick is complex. He seems more preoccupied with the issue of incapacitation, when some crusaders were seen to need special treatment from other crusaders. More than the *aegri* and *infirmi* he refers to the *debiles*, ‘weak’, as a group disadvantaged in some way, or requiring special treatment; *debiles* occurs seven times.⁶⁰ He records Count Bernard of Plötzkau giving extra assistance to the German *debiles* and *fessi* (‘weary’) during their passage from Constantinople to Nicaea; the *debiles* lagging behind the main army as the Germans

⁵⁹ OD, p. 132 (*aegri*), p. 136 (*infirmi*), p. 140 (*aegri*, twice).

⁶⁰ OD, p. 94 (three times), pp. 96, 110, 113 (twice).

approached Nicaea; and the *debiles* among those admitted to Tarsus by the Greeks.⁶¹

Debiles could describe the sick – it is a synonym for disabled and translated by Berry as such (‘after grouping his baggage and the disabled in the centre line, however, the king covered the van, the rear, and the flanks with armed men’) – but the meaning is much wider than this and can refer to any kind of infirmity or weakness.⁶² Perhaps the flexibility of the word appealed to Odo: by using it he could group together all those compromised by a range of circumstances (illness, poverty or physical weakness), but could also convey the sense that they were without force, which carries a heightened sense in the military context of the crusade. This is reinforced when Odo associates the *debiles* with the *inermes* (‘unarmed’), describing the weak and defenceless of the German contingent as a burden to their fellows.⁶³ *Debiles* may mean militarily weak (discussed at more length below) but, as we have seen, Odo does use it to mean sick, incapacitated, and disabled. The ambiguity of the term suggests an association between these various groups of people perceived to be vulnerable in the crusader host. Odo recurrently refers to groups needing assistance, and when doing so he uses plural nouns, which, as argued above, subsumes their identity into that of the group into which they are categorised.

Odo’s understanding of the nature of incapacity extends beyond *aegri*, *infirmi* and *debiles*, which is shown by the way he places certain nouns in apposition to each other. This is illustrated Figure 1, below. Nouns which Odo uses together in apposition or close proximity are linked to each other by lines. The number on the

⁶¹ OD, p. 94 (*debiles* and *fessi*), p. 96 (approaching Nicaea), p. 136 (at Tarsus).

⁶² OD, p. 111. The Latin reads: ‘rex autem, sarcinis suis et debilibus in medio congregatis, primus et ultimos et laera tegit armatis’ (OD, p. 110).

⁶³ OD, p. 94.

line represents the number of times Odo uses this grouping (so *aegri* is used with *sani* twice, but only once with *pauperes*).

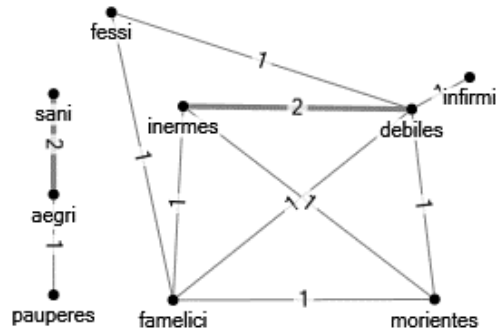


Figure 1: Collective terms used in apposition or close proximity by Odo of Deuil⁶⁴

What can be seen here is that Odo uses *debiles* as part of a network of related words used to describe groups of crusaders needing special assistance, hindering the crusade in some way, or as the especial victims of enemy action. Interestingly, *aegri* is isolated from the network containing *debiles* and *infirmi*, but is associated with the *pauperes*; it is also used in apposition with *sani*. Looking at the larger network as a semantic field, Odo seems to conceptualise the sick, the poor, and the generally weak as occupying a similar position in the makeup of the social structure of the crusade: they needed to be cared for or provided for, and they may not have been able to contribute militarily to the expedition.⁶⁵ Odo does not only convey this sense through pure semantics, but

⁶⁴ *Fessi* ('weary') is used twice, on pp. 94, 128; *inermes* ('unarmed') once, p. 94; *famelici* ('starving') twice, pp. 96, 104; *morientes* ('dying') once, p. 96; *sani* ('healthy') twice, pp. 132, 140. These words are also frequently used as adjectives, but it is Odo's use of collective nouns that is of most interest here.

⁶⁵ Note, however, that the position of non-combatants on crusade is ambiguous – when under duress even non-combatants would have fought.

also by describing situations where these concepts are related: recall that he grouped the *debiles* with the baggage as two units requiring protection in battle.⁶⁶

Odo also makes strong associations between physical incapacity and poverty. When describing how the German crusaders struggled from Constantinople to Nicaea, he describes how the ‘greater part of the army, strength exhausted and possessions lost’, returned to Constantinople.⁶⁷ He conveys a similar impression when he describes the crusaders in Tarsus as ‘a host of new paupers, afflicted with weariness, robbed of their money, and corrupted with sickness’ and when he bemoans the situation of the crusaders in Constantinople, ‘torpid with idleness and weariness, afflicted by troubles [*molestiis aegrotantes*], we had spent nearly all our money’; in the latter example, Odo’s use of the verbal participle *aegrotantes* as a metaphor for hardship adds to the semantic field of incapacity, rather than literally indicating the presence of sickness.⁶⁸

The rationale behind Odo’s evident preference for collectivising the sick and incapacitated becomes clear in a passage describing the journey of the German crusaders between Constantinople and Nicaea. In full, it reads:

When the Holy Father prohibited hawks and dogs and imposed a rule on the arms and clothes of knights, as he ordered wisely and practically, so those who did not concur with his command acted foolishly and unprofitably. But would that he had ordered those on foot [*pedites*] in the same

⁶⁶ OD, p. 110.

⁶⁷ ‘cuius pars maxima, viribus consumptis et rebus perditis’: OD, p. 97.

⁶⁸ ‘populus ergo ovorum pauperum affectus taedio, spoliatus argento, corruptus morbo’: OD, p. 136; ‘otioque torpentes taedio et molestiis aegrotantes, fere omnia nostra expendimus’: OD, p. 132. We should note that in the Middle Ages the term ‘pauper’ did not have the unhelpful connotations of the ‘undeserving poor’ that is modern English’s inheritance of nineteenth-century attitudes to poverty. In the central Middle Ages poverty became a state of religious observance, best typified in the foundation of the mendicant orders, a way of life that became increasingly influential. Odo’s use of *pauperes* is not necessarily intended to be complimentary, however.

way, and holding back the *debiles*, to the strong he had given the sword instead of the scrip and the bow instead of the staff, because the *debiles* and *inermes* are always a burden to them and a source of prey to their enemies.⁶⁹

Here Odo brings together those on foot, the weak, and the unarmed, not as objects of pity and charity, but as liabilities to the crusading host.⁷⁰ Clearly, Odo saw the sick as analogous to these other needy groups, and therefore occupying a distinct position in the social structure of the crusade. As mentioned above, crusading armies did not resemble contemporary military forces. The broad appeal of the crusading ideal, and the promise of salvation for all participants, attracted large numbers of non-combatants, including the *pedites*, *debiles*, and *inermes* that Odo of Deuil castigated for hindering the more military members of the host. Sickness could strike any medieval army, but it is suggested here that, in the crusading context, the sick – enfeebled and incapacitated by their condition – were associated by contemporaries with other sections of the crusader host who required assistance from their comrades and may have compromised the effectiveness of the expedition. Odo is certainly not the only chronicler who identifies the sick with other needy groups, be they unarmed, poor or pilgrims. Albert of Aachen brought together ‘debilitated as well as poor common people’ (*debiles ac pauperes uulgus*) and elsewhere ‘needy and feverish pilgrims’ (*mendici*

⁶⁹ ‘Dum papa sanctus accipitres et canes prohibuit armisque militum et vestibis modum imposuuit, sicut iussit sapienter et utiliter, sic qui eius imperio non consensit stulte et inutiliter. Se aequae utinam pedites instruxisset, retentisque debilibus, fortibus quisbusque pro pera gladium et pro baculo acum dedisset; quia semper debiles et inermes suis sunt onus hostibus praeda’: OD, p. 94. Whether Odo meant combatants, non-combatants or both by *pedites* is unclear, but Berry’s translation as ‘infantry’ on p. 95 would seem to be overstating the case, implying a militarised group of combatants.

⁷⁰ His censure of these social groups recalls his perjorative treatment of the majority of the crusader throng, the *turba vulgus* or *multitudo*. See Jason T. Roche, ‘Conrad III and the Second Crusade in the Byzantine Empire and Anatolia, 1147’ (unpublished PhD thesis, University of St Andrews, 2008), pp. 44–45; Conor Kostick, ‘Social Unrest and the Failure of Conrad III’s March through Anatolia, 1147’, *German History: The Journal of the German History Society*, 28 (2010), 125–42 (p. 132).

et febricitantes peregrini).⁷¹ Consider also Peter Tudebode's reference to 'pilgrims who were languishing with excessive sickness', mentioned above, which seems to imply a relation between the two states. Tudebode also emphasised how the ill, the sleeping, the naked, and the clergy were all especially vulnerable to ambush when describing the Battle of Civetot.⁷² The vulnerability of these groups in battle is stressed by Ralph of Coggeshall who, as mentioned above, described how the 'infirm and wounded' (*infirmi et vulnerati*) fell victim to Saladin at Jaffa.⁷³ Unconsciously echoing Odo's categorisation of the *pedites* as needy and vulnerable, the *Historia Friderici imperatoris* described how 'those on foot, by exertion as much as by hunger and sickness, driven to the depths of despair' were left behind at Philomelion at their own request and soon fell victim to Turkish attacks.⁷⁴ Furthermore, the *Historia Friderici imperatoris* associated the sick with the poor when describing how all struggled with the march across Asia Minor, as did William of Malmesbury when he wrote of Stephen of Blois's march across Thessaly.⁷⁵ This association is also visible in the excerpt drawn from the *Itinerarium* quoted at the beginning of this chapter, and in Oliver of Paderborn's reference to those who needed to be carried to Caphernaum.⁷⁶

⁷¹ AA, 5:42, p. 392; 3:54, p. 224.

⁷² Peter Tudebode, p. 36 (trans. Hill and Hill, p. 20).

⁷³ Ralph of Coggeshall, p. 42.

⁷⁴ 'peditum tam laboribus quam fame et aegritudine confecti et extremum spiritum trahentes': *HFI*, p. 79 (trans. Loud, p. 104). Like Odo, the *HFI* brings together the sick and the weak, *debiles et infirmi* on p. 84 (trans. Loud, p. 109); see also n. 57, above.

⁷⁵ *HFI*, p. 91 (trans. Loud, p. 115); 'many of the poor on that journey died from sickness and hunger' (*multi pauperum illa via morbo et inedia extincti*): William of Malmesbury, I, 4:454, p. 622. See also n. 57, above.

⁷⁶ OP, chap. 2, p. 165 (trans. Gavigan, p. 54). See also n. 58, above.

What results from the associations between different states of being made by the chroniclers is a conflation of multiple overlapping but not congruent identities.⁷⁷ The crusader sick, that amorphous, homogeneous, and depersonalised group identified and described in the section above, fit somewhere into a portion of the crusader host which was not composed of healthy, capable, active fighting combatants, but rather those who were in some way disadvantaged. The association between the sick and other needy groups does not mean that the sick were poor, or unarmed, or weak, or travelled on foot, and likewise that the poor were not necessarily sick or unarmed and so on. That being said, some of these states may have been dependent or related. It is something of a truism to acknowledge that living in poverty can cause sickness, and that being sick and incapacitated can lead to poverty, but recognising that fact ought not to lead us to the assumption that the two states can be conflated in every case.⁷⁸ Furthermore, there is a danger in assuming that any one of these categories was static and discrete as crusaders could slip between one and others depending on their particular circumstances: the evidence of the *Gesta Francorum* that knights became reduced to foot-soldiers with the loss of their horses due to poverty as they crossed Asia Minor is tantamount to this, since it indicates a change not just in their military function, but in their social identity.⁷⁹

⁷⁷ Consider also that Léan Ní Chléirigh notes an association between pilgrims and the unarmed: Léan Ní Chléirigh, 'Nova peregrinatio: The First Crusade as a Pilgrimage in Contemporary Latin Narratives', in *Writing the Early Crusades*, ed. Bull and Kempf, pp. 63–74 (p. 68).

⁷⁸ Alannah Tomkins, "Labouring on a Bed of Sickness": The Material and Rhetorical Deployment of Ill-Health in Male Pauper Letters', in *Poverty and Sickness in Modern Europe: Narratives of the Sick Poor, 1780–1938*, ed. by Andreas Gestrich, Elizabeth Hurren, and Steven King (London: Continuum, 2012), pp. 51–68 (pp. 51–52).

⁷⁹ GF, 4:10, p. 23.

The picture is further complicated if we start to consider some of the nuances of the other categorisations made by the chroniclers. Conor Kostick has demonstrated that in the chronicles of the First Crusade, and especially that of Raymond of Aguilers, *pauper* could signify defencelessness, as well describing those without possessions, and the former sense more closely correlates to the social standing of the crusader sick if we infer from the examples outlined above that the association between the sick, the unarmed, and the *debiles* hinges on their unifying incapacity.⁸⁰ *Debiles*, as well as meaning sick or disabled, can also mean militarily weak, while *inermes*, meaning unarmed, also indicates lack of military capacity, as does the inclusion of the *pedites* into the semantic field described above. However, while Kostick has shown that we should not be too quick to read implications of disempowerment into mentions of the crusader *pauperes* – who were in fact a highly active and influential section of the host – it does seem clear from the semantic field of sickness described here that the chroniclers’ identification of the crusader sick (as opposed to sick crusaders) is that they were essentially incapacitated, distinct from, and reliant on other crusaders, and in some cases a burden to them.⁸¹ Nevertheless, while incapacity may be the defining characteristic of the crusader sick, for the most part they were tolerated within the crusading host. Indeed, on several occasions the needs of the sick have a narrative function, providing a crusader leader with a chance to prove their worth. In the excerpt used at the very beginning of the chapter, Richard I’s generosity and mercy to the poor, providing transport for them and saving many

⁸⁰ Kostick, *First Crusade*, pp. 31–32; following Karl Leyser, ‘Money and Supplies on the First Crusade’, in *Communications and Power in Medieval Europe: The Gregorian Revolution and Beyond*, ed. by Timothy Reuter (London: Hambledon Press, 1994), pp. 77–95 (p. 82 n. 26).

⁸¹ Kostick, *First Crusade*, pp. 156–57.

lives in the process, is a prism for his regal goodness and quality as a crusader leader; the sick apparently ran to his standard on the battlefield for refuge and ‘to be cared for’ (*infirmi curandi*).⁸² Likewise showing his quality as a leader with responsibility for the care of the health of others, Frederick Barbarossa had carts specially made to carry the sick, ‘so that the destitute crowd of languishing people should not perish on the way’ (*vel languentium turba obiter destituta periret*).⁸³

The descriptions of these incidents draw the focus of the chronicler, and thus the reader, onto the patron, and cast the sick as essentially passive recipients of care. Nevertheless, through them we gain a glimpse of the lived experience of sick crusaders which contributes to the emerging picture of their social position. Indeed, while we may have established above that both the concept and word ‘patient’ are anachronistic in the context of this study, that does not mean that crusaders who became ill did not receive care, and it is illuminating to consider what care they may have received, and from whom, since in doing so we gain a deeper understanding of the sufferer’s perspective of, and position in, crusading society.

2.3 Crusader ‘Patients’: The Sick as Recipients of Care and Crusaders as Carers

As background to this section, it is worth sketching the complicated situation of medical practice in the twelfth and thirteenth centuries. Some scholars perceive an informal professional hierarchy taking shape in western Europe from the late thirteenth century, composed of university-trained, Latinate, and regulated *medici* at

⁸² *IP* 4:10, p. 250 (trans. Nicholson, p. 237).

⁸³ *IP*, 1:19, p. 43 (trans. Nicholson, p. 55). Once again, we see the leadership of a crusader king exemplified through the sickness of others; note that the effect on his leadership is different when it is the king himself who is ill, as shown in section 6.3, below.

the apex, followed by trained surgeons, then barber-surgeons and miscellaneous others, including apothecaries and female healers, at the bottom.⁸⁴ This model has influenced studies on crusader medicine: Mitchell defines the levels of ‘competence’ implied by the various terminologies used to describe medical practitioners, such as *medici*, *physici*, and *cirurgicus*.⁸⁵ Although Mitchell was able to survey a number of individuals fitting these categories who travelled to the Holy Land during the period of the crusades, based largely on documentary sources, the evidence in the chronicle sources is much sparser, and somewhat problematic.⁸⁶ Albert of Aachen wrote that doctors (*medici*) were summoned to treat Godfrey of Bouillon when he was injured during a fight with a bear in Asia Minor, and Robert the Monk wrote that those wounded in the Battle of Dorylaeum were treated by doctors (*medici*), but both these authors were non-participants and we cannot know whether they were reporting oral testimonies that doctors were present at these points, or whether the authors simply expected that there were, or should have been.⁸⁷ Jean of Joinville reports that ‘many surgeons and physicians from the army’ attended to the knight Walter of Autrèches, wounded in battle in 1249, by bleeding him in both arms.⁸⁸ Joinville also mentions that barbers (*barbiers*) attended to those who had contracted the *maladie de l’ost*, but when Joinville himself was taken by the sickness it was his priest that he sought, to hear Mass; he does not say that he received treatment from a ‘medical’ practitioner.⁸⁹

⁸⁴ Siraisi, *Medieval & Early Renaissance Medicine*, pp. 19–20; Nutton, ‘Medieval Western Europe’, pp. 164–68.

⁸⁵ Mitchell, *Medicine*, pp. 11–13.

⁸⁶ Mitchell, *Medicine*, pp. 17–40.

⁸⁷ AA, 3:5, p. 144; Robert the Monk, p. 28 (trans. Sweetenham, p. 112). A similar point is made by Edgington, ‘Medical Knowledge’, p. 321.

⁸⁸ ‘pluseurs des cyrugiens et des phisiciens de l’ost’: JJ, sec. 175 (trans. Smith, p. 188).

⁸⁹ JJ, sec. 303, 299–300 (trans. Smith, pp. 220, 148).

There is a class issue here. It was the upper echelons of society who were able to employ a physician to tend to them and their household – that is the status of many of those surveyed by Mitchell, such as Ralph Besace, *physicus* to Richard I – and so Joinville’s eyewitness testimony to the presence of doctors is likely the result of his own noble status: being of the upper classes he was more likely to observe the practice of those doctors in the employ of the nobility.⁹⁰ Furthermore, it should be noted that such references are far outnumbered by the hundreds of mentions in the narrative sources of the experiences of sick crusaders, suggesting that most chroniclers were more interested in the fate of the sick than of those who tended to them.

Apart from the balance of evidence in the chronicles, there are other difficulties in assuming that the model of a professional medical hierarchy applies to the twelfth and thirteenth centuries, and to the particular situation of the crusades. There were university-educated *medici* in Europe from the mid-twelfth century, but these represented only one tiny facet of the range of people practising medicine and healing, and licensing was unusual.⁹¹ Furthermore, even if *medici* were present on crusade, probably in the patronage of a particular lord, their medical practice may not have extended much beyond care of their patron and his immediate circle. The social divisions of medicine implied by the ‘professional pyramid’ model were also more complicated in the crusader period than the model suggests. Faye Getz’s supplement

⁹⁰ The same goes in the case of the doctors observed by Oliver of Paderborn, discussed in section 5.2, below. On Ralph Besace, MP, *Chronica*, v, p. 221; *Historia*, II, p. 37; Mitchell, *Medicine*, p. 23; Charles Hugh Talbot and Eugene Ashby Hammond, *The Medical Practitioners in Medieval England: A Biographical Register*, Publications of the Wellcome Historical Medical Library, n.s., 8 (London: Wellcome Historical Medical Library, 1965), p. 263.

⁹¹ There were few institutions where *medici* could be trained in the period under study, and the number of *medici* was certainly insufficient to serve the entire population. The predominant centres of learned medicine in this period were Salerno and Paris, although Salerno was in decline by the twelfth century. Montpellier and Bologna became important centres of medicine in the thirteenth century.

to the register of medical practitioners in England prepared by C. H. Talbot and E. A. Hammond, which spans the period of the crusades, lists medical practitioners from every level of society, from serf to bishop, showing that the criteria to be considered a healer by one's contemporaries was not one's qualifications, but the actual practice of healing by the person in question.⁹² Indeed, the model of the 'medical marketplace', originating in studies of early modern health, encourages the historian to see the population of medical practitioners in a given place and time as a 'pluralistic diversity'.⁹³ While critics caution that following this approach can imply that the medical landscape was overly flat when social divisions did exist amongst medical practitioners in the past, the concept is a useful corrective to the rigidly hierarchical model of the professional pyramid.⁹⁴

Rather than a hierarchical model of medical care, recent studies in late medieval and early modern health have suggested a pluralistic approach which extends beyond traditional categories of care and healing to encompass, as Monica Green put it, the 'techniques, beliefs, and practices focused on intervening in the functioning of the body (including, but not limited to, the alleviation of pain)'.⁹⁵ First developed by Monserrat Cabré, this approach was coined the 'technology of the body'

⁹² Faye Getz, 'Medical Practitioners in Medieval England', *Social History of Medicine*, 3 (1990), 245–83; Talbot and Hammond. See Getz, p. 280 for the intriguing reference to 'William Medicus', serf.

⁹³ Mark R. S. Jenner and Patrick Wallis, 'The Medical Marketplace', in *Medicine and the Market in England and its Colonies, c. 1450–c. 1850*, ed. by Mark R. S. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007), pp. 1–23 (p. 4). It should be noted, however, that the term 'medical marketplace' can denote much more than this 'pluralistic diversity', and that Jenner and Wallis object to it being invoked purely to imply the inclusion of 'non-professional' medics in a historical study: Jenner and Wallis, p. 7.

⁹⁴ David Harley, "'Bred up in the Study of that Faculty": Licensed Physicians in North-West England, 1660–1760', *Medical History*, 38 (1994), 398–420 (p. 398); Jenner and Wallis, p. 4.

⁹⁵ Monica H. Green, 'Bodies, Gender, Health, Disease: Recent Work on Medieval Women's Medicine', *Studies in Medieval and Renaissance History*, 3rd ser., 2 (2004), 1–46 (p. 3).

by Green, a nomenclature later accepted by Cabré herself.⁹⁶ Concurrently, Mary Fissell and Kathleen Brown devised the term ‘bodywork’ to describe these ‘cleaning, healing and caring labors’ (the quotation is Brown’s), while Sandra Cavallo’s study of those who might be counted as practitioners in this expanded view of healthcare referred to ‘artisans of the body’.⁹⁷ These inconsistencies of terminology need resolving if the approach is to be used to its full potential, but aside from that there is good reason why historians of medieval medicine should adopt this perspective. Through the conceptualisation of care of the body in a much wider frame than simply the overtly ‘medical’ (that is, surgical and pharmaceutical interventions) study of the ‘techniques of the body’ is much closer to medieval conceptions of the body and health management in the form of the non-naturals, for which medieval people would not only have sought out *medici* for medical treatment, but also cooks to prepare healthful meals, body servants to attend to bathing or the washing of clothes, partners for sexual intercourse, clergy to provide spiritual succour, and companions with whom to share emotional experiences; the range of treatments and possible practitioners is seemingly endless.

To consider how such roles may have related to the care of the body and maintenance of health on crusade, let us consider the case of the laundress.

⁹⁶ Montserrat Cabré, ‘From a Master to a Laywoman: A Feminine Manual of Self-Help’, *Dynamis*, 20 (2000), 371–93; Monica H. Green, ‘Recent Work’, pp. 3–6, 12–17; Montserrat Cabré, ‘Women or Healers?: Household Practices and the Categories of Health Care in Late Medieval Iberia’, *Bulletin of the History of Medicine*, 82 (2008), 18–51 (p. 37).

⁹⁷ Mary E. Fissell, ‘Introduction: Women, Health, and Healing in Early Modern Europe’, *Bulletin of the History of Medicine*, 82 (2008), 1–17 (pp. 10–11); Kathleen M. Brown, *Foul Bodies: Cleanliness in Early America* (New Haven: Yale University Press, 2009), p. 5, and n. 6 (p. 370); Sandra Cavallo, *Artisans of the Body in Early Modern Italy: Identities, Families and Masculinities* (Manchester: Manchester University Press, 2007). See also David Gentilcore, *Medical Charlatanism in Early Modern Italy* (Oxford: Oxford University Press, 2006); and Margaret Pelling, *The Common Lot: Sicknes, Medical Occupations and the Urban Poor in Early Modern England* (London: Longman, 1998) for investigations of this expanded and pluralistic view of medical practice.

Cleanliness was understood in the Middle Ages as a factor for good health, and so the laundering of clothes was extremely important. But those employed to handle the dirty linen of others could attract a reputation as being contaminated by the miasma clinging to the clothes, and therefore be seen as vectors for the transmission of disease (fears which were particularly strong after the Black Death).⁹⁸ Moreover, laundresses were often reputed to be sexually permissive, considered akin to prostitutes, thanks to the freedom with which they moved between different houses and establishments and to the spatial congruence of wash-houses and brothels at the margins of urban settlements.⁹⁹ However, while the association with prostitutes may have carried negative moral overtones, the fact remains that sexual intercourse was a necessary factor of the management of the non-naturals, and so both laundresses and prostitutes may be considered technicians of the body.

We find the tensions implicit in the role of the laundress – of questionable morality but necessary for the proper care of the body – in the crusader chronicles; Ambroise and the *Itinerarium* both record that laundrywomen were permitted to accompany Richard I's army as it left Acre following the capture of the city in 1191. The army host had fallen into dissolute living following their victory, 'frequenting women and wine' (*mulieres igitur frequentantes et vina*), and Richard's decision to move the host on was as much a decision to save the crusaders from their immoderate ways as one made for strategic reasons.¹⁰⁰ All women, except the washerwomen, were left

⁹⁸ Carole Rawcliffe, 'A Marginal Occupation? The Medieval Laundress and Her Work', *Gender & History*, 21 (2009), 147–69 (pp. 155–56); Rawcliffe, *Urban Bodies*, p. 113 n. 290.

⁹⁹ Rawcliffe, 'Laundress', pp. 157–58; Ruth Mazo Karras, *Common Women: Prostitution and Sexuality in Medieval England* (Oxford: Oxford University Press, 1996), pp. 54–55. See also Katherine W. Rinne, 'The Landscape of Laundry in Late Cinquecento Rome', *Studies in the Decorative Arts*, 9 (2001–02), 34–60.

¹⁰⁰ *IP*, 4:9, p. 248 (trans. Nicholson, p. 235).

behind. Not only were their laundry skills essential to the army, but Ambroise recorded that they were quite adept at picking the lice off other crusaders, an extension of their role as guardians of health and cleanliness.¹⁰¹ However, it is significant that Ambroise also notes that those laundresses allowed to accompany the crusaders were ‘virtuous elderly women pilgrims’ (*bones villes erreres / Les pelerines lavanderes*).¹⁰² Evidently crusader laundresses were not entirely free of the negative associations of sexual impropriety and unruly behaviour which were attached to their later medieval counterparts.

Since the intention of this study is to explore the lived experience of sick crusaders in the treatment they sought and received, we will here consider the ‘technology of the body’, or ‘bodywork’, as not simply a way to study healing but also the experience of being healed; our focus remains the incapacitated crusaders themselves. Indeed, we are in fact misguided if we look primarily for an occupational identity or carer or practitioner in the caregivers used by sick crusaders, since the primary identity of anybody who took the cross was that of crusader.¹⁰³ We can assume that those recorded in crusader chronicles as providing care had not joined the crusade in order to provide care of the body, or practice any medical skill they may have had, but to be a crusader; their medical practice is therefore somewhat anonymised and shadowed in the chronicles.¹⁰⁴ It is thus that in most cases we can

¹⁰¹ Ambroise, *Estoire*, ll. 5688–92 (II, p. 110).

¹⁰² Ambroise, *Estoire*, ll. 5688–89 (II, p. 110).

¹⁰³ On this point, it is therefore unhelpful to disregard practitioners who had joined the crusade as a pilgrim, as Mitchell does (*Medicine*, p. 11), since even if the practice of medicine was not their expressed motivation for taking the cross, this does not mean that they would not have practiced during the expedition – just that we cannot identify them easily.

¹⁰⁴ The exception being the case of *medici* who crusaded in the retinue of a particular patron, mentioned above.

only wonder from whom incapacitated crusaders sought care, and what form that care took. The very pluralism which the 'bodywork' approach suggests is demonstrated by Oliver of Paderborn in a description of the care of combatants during a battle during the siege of Damietta on Palm Sunday 1219:

The women fearlessly brought water and stones, wine and bread to the fighters; the priests pressed on with prayer, binding and blessing the wounds of the injured.¹⁰⁵

Here, the injured and weary combatants receive a mixture of physical and spiritual care. By bringing stones, presumably to be used as missiles, the women do not assist in the fighting themselves, but support the fighting ability of the combatant's bodies. The water, wine, and bread brought by the women offer bodily sustenance to the fighters, but the spiritual connotations of those foodstuffs, those consecrated in the Eucharist, can hardly be overlooked. In the care offered by the priests the overlap between spiritual and physical care is even more obvious, in the way the fighter's wounds are both tended and blessed by the ministering clergy. Significantly, despite the fact that here the fighting crusaders receive care from the women and the priests, Oliver describes neither group as medical practitioners, offering further proof, were it needed, that in taking the approach of the 'technologies of the body' we find many more examples of medical care than if we look for purely 'medical' practitioners.

Crusaders who needed care may have sought it from anyone in the crusader host. Self-care would also have been important. Albert of Aachen recorded that 'needy and feverish pilgrims' (*mendici et febricitantes peregrini*) stopped to bathe 'for the cure of

¹⁰⁵ 'Mulieres aquam et lapides, vinum et panes bellatoribus intrepide ministrabant, orationi sacerdotes insistebant, vulnera sauciatorum ligantes ac benedicentes': OP, chap. 25, p. 206 (trans. Gavigan, p. 78).

the feeble body' (*ad curandum debile corpus*) near Philomelion in 1097.¹⁰⁶ Evidence from contemporary romances suggests that amongst the knightly classes it may not have been unusual for combatants to care for one another when they became wounded. Hannah Priest has shown that Gawain's medical skill in Chrétien de Troyes *Le Conte du Graal* adds to his reputation as an exemplary knight, and that caring for each other's wounds is seen to be a homosocial bonding experience in *Erec et Enide*.¹⁰⁷ Wolfram von Eschenbach's *Parzival* describes Gawain actually performing a surgical procedure on a dying knight who has been injured in the chest, thus saving his life.¹⁰⁸ We might wonder from these episodes firstly whether here the romance tradition may be reflecting the lived reality of twelfth- and thirteenth-century knights, and secondly whether the fighting classes also would have had some experience at caring for each other in sickness, as well as after wounding.¹⁰⁹ The surgeon Guy de Chauliac, writing in the fourteenth century, was scornful of the medicine practiced by 'men at arms or Teutonic Knights and others following war', which implies that such practice did take place.¹¹⁰ However, in the crusader context this must remain as speculation, since if any combatant crusader received care from another combatant, it has not been recorded as such in the crusader chronicles.

¹⁰⁶ AA, 3:54, p. 224. On bathing for health, see the discussion in section 4.2.1, below.

¹⁰⁷ Hannah Priest, 'Christ's Wounds and the Birth of Romance', in *Wounds in the Middle Ages*, ed. by Anne Kirkham and Cordelia Warr (Aldershot: Ashgate, 2014), pp. 131–50 (pp. 134–38).

¹⁰⁸ Discussed in Jolyon T. Hughes, 'Battlefield Medicine in Wolfram's *Parzival*', *Journal of Medieval Military History*, 8 (2010), 118–30.

¹⁰⁹ Hughes is cautiously confident that we can assume these episodes are reflective of reality and, moreover, of Wolfram's own medical knowledge as a member of the fighting classes: Jolyon T. Hughes, p. 129.

¹¹⁰ Guy of Chauliac, 'Is Surgery a Science? (3): Guy of Chauliac's History of Surgery', trans. by Faith Wallis, in *Medieval Medicine: A Reader*, ed. by Faith Wallis (Toronto: University of Toronto Press, 2010), pp. 296–300 (p. 299).

Guy de Chauliac's castigation of Teutonic Knights prompts us to consider the role of the military monastic orders in the care of sick crusaders. The Hospitaller Order, founded in the early twelfth century to provide bodily care to pilgrims, can be mostly discounted from this investigation, since their practice was embedded in the infrastructure of the Hospital in Jerusalem and they were therefore not in a position to offer care to crusaders crossing Asia Minor, or in port awaiting departure, for example. The same is true of two other orders founded late in the thirteenth century which also fulfilled a nursing function: the aforementioned Order of the Teutons, and the Order of St Thomas of Acre. Both grew out of ad hoc foundations at the siege of Acre. These are discussed more fully in chapter 5 since, as will be seen, their origins are the result of the specific conditions of that engagement and can therefore be analysed more cogently in context, but one key point ought to be mentioned here. Note that during the siege itself these foundations did not constitute nursing orders with specialist personnel, but were instead small communities of crusaders who joined together to provide care to their fellows. There may have been any number of such small-scale arrangements, knowledge of which is lost to us because orders were not later founded from these activities. However, that these two, at least, existed is evidence that care for sick crusaders could be found within the crusading host from individuals who were not identified as 'medics'.

Another section of the crusading host where medical care might be found was amongst female crusaders. The roles of women in crusading expeditions have attracted increasing attention in the last decade, most focusing on unpacking the reputation of female crusaders as prostitutes.¹¹¹ Maier characterised the role of female

¹¹¹ James A. Brundage, 'Prostitution, Miscegenation and Sexual Purity in the First Crusade', in *Crusade and Settlement. Papers Read at the First Conference of the Society for the Study of the Crusades and the Latin*

crusaders thus: in times of extreme need, women may have taken part in fighting, but more usually the part of women in the crusader host was in providing auxiliary support, and they were usually categorised as washerwomen, cooks, or prostitutes.¹¹² These roles all carry connotations of health and wellbeing as ‘artisans’ or ‘technicians of the body’. However, some caveats must be observed about the role of crusading women as practitioners. Firstly, we should not implicitly assume that the presence of women in a given situation indicated that they were giving medical care. Women certainly did practice medicine, and as Monica Green has shown, their practice extended beyond midwifery or the care of other women.¹¹³ However, not every woman would have had medical experience, and the lack of evidence in the chronicle tradition for care by women may be a reflection of this point. Moreover, when medieval women did practice medicine and healing it was usually within the confines of household and family, and so, just as we cannot assume that *medici* practiced widely among the crusader host, likewise it is possible that women with skill in healing or caring did not practise throughout the army.¹¹⁴ It is also significant that many

East and Presented to R. C. Smail, ed. by Peter W. Edbury (Cardiff: University College Cardiff Press, 1985), pp. 57–65; Natasha Hodgson, ‘Nobility, Women and Historical Narratives of the Crusades and the Latin East’, *Al-Masāq*, 17 (2005), 61–85; *Gendering the Crusades*, ed. by Susan B. Edgington and Sarah Lambert (Cardiff: University of Wales Press, 2001); Christoph T. Maier, ‘The Roles of Women in the Crusade Movement: A Survey’, *Journal of Medieval History*, 36 (2004), 61–82; Alan V. Murray, ‘Sex, Death and the Problem of Single Women in the Armies of the First Crusade’, in *Shipping, Trade and Crusade in the Medieval Mediterranean: Studies in Honour of John Pryor*, ed. by Ruthy Gertwagen and Elizabeth Jeffreys (Farnham: Ashgate, 2012), pp. 255–70; Helen J. Nicholson, ‘Women on the Third Crusade’, *Journal of Medieval History*, 23 (1997), 335–49; James M. Powell, ‘The Role of Women in the Fifth Crusade’, in *The Crusades, the Kingdom of Sicily, and the Mediterranean*, Variorum Collected Studies Series, 871 (Aldershot: Ashgate, 2007), essay IV (first publ. in *The Horns of Hattin*, ed. Kedar, pp. 294–301).

¹¹² Maier, pp. 69–70.

¹¹³ Monica H. Green, ‘Women’s Medical Practice and Health Care in Medieval Europe’, in *Women’s Healthcare in the Medieval West: Texts and Contexts*, Variorum Collected Studies, 680 (Aldershot: Ashgate, 2000), essay I (first publ. in *Sisters and Workers in the Middle Ages*, ed. by Judith Bennett and others (Chicago: University of Chicago Press, 1989) pp. 39–78), (pp. 43–51).

¹¹⁴ On the essentially domestic nature of most women’s medical practice, see Monica H. Green, ‘Women’s Medical Practice’, p. 439 n. 10.

contemporary onlookers characterised women as burdensome to the army.¹¹⁵ Such an attitude, on the one hand, hardly suggests that women were perceived as comprising an important medical community within the crusader host. On the other hand, it could be that chroniclers took the medical practice of women for granted and so simply did not record it. This may be a result of the inherent tendency of the crusader authors to ignore the contribution of women, preferring to characterise crusading as a male activity.¹¹⁶ Consider also Alan V. Murray's observation that the most likely explanation for the presence of the evidently substantial contingent of unmarried women on the First Crusade was that they were domestic servants.¹¹⁷ Could nursing the sick and injured simply have been understood as an extension of their domestic role? We might infer this from what is known about the practice of women in other times and places, but we should remain mindful that this is not the general characterisation of the role of women on crusading expeditions found in the contemporary chronicles.

2.4 Conclusions

It must be acknowledged that the references to medical treatment in the crusader chronicles are scarce. This may be because crusaders were more likely to seek and receive medical care from other crusaders, rather than someone marked out by their occupational identity as a medic; such incidents may have been more likely to go unnoticed by chroniclers. However, it may also signify that the chroniclers themselves were much more interested in the experience of the sick person, the sufferer, rather

¹¹⁵ Hodgson, 'Women', pp. 61–62.

¹¹⁶ Maier, p. 67.

¹¹⁷ Alan V. Murray, 'Single Women', p. 257.

than the practitioner or carer. These sufferers are, likewise, the primary focus of this investigation, and in response to Roy Porter's 'The Patient's View' this chapter has explored a number of methodological and conceptual ways of studying the sick crusader through the lens of contemporary chronicles. A linguistic approach has shown that the chroniclers used a wide-ranging vocabulary to describe the experience of sickness, conveying violence or peacefulness as they desired. Concentrating on vocabulary and terminology has also shown how the sick could be collectivised as a group, wherein the communal identity suppressed any individuality. In this way, 'the sick' assumed a social identity within the crusader host based on their fundamental incapacity and passivity. Understanding how chroniclers of the crusades conceptualised the role and social position of the sick is crucial to using these texts to access the experience of sick and suffering crusaders during their campaigns to the eastern Mediterranean. We must remain mindful that in the chronicles we do not have the unmediated voice of the sick themselves, but we can nevertheless appreciate that in these texts we are provided with a rich literary record of an epoch-defining movement, and the material to uncover, even if only partially, the experience of sickness therein. With this part of the investigation complete, we will now change our focus to examine the experience and narration of sickness among the crusader host in three different geographical and military contexts. The first is that of the march.

Chapter 3: Marches: The Journey Overland

3.1 Introduction

The present chapter is the first of three targeted studies to build on the previous discussion of the identity of sick crusaders and the crusader sick by examining in detail the health issues of a particular military context: the march, or, rather, the journey overland. Chronologically the focus is on the twelfth century, because after 1189 no major expedition chose to travel to the theatre of combat overland.¹ First, we will survey previous scholarly approaches to the crusader march, which have taken a logistical perspective and focused on the speed of travel, routes, and food provisioning. The issue of provisioning, which underpins modern logistical studies, will be addressed from the ‘chronicler’s-eye view’ to see how far this preoccupation corresponds with medieval interpretations of food supply and the health implications thus entailed. We will then turn to a new way of viewing the crusader journey overland, in terms of ecology and environment. Through plotting these journeys, and the health problems encountered during them, we will see that the effect of the environment was of central importance to the experience of health while travelling in the twelfth century.

Defining what we mean by a march is somewhat problematic. The word is used to describe the movement of an army overland, like the journeys across Anatolia undertaken by successive waves of crusaders throughout the twelfth century. Such journeys could be undertaken in pursuit of, or flight from, the enemy: consider

¹ John Pryor has successfully challenged the traditionally-perceived hegemony of land-based crusading in the twelfth century, a point investigated further in the next chapter.

the march from Jerusalem to Ascalon in 1099 (when the First Crusaders sought battle with the Fatimids to secure their conquest of the city of Jerusalem), or Conrad III of Germany's retreat across Anatolia following the defeat of his force in battle at Dorylaion in 1147. However, the word 'march' suggests military connotations: a trained army following orders to move from one point to another in defined units.² Indeed, a march can be a military engagement: the crusader 'fighting march', to use the phrase coined by R. C. Smail and re-examined by Matthew Bennett and Georgios Theotokis, defines manoeuvres when crusaders, moving from one position to another, did so in disciplined formations which were resistant to attack, seen at the Battle of Ascalon (1099), after the crossing of Mount Cadmus in 1148, and the Battle of Arsuf (1192).³ However, despite these martial aspects, marches do not easily fit into a military categorisation, although they could be carried out with specific strategic objectives in mind. If a march is essentially the movement between engagements it is difficult to classify as a military event: the *Oxford Encyclopedia of Medieval Warfare and Military Technology* does not even have an entry for 'marches'.⁴ And although the word 'march' is often used to describe the transportation of armies on foot, such a description hardly applies to the crusader host. A defining characteristic of crusader forces, which can only loosely be described as armies in the sense we understand the word (despite the frequent use of the Latin *exercitus* to describe the host), was that they

² This highly militaristic impression is conveyed throughout John H. Pryor, 'Introduction: Modelling Bohemond's March to Thessalonike', in *Logistics of Warfare in the Age of the Crusades*, ed. Pryor, pp. 1–24.

³ Smail, pp. 156–65; Matthew Bennett, 'The Crusaders' "Fighting March" Revisited', *War in History*, 8 (2001), 1–18 (pp. 12–13); Georgios Theotokis, 'The Square "Fighting March" of the Crusaders at Ascalon (1099)', *Journal of Medieval Military History*, 11 (2013), 57–71. A detailed discussion of such manoeuvres is beyond the scope of this investigation.

⁴ *The Oxford Encyclopedia of Medieval Warfare and Military Technology*, ed. by Clifford J. Rogers, 3 vols (Oxford: Oxford University Press, 2010).

travelled in different units under different leaders, with varying levels of organisation and command.⁵ The personal forces raised by nobles were joined by large numbers of non-combatants: merchants, women, members of the clergy, or artisans such as carpenters or butchers; indeed, many of those described as the *populus* or *turba* owed direct allegiance to no-one at all.⁶ Moreover, crusading hosts encompassed a substantial proportion of incapacitated members, as described in the previous chapter, which further affected their efficiency in moving overland. The military connotations of the word ‘march’ therefore make for some tension when it is applied to crusading contexts.

The contemporary terminology for the crusader expeditions adds a further dimension. The language used to describe the crusade in the twelfth-century is that of travel, not just warfare: *iter*, *via*, and *peregrinatio*, as well as the more military *expeditio*, all terms which emphasise mobility and show how important the journey was as a part of, not simply a prelude to, the campaign.⁷ The use of the words *peregrinatio* and *peregrini* in the period before the word *crucesignatus* appeared to describe those who had taken the cross is particularly interesting, highlighting the importance of the

⁵ Alan V. Murray, ‘The Army of Godfrey of Bouillon, 1096–1099: Structure and Dynamics of a Contingent on the First Crusade’, in *Medieval Warfare*, ed. France, pp. 423–51 (first publ. in *Revue belge de philologie et d’histoire*, 70 (1992), 301–29), (p. 423).

⁶ See the discussion of the composition of crusading hosts in the preceding chapter. For a logistical perspective of particular relevance to this chapter: Alan V. Murray, ‘Roads, Bridges and Shipping in the Passage of Crusade Armies by Overland Routes to the Bosphorus, 1096–1190’, in *Die Vielschichtigkeit der Strasse: Kontinuität und Wandel im Mittelalter und der frühen Neuzeit. Internationales Round-Table-Gespräch, Krems an der Donau, 29. November bis 1. Dezember 2007*, ed. by Kornelia Holzner-Tobisch, Thomas Kühtreiber, and Gertrud Blaschitz (Vienna: Verlag der Österreichischen Akademie der Wissenschaften, 2012), pp. 183–207.

⁷ Matthew Bennett, ‘Travel and Transport of the Crusaders’, *Medieval History*, 4 (1994), 91–101 (p. 91); Jonathan Riley-Smith, ‘The Idea of Crusading in the Charters of Early Crusaders, 1095–1102’, in *Le concile de Clermont de 1095 et l’appel à la Croisade: Actes du colloque universitaire international de Clermont-Ferrand (23–25 juin 1995)*, ed. by André Vauchez, Collection de l’École française de Rome, 236 (Rome: École française de Rome, Palais Farnèse, 1997), pp. 155–66 (p. 157).

journey to both pilgrims and crusaders.⁸ Thanks to this linguistic confusion, the exact nature of the relationship between pilgrimage and crusade has been debated, but Léan Ní Chléirigh recently demonstrated that contemporaries used the word *peregrinatio* to describe the First Crusade with full awareness of its connotations of religiously-inspired travel to emphasise the relationship between the new expedition and pilgrimage.⁹ In travelling far from home, both crusaders and pilgrims obeyed Christ's command to take up their crosses and follow him.¹⁰ The journey itself, and any discomfort experienced by the traveller – 'the toil of the laudable expedition', as the *Historia Friderici imperatoris* has it – was therefore a necessary part of the spiritual undertaking.¹¹

The crusader march was, then, a strange entity, the journey of a militarised force which was unlike most contemporary armies, which may or may not have had a specific military objective, but which sits uneasily in the context of military history, and was not necessarily conceptualised as a military endeavour by the contemporary observer. The word 'march' is therefore somewhat anachronistic, carrying unhelpful connotations of professional militarism. With this noted, it is perhaps preferable to

⁸ On *peregrinatio*, Janus Møller Jensen, 'Peregrinatio sive expeditio: Why the First Crusade was not a Pilgrimage', *Al-Masaq*, 15 (2003), 119–37 (p. 127). *Crucesignatus* was not frequently used until the 1190s: Christopher J. Tyerman, 'Were There Any Crusades in the Twelfth Century?', in *The Crusades: The Essential Readings* (Oxford: Blackwell, 2002), p. 99–125 (first publ. in *English Historical Review*, 110 (1995), 553–77), (p. 124).

⁹ Ní Chléirigh, pp. 74–75. Christopher Tyerman's opinion that there were no crusades in the twelfth century, only manifestations of pilgrimage, is countered by Jensen's viewpoint that the First Crusade was emphatically not a pilgrimage: Tyerman, 'Were There?'; Jensen, 'Peregrinatio'.

¹⁰ Matthew 16. 24, Luke 9. 23, Mark 8. 34. On the Christo-mimetic aspects of both crusading and pilgrimage: Purkis, pp. 30–85.

¹¹ 'laborem expeditionis huius laudabilis': *HFI*, p. 24 (trans. Loud, p. 57). On the importance of the effort of travel in pilgrimage, see Paul Oldfield, *Sanctity and Pilgrimage in Medieval Southern Italy, 1000–1200* (Cambridge: Cambridge University Press, 2014), pp. 208–09. Ní Chléirigh, p. 70 discusses how the crusaders were seen to be purified through their penitential suffering on the journey.

refer to the ‘journey overland’, even though Michael McCormick cautions against over-simplifying a history of travel into separate studies of overland, sea and river travel, since in a single journey a traveller might utilise a number of forms of transport.¹² Indeed, crusaders on land were often supported by water: Conrad III, Louis VII and Frederick Barbarossa were all accompanied by ships along the Danube as their armies marched along its banks, which rather blurs the distinction between travel overland and on water.¹³ Here, however, the ‘classic distinctions’ of overland and aquatic travel, to use McCormick’s phraseology, will be applied, since the physical conditions and health implications of travel overland and by sea differed, and the word ‘march’ remains a convenient shorthand for ‘the journey overland’ as long as the preceding qualifications are kept in mind.¹⁴

3.2 The Logistical Approach

The lacuna left by the march in military history was for a time felt in crusader studies: in 2006, Edward Peters commented that relatively little attention had yet been paid to the time and space in-between a crusader taking the cross, and their arrival in the theatre of war; the ‘middle ground’, as Alan V. Murray has it.¹⁵ Peters noted the isolated contribution of John France with *Victory in the East* (1994), although Peters

¹² Michael McCormick, *The Origins of the European Economy: Communications and Commerce, c. 700–c. 900* (Cambridge: Cambridge University Press, 2001), pp. 65–66.

¹³ For Conrad III and Louis VII: OD, p. 24; Otto of Freising, 1:44, p. 64 (trans. Mierow, p. 79). Barbarossa took ship at Regensburg on the Danube, and was given more supply vessels by Béla III of Hungary when he stopped at Gran (now known as Esztergom): *HFI*, pp. 17, 25 (trans. Loud, pp. 47, 58). See also Alan V. Murray, ‘Roads, Bridges and Shipping’, p. 195.

¹⁴ McCormick, p. 66.

¹⁵ Edward M. Peters, ‘There and Back Again: Crusaders in Motion, 1096–1291’, *Crusades*, 5 (2006), 157–71 (pp. 157–58); Alan V. Murray, ‘The Middle Ground: Land and Sea Routes in Crusades to the Holy Land, 1096–1204’, in *A Military History of the Mediterranean Sea: Aspects of War, Diplomacy, and Military Elites*, ed. by Georgios Theotokis and Aysel Yildiz (Leiden: Brill, forthcoming).

himself concentrated on journeys by sea, taking slightly less than two pages to summarise the difficulties of land travel.¹⁶ Conceptually, the journey to the theatre of war formed a key part of the crusade: consider what proportion of the narratives of the First, Second and Third Crusades are devoted to describing the march through Europe, the Balkans and Asia Minor before even reaching the Holy Land. A few examples can be taken to demonstrate this point. If the crusader's capture of Jerusalem is held to be the zenith of that expedition, it is worth noting that only the second half of the final book of the *Gesta Francorum* deals with the siege of Jerusalem and its aftermath; the preceding nine-and-a-half books are concerned with the events of the journey; in Fulcher of Chartres's narrative of the crusade, only the last third of the book which is devoted to the events of the crusade.¹⁷ Odo of Deuil's account of the Second Crusade in fact only covers the journey of the crusaders, not any of their activities in the Holy Land, and in the MGH edition of the *Historia Friderici imperatoris*, of the hundred pages which describe the German contribution to the Third Crusade, only eight deal with events at the Siege of Acre.¹⁸ Clearly a crusade was not defined only by what happened at its end point (indeed, in some cases, such as the ill-fated siege of Damascus in 1148 which was the military conclusion of the Second Crusade, that end point was not particularly edifying), but also by the events punctuating the journey. Such a preoccupation with the journey is hardly surprising; a crusader was a crusader from the moment he or she took the cross, and so the journey was an integral part of the crusade as a whole. And, accepting that crusading and

¹⁶ France, *Victory*; Peters, 'There and Back Again', pp. 168-70.

¹⁷ *GF*, 10:37-39, pp. 87-97; *FC*, 1:26-36, pp. 281-351 (trans. Ryan, pp. 116-36).

¹⁸ *HFI*, pp. 93-101 (trans. Loud, pp. 117-23). Although Odo left the work *in medias res*, he nevertheless did not take the opportunity to revise and complete it upon his return to the West.

pilgrimage were closely-related concepts, wherein the journey was a part of the pilgrim's imitation of the *via Christi*, the act of travel becomes even more important to the holistic experience of the crusade, and should not be seen as simply a precursor to the main action.¹⁹

In 2006, the same year that Peters exposed the need for more scholarly attention on the crusader journey, there was a surge of publications which sought to uncover the physical and logistic realities of the march, influenced by growing interest in crusader logistics and the practicalities of warfare. In his introduction to *Logistics of Warfare in the Age of the Crusades*, John Pryor encouraged a turn away from the traditional sources of chronicles and contemporary texts to alternative methods for reconstructing the crusader march, such as using experimental archaeology and nineteenth-century military manuals. He used as a case study Bohemond's march to Thessalonika in 1096–97, taking a special interest in provisioning and the rate of march.²⁰ In the same volume, Bernard Bachrach analysed the march from Nicaea to Dorylaion, similarly focusing on provisioning and emphasising the Byzantine role in supplying food to the crusaders.²¹ Bachrach revisited the march in an essay published in 2012, which continued his focus on the First Crusade march, this time from Dorylaion to Herakleia, building an examination of the routes available to the crusaders into his analysis.²² And, slightly outside the field of crusades studies, John

¹⁹ Here the *via Christi*, the way of Christ, as an act of Christo-mimesis, is meant as distinct to the *vita Christi*, the life of Christ, for the connotations of spiritual and physical journeying which are implied. See Purkis, pp. 40–41.

²⁰ Pryor, 'Bohemond's March'.

²¹ Bernard S. Bachrach, 'Crusader Logistics: From Victory at Nicaea to Resupply at Dorylaion', in *Logistics of Warfare in the Age of the Crusades*, ed. Pryor, pp. 43–62.

²² Bernard S. Bachrach, 'The crusader march from Dorylaion to Herakleia, 4 July–ca. 2 September 1097', in *Shipping, Trade and Crusade*, ed. Gertwagen and Jeffreys, pp. 231–54.

Haldon explored how economic and logistical modelling could add to interpretations of the Manzikert campaign in 1071.²³ Taken together, these works mark a watershed in our understanding of the physical experience of the march.

Pryor's, Bachrach's, and Haldon's pieces each focus on medieval logistics as informed by modern perspectives on provisioning and the physical needs of the crusaders. All three utilise Donald W. Engels's *Alexander the Great and the Logistics of the Macedonian Army* (1978), which analysed Alexander's military campaigns across the Near and Middle East.²⁴ Engels's approach rested on a formula he devised to calculate the size of the baggage train needed to carry supplies, measured in pounds weight (lb):

$$N = \frac{d(a + b + c) - (yz + 200x)}{250 - d(e + f + g)}$$

N = the number of pack animals; a = the army's total ration of grain in lb; b = the army's total ration of fodder in lb; c = the army's total requirement of water in lb; d = the number of days the provisions needed to be carried; e = a pack animal's ration of grain; f = a pack animal's ration of fodder; and g = a pack animal's ration of water. If the personnel could carry supplies, then y = the number of personnel; z = the average weight a person could carry. If the cavalry horses could carry supplies, then x = the number of horses.²⁵

However, applying Engels's method to the crusades is problematic. In dealing with Alexander's army, Engels was studying a centrally provisioned, hierarchically organised, trained army – a fighting force which did not much resemble the disparate

²³ John F. Haldon, 'Introduction: Why Model Logistical Systems?', in *General Issues in the Study of Medieval Logistics: Sources, Problems, and Methodologies*, ed. by John F. Haldon, *History of Warfare*, 36 (Leiden: Brill, 2006), pp. 1–35.

²⁴ Donald W. Engels, *Alexander the Great and the Logistics of the Macedonian Army* (Berkeley: University of California Press, 1978).

²⁵ Engels, p. 22, n. 35.

crusader hosts.²⁶ Although Engels accepts that camp followers such as women, children, engineers, and administrators would have accompanied Alexander's army, he quantifies them conservatively by assuming only one camp follower for every four soldiers (one for every two soldiers in campaigns further from home), having asserted that 'Alexander tried to limit their numbers where possible'.²⁷ As we have already discussed, crusader hosts were unlike contemporary fighting forces in their demographic composition. We can only estimate the number of 'camp followers' within the crusader host, but Conor Kostick concluded that the *pauperes* were probably the largest social grouping on the First Crusade.²⁸ The number of camp followers or non-combatants would have had an effect on both the provisioning needs and the carrying capacity of the host, both of which require precise figures in Engels's formula: Engels assumes that each member of Alexander's army was able to carry 30lb of provisions, and that sufficient pack animals would be available to carry extra supplies.²⁹ Leaving aside the thorny issue of whether it is even possible to count the number of participants on a crusader expedition, while the strong and healthy could manage this load, we know that crusader marches also included those who were not able to physically contribute in this way: at Tripoli in 1099 the crusaders had to wait for 'the feeble common people who were worn out by the exhaustion of the journey' (*debile vulgus pre lassitudine ui[ae]*), while Barbarossa had wagons constructed to carry

²⁶ Although the structure of Alexander's army is not fully understood, the summary in A. B. Bosworth, *Conquest and Empire: The Reign of Alexander the Great* (Cambridge: Cambridge University Press, 1988), pp. 273–77, clearly shows that it was an organised military force.

²⁷ Engels, pp. 13–14, 12.

²⁸ Kostick, *First Crusade*, pp. 287–88.

²⁹ Engels, pp. 21–22.

the sick through Hungary in 1188 so that they would not slow the column down.³⁰

We also know that pack animals were not always available, and that the crusaders had to put their baggage on dogs and sheep when marching across Anatolia in 1097, as their horses died and knights were reduced to riding the oxen which had been carrying the supplies.³¹ Since the effect of circumstances such as these cannot be quantified, we are not able to take Engels's formula and the figures it produces as being representative of the crusader force, when every change to his calculations could result in wildly different figures.

Finally, Engels's approach rests on the premise that a Macedonian soldier needed 3,600 calories a day to maintain peak physical condition in combat, a figure which he based on the 1972 US Army requirements.³² The calorie as a unit of energy is not an absolute factor in nutrition: the calorie needs of different people can vary by age, gender, weight, height and level of physical activity.³³ A person can survive on far fewer than 3,600 calories a day, so we could revise Engel's figures down, given that the crusader chronicles record several periods of dearth in the course of marches; their actual consumption was evidently, on occasion, much less than ideal. Conversely, analysis of medieval social groups where the estimated calorie intake can be calculated (from military victualling documents, or monastic account books, for example) show that calorie intakes in certain populations could be extremely high: a possible 5,375

³⁰ AA, 5:38, p. 390; IP, 1:19, p. 43 (trans. Nicholson, p. 55). On the impossibility of counting the exact size of medieval armies from the information provided in chronicles; Catherine Hanley, *War and Combat, 1150–1270: The Evidence from Old French Literature* (Woodbridge: D. S. Brewer, 2003), pp. 72–76.

³¹ GF, 4:10, pp. 23; FC, 1:13, p. 202 (trans. Ryan, p. 88).

³² Engels, p. 123.

³³ Massimo Livi-Bacci, *Population and Nutrition: An Essay on European Demographic History*, trans. by Tania Croft-Murray and Carl Ipsen, Cambridge Studies in Population, Economy, and Society in Past Time, 14 (Cambridge: Cambridge University Press, 1991), pp. 23–27.

for a garrison soldier in the Scottish Borders in 1300, or 6,207 for a fifteenth-century Benedictine monk at Westminster Abbey.³⁴ These figures are in fact equally problematic and only represent how much food was theoretically available, not how much people actually ate. It is therefore difficult to estimate either how much food the crusaders needed, or how much food was available to them.

Acknowledging the shortcomings of Engel's figures, Bachrach in 2012 proposed using the alternative approach of Jonathan Roth, who, recognising the difficulties of applying modern nutritional recommendations to historical populations, takes a more nuanced approach and suggests that caloric needs for Roman soldiers were lower than for modern-day soldiers, given that the Roman soldiers tended to be shorter, and considering the difference in levels of exertion for actively fighting versus marching or living in camp or on campaign.³⁵ As Iona McCleery notes, a necessary part of taking an interdisciplinary approach to food and health in the Middle Ages is to acknowledge our own understanding of food and nutrition since it naturally informs our interpretation of the medieval material.³⁶ The approach developed by Engels and Roth gives us the weft of the matter, but since

³⁴ Michael Prestwich, 'Victualling Estimates for English Garrisons in Scotland during the Early Fourteenth Century', *English Historical Review*, 82 (1967), 536–43 (p. 538); Barbara Harvey, *Living and Dying in England 1100–1540: The Monastic Experience* (Oxford: Clarendon Press, 1993), p. 64. Harvey suggests that the higher estimate for the monastic diet may be explained through some excess being built into monastic provisioning to allow for guests, and a level of waste which cannot be accounted for, some of which would be destined for servants and the poor: Harvey, pp. 69–70.

³⁵ Bachrach, 'Dorylaion to Herakleia', p. 234 n. 25; Jonathan Roth, *The Logistics of the Roman Army at War (264 BC–AD 235)*, Columbia Studies in the Classical Tradition, 23 (Leiden: Brill, 1999), pp. 7–13. Roth also considers the availability of meat and vegetables in the Roman military diet, while Engels's discussion only focuses on grains: Roth, pp. 24–44. Engels thinks it 'unlikely' that Alexander's army took herds of sheep or cattle, but the data below show that the First Crusaders at least were accompanied by animals on the hoof: Engels, pp. 124–25.

³⁶ Iona McCleery, 'Getting Enough to Eat: Famine as a Neglected Medieval Health Issue', in *The Sacred and the Secular in Medieval Medicine*, ed. by Barbara S. Bowers and Linda M. Keyser (Aldershot: Ashgate, 2016), pp. 116–39 (p. 132).

there are difficulties in only taking their approach to marching and provisioning on the crusaders, the warp is in the medieval interpretation of the importance of food in the crusading forces, and what a healthy diet meant in the crusader context. Let us consider the First Crusade, as both Pryor and Bachrach have done, building a case study on the chronicles written by participants: Fulcher of Chartres, Peter Tudebode, Raymond of Aguilers and the *Gesta Francorum*. Deploying data-mining techniques will help us to see what food and provisioning meant to these crusading authors.

The following charts are the result of a careful search through these four texts, looking for the mention of edible products, from the beginning of the chronicle to their report of the Battle of Ascalon (July 1099), which can be viewed as the end of the crusade.³⁷ Products were counted if:

a) it was clear from context that the product was being conceived of as a foodstuff (so, for example, horses, asses and mules are only counted if they were explicitly being eaten, since otherwise it is safe to assume that equids had higher value as warhorses or pack animals than as food);

b) the chronicler was remarking on the lack of food, since this suggests that the product in question was a normal part of the crusader diet.³⁸

³⁷ Peter Tudebode, Raymond of Aguilers and the *GF* cover exactly this period. The relevant section of Fulcher of Chartres's chronicle is 1:1–31, pp. 115–318 (trans. Ryan, pp. 61–128).

³⁸ Given its clear atypicality, the reports of the crusaders eating human flesh at the siege of Ma'arrat an-Numan (1098) have not been included. On this, see Jay Rubenstein, 'Cannibals and Crusaders', *French Historical Studies*, 31 (2008), 525–52.

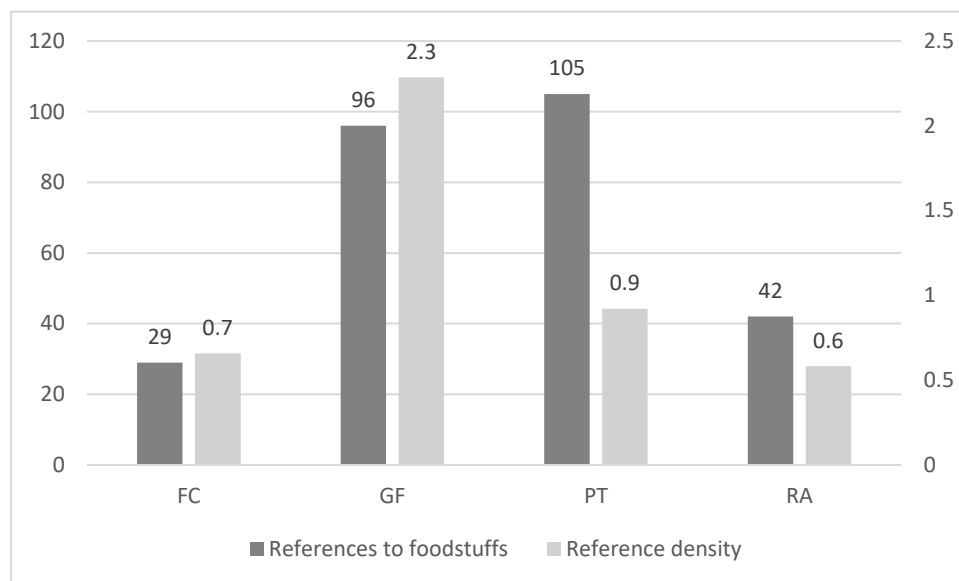


Figure 2: Number of references to foodstuffs in the eyewitness chronicles

Clearly, not all our authors were interested in food to the same extent: Fulcher only mentions foodstuffs 29 times, compared to Tudebode's 105 (Figure 2). But this chart also takes into account the length of the chronicle in question. By dividing the number of references to foodstuffs in the chronicle by the number of pages of each text in the *RHC* edition to give us the density of the references, we can see that the *Gesta Francorum* mentions foodstuffs proportionally most often; a score of 2.3 means that there are, on average, just over two references to food for each page of the *Gesta*, as opposed to one reference every two pages for Raymond of Aguilers, for whose chronicle the score is 0.6 (shown by the light grey bars on Figure 2).³⁹ By both measures, Fulcher of Chartres and Raymond of Aguilers lag behind. This suggests that

³⁹ Fulcher of Chartres, *Historia Iherosolymitana: Gesta Francorum Iherusalem peregrinantium*, in *RHC Occ.*, 5 vols (Paris: Académie des inscriptions et belles-lettres, 1844-95), III (1866), 311-485 (pp. 321-63); Peter Tudebode, *Historia de Hierosolymitano itinere*, in *RHC Occ.*, III, pp. 1-117 (pp. 3-117); Raymond of Aguilers, *Historia Francorum qui ceperunt Iherusalem*, in *RHC Occ.*, III, pp. 231-309 (pp. 235-307); *Gesta Francorum et aliorum Hierosolymitanorum*, in *RHC Occ.*, III, pp. 119-63 (pp. 121-63).

the chaplains gave a less ‘practical’ account of the journey, although it will be seen that some of the details they gave about food consumption are highly illuminating.

The four authors together make 272 references to foodstuffs. Of this total, 59 are described as unsuitable for consumption, eaten only during periods of dearth, such as at the siege of Antioch. These foods include the hides of horses and asses, grain found in manure, foul and stinking water, and beanstalks. Figure 3 depicts this, with the unsuitable products counted in the light grey sections; a full breakdown is shown in Table 1.

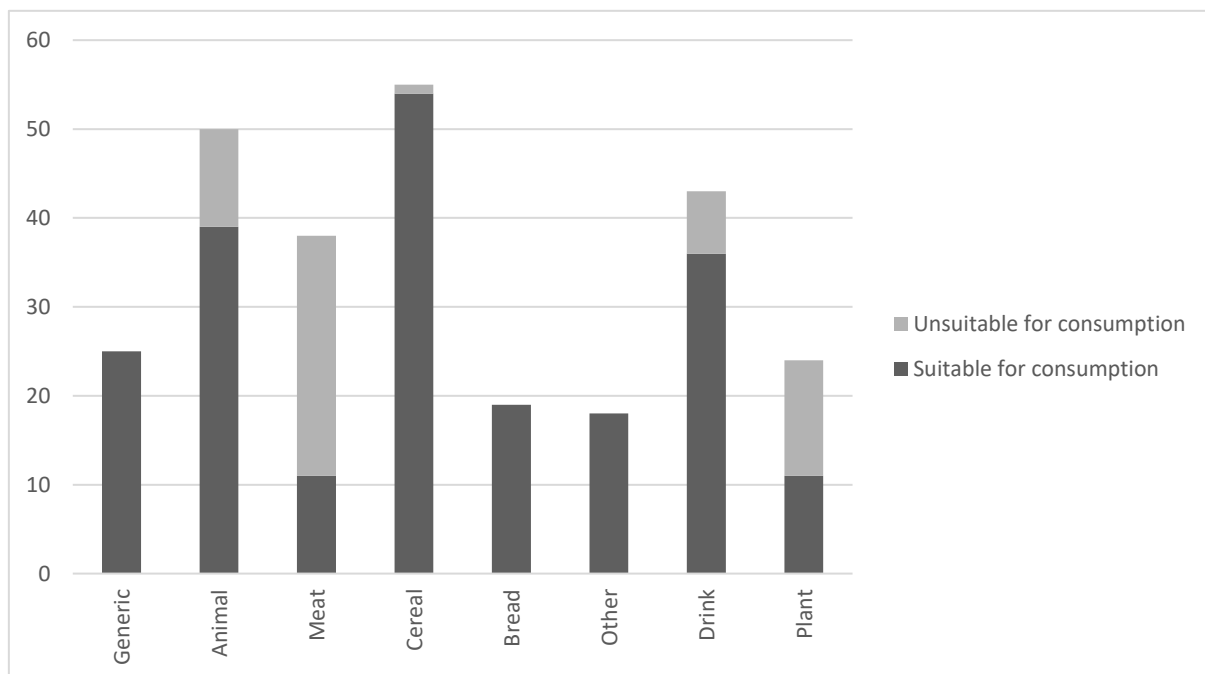


Figure 3: Foodstuffs mentioned in *GF*, *FC*, *RA* and *PT*

Table 1: Breakdown of foodstuffs mentioned in *GF*, *FC*, *RA* and *PT*

Generic			25
Suitable for consumption			25
food (<i>cibus</i>)			(3)
delicacy (<i>delicia</i>)			(1)
good things for the body (<i>omnis bonus – corporum utilia</i>)			(1)
good things, abundance (<i>omnis bonus – ubertas</i>)			(1)
good things, nourishment (<i>omnis bonus – alimentum</i>)			(1)
necessities of life (<i>necessarium – vitae</i>)			(1)
nourishment (<i>alimentum</i>)			(1)
nourishment for the body (<i>alimentum – corporum, nutrimentum – corporum</i>)			(9, 2)
nourishment for the body, delicacy (<i>alimentum, delicia – corporum</i>)			(1)
supplies (<i>supplementum</i>)			(1)
victuals (<i>victuale</i>)			(3)
Animal			50
Suitable for consumption	39	Unsuitable for consumption	11
animal (<i>animale</i>)	(11)	ass (<i>asinus</i>)	(4)
cattle (<i>armentum, pecus</i>)	(1, 2)	camel (<i>camelus</i>)	(2)
goat (<i>caper</i>)	(1)	dog (<i>canis</i>)	(1)
she-goat (<i>caprea</i>)	(1)	horse (<i>equus</i>)	(3)
hen (<i>gallina</i>)	(4)	mouse (<i>mus</i>)	(1)
ox (<i>bos</i>)	(9)		
sheep (<i>ovis</i>)	(10)		
Meat			50
Suitable for consumption	11	Unsuitable for consumption	11
flesh (<i>carnis</i>)	(8)	blood – ass (<i>sanguis – asinus</i>)	(2)
– pig (– <i>porcinus</i>)	(1)	– horse (– <i>equus</i>)	(3)
ox (<i>bos – armus, bos – femur</i>)	(1, 1)	flesh – ass (<i>carnis – asinus</i>)	(2)
		– horse (– <i>equus</i>)	(2)
		hide – ass (<i>corium – asinus</i>)	(2)
		– beast (– <i>bestio</i>)	(1)
		– buffalo (– <i>bufalus</i>)	(2)
		– camel (– <i>camelus</i>)	(2)
		– horse (– <i>caballus, equus</i>)	(1, 2)
		– ox (– <i>bos</i>)	(3)
		offal – camel tongue (<i>camelus – lingua</i>)	(1)
		– she-goat, belly (<i>caprea – venter</i>)	(1)
		– horse head, no tongue (<i>equus – caput, excepta lingua</i>)	(1)
		– ram, tail (<i>aries – cauda</i>)	(1)
		– she-goat, intestine (<i>caprea – intestina</i>)	(1)

Cereal		55	
Suitable for consumption	54	Unsuitable for consumption	1
barley (<i>hordeum</i>)	(7)	grain found in manure (<i>annonae grana in stercoribus reperta</i>)	(1)
crop (<i>messes</i>)	(1)		
flour (<i>farina</i>)	(8)		
grain (<i>annonae, frumentum</i>)	(6, 32)		
Bread		19	
Suitable for consumption		19	
bread (<i>panis</i>)			(15)
bread - barley (<i>panis - hordeum</i>)			(2)
bread - biscuit (<i>panis - bis cocto</i>)			(1)
Drink		43	
Suitable for consumption	36	Unsuitable for consumption	7
bean (<i>faba</i>)	(2)	bean - stalk (<i>faba - surculus</i>)	(1)
bean - spring (<i>faba - novella</i>)	(2)	fig - green (<i>immaturus</i>)	(1)
fruit trees (<i>pomis</i>)	(2)	grass (<i>herba</i>)	(1)
legume (<i>legumen</i>)	(1)	leaf - fig (<i>folium - ficus</i>)	(2)
vegetables (<i>olus</i>)	(2)	- thistle (- <i>carduus</i>)	(1)
vine (<i>vinea</i>)	(2)	- tree (- <i>arbor</i>)	(2)
		- vine (- <i>vitis</i>)	(2)
		spiny plants (<i>spica</i>)	(2)
		thistle (<i>carduus</i>)	(1)
Other		16	
Suitable for consumption		16	
cheese (<i>caseum</i>)			(4)
egg (<i>ovum</i>)			(2)
fish (<i>piscis</i>)			(1)
nut (<i>nux</i>)			(2)
oil (<i>oleum</i>)			(8)
salt (<i>sal</i>)			(1)
Total Suitable: 213	Total Unsuitable: 59	Grand Total: 272	

Excluding the foods eaten in periods of shortage, a picture of the crusader diet emerges which ties in to other studies of medieval food and eating wherein cereals are dominant. Our authors mostly refer to the generic *frumentum* or *annonae*, apart from when barley (*hordeum*) is mentioned. Barley was seen as an inferior product to wheat in the Middle Ages, too difficult for the refined nobility to digest and suitable only for the coarser constitutions of the lower classes; Adam of Cremona wrote that barley

bread was not a suitable food for pilgrims, too cold, and causing flatulence and cholera.⁴⁰ So it is perhaps not surprising that it is commonly mentioned in periods of shortage and famine, with the author either explicitly saying that there was no barley or that the crusaders obtained barley following a period of dearth; the very fact that we are told that barley was being consumed is a cipher for the severity of the shortages.⁴¹ Comparatively speaking, bread – despite being probably the most important part of the medieval diet – is not often mentioned by name.⁴² This could suggest one of two things: either that bread was such a mundane product that our authors did not see the need to mention it; or that bread was not consumed much while travelling. It probably made sense for the crusaders to consume their grain as pottage, a dish which was easier to prepare and more fuel-efficient than bread, and provided a substantial and filling meal to which other foodstuffs such as vegetables and meat could be added if they were available.⁴³ Indeed, the crusaders at the siege of Acre made pottage with crops they had sown at the siege.⁴⁴ However, pottage as a staple, like barley, was a food of the lower classes. Galen himself showed a personal antipathy to the eating of boiled wheat, finding that it gave him ‘flatulent bloating, headache and blurred vision’, but also reporting that peasants often ate this foodstuff

⁴⁰ Adam of Cremona, p. 25. See also Melitta Weiss Adamson, *Food in Medieval Times* (Westport, CT: Greenwood Press, 2004), pp. 1–4; Giuliano Pinto, ‘Food Security’, in *A Cultural History of Food in the Medieval Age*, ed. by Massimo Montanari, trans. by Charles Hindley, 6 vols (London: Bloomsbury, 2013), II, p. 59.

⁴¹ On a lack of barley, RA, pp. 268 (trans. Hill and Hill, p. 76). On obtaining barley, GF, 8:19, p. 43; 10:35, p. 85; Peter Tudebode, p. 54 (trans. Hill and Hill, p. 60).

⁴² On bread in the medieval diet: Stone, ‘Field Crops’.

⁴³ I am grateful to Natalie Anderson for her thoughts on this point. Making bread was a laborious process, costly in both time and materials: Adamson, *Food*, pp. 55–57.

⁴⁴ Ambroise, *Estoire*, ll. 4247–50 (II, p. 90). The *Itinerarium* refers to the planting of crops, but not of their consumption in pottage: IP, 1:69, p. 127 (trans. Nicholson, p. 129). See also n. 62, below.

out of necessity.⁴⁵ It is therefore possible that upper-class crusaders would not have tolerated consuming pottage as a staple part of their diet, but would have found a way to have bread made even on the march, perhaps in a rudimentary form which did not require the use of an oven. This, too, may help to explain the absence of reference to 'bread' as a foodstuff in the sample here; most of the references are to the purchase or acquisition of food, while the meals or products the crusaders made for themselves from these basic foodstuffs are not described.

When discussing meat, most of the references are to live animals, found wild, gained as booty after an engagement, or given as tribute by local rulers as the crusaders travelled past in the hope of a peaceful passage. Transporting animals on the hoof made sense in circumstances where food preservation was difficult and the data confirm the conclusion suggested above that the crusader force was not just a neat column of men. Oxen fulfilled a particularly useful role on the march: they were both a source of food, and a durable beast of burden. The relatively small number of references to meat suggests that these animals were more valuable to the crusaders alive than dead.

However, the data contained in the sources does not lend itself to the logistical approach developed by Engels, as it simply does not represent a true picture of the crusader's day-to-day diet. We are told about food in the context of dearth or plenty, but not normality, and it is impossible to extrapolate from such fragmentary information what the crusader's 'normal' diet may have looked like. The crusader authors can hardly be expected to furnish us with this kind of information, since such

⁴⁵ Galen, 'On the Powers of Foods, Book 1', trans. by Mark Stone in *Galen: On Food and Diet*, ed. by Mark Grant (London: Routledge, 2000), pp. 68-108 (pp. 85-86).

mundane details were not the reason for their writing. A further drawback of a statistical approach such as this is that it can obscure small details which enrich our understanding of the religious, spiritual, and nutritional dimensions of the crusader diet, and it is in these small details that we can come some way towards understanding the importance of food and drink to health for travelling crusaders. Taking instead a cultural approach inspired by Rebecca Earle's *The Body of the Conquistador* (2012), it is more fruitful to look at how the chroniclers discuss food, and the significance of this for health matters.⁴⁶ A wealth of detail is concealed in the 'Generic' category. While on some occasions the authors refer to food, *cibus*, when making general statements, they are much more likely to refer to the health-giving aspects of food, describing the crusaders buying or eating things which are nourishing to the body (*alimentum corporum*, *nutrimentum corporum*), showing a clear association between the intake of food and the maintenance of health; eighteen of the twenty-five generic references to 'food' make such an allusion.⁴⁷ Once again though, we see the difference between the accounts of the *Gesta* and Peter Tudebode on the one hand, and Raymond of Aguilers and Fulcher of Chartres on the other: Fulcher makes no such reference, and Raymond makes only one, referring to food as 'necessary to life' (*necessarium vitae*).⁴⁸

There is also a religious significance behind some of the references made to food in these sources, implying a providential aspect to the acquisition of food. Surely it can be no accident that the provisions which Raymond of Aguilers says reached the

⁴⁶ Rebecca Earle, *The Body of the Conquistador: Food, Race, and the Colonial Experience in Spanish America, 1492–1700* (Cambridge: Cambridge University Press, 2012).

⁴⁷ 'alimentum corporum': GF, 1:4, p. 8; 4:10, p. 23; 5:13, p. 30; 6:14, p. 33; 10:34, p. 82; Peter Tudebode, pp. 41, 57, 64, 68, 127 (trans. Hill and Hill, pp. 25, 38, 43, 47, 105); 'nutrimentum corporum': GF, 2:5, p. 11; Peter Tudebode, p. 65 (trans. Hill and Hill, p. 45).

⁴⁸ RA, p. 278 (trans. Hill and Hill, p. 91).

crusaders when they were in dire need at Jerusalem comprise bread, fish and wine, all foods with a particular significance in Christian tradition?⁴⁹ Peter Tudebode goes one step further, describing the provisions found when the crusaders occupied an abandoned castle near Caphalia as ‘heavenly dew [ros]: that is, grain, wine, flour, oil, chickens, and whatever was beneficial to them’, recalling the manna which sustained the Israelites in the desert, another gift from God which fell as dew (ros: Exodus 16.13 and Numbers 11.9).⁵⁰

As well as the gifts of divine intervention, the chroniclers also report the eating of unsuitable foodstuffs during periods of dearth, including animal hides, grain found in manure, and offal. In these four texts, the unclean foods do not make the crusaders ill, but Guibert of Nogent tells us that the quartermaster of Hugh of Vermandois, forced by scarcity to purchase (at high cost) and eat a camel’s foot the night before the battle with Kerbogha at Antioch, was made so sick that he almost missed the fighting the next day, while Ralph of Caen says that disease broke out at Antioch because of the consumption of inedible foods.⁵¹ Earle remarks that the eating of unclean foods during periods of dearth was a signal that society had broken down, but our authors add a different perspective.⁵² When Fulcher tells us that the crusaders ate thistles and herbs or grasses at Antioch, he seems as much perturbed that the thistles were badly cooked, and the grasses unsalted, as by the fact that the crusaders

⁴⁹ RA, p. 295 (trans. Hill and Hill, p. 120). This is the only time fish is mentioned in any of the four chronicles, lending it extra significance.

⁵⁰ ‘ros caeli [...] licet frumentum, vinum, farina, et oleum, et gallinas, et quicuid eis opus erat’: Peter Tudebode, p. 128 (trans. Hill and Hill, p. 106). The Hills also note that this recalls a mention of manna as grain and wine in Genesis 27. 28.

⁵¹ GN, 6:5, p. 236–37 (trans. Levine, p. 109); Ralph of Caen, chap. 259–60, p. 71 (trans. Bachrach and Bachrach, p. 102); the latter noted by Edgington, ‘Medical Knowledge’, p. 324.

⁵² Earle, p. 119.

had to eat them at all; Tudebode, when describing the aged animal hides eaten in the same siege, explains that they were soaked for two nights and a day, before being boiled in water, while the fig, vine, and tree leaves only needed stewing in water.⁵³

Indigenous foods as an agent of othering, and their fundamental incompatibility with the Spanish bodily constitution form the backbone of Earle's thesis in *The Body of the Conquistador*, but in this sample the crusaders are not exposed to any foods which would have been unfamiliar to them in Western Europe, with the exception, perhaps, of camel's flesh. Novel foods are only discussed in a few, isolated, episodes in the wider crusader corpus. Albert of Aachen tells us that Godfrey of Bouillon ate oranges shortly before his death in 1100.⁵⁴ Guibert of Nogent wrote that Godfrey's death may have been caused by poison, but does not mention the oranges.⁵⁵ Putting the two sources together could suggest that oranges, as alien foodstuffs, may have had something to do with Godfrey's death but if the chroniclers did think this, they have left the accusation implicit only. Poison is associated much more strongly with unfamiliar foods when Frederick Barbarossa's crusaders encountered supposedly poisoned Greek wine in 1189.⁵⁶ In this instance, the problem with the wine was not its inherent Greek-ness, but that the inhabitants of the region had allegedly poisoned it in order to trap the wary crusaders and put an end to their expedition (clearly they had some confidence that the crusaders would stop for a vat of wine). Fortunately, divine intervention meant that the crusaders were unaffected by the poison, delivered as the Hebrews had been from the Ten Plagues of Egypt, although they proved its

⁵³ FC, 1:16, p. 225 (trans. Ryan, p. 96); Peter Tudebode, p. 104 (trans. Hill and Hill, p. 80).

⁵⁴ AA, 7:18, p. 510.

⁵⁵ GN, 7:25, p. 317 (trans. Levine, p. 149).

⁵⁶ HFI, pp. 54-55 (trans. Loud, pp. 81-82).

efficacy by testing it on one of the local inhabitants. But unfamiliar foods were not necessarily viewed as dangerous: on the contrary, the crusaders embraced their first encounters with sugar during the journey to Jerusalem in 1100: Fulcher enjoyed the taste of sugar cane, which he called ‘honey-canes’ (*cannamelles*), although he remarked that it did not sustain the eaters for long, and, according to William of Tyre some fifty years later, sugar became an important Levantine commodity, ‘most precious, most necessary for the use and health of men’.⁵⁷

The crusader chroniclers’ discussion of foodstuffs mainly falls into two categories: the acquisition of food through purchase, foraging, or as tribute, and the abundance or lack of food: they are not prone to discussing food in an overtly ‘medical’ way. Food and eating does relate to medieval understandings of health through the concept of the non-naturals, as discussed in the Introduction, but no clear articulation of this has been found in the context of the marches discussed by crusader chroniclers. In the chroniclers’ preoccupation with dearth, however, we see a related concept, in that excess or dearth of anything was thought to be detrimental to health, given that the epitome of good health was balance within the body. This concept is demonstrated clearly by Albert of Aachen, who describes an episode of water shortage on the road after the Battle of Dorylaion in 1097. He tells us that the people suffered from a lack of water, which caused the deaths of five hundred people on one day, and caused pregnant women to give birth prematurely: ‘with their throats

⁵⁷ FC, 1:33, pp. 329–30 (trans. Ryan, p. 130–31); AA, 5:37, p. 388 where the plants are called both *calamella* and *zucra*; ‘preciosissima, usibus et saluti mortalium necessaria maxime’: William of Tyre, I, 13:3, p. 589, where the plants are referred to as *cannamella* and the refined product as *zachara* (trans. Babcock and Krey, II, p. 6). The use of honey in medicinal concoctions is not described in the crusader sources. On this, and sugar generally, see Johanna Maria van Winter, ‘Sugar, Spice of the Crusaders’, in *Spices and Comfits: Collected Papers on Medieval Food* (Totnes: Prospect Books, 2007), pp. 381–88 (first publ. in *Mediterranean Food: Concepts and Trends*, ed. by Patricia Lysaght and Nies Rittig-Beljak (Zagreb: Biblioteka Nova Etnografija, 2006), p. 301–09).

dried up, their wombs withered, and all the veins of their body drained'.⁵⁸ But when they reached a water source, 'having no limit to their drinking, each of the infirm perished from drinking excessively'.⁵⁹

Albert was reporting eyewitness testimony at this point so this section could be reflective of the lived experience. People can die of dehydration after around three days without water, and excessive intake of water can also cause death.⁶⁰ However, it is also a window into Albert's medical understanding: his clerical background may have exposed him to a greater range of contemporary medical texts than other chroniclers of the First Crusade. The insufficiency and then excessive intake of water is here seen to fatally imbalance the crusaders' bodies. The desiccation and withering of the women's bodies, which should be physiologically cold and wet in composition, shows the extreme conditions to their fullest. There is also a veiled criticism of rash behaviour: foreshadowing the struggle for water at the siege of Jerusalem, Albert describes the competitiveness of the people, showing how they were unable to control their behaviour. In health as in morality the aim was for moderation and control and in failing to moderate their behaviour the crusaders failed to moderate their health.

We have now established that the references to food in the crusader chronicles do not lend themselves to the logistical approach of Engels and his imitators, and that a much more fruitful way to analyse the importance of food and health is by looking at how the crusader chroniclers refer to food, rather than trying

⁵⁸ 'exsiccatis faucibus, arefactis uisceribus uenisque omnibus corporis [...] exhaustis': AA, 3:1, pp. 138.

⁵⁹ 'nullum modum bibendi habentes, quosque infirmati plurimi ex nimia potatione [...] perierunt': AA, 3:2, p. 140.

⁶⁰ Through a condition called hyponatremia, where over-hydration causes levels of sodium in the blood to drop to dangerously low levels.

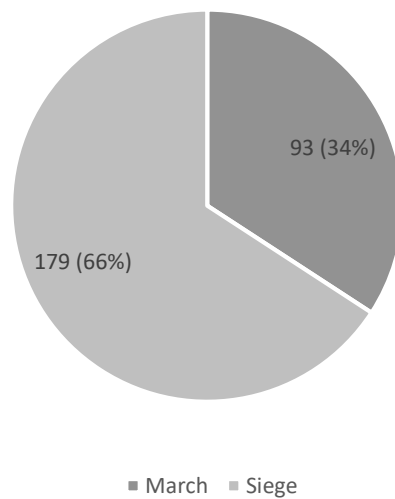


Figure 4: Breakdown of references to food by military context

to work out exactly how provisioning functioned on the crusader march. However, there is a further point to make which more seriously undermines the provisioning-based approach to crusader marches, which is that two-thirds of the references to food found in the chronicles taken in this case study come in the context of sieges, rather than marches (Figure 4). The logistical realities of the march and the siege are quite different; while in both cases crusaders were reliant on the food they could buy or forage, while marching the crusaders were unable to carry much with them (seventeen to eighteen days' worth is Pryor's estimate) and so they could be at the mercy of those who refused to sell to them in the lands they passed through or when local conditions meant there was not much food to forage.⁶¹ Furthermore, there was no opportunity to cultivate crops or store goods, both of which happened at the prolonged siege of Acre, or to leave the host to seek supplies further afield, as when Bohemond and Raymond of Toulouse left the crusaders at the siege of Antioch in 1098 to protect a supply

⁶¹ On markets denied: GF, 1:3, p. 8; OD, p. 73; Magnus of Reichersberg, p. 513 (trans. Loud, p. 157). On scarcity of foraging: GN, 3:13, p. 161 (trans. Levine, p. 69).

caravan from the nearby port of St Symeon.⁶² What we are left to conclude here, after a careful consideration of previous scholarly approaches to crusader marches which sought to uncover the lived experience of crusaders travelling across land, and the evidence actually contained in the crusader chronicles is that this evidence ultimately does not support such an approach, and that we would be forced to rely on supposition to make the apparently scientific conclusions which have hitherto been made about crusader marches. Moreover, these studies, while investigating the issue of provisioning from the starting point that food intake is known to influence health in a modern understanding of medicine, have not considered how food and health were related in a medieval perspective.

The perceived link between food and health was strong in the crusader period, and yet we have shown that food is not commonly ascribed as a cause of the illnesses crusaders experienced during marches. But sickness was a frequent motif in the reports of crusader marches, and it affected the execution of those journeys. During his march down the Levantine coast in 1192 Richard I had the sick put on the supply ships which accompanied the army, or carried on litters.⁶³ Those witnessed by Fulcher of Chartres were less lucky: ‘the sick who were going with us finally died. You could see many graves along the tracks, in the fields, and in copses where our pilgrims had been buried’.⁶⁴ In many cases, no provision was made for those who became sick during the march: those who could not keep up with Stephen of Blois’s retreat across Asia Minor in the summer of 1098 were left to die alongside the road, while those left

⁶² Ambroise, *Estoire*, ll. 4247–50, 4495–506 (II, pp. 90, 93); *IP* 1:69, p. 127; 1:80, pp. 136–37 (trans. Nicholson, p. 129, 136–37); see also n. 44, above. RA, pp. 248–49 (trans. Hill and Hill, pp. 41–44).

⁶³ *IP*, 4:14, p. 255; 4:34, p. 304 (trans. Nicholson, pp. 242, 279).

⁶⁴ ‘sed et nobiscum euntes infirmati finierant defuncti. Multa videretis coemeteria in callibus, in campis, in lucis de peregrinis nostris sic sepultis’: FC, 1:10, p. 185 (trans. Ryan, pp. 81–82).

behind by Barbarossa's army were killed by the enemy.⁶⁵ But apart from the episode described by Albert of Aachen, above, where the crusaders were victims of the dearth and then excess of water, the illnesses experienced by crusaders on their journey are generally not described as the result of unhealthy intake of food and drink. We must therefore seek the medieval reasoning behind the illness of these crusaders.

3.3 Ecology and Crusader Environments

If food was not the major factor in the understanding of health on the march, what was understood to ail the crusaders who became ill on a journey? The answer lies in contemporary understandings of geography, environment and health, through what Irina Metzler calls '*historic environmentalism* (looking at what medieval people *had to say* about their environment) as opposed to the study of *environmentalist history* (looking at how we *think* the environment has shaped a past society)'.⁶⁶ Metzler outlines two features of this 'historic environmentalism'. The first, and Metzler's own focus, is an ethnographical approach, wherein discussion of the environment is used to express otherness and alterity, particularly through descriptions of peoples originating from different climates and innate physiological difference this creates. The second is in the age-old connection between climate and health, dating back to Ancient Greek medical ideas outlined in the Hippocratic treatise *Airs, Waters, Places*, and retaining currency

⁶⁵ Peter Tudebode, p. 107 (trans. Hill and Hill, p. 83); *HFI*, pp. 79–80 (trans. Loud, p. 104).

⁶⁶ Irina Metzler, 'Perceptions of Hot Climate in Medieval Cosmography and Travel Literature', *Reading Medieval Studies*, 23 (1997), 69–105 (repr. in *Medieval Ethnographies: European Perceptions of the World Beyond*, ed. by Joan-Pau Rubiés, *The Expansion of Latin Europe: 1000–1500*, 9 (Farnham: Ashgate, 2009), pp. 379–415), (p. 71). Full-length expressions of the second discipline with particular relevance for this study are Ronnie Ellenblum, *The Collapse of the Eastern Mediterranean: Climate Change and the Decline of the East, 950–1072* (Cambridge: Cambridge University Press, 2012); Sarah Kate Raphael, *Climate and Political Climate: Environmental Disasters in the Medieval Levant*, Brill's Series in the History of the Environment, 3 (Leiden: Brill, 2013).

into the nineteenth century. Both will be seen to have relevance to the importance of crusader environments and travel.

The relationship between environment and health is multi-stranded. As discussed in the introduction, a key idea in humoral medicine was that a person's constitution was influenced by their environment. Air was one of the non-naturals and was thought to have different qualities, both salubrious and dangerous to health depending on location (discussed more fully below). *Airs, Waters, Places* is an exploration of how different climates affected the health of inhabitants though factors such as the prevailing wind direction, the type of water supply, or the richness of the soil.⁶⁷ The treatise itself, the earliest expression of medical topography, concentrates on settled communities, whereas the present work builds on the implications the theory had for travel: if a person was moulded by the environment to which they were acclimatised and thus healthiest there (even if certain diseases were endemic to the local population), the logical extension of the theory is that travel to a location to which the traveller was not acclimatised would unbalance the humours, causing illness. An awareness of the intrinsic danger of travel, particularly to hot countries, to health reached its zenith in the sixteenth to the nineteenth centuries, when the 'medicine of the hot climates' still rested on Hippocratic ideas, and has fuelled much historical investigation.⁶⁸ However, relatively little has been done on the use of *Airs*,

⁶⁷ Hippocrates, *Airs, Waters, Places*, trans. by J. Chadwick and W. N. Mann, in *Hippocratic Writings*, ed. by G. E. R. Lloyd (Harmondsworth: Penguin, 1978; first publ. Oxford: Blackwell, 1950), pp. 148–69.

⁶⁸ The phrase 'medicine of the hot climates' was coined by Michael A. Osborne, 'French Military Epidemiology and the Limits of the Laboratory: The Case of Louis-Félix-Achille Kelsch', in *The Laboratory Revolution in Medicine*, ed. by Perry Williams and Andrew Cunningham (Cambridge: Cambridge University Press, 2002), pp. 189–208. The literature on this topic is very wide, spanning the period from the Renaissance to the turn of the twentieth century. Andrew Wear explored uses of *Airs, Waters, Places* in relation to travel in the early modern period, showing how English travellers expressed the suitability of land for colonisation in terms of how far it was conducive to English health: Andrew Wear, 'Place, Health, and Disease: The *Airs, Waters, Places* Tradition in Early Modern England

Waters, Places, and particularly on the implications of its stress on adaptation for travel, in the medieval period, especially as early as the twelfth century.

How far the text was known in the earlier part of the medieval period is debated: the earliest translations from Greek to Latin occurred in the sixth and the ninth centuries, but the text did not enter the curricula of the early medical schools.⁶⁹ However, it seems to have been known to Ali ibn al-'Abbas al-Magusi (Haly Abbas), the author of the *Kamil as-sina'a at-tibbiya* ('The Whole Art of Medicine') which contained, even in the partial (but popular) form translated by Constantine the African known as the *Liber Pantegni*, thoughts on the effect a change of air of environment could have on the humoural complexion.⁷⁰ Through this second path of transmission it is likely that the themes of *Airs, Waters, Places*, even if not the text

and North America', *Journal of Medieval and Early Modern Studies*, 38, 443–65. *Warm Climates and Western Medicine: The Emergence of Tropical Medicine 1500–1900*, ed. by David Arnold (Amsterdam: Rodopi, 1996) explores the shift from the medicine of the tropics to tropical medicine (still the only discipline of medicine defined geographically). The othering of people and places implicit in the discipline of tropical medicine was confounded by the appearance of so-called 'tropical diseases' in Britain in the immediate post-war period: Roberta Bivins, 'Coming "Home" to (post)Colonial Medicine: Treating Tropical Bodies in Post-War Britain', *Social History of Medicine*, 26 (2013), 1–20. The popular assumption that certain conditions are diseases of place is persistent, and can be seen in the persistent popular assumption that leprosy spread to Europe with returning crusaders, despite Piers Mitchell's emphatic statement that it did not: Mitchell, 'Spread of Disease'; Mitchell, 'Spread of Leprosy'.

⁶⁹ Manuscripts of these early Latin translations survive from the ninth century: Pearl Kibre, *Hippocrates Latinus: Repertorium of Hippocratic Writings in the Latin Middle Ages* (New York: Fordham University Press, 1985), pp. 25–26; see also Peter Biller, 'Proto-Racial Thought in Medieval Science', in *The Origins of Racism in the West*, ed. by Miriam Eliav-Feldon, Benjamin H. Isaac, and Joseph Ziegler (Cambridge: Cambridge University Press, 2009), pp. 157–80 (pp. 160–61); Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013), p. 78. Cavallo and Storey contrast the opinion of Marilyn Nicoud, who indicates that a Latin commentary on *Airs, Waters, Places* was available throughout the Middle Ages, with that of Nancy Siraisi, who is less certain, and suggests that the treatise was only well known from the sixteenth century: Marilyn Nicoud, *Les régimes de santé au Moyen Âge: Naissance et diffusion d'une écriture médicale, XIII^e–XV^e siècle*, Bibliothèque des écoles françaises d'Athènes et de Rome, 333, 2 vols (Rome: École française de Rome, 2007), 1, p. 157; Nancy G. Siraisi, *History, Medicine, and the Traditions of Renaissance Learning* (Ann Arbor: University of Michigan Press, 2007), p. 73. Alain Touwaide is also of the opinion that *Airs, Waters, Places* was known in the medieval west: Alain Touwaide, 'Hippocrates', in *Medieval Science, Technology and Medicine: An Encyclopedia*, ed. by Thomas F. Glick, Steven J. Livesey, and Faith Wallis (London: Routledge, 2005), pp. 224–26.

⁷⁰ Biller, pp. 162–63.

itself, were known in the literate circles of twelfth-century Europe. They are certainly detectable in the crusader texts, especially from an ethnographical perspective:

William of Malmesbury stated that the First Crusaders were destined for victory, because their Eastern enemies were dried up by the heat of the sun, with no spare blood to fuel their fighting. Northerners, such as Scandinavians, had an excess of blood, which impeded their ability to think clearly in battle. The crusaders, William wrote, coming from the temperate regions, had the right balance of blood and moderate behaviour to think and fight their way to victory.⁷¹ Compare this to the Hippocratic judgement of *Airs, Waters, Places* on the same: '[Those from Asia] are less warlike than Europeans and tamer of spirit, for they are not subject to those physical changes [in the environment] which sharpen tempers and induce recklessness and hot-headedness'.⁷² William did not inherit the specific details of the Hippocratic tradition, where it is the unpredictability rather than the heat of the Asian weather which causes the difference, but traces of it can be found in his writing.⁷³

William's ethnographical distinctions relate more closely to a second strand of thinking about environment and health. A prevalent idea in medieval geography was that of climatic zones: that the world was divided into five regions, of which those closest to the poles were completely uninhabitable on account of their coldness, while the central belt, the torrid zone, was uninhabitable due to its hot climate. In between were the temperate zones, which could support life. Depending on where a person originated in this schema, their general health would be influenced: different 'races'

⁷¹ William of Malmesbury, I, 4:347, p. 602.

⁷² Hippocrates, *Airs, Waters, Places*, p. 160.

⁷³ For further discussion of William's views on climate, environment, health and the crusades, see Joanna Phillips, 'William of Malmesbury'.

were thought to have different complexions that were the product of their natural environment, which influenced the characteristics of a people (hence William of Malmesbury's judgement on the peoples of the north, south, and temperate zone). More extreme extensions of the zonal theory held that the antipodes and the torrid zone were peopled by monstrous races.⁷⁴ This theory, inherited from classical writings via the late-Antique author Macrobius, was visually represented by the type of world maps known as zonal, or Macrobian, maps.⁷⁵ That this conception of the world was known to chroniclers from the early twelfth century is proved by the inclusion of a Macrobian map by Lambert of Saint-Omer in the autograph copy of his encyclopaedia, the *Liber Floridus* of 1121, which also contains a version of the First Crusade narrative based on that of Bartolf of Nangis.⁷⁶ On Lambert's map, the Red Sea is marked out as uncomfortably close to the torrid zone, which is labelled 'uninhabitable' (*inhabitabilis*). Jerusalem is also labelled, close to the Red Sea, but contained within the temperate zone. Other expressions of the zonal theory designated the torrid zone as not just uninhabitable, but also impassable; that the unbearable heat would kill anyone who entered the zone; both views enjoyed currency in the Middle Ages.⁷⁷ Jerusalem, to the south and east of the temperate zone, was on the borders of the habitable world, and the journey there therefore took the traveller into dangerous territory for health.

⁷⁴ Metzler, 'Hot Climate', p. 74.

⁷⁵ Evelyn Edson, *Mapping Time and Space: How Medieval Mapmakers Viewed their World* (London: British Library, 1999), pp. 36–37.

⁷⁶ Lambert of Saint-Omer, *Liber Floridus* (Gent, Universiteitsbibliotheek MS 92), f. 225r <<http://adore.ugent.be/view/archive.ugent.be:018970A2-B1E8-11DF-A2E0-A70579F64438>> [accessed 15 January 2017].

⁷⁷ Metzler, 'Hot Climate', pp. 72–73.

This helps to explain the global scale of how geography and health were related in medieval understanding. On a more local scale, the conditions in a person's immediate vicinity also had an impact, in the quality of the air, which was another of the Galenic non-naturals.⁷⁸ The quality of the air could be affected by a number of things – temperature, wind direction, even the time of year – and all these changes were linked to different medical conditions. Given the omnipresence of air, it is not surprising that it was often given primacy amongst the non-naturals and is usually the first one to be discussed in regimens of health, a genre of texts increasingly popular from the thirteenth century which instructed the reader on how to maintain good health through correct management of the non-naturals. In such regimens, food and drink usually form the longest section, but air is usually the first, although in this Adam of Cremona's regimen for Frederick II is unusual, since it does not discuss the air until around halfway through the text.⁷⁹ But, moreover, following these ideas to a logical conclusion, travel in itself could be a form of therapy, precisely because it involved movement to a different and hopefully beneficial environment.⁸⁰ But the reverse was also true; that travel could cause unwanted changes to the constitution leading to illness.

If the matter is one of environment and adaptation, we can ask: at what point would the crusaders have been in sufficiently alien territory for them to feel their

⁷⁸ The role of the air as an agent in disease transmission in the form of *miasma* is discussed at further length in section 5.2, below.

⁷⁹ Adam of Cremona, p. 54. Adam tells us how bad air could arise from marshes or lakes, or from the proximity of certain plants, and that sweet botanicals could be employed to cleanse it, pp. 54–55. He also describes the influence of the winds, pp. 55–56, which leads him on to the correct siting of places of habitation and military camps, pp. 56–57

⁸⁰ Peregrine Horden, 'Travel Sickness: Medicine and Mobility in the Mediterranean from Antiquity to the Renaissance', in *Rethinking the Mediterranean*, ed. by William Vernon Harris (Oxford: Oxford University Press, 2005), pp. 179–99 (pp. 186–90).

health to be affected? Answering this question requires an analysis of the crusader journey overland through the different environments the crusaders encountered. The journey to Jerusalem seems to fall into four distinct sections, informed not by modern geo-political boundaries, but, as we shall see, by differences in the way the crusaders experienced their immediate environment. The first comprises the journey from the crusaders' homelands to Constantinople, either through Italy or through Central Europe; the second, the passage across the Greek frontier; third, the journey across Anatolia; and, finally, the march from northern Syria to the holy city. Each of these environments presented different challenges to the crusaders' health and received a different treatment in the chronicles.

3.3.1 Italy and the Balkans

Where to start this analysis is a difficult question, since crusaders came from all over Europe and were therefore adapted to very different climates.⁸¹ A popular choice of route was to travel south through the Italian peninsula before taking ship at one of the Adriatic ports such as Bari to join the Roman *Via Egnatia* at Dyrrachion. This route was steeped in the cultural memory of pilgrimage, since it was long-established as the routeway between northern Europe and Jerusalem via Rome and the Apulian ports, and was punctuated with the infrastructure of pilgrimage: guesthouses, hospitals and religious houses.⁸² This was the route of Robert of Normandy, Robert of Flanders and Stephen of Blois in 1096; Stephen travelled this way again in 1101.⁸³ A

⁸¹ A general summary of the roads and routes to Jerusalem is given in Alan V. Murray, 'Roads, Bridges and Shipping', pp. 187-91. Other references are given below.

⁸² Oldfield, pp. 184-89.

⁸³ France, *Victory*, pp. 102-03; Alec Mulinder, 'The Crusading Expeditions of 1101-2' (unpublished PhD thesis, University of Wales, Swansea, 1996), pp. 84-85.

small party on the Second Crusade, under Count Amadeus II of Maurienne, Count William VII of Auvergne, and William V, marquis of Montferrat, also travelled through Italy in 1147, but unfortunately we know virtually nothing of their experiences on the journey.⁸⁴ For those crusaders for whom we do have some surviving information, the Italian peninsula seems to have caused a number of health problems. Raymond of Toulouse's Provençaux succumbed to illnesses caused by 'the heat of the summer, to which they were unaccustomed, the corruption of the air' as well as 'the unfamiliar food' they found in Apulia in 1096, according to Guibert of Nogent.⁸⁵ We know that Raymond's route did not actually take him through southern Italy – his own chaplain, Raymond of Aguilers, who accompanied him, reports his journey across northern Italy and then south along the Dalmatian coast, discussed further below – but the fact that Guibert supposes that this would be the obvious route for the count to take, and yet that doing so would cause illness amongst his army is significant. William of Malmesbury has a similar report of Stephen of Blois's army on the First Crusade, when many of his followers apparently succumbed to the intemperate air in Italy in 1096.⁸⁶

The association made between Italy and ill-health was strong throughout the twelfth century. Albert of Aachen tells us that the pestilence suffered after the siege of Antioch in 1098 reminded Godfrey of Bouillon of a disease which had struck Henry IV of Germany's army outside Rome in 1084.⁸⁷ Albert's association between the

⁸⁴ Jonathan Phillips, *The Second Crusade: Extending the Frontiers of Christendom* (New Haven: Yale University Press, 2007), pp. 132, 194, and map, pp. xx-xxi.

⁸⁵ 'ex calore insolito quae tunc erat estatis, ex corruptione aeris, de escarum insolentia': GN, 2:18, pp. 134-35 (trans. Levine, p. 55).

⁸⁶ William of Malmesbury, I, 4:353, p. 620.

⁸⁷ AA, 5:13 p. 354. See section 5.2, below, for a fuller discussion of this incident.

unhealthy climates of Italy and of Palestine had early origins: the Carolingian writer Christian of Stavelot wrote in the late ninth century that pestilence (*pestis*) was as frequent in Palestine as in Italy.⁸⁸ Italy seems to have been a particularly problematic zone for Germans: Barbarossa's campaign of 1167 and Henry VI's siege of Naples in 1191 were called off because of disease.⁸⁹

By contrast, crusaders of Southern Italian extraction, originating from these torrid climes, were theoretically better suited to travelling to the hostile climate of the eastern Mediterranean. Bohemond's contingent sailed from Brindisi in 1096 before traversing the Balkans on a branch of the *Via Egnatia* (taking a different path to that travelled by the Northern French) and experienced a relatively uneventful journey, not marked by disease or death.⁹⁰ This party is often thought of as 'Norman', but the issue is complicated. Orderic Vitalis stressed the Italian character of Bohemond and Tancred's contingents, saying that the former led Lombards and Italians while the latter led Apulians.⁹¹ While discussions of *Normannitas* hinge on the construction of a collective Norman identity in the eleventh century, by the turn of the twelfth century it seems that the Norman aristocracy of Sicily were viewed as more Italian than Norman. Indeed, Bohemond himself was born in Italy, and Alan V Murray has

⁸⁸ 'Fit uero ipsa pestis frequenter et in Palestina et in Italia': Christianus dictus Stabulensis, *Expositio super librum generationis*, ed. by R. B. C. Huygens, *Corpus Christianorum: Continuatio Mediaevalis*, 224 (Turnhout: Brepols, 2008), chap. 24 (p. 434); noted by McCormick, p. 169 n. 56.

⁸⁹ For Frederick, Marcel Pacaut, *Frederick Barbarossa*, trans. by A. J. Pomerans (London: Collins, 1970), p. 124. For Henry, RH, *Chronica*, III, p. 64.

⁹⁰ France, *Victory*, pp. 103–04; Pryor, 'Bohemond's March', pp. 3–4. This route was imitated by the Nivernais in 1101: Mulinder, pp. 85–86.

⁹¹ Orderic Vitalis, *The Ecclesiastical History of Orderic Vitalis*, ed. & trans. by Marjorie Chibnall, 6 vols (Oxford: Clarendon Press, 1969–1980), v (1975), p. 110; noted by G. A. Loud, 'The *Gens Normannorum*: Myth or Reality?', in *Proceedings of the Battle Conference on Anglo-Norman Studies*, IV, 1981, ed. by R. Allen Brown (Woodbridge: Boydell, 1982), pp. 104–16, 205–9 (p. 106), who comments that the 'Norman' influence on Orderic's account of the crusade is relatively faint.

recently shown that the southern Italian Norman contingent had different aims and strategies from the ultramontane Normans.⁹² Furthermore, Bohemond had campaigned with his father, Robert Guiscard, in the Balkans in 1081–83 and so had experienced the unfamiliar climate there before.⁹³ If the ‘Normans’ of Sicily could be seen as Italian in their constitution by the twelfth century, this could account for why the chroniclers do not emphasise the effect of the environment on the Italo-Norman march.⁹⁴

The Italo-Norman version of the crusade is given by the *Gesta Francorum*, Ralph of Caen’s *Gesta Tancredi*, and the text commonly known as the *Historia belli sacri*, compiled by a monk of Monte Cassino in the 1130s.⁹⁵ None of the three dwells on the effect of the weather or climate on their heroes, which appears to support the idea that the Italian crusaders were seen as better suited to the conditions they experienced in the Balkans and the eastern Mediterranean. However, this evidence is problematic. The early date and thus relative lack of polish or detail of the *Gesta Francorum* and the probable level of education of its author (certainly educated, but

⁹² G. A. Loud, ‘Norman Traditions in Southern Italy’, in *Norman Tradition and Transcultural Heritage: Exchange of Cultures in the ‘Norman’ Peripheries of Medieval Europe*, ed. by Stefan Burkhardt and Thomas Foerster (Farnham: Ashgate, 2013), pp. 35–56 (pp. 41–42); Alan V. Murray, ‘The Enemy Within: Bohemond, Byzantium and the Subversion of the First Crusade’, in *Crusading and Pilgrimage in the Norman World*, ed. by Kathryn Hurlock and Paul Oldfield (Woodbridge: Boydell, 2015), pp. 31–47 (p. 33).

⁹³ France, *Victory*, pp. 75–77.

⁹⁴ The aim here is not to discount the ‘Norman-ness’ of the Italo-Normans on crusade (on which see, *inter alia*, Emily Albu, ‘Probing the Passions of a Norman on Crusade: The *Gesta Francorum et aliorum Hierosolimitanorum*’, *Anglo-Norman Studies: Proceedings of the Battle Conference 2004*, 27 (2005), 1–15; Natasha Hodgson, ‘Reinventing Normans as Crusaders? Ralph of Caen’s *Gesta Tancredi*’, *Anglo-Norman Studies: Proceedings of the Battle Conference 2007*, 30 (2008), 117–32) but to suggest that their ‘Italian-ness’ had more implications for their health when travelling in the eastern Mediterranean.

⁹⁵ The Anglo-Norman perspective (exemplified by Guibert of Nogent, William of Malmesbury, Henry of Huntington and Orderic Vitalis) treats the identity of the Italo-Normans differently. Guibert of Nogent, approving of Bohemond’s career in the East, adopted Bohemond as a Frank (Hodgson, ‘Normans as Crusaders’, p. 119) while Orderic Vitalis stressed the Italian-ness of the ‘Norman’ contingent (see n. 91, above).

not a scholar) may account for the lack of medical theories of health and environment in the text.⁹⁶ Any interpretation of health and Italo-Norman ethnicity which might be detectable in Ralph of Caen's text is clouded by his own Northern French origins and later career in the Latin East – although if Ralph did have any thoughts on the connections between national constitution, the climate and health, they left little impression on his text. He does mention the bad weather experienced by Bohemond's contingent in the Balkans, but he does not dwell on weather, climate or environment, either here or when describing the remainder of the journey to Jerusalem.⁹⁷ We might hope that the Monte Cassino chronicler would provide a more 'Italian' perspective, writing as an Italian, in Italy. Moreover, given that this text was composed somewhat later than the *Gesta Francorum* and the *Gesta Tancredi*, and in a location usually seen as a centre of medical translation (home, for a time, of Constantine the African) we might have expected the *Historia* to provide more details about the Italo-Normans in the Balkan environment, but here too the chronicler shows no interest in the climate or weather and its effect on the Italian crusaders. A composite text, based heavily on the *Gesta Francorum* and the *Gesta Tancredi*, the chief value of the *Historia* is in the unique information it transmits, but none of the unique passages enlighten us on the environmental experience of the Italo-Norman crusaders.⁹⁸ Again, the lack of medical

⁹⁶ While the question of the authorship of the *Gesta Francorum* is a subject of much debate (see Morris, 'Gesta Francorum'; Conor Kostick, 'A Further Discussion of the Authorship of the *Gesta Francorum*', *Reading Medieval Studies*, 35 (2009), 1-14; Rubenstein, 'Gesta and Tudebode'), Wolf and Hodgson make the case that the Anonymous benefited from a wider education than had previously been assumed of him: Wolf; Natasha Hodgson, 'The Role of Kerbogha's Mother in the *Gesta Francorum* and Select Chronicles of the First Crusade', in *Gendering the Crusades*, ed. Edgington and Lambert, pp. 162-76. However, whether the Anonymous was a knight or a secular cleric, he would still not have had access to the medical knowledge that, for example, the enclosed monk Albert of Aachen seems to have been able to draw on.

⁹⁷ Ralph of Caen, chap. 21, p. 8 (trans. Bachrach and Bachrach, p. 24).

⁹⁸ The unique passages are itemised in *Hystoria de via et recuperatione Antiochiaie atque Ierusalymarum (olim Tudebodis imitatus et continuatus): I Normanni d'Italia alla prima Crociata in una cronaca cassinese*, ed. by Edoardo D'Angelo, Edizione nazionale dei testi mediolatini, 23 (Florence:

detail in the text can be understood through considering the authorship of the text, this time in its geographical context.⁹⁹ It has been suggested that Constantine the African's association with Monte Cassino has been overstated, and that the monastery as a whole did not develop a medical specialism: Constantine only came to Monte Cassino relatively late in his life and although he and his assistants translated a number of medical texts, only one of their manuscripts remained in the library there.¹⁰⁰ To this we can add the consideration that the *Historia* relied on texts which themselves did not foreground health and medicine. So, while the lack of interest in illness in these three texts may appear to support the idea that the Italo-Normans were better suited to travelling and campaigning in the eastern Mediterranean than ultramontane crusaders, the preceding discussion should give one pause for thought before assuming this to be true.

Raymond of Toulouse's difficult choice of route in 1096, traversing the Alps before marching through a region known at the time as Slavonia to join the *Via Egnatia*, found no imitators later in the century. Logistically challenging (indeed, military historians have struggled to explain Raymond's decision to take this route), this journey was also fraught with danger to health.¹⁰¹ Raymond of Aguilers, an

SISMEL, Edizioni del Galluzzo, 2009), pp. xl-xli. Where the *Hystoria* mentions the suffering of the crusaders in Anatolia, it is closely following the *Gesta*. In fact, all three Italo-Norman texts discuss the suffering of the crusaders on their journey, which relates to the association of *peregrinatio* with hardship discussed above.

⁹⁹ Luigi Russo recently called for the corpus of Cassinese crusaders texts to be considered more fully in their spatial context, recognising the importance this has for historical memory: Luigi Russo, 'The Monte Cassino Tradition of the First Crusade: From the *Chronica Monasterii Casinensis* to the *Hystoria de via et recuperatione Antiochiae atque Ierusalymarum*', in *Writing the Early Crusades*, ed. Bull and Kempf, pp. 55–62 (p. 53).

¹⁰⁰ Michael C. Weber, 'Monte Cassino', in *Medieval Science, Technology and Medicine: An Encyclopedia*, ed. Glick, Livesey and Wallis, pp. 352–53; Newton, 'Constantine the African and Monte Cassino', p. 23; Francis Newton, *The Scriptorium and Library at Monte Cassino, 1058–1105*, Cambridge Studies in Palaeography and Codicology, 5 (Cambridge: Cambridge University Press, 1998), p. 276.

¹⁰¹ France, *Victory*, pp. 104–05; Alan V. Murray, 'Roads, Bridges and Shipping', pp. 187–88.

eyewitness source for this march, tells us that the sick who straggled behind the main army of the count were picked off in skirmishes, and that Adhemar of Le Puy's brother became ill in the region.¹⁰² Peter Tudebode records that the count lost a number of knights (although he does not explain how they died) and expressed surprise that Raymond should have suffered so much in the region, which Peter thinks should have been an easy passage.¹⁰³ Raymond of Aguilers does not tell us what ailed the sick, but a clue might lie in his conceptualisation of Slavonia as hostile territory: mountainous, thickly wooded, and with strange weather phenomena.¹⁰⁴ Links between Slavonia and the Latin heartlands were weak; Annetta Ilieva and Mitko Delev have examined how throughout the long twelfth century the region of Slavonia was a byword for foreign, irreligious (pagan or heretic), and barbarian lands.¹⁰⁵ They conclude that this wider context influenced Raymond to write of the region as an uncertain borderland.¹⁰⁶ Their interpretation is supported by the apparent incidence of sickness on this march. Like Italy, Slavonia was foreign to the ultramontane crusaders, and consequently dangerous to their health, and there is a sense in Raymond of Aguilers's writing that a border had been crossed, beyond which the crusaders would suffer medical problems: it was thus a frontier of health.¹⁰⁷

¹⁰² RA, pp. 236, 238 (trans. Hill and Hill, pp. 16, 24).

¹⁰³ Peter Tudebode, p. 43 (trans. Hill and Hill, p. 27).

¹⁰⁴ RA, pp. 235–56 (trans. Hill and Hill, pp. 16–17).

¹⁰⁵ Annetta Ilieva and Mitko Delev, 'Slavonia and Beyond: The Gate to a Different World in the Perception of Crusaders (c. 1104–c. 1208)', in *From Clermont to Jerusalem*, ed. Murray, pp. 153–71. Thomas Lecaue suggests that Raymond's route was designed to strengthen the weak links between Catholic Dalmatia and the Papacy: Thomas Whitney Lecaue, 'The Count of Saint-Gilles and the Saints of the Apocalypse: Occitanian Piety and Culture in the Time of the First Crusade' (unpublished PhD thesis, University of Tennessee, 2015), p. 184.

¹⁰⁶ Ilieva and Delev, pp. 167–69.

¹⁰⁷ These findings could prompt a re-assessment of Maria Todorova's 'Balkanism', the pejorative attitude of western Europeans to a geographical and cultural periphery: Maria Todorova, *Imagining the Balkans*, 2nd edn (Oxford: Oxford University Press, 2009). Todorova's framework (inspired by, but not

3.3.2 Greek Borderlands

Despite the strong associations between the Italian route and pilgrimage to Jerusalem, more popular with crusaders east of the Rhône than the Italian route to the *Via Egnatia* was the road that followed the Danube and then cut south-east across Hungary and Bulgaria, the *Via Militaris*. This route was taken by the People's Crusade and Godfrey of Bouillon in the 1090s; by the Lombard, Aquitanian-Bavarian and German groups during the 1101 Crusade; and by the German and French contingents of the Second Crusade.¹⁰⁸ The natural advantages of the Danubian route meant it was followed again by Frederick Barbarossa in 1188. The navigable waters of the river made it possible for the crusaders to use ships to transport their baggage, and as the twelfth century progressed the rulers of Hungary were increasingly friendly to the crusaders, receiving Barbarossa warmly in June 1189.¹⁰⁹ The experience of health amongst these armies seems to have been different to those who took the *Via Egnatia*. Odo of Deuil's first reference to ill-health on Louis VII's march is his report of the death of Bishop Alvisus of Arras on 6 September 1147 in Philippopolis, a Byzantine city on the border with Bulgaria.¹¹⁰ This location may be significant. Until this point the march had been through friendly territory, but once in Greek lands the crusaders started to suffer as the inhabitants suppressed the food supplies.¹¹¹ Is it a coincidence

closely allied to Edward Said's 'Orientalism') only touches lightly on the medieval period, holding that 'Balkanism' was born in the late nineteenth/early twentieth century and is still a defining factor in cultural awareness of the region today (although she acknowledges that scholarly discourse is usually free of these connotations, Todorova, p. 192). However, it seems that the history of Western prejudice towards the region may be a lot longer than her examination suggests.

¹⁰⁸ People's Crusade, Godfrey of Bouillon: France, *Victory*, pp. 90–93, 105–06; 1101 contingents: Mulinder, pp. 78–82, 87–94, 82–84; Louis VII and Conrad III: John France, 'Logistics and the Second Crusade', in *Logistics of Warfare in the Age of the Crusades*, ed. Pryor, pp. 77–93 (pp. 77–79).

¹⁰⁹ See n. 13, above

¹¹⁰ OD, pp. 44–46.

¹¹¹ OD, p. 40.

that at the same time Odo records the first illness of the crusade? It might indicate a perception of the Greek border as more than a political boundary: the beginning of hostile territory, both politically and medically. The *Historia Friderici imperatoris* describes the first difficulties suffered by the German crusaders in 1189 as the crusaders entered Bulgaria, somewhat earlier in the journey than the problems recorded by Odo of Deuil in 1147. This time the trouble was due to Greek ambushers, who attacked the crusaders with poisoned arrows and stole from the baggage train.¹¹² This coincides with the first death from illness recorded in the *Historia*, that of Count Engelbert of Berg, in the same region, at the beginning of July.¹¹³ The German march through Bulgaria was punctuated with further deaths: on 10 August Abbot Isenrich of Admont died and was buried with other pilgrims in a common grave.¹¹⁴ When Barbarossa wrote to his son from Philippopolis in November 1189 he reported that over 100 crusaders had been lost on the journey thus far.¹¹⁵ Barbarossa does not tell us how they died, but a letter written by Bishop Diepold of Passau (preserved in the chronicle of Magnus of Reichersberg) in the same month says that ‘most of the army’ (*exercitus ex maiori parte*) fell ill in Bulgaria, ‘some with tertian fever, others with quartan fever, while some indeed laboured with dysentery’.¹¹⁶ As can be seen elsewhere in this thesis, it is extremely unusual for a crusader author to actually diagnose illness in such medicalised language, and in the writing of a

¹¹² *HFI*, p. 28 (trans. Loud, p. 60).

¹¹³ *HFI*, p. 27 (trans. Loud, p. 59). Engelbert’s death is also mentioned in the *Chronica Regia Coloniensis*, which otherwise records the death of very few crusaders: *Chronica Regia Coloniensis*, ed. by Georg Waitz, MGH SS rer. Germ., 18 (Hannover: Hahn, 1880), pp. 144–45.

¹¹⁴ *HFI*, pp. 36–37 (trans. Loud, p. 67).

¹¹⁵ *HFI*, p. 43 (trans. Loud, p. 72).

¹¹⁶ ‘quia quidam tertianis, alii vero quartanis, quidam autem dissenteria laboraverunt’: preserved in the chronicle of Magnus of Reichersberg, p. 509 (trans. Loud, pp. 149–50).

participant is even rarer still. In the writing of a bishop, though, it is less surprising. As a member of the upper clergy, Diepold would have had a degree of exposure to learned medicine; he may even have had a personal physician well-versed in medical texts. It is also significant that Diepold was writing at the end of the twelfth century when the textual landscape of medieval medicine was much fuller than it had been at the time of the First Crusade.

Despite Diepold's report of the many illnesses suffered in Bulgaria, the *Historia Friderici imperatoris* tells us that the climate was actually more favourable in Bulgaria than it had been in Hungary, and it was not until they reached Adrianople, well into Greek territory, that the crusaders began to suffer from the environment.¹¹⁷ Here the crusaders and their animals were troubled by heavy rains, and one of their number, Bodo of Massing, became ill and died on 16 March 1190.¹¹⁸ While the chronicler did not make an explicit connection between the excessive rain and Bodo's death, other chronicles display a firm association between rain and disease: the epidemics at Antioch (1097–98), Acre (1189–91) and Damietta (1218–19) were all connected with torrential rainfall by various chroniclers, tying into the ideas of excess which have already been discussed, and the importance of the weather as a component of the air in humoral theory.¹¹⁹ Passing references such as the death of Bodo serve to reinforce the impression given elsewhere that too much rain was not only unpleasant, but dangerous to health.

¹¹⁷ *HFI*, pp. 27, 70 (trans. Loud, pp. 59, 95).

¹¹⁸ *HFI*, p. 70 (trans. Loud, p. 95).

¹¹⁹ These episodes are discussed more fully in section 5.2, below.

The key issue here seems to be one of frontiers. The frontier as a concept can be many things: a military perimeter, a political limit, or a zone of cultural interchange.¹²⁰ Here, a view of the frontier as a boundary demarcated by health is proposed, but this is, of course, allied to other perceptions of the frontier. The later crusades started to experience political and health problems at the same time, while crossing the border into Greek territory. The experience was different for the First Crusaders when the political landscape was different: in that expedition, climate alone was the cause of ill-health for those travelling in Italy, which was not politically problematic, but the march through Slavonia was dangerous territory spiritually and in terms of health. While we may gain the impression that the ‘safest’ route, i.e. that with the least incidence of sickness, was the *Via Egnatia*, it is possible that this is a result of the uneven survival of sources: the narrative sources leave only sketchy details on those who took that route, leading to Pryor’s suggestion to turn away from narrative sources when reconstructing Bohemond’s march.¹²¹ And although the People’s Crusade and Godfrey of Bouillon’s contingent of the First Crusade experienced problems of supply and frequent skirmishes in Hungary and Bulgaria, this was not allied with ill-health by the chroniclers. But as the twelfth century progressed it seems that the dangers of crossing a frontier into alien territory were made increasingly manifest in the crusaders’ health, resulting in the first casualties of the expeditions.

¹²⁰ *Frontiers in Question: Eurasian Borderlands, 700–1700*, ed. by Daniel Power and Naomi Standen (Basingstoke: Macmillan, 1999) examines military frontiers; while *Medieval Frontiers: Concepts and Practices*, ed. by David Abulafia and Nora Berend (Burlington, VT: Ashgate, 2002), concentrates on cultural frontiers. See also William Urban, ‘The Frontier Thesis and the Baltic Crusade’, in *Crusade and Conversion on the Baltic Frontier, 1150–1500*, ed. by Alan V. Murray (Aldershot: Ashgate, 2001), pp. 45–71.

¹²¹ As discussed above, and by Pryor, ‘Bohemond’s March’, p. 2.

3.3.3 Asia Minor

From Nicaea across the Bosphorus, Odo of Deuil tells us that three routes presented themselves.¹²² The most northerly was mountainous, and strategically risky, passing the Turkish stronghold of Ikonion. The coastal path was rich in resources and passed through peaceable territory, but took a long time and required many river crossings, while the middle way was strategically safer and shorter than the first, but had fewer natural resources than the second. After Conrad III was defeated by lack of supplies and Turkish attacks on the first route, the forces of the Second Crusade were divided between the coastal and middle routes, but Barbarossa chose the route to Ikonion.¹²³ He was challenged by the Turkish ruler of the city, but was victorious and continued his march. The chronicles are reticent on details of the route taken by the Germans after Barbarossa's death in June 1190, but we know that they reached Antioch and turned south towards Acre. On their journey through Anatolia, they found themselves challenged by the rigours of the journey, and both the *Historia Friderici imperator* and Magnus of Reichersberg sympathetically recount how retainers carried their sick lords over mountain passes near Seleucia, the sickness being relieved by the discovery and consumption of some vegetables found in a valley.¹²⁴

Odo's account of the Second Crusade in Anatolia is mostly preoccupied with the finding of supplies and the inconveniences of the weather, and he does not tell us much about the general health of the crusaders until they reach Adalia where, while waiting for the weather to allow the voyage to Antioch, a number of the crusaders

¹²² OD, pp. 88-90.

¹²³ Jonathan Phillips, *Second Crusade*, pp. 175-85, 195-203.

¹²⁴ *HFI*, pp. 90-91 (trans. Loud, p. 115); Magnus of Reichersberg, pp. 515-16 (trans. Loud, p. 164). At this point, both chroniclers were drawing on a common source, the diary of a participant named Tageno. See *HFI*, trans. Loud, p. 108 n. 309.

sickened (presumably suffering from illnesses caused by the conditions of the port rather than the march).¹²⁵ Other sources, however, underline the association between place and health already seen in Italy and the Balkans: Albert of Aachen tells us that Baldwin of Boulogne's wife Godevere, 'taken from her English homeland' (*de regno Anglie ortam eduxit*), fell ill and died in the region of Marash.¹²⁶ When William of Tyre reports the episode near Dorylaion where the crusaders suffered first a shortage, and then an excess, of water, he adds that the extreme temperatures the crusaders experienced were usual for 'burning July' (*ardens Iulius*).¹²⁷ William, a native of the sometimes harsh Levantine climate, was particularly critical of the crusaders' response to these conditions and sharply castigated their intemperance when they reached a source of water, drinking too freely and causing their own deaths as a result.¹²⁸

The health of the crusaders in Asia Minor seems to be related to the physical exertion of crossing the landmass, underscored by the spirituality of the crusader journey. Svetlana Luchitskaya, building on the work of Jacques Le Goff, explores how deserts, forests, rivers and mountains – physical terrains experienced by the crusaders – could, in narrative terms, express their isolation in a hostile environment, recalling the experience of the Desert Fathers.¹²⁹ The Anatolian landscape did challenge the crusaders: of thirty instances of dearth which have been identified described during

¹²⁵ OD, pp. 124–36. The health implications of time spent in port cities is discussed in more detail in the section 4.2, below.

¹²⁶ AA, 3:27, p. 182.

¹²⁷ William of Tyre, I, 3:16, p. 217 (trans. Babcock and Krey, I, p. 175).

¹²⁸ Albert of Aachen's report, described above, is much more sympathetic.

¹²⁹ Jacques Le Goff, 'Le desert-forêt dans l'Occident médiéval', in *L'imaginaire médiéval: Essais* (Paris: Gallimard, 1985), pp. 59–79; Svetlana I. Luchitskaya, 'Travelling to the Holy Land in the Twelfth and Thirteenth Centuries: A Study in the History of Everyday Life', in *Medieval Travel in Russian Research*, ed. by Svetlana I. Luchitskaya and Gerhard Jaritz, trans. by Irina Savinetskaya, *Medium Aevum Quotidianum*, 27 (Krems: Medium Aevum Quotidianum, 2011), pp. 22–47.

twelfth-century crusader marches in the course of this study, twenty-two were in Asia Minor. The worst sections of the journey seem to have been the central plain around Ikonion, where provisions and water were scarce, and the Anti-Taurus mountain range, which is where Baldwin's wife died. But, significantly, the crusaders do not seem to have encountered any more ill-health here than in Central Europe and the Greek borders. Perhaps the important political, ideological and climatological boundaries had already been crossed, and therefore Asia Minor was no more dangerous from a medical point of view than the Balkans had been.

3.3.4 The Holy Land

Once through Asia Minor the crusaders entered a new environmental, political, and spiritual stage of their journey: Syria and Palestine, the location of the Holy Land.¹³⁰ The First Crusaders took varying routes across Anatolia and south from Antioch but once in Syria they generally kept to the coastline. Conrad III cut out this section of the journey altogether, sailing directly to Tyre following his stay in Constantinople over the winter of 1147–48. We have few details about the route taken by the forces of the 1101 crusade, Louis VII in 1148 and the Germans, who by 1190 were led by Frederick, duke of Swabia, but can assume that they followed the coastal route, as Richard I did when he led the armies of the Third Crusade south after the recapture of Acre in 1191.¹³¹

¹³⁰ The multiple identities of the Holy Land to the crusaders and the Frankish settlers are explored in Alan V. Murray, 'Sacred Space and Strategic Geography in Twelfth-Century Palestine', in *The Franks in Outremer: Studies in the Latin Principalities of Palestine and Syria, 1099–1187*, Variorum Collected Studies Series, 1056 (Farnham: Ashgate, 2015), essay XII (first publ. in *Sacred Space in the State of the Teutonic Order in Prussia*, ed. by Jaroslav Wenta, *Sacra Bella Septentrionalia*, 2 (Torún: Wydawnictwo naukowe Uniwersytetu Mikołaja Kopernika, 2013), pp. 13–37).

¹³¹ On the absence of data for the 1101 crusade, Mulinder, p. 234.

In the Holy Land, geography and climate posed a particular problem to the crusaders. This was the Promised Land, and the patrimony of Christ, but contemporary geographical understanding suggested that it was an unhealthy place for westerners to be, thanks to the heat, and the unfamiliar environment.¹³² Richard of Devizes wrote that Richard I's army suffered losses daily in the 'Land of Promise' (*Terra Promissio*) in 1192, not just from the military action, but from the 'exceeding intemperateness of the nocturnal frost and the daily fervour', but that on the other hand their enemies were used to the climate and thrived in it.¹³³ Gilo of Paris (in opposition to William of Malmesbury, discussed above) thought that the Franks were not suited to fighting in the Levant: 'those people, softened by the mildness of their own air, were defeated not by battle, but by the heat of battle' at Ma'arrat in 1099.¹³⁴ The spiritual health of the land could not be taken for granted either. Pilgrim texts frequently discuss the disgusting smell of the Dead Sea, the waters of which submerged the damned towns of Sodom and Gomorrah and could make a visitor ill, as the Russian pilgrim Daniel the Abbot was warned by locals in the 1110s.¹³⁵ Fulcher of Chartres visited the Dead Sea and tells us how he tasted the water and found it

¹³² Bernard Hamilton suggests that geographic understandings of the Holy Land amongst westerners did not develop much in the twelfth century, due to political limitations. He highlights the *Historia* of William of Tyre as the exception amongst texts which relied on established classical and patristic authorities in lieu of their own experience: Bernard Hamilton, 'The Impact of the Crusades on Western Geographical Knowledge', in *Eastward Bound: Travel and Travellers, 1050–1550*, ed. by Rosamund Allen (Manchester: Manchester University Press, 2004), pp. 15–34 (pp. 16–23).

¹³³ 'ex nocturni frigoris et diurni fervoris intemperantia nimis proxima': Richard of Devizes p. 443.

¹³⁴ 'aeris illa sui gens emollit tepore, / Non est marte sed est martis superata calore': GP, bk. 8, ll. 54–55.

¹³⁵ Daniel the Abbot, 'The Life and Journey of Daniel, Abbot of the Russian Land', in *Jerusalem Pilgrimage, 1099–1185*, ed. by John Wilkinson, Joyce Hill, and W. F. Ryan, Hakluyt Society, 2nd ser., no. 167 (London: Hakluyt Society, 1988), pp. 120–71 (p. 148). A number of the other texts in this collection mention the Sea of Sodom in unflattering terms, mentioning how it turned the water in skins bitter: 'An Account of the Location of the Places, 1128–37', pp. 181–211 (p. 186); how the waters supported no aquatic life and would kill a bird which flew overhead: 'On the Site of Jerusalem and of the Holy Places Inside the City or Round It', pp. 177–80 (p. 180); and how its black waters and stench would scare off travellers: Theoderic, pp. 274–314 (p. 306).

unbearably salty, while Albert of Aachen, perhaps supplementing his oral sources with material from earlier pilgrim texts, refers to the ‘stinking’ (*fetentia*) waters on more than one occasion.¹³⁶ Neither author explicitly names the Dead Sea as an unhealthy place, but the inference is there, in the context of contemporary theories on air and smells and in the infertility of the region, which did not support habitation or agriculture. This inference is strengthened when Fulcher tells us about the strange fruits growing there which look enticing but emit smoke when broken into (surely a reference to the Fruit of the Tree of Knowledge of Good and Evil!).¹³⁷ The undertone of rotteness and empty promises in a location connected with vice, sin, and a vengeful God is palpable. The solution to this problem of the Holy Land might lie in the crusader self-image as God’s appointed guardians of the land, an idea which had a long history. As the Israelites approached the land of Canaan after their wanderings in the desert, those whom Moses had sent out to scout the new land brought back conflicting reports to him. Not only was the land ‘flowing with milk and honey’ (*fluit lacte et melle*), but it was also ‘a land that devours its inhabitants’ (*terra devorat habitores suos*); the fears of the Israelites were allayed by the promises of Joshua and Caleb that ‘if the Lord favours us, he will lead us into this country and give it to us’.¹³⁸ William of

¹³⁶ FC, 2:5, pp. 376–77 (trans. Ryan, pp. 145); AA, 7:40 (p. 546); 10:28 (p. 744). The association between the moral and geographical foulness of Sodom continued into the early modern period and beyond: Anne Simon, ‘Of Smelly Seas and Ashen Apples: Two German Pilgrims’ Views of the East’, in *Eastward Bound*, ed. Allen, pp. 196–220. See also n. 138, below.

¹³⁷ FC, 2:5, p. 379 (trans. Ryan p. 146). Identified by Hagenmeyer and Ryan as ‘apples of Sodom’.

¹³⁸ ‘si propitius fuerit Dominus inducet nos et eam et tradet humum’. The story is told at Numbers 13.27–32; 14.4–9. The particular fear of the Israelites was the terrifying reputation of the inhabitants of the country, but this passage was interpreted by the sixteenth-century Catholic theologian St Francis de Sales thus: ‘Those who discouraged the Israelites from entering the promised land told them that it was a country that ‘devoured its inhabitants’, in other words that the climate was so unhealthy that no one could live there for long, and that the inhabitants were such monsters that they devoured other men like locusts [...] But [...] Josue and Caleb assured the Israelites that the promised land was good and fair and that the possession of it would be good and agreeable’: St Francis de Sales, *Introduction to the Devout Life*, trans. by Michael Day (London: Burns & Oates, 1962), pp. 8–9. The idea that the Levantine climate was dangerous to the health of westerners lived on into the nineteenth century and is a

Malmesbury says that Godfrey and Tancred chose to stay in Jerusalem despite the risks to their health from the pestilential air and the Saracens, trusting in God's protection, and Fulcher of Chartres wrote that the settlers enjoyed prosperity because of God's favour.¹³⁹

3.4 Conclusions

The problem with travel, then, was multi-layered. As long as a person stayed in the environment to which he or she was adapted, eating foods which complemented their humoral constitution, breathing air which was most beneficial to them, and taking care of their bodily functions, it was thought that they would remain healthy, or be able to treat any conditions which they might develop. Travel to another climatic zone, however, risked unbalancing this equilibrium, and constant motion made it difficult to regulate the humours, engendering 'travel sickness', as Peregrine Horden puts it.¹⁴⁰ Moreover, some locations were seen as intrinsically unhealthy and simply unable to support life. Recovery needed rest and stasis and management of one's surroundings, not something that was always a possibility for the medieval traveller, and especially during the crusade, when the hostility of the environment was matched by that of the local inhabitants.

What does this tell us about the crusader march? It has become apparent that the crusaders understood their journey not just in terms of provisioning and technical

recurrent motif in Walter Scott's *The Talisman*, which opens with an extended description of the inhospitable and unhealthy climate of the Dead Sea region, including: 'in retaining their own unwieldy defensive armour, the northern crusaders seemed to set at defiance the nature of the climate and the country to which they had come to war. [...] Numbers indeed died ere they became inured to that burning climate': Walter Scott, *The Talisman* (London: Oxford University Press, 1912), pp. 1-3 (quotation on p. 3).

¹³⁹ William of Malmesbury, I, 4:372, p. 655; FC, 3:37, p. 749 (trans. Ryan, p. 272).

¹⁴⁰ Horden, 'Travel Sickness'.

logistics, but through a medical and a religious framework wherein the perils of crusading were not just limited to enemy action. Although food supply was and is an important factor in maintaining health, we cannot simply project our current understandings of nutrition onto the medieval evidence, as doing so conceals fascinating insights into the crusader perspective on food and eating. When we take the 'chronicle's-eye view', we find something surprising: despite the centrality of food to medical theory as one of the non-naturals, when discussing the march the contemporary authors are much more concerned with the health implications of environment, geography, air, and the land than they are about their food. The crusader march was about more than just travelling from A to B, but involved crossing important psychological, political, and medical boundaries, with the effect being seen on the crusaders' health. The journey overland took the crusaders from their homelands over medical frontiers to regions which were theoretically fundamentally incompatible with their health, and consequently they experienced sickness and death on their journey: adaptation to the environment was critical. The evidence of contemporary medical knowledge is, however, usually only implicit in the chronicle writings, reflecting the fact that these texts fall outside the traditional genres of medical history.

Despite this, this investigation has important implications for the history of medieval medicine, by revealing previously underappreciated evidence for the dissemination of medical theory amongst non-medical authors, but also suggests a complementary approach to recent studies of crusader logistics, notably by Pryor and Bachrach. If we take the 'chronicle's-eye view' we can approach logistics from the viewpoint of the chronicler, avoiding the imposition of modern understandings of

disease, nutrition and ecology. And, furthermore, by considering the crusader marches within the history of travel and ecology, and the crusaders as travellers rather than warriors, we can get closer to the physical experience of crusading and better understand the crusaders themselves, by trying to understand their perspective of the world around them. A perspective which, according to Ekkehard of Aura, maintained that those who suffered ‘the perils of brigands, the perils of rivers, the perils of the sea, of the wilderness, of hunger and thirst, of heat and disease’ unto death on the road to Jerusalem were martyrs just as much as those died capturing the city.¹⁴¹

¹⁴¹ ‘pericula scilicet latronum, pericula fluminum, pericula maris, solitudinis, famis et sitis, estus et egritudinis’: Ekkehard of Aura, *Chronica*, p. 330 (trans. McCarthy, p. 258).

Chapter 4: Motion and Stasis: Ports and Sea Travel

4.1 Introduction

While the maritime activities of crusaders in the twelfth century are now acknowledged to be more extensive than once thought, it was with the Third Crusade (1189–91) that crusading by sea became the dominant form.¹ However, even though the *Historia Friderici imperatoris* wrote that those who chose the sea journey instead of the land routes in 1189 had done so out of fear of the travails of the journey overland, sailing across the Mediterranean in the twelfth and thirteenth centuries was no easy option.² Taking ship in the Mediterranean was proverbially dangerous and the crusader sources are littered with references to the sea being a fearful place of spiritual and physical danger.³

¹ Various reasons account for this shift including the increasing sophistication of horse transport technology, which made it feasible to transport a large army over the sea and the availability of good harbours on the sea lanes to the Holy Land. See John H. Pryor, 'The Transportation of Horses by Sea during the Era of the Crusades: Eighth Century to 1285 AD Part 1: to c. 1225', *Mariner's Mirror*, 68 (1982), 9–30; Ruthy Gertwagen, 'Harbours and Facilities along the Eastern Mediterranean Sea Lanes to Outremer', in *Logistics of Warfare in the Age of the Crusades*, ed. Pryor, pp. 95–118. Pryor also notes that smaller expeditions of pilgrims had always favoured the sea passage: John H. Pryor, *Geography, Technology and War: Studies in the Maritime History of the Mediterranean, 649–1571* (Cambridge: Cambridge University Press, 1988), p. 112.

² *HFI*, p. 24 (trans. Loud, p. 57). Cf. section 3.1, above.

³ For example (*inter multa alia*): *Chronica Reinhardsbrunnensis*, p. 559. The Rothelin continuation of William of Tyre spends a chapter elucidating the dangers of the sea for those who had not experienced it: *Continuation de Guillaume de Tyr, de 1229 a 1261, dite du manuscrit de Rothelin*, in *RHC Occ.*, 5 vols (Paris: Académie des inscriptions et belles-lettres, 1844–95), II (1859), pp. 483–639 (chap. 45, pp. 571–73); *The Rothelin Continuation of William of Tyre*, trans. by Janet Shirley in *Crusader Syria in the Thirteenth Century: The Rothelin Continuation of the History of William of Tyre with Part of the Eracles or Acre Text*, ed. by Janet Shirley, *Crusade Texts in Translation*, 5 (Aldershot: Ashgate, 1999), pp. 11–120, pp. 69–71). There are too many shipwrecks recorded in the crusader sources to list here. See also Smith, *Age of Joinville*, pp. 94–96, for the ways in which the dangers of the sea were treated by crusade preachers. Jonathan Riley-Smith details some episodes wherein crusaders were so affected by their time at sea, due to either illness or fear, that they gave up property or made donations to the Church in fear of their life: Riley-Smith, *First Crusaders*, pp. 147–48.

There has been a relative dearth of work on the maritime history of the crusades, which has only attracted the sustained attention of a small number of scholars, of whom the doyen is surely John Pryor.⁴ Pryor's approach, rooted in technology, logistics, and geography, is complemented by Ruthy Gertwagen's work on ports and Richard Unger's on ships; taken together their work presents a comprehensive view of the practicalities of Mediterranean shipping.⁵ However, their focus is the physical and logistical aspects of maritime history, such as the technicalities of ship-building, the material environment of ports, and the effect of winds and currents on medieval shipping. It is the intention here to examine, broadly, but through the prism of health and the physical condition, the human history of travelling by sea during the crusades. How did the experience of crusading by sea differ from crusading overland? How did time in port and on ship affect the health of crusaders? What was the cultural perception of ports and the sea at the time of the crusades? Answering these questions requires the consideration of the Mediterranean

⁴ Ruthy Gertwagen and Elizabeth Jeffreys, 'John Pryor: A Tribute', in *Shipping, Trade and Crusade*, ed. Gertwagen and Jeffreys, pp. xv-xix; Ruthy Gertwagen and Elizabeth Jeffreys, 'The Publications of John Pryor', in *Shipping, Trade and Crusade*, ed. Gertwagen and Jeffreys, pp. xxi-xxvi.

⁵ For Gertwagen's work, see, *inter alia*, Gertwagen, 'Harbours and Facilities'; Ruthy Gertwagen, 'The Crusader Port of Acre: Layout and Problems of Maintenance', in *Autour de la première croisade: Actes du colloque de la Society for the Study of the Crusades and the Latin East (Clermont-Ferrand, 22-25 juin 1995)*, ed. by Michel Balard (Paris: Publications de la Sorbonne, 1996), pp. 553-81; Ruthy Gertwagen, 'The Concept of Ports in the Medieval Eastern Mediterranean: Construction and Maintenance on Crete to the End of the Fifteenth Century', *International Journal of Maritime History*, 12 (2000), 177-241; Ruthy Gertwagen, 'Maritime Activity Concerning the Ports and Harbours of Cyprus from the Late 12th to the 16th Centuries (1191-1571)', in *Cyprus and the Crusades: Papers given at the International Conference 'Cyprus and the Crusades', Nicosia, 6-9 September, 1994*, ed. by Nicholas Coureas and Jonathan Riley-Smith (Nicosia: Cyprus Research Centre/Society for the Study of the Crusades and the Latin East, 1995), pp. 511-38. Unger's major contributions are Richard W. Unger, *The Ship in the Medieval Economy, 600-1600* (London: Croom Helm, 1980); *Cogs, Caravels and Galleons: The Sailing Ship, 1000-1650*, ed. by Richard W. Unger and Robert Gardiner (London: Conway Maritime Press, 1994); Richard W. Unger, 'The Northern Crusaders: The Logistics of English and Other Northern Crusader Fleets', in *Logistics of Warfare in the Age of the Crusades*, ed. Pryor, pp. 251-73.

environment of the crusaders: its physical characteristics, and cultural and spiritual resonances.⁶

The maritime history of the crusades is overwhelmingly a Mediterranean one, and the time is ripe to examine crusader seafaring in relation to the perspectives of the burgeoning field of Mediterranean Studies. The founder of this discipline can properly be said to be Fernand Braudel, reference to whose seminal *The Mediterranean and the Mediterranean World in the Age of Philip II* is essential for any subsequent work in the field.⁷ Braudel's foundation, and his key legacy to Mediterranean Studies, is his *Annaliste* emphasis that political and military events cannot be studied in isolation from the spaces, societies, and geographical conditions that frame them. Peregrine Horden and Nicholas Purcell in their ground-breaking *The Corrupting Sea: A Study of Mediterranean History* said that Braudel's *Mediterranean* spelled the end of scholarship of Mediterranean history, both for its seeming conclusiveness and for the timing of its appearance at a point when academic fashion steered away from his type of regional and geographical history.⁸ That has proved not to be the case, however, perhaps due in no small part to the stimulation of the field produced by the publication of *Corrupting Sea*: the Mediterranean as both object and method of study continues to

⁶ Although the logistical issues of travelling over water are similar for both sea travel and riverine travel, this investigation will not be considering the journeys crusaders took by river, such as by Frederick I Barbarossa in 1189, when he transported his army down the Danube to the Black Sea before continuing his journey overland, or the flight of Louis IX up the Nile in 1248. However, it should be noted that the riverine journeys of crusaders have been overlooked by military and logistical historians of the crusades and are much deserving of more attention to broaden our understanding of crusader journeys on water. Credit must be paid to one recent article which brings the military history of rivers and seas together: Benjamin Z. Kedar, 'Prolegomena to a World History of Harbour and River Chains', in *Shipping, Trade and Crusade*, ed. Gertwagen and Jeffreys, pp. 3-37.

⁷ Fernand Braudel, *The Mediterranean and the Mediterranean World in the Age of Philip II* (London: Collins, 1972).

⁸ Peregrine Horden and Nicholas Purcell, *The Corrupting Sea: A Study of Mediterranean History* (Oxford: Blackwell, 2000), pp. 39-43.

stimulate intense attention.⁹ *Corrupting Sea* offers, in Horden and Purcell's own phraseology, a history 'of' the Mediterranean, focused most strongly on the environmental and geographical history of the sea and its coastal inhabitants as revealed through the 'connectivity' of different 'microregions', in opposition to history 'in' the Mediterranean; that is, the political and military activities of the inhabitants of Mediterranean lands. This dichotomy has attracted much debate, and in 2011 David Abulafia added a new angle to the argument by presenting a history of events 'on' the Mediterranean: *The Great Sea: A Human History of the Mediterranean*, which covers three thousand years of human activity across the sea.¹⁰ These three works are comparable in their vast scale and bold reach, each offering at once the whole of Mediterranean history yet constrained by its own theoretical perspective.

One of the characteristics of Mediterranean Studies is the lack of consensus or definition on what constitutes the geographical or historical Mediterranean.¹¹ It is noteworthy that in two major collections, the editors did not stipulate definitions of what constituted 'Mediterranean' topics to their contributors.¹² One thing is clear, however: just because a study investigates events or places located in the

⁹ Horden offers a wide range of reasons to explain the recent explosion of Mediterranean Studies in Peregrine Horden, 'Introduction', in *A Companion to Mediterranean History*, ed. by Peregrine Horden and Sharon Kinoshita (Chichester: Wiley-Blackwell, 2014), pp. 1-7 (pp. 3-4), although ascribing no responsibility to *Corrupting Sea*. On the sheer number of responses that *Corrupting Sea* provoked, see the comprehensive but not exhaustive list of reviews, some quite lengthy, in Nicholas Purcell, 'The Boundless Sea of Unlikeness? On Defining the Mediterranean', *Mediterranean Historical Review*, 18 (2003), 9-29 (p. 25 n. 2).

¹⁰ David Abulafia, *The Great Sea: A Human History of the Mediterranean* (Oxford: Oxford University Press, 2011).

¹¹ This question is hardly exclusive to Mediterranean history. As Katherine Foxhall notes, 'scholars consciously identify with Atlantic, Indian or Pacific ocean frameworks, at the same time as they acknowledge that such designations are inherently unstable and contested'. Katherine Foxhall, *Health, Medicine, and the Sea: Australian Voyages, c. 1815-1860* (Manchester: Manchester University Press, 2016), p. 5.

¹² Horden, 'Introduction', p. 5; William Vernon Harris, 'Preface', in *Rethinking the Mediterranean*, ed. Harris, pp. v-vii.

Mediterranean, that does not necessarily qualify it to bear the descriptor 'Mediterranean Studies'. For that, it is necessary to interrogate the intrinsic 'Mediterranean-ness' of the subject matter. The present study must be more than simply a retelling of the crusader events that took place within the Mediterranean, but relate those events to the geography, environment, and culture of the region. It does not aim to define or draw any generalities for the whole Mediterranean. The Crusades were only a short moment in the history of (or perhaps rather 'in' and 'on') the Mediterranean, but they are characterised by many of the features that engage Mediterranean historians: mobility and connectivity, the human experience and conceptualisation of the landscape, interaction between different peoples, and religious geography, to name just a few. The Mediterranean spaces that form the bulk of the present discussion – the crusader embarkation ports and muster points of the north-western Mediterranean, the shipping lanes to the eastern Mediterranean, and the ships on which the crusaders travelled – can be seen to form a complex network of cultural and geographic significance, which will be revealed through the course of this investigation. Framing crusading by sea in this history of crusader health, this chapter will explore at length some of the implications of maritime crusading for the crusaders themselves: muster and embarkation points as loci for illness and the physical experience of travelling by sea. This cultural and maritime approach is appropriate for a study of health and the human condition at sea, since in the age-old sickness of *mal de mer*, we have a condition which affects the body both physically and psychologically through distance from home, the material condition on board ship, the experience of sea-sickness, and the fear of the sea as an elemental phenomenon.¹³

¹³ Thomasset, p. 84.

This investigation will show that the consideration of physical, religious and cultural geography adds a new and hitherto under-appreciated dimension to the logistical and military history of the crusades, deepening our understanding of the human experience of a crusader campaign. The crusades deserve attention as an epoch-defining movement in Mediterranean history: the Mediterranean as they experienced it, the 'Crusading Mediterranean', is a distinctive yet characteristic version of the Mediterranean whole.

4.2 Muster and Embarkation: The Port as a Locus of (Ill-) Health

Port towns are bottlenecks in the networks of communication that spread over land and sea. Crusaders experienced ports either as muster-points or as supply points for the voyage. As towns, ports were affected by the various issues of public health that affected all medieval urban settlements: waste and contamination, industrial pollution, and over-crowding and issues of food supply.¹⁴ In addition, the port setting created public health concerns which were specific to that environment. We need not engage in the disputed practice of retrospective diagnosis to recognise that as centres for the movement of people and goods with a fluid demographic composition, the chance of transmission of infectious diseases in ports was high. The overcrowding that accompanied the mass movement of people such as in the crusades presumably

¹⁴ The recent history of pre-modern urban health is dominated by Carole Rawcliffe and Guy Geltner, but neither has produced work specifically on port towns; when ports are mentioned in Rawcliffe's *Urban Bodies* the specific properties of their locations are not interrogated. Nonetheless, their work is very important for the study of life and health in medieval towns and a good starting point for future work on health in port towns, including the present study. See, *inter alia*, Rawcliffe, *Urban Bodies*; Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge: Boydell, 2006); Guy Geltner, 'Public Health and the Pre-Modern City: A Research Agenda', *History Compass*, 10 (2012), 231-45; Guy Geltner, 'Healthscaping a Medieval City: Lucca's *Curia viarum* and the Future of Public Health History', *Urban History*, 40 (2013), 395-415.

heightened this risk, as well as putting strain on the sanitary and alimentary resources of the town. Another factor in the public health of a maritime settlement is that port towns have been associated with prostitution throughout history. The three English locations to legalise brothels in the late medieval period were all ports: Southwark, the port of London on the river Thames; Sandwich, where the brothel was called ‘the Galley’, suggesting the occupational identity of its clientele; and Southampton, where the legalisation of the trade was explicitly for the benefit of sailors.¹⁵ High levels of prostitution suggest not only higher incidence of venereal disease, but that the town (or certain areas of it) may have been perceived as morally diseased, dangerous to the moral and spiritual health of those who visited it; we ought to recall that in the central Middle Ages leprosy was thought to be transmitted by sexual contact, bringing these ideas of moral and physical pollution together.¹⁶ Another public health issue which was particularly significant in port towns was the supply of potable water, since the watercourses in coastal towns tended to be brackish and unsuitable for consumption (either in cooking or for drinking).¹⁷ Indeed, this is seen to be the case with the crusader port of Aigues-Mortes, discussed below.

With these issues in mind, it is remarkable how little attention health in medieval port towns has attracted. Studies on urban health have not addressed the

¹⁵ Karras, *Common Women*, pp. 35–43, 156 n. 16; Rawcliffe, *Urban Bodies*, p. 105; P. J. P. Goldberg, ‘Pigs and Prostitutes: Streetwalking in Comparative Perspective’, in *Young Medieval Women*, ed. by Katherine Lewis, Noël James Menuge, and Kim M. Phillips (Stroud: Sutton, 1999), pp. 172–93 (pp. 183–84).

¹⁶ Luke E. Demaitre, *Leprosy in Premodern Medicine: A Malady of the Whole Body* (Baltimore: Johns Hopkins University Press, 2007), pp. 171–74. In an effort to contain the moral and physical contamination caused by prostitution, efforts were made to confine prostitutes and their trade to the marginal spaces of urban communities, such as the outskirts of the town, or near environmentally-polluting industrial areas such as lime kilns and tanneries: Rawcliffe, *Urban Bodies*, p. 104.

¹⁷ Rawcliffe, *Urban Bodies*, p. 181.

peculiarities of maritime settings, and while there has been some work on the demography and society of medieval ports, the issue of health in ports is not established as a topic of research.¹⁸ There is a wider lacuna in historiography: medieval ports have not received as much attention as their modern counterparts, but even that more modern work, when it does touch on issues of health, does not often exploit the significance of the port location.¹⁹ There is much scope for such research, however, since the history of health overlaps with the history of ports in many ways. For example, taking a medieval perspective, historians have identified the important role that ports played in the transmission of the Black Death in the fourteenth century, and port cities were pivotal in the invention of the practice of quarantine in the fourteenth and fifteenth centuries.²⁰ Maryanne Kowaleski has studied how the life course of the inhabitants of late-medieval English maritime communities differed from inland towns: delayed marriage, uneven ratios of men to women, and peculiar work patterns specific to the maritime setting were all common, but surely these altered life courses, plus the sometimes precarious exposure of the inhabitants to the sea, must have affected the experience and understanding of health in those communities?²¹ For reasons of space the current investigation cannot explore the strong relationship between ports and health throughout the Middle Ages, but it is

¹⁸ On urban health, see n. 14, above. On maritime demography, see n. 21, below.

¹⁹ See particularly the promisingly-titled Myron Echenberg, *Plague Ports: The Global Impact of Bubonic Plague: 1894–1901* (New York: New York University Press, 2007), which reviewer Sally Sheard felt neglected the port context: Sally Sheard, ‘Review of Myron Echenberg, *Plague Ports: The Global History of Bubonic Plague, 1894–1901*’, *Medical History*, 52 (2008), 285–86.

²⁰ William G. Naphy and Andrew Spicer, *The Black Death and the History of Plagues, 1345–1730* (Stroud: Tempus, 2000), pp. 30–35; Benedictow, pp. 227–31. On quarantine, Jane Stevens Crawshaw, ‘The Renaissance Invention of Quarantine’, in *The Fifteenth Century XII: Society in an Age of Plague*, ed. by Linda Clark and Carole Rawcliffe (Woodbridge: Boydell Press, 2013), pp. 161–74.

²¹ Maryanne Kowaleski, ‘The Demography of Maritime Communities in Late Medieval England’, in *Town and Countryside in the Age of the Black Death: Essays in Honour of John Hatcher*, ed. by Mark Bailey and S. H. Rigby, *The Medieval Countryside* (Turnhout: Brepols, 2012), pp. 87–118.

hoped that future research will develop this theme, and the aforementioned factors will be kept in mind while exploring aspects of the health of crusaders in maritime contexts.

Before progressing further, though, we must clarify one particular issue of definition. Ruthy Gertwagen has expressed concern that referring to all places where ships dock as 'ports' has been seriously detrimental to the study of medieval Mediterranean ports. She distinguishes between natural havens, such as a sheltered bay or inlet where ships could safely draw close to land; harbours, where a mole or pier had been constructed to shelter craft; and ports, where substantial infrastructure such as harbours, warehouses, and docks was built to support commerce and communication.²² Conflating these, she says, has hampered investigation, preventing scholars from considering new research questions such as the relationship between coastal towns and their ports (or lack of), and the reasons for the construction of artificial ports. Gertwagen acknowledges that the issue is one of sources: firstly, there is no Latin equivalent for the word 'harbour', with *portus* encompassing all the various types of anchorage she describes and so occluding the difference between ports in the contemporary sources; the same issue is found with the Greek *limen*. Secondly, Gertwagen comments that scholars have been preoccupied with records which focus on the function of the *portus* (that is, the movement of people and goods), rather than the material environment, for which the consideration of other source material such as portolan charts, construction and maintenance records, and, we might add,

²² Gertwagen, 'Concept of Ports', p. 181; Gertwagen, 'Cyprus', p. 515.

archaeological work, would be necessary in order to fully appreciate the diversity of the maritime Mediterranean.²³

This study, while remaining aware of the importance of distinction for the study of ports as material environments, and commenting on this where it is significant to the investigation, uses the term port in the sense of the broader Latin cognate, *portus*. There are two reasons for this. Firstly, this study is concerned with the function of ports for the movement of peoples and goods which Gertwagen would prefer to turn away from, since in terms of sickness and health it is clear that there is still much work to be done. Secondly, the crusader chronicles are typical of their period in using the catch-all *portus* to describe different types of anchorage. Roger of Howden, for one, consistently used *portus* to refer to the ports of call made by Richard I on his voyage to Acre in 1190-91, by the English fleet which travelled around the Iberian peninsula at the same time, and by Philip II on his return to France in 1192, even while noting physical differences between the anchorages such as the remains of copper-roofed piers or the shelter of hills.²⁴ Therefore port, as a marker for *portus*, will be used in order to remain as close as possible to the contemporary linguistic and therefore cultural conception of ports.

²³ Gertwagen, 'Concept of Ports', p. 181.

²⁴ Roger lists dozens of ports in his very detailed account of these voyages. For Richard's journey: RH, *Chronica*, III, pp. 39-41, RH, *Gesta*, II, pp. 112-15; that of the English fleet: RH, *Chronica*, III, pp. 42-51, RH, *Gesta*, II, pp. 115-124; Philip's voyage (with various folkloric and historical digressions): RH, *Chronica*, III, pp. 155-66; RH *Gesta*, II, pp. 192-206, 227-28. In his *Chronica*, Roger noted copper-roofed piers at Nettuno, Terracina, and Pantea (p. 41), and the shelter of hills at Marseilles (p. 51) and Kekova (p. 158).

4.2.1 The 'Crusading Mediterranean'

Having established the terms of the investigation, we will now explore a series of case studies of the experience of crusaders in port towns in the twelfth and thirteenth centuries. In this section of the chapter, the focus is on ports which functioned as points of embarkation: ports which were visited by crusaders *en route* across the Mediterranean to the theatre of crusading warfare, as well as other health aspects of crusading sea voyages, will be discussed in the following section. A very brief summary of crusading voyages is pertinent. Although most of the journeys made by the First Crusaders were overland, those who travelled through Italy and then across the Balkans had to make a short sea crossing across the Adriatic from one of the Apulian ports. Robert of Flanders and Hugh of Vermandois sailed from Bari in 1096, while Stephen of Blois and Robert of Normandy embarked at Brindisi in 1097.²⁵ There were also small but significant naval contributions to the military action of the First Crusade. Fleets from Genoa and Germany (carrying crusaders from Regensburg and the Rhineland) reached the crusaders at the siege of Antioch in 1098, and further Genoese ships made port at Jaffa during the siege of Jerusalem in 1099; there was also limited Venetian involvement in the campaign.²⁶ There was a further Venetian

²⁵ Robert of Flanders: FC, 1:7, pp. 166–68 (trans. Ryan, p. 75); Hugh of Vermandois: GF, pp. 5–6; Robert of Normandy and Stephen of Blois: FC, 1:8, pp. 168–67 (trans. Ryan p. 76).

²⁶ On the Genoese at Antioch: Caffaro di Rustico, *De liberatione civitatum Orientis*, in *Annali genovesi di Caffaro e de' suoi continuatori*, *Fonti per la storia d'Italia*, 118 vols (Rome: Istituto storico Italiano, 1887–1901), XI (1890), 95–124 (p. 102; *The Liberation of the Cities of the East*, in *Caffaro, Genoa and the Twelfth-Century Crusades*, trans. by Martin Hall and Jonathan Phillips (Farnham: Ashgate, 2013), pp. 107–25 (p. 110)); RA, p. 242 (trans. Hill and Hill, p. 32). At this point, Raymond was preoccupied by the issue of supplying the crusader camp, but Caffaro emphasises that those on board the ships had come to fight for the crusade, and that upon their arrival Bohemond implored them to do so. On the Germans at Antioch: AA, 5:23, p. 366. The ships that arrived at Jaffa may have been from the fleet which docked at St Symeon, but Pryor suggests that they were a new contingent: John H. Pryor, 'A View From a Masthead: The First Crusade From the Sea', *Crusades*, 7 (2008), 87–152 (p. 95). For the Venetians, *Historia de translatione sanctorum magni Nicolai*, in *RHC Occ.*, 5 vols (Paris: Académie des inscriptions et belles-lettres, 1844–95), v, 253–92. Key contributions to the history of this element of

expedition in 1122–24, and Sigurd of Norway crusaded by sea in 1106/08–10.²⁷

Although we know that some contingents of the Second Crusade travelled by sea, the sources are unfortunately limited for their experience in the Mediterranean.²⁸ Philip II Augustus took ship at Genoa in 1190, having hired a Genoese fleet to transport his army while his cousin, Richard I, who also took the sea route to the Holy Land, instead travelled from Marseilles.²⁹ The Third Crusade was closely followed by a predominantly German expedition in 1197–98, for which the major port of departure was Messina.³⁰ In the thirteenth century no major expedition took the land route. The Fifth Crusaders travelled from various ports to Acre in 1217–18, before sailing from there to Damietta in 1218, while Frederick II's ill-fated crusade of 1227 sailed from Brindisi.³¹ Louis IX constructed the port of Aigues-Mortes for his expedition of 1248–54, but his contemporaries Thibaud of Navarre and Richard of Cornwall sailed from

the First Crusade are: Pryor, 'Masthead'; John France, 'The First Crusade as a Naval Enterprise', *Mariner's Mirror*, 83 (1997), 389–97; France, *Victory*, pp. 209–20.

²⁷ Jonathan Riley-Smith, 'The Venetian Crusade of 1122–1124', in *I Communi Italiani nel regno crociato di Gerusalemme*, ed. by G. Airaldi and Benjamin Z. Kedar (Genoa: University of Genoa Press, 1986), pp. 337–50; Gary B. Doxey, 'Norwegian Crusaders and the Balearic Islands', *Scandinavian Studies*, 68 (1996), 139–60.

²⁸ Alphonse-Jordan, count of Toulouse, sailed from Provence, while William, marquis of Montferrat, and Count Amadeus of Maurienne made short voyages across the Adriatic: Jonathan Phillips, *Second Crusade*, pp. 214, 132. Otto of Freising briefly mentions how the ships carrying Louis VII and his followers from Asia Minor to Acre became dispersed in the eastern Mediterranean, some suffering shipwreck: pp. 88–89 (trans. Mierow, pp. 101–02). Better known is the experience of a fleet of northern European crusaders, who became involved in events in Iberia: *De expugnatione Lyxbonensi: The Conquest of Lisbon*, ed. and trans. by Charles Wendell David (New York: Columbia University Press, 1936; repr. 2001).

²⁹ *Inter alia*: RH, *Chronica*, III, pp. 37, 39; RH, *Gesta*, II, p. 112.

³⁰ G. A. Loud, 'The German Crusade of 1197–1198', *Crusades*, 13 (2014), 143–71 (p. 156).

³¹ James M. Powell, *Anatomy of a Crusade: 1213–1221* (Philadelphia: University of Pennsylvania Press, 1986), pp. 123–28, 137–38; David Abulafia, *Frederick II: A Medieval Emperor* (London: Pimlico, 2002), pp. 165–67.

Marseilles.³² Prince Edward of England followed Louis in sailing from Aigues-Mortes in 1270, for reasons which are discussed below.³³

However, while the foregoing passage has sketched some of the ports used by crusaders in the twelfth and thirteenth century, it is beyond the scope of this study to consider every port from which crusaders sailed; to do so would be to consider virtually every major (and not so major) coastal town in medieval Europe. Furthermore, it should not be assumed that all these locations can be counted as part of the 'Crusading Mediterranean'. The following discussion will focus on only a few of the Mediterranean ports which are closely associated with crusading and where the way they are represented in the chronicles suggests the perception of a maritime landscape imbued with a cultural significance that is the particular product of the practice of crusading by sea. The approach is chronological, to show how this perception developed throughout the crusading period, and the reader may note that discussion of sickness and illness is limited until the extended analysis of Frederick II's crusade in 1227. This is because it is believed that in order to appreciate fully the crusader experience of *mal de mer* it is important to thoroughly establish the cultural, sacral, and geographic context in which these events took place.

From the earliest days of the crusading movement, Apulia was associated with crusader voyages. The topography of Apulia means that its towns are clustered on the shoreline and a maritime economy naturally developed there. Throughout south-eastern Italy the shipping routes across the Adriatic linked the great Roman roads of

³² William C. Jordan, *Louis IX and the Challenge of the Crusade: A Study in Rulership* (Princeton: Princeton University Press, 1979), pp. 71–74; Michael Lower, *The Barons' Crusade: A Call to Arms and Its Consequences* (Philadelphia: University of Pennsylvania Press, 2005), pp. 112, 148.

³³ Edward reached Aigues-Mortes following a voyage around the Atlantic coast of France: Michael Prestwich, *Edward I* (London: Methuen, 1988), p. 73.

the *Via Traiana* and the *Via Appia* with the *Via Egnatia*, which, as described in the previous chapter, ran across the Balkan peninsula to join the roads which led through Byzantium to Jerusalem (via a crossing of the Bosphoros at Constantinople), thus joining Rome and Jerusalem in a long-established routeway which crossed both land and sea through the nexus of Apulia. In 1096 this region was already synonymous with the pilgrim routes to the Holy Land and had been the embarkation point for Norman military expeditions to the Balkans in the second half of the eleventh century, and in the early twelfth century.³⁴ It is therefore unsurprising that the Apulian ports became just as strongly associated with the specialised form of armed pilgrimage that was the crusade; as Guibert of Nogent described the muster, ‘many [went] to Brindisi, out-of-the-way Otranto accepted others, and the piscine waters of Bari welcomed others’.³⁵ The existing infrastructure of pilgrimage in the region – roads, hospitals, shrines, ports, and shipping lanes – facilitated the mobility of crusaders, and scholars have described in Apulia a cultural landscape where ideas of the sea, pilgrimage, the crusade, and the exoticism promised and facilitated by travel by sea intermingled in a heady mix which served to cast the region as the gateway to salvation.³⁶ There is one particular element to be emphasised in this landscape of sanctity and pilgrimage, which has been paid little attention in crusades studies, but through which we can develop our understanding of a ‘Crusading Mediterranean’ encompassing mobility, the sacral landscape, and the sea. That is the cult of St

³⁴ Georgios Theotokis, *Norman Campaigns in the Balkans, 1081–1108* (Woodbridge: Boydell, 2014), p. 103, 143, 179, 205. Cf. section 3.0, above.

³⁵ ‘Brundisium plures, hos suscipit avius Ydrons, illis piscosi patuerunt equora Bari’: GN, 2:18, p. 135 (trans. Levine, p. 55). Guibert’s version is more picturesque than the parallel description in the *GF*, p. 5.

³⁶ Rosanna Alaggio, “*Finis est Europae contra meridiem*”: Immagini da una frontiera dell’Occidente medievale’, *I Quaderni del M.Æ.S.*, 11 (2008), 85–117; Oldfield, chap. 5.

Nicholas, the fourth-century bishop of Myra, wherein the town of Bari – which Guibert of Nogent wrote received some of the very first crusaders – became an internationally important cultic centre through the translation of his relics there in an act of *furtum sacrum* in 1087.³⁷ There are two aspects to his cult which relate particularly to this investigation: the role of St Nicholas as a patron of seafarers, and the as-yet-underappreciated relationship between his cult and the crusades in the twelfth and thirteenth centuries.

During the period of the crusades, St Nicholas's reputation as a protector of seafarers was growing: in later years, this led to him becoming the patron saint of mariners.³⁸ The saint's influence over the sea is evident in the account of his translation by Nikeforos the Monk. During the voyage home, some of the sailors thought to take some of his relics for themselves, an act of theft which brought down storms and rough seas on the ship carrying the saint to Bari; fair conditions were only restored when the stolen relics were returned.³⁹ The Norman world was particularly sensitive to his role as protector of seafarers; Orderic Vitalis attributed William the Conqueror's safe passage over the English Channel in December 1067 to the prayers offered to the saint across Normandy on that night (Nicholas's feast day) and William of Malmesbury attributed the miraculous saving of a ship caught in a storm sailing to Ireland to the prayers of Wulfstan, then-bishop of Worcester and later saint, through

³⁷ Oldfield, pp. 202–08.

³⁸ St Nicholas's long history as a patron of mariners is discussed in Charles William Jones, *Saint Nicholas of Myra, Bari, and Manhattan: Biography of a Legend* (Chicago: University of Chicago Press, 1978), pp. 24–28. The eleventh-century context of this devotion is the focus here.

³⁹ Nikeforos the Monk, *Leggenda del monaco Niceforo*, ed. by Francesco Nitti di Vito, *Iapigia*, 8 (1937), 336–56 (pp. 344–45); *The Translation of St Nicholas, Confessor*, trans. by Charles William Jones, in Jones, *Saint Nicholas of Myra, Bari, and Manhattan: Biography of a Legend* (Chicago: University of Chicago Press, 1978), pp. 176–93 (pp. 185–86).

the intercession of St Nicholas.⁴⁰ The abbey of Bec received a relic of St Nicholas from Bari around 1090 and a miracle collection dedicated to the saint written there recorded two miracles where ships caught in storms while making the crossing to England were saved by the intercession of the saint.⁴¹ Liturgical evidence can also be found. Dawn Marie Hayes brings to our attention a manuscript of the Bari Exultet, one of the most important parts of the Easter Saturday liturgy, itself one of the most important feasts of the year, where prayers for those taking to the sea are marked by an image of St Nicholas along with drawings of the personified winds. The Bari composition is unique and suggests a strong association in Bari itself between St Nicholas and the maritime elements.⁴²

Perhaps through his shrine centre at Bari and the popularity of his cult in the Norman world, St Nicholas acquired an association with the crusade and crusaders.⁴³ As Oldfield notes, the saint's translation to Bari almost coincided with the beginning of the crusade movement, and the developing relationship between pilgrimage, crusading and St Nicholas in southern Italy was symbiotic; it is difficult to say whether international travellers were attracted to Apulia because of the crusade, because of St Nicholas, or both.⁴⁴ Nicholas's cult certainly resonated with the peregrinatory aspects

⁴⁰ On the crossing of the channel: Orderic Vitalis, II (1969), pp. 208–10; Dawn Marie Hayes, 'The Cult of St Nicholas of Myra in Norman Bari, c. 1071–c. 1111', *Journal of Ecclesiastical History*, 67 (2016), 492–512 (pp. 495–96). On the ship sailing to Ireland, *The Vita Wulfstani of William of Malmesbury*, ed. by Reginald R. Darlington, Camden 3rd Ser., 40 (London: Offices of the Society, 1928), p. 40; Oldfield, p. 204.

⁴¹ *Miracula sancti Nicolai a monacho Beccensi*, in *Catalogus codicum hagiographicorum Latinorum in Bibliotheca Nationali Parisiensi*, 4 vols (Paris: A. Picard, 1890), II, pp. 405–32 (chap. 18, p. 415).

⁴² Hayes, pp. 498–99. While the manuscript itself is Byzantine, the addition of the names of Norman overlords in the intercessions shows its adoption by the new rulers of Apulia.

⁴³ Jones, pp. 209–23, gives a comprehensive view of the historical, literary and liturgical resonances of the cult of St Nicholas at the time of the First Crusade, with particular reference to the personal devotion of Urban II and Bohemond to the saint.

⁴⁴ Oldfield, pp. 205–08.

of the crusade: Fulcher of Chartres prayed in the basilica of St Nicholas in Bari in 1096, and Bari was a stop on the itineraries of numerous pilgrim-crusaders in the years afterwards, resulting in the building of a pilgrim hostel to house them.⁴⁵ The crypt of the basilica in Bari was consecrated in 1089 by Urban II, progenitor of the crusading movement, and the consecration of the whole edifice in 1197 was an event possibly planned to sanctify Henry VI's crusade.⁴⁶ It was not only crusaders passing through Bari who were exposed to his cult: the ports of Brindisi – Frederick II's favoured port – and Otranto – the place of the death of Ludwig IV of Thuringia – also had churches dedicated to St Nicholas. He even had a part to play in the crusader campaigns, being among the saints who, according to Raymond of Aguilers, appeared to certain visionaries in the aftermath of the siege of Antioch.⁴⁷ Bohemond, the illustrious First Crusader, seems to have had a particular attachment to the saint. An independent section of the *Historia belli sacri* says that Bohemond sent the tent of Kerbogha, captured after the battle for Antioch in 1098, to the shrine of St Nicholas at Bari; he was also later buried there himself, according to Albert of Aachen.⁴⁸

In the context of crusading, St Nicholas's patronage of seafarers became more established. Roger of Howden recorded an episode wherein a ship of the English fleet, tossed by storms in the Bay of Biscay, was visited by an apparition of St Thomas Becket, who reassured the sailors that he, St Edmund the Martyr, and St Nicholas, had been divinely appointed as guardians of the fleet, and would safeguard its safe

⁴⁵ FC, 1:7, pp. 166–67 (trans. Ryan, p. 75); Oldfield, p. 207.

⁴⁶ 1089: *Annales Baresnes*, ed. by Georg Heinrich Pertz, MGH SS, 5 (Hannover: Hahn, 1844), pp. 51–63 (p. 62); 1197: Hayes, pp. 509–10.

⁴⁷ RA, p. 281 (trans. Hill and Hill, p. 96).

⁴⁸ *Hystoria de via et recuperatione*, 13:84, p. 89; AA, 9:48, p. 824. Albert is in error, since Bohemond was in fact buried at Canosa.

arrival in the Holy Land as long as the crusaders repented and kept themselves from sin.⁴⁹ The Bec miracle collection begins with the account of the saving of three ships returning to Bari from Jerusalem in 1136, which had been caught in storms at sea but were returned safely to port by Nicholas's intercession.⁵⁰ The collection also contains a miracle which describes what happened to some of the crusaders who had taken part in the capture of Tortosa in 1101.⁵¹ A hundred crusaders, leaving the Holy Land for Cyprus by ship, encountered a storm so severe that the sails of the ship came loose and the yardarm (*antenna*) broke. The ship's captain, an Armenian named Miligala, seeing his men 'lying around the ship as if dead' (*vidisset omnes socios suos jacentes per navem quasi mortuos*) raised his voice to St Nicholas, upon which a sublime apparition of a man in white appeared and made the sign of the cross. The damage to the ship was miraculously repaired and the incapacitated seafarers were revived; the apparition disappeared without saying a word. The seafarers then began to bail out the ship and safely reached port (which port, we are not told), giving thanks to St Nicholas thereafter. These miracles experienced by crusaders at sea demonstrate multiple aspects of the cult of St Nicholas, which contribute to his cultural importance in the Mediterranean of the crusaders: mobility, crusading, and both the physical and the spiritual experience of seafaring. These connections became so established that the association between St Nicholas and the crusades outgrew the Apulian frame, as seen in the circulation in northern France in the years immediately preceding the Fourth Crusade of a play – Jean Bodel's *Jeu de Saint Nicholas* – which

⁴⁹ RH, *Chronica*, III, pp. 42–43; RH, *Gesta*, II, p. 146.

⁵⁰ *Miracula sancti Nicolai*, p. 405.

⁵¹ *Miracula Sancti Nicolai*, chap. 32, p. 427. The miracle itself is undated, but its contents make the dating clear.

set part of the legend of St Nicholas in a crusading context.⁵² Moreover, there were a number of chapels and churches dedicated to him in the Latin kingdom of Jerusalem; the cemetery at Acre used by crusaders during the siege of Acre was dedicated to him.⁵³ The cult of St Nicholas also gained influence in northern Italy, as we will now investigate.

As the twelfth century progressed, crusaders began to show an interest in the northern Italian ports of Genoa, Pisa, and Venice. The maritime capabilities of the Italian city-states, developed through their trading activities – their ships, ports and sailors – made them well-equipped to support the crusader movement as a preference for crusading by sea developed.⁵⁴ The northern Italian mercantile cities were already a part of the maritime networks of Apulia, since their ships docked at Apulian ports. From there north Italian vessels may have transported crusaders and pilgrims across the Adriatic and even as far as the Levant.⁵⁵ Venetian involvement in the crusades is

⁵² Sarah Lambert has studied the play, but does not note the Apulian connection that unites the themes of the life of St Nicholas and crusading, rather supposing that the two were brought together because Arras had a church to St Nicholas and a local awareness of the events of the recent Third Crusade, but the present author would emphasise the Apulian connection even in northern France: Sarah Lambert, 'Playing at Crusading: Cultural Memory and its (Re)creation in Jean Bodel's *Jeu de St Nicolas*', *Journal of Medieval History*, 40 (2014), 361–80 (p. 366).

⁵³ For details of these churches, see Denys Pringle, *The Churches of the Crusader Kingdom of Jerusalem: A Corpus* (Cambridge: Cambridge University Press, 1993), IV.

⁵⁴ David Abulafia, 'Trade and Crusade, 1050–1250', in *Cross-Cultural Convergences in the Crusader Period: Essays Presented to Aryeh Grabois on his Sixtieth Birthday*, ed. by Michael Goodich, Sophia Menache, and Sylvia Schein (New York: Peter Lang, 1995), pp. 1–20 (p. 1). Indeed, in the crusading activities of the Italian city-states it is impossible to disentangle the dual motivations of trade and crusade: Christopher Marshall, 'The Crusading Motivation of the Italian City Republics in the Latin East, 1096–1104', in *The Experience of Crusading*, ed. Bull and Housley, pp. 60–79; Abulafia, 'Trade'; Jonathan Phillips, 'Caffaro of Genoa and the Motives of the Early Crusaders', in *Religion as an Agent of Change: Crusades, Reformation, Pietism*, ed. by Per Ingesman, Brill's Series in Church History and Religious Culture, 72 (Leiden: Brill, 2015), pp. 75–104. Marshall's conclusion leans towards proving the religiosity of the early Italian crusaders, while Abulafia sees a development across the twelfth and thirteenth centuries whereby the Italians became more focused on the material aspects of their involvement in the eastern Mediterranean. Phillips perceives a complex interplay between civic pride, religiosity and profit, wherein there were ambiguous attitudes to the acquisition of money during a crusading expedition (*passim*, esp. pp. 89–94).

⁵⁵ Oldfield, p. 189.

best-known through the events of the Fourth Crusade, 1201–04, and in this it becomes another node in the ‘Crusading Mediterranean’. Venice, at the northern tip of the Adriatic Sea, was not on the sea routes which took pilgrims, merchants, and crusaders from the western Mediterranean to the Holy Land, but its commercial dominance and pre-existing trade relations with the Levant ensured its association with the Latin states of Outremer. Although a journey from Venice meant a voyage down the Adriatic coast before reaching the Eastern Mediterranean basin, it would have been quicker sailing to the Holy Land from Venice than from Genoa, and for northern crusaders embarkation at Venice saved them a lengthy journey overland to Apulia. The cult of St Nicholas provides a cultural accent to the role played by Venice in the crusading movement. The significance of this rests on the fact that following Nicholas’s translation to Bari in 1087, his remaining relics were taken from Myra in 1100 by Venetian crusaders, who placed them in the specially-built church of St Nicholas on the Lido.⁵⁶ Both places became nominally associated with the saint: soon after the translation of St Nicholas to Bari the town was being called the town of St Nicholas, including by Albert of Aachen, while the contemporary name for the Lido was the Isle of St Nicholas.⁵⁷ While the Isle of St Nicholas was never as significant a destination for pilgrims as Bari, the figure of St Nicholas was important to the Venetian crusading ideal: the only substantial source to record Venetian involvement

⁵⁶ Abulafia, ‘Trade’, pp. 10–11. There is an irony in the fact that through taking St Nicholas for themselves, the Venetians completed the circle begun by the Baresi: Patrick Geary has suggested that Bari’s theft of St Nicholas’s relics in 1087 was motivated by a desire to gain some economic advantage over Venice, with which it competed in the Apulian grain trade. However, the growth in Bari’s economic and spiritual prestige following the translation prompted the Venetian expedition in 1100: Patrick J. Geary, *Furta Sacra: Theft of Relics in the Central Middle Ages*, 2nd edn (Princeton: Princeton University Press, 1990), pp. 101–03.

⁵⁷ AA, 11:48, p. 824; Oldfield, p. 203. Roger of Howden also noted that Bari was the resting place of St Nicholas: RH, *Chronica*, III, p. 166; RH, *Gesta*, II, p. 227.

in the First Crusade is actually principally an account of the translation of the saint's relics.⁵⁸ Through the translation of St Nicholas, Venice was brought into the cultural landscape of maritime crusading, which was originally embedded in the physical geography of Apulia, as discussed above, and then translocated to Venice; through the person of St Nicholas the city became a nexus in the 'Crusading Mediterranean'.

The events of the Fourth Crusade do not need rehearsing here, having been the subject of much, sometimes intense, scholarly debate, apart from to note that the period the crusaders spent encamped on the Lido in 1202 has great importance for the history of the crusades. In the revisionist view of the Fourth Crusade first developed by Donald Queller this episode is portrayed as a stress point in the unfolding of events, leading inexorably to the infamous decisions to capture Zara in 1202 and Constantinople in 1203–04.⁵⁹ Such historiographical preoccupation, however, has not been supplemented by a horizontal consideration of the experience of crusaders in port (such as this chapter attempts) so the study of the experience of the crusaders at Venice has existed somewhat in isolation. Therefore, it is worth briefly considering the circumstances of this encampment; not to contribute to scholarship on the reasoning of the diversion of the Fourth Crusade, as previous studies have done, but rather as contextual illustration of the lived experience of crusaders in port.

⁵⁸ *Historia de translatione sanctorum magni Nicolai*; Donald M. Nicol, *Byzantium and Venice: A Study in Diplomatic and Cultural Relations* (Cambridge: Cambridge University Press, 1988), p. 71.

⁵⁹ Donald E. Queller and Thomas F. Madden, *The Fourth Crusade: The Conquest of Constantinople*, 2nd edn (Philadelphia: University of Pennsylvania Press, 1997); Thomas F. Madden, 'Food and the Fourth Crusade: A New Approach to the "Diversion Question"', in *Logistics of Warfare in the Age of the Crusades*, ed. Pryor, pp. 209–28; Gregory Bell, 'In Starvation's Shadow: The Role of Logistics in the Strained Byzantine-European Relations during the First Crusade', *Byzantion*, 80 (2010), 38–71.

The crusaders mustered at Venice as per the terms of the agreement made in 1201 wherein the Venetians offered shipping and supplies for the crusaders in return for payment (Genoa and Pisa having refused to do so).⁶⁰ The crusaders who mustered there were not in fact accommodated in the city proper, but on the Lido – the Isle of St Nicholas – which at that time was mostly uninhabited, apart from the monastery and church dedicated to the saint; it had none of the infrastructure which characterised a commercial port. The location was favourable from the Venetian perspective, allowing them to supply the crusaders efficiently according to the terms of their contract with basic supplies of bread, flour, grain, pulses, and wine (crusaders were expected to purchase their own supplements to these basic rations), while controlling access to the city as well as the impact the crusaders had on the Venetian hinterland. This is consistent with Thomas Madden's observations that the Venetians strictly regulated the supplies sold to the crusaders passing through the Po valley in order to minimise the crusader effect on the local markets.⁶¹ There were other reasons to keep the crusaders away from the main city. There may simply not have been enough room to house them all; Robert of Clari says that there was a shortage of accommodation.⁶² The lack of development on the Lido meant that there was plenty

⁶⁰ Geoffrey of Villehardouin, I, secs. 13–30, pp. 16–20 (trans. Smith, pp. 7–11). On the failure of negotiations with Genoa and Pisa, briefly, Robert of Clari, sec. 6, p. 10 (trans. McNeal, p. 37). Two versions of the treaty survive: *Urkunden zur älteren Handels- und Staatsgeschichte der Republik Venedig: mit besonderer Beziehung auf Byzanz und die Levante vom neunten bis zum Ausgang des fünfzehnten Jahrhunderts*, ed. by G. L. F. Tafel and G. M. Thomas, *Fontes rerum Austriacarum*, 12 (Vienna: Hof- und Staatsdruckerei, 1865; repr. Amsterdam: Hakkert, 1964), pp. 362–68 and 369–73 (the details referred to here are found on pp. 362 and 370). Villehardouin's version is remarkably consistent: Geoffrey of Villehardouin, I, sec. 21, pp. 22–24 (trans. Smith, p. 9). This contract is at the centre of most of the intense scholarly attention and sometimes bitter dispute which marks academic work on the Fourth Crusade. The literature is vast but cogently summarised by Thomas F. Madden, 'Outside and Inside the Fourth Crusade', *International History Review*, 17 (1995), 726–43. See also Queller and Madden.

⁶¹ Madden, 'Food', p. 215.

⁶² Robert of Clari, sec. 10, p. 9 (trans. McNeal, p. 39).

of room for all the projected crusaders to camp and to stay a safe distance from the city, across a short crossing of the lagoon, insuring against the kind of unrest which arose between the crusaders and their hosts at Constantinople in 1096.⁶³

Despite the Lido's advantages, Queller and Gerald Day are uncompromising, saying that it simply was not a suitable location to house the crusaders for the lengthy period they were there.⁶⁴ The *Devastatio Constantinopolitana* railed against the location, asserting that the Venetians held the crusaders prisoner there, and that during their stay an 'unusual mortality' caused the deaths of so many crusaders that 'the living could hardly bury the dead'.⁶⁵ This phrase is somewhat formulaic and since no other source refers to mass mortality we ought to treat this report with caution, although Geoffrey of Villehardouin does report that Stephen of Perche and Matthew of Montmorency became ill there.⁶⁶ The crusaders were reliant on the Venetians for supplies during this period (although Queller and Madden note some evidence of them leaving the island to look for supplies further afield), and according to Robert of Clari the doge did at one stage threaten to cut off the supplies if the crusaders' contractual debt to the Venetians was not paid, although being an honourable man he apparently did not do so.⁶⁷

Nevertheless, it must be noted that the contemporary sources for this period in the Fourth Crusade are hardly unanimous in their reports of suffering during the

⁶³ As described by AA, 2:9-20, pp. 74-90, for example.

⁶⁴ Donald E. Queller and Gerald W. Day, 'Some Arguments in Defense of the Venetians on the Fourth Crusade', *American Historical Review*, 81 (1976), 717-37 (p. 727).

⁶⁵ 'minima pars ibi [in Venice] remansit, inter quos adhuc crevit mortalitas mirabilis, ita ut a vivis vix possent mortui sepeliri': 'The *Devastatio Constantinopolitana*', p. 132 (trans. at p. 141).

⁶⁶ Geoffrey of Villehardouin, I, p. 79, p. 80 (trans. Smith, p. 32).

⁶⁷ Queller and Madden, p. 53; Robert of Clari, sec. 11, pp. 9-10 (trans. McNeal, p. 39).

crusader encampment on the Lido. Villehardouin had no complaints, while Clari says that the crusaders actively chose to camp on the Lido because they could find no lodgings in the city.⁶⁸ If conditions were as bad as the *Devastatio* makes out, then why were the other two participant-authors happy with the arrangement? To an extent, this discrepancy may be explained by the fact that the *Devastatio* was anti-Venetian throughout, while Villehardouin, one of the six crusader envoys who negotiated the contract with the Venetians in 1201, may have been consciously recording details in such a manner that showed the Venetians, and by extension those who treated with them, in a good light. Clari, a knight from Picardy, would hardly have been financially or socially insulated from the hard conditions that the stay on the Lido might have caused, and so we must take him seriously when he says that the crusaders were willing to camp there. The ‘Crusading Mediterranean’, it seems, was not predicated purely on the logistical or strategic advantages of different ports, but on the cultural and sacral connotations of different locations, in which it has been shown that the cult of St Nicholas plays a particularly significant role. By the time the crusaders were encamped on the Lido, they may have felt that they were already in the sacred landscape of crusading, and therefore any suffering they experienced was part of the penitential journey they were undertaking.

Nevertheless, political gravity did affect the preference shown for particular ports, and the long-promised crusade of Frederick II mustered in Apulia, in Brindisi, in 1227.⁶⁹ Not only was the dynasty politically strong in the region, holding the Apulian and Sicilian ports, but Apulia was also the seat of the family’s crusading

⁶⁸ Robert of Clari, sec. 10, p. 9 (trans. McNeal, p. 39); Queller and Day, p. 727.

⁶⁹ He had first taken the cross in 1215: Abulafia, *Frederick II*, pp. 120–22.

tradition: Frederick's father Henry VI had taken the cross at Bari in 1195.⁷⁰ The abandonment of Frederick's expedition was the direct consequence of illness and disease, which arose as crusaders gathered in the town during the summer months, waiting for the emperor's order to depart.⁷¹ An unspecified disease overcame many of the crusaders and Frederick arrived to find mortality high.⁷² The emperor had himself become ill on his journey south across the Italian peninsula, but had ignored his doctors' advice to stop and rest, not wanting to delay the host by his late arrival.⁷³ Arriving at the port and commanding his ships to be laden, Frederick boarded, but disembarked in Otranto after just a few days' voyage, his condition having apparently worsened on ship. There his comrade Ludwig IV, landgrave of Thuringia, took ill and died, and Frederick found himself forced to abandon his voyage.⁷⁴

However, despite the strong association between Apulia and the crusades, its geography may have been Frederick's undoing. The unhealthy influence of the sea at this point is expressed in Matthew Paris's *Chronica majora*, wherein Frederick returned to port because, due to his illness, he was 'unable to bear the intemperateness of the sea or the corruption of the air any longer'.⁷⁵ We have already seen how the quality of

⁷⁰ *Annales Marbacenses*, ed. by Hermann Bloch, MGH SS rer. Germ., 9 (Hannover: Hahn, 1907), p. 65; *Chronica Regia Coloniensis*, p. 157.

⁷¹ Key scholarly narratives of Frederick II's 1227 expedition also follow this interpretation: Abulafia, *Frederick II*, pp. 165–67; Thomas Curtis Van Cleve, *The Emperor Frederick II of Hohenstaufen, Immulator Mundi* (Oxford: Clarendon Press, 1972), pp. 195–99.

⁷² Richard of San Germano, *Ryccardi de Sancto Germano, notarii, Chronica*, ed. by Carlo Alberto Garufi, *Rerum Italicarum scriptores*, 2nd ser., 7.2 (Bologna: Zanichelli, 1938), p. 147; *Breve chronicon de rebus Siculis*, ed. by Wolfgang Stürner, MGH SS rer. Germ., 77 (Hannover: Hahn, 2004), p. 78.

⁷³ Letter of Frederick II dated 6 December 1227, in *HDFS*, III, pp. 36–48 (p. 43).

⁷⁴ *Chronica Reinhardsbrunnensis*, p. 611; Richard of San Germano, p. 147; *Breve chronicon de rebus Siculis*, p. 80; Letter of Frederick II dated 6 December 1227, p. 44.

⁷⁵ 'maris intemperiem simul et aeris corruptionem non potuit sine mortis discrimine diutius sustinere': MP, *Chronica*, III, p. 130.

air could be regarded as a causative factor for illness, but in expressing it in apposition with the conditions of the sea, Matthew brings in a new element and suggests that Frederick's condition was rooted in the specific nature of his environment: the unhealthy influence of the sea.⁷⁶ A chronicler with a certain vested interest in the matter gives an altogether different perspective, however, and one wherein the maritime location of these events is almost completely disregarded. The anonymous *Chronica Reinhardsbrunnensis*, the monastic chronicle of Reinhardsbrunn Abbey, which was patronised by the landgraves of Thuringia and the location of their family mausoleum, gives an extensive description of Landgrave Ludwig IV's death at Otranto, but does not attribute his fatal illness to either the weather or the port location. Instead, an accusation of poisoning is made: having already recovered from a short fever in Brindisi, disembarking at Otranto, Ludwig apparently drank a 'deadly draught (*mortiferum poculum*), which killed him.'⁷⁷ The identity of the purported poisoner is not given (although the chronicle slyly mentions that Ludwig was visiting Frederick's wife Isabella of Jerusalem at the time) and, most significantly for this investigation, the maritime location of events is not thought significant.

It was at this time that Frederick left Apulia for the famous medicinal baths of Pozzuoli, in the Bay of Naples, as recorded by Richard of San Germano.⁷⁸ Richard did not say as much, but the timings may suggest that Frederick's visit was to seek therapy

⁷⁶ On air, see section 3.3, above.

⁷⁷ *Chronica Reinhardsbrunnensis*, p. 611. This allusion of poisoning is only one of many found when nobility die on crusade. It was repeated by Pope Gregory IX in 1239, in another letter full of invective against the emperor, preserved by Mathew Paris, *Chronica*, III, p. 592. Gregory did not directly accuse Frederick of poisoning Ludwig, but instead referred to rumours that this was how the landgrave met his death. See also Franck Collard, *The Crime of Poison in the Middle Ages*, trans. by Deborah Nelson-Campbell (Westport, CT.: Praeger, 2008), p. 240; Van Cleve, p. 199.

⁷⁸ Richard of San Germano, p. 148.

for his condition. Such therapy would function in two ways: not only was bathing a medicinal treatment thought to be effective for all manner of complaints, helping to balance the humours and restore the body, but by travelling Frederick removed himself from the potentially dangerous climate of Brindisi. Adam of Cremona, author of the medical treatise dedicated to Frederick II before his crusade, warned against the risks of bathing for the traveller, concerned that proper preparations for bathing could not be made during a journey. Without these preparations, the bather put themselves at risk of indigestion, but as Frederick was not bathing *en route*, instead travelling to an established centre of bathing, we might assume that he was able to take appropriate precautions.⁷⁹ Hot baths were forbidden by Adam at risk of fainting – although he recommended certain foodstuffs including bread soaked in fruit juice or water to counteract this effect – but tepid baths (properly administered) could help those fatigued by travel to recover.⁸⁰ What Adam thought of the baths of Pozzuoli we do not know, but the extensive complex of baths there had been known for their curative properties since the Roman period (to Roger of Howden, they were the ‘baths of Virgil’).⁸¹ The healing waters were the subject of a poem, *De balneis Puteolanis*, by Peter of Eboli, court poet to Frederick’s father Henry VI, which expounded the health benefits of visiting the spa and discussed the different diseases which could be treated by bathing there.⁸² The dating of this poem is uncertain and scholars are undecided whether the dedicatee was Frederick or his father; that debate notwithstanding, the poem was certainly written before Frederick’s crusade and produced within his

⁷⁹ Adam of Cremona, pp. 69–70.

⁸⁰ Adam of Cremona, pp. 70, 68.

⁸¹ ‘balnea Virgilii’: RH, *Chronica*, III, p. 41; RH *Gesta*, II, p. 115.

⁸² Peter of Eboli, *Les Bains de Pouzzoles*, ed. by Benoît Grévin (Paris: Fondation Martin Bodmer, 2012).

cultural milieu, so we may be certain that Frederick was well aware of the medicinal importance of the baths.⁸³ Frederick's visit to the baths, however, does not allow us to draw any conclusions about the veracity of his claim to be ill enough to abandon the crusade. For the Romans, Pozzuoli and its environs had been a fashionable location for socialising and doing business and politics, and while it was the curative properties of the spa that the traveller Benjamin of Tudela described in 1164, Sylvia Maddalo suggests that the springs were still a destination for pleasure-seekers in the early thirteenth century.⁸⁴ Furthermore, a person did not have to be ill to bathe for the good of their health: Galen recommended prophylactic bathing as a way of regulating the non-naturals.⁸⁵ We ought also to take into account that Pozzuoli is 300 miles from Otranto. Frederick's willingness to travel so far might just as equally be evidence for how bad his condition was (very ill people were known to travel a long way to visit a healing shrine), or demonstrate that he was not so ill; to a cynic, it might show that he wanted to appear very ill. Frederick did not mention his visit to Pozzuoli in the letter

⁸³ On dating *De balneis*, Gwyneth Hood, 'Introduction' in *Book in Honor of Augustus* (Liber ad Honorem Augusti), ed. & trans. by Gwyneth Hood (Tempe: Arizona Center for Medieval and Renaissance Studies, 2012), pp. 1-72 (pp. 8-15). In later years Frederick showed an academic interest in the natural properties of spas and springs, putting the polymath Michael Scot to the question on the matter as preserved in Scot's *Liber Particularis*, ed. by Charles Homer Haskins in Haskins, *Studies in the History of Medieval Science* (Cambridge, MA: Harvard University Press, 1927), pp. 292-94 and translated at pp. 266-67. Karl Hampe suggested that these questions were the result of an interest in the baths of Pozzuoli formed by Frederick's visit there and by awareness of Peter of Eboli's poem: Karl Hampe, 'Kaiser Friedrich II. als Fragensteller', in *Kultur- und Universalgeschichte. Festschrift für Walter Goetz* (Leipzig: B. G. Teubner, 1927), pp. 53-66 (p. 62).

⁸⁴ John H. D'Arms, *Romans on the Bay of Naples: A Social and Cultural Study of the Villas and their Owners from 150 BC to AD 400* (Cambridge, MA: Harvard University Press, 1970); Garrett G. Fagan, *Bathing in Public in the Roman World* (Ann Arbor: University of Michigan Press, 1999); Benjamin of Tudela, *The Itinerary of Benjamin of Tudela: Travels in the Middle Ages*, trans. by Marcus Adler, ed. by Michael A. Signer (Malibu: Joseph Simon, 1983; first publ. London: Henry Frowde, 1907), p 65; Sylvia Maddalo, 'I bagni di Pozzuoli nel medioevo: Il *De balneis Puteolanis*', in *Bains curatifs et bains hygiéniques en Italie de l'antiquité au moyen âge: Actes du colloque réuni à Rome les 22 et 23 mars 2004*, ed. by Marie Guérin-Beauvois and Jean-Marie Martin (Rome: École française de Rome, 2007), pp. 79-92 (p. 80).

⁸⁵ For Galen's opinions on bathing, see Galen, *A Translation of Galen's Hygiene* (*De sanitate tuenda*), trans. by Robert Montraville Green (Springfield, IL: Thomas, 1951), 3:4, pp. 110-13. See also van Dam, pp. 123-30; Coomans and Geltner, pp. 63-64.

he wrote to explain the failure of his crusade in December 1227, so his own explanation for his journey there remains unknown.⁸⁶

An alternative interpretation of events in 1227, promoted by those favouring the papal cause in the struggle between Frederick II and the papacy, is that Frederick never intended to crusade in 1227 (if in fact at all), and invented his illness in order to delay his departure further.⁸⁷ The political consequences of this are well known. It was this last straw that prompted Gregory IX to make good on his threat to excommunicate the emperor, and in his encyclical pronouncing the excommunication, and Frederick's own response, we have two very personal interpretations of the way illness and disease in Brindisi and the other Apulian ports affected the crusade.⁸⁸ Gregory's aetiology of the crusaders' illness is rooted firmly in the climate and environment of Brindisi: he accused Frederick of delaying the assembled crusaders 'in the burning heat of summer, in the region of death and corrupted air', costing the lives of 'not only the greater part of the commoners, but no small multitude of the nobles and magnates from pestilence, thirst and other misfortunes'.⁸⁹ Gregory managed at one stroke to question Frederick's leadership, in

⁸⁶ In putting his health over the execution of his crusade, Frederick may have been mindful of the early death of his father, Henry VI, at Messina in 1197 as he prepared to depart on crusade. Although Henry's death happened in a port town, that was coincidence and many chroniclers did not even mention where he died. Two that did mention the location did not describe any disease aetiology arising from the location: the *Chronica Reinhardsbrunnensis* says the king became suddenly mad (p. 558), while the *Annales Marbacenses* (p. 70) says that he became ill while hunting and asked to be taken to Messina. From there he was apparently taken to Palermo, where he died.

⁸⁷ In the words of Matthew Paris's *Historia Anglorum*, Frederick 'pretended himself sick' (*fingens se aegrotum*): MP, *Historia*, II, p. 298. Paris's *Chronica* is a little less critical, reporting that Frederick said he was ill, but neither agreeing nor disagreeing with the emperor's assertion: *Chronica*, III, p. 130.

⁸⁸ Letter of Frederick II dated 6 December 1227; letter of Gregory IX dated 10 October 1227, *HDFS*, III, pp. 23–30 (p. 27).

⁸⁹ 'in estivi fervoris incendio in regione mortis et aeris corruptela [...] non solum magna pars plebis, verum etiam non modica multitudo nobelium et magnatum pestilentia, sitis ariditate et multis incommoditatibus expiravit': letter of Gregory IX dated 10 October 1227, p. 27.

his accusation that Frederick himself delayed the host, and to characterise the settlement of Brindisi as an insalubrious and dangerous place to muster the crusade. Frederick, on the other hand, claimed that his own illness and that of the other crusaders was at the hand of Providence through the corruption of the air.⁹⁰ In doing so, Frederick absolved himself of responsibility for the epidemic: being the will of God, it could have happened anywhere, and the location of the port of Brindisi was coincidental. But Gregory criticised Frederick's command that the crusaders ought to muster in Brindisi, seeming bemused at this choice: 'the emperor had withdrawn his favour from almost all the other cities established as ports'.⁹¹ Frederick retorted that the choice was not his, but that Brindisi was the port of choice according to custom: 'the departure ports, [were] not chosen by us but were appointed in ancient times, particularly Brindisi, from where the passage was always agreed to happen'.⁹² Stephen of Blois and Robert of Normandy had embarked at Brindisi in 1097 and it was also frequented by crusaders in 1101, and during the Third and Fifth Crusades.⁹³ But, perhaps more pertinently, Brindisi was integral to the personal relationship that Frederick had with the Kingdom of Jerusalem. It was for Brindisi that his future father-in-law, John of Brienne, king of Jerusalem, had departed in 1222, to begin his decade-long stay in the West after the loss of Damietta and the end of the Fifth

⁹⁰ Letter of Frederick II dated 6 December 1227, p. 43.

⁹¹ 'gratiam suam imperator subtraxerat civitatibus fere omnibus in portibus constitutis': Letter of Gregory IX dated 10 October 1227, p. 26.

⁹² 'loca passagii, non a nobis, sed ab antiqua temporibus ordinate, Brundisium videlicet ubi passagium fieri semper competentius consuevit': Letter of Frederick II dated 6 December 1227, p. 43. The intimation from both Frederick and Gregory's letters is that there were other ports, but neither writer discusses them, leaving us to assume that they were of lesser importance. A minor text describing the crusade says that some crusaders left from Marseilles in 1227: 'Relation française de la croisade de l'Empereur Frédéric II', in *HDFS*, III, pp. 480–89 (p. 480).

⁹³ Alaggio, pp. 94–97 summarises the crusading traffic through Brindisi in the twelfth and early thirteenth centuries.

Crusade.⁹⁴ The city had received Isabella II of Jerusalem when she came to marry Frederick in 1225, and the couple had celebrated their marriage in the cathedral consecrated by Pope Urban II, the progenitor of the crusading movement, in 1089.⁹⁵ Why, then, did Gregory seem so displeased with the nomination of Brindisi as the main departure port? His explicit accusation that Frederick had consciously delayed the crusaders in an unhealthy place does suggest that the pope drew an association between the ill-health of the crusaders and the port location, but it is not simply the fact that Brindisi is a port that seemed to concern him, rather that Frederick had only authorised the crusaders to assemble in one place. Gregory's objection may therefore be rooted more in concerns about confinement and contagion than in the essential environment of the port and, equally likely, in the level of control Frederick was seen to exert over the crusaders.

All the crusading ports discussed so far have been part of a connected network of trade and pilgrimage. However, when Louis IX came to plan his first crusade in the 1240s, he did not follow crusading precedent, but invested instead in the previously-underdeveloped town of Aigues-Mortes, securing it from the Abbey of Psalmodie with the purpose of constructing himself a muster and embarkation point for his expedition which departed in 1248.⁹⁶ Aigues-Mortes offered clear advantages from

⁹⁴ *Breve chronicon de rebus Siculis*, p. 74.

⁹⁵ Richard of San Germano, p. 127; Alaggio, p. 87.

⁹⁶ It is perhaps significant to note that there was a small port there before Louis began the construction of the town, but it was the construction of the town and a mole, the Peyrade, and the cutting of a canal, Le Grau-du-Roi, through the salt marsh to the sea which made the town a viable embarkation point for a crusade. On the pre-existing port: C. H. Bothamley, *The Walled Town of Aigues-Mortes* (London: Royal Archaeological Institute, 1916), p. 220; Jean Morize, 'Aigues-Mortes au XIII^e siècle', *Annales du Midi: Revue archéologique, historique et philologique de la France méridionale*, 26 (1914), 313–48 (pp. 314–20); Jean Richard, 'Acre au regard d'Aigues-Mortes', in *In laudem Hierosolymitani: Studies in Crusades and Medieval Culture in Honour of Benjamin Z. Kedar*, ed. by Iris Shagrir, Ronnie Ellenblum, and Jonathan Riley-Smith, *Crusades: Subsidia*, 1 (Aldershot: Ashgate, 2007), pp. 211–17 (pp. 211–12).

Louis's perspective. For the first time, French kings would possess a port on the Mediterranean seaboard, an area in which they had traditionally had quite limited influence.⁹⁷ However, with the increase in French royal territory in the region gained after the Albigensian Crusade, and because of familial links (both Louis and his brother Charles of Anjou were married to Provençal heiresses, Marguerite and Beatrice, themselves sisters), a sea-borne crusade from a port under French jurisdiction was now a viable prospect.⁹⁸ According to Matthew Paris, Louis's reason for constructing the port was to insure himself against Frederick II, who, as overlord of Marseilles, could have prevented the French king from using that port.⁹⁹ The development of Aigues-Mortes can therefore be seen as an exercise in the extension of French royal authority into the south of France, as well as clearly demonstrating Louis's commitment to crusading. But in other ways this port was far from ideal. As a new town, Aigues-Mortes was not part of the established trading routes which were vital to the commercial success of Genoa, Pisa, and Venice and which were interrelated with the importance of those ports for the crusading movement.¹⁰⁰

Around the same time that Louis planned his imminent departure from the port, the

⁹⁷ Jacques Le Goff, 'Saint Louis and the Mediterranean', trans. by Judith Roumani, *Mediterranean Historical Review*, 5 (1990), 21–43 (p. 26).

⁹⁸ Le Goff, 'Saint Louis', pp. 26, 29.

⁹⁹ MP, *Chronica*, IV, p. 546; Bothamley, p. 220. Jean Sablou thoroughly contextualises Matthew's opinion, showing that by investing in Aigues-Mortes, Louis distanced himself from the conflict between Frederick and Pope Clement IV which threatened to draw in the regions of Provence and the Languedoc: Jean Sablou, 'Saint Louis et le problème de la fondation d'Aiguesmortes', in *Hommage à André Dupont (1892–1972)* (Montpellier: Université Paul-Valéry, 1974), pp. 255–65. The Capetians had gained possession of Marseilles in 1246 through Charles of Anjou's marriage to Beatrice of Provence, but Charles continued to hold it from the Empire. His personal rule, as opposed to ruling on behalf of his wife and then his son, was only confirmed much later: Jean Dunbabin, *Charles I of Anjou: Power, Kingship and State-Making in Thirteenth-Century Europe* (London: Longman, 1998), pp. 42–44.

¹⁰⁰ Jordan, *Challenge*, p. 73; William C. Jordan, 'Supplying Aigues-Mortes for the Crusade of 1248: The Problem of Restructuring Trade', in *Order and Innovation in the Middle Ages: Essays in Honor of Joseph R. Strayer*, ed. by William C. Jordan, Bruce McNab, and Teofilo F. Ruiz (Princeton: Princeton University Press, 1976), pp. 165–72.

town burghers requested that they be granted privileges in Acre in the same way that the Venetians, Genoese, and Pisans had been.¹⁰¹ It seems that the Italian model of trade and crusade was one that they wanted to imitate, but the requested privileges were never granted.

Aigues-Mortes's close neighbour, Marseilles, did successfully adopt the methods of the Italian mercantile cities, and established strong trading relationships with the ports of Outremer. While this mercantile economy was, for Abulafia, the result of the stimulus to trans-Mediterranean shipping provided by the crusade, nevertheless Marseilles had a commercial stability that Aigues-Mortes never achieved, despite the patronage of Louis IX's crusades, and the Provençal port was consistently popular with crusaders.¹⁰² Some of those named by Villehardouin as traitors to the Fourth Crusade who did not embark at Venice instead chose Marseilles, as Richard I had done in 1190.¹⁰³ Even some of Louis's IX's closest associates – including Jean of Joinville himself – chose to embark at Marseilles while the king mustered at Aigues-Mortes in 1248. Although Prince Edward of England used the port in 1270, this may have been under some duress, for it was written into the agreement Edward made with Louis in 1269, in which the French king promised Edward a substantial sum of money (70,000 *livres tournois*) to finance his crusade, in the strongest terms: that

¹⁰¹ Richard, 'Aigues-Mortes'.

¹⁰² David Abulafia, 'Marseilles, Acre and the Mediterranean, 1200–1291', in *Coinage in the Latin East: The Fourth Oxford Symposium on Coinage and Monetary History*, ed. by Peter W. Edbury and D. M. Metcalf, BAR International Series, 77 (Oxford: BAR, 1980), pp. 19–39 (p. 19); David Abulafia, *The Two Italies: Economic Relations between the Norman Kingdom of Sicily and the Northern Communes*, Cambridge Studies in Medieval Life and Thought, 3rd Ser., 9 (Cambridge: Cambridge University Press, 1977), pp. 177–78.

¹⁰³ Geoffrey of Villehardouin, I, sec. 48–55, pp. 50–56 (trans. Smith, pp. 16–17); RH, *Chronica*, III, p. 39; RH, *Gesta*, II, p. 112.

Edward would be at Aigues-Mortes by 15 August 1270 and that no excuses would be accepted.¹⁰⁴

It is likely not only the commercial success of Marseilles which accounted for its popularity with crusaders, but also the natural disadvantages of the port at Aigues-Mortes. Situated on marshy ground, the port was prone to silting and the canals cut to allow access to the sea through the salt marshes needed constant maintenance.¹⁰⁵ Out to sea conditions were no better, since the Gulf of Lion was notorious for winds and storms. Louis was caught up in its tempestuous conditions on his second crusade in 1270, and was only reluctantly persuaded to disembark at Hyères in Provence, further east, on his return from crusade in 1254, despite hoping to hold out for Aigues-Mortes. He acquiesced when reminded of the plight of the Lady of Bourbon who, having rejected the shelter of Hyères, was stranded out at sea for seven weeks, unable to make landfall at Aigues-Mortes.¹⁰⁶ A further problem, common to many medieval coastal settlements, was the supply of potable water.¹⁰⁷ Jordan suspects that supplies of drinking water sufficient for the population had to be shipped in: in the same letter as that in which the town burghers asked for trading privileges, the request was also made for Louis to divert a fresh water course (*fluvius aliquis aque dulcis veniat*) to the town.¹⁰⁸ How the poor supply of fresh water affected the muster of Louis's

¹⁰⁴ JJ, sec. 125 (trans. Smith, p. 177); Arnold Fitz-Thedmar, *De antiquis legibus liber*, ed. by Thomas Stapleton, Camden old ser., 34 (London: Offices of the Society, 1846), p. 112; *Foedera, conventiones, litterae, et acta publica*, ed. by Thomas Rymer, 4 vols (London: Eyre & Spottiswoode, 1816-69), I, p. 481.

¹⁰⁵ Jordan, *Challenge*, p. 72.

¹⁰⁶ Primat of Saint-Denis, pp. 41-42; JJ, secs. 652-54 (trans. Smith, pp. 308-09).

¹⁰⁷ See n. 17, above.

¹⁰⁸ Jordan, *Challenge*, p. 72. 'Privileges demandés au roi S. Louis par les habitans d'Aigues Mortes, pour rendre leur ville florissante', in *Histoire civile, ecclésiastique et littéraire de la ville de Nîmes, avec des notes et les preuves*, ed. by Léon Ménard, 7 vols (Paris: Chaubert, 1744-58), I, pp. 77-78 (p. 78). Note that this

crusades in Aigues-Mortes is not known, but the gathering of thousands of crusaders must have put a strain on the limited supplies of water. The burghers also requested that the ‘horrible and most odious’ name of Aigues-Mortes be changed to something more advantageous, suggesting ‘Bona-per-forsa’ which they thought would be a more illustrious name.¹⁰⁹ Indeed, perhaps thanks to the name Aigues-Mortes, meaning ‘Dead Waters’ for the salt marshes which surrounded it, the town seems to have been known proverbially as an unhealthy location. Richard, earl of Cornwall, refused to embark there as he departed for the Holy Land in 1240, the town being in his opinion ‘a corrupted and sickly place’, ‘abhorred by the whole army’; instead, the earl travelled from Marseilles.¹¹⁰ Ultimately the development of Aigues-Mortes was stunted and Louis’s plan to found a great French port on the Mediterranean seaboard was a failure; despite the departure of two major crusades from that port, it never acquired the trappings of crusader mobility – the interconnectedness of religious travel, trade, and precedent – that define the ‘Crusading Mediterranean’.

4.3 Crusaders at Sea

The foregoing sketch of the ‘Crusading Mediterranean’ is incomplete without a consideration of the material space of the ship itself, and the health issues of travelling by sea in the age of the crusades. The particular conditions of travelling by sea – limited physical space, reliance on the availability of ports for supplies of food and water, and a level of exposure to and dependence on the elements that could leave the

volume re-paginates each section within the book. For scholars using the PDF generously made available by the BnF through the Gallica portal, the document can be found on p. 701.

¹⁰⁹ ‘Et dicte ville, cum nomen habeat orribile & pluribus odiosum, aliud nomen bonum, & famosum, & placabile, quod fit tale, *Bona-per-forsa*’: ‘Privileges demandés au roi’, p. 78.

¹¹⁰ MP, *Chronica*, IV, p. 47.

traveller quite helpless – have stimulated much work on the conditions of life at sea, but most of this work relates to the Age of Sail of the sixteenth to the nineteenth centuries.¹¹¹ One recent work, Georg-Michael Fleischer's *Ritter auf dem Meer*, has examined the experience of crusaders on board ship, painting a picture of foul conditions and almost inevitable sickness, but it should be noted that much of his discussion is extrapolated from the accounts of pilgrims' journeys either contemporaneous with or later than the crusades.¹¹² Likewise, an article by Claude Thomasset on the medical advice for medieval seafarers found little material from the crusader period, excepting the *regimen* of Adam of Cremona already mentioned.¹¹³ Much more remains to be done, especially to take a detailed look at the admittedly scanty descriptions of journeys over the sea in crusader chronicles. What we can take from the more modern studies is a sense of the particularity of shipboard conditions and how the alien quality of these conditions may have affected the health of the travellers who experienced them. Yet, while the maritime theatre of certain historical actions is too often ignored or not fully appreciated, '*it matters that voyages happen at sea*', as Katherine Foxhall says with especially apt perspective: (italics added for emphasis).¹¹⁴

While a constant refrain of the peril of the sea runs through crusader chronicles, it is difficult to extrapolate much about conditions on ship during the

¹¹¹ For example, *British Military and Naval Medicine, 1600–1830*, ed. by Geoffrey L. Hudson (Amsterdam: Rodopi, 2007); *Health and Medicine at Sea, 1700–1900*, ed. by David Boyd Haycock and Sally Archer (Woodbridge: Boydell, 2009). The classic study, which does treat the pre-modern period to some extent, is John J. Keevil, C. Lloyd and J. L. S. Coulter, *Medicine and the Navy, 1200–1900*, 4 vols (Edinburgh: E. & S. Livingstone, 1957).

¹¹² Georg-Michael Fleischer, *Ritter auf dem Meer: Seemacht und Seewesen zur Zeit der Kreuzzüge* (Darmstadt: Philipp von Zabern, 2011).

¹¹³ Thomasset.

¹¹⁴ Foxhall, pp. 5–7; quotation on p. 5.

crusader period since the chroniclers are surprisingly reticent about the time crusaders spent on ship.¹¹⁵ Sometimes, a voyage lasting several weeks is skipped over in just a couple of sentences, such as in the Rothelin continuation's description of Richard of Cornwall's journey to Acre in 1239.¹¹⁶ Even when a chronicler spends longer describing a sea journey, the information about the crusader experience of the voyage might be limited. For example, Roger of Howden's strikingly detailed narratives of the sea voyages of the Third Crusade are actually precise litanies of the ports visited by the crusader fleets, therefore reading as a remarkably land-orientated history of a sea voyage.¹¹⁷ Although Matthew Paris tells us that the earl of Aumale died in 1241, after being taken sick 'in the Mediterranean Sea' (*in mari Mediterraneo*), rendered unable to eat and suffering for eight days, no attempt is made to explore why the earl became sick at sea.¹¹⁸ However, there are glimmers of evidence that can be used to illustrate the crusader experience on board ship.¹¹⁹ One very descriptive account of the

¹¹⁵ On the peril of the sea, see n. 3, above.

¹¹⁶ *Rothelin*, chap. 36 pp. 555–56 (trans. Shirley, p. 58).

¹¹⁷ See n. 24, above. These itineraries, while hardly illustrative of the crusader experience at sea, are a fascinating report of the journey, and it is almost possible to plot the course taken on a map with a very high degree of accuracy. Recently, Patrick Gautier Dalché has shed light on a manuscript, *De viis maris*, which he shows is almost certainly Roger's work, containing longer versions of these itineraries, and other sea routes, demonstrating that Roger had a sustained interest in sea travel. Patrick Gautier Dalché, *Du Yorkshire à l'Inde: Une 'géographie' urbaine et maritime de la fin du XII^e siècle (Roger de Howden?)* (Geneva: Librairie Droz, 2005).

¹¹⁸ MP, *Chronica*, IV, p. 174. Context suggests that he was part of Richard of Cornwall's expedition of 1240–42.

¹¹⁹ One source excluded from this discussion is the set of maritime laws known as the *Rôles d'Oléron*, which have been cited as illustrative of the crusader experience at sea, inspired by the crusading experience of Eleanor of Aquitaine or her son Richard I: Fleischer, p. 209. The ordinances of the *Rôles* regulate daily life on board ship and contain a ruling that if illness 'as a result of service on the ship' should affect a sailor, he should be put ashore and the cost of his care borne by the shipmaster: *Lex d'Oléron*, trans. by Robin Ward, in Ward, *The World of the Medieval Shipmaster: Law, Business and the Sea, c. 1340–c. 1450* (Woodbridge: Boydell & Brewer, 2009), pp. 183–205. Various scholars have shown that the attribution of these laws to the experiences of Eleanor or Richard's crusading experience is due to the testimony of a fourteenth-century document which names Richard as the author, but does not withstand close analysis: Travers Twiss, 'Introduction', in *The Black Book of the Admiralty*, ed. by Travers Twiss, Rolls Series, 55, 4 vols (London: Longman, 1871–76), I, ix–lxxxvi (p. lviii); Timothy J. Runyan, 'The Rolls of Oleron and the Admiralty Court in Fourteenth Century England', *American Journal of*

conditions on board medieval sailing vessels comes not from a crusader chronicle, but from a ‘recovery treatise’ dated to 1332, one of the numerous documents written in the fourteenth century exhorting the addressee of their work (in this case Philip VI of France) to go on crusade, and theorising the ideal expedition. The treatise in question, of disputed authorship but known as the *Directorium ad passagium faciendum*, is one of the few to advocate that a planned crusade should travel overland, and one of only two explicitly to reject the sea journey.¹²⁰ It does so on these terms: that for those unaccustomed to travelling by sea (the author cites the French and Germans in particular), the motion of the sea, the sudden change in the air, the stench of the sea, the insipid and coarse food, the foetid and corrupted water, and the overcrowding of men causes various illnesses.¹²¹ But above all these inconveniences, he says, ‘if an army moves suddenly from one extreme to another, that is from a cold land to a hot land, by which their complexions are altered, infirmity is generated and great mortality follows’.¹²² The author’s fellow Dominican, William Adam, the other author of a recovery treatise that rejects the sea passage, mirrored the concern that being at sea

Legal History, 19 (1975), 95–111 (pp. 98–99); Edda Frankot, ‘Of Laws of Ships and Shipmen’: *Medieval Maritime Law and its Practice in Urban Northern Europe* (Edinburgh: Edinburgh University Press, 2012), pp. 11–12. Lack of consensus on the dating of the *Rôles* (Runyan and Frankot describe the opposing schools of thought here, dating them to around 1200 or to the 1280s respectively: Runyan, p. 98; Frankot, pp. 11–12 n. 36) means that while we can say that the laws are evidently roughly contemporaneous with the later crusader period, it is not possible to say that they are either drawn from, or representative of, the crusader experience, and indeed were more likely written for the Gascon wine trade: Thomas Heebøll-Holm, *Ports, Piracy and Maritime War: Piracy in the English Channel and the Atlantic, c. 1280–c. 1330* (Leiden: Brill, 2013), p. 130.

¹²⁰ *Directorium ad passagium faciendum*, in *RHC Arm.*, 2 vols (Paris: Imprimerie nationale, 1869–1906), II, pp. 367–517. On its disputed authorship: Antony Leopold, *How to Recover the Holy Land: The Crusade Proposals of the Late Thirteenth and Early Fourteenth Centuries* (Aldershot: Ashgate, 2000), pp. 43–44. The other is William Adam, *De modo Saracenos extirpandi*, in *RHC Arm.*, 2 vols (Paris: Imprimerie nationale, 1869–1906), II, 521–55. See Leopold, p. 151.

¹²¹ *Directorium*, pp. 411–12

¹²² ‘Est insuper una alia incommoditas ex hac via; nam exercitus subito transiens de uno extremo ad aliud extremum, id est, de terra frigida ad terram calidam, in suis complexionibus transmutantur, ex quo infirmitates sepius generantur et mortes plurimum subsequuntur’: *Directorium*, p. 413.

put stress on the humoral constitution of the travellers, saying that this was ‘abhorrent to the natural disposition of their bodies’.¹²³ He also dwelt on how seasickness, when the passengers were unable to eat food or to keep it in their stomachs, caused serious infirmity or at least debility, and left the sufferers seeming more dead than alive.¹²⁴ The danger to health posed by a sea journey was understood a century earlier: according to Adam of Cremona, time spent on board ship was likely to engender specific health conditions. He says that being on ship could cause leprosy (*lepra*), dropsy (*hydropisis*), apoplexy (*apoplexia*), and frigidity and inflation of the stomach (*frigiditatus stomachi et eius inflatione*) – although he also says that the motion of the ship could be beneficial to those suffering from gout or renal conditions, forcing them to expel the substances of those illnesses.¹²⁵

One chronicler who bears personal testimony to the experience of ill-health at sea is Jean of Joinville. He became ill during his voyage to Cyprus in 1248, when his condition was so severe that during a procession to invoke divine protection for the voyage he had to be held up by his arms, and again during the crusader sailing to Acre in 1250, when, though ill, he was able to attend on Louis IX in his cabin.¹²⁶ Joinville’s physical condition was matched by psychological torment while at sea: he says with heartfelt veracity that:

I am describing these things to show you how foolhardy is he who dares place himself in such peril, when he is in possession of another person’s property or is in a state of mortal sin, because seafarers go to sleep in the evening not

¹²³ ‘eorum naturalis corporis dispositio hoc abhorret’: William Adam, p. 539.

¹²⁴ William Adam, p. 539.

¹²⁵ Adam of Cremona, p. 66. See also Thomasset, pp. 77, 79.

¹²⁶ JJ, secs. 129, 404 (trans. Smith, pp. 177–78, 245).

knowing whether they will find themselves at the bottom of the sea the next morning.¹²⁷

The sheer fragility of a sea crossing, as Joinville saw it, was cause to avoid going to sea unless one had prepared one's soul for death, putting the sailor in a liminal position between living and dead in the alien landscape of the sea.

For Joinville, the sea voyage to the theatre of crusading warfare clearly marked some sort of threshold: his sickness on the sailing to Cyprus in 1248 is the first mention he makes of the health problems which plagued him during his crusade, and the sickness he suffered on the crossing to Acre provides a parallel. These two incidents therefore frame his physical experience of the crusade and, given his evident apprehension of the sea, suggest that in the sea voyage he perceived a change for the worse in his physical condition. On his voyage to France from Acre in 1254 he seems not to have suffered any further sickness (or, at least, he does not tell us that he did, which is equally significant), although the fleet apparently experienced a number of threatening situations: the royal ship ran aground, a manservant was lost overboard and miraculously saved (an event which Joinville later had depicted in the windows of his chapel), and there was a fire in Queen Marguerite's cabin which the quick-thinking queen put out with her bedclothes.¹²⁸ Recalling the discussion above about the connection between St Nicholas of Myra, crusading, and mariners, it is also significant to note that during this eventful crossing a storm arose which threatened the safety of the royal ship. Joinville and Marguerite both promised devotion to the shrine of St Nicholas of Myra at Varangéville in return for their deliverance, and,

¹²⁷ 'Et ces choses vous moustré je, que celi est bien fol hardi qui se ose mettre en tel peril atout autrui chatel ou en pechié mortel, car l'en se dort le soir la ou en ne scet se l'en se trouverra ou fons de la mer au matin': JJ, sec. 127 (trans. Smith, p. 177).

¹²⁸ JJ, secs. 618-29, 650-51, 645-49 (trans. Smith, pp. 300-03, 308, 307-08).

once safely back in France, Marguerite had a silver votive offering made in the shape of a ship, which Joinville himself took to the shrine.¹²⁹ Joinville clearly had good cause to fear when he took to sea in 1248.

Joinville does not say enough about his condition for us to know whether he was suffering from a sickness caused by the environment of the ship, such as the paucity of fresh food or the possibly ill-ventilated living quarters, or whether this was nausea caused by the motion of the waves. Such malaise is recorded elsewhere: the *Itinerarium peregrinorum* reports, with some empathy although not in the first person, that the passengers sailing from Sicily to Crete in 1191 endured great sickness which was caused by a storm; ‘with the men’s stomachs insulted by such great motion, the grogginess provoked nausea’.¹³⁰ Despite stating that the vomiting and nausea caused by the motion of the sea could be a form of healthy purgation, and ought to be tolerated for the first few days at sea, Adam of Cremona describes numerous remedies against the sickness experienced during sea journeys, variously suggesting looking away from the sea, eating figs, apples, and pomegranates, and sucking celery seed or wormwood to calm nausea. If vomiting should be unavoidable, he advised washing the face and mouth afterwards with vinegar or honey-water, and eating the food most healthful for recovery: pullets (young hens which have begun to sing) prepared in a wine broth with egg yolks.¹³¹ For especially severe vomiting, Adam recommended that the patient be bled and then given boiled milk mixed with wine to drink; but if the practitioner wished to cleanse the blood of the chest and stomach then a syrup of

¹²⁹ JJ, secs. 630–33 (trans. Smith, pp. 303–04).

¹³⁰ ‘ex tanta jactatione stomachis hominum indignantibus, nauseam provocat gravedo’: *IP*, 2:27, p. 178 (trans. Nicholson, p. 175).

¹³¹ Adam of Cremona, pp. 66–67.

vinegar with honey or sugar and purslain sap should be given, little by little, frozen (*in nive*) or else chilled (*vel aliter infrigidatum*).¹³² It is highly unlikely that the beleaguered Third Crusaders on their way to Crete were able to access such specialist treatment (bleeding would have required the services of an experienced practitioner, and it has been established above that access to such medical care would probably have been limited on crusade) – not to mention that the mechanics of chilling or freezing a medicinal decoction on a ship in the Mediterranean are left unexplained.

Given that we have now seen that the conditions of travel on ship during crusader expeditions could be physically arduous and engender poor health, it ought to come as no surprise that on numerous occasions we find reports of the sick taking refuge in ports as their ship travelled to the Eastern Mediterranean. Philip II of France was reported by Roger of Howden as lying ill at Genoa on his journey to Acre for the Third Crusade in 1190, and John, bishop of Evreux, was apparently ill at Pisa during the same journey.¹³³ In its account of what happened to one group of crusaders from northern Europe as they sailed to the Holy Land during the Second Crusade in 1147, the *De expugnatione Lyxbonensi* suggests that the port town of Oporto, in Portugal, was a refuge for sick travellers: ‘the port has, to the south, salubrious sands [...] in which the sick are wrapped until the sea comes on washing them and so they are healed’.¹³⁴ When Louis IX landed in Cagliari on his journey south to Tunis in 1270, his first act was to make sure that those who had become sick during the voyage were well housed

¹³² Adam of Cremona, p. 67.

¹³³ RH, *Chronica*, III, pp. 39, 40; RH, *Gesta*, II, p. 113.

¹³⁴ ‘habet autem portus a meridie harenas salubres [...] in quibus involvuntur egroti donec mare superveniens eos abluat ut sic sanentur’: *De expugnatione Lyxbonensi*, pp. 66–68.

and cared for in the town: some were taken to houses near the castle, while others lodged in the house of the Franciscans.¹³⁵

For medieval sailors, the permission to make landfall in unfamiliar lands could not be taken for granted, but the importance of being able to do so is shown in an illuminating episode from the *Chronica majora* of Matthew Paris. In 1247, during preparations for his upcoming crusade, Louis IX entered into negotiations with Haakon IV of Norway, who had taken the cross in 1237, to propose that they make a joint expedition. In this projected campaign, Louis suggested that Haakon, king of a seafaring nation and experienced in nautical matters, would not only take command of the whole fleet, but would exercise a measure of authority over the French crusading army while on land. Haakon declined Louis's invitation, suggesting that such an arrangement might cause tension between their armies and themselves.¹³⁶ However, it is the next part of the negotiations that is of interest here: proposing instead that the two kings mount separate expeditions, Haakon requested that his ships be allowed to dock in French ports on their journey to the Holy Land. Louis had evidently already anticipated such a response, for the bearer of his message to Haakon, none other than Matthew Paris himself, had with him letters patent from the French king commanding that the Norwegian ships should be allowed to dock in French ports and purchase provisions in French territories.¹³⁷ What is significant

¹³⁵ Primat of Saint-Denis, p. 43.

¹³⁶ MP, *Chronica*, IV, p. 651. Haakon's refusal of Louis's offer has attracted criticism of the sincerity of his intentions to crusade: Jordan, *Challenge*, pp. 32–33; *The Seventh Crusade, 1244–1254: Sources and Documents*, ed. by Peter Jackson, Crusade Texts in Translation, 16 (Aldershot: Ashgate, 2007), p. 23.

¹³⁷ MP, *Chronica*, IV, p. 652. The reason for Matthew's visit was not primarily as an envoy for Louis, but to reform the monastery of Nidarholm: MP, *Historia*, III, p. 40. For a broader discussion of Matthew's visit, including contemporary perceptions of the Norwegian court and the reasons why Matthew may have been chosen for this particular task, see, Björn Weiler, 'Matthew Paris in Norway', *Revue Bénédictine*, 122 (2012), 153–81.

about this exchange in the context of this study is that Haakon did not only request permission to dock for the purposes of supply and provisioning, but first asked for shelter in the French ports ‘if by chance I or any of my people should become ill’.¹³⁸ His crusade may have come to naught but that the security of docking rights was uppermost in the mind of a seasoned mariner when planning a crusade by sea shows just how far sea-faring crusaders were reliant on the land they passed by.¹³⁹

Adam of Cremona’s prescriptions did not only deal with sickness experienced on board ship. Once at his destination, he recommended that the weary traveller (*fatigatus ex itinere*) partook of tepid baths, as mentioned above.¹⁴⁰ When Richard of Cornwall landed at Trapani in Sicily in 1241 after his return from the Holy Land by sea, his brother-in-law Frederick II, Adam’s dedicatee, welcomed him with ‘baths, bleeding, and medicinal poultices [...] to restore his strength after the perils of the sea’.¹⁴¹ It is highly significant that the honour paid to a visiting dignitary returning from crusade on this occasion extended to medical treatment explicitly for the purposes of mitigating the effects of a sea journey, one which according to a letter

¹³⁸ ‘si forte ego vel aliquis meorum infirmaretur’: MP, *Chronica*, IV, p. 652.

¹³⁹ There is no evidence of this alliance in the documentary record, the Sturla Þórðarson records that but Louis did extend hospitality to Haakon’s daughter Christina as she travelled overland to marry Philip, the brother of Alfonso X of Castile, in 1257: Sturla Þórðarson, *The Saga of Haakon*, in *Icelandic Sagas*, trans. by G. W. Dasent, Rolls Series, 88, 4 vols (London: Longman, 1887–94), IV, 1–373 (p. 311). Envoys returning from accompanying the princess to her nuptials brought news to Haakon in 1258 that Alfonso proposed a joint expedition to Jerusalem: Sturla Þórðarson, p. 317. No mention is made of Haakon’s nautical expertise in the one record of this alliance, but Bruce Gelsinger suggests that this is why Alfonso sought the Norwegian king’s friendship: Bruce E. Gelsinger, ‘A Thirteenth-Century Norwegian-Castilian Alliance’, *Medievalia et Humanistica*, n.s. 10 (1981), 55–80 (p. 64). This later proposed crusade also came to nothing.

¹⁴⁰ Adam of Cremona, p. 68.

¹⁴¹ ‘iussit igitur imperator eum balneis, minutionibus, et medicinalibus fomentis, post maris pericula, mitius ac blandius, ad restaurationem virium confoveri’: MP, *Chronica*, IV, pp. 145–47 (quotation on p. 147).

written by Richard himself left him ‘greatly sickened’ (*multum fastiditi*).¹⁴² It would seem that the port could be, rather than – or as well as – the locus of sickness described above, a refuge from ill-health and a place of convalescence.

4.4 Conclusions

Given that a crusader voyage was likely to be a once-in-a-lifetime occurrence, requiring an engagement with the elemental force of the sea and its coastline that most crusaders had never experienced before, it is unsurprising that it should have acquired a mystique and a culture of its own. Taking to sea was not quite the equivalent of crusading overland, but a definitively different experience, wherein the crusader on board ship was at the mercy of the elements and the goodwill of those who inhabited the lands that the ship passed, as well as being exposed to the environment of the ship – all of which had the potential to harm his or her health. Refuge might be found in a port town, but those very locations could be just as dangerous for the health of the crusader, waiting on the boundary between land and sea for their ship to depart. It has been shown that crusaders in port experienced a particular set of conditions which were partly a product of the urban environment and partly a product of the coastal setting, a medical space on which more work is needed. Furthermore, the conditions of the ship and the crusader interaction with the sea provoked specific health experiences which put great strain on their bodies. *Mal de mer*, the discomfort of these material and psychological conditions, was a reality for crusaders such as Joinville, who felt a deep unease at the prospect of taking to sea.

¹⁴² MP, *Chronica*, IV, p. 144.

The physical experience of this sea-faring is, however, seen to have a deeper meaning, one which is rooted in the cultural history of the Mediterranean. This investigation has revealed a 'Crusading Mediterranean', a connected landscape of routeways and nodes imbued with a cultural significance which was manifested religiously in the maritime, crusader, and Mediterranean cult of St Nicholas, and historically through the precedents set by the earliest crusaders and followed by their later successors, as well as being tied in to trans-Mediterranean trade. What we can perceive in the stunted development of Aigues-Mortes, which did not last long as a centre of mobility much beyond Louis's reign, is Louis's desire to create and maintain a port within the sphere of his political dominance which would be seen as the sole portal to the eastern Mediterranean. His attempt to do so in a place with significant natural disadvantages and neither the cultural capital of the Apulian ports, nor the maritime dominance of the Italian ports was ultimately unsuccessful. In failing to become the premier crusading port that Louis had hoped, Aigues-Mortes cannot be classed as a node of the 'Crusading Mediterranean', despite being built for that purpose. The maritime history of the crusades cannot be expressed solely in logistical and technological approaches, but this human history of crusading by sea has shown that in considering the physical and psychological experience of sea-faring crusaders, broadly but with a specific focus on health, we reveal new aspects to the geography and culture of the Mediterranean of the crusades.

Chapter 5: Sieges

5.1 Introduction

The preceding examinations of the conditions of the march and of journeys by sea were united by the theme of mobility: how the changing environments of the crusaders affected both their experience of health and the textual interpretation of this experience. With sieges the prospect is different since a siege, by its very nature, is a static environment. In a fixed location, the crusaders would have had more chance to adapt to the climate and environment around them, but the military conditions of the siege would bring its own risks to their health: restricted supply lines, inclement weather conditions, and disease amongst the army all took their toll on crusading hosts during sieges. The previous chapters have stressed the inheritance of the Hippocratic *Airs, Waters, Places* in the crusader texts, but in this chapter we will perceive different medical understandings of the crusader experience, particularly exhibited through the non-naturals. While there may be a popular assumption that during siege conditions it was the besieged defenders who experienced the worst conditions, this chapter examines engagements where a besieging crusader force, encamped near a town or city, attempted to conquer that settlement. As William of Tyre, writing some decades after the siege of Antioch (1097–98), noted: ‘our army suffered no less than those who were in the city during the siege’.¹

Sieges are key to the military history of the crusades as the crusades were campaigns of conquest. The crusaders saw themselves as liberating the Holy Land for

¹ ‘Sic ergo noster exercitus non leviorum quam qui in urbe erant patiebatur obsidionem’: William of Tyre, I, 4:16, p. 257 (trans. Babcock and Krey, I, p. 212).

Christendom and establishing and maintaining a viable political presence in the surrounding region.² Taking, and holding, a location was therefore an important factor in determining the success or failure of a crusade. To an extent, this was a product of the physical conditions of the Levant itself, where the infrastructure of power was largely focused in urban centres.³ The progress of the crusaders on the First Crusade can be easily tracked by the sieges undertaken, first Nicaea (May–June 1097), a relatively short engagement which left them strong enough to continue their journey in the same season, and then Antioch (October 1097–June 1098), the siege of which was not only much longer but engendered such severe deprivation and sickness in the army that the crusade stalled until the autumn of 1098. As the crusade moved south different contingents besieged different locations, including Albara, Arqah and

² This is perhaps debateable in the case of the First Crusade since while the aims and purpose of that expedition and its followers have been much discussed they may possibly never be fully understood, and its military purpose is perceived but dimly. Classic studies on the aims of the First Crusade include: E. O. Blake, 'The Formation of the "Crusade Idea"', *Journal of Ecclesiastical History*, 21 (1970) 11–31; H. E. J. Cowdrey, 'Pope Urban II's Preaching of the First Crusade', in *The Crusades: The Essential Readings*, ed. Madden, p. 15–29 (first publ. in *History*, 55 (1970), 177–88); Jonathan Riley-Smith, 'Crusading as an Act of Love', in *The Crusades: The Essential Readings*, ed. Madden, pp. 31–50 (first publ. in *History*, 65 (1980) 177–92); Jonathan Riley-Smith, *The First Crusade and the Idea of Crusading* (London: Athlone, 1984; repr. Philadelphia: University of Pennsylvania Press, 2009). All respond to the thesis first put forward by Carl Erdmann in 1935: Carl Erdmann, *The Origin of the Idea of Crusade*, trans. by Marshall W. Baldwin and Walter Goffart (Princeton: Princeton University Press, 1977). More recently, focused on logistical issues, Bernard S. Bachrach, 'Papal War Aims in 1096: The Option not Chosen', in *In laudem Hierosolymitani*, ed. Shagrir, Ellenblum and Riley-Smith, pp. 319–43; and, on the religious motivations of the crusaders, Purkis. These debates notwithstanding, the sheer number of sieges which occurred during the First Crusade suggests that the First Crusade was executed as a campaign of conquest. After the establishment of the Latin States in Outremer later expeditions certainly stressed the importance of defending and expanding Christian territory.

³ This is something of a generalisation. Hugh Kennedy's thesis that the cities of the eastern Mediterranean did not experience a sudden decline with the Muslim conquests of the seventh and eighth centuries has been recently reassessed: Hugh Kennedy, 'From *Polis* to *Madina*: Urban Change in Late Antique and Early Islamic Syria', in *The Byzantine and Early Islamic Near East*, Variorum Collected Studies Series, 860 (Aldershot: Ashgate, 2006), essay I (first publ. in *Past and Present*, 106 (1985), 3–27); Gideon Avni, 'From *Polis* to *Madina*' Revisited – Urban Change in Byzantine and early Islamic Palestine', *Journal of the Royal Asiatic Society*, 21 (2011), 301–29. Moreover, Ellenblum has pinpointed a period of particularly sharp urban decline in the decades immediately before the First Crusade, due to environmental factors: Ellenblum, pp. 163–95. However, the essential point – that the eastern Mediterranean was a remarkably urbanised landscape, especially in comparison to the crusaders' homelands during the same period – remains.

Ma'arrat an-Nu'man. The sieges on this part of the journey were shorter, but feature prominently in the sources. Finally, the crusaders arrived at Jerusalem and in a six-week assault (June–July 1099), notable for the severe lack of water they experienced, they captured the city.

Although the First Crusade was the great expedition of conquest, many of the subsequent expeditions to the east can also be characterised by siege activity. The years between the First Crusade and the Second saw a period of expansion in the Holy Land where territory was extended, often with the support of visiting crusaders: the 1101 crusade captured, amongst other places, Latakia, Caesarea, and Arsur; Sigurd Jorsalfar's expedition of 1106/8–11, assisted Baldwin I of Jerusalem in laying siege to Sidon; and the Venetian Crusade of 1122–24 saw the capture of Tyre. The major engagement of the Second Crusade in Outremer was an abortive attack on Damascus (July 1148), the anticlimactic conclusion to an expedition which promised much but achieved little in terms of territorial gains. The outcome of a siege can be a measure as to whether a crusade was to be interpreted as a success or not: the reclamation of the city of Acre after an extended siege marked by severe deprivation, sickness, and political infighting (August 1189–July 1191), made the Third Crusade a qualified success, despite the fact that Richard I of England decided not to besiege Jerusalem, while the capture of Constantinople not once, but twice (July 1203 and April 1204), was promoted by the leaders of the Fourth Crusade as proof that the expedition had been a success, even though opinions had been split about whether it was right to attack Constantinople. The crusades in north Africa showed that while the crusaders could successfully besiege a city, overcoming great hardship to do so, it was not always a simple task to retain it. The punishing siege of Damietta (May 1218–November

1219), was not a lasting victory; the city was surrendered to the Egyptians as the crusaders withdrew in 1221. Damietta was captured by Louis IX in June 1248 on the first of his two crusades, but was surrendered again as part of a treaty with the Egyptians in 1250 which allowed the crusaders to withdraw to Acre. Louis was to die in the crusader siege camp outside the city of Tunis on his second crusade in August 1270, claimed by disease, which marked all the crusades to north Africa. His crusade stumbled on without his leadership but was abandoned in October of the same year.

Despite the disappointing end to Louis's second crusade, it can be seen from this overview that crusader sieges were overwhelmingly successful despite severe hardship in some cases, and even if the success was short-lived, there seems little justification for Powell's judgement that 'failure was the usual result in medieval siege'.⁴ Sieges were more common in crusader warfare than pitched battles, but a Clausewitzian approach to military history places sieges as distinctly secondary to such battles in the study of war, and, moreover, John France and Matthew Bennett have hypothesised that the assumed supremacy of knightly cavalry has led to a greater emphasis being placed on battle in traditional military histories.⁵ While our understanding of the importance of sieges has developed somewhat, the corpus of studies on medieval poliorcetics is relatively limited.⁶

⁴ Powell, *Anatomy*, p. 157.

⁵ John France, *Western Warfare in the Age of the Crusades, 1000–1300* (London: UCL Press, 1999), pp. 11–12; John France, 'Introduction', in *Medieval Warfare*, ed. France, pp. xi–xxiv (pp. xi–xv); Matthew Bennett, 'The Myth of the Military Supremacy of Knightly Cavalry', in *Medieval Warfare 1000–1300*, ed. by John France (Aldershot: Ashgate, 2006), p. 171–83 (first publ. in *Armies, Chivalry and Warfare: Proceedings of the 1995 Harlaxton Symposium*, ed. by Matthew Strickland (Stamford: Paul Watkins, 1998), p. 304–16).

⁶ As noted by Bernard S. Bachrach, 'Medieval Siege Warfare: A Reconnaissance', *Journal of Military History*, 58 (1994), 119–33 (pp. 119–21). Full-length studies by Randall Rogers and Jim Bradbury are supplemented by a collected volume edited by Ivy Corfis and Michael Wolfe, while a recent two-volume contribution by Peter Purton offers a broad survey of the whole medieval period: R. Rogers, *Latin Siege Warfare in the Twelfth Century* (Oxford: Clarendon Press, 1992); Jim Bradbury, *The Medieval Siege*

Not only were sieges particularly important in crusader warfare, but the course of these engagements was also distinctive. The sieges of Antioch, Acre, and Damietta are remarkable for both their length and the level of hardship the crusaders were prepared to endure without abandoning the siege. Although the crusaders were far from home with limited opportunity to retire to friendly territory (an exception which proves the point being the four-day siege of Damascus in 1148, which the crusaders abandoned to return to the Kingdom of Jerusalem), their spiritual inspiration surely also motivated them to endure; indeed, the theme of meritorious suffering through bodily deprivation and sickness has recurred throughout this investigation so far. The same spirituality affected the execution of the siege; the fasting and processions of the crusaders at the siege of Jerusalem resemble no contemporary military tactic but do hark back to the devotions of the Israelites at the wall of Jericho.⁷ Once again the particular circumstances of the crusade are seen to affect both the military and physical experience of the crusaders and this again suggests that taking a purely military view of these engagements, or studying the bodily experience through the lens of modern medical understanding, obscures the crusaders' own perspective.

(Woodbridge: Boydell, 1992); *The Medieval City under Siege*, ed. by Ivy A. Corfis and Michael Wolfe (Woodbridge: Boydell, 1995); Peter Purton, *A History of the Early Medieval Siege, c. 450–1200* (Woodbridge: Boydell, 2009); Peter Purton, *A History of the Late Medieval Siege, 1200–1500* (Woodbridge: Boydell, 2009). Despite the importance of sieges in the crusader context, Conor Kostick's *The Siege of Jerusalem* is the only monograph devoted to a crusader siege, although John Hosler's *The Siege of Acre* is anticipated: Conor Kostick, *The Siege of Jerusalem: Crusade and Conquest in 1099* (London: Continuum, 2009); John Hosler, *The Siege of Acre, 1189–1191* (New Haven: Yale University Press, forthcoming). See also John H. Pryor, 'A Medieval Siege of Troy: The Fight to the Death at Acre, 1189–1192, or, The Tears of Salah al-Din', in *The Medieval Way of War: Studies in Medieval Military History in Honor of Bernard S. Bachrach*, ed. by Gregory I. Halfond (Farnham: Ashgate, 2015), pp. 97–115.

⁷ Joshua 6. 1–20. The devotions of the crusaders are described in GF, p. 90; RA, pp. 296–97 (trans. Hill and Hill, pp. 122–23); AA, 6:8, p. 412.

5.2 Crusader Sieges and Crusader Health

Iona McCleery has recently noted that the issue of famine has been under-studied by medical historians, with most attention on the topic originating in economic, biological, or bioarchaeological disciplinary perspectives. One of her suggested pathways to shed more light on this subject is the study of discussions of famine, dearth, and disease in texts such as chronicles.⁸ The study of crusader sieges as described in narrative sources provides a wealth of evidence for such a study, since – apart from the interrelation between war, famine and disease displayed in the conceptualisation of the Four Horsemen of the Apocalypse which frames McCleery’s article – the experience of siege warfare is almost always related to food supply in one way or another.⁹ Starving a settlement into capitulation through a blockade was a way to conclude a siege, but the supply of food to a besieging army was also a concern. Armies were reliant on what they could forage or purchase from the surrounding area and if the siege was a lengthy one – as many crusader sieges were – these local supplies could be exhausted. The issue of food supply to a siege has usually been discussed in logistical terms, in relation to how it affected the military progress of a siege.¹⁰ That is certainly important, but it underplays the wider significance

⁸ McCleery, ‘Famine’, p. 139.

⁹ McCleery, ‘Famine’, pp. 116–18, 135–36, 139. The inter-relation between war and famine is a topic which requires further investigation: in the relationship between war, famine and dearth, how does the experience differ for the army and for inhabitants of the theatre of war? When is war a result of scarcity, and when is scarcity a result of war? How far is the experience of food shortage during war related to incidence of disease, and what other factors might influence this? See, recently: Guido Alfani, *Calamities and the Economy in Renaissance Italy: The Grand Tour of the Horsemen of the Apocalypse*, trans. by Christine Calvert (New York: Palgrave Macmillan, 2013), pp. 43–46; Pere Benito i Monclús and Antoni Riera i Melis, *Guerra y carestía en la Europa medieval*, Crisis en la Edad Media, 2 (Mileno: Lleida, 2014).

¹⁰ See, for example, the way Rogers treats any mention of food in R. Rogers, chap. 1.

contemporary authors attributed to the issue of food supply and consumption, especially in relation to health.

Details of a particularly serious famine come from the siege of Antioch (1097–98). The establishment of the siege in autumn 1097 meant that foraging was plentiful at first. However, problems of supply developed as the crusaders exhausted the resources that could be foraged from the surrounding area and winter set in.¹¹ Although Bachrach suggests that even limited shipping from Cyprus (which could be reached during the winter despite the reduction in longer-distance Mediterranean shipping in this season), would have supplied the crusaders with ample provisions, the sources are clear that the crusaders at Antioch suffered severe lack of food that winter.¹² One particular problem seems to be the dangers posed by fetching the supplies from the port of St Symeon. Bachrach states that the supplies could easily have been carried by ship up the river Orontes to the city but he acknowledges that the narrative sources are silent on this, and the point remains supposition.¹³ By land, he calculates that 400 carts would be needed every day to bring sufficient wheat to the army, but it is unlikely that the crusaders had this many carts at their disposal, since it was difficult to bring them across the terrain of the Balkans and Asia Minor.¹⁴ Furthermore, there are records of those travelling to St Symeon being killed by

¹¹ *GF*, 5:13, p. 30.

¹² Bernard S. Bachrach, 'The Siege of Antioch: A Study in Military Demography', *War in History*, 6 (1999), 127–46 (pp. 140–41). For more recent revisionist work on the Mediterranean sailing season, arguing against the long-held assumption that trans-Mediterranean shipping ceased completely in the winter months, see: James Beresford, *The Ancient Sailing Season* (Leiden: Brill, 2013).

¹³ Bachrach, 'Antioch', pp. 141–42.

¹⁴ Bachrach, 'Antioch', p. 141; Alan V. Murray, 'Roads, Bridges and Shipping', pp. 202–03, 206–07. Bachrach's estimation of the number of carts required is based on Donald Engels's estimation of how much grain was necessary to sustain an army in the field, the problems of which have already been discussed in section 3.2, above.

defenders from Antioch; clearly, leaving the relative safety of the crusader camp for supplies was risky.¹⁵ The difficulty of bringing supplies to the siege even if they could reach the port of St Symeon would have encouraged the severe price inflation analysed by Alan V. Murray, causing food shortages in the camps even if there was enough food being brought to the crusaders.¹⁶ Indeed, Peter Tudebode explicitly stated that many people starved to death because of the high price of food, not because there was an inadequate supply of food to the camps.¹⁷ The *Gesta Francorum* laid the blame at the door of Armenian and Syrian merchants, who apparently encouraged the inflation by pricing the goods they brought to sell to the crusaders too high for the poorer members of the crusade to afford. Nevertheless, the crusaders were reliant on these merchants because foraging was scarce in the surrounding area, and many starved to death unable to either pay the merchants or find food for themselves.¹⁸ The animals in the army suffered, particularly the high-maintenance warhorses which quickly succumbed to the lack of fodder. During one skirmish against the enemy not enough warhorses could be found for the knights, who were forced to ride packhorses and mules instead, physically sturdier but not particularly suited to or trained for battle.¹⁹ The arrival of spring mitigated the situation in the

¹⁵ AA, 3:63, pp. 238–40, 4:36, pp. 302–04; RA, pp. 248–49 (trans. Hill and Hill, pp. 41–44).

¹⁶ Alan V. Murray, 'Money and Logistics in the Forces of the First Crusade: Coinage, Bullion, Service and Supply', in *Logistics of Warfare in the Age of the Crusades*, ed. Pryor, pp. 229–49 (pp. 244–46). A similar point is made by Rogers about the siege of Nicaea: R. Rogers, pp. 17–18. The point recurs at the siege of Acre, where the sources say that there was a sufficient amount of food in the crusader camp, but that it had been priced too high: Ambroise, *Estoire*, ll. 4467–70 (II, p. 93); *IP* 1:79, p. 136 (trans. Nicholson, p. 136). That poverty, rather than the availability of food, can be the root cause of famine, is the highly-influential premise of Amartya Sen, *Poverty and Famines: An Essay on Entitlement and Deprivation* (Oxford: Clarendon, 1981).

¹⁷ Peter Tudebode, pp. 103–04 (trans. Hill and Hill, p. 79).

¹⁸ *GF*, 6:14 (p. 33).

¹⁹ AA, 3:61, p. 234.

camp somewhat, when Ralph of Caen wrote that the crusaders were able to eke out their shortage of bread with new plant growth, further suggesting that supplies from Cyprus were not alone sufficient to maintain the army.²⁰ According to Guibert of Nogent, the famine was also eased by the command of Adhemar of Le Puy to plant crops around the crusader camp, an action which also proved to the defenders of the city that the crusaders did not intend to abandon the siege.²¹

The difficulties of food supply that winter were matched by poor weather conditions and minimal military success. Heavy rain rotted the crusaders' tents, leaving them exposed to the elements.²² For Fulcher of Chartres and Ralph of Caen, all these difficult circumstances were part of a process of catharsis, which left those crusaders who survived purified in the same manner as gold.²³ This allusion is developed by Guibert of Nogent who wrote that because the experience of death from starvation was slower than death in battle, thus the spiritual reward was the greater.²⁴

²⁰ Ralph mentions supplies from Cyprus and other Greek islands, but says that these contributions were not enough: chap. 192, pp. 53–54 (trans. Bachrach and Bachrach, pp. 80–81). The reference to foraging springtime plants follows, at chap. 195, p. 54 (trans. Bachrach and Bachrach, p. 81).

²¹ GN, 7:23, p. 312 (trans. Levine, pp. 146–47). Crops were also grown at the siege of Acre, as mentioned in section 3.2, above: Ambroise, *Estoire*, ll. 4247–50 (II, p. 90); *IP*, 1:69, p. 127 (trans. Nicholson, p. 129).

²² FC, 1:16, pp. 224–27 (trans. Ryan, pp. 95–96); Ralph of Caen, chap. 259, p. 71 (trans. Bachrach and Bachrach, p. 102). See also section 1.2, above, and 5.2, below, where this evidence is also used as illustrative of the meritorious suffering of the crusaders.

²³ FC, 1:16, pp. 226–27 (trans. Ryan, p. 96).

²⁴ GN, 4:6, p. 177 (trans. Levine, p. 78). Here, Guibert recalls an idea he had previously expressed about those who died of hunger being the equals of those killed in battle at the siege of Nicaea, where, quoting from Lamentations 4.9, he said 'for if, as the prophet has it, insofar as one may speak historically, "better those slain by the sword than killed by hunger", since they were undoubtedly tortured by more lasting pain unto death; they will not, it is to be believed, be without the more noble crown of martyrdom' ('si namque iuxta prophetam, quod historialiter dicere liceat, "melius fuit occisis gladio quam interfectis fame", qui proculdubio cruciatu diuturniore sunt moriendo torti non erunt, ut credi fas est, absque corona nobiliore martirii)': GN, 3:9, pp. 152–53 (trans. Levine, p. 65). In a passage which, unusually, does not parallel Ambroise, the *Itinerarium* remarks that death in battle is preferable to the slow, torturous death of starvation, but does not ally this to any spiritual reward: *IP*, 1:72, p. 129 (trans. Nicholson, pp. 130–31).

The famine continued when the crusaders were themselves besieged by Kerbogha, atabeg of Mosul, just three days after their capture of the city at the beginning of June. Baldric of Bourgueil supplies a pitiful description of the starving crusaders during this period: scarcely able to move, faces wan and deformed by starvation, which he describes as *ieiunium*, a word that can mean ‘fasting’ but can also refer to the liturgical season of Lent.²⁵ The experience of famine is therefore aligned to a spiritual regime of fasting, the culmination of which was the Providential discovery of the Holy Lance and the crusaders’ rout of Kerbogha’s forces at the end of June 1098. Raymond of Aguilers also related the physical suffering of the crusaders to the action of divine intervention in the crusade during the same period. He describes the case of a priest, Stephen of Valence, who received a vision of Christ while ‘weeping about the untimely death of himself and his friends, which he expected in the immediate future’.²⁶

Although modern medicine associates food shortages with serious health problems, this link is not always made by the narrative sources, and the famine of the winter of 1097–98 does not seem to have produced a communal health crisis. Only Baldric of Bougueil suggests that there was widespread disease in the camp (which he says was caused by the food shortages and high prices) having Bohemond say that the siege should be hastened to a conclusion for this reason.²⁷ Raymond of Aguilers supplies the information that Godfrey of Bouillon and Raymond of Toulouse were ill during the siege, although he also notes that Raymond’s illness had begun the

²⁵ Baldric of Bourgueil, p. 73.

²⁶ ‘lacrymanti pro interiu suo et sociorum, quem futurum illico sperabat’: RA, p. 255 (trans. Hill and Hill, p. 55).

²⁷ Baldric of Bourgueil, pp. 42, 55.

previous summer.²⁸ More reports of disease come later in the summer, after the crusaders had defeated Kerbogha's army, when they took time to recoup their strength before heading south again. Raymond of Toulouse's illness continued and Bohemond of Taranto fell sick.²⁹ Adhemar, bishop of Le Puy, died in this period, a fact recorded by very many chroniclers.³⁰ Raymond of Aguilers wrote that in Adhemar the crusade had lost its unifying figure and that the other crusader leaders scattered after his death.³¹ Other chroniclers blamed the weather and the season for the hiatus, saying that the crusader leaders halted the expedition in order to avoid travelling through the hot and dry summer months.³² Baldric of Bourgueil adds to this in astrological terms, saying that as well as to avoid the waterless land, torrid heat and inclement air, it was wise not to travel under 'noxious' (*nocivus*) Cancer and Leo, i.e. during July and August, and that it was necessary to halt to allow the sick (*infirmi nostri*) to recuperate.³³

Only Albert of Aachen refers to widespread disease in the summer of 1098, which he says caused Adhemar's death and that of the other notable crusaders Henry

²⁸ On Godfrey: RA, p. 243 (trans. Hill and Hill, p. 33); on Raymond: RA, pp. 245, 250, 258, 259, 262, 264 (trans. Hill and Hill, pp. 36, 45, 59, 61, 65, 69-70).

²⁹ On Bohemond: Peter Tudebode, p. 118 (trans. Hill and Hill, pp. 94-95).

³⁰ GF, 10:30, p. 74; GN, 6:13, p. 246 (trans. Levine, p. 113); FC, 1:23, p. 258 (trans. Ryan, p. 107); Peter Tudebode, p. 116 (trans. Hill and Hill, p. 93); RA, p. 262 (trans. Hill and Hill, p. 66); Baldric of Bourgueil, p. 88; Robert the Monk, p. 81 (trans. Sweetenham, p. 178); GP, bk. 8, ll. 78-81; Ralph of Caen, chap. 292-94, pp. 81-82 (trans. Bachrach and Bachrach, pp. 113-14).

³¹ RA, p. 262 (trans. Hill and Hill, p. 66).

³² GF, 10:30, p. 72; GN, 6:12, p. 244 (trans. Levine, p. 11-13); Robert the Monk, p. 80 (trans. Sweetenham, p. 176); GP, bk. 8, ll. 1-6.

³³ Baldric of Bourgueil, p. 85. Although he does not refer to it in these terms, the season Baudri describes corresponds to the time of year known as the 'dog days' (*dies caniculares*), when Sirius, the Dog Star, rises. This season was commonly held to be unhealthy: it was advised not to let blood during the 'dog days', as the body was weakened by the astrological phenomenon. For a sixth-century example, 'An Early Medieval Summary of Medical Theory: *The Wisdom of the Art of Medicine*', trans. by Faith Wallis, in *Medieval Medicine: A Reader*, ed. by Faith Wallis (Toronto: University of Toronto Press, 2010), pp. 17-22 (p. 19), and for a late-twelfth-century example, 'A Latin Technical Phlebotomy and its Middle English Translation', ed. by Linda E. Voigts and Michael R. McVaugh, *Transactions of the American Philosophical Society*, 74 (1984), 1-69, p. 38. Adam of Cremona's discussion of the seasonality of bleeding emphasises instead the zodiacal position of the moon: p. 74.

of Esch and Reinhard of Hamersbach.³⁴ The scale of the disease was apparently vast; Albert claims one hundred thousand people, ‘both those on horseback and those on foot, both nobles and non-nobles, monks and clerics, small and great, indeed, those of the feminine sex’, as well as 1500 German crusaders who arrived at the port of St Symeon, succumbed.³⁵ His description of the pestilence is very revealing. Godfrey of Bouillon apparently retreated to another location, worried that the disease was the same which he had witnessed when on an expedition with Emperor Henry IV in Rome, during the ‘plague-bearing month of August’ (*pestifer mensis Augustus*).³⁶ Frutolf of Michelsberg describes this epidemic, which occurred during Henry’s 1084 siege of the city, saying that it arose because of the summer heat, to which Henry’s army was unaccustomed.³⁷ Albert also explains that other crusaders had different explanations for the disease at Antioch: ‘some claim[ed] that this mortality came from the sickliness of the place, others that it came from the plague-bearing month of August’.³⁸ Albert is known to have used the testimonies of eyewitnesses and returning crusaders in constructing his chronicle, and his use of the qualifier ‘some claiming’ (*asserentes*) in

³⁴ Adhemar: AA, 5:4, p. 342; Henry: AA, 5:4, p. 342; Reinhard: AA, 5:4, p. 342–4. Henry died in Turbessel, but Albert describes his death as part of the same outbreak.

³⁵ ‘tam equites quam pedites, nobiles et ignobiles, monachi et clerici, parui et magni, quin sexus femineus’: AA, 5:4, p. 344; for the Germans: AA, 5:23, pp. 364–66.

³⁶ AA, 5:13, p. 354.

³⁷ Frutolf of Michelsberg, ‘Chronica’, in *Frutolfs und Ekkehard’s Chroniken und die anonyme Kaiserchronik*, ed. by Franz-Josef Schmale and Irene Schmale-Ott, *Ausgewählte Quellen zur deutschen Geschichte des Mittelalters*, 15 (Darmstadt: Wissenschaftliche Buchgesellschaft, 1972), pp. 46–121 (chap. 27, p. 96; *Chronicle*, trans. by T. J. H. McCarthy, in *Chronicles of the Investiture Contest*, pp. 85–137 (pp. 121–22)). We should note however, that Godfrey’s participation in this expedition has been disputed: Murray has suggested that since Godfrey was at that time struggling to secure his title as duke of Lower Lotharingia, it is unlikely that he would have committed to the Italian expedition. Alan V. Murray, *The Crusader Kingdom of Jerusalem: A Dynastic History, 1099–1125* (Oxford: Unit for Prosopographical Research, 2000), p. 25.

³⁸ ‘alii ex loci infirmitate, alii ex mense pestifero Augusti hanc mortalitatem asserentes’: AA, 5:24, p. 366.

this passage may indicate that this was the source for his information here.³⁹ If so, this suggests a popular level of awareness of the concepts conveyed in *Airs, Waters, Places* – specifically that ill-health could be a product of the time of year or the local environment – even if the text itself was not well-known beyond clerical circles.⁴⁰

Seasonality remained a key theme in the way crusader chroniclers explained the incidence of illness during siege engagements. The Fifth Crusaders landed outside Damietta at the end of August 1218 but after their initial attempt to storm the city failed they encamped on the opposite bank of the Nile to the city. The garrison of Damietta was soon supplemented by the sultan of Egypt's army which encamped by the walls of the city. The crusaders were unable to enforce a blockade and had to focus on periodic assaults on the walls and on the Muslim camps. In the winter of 1218, when supplies to the camp were interrupted by the seasonal reduction of shipping, lack of food and disease became a severe problem. Oliver of Paderborn's description of the disease is as follows:

Besides, many of the army were attacked by a certain plague, against which the physicians could find no remedy from their art. A sudden pain attacked the feet and legs, and at the same time corrupt flesh covered the gums and teeth, taking away the ability to chew: a horrible blackness darkened the shins, and so having been afflicted with a long stretch of pain, many went to the Lord with much suffering. Certain ones, enduring until spring, escaped, being delivered by the advantage of heat.⁴¹

³⁹ For Albert's use of eyewitness testimonies: Susan B. Edgington, 'Introduction' to AA, pp. xxi–lv (pp. xxvi–xxvii).

⁴⁰ See section 3.3, above.

⁴¹ 'Invasit preterea multos de exercitu quedam pestis, contra quam phisici nullam ex arte sua remedium inveniure poterant. Dolor repentinus pedes invasit et crura, et coniunctim caro corrupta gingivas et dentes obduxit masticandi potentiam auferens; tibias horribilis nigredo fuscavit, et sic longo tractu doloris afflicti cum patientia multa migraverunt ad Dominum plurimi. Quidam usque ad tempus vernale durantes beneficio caloris evaserunt liberati': OP, chap. 20, p. 193 (trans. Gavigan, p. 72).

This is a remarkably detailed account but there are some peculiarities about it.

Oliver's narrative is composed in chapters and this vignette comprises a chapter on its own, meaning that it is somewhat isolated from the environmental circumstances of the crusaders – the availability of supplies, the weather, and the military progress of the siege – which could have accounted for the genesis of the sickness. However, the preceding chapter details how the crusaders were at this point subject to a period of divine testing: having so far shown themselves pleasing to God, the crusaders' devotion was tested by a flood in their camp, which washed away their food supplies and caused the destruction of three of their ships.⁴² Spiritual causes aside, the only epidemiological clue Oliver gives as to his thoughts on the cause of the disease is the observation that the heat of spring cured those who managed to survive the winter, a stress on the importance of seasonality which expresses the *Airs, Waters, Places* tradition already encountered. Since Oliver describes only the symptoms of the disease, and does not explain its cause, his own level of medical knowledge is not obvious. He had attained the title *magister* by 1196, which indicates that he had gained a degree, and was master of the cathedral school at Cologne by 1201.

Although Oliver had spent some time in Paris, which was at that time an important centre for the study of medicine, we have no evidence to suggest that he studied there.⁴³ He may, however, have had some personal exposure to medical texts and he is one of the relatively few crusaders who may have had access to university-trained

⁴² OP, 19, pp. 191–93 (trans. Gavigan, pp. 71–72).

⁴³ Hoogeweg supposes that he might, but the evidence is circumstantial: 'Einleitung' in *Die Schriften des Kölner Domscholasters*, pp. ix–clxxxiii (p. xvii). See also Jessalynn Bird, 'Oliver of Paderborn', in *Christian-Muslim Relations: A Bibliographical History, 1200–1350* (Leiden: Brill, 2009–), IV (2012), 212–29. Although little is known about the medical curriculum at Paris in the early thirteenth century, see Cornelius O'Boyle, *The Art of Medicine: Medical Teaching at the University of Paris, 1250–1400*, Education and Society in the Middle Ages and Renaissance, 9 (Leiden: Brill, 1998), chap. 1, which gives some indications.

physicians during the expedition: he was the secretary of the papal legate Pelagius and thus counted amongst the higher echelons of the crusade hierarchy. This goes some way towards explaining the presence of doctors in his texts, since it has been established that most crusaders would not have received the ministrations of such healers; Oliver, it seems, observed the practice of the limited number of doctors present at the siege while other, less privileged, crusaders would have not.⁴⁴ Indeed, the anonymous author of the *Gesta obsidionis Damiate* does not mention the presence of doctors at any point in this text which describes the same siege. The corresponding description of the episode of sickness that Oliver describes runs as follows:

Then the Christians blessed the Lord saying: God does not abandon those hoping in Him, and for the whole winter they suffered from the rain and the cold, to such an extent that one sixth of the army was dead, and many lost the nails of their hands and feet, and the teeth of their mouths through evil pain, [...] and we progressed wearily until the month of February.⁴⁵

Here, our author does make some suggestions on the origins of the disease, showing a causative link between the poor weather and the sickness in the army, one which Oliver only implies in his reference to the curative properties of the spring. The two authors emphasise different symptoms in the disease, although there are similarities: both refer to the effect in the mouth, but while the *Gesta obsidionis* refers to the loss of finger- and toenails, Oliver describes the blackening of the skin on the shins.

⁴⁴ See discussion on *medici* in section 2.3, above.

⁴⁵ ‘Tunc Christiani benedixerunt Dominum dicentes: *Non derelinquit Deus sperantes in Se*, et sic per totam hyemem aqua et frigore passi sunt in tantum, quod sexta pars exercitus mortua est, et multi manuum et pedum ungulas et dentes malo oris et dolere amiserunt, [...] et ita fuimus fatigati usque ad mensem Frebruarium’: *Gesta obsidionis Damiate*, ed. Röhrich, in *Quinti belli sacri*, pp. 71–115 (chap. 12, p. 83).

Given that this passage describes the winter of 1218-19, when supplies to the camp had been interrupted by the season, Powell suggests that the illness was nutritional in nature.⁴⁶ The flood in November 1218 had caused the crusaders to lose their stored supplies, and the ability to forage was extremely limited: the camp was bounded by the city of Damietta and the river Nile, and the crusaders were further confined by the proximity of the Muslim camp to the east. The crusaders had spent the autumn widening a canal to the west of the camp to improve communications to the sea, but this had the result of leaving the crusaders camped on an island, further impeding their ability to bring food to the camp.⁴⁷ Foraging was so scarce that the anonymous author of the *Gesta obsidionis Damiate* comments:

Then the misery of the Christians was so great that, just as the sick desired health, so the Christians desired, I say, not to eat, but only to see the greenness of plants, because there was nothing there but sand.⁴⁸

However, it is important to note that neither of the authors examined here links the sickness to lack of food; the mention of food shortages in the *Gesta obsidionis Damiate* comes later in the text and the mention of illness at this point is as literary illustration only. Whether caused by the lack of supplies or something else (and we should hesitate to ascribe causation too definitively, not least because it is the causation ascribed the by chroniclers themselves which is of most interest to us), the disease suffered by the crusaders was almost certainly a result of the fact that they were encamped for the purpose of besieging Damietta. With this in mind, one very

⁴⁶ Powell, *Anatomy*, p. 148.

⁴⁷ Powell, *Anatomy*, p. 147.

⁴⁸ 'Tanta erat miseria Christianorum, quos sicut infirmus sanitatem dederat, ita Christiani desiderabant, non dico comedere, sed tantum herbarum virentiam videre, quia non erat ibi nisi sabulum': *Gesta obsidionis Damiate*, chap. 18, pp. 86-87.

interesting factor which both accounts have in common is that the identity of the victims is martial ('the army', *exercitus*), although the effect of the illness on their military capacity is not mentioned. Nevertheless, the crusaders were able to mount a large offensive on 2 February.

One significant point about Oliver's account is that he does not supplement his description of the disease with any political commentary or moral judgement; as we have noted it is in fact rather isolated from the military and political context of the crusade. This is in contrast to the way Ambroise describes the sickness experienced in the crusader camp at Acre in the winter of 1190–91:

Then a disease ran through the army – wait while I tell you about it – it was the result of rains that poured down such as have never been before, so that the whole army was half-drowned. Everyone coughed and sounded hoarse; their legs and faces swelled up. On one day there were a thousand [men on] biers; they had such swelling in their faces that the teeth fell from their mouths. There were those who would not be cured because they had no food. [...] However, these who lay ill and drank strong wine which was easily available, were so filled with wine and ate nothing, except what was least good to them, that they died in threes and fours; those who exercised got better and lived, but they had nothing to eat.⁴⁹

Ambroise, like the anonymous author of the *Gesta obsidionis*, stresses the poor weather that affected the camp and demonstrates that this caused the illness among the crusaders. However, while neither Oliver of Paderborn nor the *Gesta obsidionis* related the sickness at Damietta to the availability of food, Ambroise alludes to the medicinal

⁴⁹ 'La curut une maladie / Si atendez que jo la die. / Par unes pluies qui donc plurent, / Que tantes ne teles ne furent, / Ke tote l'ost Deu d'iaue nait, / Chescon tusset e en root, / E emflöent jambes e chieres. / La jor aveit en l'ost mil bieres; / E tel emfle qu'es chiefs avoient / Les denz des buches lor chaieient. / Tels i aveit ne repassoient / Quant viande ne trvoient [...] Mais cil qui malade gisoient / Qui le fort vin sovent bevoient, / Dont il aveient grant marchié, / Esteient de vin si chargé / A iço que riens ne menjouent / fors ço qu[è] il meins covetouent, / Qu'il morouent, ça treis, ça quatre; / E cil qui a'aloient esbatre / E repassouent e viveient / Qui point de vitaille n'avoient': Ambroise, *Estoire*, ll. 4259–70, 4263–72 (II, pp. 90–91, 92).

properties of food, with the capacity to harm or heal, and in this his moral judgement on the crusaders is apparent. In the first instance, Ambroise writes that the sick could not be cured because of lack of food, but then he goes on to say that some ate unhealthy food and drank only strong wine – against contemporary medical advice which said that wine should be drunk watered and therefore weakened in potency – and thus impeded their own recovery.⁵⁰ Since he drew a distinction between those who had no food and those who ate unhealthy food, there could be a suggestion of blame here; Ambroise may be implying that those who ate unhealthy food were choosing to do so and were therefore responsible, to a degree, for their own condition. Ambroise's text, unlike Oliver's, was not written to inspire a new crusade, but rather to pass on the deeds of the Third Crusade to the knightly classes.⁵¹ His implicit criticism of the crusaders is therefore perhaps didactic, encouraging his audience to take more care of their own bodies and to practice moderation (which has connotations of moderate behaviour and upright morality, as well as the avoidance of gluttony), and he can afford to paint the crusaders in less-than-positive light, since he was not necessarily trying to encourage others to follow in their footsteps. In contrast, the *Itinerarium peregrinorum*, a text usually considered in parallel to Ambroise's *Estoire* due to the close relationship between the two, was probably compiled between 1217–22 to publicise the Fifth Crusade. Let us consider how the *Itinerarium* treated the same episode of sickness that Ambroise described:

⁵⁰ Adam of Cremona said that wine should be tempered with warm water (p. 56). See also: Jacques Jouanna, 'Wine and Medicine in Ancient Greece', in *Greek Medicine from Hippocrates to Galen: Selected Papers*, ed. by Philip van der Eijk, trans. by Neil Allie (Leiden: Brill, 2012), p. 173–93 (first publ. as 'Le vin et la médecine dans la Grèce ancienne', *Revue des études grecques*, 109 (1996), 54–64); Adamson, *Food*, pp. 213–14.

⁵¹ Marianne Ailes and Malcolm Barber, 'Introduction' to Ambroise, II, pp. 1–25 (p. 13).

Infirmity grew up amongst the men because of the excessive flood of rain. That unheard-of downpour, regular – nay, unremitting – inflicted such great injury on the army due to the terrible affliction: limbs swelling, the whole body distended in that lymphatic manner; the teeth of some were utterly rooted out, forced out because of this severe sickness. Oh, the laments of each! Oh, the grief of all, when the unharmed pained over the miseries of others, when each day saw the funerals of companions, and in one day they celebrated the obsequies of a thousand dead. Some, although only a few, recovered from the infirmity, and they fervently craved food after the sickness [so] they were more weakened by the misery of the famine [...] Those of them who lay ill, because they ate little, either because they had nothing or because they were incapable, overheated from the wine they drank; many were suffocated, either because of the strength of the Falernian or because it was not tempered with food, or else because due to the infirmity they could not withstand its strength. Indeed, there was a tolerable enough supply of wine to sell, but much wine and little food is not good for the preservation of the human body; it is fitting to temper it with even management.⁵²

Once again, the themes of the environment and the effect of food and health are pervasive, but here they are more developed. The weather is described as directly causing illness amongst the crusaders, and the specific language used is highly illuminating as to the author's own understanding of the causation of the disease: the impression is given that the bodies of the crusaders soaked up the rain which fell around them, a rather literal picture of the effect of environmental conditions on the

⁵² 'Praeterea ex nimia imbrium inundatione quaedam nimium vehemens excrevit in hominibus infirmitas. Inauditae quidem pluviae, assiduae, immo continuae, exercitum tanta affecit injuria, quod ex nimia afflictione, turgentibus membris, toto corpore more distenderentur lymphatico; ex cujus morbi vehementia, dentes quoque quorundam funditus exstirpati deciderunt avulsi. O lamenta singulorum! O moeror omnium, dum dolent incolumes aliorum miserias, dum singulis diebus erat videre sociorum funera, et unoquoque die celebrarent milli mortuorum exsequias. Quidam tamen licet pauci convaluerunt de infirmitate, et ferventius cibum appetentes nimia post morbum affligebantur famis miseria [...] Illorum qui decumbebant infirmi, quia parum edebant, vel quia non habebant, vel quia non poterant, vino quo utebantur, aestuante, suffocati sunt plurimi, vel ex Falerni violentia, quia cibis non temperabantur, vel ex infirmitate quae vini non poterat sustinere virtutem. Vini quidem satis tolerabilis habebantur copia vendendi, sed conservando corpori humano non bene competit plurimum vini, et modicum cibi; hoc enim decet aequo temperari moderamine': *IP*, 1:70, pp. 127–28; 1: 76, p. 133 (trans. Nicholson, pp. 129, 133–34, but note that the present author's translation differs significantly).

body. The terminology is particularly significant here; the term *lymphaticus* is of Greek origins, and describes the water in dropsical persons (note that dropsy was understood as a disease in itself in the classical and medieval periods, not as the symptom of other conditions). As a condition, *lymphaticus* was described by Isidore of Seville as a form of rabies, caused by fear of water (*lympa*) but that is not how it is used here, and indeed it is not advanced as a diagnosis, only a comparative way to describe the condition of the sufferers ('in that lymphatic manner'); the emphasis here is clearly that of the excessive water in the environment and in the body of the crusaders.⁵³

Like Ambrose, the *Itinerarium* also describes how the intake of food and drink could affect the course of the sickness. The suffering caused by the famine is again alluded to, this time because recovery from the sickness caused great hunger and there was no food to be had. Those still lying ill suffered not only from the lack of food, but from their consumption of strong wine, which they struggled to digest because of its strength, their lack of food to temper its effects, and their infirmity. The wine mentioned is Falernian, a very strong wine produced in central Italy, noted for its heating effect on the body in humoral terms, hence the 'overheating' of the body it produced in the crusaders.⁵⁴ Whether the crusaders actually had Falernian available is unknowable, although the reference to wine for sale, and the corroboration elsewhere that there were Italian merchants at the siege may be suggestive that the crusaders did have access to it.⁵⁵

⁵³ Isidore of Seville, *The Etymologies of Isidore of Seville*, trans. by Stephen A. Barney and others (Cambridge: Cambridge University Press, 2006), 4:6:15, p. 110.

⁵⁴ Andrew Dalby, *Food in the Ancient World, A-Z* (London: Routledge, 2003), pp. 138–39.

⁵⁵ Ambrose, *Estoire*, ll. 4495–506 (II, p. 93); *IP*, 1:80, pp. 136–37 (trans. Nicholson, pp. 136–37).

As we have observed, the *Itinerarium* was probably written to encourage recruitment for the Fifth Crusade. It is therefore notable, especially in comparison with Ambroise's account of this sickness, that there is no sense of blame attached to the crusaders in their consumption of food and drink, although the passage ends on a cautionary note that the consumption of too much wine without enough food is bad for health. Rather than a moralising castigation ascribing this action to particular agents, as in Ambroise's account, this is instead a didactic statement expressed in the abstract, and in terms which we have not yet explored in detail in this study: the medical theory of the non-naturals, a programme of medical care described in the Introduction. While the *Itinerarium* does not mention the theory in so many words, in describing how the proper management of the body relies on temperance and even management, the concept is clearly conveyed. Ambroise's statement that those afflicted by the sickness who exercised recovered their health is also a clear statement of the effect of the non-naturals on the body, as is the stress both authors lay on the correct consumption of food and drink. A difference between the two texts is that Ambroise writes about reactive therapeutic responses to the sickness, while the *Itinerarium* goes further and alludes to prophylactic measures to be taken to safeguard health.

Although we have discussed the effect of the air as an aspect of the environment elsewhere in this thesis, and considered how this affected health according to the concepts of *Airs, Waters, Places*, we should also view it through the perspective of the non-naturals. In a section he introduces by explaining the importance of the non-naturals (*res non naturales*), Adam of Cremona described how air could become corrupted due to the emissions of lakes and ponds, or from the

presence of too many dead bodies, and that if such air should blow over men and beasts they would become ill and quickly die.⁵⁶ A clear reference to this concept comes from William of Tyre, writing in the 1170s of the massacre which followed the siege of Jerusalem in 1099. He recorded that: ‘the princes saw it to be expedient, lest pestilence should be produced from the air corrupted by the bodies of the slain, to cleanse the city and especially the precinct of the temple, before all else’.⁵⁷ An earlier variant is found in the chronicles of Peter Tudebode, who tells us that: ‘the bishops and priests suggested that first the Saracen corpses should be thrown out, lest the stench harm them’, and the *Gesta Francorum* (‘they also ordered that all the Saracen corpses should be thrown out, because of the fearful stench, since the whole city was almost full of their dead bodies’).⁵⁸ Tudebode’s and the *Gesta*’s versions are less representative of the non-naturals, which would have been very new as a concept at the time their chronicles were composed, but more closely related to the Hippocratic theory of *miasma*: that poisonous airs from polluted sources were inherently dangerous.⁵⁹ This is slightly less complex than William’s account which suggests that the corrupted airs could cause disease; for Tudebode and the *Gesta* the airs themselves are intrinsically harmful. A very different idea is found in Fulcher of Chartres’s description of the same. According to him, the bodies of the dead were burnt to see if

⁵⁶ Adam of Cremona, p. 54.

⁵⁷ ‘visum est expedire principibus, ne ex interemptorum cadaveribus aeris pestilens generaretur corruptela, urbem, et maxime templi ambitum, ante omnia mundari.’ William of Tyre, I, 8:24, p. 417 (trans. Babcock and Krey, I, p. 377).

⁵⁸ ‘episcopi et sacerdotes laudaerunt ut primitus omnes Sarracenos mortuos foras eicerent, ne nimius fetor qui ibi erat eis nocuisset’: Peter Tudebode, p. 142 (trans. Hill and Hill, p. 120); ‘iusserunt quoque Saracenos mortuos omnes eici foras, prae nimio foetore; quia omnis urbs fere plena erat illorum cadaueribus’: *GF*, 10:39, p. 92.

⁵⁹ *Breaths*, trans. by W. H. S. Jones in *Hippocrates*, ed. by W. H. S. Jones, Loeb Classical Library, 148, 10 vols (Cambridge, MA: Harvard University Press, 1923-), II (1923), 226-53.

they had swallowed any valuables which could be recovered; he makes no mention of the health concerns that the many corpses posed.⁶⁰ However, Fulcher does employ the language of pollution and purification when describing how the crusaders took possession of houses and the Holy Places of Jerusalem, saying that these places, ‘from the contagion of the pagan inhabitants [...], so long contaminated by their superstitions’ should be restored to their former dignity by Christian occupation.⁶¹

The theme of pollution recurs frequently in descriptions of crusader sieges: Barbarossa’s army was threatened by the stench of corpses following a battle at Philippopolis in September 1189, and Richard I became ill because of the smell of the corpses left by the battle for Jaffa in 1192.⁶² After a disastrous battle on 4 October 1189, when many of the crusader forces besieging Acre were killed, Ambroise and the *Itinerarium* report that Saladin had the bodies of the crusader dead thrown into the river Belus. Ambroise was concerned with the smell, reporting that as the bodies floated downstream to the Frankish camp, the crusaders withdrew from the stench until the corpses could be buried.⁶³ The *Itinerarium*, on the other hand, reported that Saladin hoped to cause disease by contaminating the drinking water the crusaders relied on, as well as intimidating the Christians who saw the bodies.⁶⁴

⁶⁰ FC, 1:28, pp. 301–02 (trans. Ryan p. 122).

⁶¹ ‘a paganorum contagione inhabitantium [...], tamdiu superstitione eorum contaminatus’: FC, 1:29, pp. 305–06 (trans. Ryan, p. 123). On the religious pollution crusader authors perceived in the Holy Land, Penny J. Cole, “‘O God, the Heathen have come into your Inheritance’ (Ps. 78.1): The Theme of Religious Pollution in Crusade Documents, 1095–1188’, in *Crusaders and Muslims in Twelfth-Century Syria*, ed. by Maya Shatzmiller, The Medieval Mediterranean, 1, Leiden (Brill, 1993), pp. 84–111.

⁶² On Frederick’s army: Magnus of Reichersberg, p. 510 (trans. Loud, p. 153). On Richard’s illness: Ambroise, *Estoire*, ll. 11651–58 (II, p. 185); *IP*, 6:25, p. 425 (trans. Nicholson, p. 369); *MP*, *Chronica*, II, p. 391.

⁶³ Ambroise, *Estoire*, ll. 3076–93 (II, p. 76).

⁶⁴ *IP*, 1:31, p. 71 (trans. Nicholson, p. 81).

Pollution of the water, as well as its shortage, was a major concern for those chroniclers who reported the access crusaders had to drinking water at the siege of Jerusalem. The *Gesta* describes how water had to be brought up to six miles in untanned hides, and was 'stinking' and 'foul' (*foetida* and *olida*) by the time it reached the crusaders.⁶⁵ Raymond of Aguilers casts moral judgement on the crusaders: in the crush for water at the Pool of Siloam, which was near the crusader camp but only filled with water sporadically, he writes that the strong jostled with each other 'unto death' (*ad mortem*) to reach the water, which was polluted by the bodies of dead animals that had fallen in in their own search for water, while the weaker crusaders had to drink dirty water from the edge of the pool.⁶⁶ The lack of charity amongst the crusaders dismayed the chaplain, who expressed the view that such suffering was endured because the crusaders were not praying enough, and that he himself wished to move on from discussing such immoralities.⁶⁷ Neither of these two eyewitness sources suggests that the pollution of the water caused disease, but Gilo of Paris, in his poetic retelling of the events of the First Crusade described how the severe shortage of water affected the crusader's health: it encouraged 'plague, which was lying within the bones, [to] suddenly draw out its own madness: strength conquered, their walking wavered and the use of the tongue was weakened'.⁶⁸ The 1106 continuation of Frutolf of Michelsberg's chronicle brought together the pollution of the air and the pollution of the water as causing disease in the aftermath of the siege, saying that:

⁶⁵ *GF*, 10:37, p. 89

⁶⁶ *RA*, p. 294 (trans. Hill and Hill, p 118).

⁶⁷ *RA*, p. 294 (trans. Hill and Hill, p. 119).

⁶⁸ 'pestem languentem cuncta per ossa / Iam rabiem traxisse suam, nutare subactis / Viribus incessum, lingueque retundier usum': *GP*, bk. 9, ll. 229-48 (quotation at ll. 235-37).

In the heat of summer the air over Palestine was tainted with the stench of dead bodies. Some maintain that the barbarians had spoiled the springs with poison and the reservoirs with the putrid fluids of the dead, whence there arose a pestilence which killed many of our people who fought under foreign skies.⁶⁹

The non-naturals in their developed form of the thirteenth century onwards was an expression of a holistic understanding of the causation of health and disease. No single factor was held to be more important than others: thus, the effect of the air and the pollution of the water could rationally be considered as causative factors of the same disease, although in this case the chronicler emphasises the role of the water. We should also note that he alludes to the themes of *Airs, Waters, Places* in mentioning that the sickness struck crusaders ‘under foreign skies’; the victims were evidently un-adapted to the local conditions. This holism is particularly well-developed in a passage from Jean of Joinville’s *Vie de saint Louis* which describes the situation of the crusaders during their encampment near Mansurah, Egypt, during Lent 1250, part of the first crusade of Louis IX:

Throughout Lent we ate no fish in the camp besides *bourbetes*, and the *bourbetes*, which are fish that will eat anything, fed off the dead people. Because of this unfortunate situation and because of the noxiousness of that country, in which no drop of water ever rains, the *maladie de l’ost* came upon us. The flesh on our legs dried up and the skin on them was spotted black and earthy-brown, like an old boot. Those of us who contracted this illness had the flesh of their gums decay first.

⁶⁹ ‘Incalescente post haec aestate corrumpitur per Palestinam aer cadaverum faetore. Sunt etiam, qui dicant fontes a barbaris infectos veneno vel cisternas occisorum sanie; unde exorta pestilentia multos ex nostris, utpote sub aere peregrino militantes, occidit’: Ekkehard of Aura, *Chronica*, p. 160; ‘The 1106 Continuation of Frutolf’s *Chronicle*’, trans. by T. J. H. McCarthy, in *Chronicles of the Investiture Contest*, pp. 138–86 (pp. 159–60). Schmale and Schmale-Ott attribute authorship of the 1106 continuation of Frutolf’s chronicle to Ekkehard of Aura, but McCarthy disputes this. See McCarthy, ‘Introduction’ to *Chronicles of the Investiture Contest*, pp. 1–83 (pp. 47–48).

No one survived it; they were sure to die. When the nose bled
this was the sign that death was certain.⁷⁰

Joinville's first explanation for the illness which the crusaders suffered here is the food they were reliant on, *bourbetes*, from the River Nile. His concern is not necessarily with the species of fish, but with the fact that the fish had been feeding on the dead bodies of those who died in battle on 8 February.⁷¹ The timing of the events is highly pertinent. That battle had taken place on Shrove Tuesday and the crusaders then began the Lenten season of penance and fasting. With their food intake strictly curtailed by canon law, and meat forbidden, the crusaders would have had little choice but to eat the fish from the river, despite any concerns about its purity. However, the fish were not the only cause of the disease, according to Joinville, but the local environment – particularly the lack of rain – was also to blame. Joinville's concerns are atypical, since in the similar examples of sickness described above at the siege of Damietta, which also took place in early spring (although before Lent), and at the siege of Acre, it was excessive rain which caused such suffering among the crusaders.

⁷⁰ 'Nous ne mangions nulz poissons en l'ost tout le quaresme mez que bourbetes, et les bourbetes manjoient les gens morts, pour ce que sont glous poissons. Et pour ce meschief et pour l'enfermeté du païs, la ou il ne pleut nulle foiz goutte d'yaue, nous vint la maladie de l'ost, qui estoit tele que la char de nos jambes sechoit toute, et le cuir de nos jambes devenoient tavelés de noir et de terre aussi comme aussi une vielz heuse; et a nous, qui avions tele maladie, venoit char pourrie es gencives, ne nulz ne eschapoit de celle maladie que mourir ne l'en couvenist. Le signe de la mort estoit tel que la ou le nez seignoit il couvenoit morir': JJ, sec. 291 (trans. Smith, p. 218, with key vocabulary supplied). At this point the military operations were at a stalemate.

⁷¹ JJ, secs. 289–90 (trans. Smith, pp. 217–18). The fish in question is unlikely to have been the burbot (*Lota lota*), which only lives in waters above 40° latitude, preferring cold water: Daniel M. Cohen and others, *Gadiform Fishes of the World (Order Gadiformes): An Annotated and Illustrated Catalogue of Cods, Hakes, Grenadiers and Other Gadiform Fishes Known to Date*, FAO Fisheries Synopsis, 25 (Rome: Food and Agriculture Organization of the United Nations, 1990), x
<<http://www.fao.org/docrep/009/t0243e/t0243e00.htm>> [accessed 2 December 2016]. Since the burbot is native to France it is possible that Joinville was comparing the fish to one known to his readers; perhaps the fish the crusaders ate resembled burbot? Just as with the identification of diseases in the past, we should hesitate before attempting to identify fauna and flora, and ultimately we must take the chronicle itself as the authority on the matter.

In addition to the *maladie de l'ost*, the crusaders outside Mansurah were also affected by severe diarrhoeal disease (Louis himself being so badly affected that the seat of his breeches had to be cut out) and fevers: Joinville records his own experience of 'a double tertian fever' (*une double tierceinne*), reporting that he was forced to take to his bed during Lent and hear Mass said for him there.⁷² Although Joinville blamed his own condition on the wounds he had received in the battle on Shrove Tuesday, he noted that his priest had the same sickness; we must suspect that he perceived that a different aetiology for the cleric. The situation in the camp became so dire that Louis eventually ordered a retreat to Damietta.⁷³

As mentioned above, within the programme of the non-naturals, each of the factors was theoretically given equal weight: intake of food and drink was technically no more or less important than the amount of sleep a person got, for example. However, despite this academic technicality, the non-naturals are often not given equal weight in contemporary texts.⁷⁴ Approximately half of Adam of Cremona's regimen is concerned with the healthfulness or proper consumption of certain foodstuffs, and the intake of food – its supply, whether it was suitable for human consumption, or how pure or polluted it was – has been shown to be a frequent motif in the narrative sources.⁷⁵ Some of the non-naturals are given much less prominence. Ambrose's reference to the curative properties of exercise is the only such reference which has been found in the course of this investigation, and while diarrhoeal problems are mentioned – many years before Louis IX lost his breeches, Tancred

⁷² JJ, secs. 306, 299 (trans. Smith, pp. 221, 219–20).

⁷³ JJ, sec. 304 (trans. Smith, pp. 220–21).

⁷⁴ Noted by Adamson, *Food*, p. 212.

⁷⁵ Adam of Cremona, pp. 9–44.

suffered from dysentery (*dissenteria*) at the siege of Jerusalem – the importance of excretion as a non-natural is not articulated in the crusader sources.⁷⁶ In fact, the absence of much discussion of excretion means that we are left somewhat uninformed about the sanitary measures in camp, even though this must surely have been an issue when the crusaders were encamped for lengthy periods. The only indications we have are in the aforementioned episode where Tancred, troubled by dysentery, sought a quiet location at the siege of Jerusalem – suggesting that measures had not been taken to provide sanitary arrangements at that point – and in a vignette from the siege of Acre when a knight was attacked while relieving himself. The episode is recorded by Ambroise and the *Itinerarium* not for the practical issues of sanitation it illuminates, but because of the miraculous way the knight in question managed to defeat his attacker, having been surprised while indisposed.⁷⁷ In the *Itinerarium*'s version, the knight was using the trench dug around the camp to protect the crusaders for his needs, 'as was the custom' (*sicut moris est*), suggesting the trench commonly doubled as a latrine. In both versions, the episode was observed by witnesses; in Ambroise's account the knight was warned of the advent of his attacker by the shouts of men nearby, so evidently there was little privacy when answering the 'call of nature' (*requisita naturae*), as the *Itinerarium* puts it.

While the non-naturals were not equally represented in the sources, evidence is found for the balance of the emotions, or, to use more contemporary language, the passions of the soul, as one of the non-naturals in the crusader chronicles.⁷⁸ As *res non*

⁷⁶ Ralph of Caen, chap. 355, p. 100 (trans. Bachrach and Bachrach, p. 136).

⁷⁷ Ambroise, *Estoire*, ll. 3578–619 (II, pp. 82–83); *IP* 1:49, p. 100 (trans. Nicholson, p. 105).

⁷⁸ The narrative significance of representation of the emotions in crusader sources has been recently investigated by Stephen Spencer: Stephen J. Spencer, 'The Emotional Rhetoric of Crusader Spirituality in the Narratives of the First Crusade', *Nottingham Medieval Studies*, 58 (2014), 57–86; Spencer,

naturales, some emotions, such as joy, could be experienced at any level without harm to health, but others such as grief, anxiety, or despair had the potential to be harmful.⁷⁹ The hagiographer Geoffrey of Beaulieu, who recorded the final days of Louis IX at the siege of Tunis, showed a sensitivity to the effect of the emotions on health. Louis's crusading army arrived at Tunis in early July 1270, in the height of summer, following a rough sea journey which we have already discussed. Louis was in advanced years and as his brother Charles of Anjou had not yet arrived with his army, no attack was mounted on the city.⁸⁰ Geoffrey, who accompanied the king as his confessor, recorded the conditions there:

The Christian army remained there for about four months in the tents, and on account of the air as well as the intemperateness of the land, because of the lack of healthy food and the shortage of sweet water, a great mortality of men happened there. Thus many soldiers and noble counts died there. Amongst these the illustrious count of Nevers, the lord Jean, the pious son of the king, died; over his death the heart of his pious father was not a little agitated. But the king, constant and wise, quickly enough received what consolation he could about his death.⁸¹

'Constructing'; Spencer, 'Albert of Aachen'. Horden has observed that the history of the passions of the soul as one of the non-naturals is still in its infancy: Horden, 'Non-Natural Environment', p. 135.

⁷⁹ Gil-Sotres, pp. 313–14. In later years, as Gil-Sotres describes, the effect of negative emotions on the body could be expressed in humoral terms as producing chilling and desiccation of the complexion, but such a sophisticated expression is not found in the crusader texts. See also Horden, 'Non-Natural Environment', pp. 134–37.

⁸⁰ Michael Lower, 'Louis IX, Charles of Anjou, and the Tunis Crusade of 1270', in *Crusades: Medieval Worlds in Conflict*, ed. by Thomas F. Madden, James L. Naus, and Vincent Ryan (Farnham: Ashgate, 2010), pp. 173–93 (p. 179).

⁸¹ 'Circa quator menses mansit ibidem in tentoriis exercitus christianus, et tam propter aeris ac terrae intemperiem, quam propter [arborum] sanorum defectum, et aquae dulcis penuriam, illuc magna mortalitas hominum est sequuta. Itaque multi milites et nobiles comites ibidem fuere defuncti. Inter quos illustris comes Nivernensis dominus Joannes pii regis filius est defunctus, super ejus morte pii patris viscera non modicum sunt commota. Sed Rex constans et prudens satis cito de ipsius morte qualem potuit consolationem recepit': Geoffrey of Beaulieu, chap. 43, pp. 22–23. Translation author's own but note that, following Field, the correction 'ciborum', on which both known manuscripts of Geoffrey's text agree, has been substituted for the misread 'arborum' of the *RHGF* edition: p. 119 n. 278.

In this passage, Geoffrey links the mortality experienced by the crusaders at Tunis to the inhospitable climate and the shortage of suitable food and potable water, one of the victims being Louis's son Jean Tristram (who had been born at Damietta in 1250 during his father's first crusade). The result is emotional distress for Louis, wherein the reference to his heart is more than literary conceit; the heart was understood to process the heat generated by the emotions.⁸² The passage is immediately followed by a description of Louis's own death from a unremitting fever (*febris continua*), and this proximity is surely significant, even though Geoffrey – perhaps wanting to depict the subject of his hagiography as above the emotions which tied him to the temporal world – wrote that Louis had recovered the mastery and balance of his emotions after Jean Tristram's death.⁸³

The emotional connection between father and son in sickness was also shown in an episode concerning Philip II of France at Acre in 1191. It comes from the Old French continuation of William of Tyre, composed in the early thirteenth century, and describes what happened after Philip was warned by a dying compatriot that the king had mortal enemies in the camp who intended to see him dead. Philip was so upset that he became physically ill:

The king took his words to heart, and he became so worried and angry that he fell seriously ill of a *double terceine*. The illness afflicted him so greatly that he nearly died. While he was stricken with this illness, King Richard conceived a great crime whereby he would kill the king of France without touching him. [...] While the king of France was lying ill, King Richard went to call on him. As soon as he arrived he

⁸² Gil-Sotres, p. 313. This was far from the only function the heart was thought to perform. See: Heather Webb, *The Medieval Heart* (New Haven: Yale University Press, 2010).

⁸³ Geoffrey of Beaulieu, chap. 43, p. 23 (trans. Field, p. 120). Geoffrey was not the only chronicler to describe Louis's death; the varying descriptions and what they tell us about how Louis's kingship and leadership of the crusade was perceived are discussed in section 6.3, below.

enquired after his illness and how he was. The king replied that he was at God's mercy and felt himself severely afflicted by his illness. Then King Richard said to him, 'As for Louis your son, how are you to be comforted?' The king of France asked him, 'What about Louis my son that I should be comforted?' 'It is for this', said the king of England, 'that I have come to comfort you, for he is dead'.⁸⁴

Here then, not only is Philip's illness caused by emotional turmoil, but the author implies that Richard understood this, and attempted to use it against his cousin, with whom he did not have an easy relationship. Although Philip had become ill because his harmful emotions had gained mastery of him, the chronicler paints a more critical picture of Richard, who tried to use his cousin's grief against him. Richard's supposed plan was unsuccessful: Philip immediately sent for his allies, who reassured him that no such news had been received. Philip's response was to call his doctors (*mieges*) to him, and between their advice and God's grace he was cured, at which point he abandoned the siege.⁸⁵

Philip seems to have been particularly susceptible to emotional distress and several chroniclers portray him as having succumbed to grief and rage when his siege

⁸⁴ 'Le rei tint en son cuer ceste parole, et fu troublé et durement coroucié, dont il chai en une grant maladie de double terceine. La maladie le greja si durement que a poi que il ne fu mort. En cele maladie ou il giseit, le rei Richardt s'apensa d'une grant felonie coment il peust tuer le rei de France sans metre main en lui [...] en cele maladie ou le rei de France giseit, le rei d'Engleterre l'ala veoir et visiter. Enssi come il l'ot visité, il li demanda de sa maladie, coment il li estoit. Le rei li respondi qu'il estoit en la mania de Deu, et se senteit mout gregié de la maladie. Puis li dist le rei Richart: "De Looyz vostre fis, coment vox confortés vos?" Le roi de France li demanda: "Et que a eu Looyz mon fis que je m'en doie conforter?" "Pour ce", dist le rei d'Engleterre, "vos sui je veus conforter, car il est mors": *La Continuation de Guillaume de Tyr, 1184-1197*, ed. by Margaret Ruth Morgan, Documents relatifs à l'histoire des Croisades, 14 (Paris: Geuthner, 1982), chap. 127-28, pp. 129-31; *The Old French Continuation of William of Tyre*, trans. by Peter W. Edbury, in *The Conquest of Jerusalem and the Third Crusade: Sources in Translation*, ed. Edbury, Crusade Texts in Translation, 1 (Aldershot: Ashgate, 1996), pp. 11-145 (pp. 108-09, with key vocabulary supplied).

⁸⁵ *La Continuation de Guillaume de Tyr*, chap. 130, p. 131 (trans. Edbury, p. 109). External corroboration that both Philip and his son Louis were ill at the same time is found in Rigord's *Gesta Philippi Augusti*, but in that account the boy Louis suffered from dysentery (*dysenteria*), while his father had 'a similar illness' (*consimile morbus*): Rigord, *Gesta Philippi Augusti*, in *RHGF*, 24 vols (Paris: Victor Palmé, 1840-1904), xvii (1878), pp. 4-62 (p. 34). The ramifications this particular episode had for Philip's kingship are discussed in section 6.4, below.

engines were destroyed by enemy fire.⁸⁶ These are in fact far from the only references to illness and grief to be found in the crusader chronicles. The crusaders following Richard I in 1192, upon learning that they were not to march on the holy city of Jerusalem after all, were so grief-stricken that they ‘pined away’ (*contabescere*, a verb which also carries the sense of a decline in health), a description which recurs with the grief they experienced when the French contingent decided to abandon the crusade.⁸⁷ Not many years before, some of Barbarossa’s crusaders had died ‘struck violently by grief’ (*vehementi dolore sunt percussi*) after losing their leader when he drowned in Asia Minor in 1189.⁸⁸ But it is significant that some such well-articulated examples should have been recorded in the context of sieges. While the effect of the environment, or of food and drink can be related to the military context of the siege (the static nature of a camp with the concomitant issues of pollution and contagion or the vagaries of food supply engendered), there is nothing in this to especially relate to the emotions. It may be completely circumstantial that these episodes happened during sieges. But it may also be indicative of the issue of stasis that was identified at the beginning of this chapter. In the static environment of a siege the crusader was less vulnerable to the changing environment. That is not to say that the environment was not significant; indeed, in Geoffrey of Beaulieu’s description of Louis IX’s fatal sickness, the emotional aspect is related to the environmental. But, rather, it is suggested here that the lack of mobility engendered by a crusader siege meant that chroniclers may have been more attuned to the effect of the non-naturals on the crusaders’ health.

⁸⁶ Ambroise, *Estoire*, ll. 4679–86 (II, p. 96); *IP*, 3:6, pp. 216–17 (trans. Nicholson, p. 206). See also section 6.4, below, where this episode is seen to have significance for the presentation of Philip’s leadership.

⁸⁷ *IP*, 5:1, p. 308; 5:15, p. 327 (trans. Nicholson, pp. 283, 296).

⁸⁸ *HFI*, p. 92 (trans. Loud, p. 116).

5.2.1 Mortality and Responses to Disease at a Crusader Siege: Acre, 1189–92

It has been argued above that sieges are key to the military culture of the crusades as campaigns of conquest. During sieges, crusaders endured some of the most difficult physical conditions of the whole expedition, and some of the most detailed and vivid descriptions of sickness come in those sections of the crusader chronicles which describe sieges. In this investigation, the siege of Acre particularly stands out, not only for the detailed records of the sickness experienced there preserved in the *Itinerarium* and by Ambroise, discussed above, but also for both the sheer scale of illness which was experienced by crusaders there, and for the unique responses to the sickness that were taken at this siege. A focused examination of these factors paints a more rounded picture of the experience of illness at this siege.⁸⁹

The chronicler Roger of Howden was present at the siege of Acre, and recorded the crusader experience there in his *Chronica* and *Gesta*. In these texts he left an incomparable record of the experience of sickness and health at the siege, in the form of a pair of mortality lists.⁹⁰ While it is relatively common for chroniclers to make a note of any key casualties suffered in a military engagement, Roger's lists are unparalleled. Firstly, the scale is significant: the *Gesta* version comprises 72 names, while that in the *Chronica* has 66. The lists are slightly different, and, discounting the duplicates, the total number of names recorded is 79. The next noteworthy point is the social diversity reflected in the lists. Names vary from the highest ecclesiastical and secular authorities – Queen Sibylla of Jerusalem is one, Eraclius, the patriarch of

⁸⁹ John Pryor has recently reconstructed the military details of the siege, utilising both Western and Arab accounts: Pryor, 'Acre'.

⁹⁰ RH, *Chronica*, III, pp. 87–89; RH, *Gesta*, II, pp. 147–49.

Jerusalem is another – to the otherwise unknown crusaders from east Yorkshire known to Roger personally, a group of eleven names recorded in the *Gesta* version.

The final point to make is about the vocabulary of death that Roger employs. He records that eight were ‘killed’ (*occisi sunt*) at the siege, but, of the remainder, Roger simply records that ‘they died’ (*obierunt*). This language is suggestive that they did not die in battle and we might wonder whether they died of sickness. An indication that this may be the case is consideration of the social status of those who ‘died’: figures in this category include clerics and women, who we might assume did not die in battle. Indeed, it is recorded in other sources that Sibylla of Jerusalem and Baldwin, archbishop of Canterbury, died from sickness.⁹¹ Corroboration can be found for other names on Roger’s list, not just women and the clergy. Numerous sources record that Frederick of Swabia, son of Frederick I Barbarossa, died of illness at the siege of Acre, his death ascribed variously to a fever (Otto of St Blasien) or the corruption of the air (Matthew Paris, Ralph of Coggeshall) – although these two causes are not mutually exclusive: the corruption of the air could be the cause of a fever.⁹² Matthew Paris confirms that various other crusaders in Roger’s category ‘died’ had succumbed to the harmful air at the siege, including Rotrou, count of Perche, and Ranulf of Glanville, justiciar to Richard I.⁹³ A complicating factor is in deciding whether someone who died of wounds, or infected wounds, off the field of battle, can be said to have died in battle. There is, unfortunately, no evidence from the siege of

⁹¹ Sibylla: *IP*, 1:45, p. 95 (trans. Nicholson, p. 101); Baldwin: *IP*, 1:65, pp. 123–24 (trans. Nicholson, p. 126); Ralph of Coggeshall, p. 29.

⁹² Otto of St Blasien, chap. 35 p. 52 (trans. Loud, p. 181); Ralph of Coggeshall, p. 29; MP, *Chronica*, II, p. 370. See also *HFI*, p. 93 (trans. Loud, p. 118) where description of his symptoms is not given but it is nevertheless clear that the duke died of sickness.

⁹³ MP, *Chronica*, II, p. 370.

Acre to corroborate or disprove this. But if we can assume that all those Roger described as having simply ‘died’ at Acre were in fact were victims of illness, then the proportion of deaths from disease as opposed to those in battle – almost 90% – is quite astonishing.

However, simply considering mortality rates is a rather blunt form of analysis for the experience of ill-health, since it does not account for any of those crusaders who recovered from illness, nor does it illustrate the cultural or social experience of illness that is the real thrust of this investigation. Sensitive interpretation of the data we can take from Roger of Howden’s mortality lists, however, and the weight of evidence in other chronicles, suggests that no crusader in the camp at Acre would have been untouched by illness, either by becoming ill themselves, or by nursing their comrades who had become ill. The siege of Acre prompted an entirely unique response to this situation in the formation of two communities dedicated to nursing their fellows, which later became recognised as the military monastic orders of the Teutons, and of St Thomas of Acre.

The Order of St Thomas of Acre was an English military monastic order, militarised in 1227–28.⁹⁴ Alan Forey has detailed the various confused origin myths which grew up around the order, but of interest to us is the one preserved in Ralph of Diceto’s chronicle. In 1189, ‘around those days when Acre was first besieged’ (*circa dies istos cum primum obsessa fuisset Acre*), William, chaplain to the chronicler Ralph of Diceto betook himself to join the crusade.⁹⁵ Filled with a fear of travelling by sea that

⁹⁴ Alan J. Forey, ‘The Military Order of St Thomas of Acre’, *English Historical Review*, 92 (1977), 481–503 (pp. 483–84).

⁹⁵ Ralph of Diceto, II, p. 80.

we have seen was pervasive at the time, he vowed before his departure that if he should reach Acre safely he would build a chapel to St Thomas Becket – an obvious choice for an Englishman perhaps, in the contemporary fervour for the new martyr, but also a saint with a precedent in the crusader maritime tradition, having appeared, along with St Nicholas, to crusader sailors in the Bay of Biscay, as discussed in the previous chapter – and consecrate a cemetery to the saint. This came to pass and William became prior of this chapel, taking care of the poor and ensuring the burial of bodies, ‘representing in human eyes the next of the successors of great Tobias himself’ (*magni Tobiae se successorum proximum humanis aspectibus repraesentens*).⁹⁶ Ralph’s mention of Tobias refers to a figure in the semi-Apocryphal Old Testament Book of Tobit, an Israelite who devoted himself to the worship of God, the donation of alms to the poor, and the burial of the dead.⁹⁷ In Matthew Paris’s version of the story, it is King Richard I who makes the promise to St Thomas Becket in hope of a safe passage; as Forey points out, both stories may contain elements of truth, but what is significant about Ralph of Diceto’s version is that it demonstrates crusaders providing nursing care for each other in difficult circumstances.⁹⁸

The Order of the Teutons, recognised in 1199, had its origins in the actions of a group of crusaders from Bremen and Lübeck who arrived at the siege of Acre by

⁹⁶ Ralph of Diceto, II, p. 81. Cf section 2.3, above.

⁹⁷ This book was in the Vulgate Bible, and is still canonical in the Roman Catholic tradition, but not in Judaism or the Protestant churches. Tobias’s charity is the origin of burial as the seventh corporal work of mercy, added in the Middle Ages to the six articulated by Christ in Matthew 25. 35–36: St Augustine of Hippo, ‘The Care to be Taken for the Dead’, trans. by John A. Lacy, in *Treatises on Marriage and Other Subjects*, ed. by Roy J. Deferrari, Fathers of the Church, 27 (Washington, DC: Catholic University of America Press, 1995), pp. 347–84; St Thomas Aquinas, *Summa Theologica*, trans. by Fathers of the English Dominican Province, 22 vols (London: Burns Oates & Washbourne, 1915–28), xx (1921), question 71, article 11, objection 3.

⁹⁸ MP, *Chronica*, II, p. 14; Forey, p. 482.

ship in 1190. A chronicle which records the earliest days of the order, the *De primordiis ordinis Theutonicii*, tells us that these crusaders broke up their ships to build a 'hospital' (*hospitale*) for the army (*exercitus*) to which many of the infirm (*infirmi*) came.⁹⁹ The chronicle ascribes the motivation for this to the fervour of the crusaders, but William Urban has suggested that impetus came from the failure of the Hospitaller Order to provide adequate medical care for the German crusaders.¹⁰⁰ Piers Mitchell disputes this, saying that in his own investigation he found no evidence to suggest that this was the case.¹⁰¹ Urban's point is not strongly made, contained in a history of the Teutonic Knights designed for a popular audience and asserted rather than proven; he does not explore why the Hospitallers should have 'left [the Germans] to their own devices'.¹⁰² However, consideration of a few pieces of evidence will allow us to contribute to this debate.

The Order of St John of Jerusalem, the Hospitallers, had fulfilled a professed nursing vocation during the years the Franks held Jerusalem, and much has been made of their so-called 'field hospital', which was described by an anonymous German pilgrim in the 1180s, as early evidence of battlefield medicine.¹⁰³ During battles, the

⁹⁹ *De primordiis ordinis Theutonicii narratio*, ed. by Theodor Hirsch, Max Töppen and Ernst Strehle, in *Scriptores rerum Prussicarum: Die Geschichtsquellen der preussischen Vorzeit bis zum Untergange der Ordensherrschaft*, 6 vols (Leipzig: Hirzel, 1861; repr. Frankfurt am Main: Minerva, 1968), 1, pp. 220–25 (pp. 220–21). The breaking up of ships to use the materials during a siege was not uncommon, as explained in R. Rogers, p. 203.

¹⁰⁰ William Urban, *The Teutonic Knights: A Military History* (London: Greenhill Books, 2003), pp. 11–12.

¹⁰¹ Mitchell, *Medicine*, p. 90.

¹⁰² Urban, *Teutonic Knights*, p. 11.

¹⁰³ First brought to light by Benjamin Z. Kedar, 'A Twelfth-Century Description of the Jerusalem Hospital', in *The Military Orders*, 2, ed. Nicholson, pp. 3–26. Its operation has been rather taken for granted: Malcolm Barber, 'The Charitable and Medical Activities of the Hospitallers and Templars', in *A History of Pastoral Care*, ed. by G. R. Evans (London: Cassell, 2000), pp. 148–68 (p. 159); Edgington, 'Oriental and Occidental', p. 207; Mitchell, *Medicine*, p. 59; Jonathan Riley-Smith, *Templars and*

Hospitallers apparently set up tents to provide emergency care to the wounded, transporting those who needed more extensive treatment to the Hospital in Jerusalem.¹⁰⁴ Adding weight to the unspoken assumption of many scholars that such actions may have been undertaken at the siege of Acre is a charter preserved in the *Cartulaire général* of the Hospitallers wherein Clarembaud, seigneur of Noyes, while ‘broken in body’ (*deletus corporis*) offered his grateful thanks – and the revenues of some of his lands in France – to the Hospitallers in return ‘for the service which they have done to me’ (*pro servicio quod mihi fecerat*). The document was signed ‘in the tents’ of the order at the siege of Acre, in October 1190 (*in papulionibus sepedicte domus Hospitalis Jherosolimitani*).¹⁰⁵

While the evidence of Clarembaud’s grant is suggestive, there are some limiting factors to consider. First, it is clear from the description of the Hospitaller ‘field hospital’ that the service was intended to care for those wounded on the battlefield, a form of triage to give the most rudimentary emergency care before the victim was transported to the Hospital in Jerusalem; it did not function to offer care to the sick or infirm. The language of Clarembaud’s charter is too vague to allow us to know definitively whether he was ill or wounded, so we cannot prove this point either way, but it must be considered. Furthermore, the key purpose of the Hospitaller ‘field hospital’ was the transportation to Jerusalem for more dedicated care; this was, in effect, more of an ambulance service than a hospital. With the loss of the Hospital in Jerusalem when the city fell to Saladin in 1187, it is possible that the order lost the

Hospitallers as Professed Religious in the Holy Land (Notre Dame, IN: University of Notre Dame Press, 2010), p. 18.

¹⁰⁴ Kedar, ‘A Twelfth-Century Description of the Jerusalem Hospital’, p. 21.

¹⁰⁵ No. 900, in *Cartulaire général de l’ordre des Hospitaliers de S. Jean de Jérusalem (1100–1310)*, ed. by J. Delaville Le Roulx, 4 vols (Paris: Leroux, 1894–1906), I, p. 571.

infrastructure which was required for them to give more than emergency wound care. Despite the beguiling evidence offered by Clarembaud's charter, these limiting factors seem to suggest that the Hospitallers at Acre may not have been able to offer the kind of battlefield care that they were capable of in the years before the siege and that the scale of any care they did offer was simply insufficient to cope with the scale of sickness which we have seen pervaded the camp.

Another factor to consider is the issue of language and nationality. Urban suggests that the Hospitallers treated the English and French preferentially, although he does not explore why.¹⁰⁶ Mitchell notes that the Order of Teutons, once established, 'attempted to perform a similar function to the Order of St John, but presumably for German-speaking pilgrims'.¹⁰⁷ This is a salient point, but Mitchell does not allow that this may have been the case at the siege of Acre. The Hospitallers were not associated with any particular national group, but as a product of the Frankish states of Outremer they would have been primarily Latin- and Francophone. It is possible that crusaders reliant on conversing in different vernaculars simply could not communicate with those Hospitallers present at the siege to a sufficient degree to receive medical care from them.¹⁰⁸ While we do not know the linguistic or national background of those William the Chaplain cared for, the dedication of his foundation to St Thomas bestows a particularly English identity on it, which may imply a linguistic dimension to its operation. As for the Teutons, the evidence of the *De primordiis* that those who built the hospital at Acre were from Bremen and Lübeck

¹⁰⁶ Urban, *Teutonic Knights*, p. 11.

¹⁰⁷ Mitchell, *Medicine*, p. 93.

¹⁰⁸ There is wider a context for this: Alan V. Murray, 'National Identity, Regional Identity and Language in the Crusades to the Holy Land, 1096-1192', in *The Crusades and the Near East*, ed. Kostick, pp. 107-30 (pp. 114-22).

implies a sense of civic and communal identity and consequently may also suggest that their foundation was intended for the use of Germanophone crusaders. There was possibly a linguistic dimension to the foundation of the German Hospital of St Mary in Jerusalem which preceded the establishment of the field-hospital at Acre and the subsequent foundation of the Order of the Teutons.¹⁰⁹ Jacques de Vitry, writing in the thirteenth century of the foundation of the German hospital in Jerusalem in the eleventh, wrote that it was founded by a German living in the city with his wife, for the German pilgrims who came to the Holy Land but could not speak any of the local languages. At this establishment, he apparently administered to the sick and those in need, as well as offering accommodation for pilgrims.¹¹⁰ John of Würzburg, who visited the Holy Land in the twelfth century, wrote of the German Hospital that it only received donations from German-speakers.¹¹¹ While the connection between the two institutions is now disputed, this nevertheless shows a clear precedent for the operation of medical foundations along linguistic lines and suggests that a similar impetus may have been at play at the siege of Acre.¹¹²

It has been suggested that the presence of field hospitals at the siege of Acre and in the Latin Kingdom of Jerusalem represents a co-ordinated response to the experience of sickness and wounding in crusader warfare.¹¹³ It is argued here that the

¹⁰⁹ Indrikis Sterns, 'Care of the Sick Brothers by the Crusader Orders in the Holy Land', *Bulletin of the History of Medicine*, 57 (1983), 43–69 (p. 47).

¹¹⁰ Jacques de Vitry, *History of Jerusalem, AD 1180*, trans. by Aubrey Stewart (London: Palestine Pilgrims' Text Society, 1896), p. 55.

¹¹¹ John of Würzburg, *Description of the Holy Land by John of Würzburg (AD 1160–1170)*, trans. by Aubrey Stewart (London: Palestine Pilgrims' Text Society, 1896), pp. 45–46.

¹¹² This debate has been amongst scholars working in German, but is briefly summarised in Nicholas Morton, *The Teutonic Knights in the Holy Land, 1190–1291* (Woodbridge: Boydell, 2009), pp. 4–5.

¹¹³ Mitchell, *Medicine*, p. 60.

actions of a few enterprising individuals who chose to safeguard their comrades in fact shows the opposite; that in the absence of centralised responses to the scale of sickness experienced at this siege, crusaders were seen to take it upon themselves to provide care for their brethren. Indeed, in engagements which had a strong, centralised leadership, such as during Louis IX's first crusade which experienced such difficult conditions at Mansurah, such responses are not found. The siege of Acre was unique in the way crusaders there responded to the scale of sickness they experienced and witnessed around them.

5.3 Conclusions

This discussion of sickness and health in the context of crusader sieges is the last of three focused investigations into the cultural and physical experience of illness in specific military contexts, and it has revealed new dimensions to the way crusaders experienced health and the way chroniclers recorded it. Perhaps surprisingly, given the static nature of siege engagements, the cultural interpretation of landscape seems less prominent in chroniclers' discussions of crusader sieges, something which is especially noticeable in light of the vivid conceptualisation of the 'Crusading Mediterranean' revealed in the previous chapter. The theatre of crusading warfare in the eastern Mediterranean and north Africa was a different prospect for the crusader experience of health. That is not to say that place and space did not affect the crusaders' experience of siege warfare: seasonality and the holistic effect of geography and climate, already stressed in the studies of marches and journeys by sea, remain key issues. However, in addition, we have seen the growing importance of the theory of the non-naturals in the early stages of its dissemination throughout literate society, even if that dissemination was not particularly uniform, with prominence given to the

res non naturales of the air (and, more generally, the weather), the intake of food and drink, and the 'passions of the soul'. That chroniclers found the non-naturals a useful way to frame their discussions of health and illness at crusader sieges may have been a product of the immobility engendered by siege warfare, when crusaders were less susceptible to the mutable geographic conditions around them than during the march or at sea, but became more vulnerable to the specific qualities of the region they were encamped in, and the privations engendered by siege warfare.

In the face of such hardship and bodily suffering, how is it that the crusaders continued to persist in siege engagements – sometimes maintaining sieges for up to two years – despite conditions of extreme suffering which saw an astonishingly high mortality rate from disease? We must return to the themes expressed in the introduction to this chapter. From a military and a spiritual perspective, the conquest of built locations to secure the landscape of the eastern Mediterranean was of prime importance, and so warfare in this region depended on the execution of sieges. That is the global scale, but for the individual crusader we have once again seen the recurrence of the theme of meritorious suffering in the face of in both the adverse weather conditions they endured, and in the case of food intake and shortage: famine described as akin to the religious devotion of fasting, the importance of moderation in behaviour and consumption, and the interpretation of reduced food supply as a penitential and purificatory process. The determination to withstand the most extreme conditions resulted in the prosecution and successful conclusion of sieges which, otherwise, seem militarily unviable. The 'chronicler's-eye view' has again revealed more to the story of the lived experience of warfare than simply the logistics of supply or the military endeavours of the opposing forces.

Chapter 6: The Health of the Crusader Leader

6.1 Introduction

The investigation so far has explored the lived experience of the sick crusaders and the crusader sick identified at the outset of this study, and shown how their experience of health was a product of the interaction between military situations and geographic spaces. The final chapter will build on these issues of identity, capacity, and sickness to investigate how the health of different noble leaders was portrayed in the crusader chronicles. Such figures receive a great deal of attention from the chroniclers, and indeed a substantial amount of evidence relating to leaders has already been presented, insofar as this has informed us about the experience of health in the crusades. However, the investigation now takes a new trajectory, seeking instead to discover the implications for the crusader leader when their position of authority was compromised by illness, and how the way their health was presented reveals important information about the role and function of the crusader leader.

Some limitations must be placed on the following exploration. The word 'leader' is an attribution of function: anyone could be a crusader leader, as long as someone was prepared to follow them.¹ There is a difference of degree, though: while some leaders were accompanied by only a small force, perhaps a handful of retainers, others, such as Bohemond and Godfrey of Bouillon, commanded quite substantial contingents; and yet others, such as Louis IX, or his predecessor Louis VII, commanded whole crusades. It is these, more prominent, figures to whom this

¹ Even humanity was not necessarily a pre-requisite: Albert of Aachen recorded with some despair how a goose and a she-goat attracted followers bound for Jerusalem in 1096 (AA, 1:30, p. 58).

investigation pertains. Crusader leadership was overwhelmingly male, although, as ever when such sweeping statements are made, exceptions can be found: Marguerite of Provence oversaw the defence of Damietta when her husband Louis IX was captured during his first crusade in 1250.² On crusade, clerical leaders could be as influential as secular leaders: Raymond of Aguilers considered Bishop Adhemar of Le Puy to be the unifying figure amongst the leaders of the First Crusade, and the papal legate Pelagius took a primary role in the leadership of the Fifth Crusade.³ While crusader leaders, both clerical and secular, often came from the upper ranks of society, the broad appeal of crusading produced leaders such as the First Crusaders Peter the Hermit and Walter Sansavoir who were not from such exalted backgrounds.⁴ All of these figures should be considered true crusader leaders, yet there are reasons why they will be excluded from this investigation into the health of the crusader leader. Firstly, medieval medical theory was implicitly gendered. Men were seen as physiologically different to women in the Middle Ages, and could be expected to experience health and illness in a different way.⁵ Similarly, the noble male body was considered to be distinct from the body of a lower-class man, both physiologically (the issue of the different diets required by the nobility and by the poor for their respective health is discussed further below), and in essence: the quality of nobility was quite

² Her case is the exception, rather than the rule: JJ, secs. 399–400 (trans. Smith, p. 244).

³ RA, p. 262 (trans. Hill and Hill, p. 66); Powell, *Anatomy*, pp. 113–15.

⁴ While Walter's surname is now thought to be toponymical, rather than referring to his social status, he still was not a member of the upper nobility. See Alan V. Murray, 'Godfrey of Bouillon', p. 445.

⁵ Explored at length in Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture* (Cambridge: Cambridge University Press, 1995); see also Vern L. Bullough, 'On Being a Male in the Middle Ages', in *Medieval Masculinities: Regarding Men in the Middle Ages*, ed. by Clare A. Lees (Minneapolis: University of Minnesota Press, 1994), pp. 31–45.

literally thought to be embodied.⁶ Finally, clerical leaders were subject to quite different expectations than secular leaders, existing somewhat outside the networks of obligation which regulated social and political relations in the medieval west, and – for the most part – removed from the military leadership of the crusade. They too will therefore be excluded from this investigation.⁷ This chapter will therefore take a focused view of secular male leaders, to see how their health and their identity was intimately related.

The underlying premise here is the understanding that certain societal roles generated certain gendered identities in the Middle Ages.⁸ When the man in question was unable to perform his role because of ill-health, then not only his occupational identity, but also, therefore, his gender identity was threatened. The health or ill-health of the elite man directly and dramatically affected the fortunes of those around him, who may have relied on him financially, for leadership, or for security. However, while the health of Richard I of England and Philip II of France at the siege of Acre has been the subject of attention from Piers Mitchell and Thomas Wagner, the health

⁶ This is the premise of Danielle Westerhof, *Death and the Noble Body in Medieval England* (Woodbridge: Boydell, 2008). There are numerous ways in which the idea of nobility as embodied affected the experience of health. The concept of embodied chivalry and the importance of the wholeness of that body caused anxiety in the experience of anal fistula, was analysed by Citrome, *Surgeon*, chap. 4; rev. version of Jeremy Citrome, 'Bodies That Splatter: Surgery, Chivalry, and the Body in the *Practica* of John Arderne', *Exemplaria: A Journal of Theory in Medieval and Renaissance Studies*, 13 (2001), 137–72. Ronald Finucane suggested that the nobility may have been unwilling to display their bodily infirmity publicly, thus accounting for the disproportionately low number of noble males recorded as visiting shrines for healing: Finucane, pp. 149–50.

⁷ Susan Reynolds, 'Afterthoughts on *Fiefs and Vassals*', in *The Middle Ages without Feudalism: Essays in Criticism and Comparison on the Medieval West*, Variorum Collected Studies Series, 1019 (Farnham: Ashgate, 2012), essay I (first publ. in *Haskins Society Journal*, 9 (2001), 1–15), (p. 1). On the distinctiveness of clerical leadership in the crusades: Matthew Mesley, 'Episcopal Authority and Gender in the Narratives of the First Crusade', in *Religious Men and Masculine Identity in the Middle Ages*, ed. by P. H. Cullum and Katherine Lewis, Gender in the Middle Ages, 9 (Woodbridge: Boydell, 2013), pp. 94–111 (pp. 98–99).

⁸ As explored by Ruth Mazo Karras, *From Boys to Men: Formations of Masculinity in Late Medieval Europe* (Philadelphia: University of Pennsylvania Press, 2003); Katherine Lewis, *Kingship and Masculinity in Late Medieval England* (Routledge, 2013).

of crusader leaders has not otherwise been the subject of specific research.⁹ Indeed, when studies on medieval medicine are explicitly gendered, the focus is usually on the health and care of women, and often focuses on reproductive health: menstruation, childbirth, and menopause. A notable exception is David Green's study of the health of the Black Prince, although that is influenced by these studies in the respect that it focuses on Prince Edward's sexual health.¹⁰ Such a focus on women's health, and particularly the reproductive aspects of the same, not only excludes men and men's health from a gendered history of medicine but, furthermore, such emphasis on biological sex and reproduction risks occluding the societal implications of gender identity with relation to health.

It seems ubiquitous for any study focusing on men and masculinity to justify – indeed, to excuse – itself for not focusing on women and femininity. 'Why men?' is the refrain, and an essay of that title opened one of the first collected volumes on the topic.¹¹ The problem is that men have stood as an 'unexamined default', in Katherine

⁹ Wagner and Mitchell, 'Arnaldia and Leonardie'. In this investigation rulers of the Latin East have been excluded unless, as in the case of John of Brienne, they campaigned on crusade outside Palestine. However, it should be noted that Baldwin IV of Jerusalem has been the subject of specific research which thoroughly incorporates his experience of leprosy into his military and political biography: Bernard Hamilton, *The Leper King and his Heirs: Baldwin IV and the Crusader Kingdom of Jerusalem* (Cambridge: Cambridge University Press, 2000).

¹⁰ David Green, 'Masculinity and Medicine: Thomas Walsingham and the Death of the Black Prince', *Journal of Medieval History*, 35 (2009), 34–51. This is not to say that there have not been studies on the health of leaders (though these have been mostly on the later Middle Ages) but rather to emphasise that when gender is used as a framework of analysis, the investigation often turns to matters of sexuality and reproduction. Some relevant studies include: Hamilton, *Leper King*; Iona McCleery, 'Both "Illness and Temptation of the Enemy": Melancholy, the Medieval Patient and the Writings of King Duarte of Portugal (r. 1433–38)', *Journal of Medieval Iberian Studies*, 1 (2009), 163–78; Douglas Biggs, 'The Politics of Health: Henry IV and the Long Parliament of 1406', in *Henry IV: The Establishment of the Regime, 1399–1406*, ed. by Gwilym Dodd and Douglas Biggs (Woodbridge: York Medieval Press, 2003), pp. 185–203; Peter McNiven, 'The Problem of Henry IV's Health, 1405–1413', *English Historical Review*, 100 (1985), 747–72.

¹¹ Thelma Fenster, 'Why Men?', in *Medieval Masculinities*, ed. Lees, pp. ix–xxv. See also, as a very limited sample, the introductory material to *Conflicted Identities and Multiple Masculinities: Men in the Medieval West*, ed. by Jacqueline Murray (New York: Garland, 1999); *Masculinity in Medieval Europe*, ed. by Dawn

Lewis's words, and, as Thelma Fenster put it in the aforementioned 'Why Men?': 'although the subjects of traditional historical discourse were for the most part men, that discourse was still not precisely "about men"'.¹² The discourse to which Fenster refers is that which has 'inscribed the stories of the few – the hegemonic males – as generic human history', a pattern which is disadvantageous to the histories of both men and women.¹³ An attempted redressing of the balance inspired by the growth of feminist scholarship in the 1970s has resulted in an outpouring of work on medieval women, but as Dawn Hadley explains: 'although this work is extremely valuable it has not really been about gender; it has served to 'add' women to the historical picture, but has lacked insight into the relational aspect of gender identity (the ways, that is, in which men and women were defined in relation to one another), and the various ways in which gender identity was formed and reproduced'.¹⁴ In response to such sentiments, there has, since the 1990s, been an increase in scholarship dedicated to the analysis of medieval masculinities, but the concomitant development of studies on crusading masculinities has been somewhat late. The publication of *Gendering the Crusades* in 2001 was representative of the overall trend to gender history by studying the history of women, and thus far there has been no counterpart volume produced with a focus on male crusaders.¹⁵ However, crusading males represent a distinct and unconsidered section of medieval society. Although it has been suggested that

M. Hadley (Harlow: Longman, 1999); Derek G. Neal, *The Masculine Self in Late Medieval England* (Chicago: University of Chicago Press, 2008); Lewis.

¹² Lewis, p. 5; Fenster, p. x.

¹³ Fenster, p. x.

¹⁴ Dawn M. Hadley, 'Introduction: Medieval Masculinities', in *Masculinity in Medieval Europe*, ed. Hadley, pp. 1–18 (p. 1).

¹⁵ Edgington and Lambert, *Gendering the Crusades*. However, a workshop on 'Crusading Masculinities', attended by the present author, was held in Zürich in March 2016, and a publication of the proceedings is planned.

masculinity may be defined by three basic principles – that a man must procreate, protect, and provide for his dependents – studies on medieval masculinity show that no one model of masculinity prevailed in the Middle Ages.¹⁶ Moreover, Natasha Hodgson has pointed out that crusaders in particular fell outside these three tenets: in taking the crusader vow they were sworn to celibacy, dislocated from dependents who may have needed their protection, and had diverted their resources to the crusade.¹⁷ She proposes that different models of masculinity and leadership must be sought for male crusaders. Indeed, Hodgson's own model can be challenged: given that Marguerite of Provence gave birth three times on crusade, she and her husband Louis IX can hardly have been maintaining celibacy.¹⁸ To this evidently complex picture we might propose that different models of health should also be explored.

While Hadley described the 'relational aspect of gender identity' as relations between men and women, relations between men form an important part of the overall picture, and this is particularly visible in the role of military leader. Crusader leadership was particularly strongly predicated on capacity and physical ability. Marcus Bull has suggested that crusading stripped back the functions of leadership from a complex network of relationships, fealty and custom, centred on the physical

¹⁶ The principles are David Gilmore's, in David D. Gilmore, *Manhood in the Making: Cultural Concepts of Masculinity* (New Haven: Yale University Press, 1990), pp. 222–23. For views of the differing models of masculinity found in the Middle Ages, see the essays in *Conflicted Identities and Multiple Masculinities*, ed. Jacqueline Murray; *Medieval Masculinities*, ed. Lees; Hadley, *Masculinity in Medieval Europe*. Beyond medieval studies, for some of the most recent and influential work on masculinities see: *What Is Masculinity?*, ed. by John H. Arnold and Sean Brady (Basingstoke: Palgrave Macmillan, 2011); *Masculinity and the Other: Historical Perspectives*, ed. by Heather Ellis and Jessica Meyer (Newcastle: Cambridge Scholars, 2009); *Masculinities in Politics and War: Gendering Modern History*, ed. by Stefan Dudink, Karen Hagemann, and John Tosh (Manchester: Manchester University Press, 2004).

¹⁷ Natasha Hodgson, 'Normans and Competing Masculinities on Crusade', in *Crusading and Pilgrimage*, ed. Hurlock and Oldfield (Woodbridge: Boydell, 2015), pp. 195–213.

¹⁸ In 1250 (to Jean Tristram), 1251 (to Peter), and 1253 (to Blanche): JJ, secs. 399, 514, 593 (trans. Smith, pp. 244, 272–73, 293).

infrastructure of power such as castles and family monasteries, to a pure ability to ‘feed and protect desperate people in relentlessly tough conditions’.¹⁹ In the straitened circumstances of a crusading expedition, the traditional bonds of society could become more flexible. Alan V. Murray has shown that during the journey across Anatolia in 1097 and the siege of Antioch in 1097–98, knights who were reduced in material worth by loss of their horses and equipment, and therefore their knightly status, might be taken into service by leaders who had some means of rewarding or providing for them.²⁰ The physical incapacitation of the leader could therefore have far-reaching consequences, as we shall explore here. In this, we must confront the paradoxical ambiguity of the sick leader. Since the term describes someone who leads, a question presents itself: when sick and incapacitated, and unable to lead, was a man who led a crusader contingent – with all the responsibilities, obligations, and expectations that implies – still to be thought of as a leader, or did he assume another social identity?

6.2 The Leader’s Experience of Health

How far crusader leaders experienced sickness on crusade is difficult to define. Studies of rates of mortality during crusader expeditions by Piers Mitchell, James Powell, and Jonathan Riley-Smith have identified an overall mortality rate of 25–40% amongst noble crusaders, both clerical and secular.²¹ Riley-Smith’s analysis of mortality on the First Crusade categorises whether crusaders died from disease or in combat: 29 of the

¹⁹ Bull, ‘Political Scripts’, p. 29.

²⁰ Alan V. Murray, ‘Godfrey of Bouillon’, p. 325. Jonathan Riley-Smith pointed out that ties of lordship could fluctuate in the course of the crusader expedition: Riley-Smith, *First Crusaders*, p. 87.

²¹ Mitchell, *Medicine*, pp. 143–45. See also Powell, *Anatomy*, pp. 169–71; Jonathan Riley-Smith, ‘Casualties and the Number of Knights on the First Crusade’, *Crusades*, 1 (2002), 13–28 (pp. 17–19). Note that Mitchell’s statistics are based only on the evidence provided by the *Itinerarium peregrinorum*.

81 deaths he was able to account for were the result of illness or disease, equating to approximately 39% of the overall mortality. However, such statistical studies can only ever be suggestive of the actual rates of mortality on crusade, and, as discussed in the previous chapter, represent quite a blunt method of analysis, unable to quantify the incidence of sickness and recovery experienced by crusaders, and losing the cultural detail contained within the narrative sources that allows us to gain some measure of understanding into how crusaders and chroniclers experienced disease and ill-health.

What the statistical analyses do show us is that noble crusaders were not protected from the sicknesses which affected all crusaders. This is in some ways quite surprising since the nobility, it can reasonably be supposed, enjoyed better conditions than most crusaders with regard to health and wellbeing. As already noted, they may have taken physicians with them, meaning that they could receive medical treatment during their campaign. Perhaps more significantly, there are several incidents recorded during famines where it is suggested that the nobility found it easier to access food than crusaders of lesser means; we ought to be mindful that famine is not always the result of shortages of food, but can be caused by inflation in prices as the result of perceived shortages.²² This food was not always of the highest quality, however, and we have already discussed how the consumption of unclean or inedible foodstuffs had an effect on the health of crusaders. Guibert of Nogent shows a particular concern for the condition of the nobility in such circumstances, and expresses sympathy for their situation at the siege of Jerusalem as they suffered from extreme thirst and resorted to baking barley bread:

²² See section 5.2, above.

How many throats and gullets of noble men were eaten away by the roughness of this bread; how we suppose their delicate stomachs were tortured by the acidity of the putrid liquid! Good God, we think of their suffering there, where they were mindful of their former standing in their homeland [...] This is my thought, only this, never have such princes existed, who in expectation only of a spiritual benefit, exposed their own bodies to such suffering²³

By 'putrid liquid' Guibert refers to the water carried six miles in untanned hides to quench the thirst of the besiegers: this would surely have been putrid to anyone drinking it, but Guibert emphasises how particularly foul it was to the 'delicate stomachs' of the nobility. His objection towards the bread baked for the crusaders is even more firmly rooted in his perception of the delicate noble constitution. Guibert tells us that the bread in question was made from barley, which, as discussed above, was traditionally a low-status food.²⁴ Guibert's concern is not just that the food was much lower quality than noble crusaders would have been used to consuming, but that in eating it their health was at particular risk. In the inter-relationship of class, medical theory, and consumption throughout the Middle Ages and in the Renaissance, it was thought that rough, coarse foods were more easily digested by the lower classes, while the nobility, with a more refined constitution, needed a more delicate diet; foodstuffs which would have been healthful for the lower classes would have been thought dangerous to the nobility and vice versa.²⁵ We should remember

²³ 'Quanta tot virorum nobilium fauces et guttura cibarii panis illius rodebantur aspredine, quanta delicatos eorum stomachos putidorum laticum putamus tortos acredine! Bona deus, quid patientiarum inibi fuisse pensamus, ubi non immemores erant quique habitae quondam in patria dignitatis [...] Haec mea est sententia, haec unica, numquam a seculorum tales exstitisse principiis, qui pro sola expectatione emolumenti spiritualis tot corpora sua exposuere suppliciis': GN, 7:5, pp. 274-75 (trans. Levine, p. 128).

²⁴ GN, 7:5, p. 274 (trans. Levine, p. 128); see also section 3.2, above.

²⁵ McCleery, 'Famine', pp. 130-31. See also Adamson, *Food*, pp. 227-29; Ken Albala, *Eating Right in the Renaissance*, California Studies in Food and Culture, 2 (Berkeley: University of California Press, 2002), pp. 184-216; Allen J. Grieco, 'Food and Social Classes in Late Medieval and Renaissance Italy', in

that the pilgrims who Adam of Cremona wrote should avoid eating barley bread were none other than Frederick II and his entourage.²⁶ In this concern, Guibert places the sacrifice and suffering of the nobility as all the greater than that of the rank-and-file crusaders who were apparently better suited to such conditions and victuals. Guibert's most recent translator, Robert Levine, interprets this as contempt for the poor, but it may rather be that Guibert displays a contemporary sensitivity to the constitutional and physiological difference of the noble body.²⁷ Similar awareness that the nobility were physically and innately different to other crusaders is found elsewhere. The *Itinerarium* specified how 'noble men and the sons of potentates' (*viri nobiles et filii potentum*) who had once been 'delicately nourished' (*nutribantur [...] delicate*) were reduced to eating grass (*herba*) at the siege of Acre, and Ralph of Caen emphasised how the sons of nobility were particularly unused to the harsh conditions while the crusaders were besieged in Antioch in 1098.²⁸ In a variation on the theme, Arnold of Lübeck gives two different reasons for the illness suffered by the German crusaders at Antioch in 1190. The poor, he wrote, had eaten and drunk too much, implying that their intemperateness and lack of moderation had caused their sickness. The nobility, on the other hand, had apparently succumbed to the unfamiliar weather, which did not suit their delicate constitutions; once again, their suffering is seen to be the

Food: A Culinary History from Antiquity to the Present, ed. by Jean-Louis Flandrin and Massimo Montanari, trans. by Albert Sonnenfeld (New York: Columbia University Press, 2013), pp. 302–12 (pp. 311–12).

²⁶ Adam of Cremona, p. 25.

²⁷ Levine, 'Introduction' to *The Deeds of God through the Franks*, pp. 1–17 (p. 9). Indeed, elsewhere in his chronicle Guibert gives the lie to assumptions that he hated the poor. Detailing the virtues of Adhemar of Le Puy, he describes how charitable the bishop was, and how he exhorted charity from the noble crusades for those of lesser means: GN, 6:13, p. 246 (trans. Levine, p. 114). This may again be reflective of Guibert's particular sensitivity to the standing of nobility but could hardly be called hatred of the poor, as Levine has it.

²⁸ *IP*, 1:69, p. 127 (trans. Nicholson, p. 129); Ralph of Caen, chap. 260, p. 71 (trans. Bachrach and Bachrach, p. 102).

greater and of a morally superior quality, since the poor had brought their condition upon themselves.²⁹

If the health of the noble body was conceived of differently, then the additional concerns and responsibilities of leadership increased the importance of the health of the noble leader. Leading a military force depended on maintaining a certain level of physical ability, and incapacitation would compromise the ability of the leader to lead. It was discussed above how Raymond of Toulouse's health affected the attitude of the Provençal crusaders towards him, and how some challenged his ability to lead.³⁰ During the siege of Antioch, Raymond of Aguilers tells us that the count was so afraid of being accused of feigning his illness that he took control of a fortification built by the crusaders in order to counter rumours of 'idleness and greed' (*desidia et avaritia*).³¹ Godfrey of Bouillon was apparently abandoned by 15,000 of his men after he was injured during a fight with a bear in Asia Minor.³² With the duke unable to ride and confined to a litter, the remainder of his contingent was slowed down by his incapacitation. Conrad III, compromised by a worsening illness (*invalescens aegritudo*), left Ephesus to spend the winter of 1147–48 recuperating at Constantinople, thus delaying the German contingent of the Second Crusade.³³ When Philip II left the Third Crusade in 1191 his followers had to decide whether to

²⁹ Arnold of Lübeck, p. 138.

³⁰ Cf. section 1.2, above.

³¹ RA, p. 250 (trans. Hill and Hill, pp. 44–45). He later refused to give up the fortification, despite still being ill: RA, p. 262 (trans. Hill and Hill, p. 65).

³² GN, 7:12, pp. 286–87 (trans. Levine, p. 134). See also n. 58, below.

³³ Letter of Conrad III dated end of February 1148, in Hausmann, F., ed., *Diplomatum regum et imperatorum Germaniae: Conradi III et filii eius Henrici*, MGH DD, 9 (Vienna: Böhlau, 1969), pp. 45–46; trans. by Malcolm Barber and Keith Bate in *Letters from the East: Crusaders, Pilgrims and Settlers in the 12th–13th Centuries*, ed. by Malcom Barber and Keith Bate, Crusade Texts in Translation, 18 (Farnham: Ashgate, 2010), pp. 45–46.

accompany him or stay with Richard I. Although most of the French remained in the Holy Land, they had a strained relationship with Richard, and there were frequent disagreements over the strategy of the crusading army (such as whether to attack Jerusalem).³⁴ When Henry VI died in Messina preparing to embark for his own crusade in 1197, the news of his death caused the German crusaders already in the Holy Land to return, having achieved very little.³⁵ In a letter to Fakhr al-Dīn, a member of Sultan al-Kamil's court, Frederick II accused Pope Gregory IX of trying to create unrest in southern Italy by spreading rumours of the emperor's demise in the Holy Land, showing how powerful even the suggestion of the death of the ruler could be.³⁶ These examples show how the illness of a leader could alter the course of the crusade they led, a truism which applies across the twelfth and thirteenth centuries.

Quite how a crusader leader ought to act when he became too ill to perform his function of leader is unclear. When Prince Edward, later Edward I of England, went on crusade in 1270–74, he set out four conditions under which he would return before his vow was completed: if a new Pope should be elected who forbade the expedition, if he himself became sick, if his father died, or if there was a civil war in

³⁴ The *Itinerarium* took great care in documenting the stormy relationship between Richard and the French who remained in the Holy Land after the departure of their king: *IP* 3:23, p. 239; 4:7, p. 245; 4:26, p. 284; 5:6, p. 315; 5:9, pp. 320–21, 5:13–15, pp. 325–27; 5:18, pp. 329–30; 5:20, pp. 330–31; 5:27, pp. 341–42; 6:1–2, pp. 379–82; 6:8, pp. 394–95; 6:14, p. 404; 6:26, pp. 425–26; 6:30, pp. 431–32 (trans. Nicholson, pp. 225–26, 233, 263–64, 288, 291, 295–96, 298, 299–300, 307–08, 335–37, 345–46, 352–53, 369–70, 373).

³⁵ RH, *Chronica*, IV, p. 72.

³⁶ 'Two Arabic Letters Written by Frederick', trans. by Francesco Gabrieli, in *Arab Historians of the Crusades*, ed. by Francesco Gabrieli, trans. from the Italian by E. J. Costello (London: Routledge & Kegan Paul, 1969; repr. 1984), pp. 280–83 (p. 281). Abulafia expresses doubts that the letter is genuine, but the point remains valid: Abulafia, *Frederick II*, pp. 197–98. Gregory had already questioned Frederick's leadership in his criticism of the emperor's choice of Brindisi as a muster point for the crusade: see section 4.2.1, above. There the issue was how Frederick's leadership affected the health of others; here the salient point is how the physical condition of the emperor affected his leadership.

England.³⁷ Two of these events would come to pass: he was seriously injured when an Assassin attacked him with a poisoned knife in Acre in 1272 and, after convalescing from the complications of the wound, he began the long journey back to England to be met in Sicily with the news that his father, Henry III, had died. Edward received no criticism for his retreat, but in other campaigns those who left the crusade early, claiming sickness, exposed themselves to criticisms of cowardice or lack of commitment to the crusader cause. Ludwig III, landgrave of Thuringia, left the siege of Acre in summer 1190, before the capitulation of the city, attracting the following censure from the author of the *Itinerarium peregrinorum*:

The landgrave had been made unwell and on this pretext he deserted the camp to return to his own country. While he had performed many illustrious feats to much acclaim, the brilliance of his glorious feats was spoiled by the disgrace of his return.³⁸

Consider also how Ambroise castigated Philip II for his departure from the Third Crusade in July 1191, shortly after the capture of Acre:

He was going back because of his illness, so the king said, whatever is said about him, but there is no witness that illness gives a dispensation from going with the army of the Almighty King, who directs the paths of all kings.³⁹

³⁷ Arnold Fitz-Thedmar, p. 131.

³⁸ 'Landegravus enim valetudinarius effectus, repatriandi praetextu castra deseruit: qui cum multa clarius et ad omnium favorem egisset, illustrem factorum gloriam turpi reditu deformavit': *IP*, 1:43, p. 94 (trans. Nicholson, p. 99).

³⁹ 'Il s'en vint pas sa maladie, / Li reis ço dist – que que l'en die – / Mais nus n'ad de ço testimoine / Que maladie en seit essoigne / D'aler en l'ost le rei demaine / Qui toz les reis conduit e maine': Ambroise, *Estoire*, ll. 5250–55 (II, p. 105). An interesting inversion is found in the *Itinerarium*, which says that Philip claimed that his vow, taken as he lay ill, was fully discharged: the author doubts that Philip was ever really ill, however, since he showed no sign of it at the gathering at Gisors where he took the cross in 1188. *IP*, 3:21, pp. 236–37 (trans. Nicholson, p. 223).

Wagner and Mitchell point out the similarities of Philip's case with that of Stephen of Blois who left the First Crusade during the siege of Antioch a century earlier on account of his health and was accused of cowardice.⁴⁰ In the religious context of the crusades, the argument runs, it was inappropriate to put the health of the body above that of the soul and therefore retreat due to illness would not be accepted.⁴¹ Any suggestion that the protagonist was feigning illness would make the situation worse, and could be used as a political weapon against the leader in question. Pertinently, we should keep in mind that crusaders were meant to suffer, and that the peregrinatory and penitential aspects of the expedition could only be enhanced by suffering, in true *imitatio Christi*; Ambroise's condemnation of Philip II seems fairly unambiguous in this respect. There was also the issue of breaking the crusading vow. Note that this was the salient point in the conditions that Prince Edward laid down; he wished to excuse himself from breaking his vow, not just from a retreat based on the military or strategic situation.

The situation is more complex than this, though. These were not simple cases where a sick leader returned home to recuperate; the figures criticised for their retreat and accused of feigning illness were also castigated by the chroniclers for other reasons. Ludwig of Thuringia was certainly ill; he died on his return journey in November 1190, and his passing was recorded with much lamentation by the sympathetic *Chronica Reinhardsbrunnensis*, written at the abbey which housed Ludwig's family sepulchre.⁴² While the *Chronica Reinhardsbrunnensis* explained the landgrave's

⁴⁰ Wagner and Mitchell, p. 41.

⁴¹ Wagner and Mitchell, pp. 41-43.

⁴² *Chronica Reinhardsbrunnensis*, p. 546.

retreat as a reluctant decision, prompted only by the knowledge that Frederick I Barbarossa had died on his journey to Acre and with the landgrave himself ‘afflicted by diverse sickness and laboured with chronic suffering’ (*diversa affectus egritudine et chronicis passionibus laborantes*), the *Itinerarium* was not alone among the Anglo-Norman chroniclers in recording a less favourable portrayal of him. Not only did Ludwig support his kinsman Conrad of Montferrat for the throne of Jerusalem, against Richard I’s preferred candidate Guy of Lusignan, but the chronicler Ralph of Diceto suspected him of having secretly dealt with Saladin during the siege.⁴³ While Ralph mentions other crusaders who apparently took part in this treasonous activity, Ludwig is selected for special criticism, having apparently accepted four camels, two leopards, and four hawks from Saladin. Stephen of Blois compounded the damage to his reputation, discussed above, by telling the advancing Byzantine relief army, which he met on his retreat, that all was lost and that it would be better turning back, which it did.⁴⁴ Since this left the crusaders at Antioch in desperate straits, the chroniclers had good reason to dislike Stephen. Philip II’s relationship with Richard I was conflict-ridden before and after the crusade, but his great crime in 1191 was to desert the English king, guaranteeing that the Anglo-Norman chroniclers, who felt that he had jeopardised the whole expedition, would record his retreat with disdain; only chroniclers with a French perspective, such as Rigord or Gilbert of Mons, took Philip’s illness seriously.⁴⁵ In the case of certain other rulers who retreated on account of sickness – such as Conrad III from Ephesus on the Second Crusade, Andrew II of

⁴³ *IP*, 1:29, p. 68 (trans. Nicholson, p. 77); *Chronica Reinhardsbrunnensis*, p. 545; Ralph of Diceto, II, p. 83.

⁴⁴ *GF*, 9:27, pp. 63–65.

⁴⁵ Rigord, p. 34; Gilbert of Mons, *La Chronique de Gislebert de Mons*, ed. by Léon Vanderkindere (Brussels: Kiessling, 1904), chap. 184, pp. 270–71 (*Chronicle of Hainaut*, trans. by Laura Napran (Woodbridge: Boydell, 2005), p. 149). See also Wagner and Mitchell, p. 41.

Hungary and Hugh I of Cyprus from Acre on the Fifth Crusade, and Prince Edward from Acre in 1272 – we find no criticism of their behaviour because they had not offended the chroniclers. In fact, given the ignominious failure of the Second Crusade, the opportunity was ripe to criticise Conrad III, but even the highly critical Würzburg Annalist, while decrying the Second Crusade as an offence against God and a punishment sent to chastise the people, accepted his illness as genuine.⁴⁶ We ought to be wary of generalisation in any case: Guibert of Nogent expressed sympathy for Stephen of Blois and wrote that his retreat ought not to be called a flight, ‘for surely, it can be said, the sickness ought to be blamed’ (*ubi certa, ut dicitur, egritudo pretendi potuit*).⁴⁷ Moreover, he chose to assess Stephen’s character by referring to his exemplary conduct while still a part of the expedition: Stephen had remained aloof from the dissolute behaviour to which some crusaders descended after the conquest of Jerusalem. For Guibert, Stephen found ultimate redemption from the stain of his retreat by achieving martyrdom on his return to the East, dying in battle during the 1101 crusade.⁴⁸ While Guibert seems to support Stephen’s retreat in 1098, this final point suggests that he still implicitly understood that retreat because of illness could be a black mark on the reputation of a crusader leader.

An interesting development to this theme is found in the case of Hugh of Vermandois.⁴⁹ Chroniclers advanced various reasons for his departure from the First Crusade at Antioch. Albert of Aachen and Baldric of Bourgueil wrote that he was sent

⁴⁶ *Annales Herbipolenses*, ed. by Georg Heinrich Pertz, MGH SS, 16 (Hannover: Hahn, 1859), pp. 1–12 (p. 7).

⁴⁷ GN, 5:24, p. 228 (trans. Levine, p. 104).

⁴⁸ GN, 5:24, pp. 228–29 (trans. Levine, pp. 104–05).

⁴⁹ My thanks to Axel Müller for his suggestions on the following section.

on an embassy to Emperor Alexios Komnenos.⁵⁰ William of Malmesbury wrote that his departure was due to the unremitting contortion of his bowels, with only the apparent agreement of the other nobles.⁵¹ But in Ralph of Caen's text there is a new dimension: he wrote that the count had a wounded thigh (*saucius femur*) which caused him to retreat to Tarsus for treatment.⁵² At first one might be inclined to dismiss this as simply an inconsistency between different chroniclers' accounts, but for two things. One, that Hugh's apparent wounded thigh is immediately reminiscent of two other First Crusade leaders who received similar injuries: Godfrey of Bouillon was wounded in the thigh during a fight with a wild beast in Asia Minor, in 1097, and Bohemond was apparently compromised by a thigh wound during the fighting for Antioch in 1098, according to Gilo of Paris and Robert the Monk.⁵³ Secondly, thigh wounds had a special significance in literature dating from ancient times, where a wounded thigh signified physical, spiritual, or political impotence, and a concomitant loss of heroic status and authority – resonances which continued into the medieval period.⁵⁴ Perhaps the best-known medieval incidence of this motif is in the figure of Chrétien de Troyes's Fisher King, whose physical incapacity, caused by his wounded groin, is simultaneously the cause of, and reflected in, his impotent and wasted kingdom.

⁵⁰ AA, 5:3, pp. 340–42; Baldric of Bourgueil, p. 84.

⁵¹ 'Hugh the Great, with the agreement of the heroes, so it is said, returned to France on account of the alleged unremitting contortion of his bowels' (*Hugo Magnus, concessu ut aiunt heroum, Francia rediit, causatus continuam uiscerum tortionem*): William of Malmesbury, I, 4:366, p. 638.

⁵² Ralph of Caen, chap. 319, p. 90 (trans. Bachrach and Bachrach, p. 123).

⁵³ GP, bk. 7, ll. 181–82; Robert the Monk, p. 57 (trans. Sweetenham, p. 149).

⁵⁴ In the crusader context, see the editors' note to GP, p. 172 n 2. More broadly, see Debbie Felton, 'The Motif of the "Mutilated Hero" in Herodotus', *Phoenix*, 68 (2014), 47–61 (p. 48); William Sayers, 'An Archaic Tale-Type Determinant of Chrétien's Fisher King and Grail', *Arthuriana*, 22 (2012), 85–101. In the medieval period the association is due to the use, from late Antiquity, of *femur*, thigh, as a synonym for the penis: Lynda L. Coon, 'Gender and the Body', in *Early Medieval Christianities*, c. 600–c. 1100, ed. by Thomas F. X. Noble and Julia M. H. Smith, Cambridge History of Christianity, 9 vols (Cambridge: Cambridge University Press, 2006–09), III (2008), 433–52 (p. 435).

Although Chrétien's *Perceval* was not written until the 1180s, post-dating the records of Hugh's, Godfrey's, and Bohemond's wounds by a half-century, it is possible that there is a complex relationship between the historical and the literary via crusading at play here: it was suggested by Helen Adolf, and supported by Helen Nicholson, that Chrétien's Fisher King was an analogue of Baldwin IV, the incapacitated king of Jerusalem.⁵⁵ Chrétien was possibly harking back to the tradition, also transmitted through crusading narratives, of the thigh wound as an unmanning and enfeebling injury to incapacitate his Fisher King. Interpretations of the Fisher King's impotence changed as time went on: in the Arthurian literature of the central to later Middle Ages, thigh wounds, or genital wounding, have been interpreted as evidence of spiritual purity and therefore fitness to keep the grail.⁵⁶ The meaning in this earlier period seems less complimentary. There is clearly an issue of compromised masculine leadership here: we have already noted how Godfrey's incapacitation caused a number of men to abandon him, and Gilo wrote that Bohemond's wound caused his men to abandon the fighting.⁵⁷ In fact, Guibert's castigation of Godfrey goes further: he writes that Godfrey's men left him 'because he could not provide for himself or for any others' (*quia nec sibi nec ulli providere poterat*).⁵⁸ Here, the duke's thigh wound resulted in a direct loss of his ability to lead, protect, or provide for his men and so their allegiance waned; given the association between leadership and masculinity, this

⁵⁵ Helen Adolf, 'A Historical Background for Chrétien's *Perceval*', *Publications of the Modern Language Association of America (PMLA)*, 58 (1943), 597-620 (pp. 605-07); Helen J. Nicholson, *Love, War, and the Grail: Templars, Hospitallers and Teutonic Knights in Medieval Epic and Romance, 1150-1500*, *History of Warfare*, 4 (Leiden: Brill, 2001), pp. 117, 131.

⁵⁶ Jed Chandler, 'Eunuchs of the Grail', in *Castration and Culture in the Middle Ages*, ed. by Larissa Tracy (Cambridge: D. S. Brewer, 2013), pp. 229-54; Kenneth Hodges, 'Wounded Masculinity: Injury and Gender in Sir Thomas Malory's *Le Morte Darthur*', *Studies in Philology*, 106 (2009), 14-31 (pp. 26-27).

⁵⁷ GP, bk. 8, ll. 185-86.

⁵⁸ GN, 7:12, pp. 286-87 (trans. Levine, p. 134). See also n. 32, above.

meant not only a loss of social position, but was damaging to his masculine identity. In Hugh's case, the correlation of his retreat with the shades of doubt conveyed by William of Malmesbury also indicates that his 'thigh wound' may be a cipher for Ralph of Caen to signify Hugh's shame and feebleness in leaving the crusade.

If the health of a crusader leader was a prism through which the chronicler could crystallise their opinion of the protagonist, then their death was a flashpoint. This can be seen clearly in the descriptions of the unhappy end of Duke Hugh III of Burgundy, who died during the Third Crusade.⁵⁹ Ralph of Coggeshall writes that, having been suspected of secretly colluding with Saladin, Hugh decided to leave Richard I and return to the West but was 'suddenly struck by divine judgement, and having been alienated from his mind, he ended his life in a wretched death' soon after his arrival in Tyre after leaving Acre in 1192.⁶⁰ The multivalent theological and medical attitudes to madness in the Middle Ages mean that madness, when found in a medieval chronicle, can have various meanings: it can be both an excusing factor for irregular behaviour, or it can represent divine judgement on a sinner.⁶¹ Furthermore, the theme of a sudden death as a manifestation of divine displeasure certainly was current at the time of the crusades.⁶² When Ambroise mentions Hugh's death, he

⁵⁹ I am grateful to Amy Devenney, Emilia Jamroziak, and Matthew Beckmann for their thoughts and suggestions on the following discussion.

⁶⁰ 'confestim divino iudicio terribiliter percussus, menteque alienatus, vitam miserabili morte termavit': Ralph of Coggeshall, p. 42.

⁶¹ Kate McGrath, 'Royal Madness and the Law: The Role of Anger in Representations of Royal Authority in Eleventh- and Twelfth-Century Anglo-Norman Texts', in *Madness in Medieval Law and Custom*, ed. by Wendy J. Turner, *Later Medieval Europe*, 6 (Leiden: Brill, 2010), pp. 123–45 (pp. 125–28, 145).

⁶² See Michael Evans, *The Death of Kings: Royal Deaths in Medieval England* (London; New York: Hambledon and London, 2003), chap. 2.

does not make reference to his madness, but stresses the unexpectedness of his demise and the corresponding bad death that was the result:

He would pay dearly for his treachery and evil deeds for he made a bad death (thanks be to God) and that suddenly.⁶³

A direct parallel with Hugh's case can be found in the death of Raymond III of Tripoli, who, while not technically a crusader in the narrow sense of the word (i.e. he was resident in the Latin East prior to the Third Crusade, and did not travel there as part of a crusading army), is described by Ralph of Diceto as going mad and dying soon after the loss of the city of Jerusalem in 1187, for which Ralph holds Raymond responsible.⁶⁴ Connecting these two cases is the theme of betrayal: Ralph of Coggeshall and Ambroise, writing from the Anglo-Norman faction of the crusade, held Hugh in contempt for his double betrayal of Richard I, firstly in treating with Saladin, and secondly in abandoning Richard in order to return to the West; Ralph of Diceto held Raymond responsible for the loss of the Holy Land in his actions at the Battle of Hattin, and thus viewe him as a traitor to the Kingdom of Jerusalem.⁶⁵ Treason was the ultimate transgression of nobility.⁶⁶ As traitors to the crusader movement and to their noble position Hugh and Raymond were punished with the dual penalties of madness and sudden death. In these two cases the chroniclers

⁶³ 'Chier compera la traïson / Qu'il fist e la mesprision / Car il en murut laidement, / La merci Deu, e soudeement': Ambroise, *Estoire*, ll. 2628–31 (II, p. 69). Richard of Devizes tells us happily that news of Hugh's illness cured Richard of his own: p. 449.

⁶⁴ 'Bohemond [sic], count of Tripoli, fifteen days after the capture of Jerusalem, guilty of treason, was sent out of his mind and died' (*Boamundus comes Tripolitanus, xv. diebus elapsis postquam capta fuit Jerusalem, proditione reus, amens factus est et expiravit*): Ralph of Diceto, II, p. 56. Ralph has Raymond's name wrong, but the essential point stands.

⁶⁵ Even before Hugh's supposed betrayal, he and Richard seem to have had a poor relationship. Hugh was apparently responsible for composing an insulting song about Richard, to which Richard composed one in return: Ambroise, ll. 10623–34 (II, pp. 173–74); *IP*, 6:8, pp. 395–96 (trans. Nicholson, p. 346).

⁶⁶ Westerhof, chap. 5 and 6.

articulate aspects constituting a 'bad death': Ambroise writes that Hugh suffered a sudden death, and through being unable to make adequate preparation for his death would have been condemned to damnation. Ralph of Diceto and Ralph of Coggeshall use another way to suggest that Hugh and Raymond would have been unable to make a good death: by having them die in madness. Theologically, suffering from madness or dying in a state of madness was not an intrinsic problem, and legally an explanation of madness could be invoked to excuse victims of suicide from sin and punishment.⁶⁷ In the case of Hugh and Raymond, however, dying in madness is cast clearly as a negative outcome by the two Ralphy: they had lost possession of their faculties when the ideal leader ought to be self-possessed and self-controlled.

6.3 Kings

Having explored some of the aspects of the sickness of a crusader leader on campaign, let us now turn to consider the special situation of royalty – in particular, kings – who became sick while crusading. Although the First Crusade was notable for the fact that none of its leaders were kings, there were many monarchs who took the cross in the next two centuries.⁶⁸ Table 2 gives a summary view of the kings who led crusading contingents, and details whether they suffered ill-health during the course of their expedition.⁶⁹

⁶⁷ Sara M. Butler, 'Degrees of Culpability: Suicide Verdicts, Mercy and the Jury in Medieval England', *Journal of Medieval and Early Modern Studies*, 36 (2006), 263–90 (pp. 270–77), but note that the claim of madness was not always upheld as exculpation.

⁶⁸ Queens, too, took the cross. Eleanor of Aquitaine and Marguerite of Provence accompanied their husbands, Louis VII and Louis IX, on crusade in 1147–49 and 1248–54 respectively. However, their experience of health will not be discussed, due to the focus on male health being taken here.

⁶⁹ Despite all holding the rank of king, not all kings enjoyed equal attention from contemporary chroniclers, and the paucity of materials means that there is little to be said about the expeditions of some of these figures. However, what little is known of their health is included in this table for reasons of completeness. There is some debate about whether Sigurd's expedition, and that of Erik before him, was a crusade or pilgrimages. Current opinion errs on the side of crusade, taking into account the fuzzy

Table 2: Health of kings who crusaded in the twelfth and thirteenth centuries

King	Crusade	Health during crusade
Erik I of Denmark	1103	Died in Paphos, having become ill in Constantinople on the way to the Holy Land.
Sigurd Jorsalfar of Norway	1106/08–1110	No records of sickness on crusade.
Louis VII of France	Second Crusade (1145–49)	No records of sickness on crusade.
Conrad III of Germany	Second Crusade (1145–49)	Became ill while crossing Asia Minor. Spent winter of 1147–48 recuperating in Constantinople.
Richard I of England	Third Crusade (1189–92)	Became ill soon after arrival at the siege of Acre (June 1191). Regained health and continued the crusade, but sickened again in the summer of 1192. Left the Holy Land autumn 1192; sickness one of several factors in his departure.
Philip II of France	Third Crusade (1189–92)	Had a period of illness in Pisa on his voyage to the Holy Land. Became ill soon after arrival at the siege of Acre (May 1191). Left the Holy Land in July 1191 on account of his health.
Frederick I Barbarossa of Germany	Third Crusade (1189–92)	Drowned in the River Salef in Asia Minor while making the journey to the Holy Land. No records of sickness on crusade.
Henry VI of Germany	1197	Died from sickness at Messina before embarking for Holy Land.
John of Brienne, king of Jerusalem	Fifth Crusade (1215–21)	No records of sickness on crusade.
Andrew II of Hungary	Fifth Crusade (1215–21)	Illness may have been a factor in his departure from Acre, early 1218.
Hugh I of Cyprus	Fifth Crusade (1215–21)	Died from sickness in Tripoli, early 1218.
Frederick II of Germany	1227–29	Illness postponed his departure from Brindisi in 1227, but no records of sickness once on crusade.

distinction between crusade and pilgrimage in the twelfth century, and so their expeditions have been included here. On the debate around Erik's crusade, see Janus Møller Jensen, 'Sclavorum Expugnator: Conquest, Crusade, and Danish Royal Ideology in the Twelfth Century', *Crusades*, 2 (2003), 55–81 (pp. 68–70); and for Sigurd's, Doxey, pp. 156–59. Study of Erik's expedition adds little to this investigation but a summary of the accounts of his death can be found in P. J. Riis, 'Where Was Erik the Good Buried?', *Mediaeval Scandinavia*, 13, 144–54. The account of Sigurd's crusade by William of Malmesbury in his *Gesta Regum Anglorum* yields fascinating insights into health and crusading, although not the health of the king himself, explored in Joanna Phillips, 'William of Malmesbury'.

Thibault I of Navarre	1239-40	No records of sickness on crusade.
Louis IX of France	1249-54, 1270	Seriously ill during encampment at Mansurah in the Nile Delta (1249-50), but recovered during captivity in Egypt. Died from sickness at siege of Tunis, 1270.
Charles I of Sicily	1249-54, 1270	No records of sickness on crusade.
Thibault II of Navarre	1270	Died of illness on his return from Tunis.

As we can see from the information presented in this table, most of the royal figures who crusaded in the period under study became ill during their crusade, and some died from their illnesses. The health of the crusading king must be understood differently to that of the other categories of leader discussed in this chapter, since while the crusading king was – like all those who took the cross – theoretically prepared to lose his life in the expedition, in his royal position he bore responsibility for the welfare of his realm as well as the crusaders who followed him, and so his death or incapacity would have far-reaching consequences. In sickness, the tension between the dual roles of crusader and king is palpable, and was expressed eloquently by Otto of St Blasien after Frederick Barbarossa drowned in Asia Minor in 1190. The German contingent of the Third Crusade continued under his son Frederick, duke of Swabia, but in Antioch the army was riven with disease and most of the crusaders died. The remainder limped on to the siege of Acre under the younger Frederick, who himself died there. Of the epidemic in Antioch, Otto laments:

with the head having been cut off in the death of the emperor, pestilence (*pestilencia*) ran riot through the whole body.⁷⁰

Here Otto uses the metaphor of the body politic not to refer to the realm, as was its usual application, but rather to describe the crusading host, with the king at its head. He intertwines the concept with the physical reality of the crusaders: having lost their leader (the 'head'), the 'body' was made vulnerable to the dangers of physical illness. In this case, then, the health of the crusading king was important not just for his leadership of the crusade, but embodied the condition of the whole crusading host.

Beyond the obvious strategic and military consequences of an incapacitated leader, then, there are other dimensions to the illness of a crusading king. A sick king in a way became a personification of the *rex inutilis*, a king who is not a king because he is unable to exert his royal (and in this case, military) power.⁷¹ One particularly rich example is the various ways the health and death of Louis IX are described. Louis IX died at the siege of Tunis in 1270 and his death was described by two eyewitnesses: Geoffrey of Beaulieu and William of Chartres. Both Dominicans, their respective *vitae* were used in the canonisation investigation which took place in the final decades of the thirteenth century and were firmly planted in hagiographical tradition. Their descriptions of his death read as the model monastic passing: aware that the end was close, Louis took to his bed, prayed to his familial patron St Denis, committed his people to the care of God, stretched himself out into the shape of a cross, and died at

⁷⁰ 'pestilencia desecto capite in morte augusti per totum corpus grassatur': Otto of St Blasien, chap. 35, p. 52 (trans. Loud, p. 181).

⁷¹ The *rex inutilis* was a concept of canon law and was invoked to justify the deposition of kings who were felt to be doing harm to the nation through their inefficacy. See Edward M. Peters, *The Shadow King: Rex Inutilis in Medieval Law and Literature, 751–1327* (New Haven: Yale University Press, 1970).

the ninth hour.⁷² This presentation was taken up by later hagiographers including Yves of Saint-Denis, William of Nangis, and William of Saint-Pathus, all writing at the turn of the fourteenth century following Louis's canonisation in 1297.⁷³

An alternative view of Louis's death is found in Jean of Joinville's *Vie de saint Louis*, but to thoroughly interpret this description we must first establish the context in which Joinville presents it.⁷⁴ Written as it was around the time of Louis's canonisation in 1297, the *Vie* has been likened to a hagiography or panegyric to the saint-king, a mirror of princes describing the ideal Christian king, but work by Afrodesia E. McCannon on Joinville's criticisms of the king and by Caroline Smith on the distinct character of the section of the text which discusses the crusade to Egypt encourages us to examine Joinville's portrayal of the sick king Louis through a critical lens.⁷⁵ Joinville's detailed description of the king, stricken with dysentery as his first crusade foundered in the Nile Delta in 1249, is graphically descriptive: the king was completely humbled by his undignified situation. Unable to control his bowels, he needed his breeches cut away, and only a pack animal could be found for him to ride.⁷⁶ The implications are damning: Louis had lost control of his body at the same

⁷² Geoffrey of Beaulieu, chap. 44, p. 23 (trans. Field, pp. 119–20); William of Chartres, pp. 56–57 (trans. Field, pp. 147–49).

⁷³ Yves of Saint-Denis, *Gesta sancti Ludovici noni*, in *RHGF*, 24 vols (Paris: Victor Palmé, 1840–1904), xx (1840), pp. 45–57 (pp. 56–57); William of Nangis, *Chronique latine de Guillaume de Nangis de 1113 à 1300*, ed. by H Géraud, Société de l'histoire de France: Publications, 33, 35, 2 vols (Paris: Jules Renouard, 1843), I, pp 236–37; William of Saint-Pathus, *Vie de saint Louis*, ed. by H.-François Delaborde, Collection de textes pour servir à l'étude et à l'enseignement de l'histoire, 27 (Paris: A. Picard, 1899), pp. 152–55.

⁷⁴ JJ, secs. 738–59 (trans. Smith, pp. 328–34).

⁷⁵ Afrodesia E. McCannon, 'Two Capetian Queens as the Foreground for an Aristocrat's Anxiety in the *Vie de Saint Louis*', in *Capetian Women*, ed. by Kathleen Nolan (New York: Palgrave, 2003), pp. 163–76; Smith, *Age of Joinville*, pp. 49–58. Sections 110–666 are proposed to have been written before the surrounding sections. For a fuller introduction to this complex text, see Smith, *Age of Joinville*, pp. 47–74. See also section 1.2, above.

⁷⁶ JJ, secs. 10, 306, 310 (trans. Smith, pp. 142, 221, 222).

time as he lost control of the military situation, an impression reinforced by the fact that Joinville also wrote that only one of Louis's own men remained with him while the others – Joinville himself included – took ship and retreated upriver, leaving the king behind.⁷⁷ The foulness of his illness contaminated the image of the pure saint-king and his undignified seat on a pack animal, given that the war horse was the symbol of medieval knighthood and masculinity, further unmanned him.⁷⁸ At last, unable to go on further, Louis was taken into a house and 'laid, as if he were quite dead, in the lap of a *bourjoise* from Paris'.⁷⁹ The imagery here is complex. She may have been Hersende, the female physician who attended Louis on his crusade, but if she was then Joinville seems to have chosen to occlude her occupational identity and focus on her femininity and social status.⁸⁰ By putting the king into the arms of a lower-status woman, Joinville may be infantilising him, which has the effect of questioning his leadership and masculine identity in one stroke. Alternatively, perhaps we are rather intended to imagine a *pietà* scene, with Louis in the role of the dead Christ; Joinville had earlier shown that Louis, like Christ, was prepared to sacrifice himself for his people, refusing to take ship and leave them behind.⁸¹ In this interpretation the *bourjoise* woman takes the role of Mary, the humble handmaid of

⁷⁷ JJ, secs. 307, 309 (trans. Smith, pp. 221, 221–22).

⁷⁸ Similarly, note that in their scathing explanations of Philip II's illness at Acre, both Ambroise and the *Itinerarium* said that the king's condition, caused by his lack of emotional restraint when his siege engines were destroyed at the siege of Acre, resulted in his inability to ride. Ambroise, *Estoire*, ll. 4679–86 (II, p. 96); *IP*, 3:5, p. 217 (trans. Nicholson, p. 206).

⁷⁹ JJ, sec. 310 (trans. Smith, p. 222).

⁸⁰ On Hersende, Mitchell, *Medicine*, p. 19.

⁸¹ JJ, sec. 306 (trans. Smith, p. 221). The Christo-mimesis Joinville describes takes on special significance in the Capetian programme of sacral monarchy, of which Louis was an early proponent, and to which his grandson Philip IV, in whose reign the *Vie* was composed, was strongly committed (although the concept of the king as healer is here inverted): Marc Bloch, *The Royal Touch: Sacred Monarchy and Scrofula in England and France*, trans. by J. E. Anderson (London: Routledge & Kegan Paul 1973; repr. Oxford: Routledge, 2015).

the Lord; note that her subordinate social status is still significant. In both interpretations tension is conveyed in the juxtaposition of the bodily debased, though socially superior, king and the physically whole, lower-status woman. The picture is ambiguous, and rejects a simplistic interpretation; unsurprisingly, we do not find details such as these in the clerical hagiographical tradition. Geoffrey of Beaulieu in the earliest *vita* (composed c. 1273–74) mentions only that the king had become gravely ill (*graviter aegrotabat*), while William of Chartres does not even mention this period of sickness.⁸² By the time of the later *Gloriosissimi regis* and *Beatus Ludovici* (anonymous hagiographies written in the closing years of the thirteenth century) only the sickness of the army, and not that of the king, is mentioned.⁸³ Their reticence appears to reinforce the point, already made, that the sickness of a monarch was a negative experience for his followers, and not something to be celebrated.

Joinville introduces his description of Louis's death with a disclaimer: that since he was not there to witness the events of Louis's second crusade, he will restrict himself to repeating only to what he has been told.⁸⁴ He goes on to relate Louis's passing as described to him by Louis's son Peter, copying out the teachings Louis gave to his son Philip and recording many of the same Christo-mimetic details as the clerical hagiographers.⁸⁵ While Geoffrey of Beaulieu described Louis's fatal illness as a fever, Joinville records that it was diarrhoeal (a *flux du ventre*), which cannot help but

⁸² Geoffrey of Beaulieu, chap. 25 p. 16 (trans. Field, p. 102).

⁸³ *Gloriosissimi regis*, trans. Phyllis B. Katz, in *Blessed Louis, the Most Glorious of Kings: Texts Relating to the Cult of Saint Louis of France*, ed. by M. Cecilia Gaposchkin (Notre Dame, IN: University of Notre Dame Press, 2012), pp. 27–103 (p. 68); *Beatus Ludovicus*, trans. by Phyllis B. Katz, in *Blessed Louis*, ed. Gaposchkin, pp. 105–51 (p. 116).

⁸⁴ JJ, sec. 738 (trans. Smith, pp. 329–30).

⁸⁵ JJ, secs. 738–59 (trans. Smith, pp. 329–34).

recall the king's earlier experience with such disease.⁸⁶ Joinville's cautiousness in approaching Louis's demise points toward an inherent tension originating in the nature of the king's death. In dying from illness on crusade, should he be presented and thought of as a martyr or a confessor? Recent work by Miikka Tamminen suggests that death from sickness was less likely to be explicitly referred to as martyrdom than death in battle.⁸⁷ The question was brought into sharp focus when Louis became a candidate for canonisation: although he was ultimately canonised as a confessor, there were loud contemporary voices – including Joinville himself – that proclaimed him as a martyr and continued to view him as such even after the canonisation proceedings.⁸⁸ M. Cecilia Gaposchkin demonstrates how the hagiographers were able to reconcile Louis's death from illness with the ideology of the crusade and concepts of sainthood, and concludes that it was his earlier experiences in captivity (1250) which ultimately

⁸⁶ Geoffrey of Beaulieu, chap. 44, p. 23 (trans. Field, p. 120); JJ, sec. 738 (trans. Smith, p. 330). The chronicle of Primat advances different terminology for the king's illness, describing it as 'malade de fièvre et de flun': Primat of Saint-Denis, p. 57. The first part describes a sickness of fever, but the meaning of *flun* is unclear. The word means 'river' and may be a descriptor recalling the geographic and environmental conditions which we have seen had so much importance in medieval medical theory, i.e. a sickness of the river. The Old French Dictionary prepared by Alan Hindley *et al*, however, suggests that it may be a synonym for dysentery, in which case Primat's diagnosis corresponds to both Geoffrey's and Joinville's. See also section 5.2, above.

⁸⁷ Miikka Tamminen, 'Who Deserves the Crown of Martyrdom? Martyrs in the Crusade Ideology of Jacques de Vitry (1160/70–1240)', in *On Old Age: Approaching Death in Antiquity and the Middle Ages*, ed. by Christian Krötzel and Katarina Mustakallio, History of Daily Life, 2 (Turnhout: Brepols, 2011), pp. 293–313 (pp. 309–12). The question of whether death on crusade qualified the deceased for martyrdom has engaged historians for some thirty years. Key pieces on the debate include: Jonathan Riley-Smith, 'Death on the First Crusade', in *The End of Strife: Papers Selected from the Proceedings of the Colloquium of the Commission internationale d'histoire ecclésiastique comparée held at the University of Durham, 2 to 9 September 1981*, ed. by D. M. Loades (Edinburgh: T. & T. Clark, 1984), pp. 14–31; H. E. J. Cowdrey, 'Martyrdom and the First Crusade', in *Crusade and Settlement*, ed. Edbury, pp. 46–56; Colin Morris, 'Martyrs on the Field of Battle Before and During the First Crusade', in *Martyrs and Martyrologies: Papers Read at the 1992 Summer Meeting and the 1993 Winter Meeting of the Ecclesiastical History Society*, ed. by Diana Wood (= *Studies in Church History*, 30 (1993)), 93–104; Caroline Smith, 'Martyrdom and Crusading in the Thirteenth Century: Remembering the Dead of Louis IX's Crusades', *Al-Masāq*, 15 (2003), 189–96. Smith and Tamminen problematize the notion that all those who died on crusade, whether on or off the battlefield, were viewed as martyrs.

⁸⁸ JJ, sec. 5 (trans. Smith, p. 142), but see also JJ, secs. 760–61 (trans. Smith, p. 334), which is contradictory.

proved to have the strongest resonance of his saintliness, showcasing his suffering and Christian humility in *imitatio Christi*.⁸⁹ His death, rather than being the cause for his canonisation as it would have been in the case of a martyr, thus became the fulfilment of a Christian life which was marked by suffering in Christ's name. Louis's death could therefore be cast in the model of the ideal Christian passing, but it still fell short of the ideal crusader death in glorious battle, especially in the context of the military failure of both of Louis's crusades, and therefore Joinville's confessed restraint on the matter acquires a new significance. Joinville had refused to accompany Louis on this crusade, thinking that Louis was too weak for the expedition and that those who advised him to go were sinful in their folly.⁹⁰ His disappointment in the failure of the expedition, and in Louis for abandoning his people and his country in order to pursue the expedition, is tangible, and, unable to divorce Louis's demise from the context of the failed crusade, he did not try to present the king's death as that of an ideal crusader, restricting himself instead to reciting the hagiographical presentations found in other works. It is difficult to reconcile Joinville's presentation of Louis's death with his own admitted belief that Louis should have been canonised as a martyr: what is clear is that Joinville's conflicted opinions of Louis's leadership, crusading, and death are made manifest through his presentation of the king's health.

The tension inherent in the discussion of the death of a crusading king, failing in his duties as monarch and crusader leader, is also obvious in the way various sources treat the death of Frederick Barbarossa, who died during the Third Crusade,

⁸⁹ M. Cecilia Gaposchkin, 'The Place of the Crusades in the Sanctification of Saint Louis', in *Crusades: Medieval Worlds in Conflict*, ed. Madden, Naus, and Ryan, pp. 195–209 (p. 206).

⁹⁰ JJ, secs. 734–37 (trans. Smith, p. 329).

although not from sickness. The facts of the matter are simple: Frederick drowned in the river Salef while crossing Asia Minor in July 1190. However, the chroniclers are divided on exactly how and why Frederick entered the water.⁹¹ In Roger of Howden's *Chronicle* he was thrown from his horse, an accident which he could have done nothing to prevent.⁹² This is a change from Roger's earlier *Gesta regis Ricardi*, in which he writes that Frederick entered the water to bathe because it was so hot. His men then imitated the emperor, who alone among them was strong enough to swim to the other bank. His strength failing on the return, he drowned.⁹³ Here, while extolling Frederick's strength, Roger also seems to be accusing him of hubris, something more strongly visible in Ralph of Coggeshall's account, where Ralph tells us that Frederick was impatient at the amount of time it was taking for his army to cross the ford in the river and so decided to swim across.⁹⁴ Overt criticism is found in the *Historia de expeditione Friderici imperatoris*, which records that although Frederick wanted respite from the heat he was warned not to enter the water by those around him; upon going to swim in the flooded river he drowned.⁹⁵ Not only did this undermine his kingship – the ideal king ought to listen to his advisors – but the *Historia* also gives the second part of a verse from the book of Ecclesiasticus/Sirach: 'nor should you strive against the force of the river'.⁹⁶ Although the *Historia* omits the first part of the verse,

⁹¹ The following pieces of evidence are only a sample of the contemporary reasons given for Frederick's death in the water, which occupied German, English, and Muslim authors. For an alternative discussion, see Peter Munz, *Frederick Barbarossa: A Study in Medieval Politics* (London: Eyre & Spottiswoode, 1969), p. 396.

⁹² RH, *Chronica*, III, pp. 358–59.

⁹³ RH, *Gesta*, II, p. 89.

⁹⁴ Ralph of Coggeshall, p. 24.

⁹⁵ *HFI*, p. 91 (trans. Loud, pp. 115–16).

⁹⁶ 'ne coneris impetum fluminis': *HFI*, p. 91 (trans. Loud, p. 116).

contemporary readers would surely have been aware of the criticism implied from the missing section: 'resist not against the face of the almighty'.⁹⁷ On the other hand, Otto of St Blasien, giving a more sympathetic interpretation of Frederick's death, writes that he was a strong swimmer but wanted to cool down in the heat of the summer: the water was too cold and it was this that killed him ('the sudden cold extinguished his natural heat').⁹⁸ A similar account is found in the chronicle of Gilbert of Mons which, while telling us that the emperor nearly drowned in the waves and had to be rescued, writes that what caused his death was the temperature of the water, which was too cold for the emperor, who was hot because of the summer weather. This caused him to fall into an illness from which he died a full eight days later.⁹⁹ The implication from these interpretations is that the cold of the water fatally unbalanced the emperor's humours; this more medical interpretation serves to distance the emperor's decision to enter the water from his death, and apports the blame to external factors rather than his own rash or hubristic behaviour.

Despite Otto's and Gilbert's sympathetic, more medical, presentations, Frederick's death was far from the ideal passing for a Christian monarch; it was a 'wretched' (*miserabilis*) death according to Otto.¹⁰⁰ Sudden deaths were particularly feared in the Middle Ages, as the victim was unable to prepare their soul for the passage into the afterlife; Frederick had no chance to make the spiritual preparations

⁹⁷ 4.42: 'Noli resistere contra faciem potentis'. This level of criticism in a source otherwise supportive of the imperial faction lends weight to the suggestion that the short section dealing with Frederick's death is distinct from the whole, composite, text. See Loud, 'Introduction' to *The Crusade of Frederick Barbarossa*, pp. 1-31 (pp. 2-3).

⁹⁸ 'subitaneo frigore naturalem calorem extinguente': Otto of St Blasien, chap. 35, p. 51 (trans. Loud, p. 180).

⁹⁹ Gilbert of Mons, chap. 152, p. 236 (trans. Napran, p. 129).

¹⁰⁰ Otto of St Blasien, chap. 35, p. 51 (trans. Loud, p. 180).

that the sources for Louis's death carefully describe. Moreover, drowning has occupied a highly ambiguous position in historical attitudes to death. In Biblical precedents, drowning was the death of non-believers or the enemies of God (such as Pharaoh's army in Exodus) and Christopher Daniell has explored how this tradition continued into the Middle Ages.¹⁰¹ In the early-modern period, while drowning in the sea was always assumed to be an accident, drowning in a river was often suspected to be suicide (the assumption being that the person should not have been in the water in the first place).¹⁰² Frederick's death was clearly an accident, but the opinion that he put himself at risk though pride left little room for sympathy among those chroniclers who might have thought that he had a greater responsibility to preserve himself for the good of his army.

While the crusader ideal might have been to reach Jerusalem or die trying, to insist that a sick king stayed in the Holy Land to the point of death exposed his realm to political instability. When Louis VII left on crusade he had no male heir and Richard I, who married on crusade, had no children at all. Philip II left a young son behind. When, in 1191, the child became seriously ill with dysentery (*dysenteria*), the whole of Paris made a procession to petition St Denis for a cure, such was the instability of the political situation.¹⁰³ Foregrounding the importance of the succession, the chronicler Rigord spent more time describing the illness of the son than that of the father, saying only briefly that at the same time as the son was cured by the intercession of St Denis and by the relic of the Crown of Thorns, so was the

¹⁰¹ Christopher Daniell, *Death and Burial in Medieval England, 1066–1550* (London: Routledge, 1997; repr. 2003), pp. 71–75.

¹⁰² Maria Pia Donato, *Sudden Death: Medicine and Religion in Eighteenth-Century Rome* (Farnham: Ashgate, 2014), p. 172, n. 23.

¹⁰³ Rigord, p. 34.

father, thousands of miles away in Acre. We have already mentioned how the Old French Continuation of William of Tyre reports an incident where Richard I tried to shock Philip II to death with the news that his son had died. This had the opposite effect than the one Richard had hoped for, as Philip rallied his strength and recovered, worried that if he did not do so France would be left without an heir.¹⁰⁴

Politically, the death of a leader was highly significant, more so than the death of a rank-and-file crusader. The news of Henry VI of Germany's death in Messina before his departure for the Holy Land in 1197 was such a blow that some of the German crusaders already there returned home as soon as possible.¹⁰⁵ However, although the French at Tunis agreed to terms within six weeks of Louis IX's death, this was not necessarily the result of the loss of the king, since he had been succeeded by his son Philip (who was also present on the crusade) and the crusader ranks had been swelled by the arrival of Louis's brother Charles, king of Sicily, the day before Louis's death. More significant was the sickness which was ravaging the host, the sandy conditions which were not ideal for a siege, and the presence of the enemy army on a hill overlooking the camp.¹⁰⁶ Moreover, while traditional scholarship once held that Barbarossa's death was the undoing of the German element of the Third Crusade, his followers did continue the journey, accepting his son Frederick, duke of Swabia, as leader. German hopes were finally snuffed out with the death of Frederick of Swabia at Acre in January 1191, some seven months after Barbarossa's own

¹⁰⁴ *La Continuation de Guillaume de Tyr*, chap. 129, p. 131; (trans. Edbury, p. 109). On a related note, Louis IX's return to France in 1254 was prompted by the news that his mother had died and that the kingdom was without a regent: JJ, secs 603-10 (trans. Smith, pp. 296-97).

¹⁰⁵ RH, *Chronica*, IV, p. 72.

¹⁰⁶ William of Nangis, I, pp. 237-38.

demise.¹⁰⁷ Clearly a crusade could survive the death of a king if there were someone fitting to take up the role of leader. This brings us back to the question of whether a leader who was unable to lead was still a leader, or whether incapacitation disqualified them, in the manner of the *rex inutilis*. Arguably, the death of a leader as a more final, definite event was easier to manage, politically and militarily, than lingering illness where the liminal position of the leader meant that the expedition could be essentially paralysed.¹⁰⁸

6.4 Richard I: A Medical History

Given the prominence and visibility of crusader leaders, there is consequently more information about their health in the narrative sources; so much so that it is sometimes possible to construct a ‘medical history’ for a crusading leader, and to plot their health throughout their crusading expedition. Doing so reveals how the sickness of a leader had repercussions for the military and political elements of their crusade, and how chroniclers frequently tied in the health of the leader with the course of the campaign. This can be seen particularly clearly in the case of Richard I, for whom we have a wealth of sources to choose from to analyse his health during the Third Crusade. Table 3 shows a chronology of Richard’s health during his campaign, drawn from the principal Anglo-Norman sources (the *Chronica* and *Gesta* of Roger of

¹⁰⁷ Loud, ‘Introduction’, pp. 27–29.

¹⁰⁸ Death was not always the end, however. Within a matter of days of his interment, visions of Adhemar were reported amongst the crusader host. Raymond of Aguilers reports a number of appearances in which Adhemar told Raymond of Toulouse to appoint a bishop to the see of Antioch, attested to the veracity of the Holy Lance, and instructed the crusaders to fast and process barefoot in order to secure the capture of Jerusalem: RA, pp. 262–63, 280–81, 282, 296 (trans. Hill and Hill, pp. 66–67, 96–97, 98–99, 121–12). Adhemar was also purportedly seen assisting in the capture of Jerusalem: RA, p. 300 (trans. Hill and Hill, p. 128). Through these visions Raymond shows that Adhemar continued to be an active participant in the crusade, leading and advising as he had before his death.

Howden; Richard de Templo's *Itinerarium peregrinorum*; Ambroise's *Estoire de la guerre sainte*) and the sections on the Third Crusade in the general chronicles of Richard of Devizes, Ralph of Coggeshall, and William of Newburgh. The decision to restrict this chronology to Anglo-Norman sources of the late twelfth and early thirteenth is partly a matter of practicality – incorporating every source to mention Richard I's health would be an impossible task – and partly a way to showcase the English perspective of their monarch and the ramifications of his health while crusading.¹⁰⁹

Table 3: Health of Richard I during the Third Crusade

Date	Health	Source
c. 20 April 1191	Falls ill at Rhodes, stops for a few days	<i>IP</i> , 2:27; Ambroise, ll. 1300-02
After 12 May 1191	Unwell at Nicosia; stays to recuperate	<i>IP</i> , 2:38; Ambroise, ll. 2006-10
c. 10 June-early July 1191	Falls ill with <i>arnaldia</i>	RH <i>Chronica</i> , III, p. 113; RH <i>Gesta</i> , II, p. 170; <i>IP</i> , 3:4, 3:6-7; Ambroise, ll. 4559-603, 4731-36, 4985-802
6 July 1191	Partial recovery	<i>IP</i> , 3:12; Ambroise, ll. 4921-32
2 September 1191	Wounded in the side in a skirmish	RH, <i>Chronica</i> , III, p. 130; <i>IP</i> , 4:15; Ambroise, ll. 6052-57
7 November 1191	Bled; declines to meet with Saphadin	<i>IP</i> , 4:31
after 5 August 1191-2 September 1192	Falls ill after fighting for Jaffa. Threatened by Saladin, tried to retreat to Acre for medical treatment but Henry of Champagne, Templars and Hospitallers refuse to hold Ascalon. Remains in the field but health worsens.	<i>IP</i> , 6:25-27; Ambroise, ll. 11648-58; 11659-60; 11692-708; Ralph of Coggeshall, p. 51; Richard of Devizes, pp. 443-51; William of Newburgh, IV, p. 29

¹⁰⁹ Given the discussion on eyewitnessing in the introduction, no especial prominence has been given to the sources written by participants in the crusade (Roger of Howden, Richard de Templo and Ambroise). As a royal clerk, there is a possibility that Roger of Howden had more access to the king than some of the other chroniclers, but his details of the king's condition are actually rather brief. Indeed, his proximity to the king may have encouraged reticence in Roger's writing.

2 September 1192	Truce conclude, travels to Haifa for medical treatment	<i>IP</i> , 6:29; Ambroise, ll. 11798–806
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The chronological outline shows that Richard experienced two distinct periods of ill-health: in the late spring/early summer of 1191, and the late summer of 1192. His condition on Rhodes and Cyprus is not described in any detail, but evidently he felt unwell enough to delay his progress by a few days in each location to recuperate.¹¹⁰ Of course, illness was not the only reason Richard found to delay his journey across the Mediterranean – he also contracted a marriage and captured the island of Cyprus – so it is possible that his complaint was not serious. Upon arriving at Acre, he fell sick again – this time with the so-called *arnaldia* – but had made a recovery by the time the city was taken in July 1191. Marching south, the wound he received in a skirmish in late summer 1191 seems to have been relatively minor and to have healed without complications. In declining to meet with Saladin’s brother Saphadin in November 1192 due to just having been bled, Richard may have been playing for time in the negotiations, but the inclusion of this tiny detail (only in the *Itinerarium*) also suggests that he may have been maintaining a health regimen while on campaign.¹¹¹ Indeed the presence of his physician, Ralph Besace, on the crusade is attested by Matthew Paris.¹¹² Seemingly in good health through the winter and spring of 1191–92, Richard fell sick in August 1192, and as his condition worsened he

¹¹⁰ Ambroise, *Estoire*, ll. 1300–02, 2006–07 (II, pp. 49, 60); *IP*, 2:27, p. 180; 2:38, p. 201 (trans. Nicholson, pp. 177, 193).

¹¹¹ As Nicholson notes, bleeding was routinely used in regimens of health and did not necessarily mean that Richard was suffering from a particular problem: trans. Nicholson, p. 273 n. 87. Adam of Cremona discusses extensively the proper practice of bleeding, pp. 71–86.

¹¹² MP, *Chronica*, v, p. 221; *Historia*, II, p. 37; Mitchell, *Medicine*, p. 23; Talbot and Hammond, p. 263. Cf. section 2.3, above.

sought terms with Saladin and concluded a truce. Once the truce was finalised, he immediately returned to Haifa for treatment, and left for the West in October 1192.

This skeletal overview belies the wealth of detail contained within the chronicle sources. The nature of Richard's complaint in the spring and summer of 1191 has been a subject of much interest to historians: understandably so, since it is one of the few times in any crusader source where a contemporary diagnosis for an illness has been recorded by the chroniclers. John Gillingham, focusing on Richard's loss of hair and nails, proposed that the sickness was a form of scurvy or trench mouth, as did Merton Hubert and John La Monte in the 1940s.¹¹³ Scurvy is caused by vitamin C deficiency, while trench mouth (a colloquial term originating in World War One for acute necrotizing ulcerative gingivitis) is a form of gum disease resulting from poor dental hygiene, malnutrition, or a weakened immune system. However, none of the sources describe Richard losing his teeth, and as Ailes and Barber point out, Richard had but recently arrived from Cyprus where he is likely to have eaten well: they suggest instead that Richard's illness at Acre may have been a recurrence of a chronic condition which is described by William of Newburgh.¹¹⁴ Once again, richer information is found in the chronicles than a simple retrospective diagnosis provides. William writes that Richard suffered from a quartan fever (*quartanus*), which manifested 'with paleness of the face and swelling of the limbs' (*cum pallore faciei membrorum corpulentiam*), for which Richard was treated extensively: 'he had more than a hundred burns (*usturas*) on his body for the evaporation of the corrupted

¹¹³ John Gillingham, *Richard I* (New Haven: Yale University Press, 1999; repr. 2002), p. 160; Ambroise, *The Crusade of Richard Lion-Heart*, trans. by Merton Jerome Hubert and John L. La Monte, *Records of Civilization, Sources and Studies*, 34 (New York: Columbia University Press, 1941; repr. New York: Octagon Books, 1976), p. 196 n. 2.

¹¹⁴ Editors' note to Ambroise, II, p. 95 n. 305.

humours'.¹¹⁵ The three eyewitness sources of Roger of Howden, Ambroise, and the *Itinerarium*, while all diagnosing Richard's illness as *arnaldia* (sometimes spelt *arnoldia*) or the French equivalent *leonardie*, each give different, non-corroboratory, reports. The pallor William describes is mentioned by Ambroise in his description of *leonardie* ('his mouth and lips pale, because of an illness – may God curse it – called *leonardie*'), but not by Roger of Howden, who only refers to Richard's hair loss.¹¹⁶ The *Itinerarium* does not describe any symptoms at all at this point (although it later refers to a fever), but does say that Richard's *arnoldia* arose from the unfamiliar climate of the region, thus disassociating it from any previous illness he may have experienced on his journey.¹¹⁷

In a comprehensive survey which examined the medical context of the siege of Acre, the lexical development of *arnaldia* and its variant *leonardie*, and the possible meanings of this diagnosis, Thomas Wagner and Piers Mitchell suggest that the French variant *leonardie* (which only appears in Ambroise's *Estoire*), might have an etymological connection with Richard's reputation as the Lionheart, or *quor de lion* – an epithet which is used by Ambroise.¹¹⁸ This, they say, would explain why the term is not applied to the illness suffered by Philip II at the same time at the siege. The only author to suggest that the two kings suffered from the same condition is Roger of Howden, and he called it *arnaldia*; the *Itinerarium* and Ambroise are at pains to

¹¹⁵ 'plusquam centum in corpore haberet usturas pro evaporanda corruption humorum': William of Newburgh, I, 4:5, p. 306. Burning, or using cautery, was akin to bloodletting as a way of allowing excess or corrupted humours to leave the body.

¹¹⁶ 'avait boche e levres fades / D'un enfermeté' que Deu maudie / Qu'en apele leonardie': Ambroise, *Estoire*, ll. 4600–02 (II, p. 95); RH, *Chronica*, III, p. 113; RH, *Gesta*, II, p. 170.

¹¹⁷ *IP*, 3:4, p. 214 (trans. Nicholson, p. 204). The fever is mentioned at *IP*, 3:7, p. 220 (trans. Nicholson, pp. 209).

¹¹⁸ Wagner and Mitchell, p. 38; Ambroise, *Estoire*, l. 2306 (II, p. 65).

emphasise that Philip was not suffering from the same condition as Richard. Instead, they say that Philip became ill from grief and rage after his siege engines were burnt by the defenders of Acre.¹¹⁹ While the disturbance of the emotions is a convincing medieval theory for the cause of an illness, the *Itinerarium* and Ambroise use it to portray a petulant Philip, unable to control his temper and responsible for his own ill-health, set against the suffering Richard whose illness was no fault of his own and was of a more respectable nature than Philip's. The unflattering comparison continues: while both kings used crossbows to attack the defenders, Richard did so while ill, carried in a litter to the defensive structures built to defend the kings while they shot.¹²⁰ In attacking with a crossbow, Gillingham supposes Richard to be following Philip's example, but the key difference is that Richard did this in a state of sickness: the portrayal of Richard as ill but active precluded any criticism that he did not take sufficient part in the capture of the city.¹²¹ Indeed, he apparently suffered more from awareness of his own incapacity in the fight against the Turks than against the illness which confined him to his bed, worried that he was not able to participate fully.¹²²

Despite the modern scholarly attention elicited by *arnaldia*, it was Richard's illness at Jaffa that was of more interest to the chroniclers. Ralph of Coggeshall, Richard of Devizes, and William of Newburgh do not mention his ill-health at Acre at all, but all dwell on his sickness at Jaffa, and particularly its political and military

¹¹⁹ Ambroise, *Estoire*, ll. 4679–86 (II, p. 96); *IP*, 3:5, pp. 216–17 (trans. Nicholson, p. 206). This episode was mentioned in section 5.2, above, for the relevance it has to the passions of the soul as one of the non-naturals; the emphasis here is different.

¹²⁰ Ambroise, *Estoire*, ll. 4921–36 (II, p. 100); *IP*, 3:12, pp. 224–25 (trans. Nicholson, p. 213).

¹²¹ Gillingham, *Richard I*, p. 160 n. 26; Wagner and Mitchell, p. 42.

¹²² Ambroise, *Estoire*, ll. 4795–802 (II, p. 99); *IP*, 3:7, p. 220 (trans. Nicholson, p. 209).

implications.¹²³ The features recorded by the chroniclers tally on certain key points: the *Itinerarium* and Ambroise say that the stench of the dead bodies from the fighting for Jaffa caused such pollution of the air that nearly all Richard's men (as well as the king himself), already exhausted from the effort of battle, succumbed; Ralph of Coggeshall does not mention the stench, but says a 'pestilential sickness' (*pestifer morbus*) arose from the corrupted air, reinforcing the contemporary emphasis on the quality of air as a factor for health and sickness already seen in this investigation.¹²⁴ All three agree that the mortality rate was high, but Ralph of Coggeshall explicitly states that Richard was preserved in health by the will of God. This reflects an earlier episode recorded by Ambroise and the *Itinerarium* in which Richard's chaplain, William of Poitiers, exhorted the king to stay in the Holy Land: one of his enticements was to remind the king that he alone was spared by God from dying of *arnaldia* when many other nobles died, hoping that by emphasising Richard's role as the chosen instrument of God he could persuade the king to continue the crusade when his spirit was wavering.¹²⁵

In 1192, however, the king's health was too poor to allow him to continue the expedition. The *Itinerarium* describes how Richard called his nephew and claimant to the throne of Jerusalem, Henry of Champagne, to him, together with representatives of the Templars and Hospitallers, to instruct them to guard Ascalon and Jaffa while he travelled to Acre for treatment for his ailment, which was caused by the corruption

¹²³ Of this sample, only Roger of Howden fails to mention Richard's illness at Joppa, which is perhaps due to the fact that Roger himself had departed from the crusade at this point and consequently was unable to observe the king as he had before. His *Chronica*, III, p. 185, does, however, mention the king being ill at Haifa, and thus making the decision to leave the Holy Land.

¹²⁴ Ambroise, *Estoire*, ll. 11651–58 (II, p. 185); *IP*, 6:25, p. 425 (trans. Nicholson, p. 369); Ralph of Coggeshall, p. 51. See also sections 3.2 and 5.2, above.

¹²⁵ Ambroise, *Estoire*, ll. 9619–31 (II, pp. 161–62); *IP*, 5:45, p. 363 (trans. Nicholson, p. 324).

of the region (*loci corruptionem*).¹²⁶ They refused and Richard resigned himself to staying in the field.¹²⁷ However, the *Itinerarium* tells us, his condition worsened and so, compromised by his health and the fact that Saladin's army was just two miles away, Richard had to seek terms with Saladin and accept those that were offered.¹²⁸ By making the king's reasoning so medical and rational, the author of the *Itinerarium* removed any blame and suggestion of shame from him and concluded by branding any different interpretation of the treaty a 'perverse lie' (*perversum mendacium*). He therefore exonerated his hero by attributing the political close of the crusade to Richard's poor health, yet preserved his portrayal of Richard as an effective leader by showing how the conclusion of the truce was ultimately the king's own decision.¹²⁹ Despite these warnings, William of Newburgh and Richard of Devizes, both non-participants in the crusade, offered rather different interpretations of how Richard's illness influenced the conclusion of the truce with Saladin. William recorded that Saladin, dismayed to hear of the incapacity of his respected foe, proposed the truce, thereby attributing mastery of the situation to Richard's enemy rather than the king himself.¹³⁰ Richard of Devizes not only attributed the instigation of the truce to Saphadin, Saladin's brother, in sympathy at the incapacitation of the king, but wrote that it was agreed without Richard's knowledge by Hubert Walter, archbishop of Salisbury; that he, together with Henry of Champagne, colluded to persuade the king

¹²⁶ *IP*, 6:27, p. 426 (trans. Nicholson, p. 370).

¹²⁷ *IP*, 6:27, p. 427 (trans. Nicholson, p. 370).

¹²⁸ *IP*, 6:27, pp. 427–29 (trans. Nicholson, pp. 370–72).

¹²⁹ Writing in the 1210s, Richard de Templo would have been aware of negative attitudes to the terms Richard accepted, which accounts for his animosity to anyone who would remodel his interpretation.

¹³⁰ William of Newburgh, 1, 4:29, pp. 377–78.

to accept it after he had regained his strength.¹³¹ Richard of Devizes's interpretation attributes a double incapacity to the king: not only was he unable to carry on the fight, and at the mercy of his enemies, who were able to dictate the terms of the agreement, but he had apparently lost control of his men to such a degree that they were able to negotiate without Richard's knowledge.

It is clear that the chroniclers saw a strong correlation between Richard's health and his leadership of the crusade. This examination has shown that beyond a purely diagnostic approach to Richard's health lies a rich tapestry where his health is integrated with the political, military, and strategic fortunes of the Third Crusade. This has not yet been fully acknowledged by scholars of Richard's crusade: Michael Markowski, in his damning character portrait of the king, only mentions Richard's health as it is depicted in Richard of Devizes's 'counter-factual' history and does not consider how it affected the king's leadership, while Gillingham only mentions Richard's health occasionally, despite it being a pervasive theme in the contemporary sources.¹³² It has been seen that Richard I's response to his incapacitation through sickness was important in the way the chroniclers incorporated his health with that of the crusade expedition. The reports of his active response to his illness at the siege of Acre are representative of a desire to protect his reputation as a king, man, and leader, and to show him as fully master of his condition: ill but not incapacitated.¹³³ Likewise, the concerns of the chroniclers to vindicate Richard's decision to end the crusade in

¹³¹ Richard of Devizes, pp. 444-49, 451, 452. See also Gillingham, *Richard I*, pp. 219-20.

¹³² Michael Markowski, 'Richard Lionheart: Bad King, Bad Crusader?', *Journal of Medieval History*, 23 (1997), 351-65 (p. 362). Gillingham does acknowledge that the king was ill at the time he signed the truce in 1192: Gillingham, *Richard I*, pp. 160, 217-18, 219-20.

¹³³ Wagner and Mitchell point out the direct contrast in the sources between Richard as ill but active, and Philip II as ill but passively accepting of his incapacity: Wagner and Mitchell, p. 42.

correlation with his period of ill-health in 1192 show a desire to excuse Richard from any of the criticism which we have seen could be attached to leaders who abandoned the crusade on account of their health. Richard's medical history has shown that issues of health and leadership were inextricably related for crusader leaders, and that considering the performance of leadership and gender during crises of health allows for a richer understanding of the figure of the male crusader leader.

6.5 Conclusions

The case study of Richard I exemplifies many of the precepts which underlie this whole chapter. The health of the male crusader leader was a pivotal point on which his occupational identity rested, and incapacity due to ill-health jeopardised his social, political, and gendered identity. This study has interrogated the health of the crusader leader through the ways his health affected his capability to be a leader and, since this role was implicitly gendered in the Middle Ages, it has also addressed the related concept of how his performance of masculinity was affected by health. There is much scope for further studies on the health of men in social and political contexts.

On a practical level, the health of the crusader leader was important for the the whole crusade: if he was incapacitated by ill-health, then the trajectory of the crusade was threatened. The importance of the leader's health therefore meant that it assumed significance in the narrative sources. Chroniclers disapproved of leaders who they did not think were fully committed to the crusading cause, shown in their sometimes scathing treatment of those who retreated on account of their health. Alternatively, the chroniclers could use the health of a leader they supported to excuse his behaviour from criticism, as the sympathetic Anglo-Norman chroniclers did for Richard I. Through this, we have seen the recurrence of many themes of the whole

thesis: the concept of meritorious suffering; the logistical, political, and strategic implications of health; the insights offered by respecting a contemporary diagnosis for historical disease; and the richness of the varying ways chroniclers describe health and illness. By illustrating in detail the experience of just one societal group of the 'sick crusaders' described in the first chapter, this chapter serves both to close the present discussion and also to encapsulate the key themes of the whole investigation.

Chapter 7: Conclusion

In 2009, Monica Green called for the integration of medical history with ‘politics, law, society, economics, and religion’ in the writing of medieval history.¹ The present investigation has pursued such an approach in showing how the experience of health and sickness was fundamental to the experience of crusading: during the journey to the theatre of combat, overland or by sea; in the military engagements for which crusaders made their journeys; and in the political, strategic and military affairs of the crusader leader.² The case study of Richard I not only encapsulates the key themes of the preceding chapter, but also those of the entire thesis. In some ways, Richard was the archetypal ‘sick crusader’. He became ill during his expedition, but was not subsumed into the category of the ‘crusader sick’. He experienced all the military contexts this thesis has explored: he took ship to travel to the eastern Mediterranean, his army travelled overland in Palestine, and he took part in the final weeks of the lengthy siege that was the defining engagement of the Third Crusade. Throughout it all his health, and that of his followers, was of key importance to the chroniclers who recorded the expedition for posterity – exactly as Green suggested it should be to modern historians – and a sensitive reading of these sources has shown what riches they contain.

¹ Monica H. Green, ‘Integrative Medicine: Incorporating Medicine and Health into the Canon of Medieval European History’, *History Compass*, 7 (2009), 1218–45 (p. 1219).

² This answers another of Green’s clarion calls, to strive to tell the whole story of human health, rather than follow the more narrow trend of medicine: Monica H. Green, “History of Medicine” or “History of Health”, *Past and Future: The Magazine of the Institute of Historical Research*, 9, 2011, at <<http://www.history.ac.uk/publications/magazine>> [accessed 26 January 2017], pp. 7–9.

Let us draw some general conclusions by returning to the questions which were asked in the introduction, each of which has been answered in the course of the investigation. Where could a sick crusader seek care? Responding to this question in the framework of the 'patient's voice', and by deconstructing the identity of the sick within the crusader host, it has been shown that health care for sick crusaders was probably available from their comrades, but that observing such caring activities requires us to read the chronicles with a pre-modern interpretation of what constitutes health care rather than looking for 'medical' practice: priests, laundresses and combatants could all provide bodily care to other crusaders as technicians of the body. What effect on the body would a journey thousands of miles overland have on the body? The detailed examination of crusader 'marches' has revealed that crusaders and their chroniclers understood the bodily effect of making such a journey through the Hippocratic perspective of adaptation expressed in the treatise *Airs, Waters, Places*. The sense that alien geographic locations could engender health problems recurs in a different form when considering the question of how crusaders and chroniclers understood the health risks of waiting in port to depart on a sea-borne crusade. In this case, cultural perceptions of geography and topography affected the way crusaders experienced the physicality of their environment, and the specific location of the port town could be interpreted as a locus of poor health, or of refuge from the sickness engendered by the conditions of a ship at sea. How was the toll that the experience of a long siege in an unfamiliar land took on the physical condition of a crusader interpreted? In the theatre of crusading warfare, there is considerable evidence for the use of the theory of the non-naturals by crusader chroniclers attempting to interpret the health conditions they witnessed, or which were told to them. And finally, what was the fate of the crusade when its leader was incapacitated by illness or death?

While a crusade could continue after the death of its leader, the incapacitation of a leader through sickness could paralyse an expedition. In both cases the behaviour of the leader was key to his reputation, as chroniclers dwelt on the way a leader was seen to respond to his illness, and could describe his actions in terms which related to his leadership, masculinity, and spirituality. Evidence throughout the thesis has also shown that the way a leader made provision for the crusader sick in his charge was also a key aspect of his leadership.

Throughout, the perspective of the chronicler is seen to be of utmost importance. In developing a new methodology for the reading of health in medieval chronicles, the 'chronicler's-eye view', this study has built on previous work both in the fields of crusades studies and medieval medicine. For crusades studies, it has shown that new insights into the experience of crusading can be gained by reading the crusader chronicles not for the purposes of retrospective diagnosis, but for the contemporary perception of health and illness preserved in them. It has revealed a wealth of significance embedded within these narratives of sickness, relating to issues of leadership, social identity, otherness, geographical knowledge and perception, the experience of travel, and military strategy. In their presentation of health and ill-health, the chroniclers reveal much of their prejudices and opinions on the course of the crusade and the behaviour of key actors: these ideas are obscured if we seek only to decode these narratives with a modern medical perspective. This angle of the investigation also has repercussions for the logistical and military history of the crusades. It has been shown that the chronicles cannot be mined for facts about the lived experience of crusaders, but that sensitive interpretation of these texts, whether they were first-hand observers, flesh-witnesses or informed by oral sources, can

indicate the concerns and strategies of crusaders with regard to food consumption, their response to epidemic disease, and the incapacity of the crusader leader; it is not necessary to prioritise eyewitness sources. In relying on narrative sources, this investigation has made a key contribution to the history of medieval medicine by exposing a previously underappreciated genre of texts to a medical gaze (to borrow a phrase from Foucault), wherein it is seen that texts which may not be thought of as 'medical' actually enshrine much content that expands our understanding of medieval medical history. From chronicles, we can learn how medicine and health were understood, discussed, and interpreted by individuals who did not identify occupationally as medical practitioners; in a limited number of cases, it is also possible to observe the practitioner or carer at work, although this has not been a major focus of this study. Moreover, this study has engaged directly with the identity of Roy Porter's 'patients' or 'sufferers', which has been such an influential concept in the recent historiography of medicine and health, and developed a mode of analysis for the study of the sick in the medieval past.

This investigation is far from being the final word on the health of crusaders, however. It would be highly illuminating to compare the way sickness was recorded in chronicles with the *chansons de gestes* or other vernacular accounts of the crusades: composed for a very different purpose and for different audiences than the chronicles, what differences would we find in the way sickness and health are constructed in these texts? New sources such as miracle collections, charter evidence, or the letters of crusaders could be exploited to expand our understanding of the lived experience of illness; this thesis has touched on these genres but there are many such sources waiting to be examined in this light. Beyond the crusader context, expanding the

study of medieval chronicles for their medical content would facilitate a deeper understanding of the dissemination of medical knowledge beyond the academe and into the general consciousness in the Middle Ages, and allow us to place the experience of sufferers in the medieval past into greater context.

The crusades were wars unlike other wars — long campaigns which attracted a remarkably diverse range of participants, which were fought thousands of miles from home territory, and which had unique military and spiritual outcomes. This study of the health of and within crusader armies has shown that suffering through sickness and infirmity was central to the practice of crusading, both as it was experienced by participants and recorded by contemporary chronicles. The crusaders were willing to endure such conditions, for they trusted in the promise of Urban II in the closing words of the excerpt from the *Gesta Francorum* with which this thesis opened, ‘A great reward will come to you.’³

³ ‘Persequetur uos larga retributio’: GF 1:1, p. 2; cf. Matthew 5. 12.

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