

Who Cared? Locating Care-Givers in Chronicles of the Twelfth- and Thirteenth-Century Crusades¹

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Abstract

The crusades were religiously-inspired armed expeditions. Many of those who took the cross needed care of some sort: whether they were ill, impaired, wounded, starving, or exhausted. However, any reference to medical practitioners—*medici* or *physici* in Latin terminology—is unusual in the sources for the crusader expeditions. But as the scholarship of pre-modern medical occupations has shown us, it was not only people identified with explicitly ‘medical’ terminology who attended to ill health in the medieval period. Newer historiographical developments go even further, to suggest utilising a framework of practice to interpret ‘care’ in a way which will be shown to be particularly apt for the crusader period. Through the analysis of incidents in the crusader narrative sources which describe the administration of bodily care, this paper will show that practitioners *qua* care-givers can be found throughout the crusader host.

Keywords

practitioners; care; conflict; pre-modern; gender

¹ Translations from Latin are the author’s own. Reference is given to published translations for the reader’s ease.

Text

In July 1099, the First Crusaders captured the city of Jerusalem. The First Crusade, a four-year expedition to the Eastern Mediterranean, crossing thousands of miles in often inhospitable conditions, punctuated by difficult military engagements, and with untold levels of mortality due to ill-health and wounding, had begun with a speech given by Pope Urban II at the Council of Clermont in November 1095.

Inspired possibly by a wish to assist the beleaguered emperor of Byzantium, Alexios I Komnenos, who was at that time struggling to defend his eastern borders against Turkish incursions, or perhaps by a desire to take the holy city of Jerusalem for Christianity, Urban called for an expedition with the promise of spiritual reward for those who undertook it. Urban's exact words are lost to history, but one recorded version of his speech is contained in the short, anonymous chronicle known as the *Gesta Francorum et aliorum Hierosolymitanorum* (*The Deeds of the Franks and Others who went to Jerusalem*), which says:

'If anyone wants to save their soul, let him hesitate not in humbly taking the way of the Lord, and if he lacks wealth, then divine mercy will give him enough.' 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", and "Be not ashamed to speak before men, for I will give you speech and eloquence" and afterwards "A great reward will follow for you".'²

² 'si quis animam suam saluam facere uellet, non dubitaret humiliter uiam incipere Domini, ac si denariorum ei deesset copia, diuina ei satis daret misericordia.' Ait namque dominus apostolicus, 'Fratres, uos oportet multa pati pro nomine Christi,

The *Gesta* author was not present at Clermont, but he did take part in the First Crusade. This account may be taken, therefore, not as a literal record of Urban's words, but testimony of the stimulus which was felt by the crusaders themselves. Furthermore, the *Gesta's* account of Urban's speech is remarkably concise, by far the shortest of the versions contained in contemporary chronicles, and so it is important for the distilled sentiments it preserves. The clear emphasis here is on suffering as devotional, and as an integral part of the military-religious expedition; crusaders were pilgrims (though of a particular and specific type), and the labour of their journey was considered intrinsically meritorious.³ The 'reward' was a spiritual one: those who reached the Holy Land, or died in the attempt, expected to receive remission of their sins; in other words, that they would enter straight into heaven after their death. The salvific appeal of eternal redemption was such that thousands

uidelicet miserias, paupertates, nuditates, persecutiones, egestates, infirmitates, fames, sites et alia huiusmodi, sicuti Dominus ait suis discipulis: "Oportet uos pati multa pro nomine meo", et "Nolite erubescere loqui ante facies hominum; ego uero dabo uobis os et eloquium", ac deinceps: "Persequetur uos larga retributio".' *Gesta Francorum et aliorum Hierosolimitanorum: The Deeds of the Franks and the Other Pilgrims to Jerusalem*, ed. and trans. Rosalind Hill (London: Nelson, 1962), pp. 2–3.

³ This is exemplary of crusading as the *vita apostolica*, and *imitatio Christi*: William J. Purkis, *Crusading Spirituality in the Holy Land and Iberia, c. 1095–c. 1187* (Woodbridge: Boydell & Brewer, 2008). See also Léan Ní Chléirigh, 'Nova peregrinatio: The First Crusade as a Pilgrimage in Contemporary Latin Narratives', in *Writing the Early Crusades: Text, Transmission and Memory*, ed. Marcus Bull and Damien Kempf (Woodbridge: Boydell, 2014), pp. 63–74 (p. 70).

of eager faithful—men and women, old and young, rich and poor, experienced combatants, clergy, artisans, and merchants—took the cross.⁴ Medieval armies in general, and crusader hosts in particular, were not top-down, hierarchical units, with clear chains of command or provisioning, especially in the earlier decades of crusading.⁵ Body servants, armourers, chaplains, and others accompanied their own leaders, and while hierarchy might have been apparent in the entourage of one lordly crusader, the party of one was separate from that of another.

Within this diverse host, there were many who needed care of some sort: those who were ill when they took the cross or became so during the perilous expedition; those who were wounded in combat; and those who suffered as the *Gesta* author had Urban predict.⁶ To whom could such people turn when they were

⁴ 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. Benjamin Z. Kedar (London: Variorum, 1992), pp. 13–26. See also Conor Kostick, *The Social Structure of the First Crusade* (Leiden: Brill, 2008); Alan V. Murray, 'Warriors and Civilians in the Crusade Movement. Military Identities and Status in the Liberation and Defence of the Holy Land (1096–1204)', *Millars: Espai i Història*, 43 (2017), 97–127 (p. 107).

⁵ A shift towards more (although not entirely) hierarchical units throughout the twelfth century is described in Murray, 'Warriors'.

⁶ As do so many, the present study owes much to Roy Porter's seminal 'The Patient's View: Doing Medical History from Below', *Theory and Society*, 14 (1985), 175–98.

in need of care? We find that there was a paucity of practitioners identified with explicitly 'medical' terminology within the crusader hosts. Utilising methodologies of analysing the source material guided not by the concept of medicine but rather by that of care, the present study will identify agents of care within the crusader host, who can be located through close analytical reading of episodes of when care was offered.

Medicine

The crusades to the Holy Land and the Eastern Mediterranean in the twelfth and thirteenth centuries were contemporaneous with an important period of development in the Western medical tradition. From the mid-eleventh century a movement of compilation, composition, and translation greatly expanded the Latinate literature of medicine throughout Western Europe.⁷ Although by no means the only

⁷ Our understanding of the complex phenomenon often referred to as the 'translation movement' has become increasingly nuanced in recent years: Monica H. Green, 'Medical Books', in *The European Book in the Twelfth Century*, ed. Erik Kwakkel and Rodney M. Thomson (Cambridge: Cambridge University Press, 2018), pp. 277–92; Monica H. Green, 'Salerno on the Thames: The Genesis of Anglo-Norman Medical Literature', in *Language and Culture in Medieval Britain: The French of England, c. 1100–c. 1500*, ed. Jocelyn Wogan-Browne and others (Woodbridge: York Medieval Press, 2009), pp. 220–31. The present focus on the Western (and indeed Latin Christian) medical tradition is justified because, even though the events described in the crusader chronicles took place in the Eastern Mediterranean, these sources were written by western European authors. Further work is needed on how far narrative

way medical knowledge was transmitted, the future of medicine as an academic discipline was assured when medicine became established in the nascent universities, with Bologna, Montpellier, and Paris known as centres of medical study by the end of the thirteenth century.⁸ The twelfth and thirteenth centuries were also a formative period in the regulation and licensing of medical practice, although this

sources of the crusades reflect or represent interaction with the medical traditions of the Eastern Mediterranean (which were based on the same theoretical underpinnings), but on this see Piers D. Mitchell, *Medicine in the Crusades: Warfare, Wounds and the Medieval Surgeon* (Cambridge: Cambridge University Press 2004; repr. 2007), pp. 205–19; Susan B. Edgington, ‘Oriental and Occidental Medicine in the Crusader States’, in *The Crusades and the Near East: Cultural Histories*, ed. Conor Kostick (Abingdon: Routledge, 2011), pp. 189–215.

⁸ Vern L. Bullough, *Universities, Medicine and Science in the Medieval West* (Aldershot: Ashgate, 2004) esp. sec. 1; Danielle Jacquart, ‘Medical Scholasticism’, in *Western Medical Thought from Antiquity to the Middle Ages*, ed. Mirko D. Grmek, trans. Antony Shugaar (Cambridge, MA: Harvard University Press, 1998), pp. 197–240 (pp. 210–23); Nancy G. Siraisi, *Medieval & Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990), pp. 55–65; Vivian Nutton, ‘Medicine in Medieval Western Europe, 1000–1500’, in *The Western Medical Tradition, 800 BC to AD 1800*, ed. Lawrence I. Conrad and others (Cambridge: Cambridge University Press, 1995), pp. 139–205 (pp. 139–205).

should not be interpreted with a teleological narrative of ‘professionalisation’.⁹ But although the intersections between crusading and the history of health are many, medicine and health in a military context has been strikingly under-examined in scholarship of the pre-modern, and especially medieval, period.¹⁰

⁹ *Inter alia*, Susan B. Edgington, ‘Medicine and Surgery in the *Livre des Assises de la Cour des Bourgeois de Jérusalem*’, *Al-Masāq*, 17 (2005), 87–97; Mitchell, pp. 220–31; Dionysios Stathakopoulos, ‘On Whose Authority? Regulating Medical Practice in the Twelfth and Early Thirteenth Centuries’, in *Authority in Byzantium*, ed. Pamela Armstrong (London: Routledge, 2013), pp. 227–38; 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). On the undesirability of the teleological model, Sandra Cavallo, *Artisans of the Body in Early Modern Italy: Identities, Families and Masculinities* (Manchester: Manchester University Press, 2007), pp. 224–40; Iona McCleery, ‘Medical Licensing in Late Medieval Portugal’, in *Medicine and the Law in the Middle Ages*, ed. Wendy J. Turner and Sara M. Butler (Leiden: Brill, 2014), pp. 196–219 (pp. 200–201).

¹⁰ Michael Brown, ‘Introduction’ to virtual issue on ‘Medicine and War’, *Social History of Medicine* (hereafter *SHM*) <https://academic.oup.com/shm/pages/medicine_and_war_introduction> [accessed 19 January 2019]. But see Mitchell; Guy Geltner, ‘In the Camp and on the March: Military Manuals as Sources for Studying Premodern Public Health’, *Medical History*, 63 (2019), 44–60; Joanna Phillips, ‘The Experience of Sickness and Health During Crusader Campaigns to the Eastern Mediterranean, 1095–1274’ (unpublished PhD thesis, University of Leeds, 2017) <<http://etheses.whiterose.ac.uk/id/eprint/17058>>.

A thorough understanding of the organisation, occupational structures, and practice of medicine and healing in the twelfth and thirteenth centuries remains elusive, since it is the later medieval period (from the mid-thirteenth to the mid-sixteenth centuries) which has attracted most study. Consequently, historiographical models developed for later periods have influenced—not always comfortably—the study of earlier centuries. For instance, traditional historiography, with the hallmarks of post-nineteenth-century developments in the medical professions, perceives the formation from the late thirteenth century of a professional medical hierarchy in western Europe. A pyramid is described, with university-educated doctors, relatively few in number but high in status, at the apex, followed by surgeons trained by formal apprenticeship, then barber-surgeons and miscellaneous others, including apothecaries and female healers, in the lower levels, more numerous but less prestigious.¹¹ Similarly, Piers Mitchell defines the levels of ‘competence’ implied by the various terminologies used to describe medical practitioners at the time of the crusades.¹² *Medici*, he says, referred to practitioners quite generally, *physici* described university-educated physicians, while *cirurgici*, surgeons, were lower down the social and professional ladder, since they learnt their trade by apprenticeship. Below them he also describes *apothecarii*, apothecaries, who prepared pharmacological remedies, and *minutores* and *barberi*, who practised

¹¹ Siraisi, pp. 19–20; Nutton, pp. 164–68. However, the professional-hierarchical model is too rigid to describe fully the structures of choice and resort, training, professionalisation, or gender in the landscape of medical practice in the central Middle Ages.

¹² Mitchell, pp. 11–13.

blood-letting. Through surveying documentary evidence including charters and chancery records, with supplementary information from narrative sources (texts such as chronicles written by participants and non-participants to record the crusading expeditions), Mitchell identified about a hundred named medical writers and practitioners who travelled to the Eastern Mediterranean during the twelfth and thirteenth centuries, but only 31 are known definitively to have participated in crusading expeditions, with suggestive evidence for a further 17.¹³ This means that only 48 named people explicitly documented as medical practitioners can be identified from the thousands upon thousands of people who took part in crusading expeditions.

Some further evidence for medical practitioners taking part in crusading expeditions is found in narrative sources.¹⁴ This is in cases where the presence of an unnamed (and therefore untraceable) medic is mentioned during a narration of events. The chronicler Albert of Aachen wrote that *medici* treated Duke Godfrey of Bouillon, one of the leaders of the First Crusade, when he was injured in an encounter with a bear while travelling through Asia Minor, and Robert the Monk, another chronicler of the First Crusade, wrote that those wounded in the Battle of Dorylaion (the *vulnerati*) in July 1097 were treated by *medici*.¹⁵ However, neither

¹³ *Ibid.*, p. 40.

¹⁴ *Ibid.*, pp. 57–60, 138–83; Edgington, ‘Oriental and Occidental’, pp. 191–96.

¹⁵ Albert of Aachen, *Historia Ierosolimitana: History of the Journey to Jerusalem*, ed. and trans. Susan B. Edgington (Oxford: Clarendon Press, 2007), chap. 3:5, p. 144; *The Historia Iherosolimitana of Robert the Monk*, ed. Damien Kempf and Marcus Bull (Woodbridge: Boydell, 2013), p. 28; t trans. Carol Sweetenham, *Robert the Monk’s*

Albert nor Robert took part in the crusade and we cannot know whether they were reporting the oral testimony of returning crusaders that *medici* were present at these events, or whether these authors simply expected that they were (or ought to have been) there.¹⁶ Jean of Joinville, a close associate of King Louis IX of France, who wrote an account of the 1248–54 crusade to Egypt and the Holy Land, reported that ‘several surgeons and physicians from the host’ (*cyrugiens* and *phisiciens* in Joinville’s Old French) treated the knight Walter of Autrèches, who was wounded in battle in 1249, by bleeding him in both arms.¹⁷ Joinville also mentions that barbers (*barbiers*) attended to those who were ill with the ‘sickness of the host’ (*maladie de l’ost*) when the crusaders were encamped in the Nile Delta in spring 1250.¹⁸

However, it is worth noting that many of the named medics who are known to have participated in a crusade were employed in the service of a particular patron to tend to that patron and their household (such as Ralph Besace, *physicus* to Richard I of

History of the First Crusade (Aldershot: Ashgate, 2004), p. 112. See also Edgington, ‘Oriental and Occidental’, pp. 191–92.

¹⁶ 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. Malcolm Barber (Aldershot: Ashgate Variorum, 1994), pp. 320–26 (p. 321).

¹⁷ ‘pluseurs des cyrugiens et des phisiciens de l’ost’: Jean of Joinville, *Vie de saint Louis*, ed. Jacques Monfrin (Paris: Dunod, 1995), sec. 175; trans. Caroline Smith, in *Chronicles of the Crusades* (London: Penguin, 2008), pp. 137–336 (p. 188).

¹⁸ *Ibid*, sec. 303 (trans., p. 220).

England during the Third Crusade of 1189–91).¹⁹ Their medical practice may not have extended much beyond treatment of their patron and his or her immediate circle.²⁰ In this light, Joinville's testimony is quite possibly a reflection of his own noble status, which meant that he was more likely to observe the work of those practitioners in the employ of the nobility, and thus his chronicle may over-emphasise the presence of medics in the crusader host. While there are a few more examples of anonymous medics beyond these, in truth, the chronicle evidence for practitioners in the crusader hosts identified as *medici*, *cyrugici* or with other explicitly 'medical' terminology remains relatively scant and can often be contested or problematised.

We thus confront an apparent scarcity: the number of medics (a shorthand for practitioners identified by explicitly 'medical' terminology) who apparently took part in crusader campaigns would have been far from sufficient for the vast scale of care needed by crusaders. This may be simply because the presence of medics was expected and therefore unremarked upon by the chroniclers.²¹ However, there are more structural issues to consider. 'Medics' constituted only a small proportion of the

¹⁹ Matthew Paris, *Historia Anglorum*, ed. Frederick Madden, Rolls Series, 44, 3 vols (London: Longman, 1866–69), II (1866), p. 37; Matthew Paris, *Chronica majora*, ed. Henry Richards Luard, Rolls Series, 57, 7 vols (London: Longman, 1872–83), V (1880), p. 221. See also Mitchell, p. 23; Charles Hugh Talbot and Eugene Ashby Hammond, *The Medical Practitioners in Medieval England: A Biographical Register* (London: Wellcome Historical Medical Library, 1965), p. 263.

²⁰ Edgington, 'Oriental and Occidental', p. 195.

²¹ *Ibid.*, p. 192.

range of practitioners offering medical treatment in the twelfth and thirteenth centuries, and most people in any given location or situation, including while on crusade, were likely to have found treatment or care from healers not identified with such labels. '[M]edical care, if given by medical practitioners at all, was provided by people recognisable as such only occasionally' in the medieval period, as Faye Getz put it, and indeed the Middle Ages has been categorised as a period when most medicine was practised without doctors.²² A different approach is therefore needed to gain a more contemporaneously apt understanding of the landscape of medical practice in the Middle Ages and particularly in the context of the crusades. The pioneering work of early-modernists Margaret Pelling, Sandra Cavallo, and David Gentilcore, has demonstrated that when more inclusive interpretations of medical, or, rather, healing practice are adopted, the picture which emerges appears is at once both somewhat less pyramidal and more varied than traditional approaches to the history of medical practice allowed.²³ By focusing on practitioners not readily

²² Faye Getz, *Medicine in the English Middle Ages* (Princeton: Princeton University Press, 1998), p. 7; Peregrine Horden, 'A Non-Natural Environment: Medicine Without Doctors and the Medieval European Hospital', in *The Medieval Hospital and Medical Practice*, ed. Barbara S. Bowers (Aldershot: Ashgate, 2007), pp. 133–45; Janna Coomans and Guy Geltner, 'On the Street and in the Bathhouse: Medieval Galenism in Action?', *Anuario de Estudios Medievales*, 43 (2013), 53–82.

²³ Margaret Pelling, *The Common Lot: Sicknes, Medical Occupations and the Urban Poor in Early Modern England* (London: Longman, 1998) esp. part III; Cavallo; David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester: Manchester

identified as medics, but rather as healers or practitioners of allied arts, they have successfully restored to view some whose practice is erased or occluded by a 'medical' approach, including empirics both male and female; artisans whose craft related to the presentation or care of the body; and so-called 'charlatans', who sold medicaments to a market of healthcare consumers.

These inherently pluralistic approaches have greatly nuanced and expanded our understanding of healing practice and occupations tending to the body in the pre-modern period. However, even within these broader approaches there is a limiting factor inherent in locating healers or practitioners identified thus by an occupational label. The healing or caring acts of, for example, women, can be seriously underestimated, since even if they dispensed medical or healing practice (which they did, often), they were less likely to be identified as doing so by an occupational label than were men.²⁴ Indeed, there is a specific difficulty in looking for healers identified as such in the narrative sources of the crusades, since we ought not to forget that the primary identity of anybody who took the cross was that of crusader or pilgrim.

University Press, 1998); David Gentilcore, *Medical Charlatanism in Early Modern Italy* (Oxford: Oxford University Press, 2006).

²⁴ Montserrat Cabré, 'Women or Healers?: Household Practices and the Categories of Health Care in Late Medieval Iberia', *Bulletin of the History of Medicine* (hereafter *BHM*), 82 (2008), 18–51; in the same issue, Mary E. Fissell, 'Introduction: Women, Health, and Healing in Early Modern Europe', 1–17 (pp. 5–6); Monica H. Green, 'Documenting Medieval Women's Medical Practice', in *Practical Medicine from Salerno to the Black Death*, ed. Luis García-Ballester and others (Cambridge: Cambridge University Press, 1994), pp. 322–52 (pp. 329–42).

While some medics or healers may have been taken on crusade by their patron, we cannot assume that any person with experience of or expertise in medicine or healing went on crusade out of a sense of obligation to treat the sick and wounded. They may have taken the cross for their own spiritual purposes, and simply practised their skills when required by circumstance. In such cases, their presence in the crusader host is as crusader who heals, rather than healer who crusades. If the identity of a crusading healer may not be easily recoverable from the source material, we must therefore widen our perspective even further to resolve the apparent insufficiency of care in the crusader host.

'Body work'

In the humoral conception of the body inherited from Ancient Greece, good bodily condition was thought to result from balance of four substances innate to the body, the humours (blood, black bile, yellow bile, and phlegm), and bad health, correspondingly, to be caused by their imbalance. The humours could be regulated by manipulating conditions external to the body, known as the non-naturals and generally conceptualised in six groupings: the quality of the air or environment; the food and drink consumed; exercise and rest; sleeping and waking; repletion and excretion; and the passions of the soul, which encompassed spiritual health and the management of the emotions.²⁵ Management of the non-naturals through measures

²⁵ 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. Jon Arrizabalaga and others (Aldershot: Ashgate, 2002), p. 105–

such as dietary modification or taking the correct exercise was the primary way health, both good and bad, was managed in the Middle Ages, and prophylaxis was just as important as intervention. Crucially, much health management could be achieved by individuals themselves or by an associate (a friend or family member, for example) and did not need to be administered by someone identified as a medic or healer.

Historiographical developments suggest an expansive framework of interpreting caring practice which is meaningful to the medieval period and applies particularly well to the crusader context, by extending traditional categories of medicine and healing to encompass, in Monica H. Green's words, the 'techniques, beliefs, and practices focused on intervening in the functioning of the body (including, but not limited to, the alleviation of pain)'.²⁶ Formulated by Monserrat Cabré, this approach was coined the 'technology of the body' by Green.²⁷ Through the conceptualisation of tending to the body in a much wider perspective than simply surgical and pharmaceutical interventions, the 'technology of the body' aligns closely with medieval conceptions of bodily and health management through the non-

115; Pedro Gil-Sotres, 'The Regimens of Health', in *Western Medical Thought*, ed. Grmek, pp. 291–318.

²⁶ 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).

²⁷ Montserrat Cabré, 'From a Master to a Laywoman: A Feminine Manual of Self-Help', *Dynamis*, 20 (2000), 371–93; Green, 'Bodies', pp. 3–6, 12–17; Cabré, 'Healers?', *passim*, but esp. p. 37.

naturals and acknowledges the importance of prophylaxis as well as interventions in times of ill-health. Almost concurrently, Mary Fissell and Kathleen Brown devised the term ‘body work’ to describe the ‘cleaning, healing and caring labors [sic]’ necessary for the comfort, preservation, and maintenance of the body (the quotation is Brown’s).²⁸

These approaches move away from preoccupations with ‘cure’: an assumption that a sick person needs interventive treatment to be made well again, with supportive care relegated to a somewhat secondary role.²⁹ Indeed, the recipient of ‘body work’ or ‘technology’ need not necessarily be sick, wounded, or impaired. Pertinently for this investigation, ‘body work’ and the ‘technology of the body’ focus attention on the action of care, labour, or intervention, rather than the agent. As we have noted, the identities of care-givers are not easily recovered from the crusader source material, the bulk of which (and the especial focus of the present discussion) is narrative sources such as chronicles. Indeed, as a genre, narrative sources have not been fully explored for the potential they offer as a source for the history of health, but in fact, they represent ideal material to analyse from the perspective of ‘body work’ or ‘technology’ since they were written to record actions and experiences, albeit in a highly constructed way.³⁰ Careful analysis of these sources

²⁸ Fissell, pp. 10–13; Kathleen M. Brown, *Foul Bodies: Cleanliness in Early America* (New Haven: Yale University Press, 2009), *passim*, but esp. p. 5 and n. 6 (on p. 370).

²⁹ Fissell, p. 14; and cf. Porter, pp. 193–94.

³⁰ Exceptions include Iona McCleery, ‘Medical “Emplotment” and Plotting Medicine: Health and Disease in Late Medieval Portuguese Chronicles’, *SHM*, 24 (2011), 125–

therefore has the potential to further expand and diversify our understanding of the identities (however fluid) of pre-modern caregivers. Whilst Cabré, Green, Brown, and Fissell all emphasised the importance of this approach for recovering the lost history of women's caring work, the present discussion will show, as Fissell indicated, that there is great potential here too for nuanced analysis of the 'body work' of men.³¹

This article locates caregivers within the crusader hosts by analysing episodes of the performance of 'body work' (which may or may not include healing or treatment) in the narrative sources, then widening our gaze to consider the person providing that care.

Caring

The Fifth Crusade (1217–22) targeted the centre of Ayyubid power in Egypt. The crusaders spent most of the eighteen-month siege of Damietta (May 1218–November 1219), the major engagement of the campaign, locked in a stalemate with the defenders of the city and the armies of Sultan al-Kamil. On Palm Sunday 1219, the crusaders defended their camp in battle, during which Oliver of Paderborn, a

41; Joanna Phillips, 'William of Malmesbury: Medical Historian of the Crusades', in *Discovering William of Malmesbury*, ed. Rodney M. Thomson, Emily Winkler, and Emily Dolmans (Woodbridge: Boydell, 2017), pp. 129–38; Joanna Phillips, 'Crusader Masculinities in Bodily Crises: Incapacity and the Crusader Leader, 1095–1274', in *Crusading and Masculinities*, ed. Natasha Hodgson, Katherine Lewis, and Matthew Mesley (London: Routledge, 2019), pp. 149–64.

³¹ Fissell, p. 17.

German cleric and later bishop of Cologne, who participated in this expedition, recorded how:

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.³²

Oliver here identifies four categories of crusader: women (*mulieres*), fighters (*bellatores*), priests (*sacerdotes*), and the injured (*sauciati*); and two spheres of caring activity, the women with the fighters, and the priests with the injured. By bearing stones (to be used as missiles?) the women support the fighting ability of the *bellatores* and ‘fearlessly’ so; they are not portrayed as vulnerable. The bringing of water to combatants in battle by women is a well-established trope in chronicle and literary sources of the crusades, but the mention of wine and bread is unusual.³³ In

³² ‘Mulieres aquam et lapides, vinum et panes bellatoribus intrepide ministrabant; orationi sacerdotes insistebant, vulnera sauciatorum ligantes ac benedicentes’:

Oliver of Paderborn, *Historia Damiatina*, in *Die Schriften des Kölner Domscholasters, späteren Bischofs von Paderborn und Kardinal-Bischofs von S. Sabina*, Oliverus, ed.

H. Hoogeweg (Tübingen: Litterarischer Verein in Stuttgart, 1894), pp. 159–282

(chap. 25, p. 206); trans. John J. Gavigan, in *Christian Society and the Crusades, 1198–1229: Sources in Translation*, ed. Edward M. Peters (Philadelphia: University of Pennsylvania Press, 1971), pp. 49–139 (p. 78).

³³ The image of women bearing water appears ‘with tedious frequency’ in literary sources: ‘Introduction’, in *The Chanson d’Antioche: An Old-French Account of the First Crusade*, ed. Susan B. Edgington and Carol Sweetenham (Farnham: Ashgate, 2011), pp. 3–97 (p. 74). See also Sarah Lambert, ‘Crusading or Spinning?’, in

humoral theory, all foodstuffs were thought to have intrinsic properties which made them healthful (or not); the prescription and preparation of food pleasing to the taste but in accordance with dietetic principles has been examined as an application of the non-naturals, at the intersection of pharmacy and cuisine.³⁴ In this the role of the cook and cooking has been underexplored, but deserves further attention as a form of health practice. However, Oliver describes the provision not of a carefully prepared meal, but instead pure sustenance: an immediate and unmediated form of care.

While the women may indeed have brought water, wine, and bread to the fighters, we ought not to overlook the liturgical connotations of these three foodstuffs, wine and bread being consecrated in the Eucharist, and water signifying Baptism, ablution, and purification, perhaps signalling that spiritual as well as bodily care was

Gendering the Crusades, ed. Susan B. Edgington and Sarah Lambert (Cardiff: University of Wales Press, 2001), pp. 1–15 (p. 8). (which has a tri- rather than bi-partite reading of this passage from Oliver of Paderborn at p. 9); Sophie Harwood, “‘I Will Lead You to the River’: Women, Water, and Warfare in the *Roman de Thèbes*, *Roman de Troie*, and Early Chronicles of the First Crusade’, *Open Library of Humanities*, 42 (2018), 1–22 (p. 8).

³⁴ See, for example, three articles examining this relationship in the *Cahiers de recherches médiévales et humanistes* 13 (2006): Bruno Laurioux, ‘Cuisine et médecine au Moyen Âge’, 223–38; Marilyn Nicoud, ‘Savoirs et pratiques diététiques au Moyen Âge’, 239–47, and Danielle Jacquart, ‘La nourriture et le corps au Moyen Âge’, 259–66. See also Melitta Weiss Adamson, *Food in Medieval Times* (Westport, CT: Greenwood Press, 2004).

needed by the fighters. This overlap of religion and medicine is even more pronounced in the actions of the priests who both bound and blessed the wounds of the injured. Blessing to invoke God's mercy would hopefully result in successful healing; on the other hand, if the injured had died then the presence of the priests would ensure the offering of the necessary obsequies. Beyond this, there are wider resonances, since the condition of health was thought to have both physical and spiritual dimensions. The passions of the soul as one of the non-naturals has already been mentioned, and Peregrine Horden has convincingly argued that they should be understood as absolutely intrinsic to the physical experience of health; medicine for the soul was medicine for the body.³⁵ Furthermore, since sin was sometimes (although not exclusively) thought to be a causative factor of disease, spiritual health was seen as an integral part of, and in fact a pre-requisite for, physical health, as articulated in the canons of the Fourth Lateran Council (1215):

As sickness of the body may sometimes be the result of sin [...] so we by this present decree order and strictly command *medici* of the body, when they are called to the sick, [...] to warn and persuade them first of all to call in *medici* of the soul so that after their spiritual health has been provided for, they may proceed to the salubrious medicine for their bodies[.]³⁶

³⁵ Horden, 'Environment'; Peregrine Horden, 'Religion as Medicine: Music in Medieval Hospitals', in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (York: York Medieval Press, 2001), pp. 135–53.

³⁶ Canon 22: 'Cum infirmitas corporalis nonnumqua ex peccato proveniat [...] decreto praesenti statuimus et districte praecipimus medicis corporum, ut cum eos ad infirmos vocari contigerit, ipsos ante omnia moneant et inducant, quod medicos advocent animarum, ut postquam infirmis fuerit de spirituali salute provisum, ad

In fact, the integration of spirituality, bodily condition, religion, health, and medicine in the medieval period is so complex that it is impossible, and indeed thoroughly anachronistic to attempt to isolate just one factor.³⁷ Although the recipients of care in Oliver's account were wounded, rather than sick or unhealthy, his description of the care given by priests to the *sauciati* calls these wider associations to mind. Indeed, in the spiritual-military context of the crusades, the importance of spiritual health has added significance: as pilgrims, crusaders were expected to maintain vigorous

corporalis medicinae remedium salubrius procedatur': 'Lateran IV: Text and Translation', in *Decrees of the Ecumenical Councils*, ed. and trans. Norman Tanner, 2 vols (London: Sheed and Ward, 1990), I, 229–71 (p. 245).

³⁷ A position articulated very clearly, and with comprehensive historiographical synthesis by Iona McCleery, "'Christ More Powerful than Galen"? The Relationship between Medicine and Miracles', in *Contextualizing Miracles in the Christian West, 1100–1500: New Historical Approaches*, ed. Matthew Mesley and Louise Wilson (Oxford: The Society for the Study of Medieval Languages and Literature, 2014), pp. 127–54. See also Biller and Ziegler, eds. *Religion and Medicine*; Claire Trenergy and Peregrine Horden, 'Madness in the Middle Ages', in *The Routledge History of Madness and Mental Health*, ed. Greg Eghigian (London: Routledge, 2017), pp. 62–80 (pp. 63–69). While it might be tempting in our own increasingly secularised age to elide medieval spiritual health and care with psychological or mental health and care this would be highly erroneous: see 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 (pp. 166–68).

spiritual health both before and during the expedition through repentance, charity, and chastity.³⁸

It was not unusual for clergy to practise medicine in the central Middle Ages; Mitchell notes that at the time of the crusades, most of those described as *physici* were clerics.³⁹ That is not to say that there was never tension in this; indeed, the twelfth and thirteenth centuries saw a gradual (though not absolute) restriction of the medical practice of clergy.⁴⁰ Earlier in the crusader period, the chronicler Robert the Monk showed a certain sensitivity about the role of clerics as physical care-givers, reporting that during the battle of Dorylaion in the First Crusade, women dragged the bodies of the dead from the battlefield, while priests and clergy offered prayers, abstaining from direct contact with the bodies; this differentiation may indicate a concern on Robert's part not to show the persons of the clerics as contaminated by contact with the bodies.⁴¹ Nevertheless, in the testimony of Oliver of Paderborn we see spiritual and physical care dispensed equally and inextricably, and the ability to care for body and soul embodied in the priests.

³⁸ Ní Chléirigh, p. 70. On chastity, see below, n. 68.

³⁹ Mitchell, p. 12.

⁴⁰ Darrel W. Amundsen, 'Medieval Canon Law on Medical and Surgical Practice by the Clergy', *BHM*, 52 (1978), 22–44; Mitchell, p. 14; Katherine Park, 'Medicine and Society in Medieval Europe, 500–1500', in *Medicine in Society: Historical Essays*, ed. Andrew Wear (Cambridge: Cambridge University Press, 1992), pp. 59–90 (pp. 76–77).

⁴¹ Robert the Monk, p. 26 (trans., p. 109).

Cleaning

It is not a very large leap to analyse this passage from Oliver of Paderborn's chronicle as an incidence of caregiving and to contextualise the agents described therein as caregivers (although they would not be revealed in a search of his chronicle for *medici* or related terminology). However, the 'body work' approach also facilitates us to scrutinise actions and behaviours which might not fit immediately into more rigid categories of medicine and healing within a broader framework of bodily maintenance. In his Old French account of the Third Crusade, Ambroise recorded that laundresses (*lavanderes*) 'washed the clothes and heads' of other crusaders.⁴² The popular image of medieval people and places as dirty and unhygienic has received substantial reassessment (especially for the later medieval period, although good grooming was a matter of manners and courtesy in the twelfth century) and the laundresses' actions have a hygienic function since such grooming—including

⁴² 'laveient chiefs e dras linges': Ambroise, *The History of the Holy War: Ambroise's Estoire de la guerre sainte*, ed. and trans. Marianne Ailes and Malcolm Barber, 2 vols (Woodbridge: Boydell, 2003), I, l. 5688 (trans. Ailes, II, p. 110). Reference to actions as mundane and as ordinary as washing clothes is unusual in any historical source and in the *Itinerarium peregrinorum*, a chronicle closely related to Ambroise's text, only the presence of the laundresses, rather than their actions, is attested: Richard de Templo, *Chronicles and Memorials of the Reign of Richard I: Itinerarium peregrinorum et gesta regis Ricardi*, ed. William Stubbs, Rolls Series, 38, 2 vols (London: Longman, 1864–65), I, bk. 4:9, p. 248; trans. Helen J. Nicholson, *Chronicle of the Third Crusade* (Aldershot: Ashgate, 1997), p. 235.

washing the body, keeping hair clean and trimmed, and wearing clean linen—was understood in the Middle Ages as prophylactic for the maintenance of health.⁴³ The body was thought to emit waste humoral matter through processes of evacuation and excretion, such as defecation, urination, sweating, hair growth, or the expulsion of mucus, and if such emissions were not controlled then ill-health could occur.⁴⁴ The surface of the body could be a particular locus of disease, with congested or corrupted humours thought to cause problems including itching, abscesses, and

⁴³ Virginia Smith, *Clean: A History of Personal Hygiene and Purity* (Oxford: Oxford University Press, 2007), pp. 144–84; Carole Rawcliffe, *Urban Bodies: Communal Health in Late Medieval English Towns and Cities* (Woodbridge: Boydell, 2013); 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; Fiona Whelan, *The Making of Manners and Morals in Twelfth-Century England: The Book of the Civilised Man* (Abingdon: Routledge, 2017), 133–50.

⁴⁴ Gil-Sotres, pp. 311–13; 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. Patricia A. Baker, Han Nijdam, and Karine van't Land (Leiden: Brill, 2012), pp. 117–45 (pp. 125–30); Carole Rawcliffe, *Medicine and Society in Later Medieval England* (Stroud: Alan Sutton, 1995), pp. 34–35; Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge: Boydell, 2006), pp. 226–27.

leprosy.⁴⁵ Since grooming, therefore, represents non-natural therapy, laundresses were agents for the maintenance of health.⁴⁶

Washing linen does not necessitate direct contact with the body, but the laundresses at Acre apparently washed the other crusaders' heads, too. Not only this, but Ambroise states that they 'were as good as monkeys at delousing' (*d'espucer valeient singes*).⁴⁷ According to medieval medical thinking, lice were thought to be generated by putrefying humours, and having lice could cause pallor, weight loss and anxiety.⁴⁸ Infestation was to be treated through the use of medicinal remedies, and by cleaning the head and clothes—exactly the action the

⁴⁵ Luke E. Demaitre, *Medieval Medicine: The Art of Healing, from Head to Toe* (Santa Barbara, CA; Oxford: Praeger, 2013), pp. 77–109; Coomans and Geltner; Geneviève Dumas, 'Le soin des cheveux et des poils: quelques pratiques cosmétiques (XIII^e–XVI^e siècles)', in *La chevelure dans la littérature et l'art du Moyen Age: Actes du 28^e colloque du CUER MA, 20, 21 et 22 février 2003*, ed. Chantal Connochie-Bourgne (Aix-en-Provence: Publications de l'université de Provence, 2004), pp. 129–41; Gil-Sotres, , pp. 311–13.

⁴⁶ Carole Rawcliffe, 'A Marginal Occupation? The Medieval Laundress and Her Work', *Gender & History*, 21 (2009), 147–69. Indeed, in later medieval hospitals, the tasks of nursing and laundry were often carried out by the self-same women: Rawcliffe, *Medicine and Society*, pp. 207–9.

⁴⁷ Ambroise, I, ll. 5690–91. Here I propose a broader translation than that of Ailes, II, p. 110, which refers to fleas rather than lice.

⁴⁸ Demaitre, pp. 117–18. See also Rawcliffe, *Leprosy*, p. 227; Rawcliffe, *Urban Bodies*, p. 51.

laundresses were recorded as performing (the allusion to monkeys implies that the laundresses were combing or picking the lice from the hair, although it does not preclude the use of pharmacological preparations).

However, despite their apparent usefulness as providers of bodily care and agents of hygiene, there are preoccupations of gender and restriction in the role of the laundress in crusader hosts. These tensions appear to have been particularly high at the time of the Third Crusade. The English crusade ordinances of 1188 dictated that laundresses were the only women permitted to join King Richard I's crusade, a constraint which Elizabeth Siberry suggests was a reaction to the blaming of the misconduct of women for the failure of the Second Crusade (1147–49).⁴⁹ Ambroise and the closely-related chronicle of Richard de Templo (the *Itinerarium peregrinorum*, or, *Journey of the Pilgrims*) relate that when the crusader host under Richard I left Acre following the capture of the city in 1191, all the women were compelled to stay behind in the city, except for the laundresses. A moral dimension is explicitly described. The host had fallen into dissolute living, 'frequenting women and wine' (*mulieres [...] frequentantes et vina*), and Richard's decision to move the host on was as much to save the crusaders from their immoderate ways and

⁴⁹ Elizabeth Siberry, *Criticism of Crusading, 1095–1274* (Oxford: Clarendon Press, 1985), p. 45; Natasha Hodgson, *Women, Crusading and the Holy Land in Historical Narrative* (Woodbridge: Boydell, 2007), pp. 45–46; Andrew Holt, 'Feminine Sexuality and the Crusades: Clerical Opposition to Women as a Strategy for Crusading Success', in *Sexuality in the Middle Ages and Early Modern Times: New Approaches to a Fundamental Cultural-Historical and Literary-Anthropological Theme*, ed. Albrecht Classen (Berlin: De Gruyter, 2008), pp. 449–69 (pp. 466–67).

preserve their spiritual health as it was military strategy.⁵⁰ Significantly, Ambroise describes those laundresses (*lavanderes*) allowed to accompany the crusaders from Acre as ‘virtuous elderly women pilgrims’ (*bones vieilles erreres*), while the *Itinerarium peregrinorum* said that they ought to be ‘laundresses on foot, who would not be a burden [on the army] nor a cause of sin’ (*pedites lotrices, quae non forent oneri, nec occasi peccati*).⁵¹ Similarly, Roger of Howden said that the laundresses permitted to take part in Richard’s crusade had to be ‘laundresses on foot, of whom none may harbour [any] suspicion’ (*lotrices pedites de qua nulla habeatur suspicio*).⁵² Catherine Hanley notes that Ambroise is keen to distinguish between the laundresses, who offered necessary services to the crusader host, and other, ‘loose’, women who represented a risk to the spiritual health of the crusaders.⁵³ Putting this evidence together, it is clear that the chroniclers felt the need to stress that the washerwomen, while providing a service to the host, were neither to be a burden nor to tempt other crusaders to endanger their spiritual health. Such emphatic pronouncements seem to overlie a tacit insecurity about the very presence of the laundresses in the crusader host, despite their function as ‘body workers’.

⁵⁰ *Itinerarium*, I, bk. 4:9, p. 248 (trans., p. 235).

⁵¹ Ambroise, I, l. 5688 (trans., p. 110); *Itinerarium*, I, bk. 4:9, p. 248 (trans., p. 235).

⁵² Roger of Howden, *Gesta regis Henrici secundi: The Chronicle of the Reigns of Henry II and Richard I AD 1169–1192*, ed. William Stubbs, Rolls Series, 49, 2 vols (London: Longman, 1867), II, p. 32. See also Hodgson, *Women*, p. 45.

⁵³ Catherine Hanley, *War and Combat, 1150–1270: The Evidence from Old French Literature* (Woodbridge: D. S. Brewer, 2003), pp. 88–89.

This insecurity may be explained when we understand that laundresses and laundry work had various associations with prostitutes and prostitution in the Middle Ages. This has been most thoroughly investigated for the later medieval period, with key work by Carole Rawcliffe and Ruth Mazo Karras, who have identified several links.⁵⁴ Physically, both laundresses and prostitutes moved between different establishments with relative freedom, unattached and independent. Spatially, there was often congruence of wash-houses and brothels at the margins of urban settlements, and women practising both trades were known to lodge together.⁵⁵ Both roles might be adopted by women in particular financial need, and neither was necessarily a lasting career, but rather a temporary assumption of identity based on the performance of a particular act.⁵⁶ While we should not assume too much similarity between the central and later Middle Ages, and between the quite different contexts of the crusades and daily life in England (for example), some of these links can be seen in the crusader evidence. Margaret of Beverley, who travelled to the

⁵⁴ 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 Pelling, pp. 191–93; Sharon Farmer, *Surviving Poverty in Medieval Paris: Gender, Ideology, and the Daily Lives of the Poor* (Ithaca: Cornell, 2002).

⁵⁵ See also Katherine W. Rinne, 'The Landscape of Laundry in Late Cinquecento Rome', *Studies in the Decorative Arts*, 9 (2001–02), 34–60.

⁵⁶ See also P. J. P. Goldberg, 'Pigs and Prostitutes: Streetwalking in Comparative Perspective', in *Young Medieval Women*, ed. Katherine Lewis, Noël James Menuge, and Kim M. Phillips (Stroud: Sutton, 1999), pp. 172–93 (pp. 176–79).

Holy Land in the late 1180s took up laundry work to escape the penury she faced after being imprisoned after Saladin's capture of Jerusalem in 1187, but this was for her only a temporary solution to a specific need.⁵⁷ Corresponding with the mobility and independence Karras and Rawcliffe identified with laundry work, the crusades facilitated unprecedented levels of travel and migration. Likewise, P. J. P. Goldberg identifies mobility and migration as a key feature of prostitution in the northern European context, and Ambroise, the *Itinerarium*, and Roger of Howden (all of northern European origin) do imply a connection between mobility and sexual freedom.⁵⁸ Certainly, the theme of unattached or loose women in the crusader hosts is an enduring one. Ronald Finucane's statement that crusade or pilgrimage 'provided a means for satisfying sexual appetites through casual encounters and mercenary arrangements' is too strong, but we may note Alan V. Murray's conclusions that in an age before marriage was sacramentalised, the circumstances

⁵⁷ Thomas of Froidmont, *Hodoeporicon et pericula Margarite Iherosolimitane*, ed. Paul Gerhard Schmidt in *Kontinuität und Wandel. Lateinische Poesie von Naevius bis Baudelaire. Franco Munari zum 65. Geburtsag*, by Ulrich Jutus Stache, Wolfgang Maaz, and Fritz Wagner (Hildesheim: Weidemann, 1986), pp. 472–85 (l. 141 (p. 482)). See also Christoph T. Maier, 'The Roles of Women in the Crusade Movement: A Survey', *Journal of Medieval History*, 36 (2004), 61–82.

⁵⁸ Goldberg, 'Pigs'; and cf. P. J. P. Goldberg, 'Migration, Youth and Gender in Later Medieval England', in *Youth in the Middle Ages*, ed. P. J. P. Goldberg and Felicity Riddy (Woodbridge: York Medieval Press, 2004), pp. 85–99. Karras also notes that many of the women working as prostitutes or bawds in English towns were not local, and some had migrated considerable distances: pp. 56–57.

of the crusade, in which social bonds might be broken by mortality or financial difficulties, may have resulted in the need for women to associate themselves with different male providers, and could have led to irregular relationships between male and female crusaders which were mis-recorded as prostitution.⁵⁹

Although the association between laundry-work and prostitution is so strong that Rawcliffe suggests that the mention of laundresses on military expeditions in later medieval chronicles was a deliberate indicator of moral degeneracy rather than the maintenance of hygiene, we should acknowledge and indeed foreground the hygienic role of laundresses in crusader expeditions.⁶⁰ Given that much 'body work' of cleaning, healing, or caring was performed unseen or unnoticed, it must be examined holistically on the occasions that it is visible in the source material, and doing so restores an important female agent to the landscape of pre-modern healthcare.⁶¹ Crusader laundresses certainly embodied tensions as performers of essential 'body work', and yet a potential risk to the host as a physical burden or a focus of sexual immorality. Indeed, the act of delousing, especially if done by combing, required a certain physical intimacy, and was normally done by close female associates such as a wife or lover; whether the crusader laundresses were

⁵⁹ Ronald C. Finucane, *Soldiers of the Faith: Crusaders and Moslems at War* (London: Dent, 1983), p. 179; 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. Ruthy Gertwagen and Elizabeth Jeffreys (Farnham: Ashgate, 2012), pp. 255–70 (pp. 266–67).

⁶⁰ Rawcliffe, 'Laundress', p. 157.

licitly or illicitly related to their subjects is unclear.⁶² But, while the association of laundresses with prostitutes may have carried negative moral overtones, another layer to the role of certain crusader women as carers or healers is added when we consider that sexual intercourse was a necessary factor of the management of the non-naturals, another way of evacuating waste humoral matter from the body.⁶³ Ambroise claimed that ‘some one hundred thousand men died [during the Third Crusade], because they did not lie with a woman, men who held to the love of God and would not have died without such abstinence.’⁶⁴ The *Itinerarium peregrinorum* similarly stated that:

There were a hundred thousand deaths of Christians during that pilgrimage, only because in the hope of divine reward they kept themselves from women, considering it iniquitous to obtain health at the expense of purity of the flesh. They endured in suffering even unto the corruption of their flesh, so that the chastity of their minds remained unpolluted.⁶⁵

⁶² Emmanuel Le Roy Ladurie, *Montaillou: Cathars and Catholics in a French Village, 1294–1324*, trans. Barbara Bray (London: Scolar Press, 1978) pp. 140–41.

⁶³ Caroline Proctor, ‘Between Medicine and Morals: Sex in the Regimens of Maino de Maineri’, in *Medieval Sexuality: A Casebook*, ed. April Harper and Caroline Proctor (New York: Routledge, 2008), pp. 113–31 (pp. 118–20).

⁶⁴ ‘tels cent mile [home] i mururent / Por ce qu’a femme ne gisoient, / Qui a l’amour Deu se tenoient, / Qui en cel point pas ne moreussent / Si lor abstinence ne fussent’: Ambroise, I, ll. 12202–6 (trans., p. 192).

⁶⁵ ‘in illa peregrinatione Christianorum centum millia fuisse mortuos, pro eo tantum quod sub divinae spe mercedis se continuerunt a mulieribus, ducentes iniquum jactura pudicitiae carnis obtinere sospitatem. Opposuerunt patientiam etiam usque

The language of pollution here indicates that through sexual intercourse, the men would have rid their bodies of foul matter, and that the failure to do so caused the ‘corruption of their flesh’ but preserved their spiritual health. The portrayal of sexual activity as medical therapy is here highly gendered; only men are shown as needful of sexual intercourse as a medical treatment, and the women are positioned in the role of practitioner. While it is not stated that the ‘women’ (*mulieres*) were prostitutes (although one might question from whom the authors thought the 100,000 men would seek sexual therapy), recourse to the services of a prostitute as an acceptable outlet for sexual urges has been discussed elsewhere but the role of prostitutes as performers of ‘body work’ and health practitioners is as yet underexplored and deserves dedicated attention.⁶⁶ Although we have established the symbiosis between spiritual and physical health, above, here one was a direct threat to the other.⁶⁷ Since crusaders were bound to chastity, unlawful sexual contact would have been spiritually perilous, and the *Itinerarium peregrinorum* clearly sees the preservation of spiritual health as more important than that of physical health.⁶⁸

ad corruptionem carnis, ut perservaret impolluta castitas mentis’: *Itinerarium*, I, bk. 6:35 (trans., pp. 379–80).

⁶⁶ Whelan, pp. 129–31; Karras, pp. 5–6, 76); Iona McCleery, ‘Medicine and Disease: The Female “Patient” in Medieval Europe’, in *A Cultural History of Women in the Middle Ages*, ed. Kim. M Phillips (London: Bloomsbury, 2013), pp. 85–104 (p. 88).

⁶⁷ Note 37, above.

⁶⁸ On crusader chastity, Holt; Hodgson, *Women*, pp. 136–38; 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*

It is the general consensus of historians that women usually fulfilled ancillary and supportive roles in crusading expeditions.⁶⁹ However, some caveats must be observed about the role of crusading women as providers of healthcare and healing. Medieval women certainly did function as healers, care-givers, and medical practitioners, and their practice was not restricted to midwifery or the care of other women.⁷⁰ Much domestic health management in this period was the purview of women, and crusader hosts, especially in the twelfth century, were characterised by a granular structure, with many crusaders travelling in ‘communal parties’ based on origin, kinship, or oath; indeed, there is rich evidence for the presence of family groups within the crusader hosts well into the thirteenth century.⁷¹ As well as

Crusades and the Latin East and presented to R. C. Smail, ed. Peter W. Edbury (Cardiff: University College Cardiff Press, 1985), pp. 57–65.

⁶⁹ Maier, pp. 68–70; Helen J. Nicholson, ‘Women on the Third Crusade’, *Journal of Medieval History*, 23 (1997), 335–49 (p. 340); James M. Powell, ‘The Role of Women in the Fifth Crusade’, in *The Horns of Hattin*, ed. Kedar, pp. 294–301 (p. 300); Edgington and Lambert, eds, *Gendering the Crusades*; Natasha Hodgson, ‘Nobility, Women and Historical Narratives of the Crusades and the Latin East’, *Al-Masāq*, 17 (2005), 61–85 (p. 68).

⁷⁰ Monica H. Green, ‘Women’s Medical Practice and Health Care in Medieval Europe’, in *Women’s Healthcare in the Medieval West: Texts and Contexts* (Aldershot: Ashgate, 2000), p. 39–78; McCleery, ‘Female “Patient”’, pp. 87–88.

⁷¹ The phrase is Tyerman’s, p. 23; Murray, ‘Warriors’, pp. 104–5. On family groups, Hodgson, *Women* esp. part II; Conor Kostick, ‘Women and the First Crusade: Prostitutes or Pilgrims?’ in *Victims or Viragos?*, ed. Christine Meek and Catherine

probably facilitating the participation of women who accompanied family members or households in the expeditions, this granularity perhaps mimicked domestic networks, thus providing an arena for women's health care or medical practice in the crusading hosts.⁷² However, it is also possible that these structures may actually have limited the caring and healing practice of women, with women only offering care, 'body work', or healing within their 'communal party', rather than ranging throughout the host as laundresses or prostitutes who were looking for trade might have. Moreover, not every woman would have had such experience, and we should never assume that the mention of women in a military or crusader context indicates implicitly that they were offering medical or health care. It is important to note that many contemporary onlookers characterised women (not just laundresses) as burdensome to the army.⁷³ Such an attitude, on the one hand, hardly suggests that women were perceived as important care-givers within the crusader host. On the other hand, it could be that chroniclers took the 'body work' performed by women such as laundresses and prostitutes entirely for granted and so simply did not record it.⁷⁴

Lawless (Dublin: Four Courts Press, 2005), pp. 57-68; 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 (p. 272).

⁷² Cf. Megan McLaughlin, 'The Woman Warrior: Gender, Warfare and Society in Medieval Europe', *Women's Studies*, 17 (1990), 193–209 (pp. 201–5).

⁷³ Hodgson, 'Nobility', pp. 61–62.

⁷⁴ Possibly a result of the inherent preference shown by the crusader authors to characterise crusading as a male activity: Maier, p. 67.

Carrying

While the idea that the very gender of women predisposed them to act as caregivers to other crusaders is a problematic one, we have shown that certain occupational roles often performed by women were contingent with 'body work'. Indeed, Murray has theorised that the most likely explanation for the presence of the apparently substantial numbers of unmarried women on the First Crusade is that they were domestic servants.⁷⁵ If these women were cooking, cleaning, or otherwise tending to other crusaders, then their labour may have included 'body work'. While the sources are unforthcoming on the provision of care or 'body work' by female crusaders who worked as servants, there is evidence for such work performed by male crusader retainers. When Jean of Joinville lay sick in Acre in the summer of 1250, his servant Guillemin combed his hair and arranged for him to visit the baths 'so that I could wash away the filth and sweat I had brought with me from prison [in Egypt]', attention which recalls the importance of grooming and cleanliness, especially of the head, already described.⁷⁶ Collapsing in the bath because of a weak heart, Joinville was lifted out of the bath and carried to his bed (although he does not specify by whom).⁷⁷ Later, still in Acre, he and his whole household became ill with a 'constant fever' (*une conteneue*) and Joinville 'had no one to help me or to lift

⁷⁵ Murray, 'Single Women', p. 257.

⁷⁶ 'pour moy laver de l'ordure et de la sueur que j'avoie aportee de la prison': Joinville, secs 408, 410 (trans., pp. 246, 247).

⁷⁷ *Ibid.*, sec. 410 (trans., p. 247).

me up', implying that such physical attention normally would have been expected in times of illness.⁷⁸

The *Historia de expeditione Friderici imperatoris* (*The History of the Expedition of Emperor Frederick*), a German chronicle recording the expedition of Emperor Frederick Barbarossa during the Third Crusade, described how sick elite men were transported over difficult mountain terrain in Asia Minor in the summer of 1190, at physical cost to those carrying them:

For who would be so stony-hearted and stiff-necked not to be wholly moved to weeping, when he saw bishops [and] most elite knights borne [*deferri*] on the pallets [*grabati*] of horses because of long-running illnesses; and on an exceedingly stony and narrow path, a horse before and sometimes after his lord whom it was bearing [*deferebat*], and threatened by a wretched fall to his death? There one could see how praiseworthy and rightly to be rewarded was the sedulity of those who are called squires who carried [*portaverunt*] the weakness of their lords through the mountain 'in the sweat of their brows'.⁷⁹

⁷⁸ 'je n'oy onques qui me peust aidier ne lever': *ibid.*, sec. 416 (trans., p. 248).

⁷⁹ 'Quis enim tam saxei cordis esset tamque inurbanae cervicis qui non ad lacrimas totus flecteretur, quando episcopos, milites electissimos, propter longas aegritudinum molestias videret in grabbatis [*sic*] equorum deferri, et in nimia semitae saxosae artitudine equus anterior et interdum posterior domini sui quem deferebat et suimet mortem per miserabilem ruinam minaretur. Ibidem cernere erat, quomodo laudabilis et bene remuneranda eorum qui dicuntur scutiferi sedulitas domnorum suorum debilitatem 'in sudore vultuum' per montem illum portaverunt': *Historia de expeditione Friderici imperatoris*, in *Quellen zur Geschichte des Kreuzzuges Kaiser Friedrichs I*, ed. Anton Chroust, MGH SS rer. Germ. n.s., 5 (Berlin: Weidmann, 1928), pp. 1–115 (p. 90); trans. G. A. Loud, in *The Crusade of Frederick Barbarossa*:

Note, foremost, that the mechanism of the carrying is not entirely clear here. The incapacity of the bishops and knights presumably precluded riding, and *grabatus* may be translated as pallet or litter. The description of horses fore and aft possibly indicates the use of a horse-litter, a purpose-built apparatus consisting of a suspended pallet harnessed between two horses in line, which would have been suitable for the mountainous paths.⁸⁰ However, the verb *deferre* connotes strongly the idea of cargo being carried so we ought perhaps not to think of a purpose-built litter, but rather a frame for transporting goods or supplies converted for the purpose of carrying the incapacitated. Indeed, elsewhere the same text describes a sick knight carried on a *basterna*, which means a purpose-built litter or sedan. Here, the verb used is *portare*, which does not have the same sense of moving cargo, but means, more straightforwardly, ‘to carry’.⁸¹ The reference to the squires carrying

The History of the Expedition of the Emperor Frederick, and Related Texts

(Farnham: Ashgate, 2010), pp. 33–133 (p. 115). See also the closely-related chronicle of Magnus of Reichersberg, where only bishops are carried across the mountain: *Chronicon Magni Presbiteri*, ed. Wilhelm Wattenbach, MGH SS, 17 (Hannover: Hahn, 1861), pp. 476–523 (pp. 515–16); trans. Loud, *op. cit.*, pp. 149–67 (p. 164).

⁸⁰ On the use of litters, baskets, or carts to assist the travel of those with impaired mobility, see Irina Metzler, ‘Have Crutch, Will Travel: Disabled People on the Move in Medieval Europe’, in *Travels and Mobilities in the Middle Ages: From the Atlantic to the Black Sea*, ed. Marianne O’Doherty and Felicitas Schmieder (Turnhout: Brepols, 2015), pp. 91–117 (pp. 97–104).

⁸¹ *Historia de expeditione*, p. 36 (trans., p. 67).

(*portare*) ‘in the sweat of their brow’ (quoting Genesis 3:19) suggests that some were physically carrying their lords, although whether on their backs or with stretchers is unclear. The text actually says that the squires carried their lord’s ‘weakness’ (*debilitas*), rather than their bodies, which directly juxtaposes the relative strength of the squires with the infirmity of their lords.

In another juxtaposition, the social status of the squires is posited against that of the elite men. In the late twelfth century, to be a squire was to be employed for pay to bear burdens for one’s lord (the Latin *scutifer* literally means ‘shield-bearer’); squires were emphatically not nobility, and they were always male.⁸² Here then is a masculine portrayal of care-giving, while that of the laundress or the water-bearer was feminine. During a military campaign, a squire’s tasks included carrying his lord’s armour or possessions, attending to the horses, and supporting his lord in battle (but not fighting himself).⁸³ Their labour as litter-bearers or carriers is therefore logical; used to carrying their lord’s arms and possessions, the squires now carry their lord’s bodies. Awareness of the personal relationship between lord and squire (a squire would owe service to one lord, although one lord would have several squires) lends an intimate homosocial aspect to this scene, where the societal

⁸² Matthew Bennett, ‘The Status of the Squire: The Northern Evidence’, in *The Ideals and Practice of Medieval Knighthood: Papers from the First and Second Strawberry Hill Conference*, ed. Christopher Harper-Bill and Ruth Harvey (Woodbridge: Boydell, 1986), pp. 1–11; in the same volume, Linda M. Paterson, ‘The Occitan Squire in the Twelfth and Thirteenth Centuries’, pp. 133–49.

⁸³ Bennett, pp. 4–6.

aspects of their relationship have been reduced to the pure and immediate physicality of carrying and being carried.

The relationship between the two parties involved in carrying the bodies of the incapacitated is not always that of master and servant. The wounded knight, Walter of Atrèches, was carried from the battlefield by Humbert of Beaujeu, who was constable of France, and some of Louis IX's sergeants, rather than by anyone from his own retinue.⁸⁴ These men were of equal or higher status to Walter. Transporting the wounded seems to have been particularly associated with the Military Monastic Orders which were founded in the wake of the crusades to offer bodily care to Christians fighting in the Latin East. In episodes of domestic warfare in late-twelfth century Outremer (the Latin states in the Eastern Mediterranean formed in the aftermath of the First Crusade), members of the Order of St John of Jerusalem, (the Hospitallers) are described as transporting on equine animals those whom they could not treat on the battlefield to a better place of treatment, and Teutonic Knights (of the Order of St Mary of the Teutons) used their shields to carry the bodies of those direly wounded, including knights, to a place of safety after a skirmish near Ascalon in 1239, during Thibault of Navarre's crusade.⁸⁵ It should be noted though, that in these cases, while the relative social position of carrier and carried may have

⁸⁴ See above, n. 1718.

⁸⁵ Benjamin Z. Kedar, 'A Twelfth-Century Description of the Jerusalem Hospital', in *The Military Orders, 2: Welfare and Warfare*, ed. by Helen J. Nicholson (Aldershot: Ashgate, 1998), pp. 3–26 (p. 21); *The Rothelin Continuation of William of Tyre*, in *Crusader Syria in the Thirteenth Century*, trans. Janet Shirley (Aldershot: Ashgate, 1999), pp. 11–120 (p. 51).

been equal, or even reversed, the act of carrying a wounded man from the battlefield is rather different to that described in the *Historia de expeditione*, which is the carrying of sick men across difficult terrain for a long distance. We might conclude that carrying the sick was more likely to be done by those of lower status than the sick person.

The social relationship between carrier and carried is less apparent in an episode where the *Itinerarium peregrinorum* describes how both were killed in attacks while the Third Crusaders made their way from Betenoble towards Jerusalem in 1192. Here the carriers are named as simply that, *portitores*, the noun deriving directly from the verb *portare*, and their identity thus being derived solely from the work they perform. This may indicate that carrier and carried were of more equal rank than the squires and their lords described in the *Historia de expeditione*. But while deploring the indiscriminatory nature of the attack, the author stresses that both the sick and their carriers were thus made martyrs:

The Turks, while the sick were being carried thus [on litters and pallets], rushed amongst them, and slaughtered the carriers [*portitores*] just as the sick, supposing that none should be spared whom they knew to be enemies to them. But what? The just one, seized prematurely by whatever manner of death, shall be saved; and he is especially to be considered a martyr whose such glorious cause brings martyrdom.⁸⁶

⁸⁶ ‘Turci vero, dum sic afferrentur infirmi, irruebant in eos, et tam portitores trucidabant quam infirmos, nullis parcendum putantes, quos sibi cognoverant esse inimicos. Sed quid? Quacunque morte fuerit justus praeoccupatus salvabitur, praesertim martyr reputandus, cujus tam gloriosa commendat causa martyrium’:

Itinerarium bk. 4:34 p. 304 (trans., p. 279)

The 'cause' here is ambiguous. The author may be referring to the objectives of the crusade at large, given that this episode took place as the crusaders were finally approaching their goal of Jerusalem, or to the cause of martyrdom, a violent death in the defence of practice of faith. But it could also refer to the labour of the sick, earning their spiritual reward through bodily suffering, as the *Gesta Francorum* described, and to the cause of caring for the sick, in this case through carrying their bodies.

Ambroise describes the same episode, and as well as emphasising the martyrdom of the victims, also stresses how the carriers offered emotional comfort as well as physical assistance to those being carried:

Then came that hostile race, along the way where the [sick] were being carried and were being much comforted by those carrying them. And their enemies waited for them and attacked them and killed and slaughtered them. These were true martyrs who thus left this world in good faith and with firm hope, as they all did, both wise and foolish, who made their pilgrimage there.⁸⁷

With more emphasis on the toil undertaken than the caring aspect of the carrier's service, the *Historia de expeditione* pays specific attention to the effort and strain of the carriers as well as the suffering as of those being carried, and in this the author emphasises the merit of their service. That carrying their lords is described as

⁸⁷ La veneient les gent engresses / Al chemin ou cil les portouent / Qui en portant les confortouent. / Sis guaitouent e assailleient / E tuouent e ociseient. / Cil esteient vrai martyr / Qui coveneit issi partir / De cest siecle en bone creance / E en issi ferme esperance / Com tuit aveient, fol e sage, / De faire illo lo pelerinage.

Ambroise, I, ll. 7658-758 (trans., p. 135).

'praiseworthy and rightly to be rewarded' indicates that as good servants, bearing bodily labour for their lords, the squires were also good crusaders. The quotation of Genesis 3:19, from the expulsion of Adam and Eve from the Garden of Eden emphasises the sense of enduring earthly toil. It also underlines the gendered service portrayed here, since the quotation is specifically from God's punishment of Adam with physical labour. While the *portitores* of Ambroise and the *Itinerarium peregrinorum* were made martyrs through the manner of their death, it was through giving bodily service and care to their incapacitated lords 'in the sweat of their brow' that the squires expiated their sins and gained their own reward.

Conclusion

Thus, we return to the point with which we began: the bodily toil which was an integral part of the crusading experience, and the spiritual rewards thereof.

Crusaders needed care, crusaders gave care, and both experiences could carry spiritual merit (or peril). If a search for 'medical' practitioners highlights a scarcity of the same in crusader hosts, analysing incidents of body work—washing, blessing, delousing, carrying, bringing water, and binding wounds—has revealed the crusaders performing these actions, and allowed us to categorise some crusaders as carers who may not otherwise be readily identified as practitioners. This article also provides some ways in which to contextualise the actions of these care-givers, responding to the pioneering work of Cabré, Green, Brown, and Fissell by utilising their theoretical framework of bodily and caring practice in a much earlier period, and on a new body of source material, narrative sources of the crusades.

Some caveats must be observed, as well as notes on the direction of future study. Fixing our gaze on the action of care reveals the recipient as well as the giver,

although this has not been the focus of this investigation. While most of the care-receivers in this discussion were combatants, whether this meant that they were also male and of a certain social status should not be accepted without further interrogation; in a gendered language such as Latin, the masculine plural, such as Robert the Monk's *vulnerati*, can signify a mixed-sex group, although the binaries set up by Oliver of Paderborn and Ambrose, where the care-givers are explicitly female, rather imply that the care-receivers were male, as were the elite men described by the *Historia de expeditione* (though not necessarily 'the sick' described by Ambrose and the *Itinerarium*). The complex implications of gender and status in care-receiving is a subject for further detailed examination. Certainly, there were limitations to crusader care-giving of which the gender and status of both recipient and agent played a part; crucially, the granular structure of crusading hosts, especially in the twelfth century, may have restricted the giving of care to within a crusader's own familial or patronal network. This was not the case for laundresses, who offered a hygienic service to other crusaders as a trade. A key issue which has emerged is the temporary or ad hoc nature of much crusader care-giving. Care-givers in the crusader hosts were not necessarily practitioners or healers by expertise, experience, or inclination, but were thrust into the role of carer when it was needed, or when their occupation such as that of servant or retainer, demanded it. The identity of 'carer', therefore, was not a stable one, but one based on specific and critical circumstances. However—and fundamentally—in a world of medicine without doctors, an apparent insufficiency of professional or readily-identifiable 'medics' did not mean a lack of care.