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(Review) Alter, Krankheit, Tod und Herrschaft im frühen Mittelalter: das Beispiel der Karolinger

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Comments
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The Carolingians are the most well-known family of the early Middle Ages, but surviving data on their medical history has never been fully explored. According to Achim Thomas Hack, this historiographical lacuna stems from arguments made in the 1930s by writers steeped in the eugenic “science” of the day that the decline of the dynasty was the result of inherited physical and moral weaknesses. Such claims disappeared from serious scholarship along with the Third Reich, but so apparently did scholarly interest in the subject. Historians of medicine have paid little attention to the early Middle Ages, with its dearth of medical schools and physicians of note, and the few who have studied the period have done little more than identify “monastic medicine” as its most characteristic feature. Medievalists with an interest in the history of mentalities and daily life have focused on aging, sickness, and death (the first three topics in the title of this exhaustively researched Habilitationsschrift) but have avoided the study of elite lineages as not representative of the population at large. For Hack, the public prominence of the Carolingians—especially the thirty-five mayors of the palace, kings, and emperors from Pepin the Short (630/50–714) to Louis V (c. 966/67–987) who are the main subjects of his book—over eleven generations and much of Europe, left a body of data in contemporary sources that is simply foolish to ignore. The data is confined to one family at the very top of the social scale, to be sure, but that makes it all the easier to interpret, since its subjects enjoyed the same socio-economic status and benefits, which included regular medical care from court and even personal physicians. Moreover, since, like all medieval rulers, the Carolingians normally held office until their deaths, the sources also reveal the myriad ways in which the biological realities of illness, aging, and death affected the exercise of power. In tackling this final topic, Hack bridges the gap between the history of medicine and the history of lordship (Herrschaft) in early medieval Europe.

The book’s organization is a bit scattered. Most of its twenty-five chapters take up one of six categories—age, marriage, and children; the sources and their tendencies; threats to the king’s life; illnesses; illness and power; and physicians and interpretations of illness—and discuss the surviving evidence in chronological order. There is much repetition, as particular incidents come up in different contexts, but Hack’s results are always interesting, and the book is packed with insights. He begins with an investigation of the lifespans of the Carolingians and their wives and concubines, making use of what is known about dates of birth and ages at accession, marriage, and death. Exact birthdates are rare—Charlemagne’s is the first (of any European ruler) to be known—but Hack is nonetheless able to show that both the men and women of the family died at more or less the same rates for each decade between twenty and seventy years of age. He then turns to the ills that beset them during their lives, beginning with a look at the epithets attached to a handful of them, which sometimes did and sometimes did not refer to actual disabilities (bald, perhaps; fat, no; simple, yes, but in a good way; hunchback, yes; and stammerer, yes). After surveying the wide range of sources that bear on his topic, he contrasts the well-attested deaths of Charlemagne and Louis the Pious, both of whom died in their sixties, with three cases of dying young (Charlemagne’s brother Carloman, from a sudden illness;
the West Frankish King Louis III, from hitting his head while chasing a girl on horseback into a church; and a two-year-old son of the East Frankish king Louis the Younger, from a fall out of a window). His investigation of the life-threatening dangers they faced leads to the particularly surprising conclusion that Carolingian rulers had more to fear from accidents, like building collapses and falls from their horses or other incidents while riding or hunting, than from war, for they did not, as a rule, directly participate in battle. Ironically, that made their participation in the hunt all the more necessary, even when they were ill or old, since it was the only way they could display their martial abilities. As we learn later on, they also had little to fear from murder, which they themselves avoided, preferring to blind their relatives rather than kill them. Carolingian rulers did lead their armies to war, though, and sometimes succumbed, along with their soldiers, to epidemic diseases, especially while on expeditions into Italy. Hack suggests that the understanding of the risk of contracting life-threatening fevers while on campaign south of the Alps was widespread among the Carolingians from at least the time of Charlemagne.

Fever was in fact the most common diagnosis of the many ailments that beset the Carolingians, and many illnesses not otherwise identified were described as such. Louis the German's wife Emma seems clearly to have suffered a stroke, though, as did her son Carloman and grandson, Arnulf of Kärnten. The disease was not, however, otherwise prevalent in the family. Two Carolingians had epilepsy, but not Charles the Fat, whose famous outburst at court in 873 was, according to the sources, a case of demonic possession, and thus called for exclusively religious rather than medical remedies. Physicians were common and expected figures at court and frequently mentioned in charters. Some were priests, one was a Jew, but most were laymen. And the medicine they practiced was perfectly in line with late-classical norms. While there is evidence that kings would suspend some activities, like the granting of charters, when ill, there is no real evidence that illness, even aphasia in the wake of a stroke, affected their ability to rule. The evidence does show, however, that they tended to postpone decisions about succession and the dispersal of their wealth until death seemed imminent.

Hack’s judicious weighing of the sources (to which he stays very close, seldom pushing them beyond what they unambiguously report, and taking other scholars to task for doing so) reveal a medical world much more varied than historians of medicine have realized, with few if any links to monks and monasteries (whose importance was confined exclusively to burial and commemoration after death), and the thorough review of the medical history of the Carolingians reveals as much about early medieval lordship as it does about sickness and healing, longevity and the vagaries of accidental death. A more readable book might have treated each of its subjects in full and in chronological order, allowing themes and peculiarities of practice to emerge from the accumulating evidence and saving readers from having to piece individual cases together as biographical facts accumulate over four-hundred pages. That said, this study is a must-read for historians of early medieval medicine, the history of Western medicine in general, and Carolingianists working on the life stories of the leading men of the family.

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These are exciting times to work in pre-Gratian canon law studies. With the recent transformation of Linda Fowler-Magerl’s Clavis canonum: Selected Canon Law Collections before 1140 to a web-accessible resource (www.mgh.de/ext/clavis), the appearance of hefty