

INTRODUCTION

At first glance, the historiated initial in figure 1 seems to be typical of a deluxe manuscript from the late thirteenth or early fourteenth century. An elaborately decorated capital *V* is articulated in vivid blue pigment, complemented by flourishing details in red and white, abundant gold leaf, and whimsical, curling decoration. There is even a doglike beast's head emerging from the letter's upper right ascender. Yet, if we look closely, it reveals a distinct and unexpected activity. The small space, just a couple of inches across, provides limited room for the depiction of figures and thus logically includes only two in the confined area. We see two rosy-cheeked men: on the left, a seated figure dressed in a red tunic, his head uncovered and his left sleeve rolled up; on the right, a standing figure wearing a shorter, blue tunic that reveals his gray stockings and a simple white coif. The man on the right holds a scalpel to the arm of his patient, which he cradles with his left hand; as the recently cut vein drips blood into a bowl on the ground, the smiling patient looks away. This initial depicts the act of bloodletting, a relatively common treatment in the Middle Ages for all kinds of conditions and ailments.¹

This historiated initial is among the many that appear in several illustrated copies of a health guide frequently called the *Régime du corps*, or “regimen of the body,” also sometimes referred to as the *Livre de physique* (book of medicine) or *Régime de santé* (regimen of health).² It is one of the seventy-two illuminated initials that accompany the text of the *Régime* in a manuscript now at the British Library in London (Sloane MS 2435); the manuscript is one of seven known copies with historiated initials in a corpus of more than seventy manuscripts that contain at least a partial text of the *Régime*. Sloane 2435 unexpectedly combines luxurious materiality—not unlike that of bibles and psalters—with depictions of the everyday maintenance of health. Its sparse yet extravagant images are remarkably rich in details that indicate how issues including class, gender, and authority may have played out in the medical treatment of the time.

According to the text's prologue, the ambitious countess of Provence, Beatrice of Savoy (1207–1265), enlisted her personal physician to create a health handbook,³ presumably in anticipation of Beatrice's travel to see her four daughters, all of whom were the present or future queens of England, France, Germany, and Sicily. Purportedly written by Aldobrandino of Siena in 1256, this health guide was one of the first medical texts to be written in French rather than Latin, and it would become popular and influential: it was translated into at least four other languages and existed in dozens of surviving copies that were made during the next two hundred years. Aldobrandino's text was essentially a compendium of small excerpts culled from various established medical sources that were associated with the training of physicians in universities, including Isaac Judaeus's *Universal Diets*, the work of Constantine the African, and especially Avicenna's *Canon of Medicine*. Presented in a concise, general, and accessible tone, the resulting text seems less directed toward professional practitioners than toward those who oversaw households, albeit quite elite households. The advice it offers was intended for the maintenance of health and the treatment of minor illnesses in the home, serving as a kind of self-help guide.

The illustrated *Régime* manuscripts are not the kinds of books most often studied in medieval art history. They are not bibles, prayer books, or other devotional works; they do not contain especially conventional or expected iconography; they rarely have large, full-page illuminations; their medical content is not highly technical or particularly specific; their patrons or original users are often unknown. Yet they have many other aspects that make them important for historical study: they are luxury objects, secular art, encyclopedic compendia, repositories of privileged knowledge, health-care guides, tools of household management, examples of gift giving, family heirlooms, records of fashion trends, and documents of social stratification. When considered in just one of these contexts, they may seem inadequate, unremarkable, peculiar, or out of place. But as manuscripts that rest more comfortably at the intersection of multiple categories, they bring specific aspects of late medieval life into focus. The illustrated copies of the *Régime* speak to an elite interest in health care through the movement of canonical medical texts into the domestic sphere. They also offer insights into the role of the household in health-care management, asserting the complexities of care of the body that remain largely undocumented. Moreover, they demonstrate the potential sophistication of historiated initials, which, despite their simple organization and relatively small size, can communicate the intricacies of social status, relationships, emotions, and temporality. The manuscripts of the *Régime* are many things at once. Exploring what happens when these genres or spheres of knowledge intersect, and what we can learn from such overlaps, is a primary concern of this book.

Despite the fact that these manuscripts engage with so many different facets of medieval culture, scholars have primarily dealt with them from a single perspective and in a selective way: as part of a textual tradition, as medical manuscripts, or as medical imagery. While the illustrated manuscripts have not received sustained study as a group, the text of the *Régime* that survives in extant manuscripts has been



more thoroughly considered, most notably in Louis Landouzy and Roger Pépin's 1911 transcription of the *Régime du corps*.⁴ This indispensable work provides an introductory essay discussing the context and significance of the *Régime*, a catalogue of known manuscripts at the time, and a transcription based on Bibliothèque nationale de France Fr. 2021, thought to be the earliest version of the text.⁵ Many of the most important conclusions about the *Régime*—that it was written by Aldobrandino for Beatrice in 1256, that it is one of the first medical texts to be written in French, and that it plays a role in the vernacular explosion of the thirteenth century—are established here by Landouzy and Pépin. Since then, scholars including Françoise Fery-Hue, Marilyn Nicoud, and Sebastiano Bisson have contributed to the work of Landouzy and Pépin by identifying additional copies and expanding a discussion of the literary tradition in multiple languages (see also appendix 3).⁶ Along with Fery-Hue, scholars such as Paul Meyer, Kathleen Sewright, Theresa L. Tyers, and Luís Campos Ribeiro have also published work that digs more deeply into specific manuscripts, while Monica H. Green and Peter Murray Jones have considered the broader implications of the *Régime* tradition from perspectives that include women's medicine and the visual culture of medicine.⁷ As a prime example of the popular genre of regimen texts that were based on an established medical canon but likely created for lay readers, Aldobrandino's work for Beatrice facilitated the consideration of academic medicine in the domestic realm.

Fig. 1
Bloodletting. *Le Régime du corps*,
ca. 1265–70. British Library, Sloane
MS 2435, fol. 11v, detail. © The
British Library Board.

While the *Régime* images are of a genre sometimes dismissed for presenting inaccurate or oversimplified representations of medical procedures and other activities related to health care, they are also remarkably rich in other types of information. For example, in the bloodletting scene from Sloane 2435, the clothing and headwear of the practitioner suggest that he is not a physician; this correlates with what we know about medieval bloodletting practices, which were traditionally administered by barbers (and later surgeons, or barber-surgeons) even when recommended by physicians. It is true that the composure of the sitter, as well as the extremely tidy nature of the wound and dripping blood, suggest an idealized portrait of this relatively common activity. But this image successfully demonstrates the content of the chapter, while also displaying the particular aesthetics associated with historiated initials in all kinds of manuscripts from this period: simplicity for the sake of clarity, and room for embellishments to further accentuate the status of the book as a whole.

The illustrated manuscripts of the *Régime*—not only their text but also their images—provide important evidence for thinking through the complex points of cross-over between the different spheres of late medieval medical care. The *Régime du corps* is a reflection of household health practices while also being informed by academic medicine. The illustrated copies often defy our preliminary expectations, in part because they are difficult to fit squarely into existing categories of knowledge. They are genre-bending books, existing at once as medical texts, encyclopedias, household guides, and women's books. Indeed, while their audiences were not exclusively made up of women, many of these copies can be associated with female users and the households they likely managed. These books illuminate women's agency within the sphere of the home, contributing to a richer understanding of healing practices as performed in the domestic sphere. In such spaces, female networks revised traditional medicine for their own purposes. My book argues that gender is essential to understanding the *Régime* and its images, illuminating for the first time the readers of these manuscripts, the impact these books had on the care of the body within the home, and, more broadly, the roles for women's work within the medieval household.

Gendering Audience and Use

The model of dissemination implied by the *Régime's* prologue, which suggests that distribution was made possible by the movement of women, provides a central framework for my consideration of the illustrated copies, including what role women and their households had in their production and what kinds of audiences might have had access to them. By taking this methodological cue from the manuscripts themselves, I aim to consider the contexts of these books through the perspectives of such likely commissioners.⁸ Undetermined patronage is often quite common for women's books, in part because archival and documentary material for both object and owner is often less substantial. As a result, my project is deeply informed by work in medieval

gender studies that has explored women as patrons, owners, and readers of medieval books.⁹ Such likely audiences are suggested in the domestic context that we see illustrated in these manuscripts, illuminating a sphere of knowledge that oversaw much of household health.

Not much is known about Aldobrandino of Siena, an Italian who worked in France; later in his life he is thought to have lived in Troyes and apparently died there in 1287.¹⁰ He seems to have worked primarily for Beatrice, though he may have served as physician to Louis IX and his wife, Margaret of Provence, as well.¹¹ He is most often discussed as an example of a thirteenth-century author writing in the vernacular (in this case, French), and he is often paired with Brunetto Latini as an educated Italian who wrote early vernacular texts in French.¹² The earliest copies of the *Régime* are written in Walloon, a dialect associated with northern France (rather than the Provençal language of Beatrice's home region), and as a result some scholars have speculated that Aldobrandino had a northern scribe.¹³

More, however, is known about Aldobrandino's audience. The *Régime du corps* is one example of the genre known as "regimen literature" that was popular by the thirteenth century. Some regimen literature was written for very specific patrons, and some was much more broadly conceived and disseminated; Aldobrandino's *Régime du corps* has been positioned somewhere between these two types.¹⁴ This could be the result of the particular circumstances of the text's commissioning. Although Aldobrandino may have been the personal physician of Beatrice of Savoy and apparently worked for her for most of his career, his text was not intended exclusively for her, but for her to share with her daughters. Although these daughters cannot be directly tied to the illustrated copies, their movement is constructive for thinking through how these books came to be. This new vernacular and domestically oriented collection of medical material moved quickly throughout Europe, possibly as each daughter brought the text into her home and introduced it to a new audience.

The extensively illustrated manuscripts of the *Régime* were constructed to be on a par with other types of books commissioned by royal patrons of the period, in that they likewise served as examples of luxury, literacy, and cosmopolitanism as they moved between owners and across lands. Thinking about these manuscripts as having "object itineraries" draws particular attention to their movements, and potentially the movements of their users and owners, over time, even when we cannot know all the details of that trajectory. This approach is central to the 2019 volume *Moving Women, Moving Objects (400–1500)*, edited by Tracy Chapman Hamilton and Mariah Proctor-Tiffany, which considers women as instigators for the movement of medieval objects.¹⁵ Proposed in a 2015 volume edited by anthropologists Rosemary A. Joyce and Susan D. Gillespie, the concept of an "object itinerary" builds on the ideas of new materialism, object-oriented ontology, and Igor Kopytoff's "object biography."¹⁶ In their volume, the object itinerary model is used to explore the routes "by which things circulate in and out of places where they come to rest or are active."¹⁷ They advocate for the "object itinerary" over the "object biography" initially proposed by Kopytoff in his 1986 essay

on the cultural biography of things.¹⁸ Kopytoff's assertion is that objects—more precisely, commodities—can be seen as having “life histories” analogous to the life of a person.¹⁹ Joyce and Gillespie acknowledge the powerful force of this notion, now an established concept in anthropology, but they also point out a number of issues with this construction.²⁰ There are limits to thinking about objects in the circumscribed time frame of a finite human life; our understanding of the nature of objects and how they work is obscured by such personification.²¹

The benefits of thinking about itineraries, on the other hand, are manifold. According to Joyce and Gillespie: “Examining the itineraries of things requires consideration of technologies for circulation; of impediments and facilitators of movement; of natural and cultural transformations along the way; of whether objects travel intact or incomplete, with others or alone; of the landscapes that result from the places linked through their travels; and of the value of circulating objects for the production and reshaping of cultural relations that separate people, as well as for those that connect persons, places, and things across space and time.”²² By putting “even partial and collective objects into context as segments of potentially unending itineraries,” this approach allows us to make use of the fragmentary information about each *Régime* manuscript despite the absence of original patrons or owners.²³ It encourages the consideration of each manuscript's life beyond the initial period of construction and encapsulates the longer temporal and spatial trajectory of these books. Medieval access to such objects was not only the privilege of the initial commissioner or owner; several generations of families and their wider households, including both men and women, would have made up the audiences for these books. And of course, if we think about how medieval books, and many other household belongings, moved around over the course of their lives, key instances in the movement of those items would have been the result of women relocating for marriage or making gifts to family members, including sisters and daughters.²⁴

Facets of my arguments in the following chapters are also informed by historical approaches like social history that are broadly employed within interdisciplinary fields like medieval studies. For example, in lieu of the identification of specific commissioners or owners for these illustrated *Régime* copies, it is often possible to narrow down their patronage or ownership to a small group of people, or at least to make a case for the social group in which the manuscript was made. Establishing the late medieval audiences interested in texts like the *Régime* contributes to a better understanding of these books. The shared characteristics evident across this group of manuscripts imply strong connections among them; these connections are further strengthened by the clear familial networks across Europe, but especially across the English Channel, that they represent. Indeed, these manuscripts encourage investigation into and actively invite speculation about producers, commissioners, and users.

While this book focuses on the illustrated copies of the *Régime*, the owners and readers of those manuscripts are not necessarily identical to the readership for the larger textual tradition. The breadth of the potential audiences for the text of the *Régime* is also implied in appendix 3, a list of currently known copies of the text. Even though the

text is part of a vernacular textual tradition that is often associated with the burgeoning interest in medicine and science by lay readers, the *Régime du corps* was clearly also of interest to some academic readers. This broader group of manuscripts includes academic volumes that were likely intended for physicians or scholars; the *Régime* appears alongside Roger Frugardi's surgical text, work by the Montpellier doctor Bernard de Gordon, or urology texts.²⁵ This combination of texts may have been collected in part to educate physicians on the health-care information that was commonly of interest to lay readers, providing such readers with strategies for communicating complex theories to their patients. There are also manuscripts with a devotional focus that suggest a religious audience, including texts such as the Psalms, the Life of St. Margaret, hymns, or other types of prayers alongside the *Régime*.²⁶ Such copies reinforce the intertwined nature of prayer, medical treatment, and everyday practices for addressing health and well-being. For these reasons, it is a futile project to attempt to summarize what the usual reader for the *Régime* text might have looked like—indeed, the most accurate statement would be that there are numerous different audiences for this text.

Women were undoubtedly participants in manuscript culture broadly conceived, but their role as an audience for specifically medical manuscripts is less established. Indeed, in much of her work, historian Monica H. Green has convincingly demonstrated that many medieval obstetric and gynecological textual traditions were developed for male academic readers while being explicitly unavailable to women.²⁷ She argues that, as women's medicine became of interest to medical professionals, its traditions were coopted by the masculine medical establishment. Even when considering female ownership of medical texts, Green concludes that very few such texts were owned or read by women.²⁸ But regimen texts like the *Régime du corps* were a different, albeit related, health tradition, one that was likely more accessible to a wider range of potential audiences.²⁹ Green's foundational work on women's health care in the context of learned medicine grounds my study and is complemented by additional scholarship that considers less established forms of health-related textual traditions, such as recipes and general regimens such as the *Régime du corps*. For example, Monserrat Cabré and Theresa L. Tyers focus on forms of everyday health care that are inherently difficult to trace and employ approaches that aim to get at these somewhat ephemeral traditions. Cabré argues that recipes, often left unconsidered when made as marginal or ancillary notes in manuscripts, are key to understanding the traditions of health management in the domestic sphere, often orally transmitted practices communicated between women.³⁰ Tyers's approach has been to carefully consider the texts compiled in specific manuscripts, looking at the "internal logic" and offering compelling evidence for a focus on health concerns pertinent to household use.³¹ Elaine Leong's work on household medicine in early modern England, although admittedly focused on later sources from the seventeenth century, provides another excellent model for thinking about this significance of knowledge creation in the domestic sphere.³² Such work supports my emphasis on women's roles in domestic health care in relation to the illustrated copies of the *Régime*.

Although we cannot determine precisely why this text would have developed a strand of illustrated manuscripts, the pictorial tradition nevertheless provides an additional perspective into the activities and interactions associated with household health care. Even if the patrons and owners of the illustrated copies were not always also readers of the books they owned, the illustrated copies convey rich commentary regarding contemporary practices especially pertinent to women, starting with the noblewomen for whom the texts may have been created. By considering the object itineraries of these books across a larger network of time and space and by reconstructing as much as possible their trajectories from initial creation to where they are today, we in essence trace the paths of Beatrice's four daughters.

Illustrating the *Régime du corps*

Within the surviving illustrated copies, this study focuses on a specific subgroup of copies that employ historiated initials, exploring the visual language shared among these manuscripts as well as the compelling communicative power the historiated initial format offers. I discuss these manuscripts in two chronological groupings, a division that makes sense in terms of place of production as well as dating and aligns with certain affinities evident between the manuscripts within each group. Three were created in the late thirteenth and fourteenth centuries (British Library Sloane MS 2435, Bibliothèque nationale de France Fr. 12323, and Bibliothèque nationale de France Arsenal MS 2510), and four date from the fifteenth century (British Library Sloane MS 2401, Cambridge University Library Ii.V.11, Morgan Library MS M.165, and Ajuda Cod. 52-XIII-26).

Among the three earlier illustrated manuscripts of the *Régime*, Sloane 2435 was likely made by an identified artist, the “Aldobrandin Master,” in northern France between 1265 and 1270. Seventy-two images appear with the *Régime* in this manuscript, one of the earliest copies of the text to survive, and they share distinct similarities with BnF Fr. 12323, which was made later, probably around 1350 in Paris. Neither of these copies has been directly linked to specific patrons or early owners. The third copy in this group is Arsenal 2510, likely made ca. 1285 in northern France. This manuscript's date is more concrete because it has been attributed to the Bute Painter, a fairly well-known artist working in cities such as Cambrai, Tournai, Lille, and Saint-Omer in the 1270s and 1280s. Arsenal 2510 is aesthetically unique, with a smaller number of images that display notable innovation.

The latter group of illustrated manuscripts includes four known copies that are all dated to the fifteenth century and reflect significant affinities with one another. They all have a similar number of images, around 140, and contain comparable subject matter in many of their scenes. Cambridge Ii.V.11 and Morgan MS M.165 were likely both made in Rouen around 1440–50. Sloane 2401 shares much with these two copies and likely has a similar origin. The fourth example exhibiting this extensive program of



Fig. 2
Ears. *Le Régime du corps*, ca.
1270–1300. Universitätsbibliothek
Leipzig, Cod. Haen. 3478, fol. 67v,
detail. Universitätsbibliothek
Leipzig.

historiated initials is Ajuda 52-XIII-26, which has been dated to around 1470–80 and tied to specific artists working in Bruges: primarily the Master of the Harley Froissart (Philippe de Mazerolles), possibly with additional work by the Master of the London Wavrin. All four seem to have been made on the Continent in cities such as Rouen and Bruges but are then linked to English owners within a few decades of production.

Some additional *Régime* manuscripts exist with illustrations in formats different from the focus of my book. Although I do not deal with them in depth, further information can be found in the appendices. These manuscripts include a group of twelve that display either a single introductory initial or frontispiece, rather than an extended program of illustrations. Furthermore, three other manuscripts contain image programs that differ significantly from the copies with historiated initials: Universitätsbibliothek Leipzig Cod. Haen. 3478, Biblioteca Apostolica Vaticana MS Reg.lat.1256, and Bibliothèque nationale de France Arsenal MS 2894. Leipzig Cod. Haen. 3478 is a late thirteenth- or early fourteenth-century manuscript, likely made in France; the *Régime du corps* is its only text.³³ The illustration program includes thirty-five images, slightly larger than most historiated initials in terms of proportion on the page. Although its scenes are not contained within letters, rectangular frames of similar scale to initials confine tight spaces, which are integrated into the text block, and

Fig. 3
Pregnancy. *Le Régime du corps*,
fifteenth century. Biblioteca
Apostolica Vaticana, Reg.lat.1256,
fol. 37v, detail. © 2021 by per-
mission of Biblioteca Apostolica
Vaticana, Rome.



Fig. 4
Fish. *Le Régime du corps*, fifteenth
century. Bibliothèque nationale de
France, Arsenal MS 2894, fol. 91v,
detail. © Bibliothèque nationale
de France.



the simplicity of the scenes is evocative of historiated initials as well (fig. 2). I occasionally reference this copy because of some of these formal similarities to copies with historiated initials.

The two other versions, Reg.lat.1256 and Arsenal 2894, are later copies from the fifteenth century. The twenty-one images in Reg.lat.1256 are limited to part 1 of the *Régime* text.³⁴ Although they are contained within frames, the limited palette and light wash share little with the aesthetics of the other copies (fig. 3). Arsenal 2894 contains eighty-one loosely sketched but colored images without frames at all. The manuscript's text is an amalgamation of different medical treatises and various pieces of the *Régime*, and its images, including several diagrams, correspond to a variety of texts (fig. 4).³⁵ Although in-depth analysis of each of these manuscripts goes beyond the scope of this book, they represent the diversity and expansiveness of approaches to illustrating the *Régime* and offer opportunities for continued research by scholars.

The relatively large corpus of *Régime* manuscripts includes dozens that are unillustrated, even as we acknowledge the robust illustrative tradition upon which my book is focused. Many are in a humbler form than the illustrated copies, indicating that the text itself was of interest to a variety of audiences ranging from physicians to clergy to other individuals or households.³⁶ It seems clear, therefore, that the text was seen as useful in a variety of incarnations. While we can never be absolutely certain as to why some copies were illustrated and others were not, the relative consistency in the historiated initial programs indicates a shared purpose for those images in that smaller group of books. As such, we might ask what new content the illustrations brought to those copies, what types of audiences would have been interested in that content or messaging, and what seems to be missing in copies without such extensive illumination. I argue that the illustrated copies offer an additional visual narrative as evidence of domestic health care, one that is not present in the unillustrated versions of the text. Aside from the obviously pronounced ostentation of a book filled with energetic and provocative scenes that are encased in embellished and glittering decorative letters,

the images packed much more information into these books—information that relates specifically to the domestic context in which those copies circulated. What is conveyed in those images is essentially what this entire book is about.

Depicting Health Care

Each copy I discuss contains dozens of historiated initials, ranging from totals of thirty-seven to 149, which introduce chapters and most often contain a simple scene of activity. While the illustrated *Régime* manuscripts all have unique characteristics and stylistic idiosyncrasies, their images share a general compositional format.³⁷ Most of the illustrated copies of the *Régime* do not include larger, full-page images or images other than initials, except for the occasional embellished expansion of letter elements with hybrid creatures (as in Sloane 2435) or a single frontispiece on a larger scale. The initial, therefore, establishes a form that is shared across this diverse group of illustrated *Régime* manuscripts and the many images within them, setting up a type of engagement with the reader that facilitates intimate looking as much as it does reading.

The bloodletting scene from Sloane 2435 described at the beginning of this introduction provides a glimpse of the variety and inventiveness to be found in this group of illustrated manuscripts. The historiated initials range in topic, format, and pictorial strategy; they include images that feature various treatments or consultations, household activities such as food and drink production or preparation, and simple representations of specific animals and plants essential to a healthy lifestyle. The animal and plant images, in which a creature or substance is often depicted in isolation, parallel medieval manuscript traditions of bestiaries and medical herbals, though in the sections of the *Régime* that deal with such fauna and flora we also see various chapters represented with people in the act of production. For example, a guilty-looking monk sneaks a taste of wine in an image from Sloane 2435 (fig. 5), and two men stir apple mush in a cider-making scene from Sloane 2401 (fig. 6, top initial).

Other household activities, such as bathing, sleeping, or copulation, are captured with nuance and inflected with commentary despite being depicted in compact and concise scenes. Body parts are often represented with a patient being treated for an ailment in that part of the body. The particularly innovative artist of Arsenal 2510, known at the Bute Painter, tackles these potentially boring topics with eye-catching perspective, as seen in his image for the chapter on hair (fig. 7); his scene for the chapter on vomiting is also



Fig. 5
Wine. *Le Régime du corps*, ca. 1265–70. British Library, Sloane MS 2435, fol. 44v, detail. © The British Library Board.

de faire blanche char et sone sue. Et ceruoise qui est faite de
seigle ou de pamp de seigle ou il a moult et ache sur toutes
autres ceruoises est la meilleure. De vin de pomes



De pomes meures si est chaud
et trempées mais il n'est pas
sain a user pour ce qu'il enfle
et engroisse la fourcelle et estou
pe les voies du foie et du polmon
mais il a nature d'engrossier et
de donner assez nourissement et vaul
d'espalerment a ceulx qui ont la poitrine

assez et sèche et qui ne pueut legerement cracher et se tel
vin est fait de pomes acides il a nature de vin acide et
vaut moult a ceulx qui ont la coele amere et la fourcelle
et qui ont le foie engrossé et toutes gens poissent en este tel
vin user qui se fait en chault. Verus qui len fait de rosis
qui ne sont pas meures et de forgettes et de tueaulx et d'autres
autres choses a celle mesure nature si oie de refroidir le sang
et de amortir la fure de lestomach qui moult de coele et de stan
cher la soif qui poeuit chaler vient et de serer le ventre
et de refroidir le dormir et ce fait vin de verus et nommeau
mais le vin est plus chault pour la nature du soleil



De vin acide
De sa nature froid et entrecu
si oie du amere mais il aient
plus de froidure et a nature de
secher et de deper et de passer
vaut plus a user a malades
oster qui poeuit sancer et le
peut len faire en ceste maniere

Prenez bon vin et le mettez en un vaisseau mais qui ne soit
plein et le laissez refroidir et ainsi deendra vin acide et



Fig. 6 (opposite)
Cider and vinegar. *Le Régime du corps*, fifteenth century. British Library, Sloane MS 2401, fol. 55v.
© The British Library Board.

Fig. 7
Hair. The Bute Painter, *Le Régime du corps*, ca. 1285. Bibliothèque nationale de France, Arsenal MS 2510, fol. 29v, detail.
© Bibliothèque nationale de France.

particularly memorable (see fig. 69). In confined spaces that are relatively small and thus provide limited room for innovation, time and time again the viewer is presented with remarkable subtlety that rewards close looking. In a scene of a patient being given a purgative, the medicine's action is quietly indicated by the seat and bowl in the corner; an awkward scene of one woman groping the breast of another alludes to the serious business of wet nurse selection. Practitioners are not always men in these scenes; for example, in Sloane 2435, a female practitioner applies heated glass bells to the bare back of a male patient seated in front of her, drawing out toxins through a suction method called cupping. When considered collectively, these diverse images reflect a wide range of pictorial approaches that display inventiveness and sophistication alongside luxury. The manuscripts tie together important themes of artistic innovation, book collecting and literacy (especially among women), the politics of gift exchange, and the visual culture of medicine in the domestic realm.

The particular kind of historiated initial we see in these manuscripts, while not uncommon among didactic compendia, encyclopedias, and similar texts, communicates narrative quite differently than the scenes of a biblical or romance narrative. The

initials in the illustrated *Régime* manuscripts each introduce a chapter of the text, but, other than appearing in a series of similarly formatted scenes, they are not part of a larger, interconnected narrative in the way that a contemporaneous bible's historiated initials might be. The specific form of the historiated initial may at first seem static, but it actually creates an unexpected context for narrative potentiality through in-progress scenes that remain open to the viewer's resolution. The initials of the illustrated *Régime du corps* manuscripts demonstrate that isolated scenes with unresolved narratives can engage the viewer to imagine multiple conclusions simultaneously.³⁸ Such potential is particularly powerful for the health-related content of the *Régime du corps* and for users who engaged with these books in order to facilitate the well-being of their households.

Overview

Over the course of its four chapters, this book expands from illuminated microcosm to domestic macrocosm, exploring the implications of the illustrated *Régime* manuscripts through spheres of increasing scale: their initials, their owners, their medical contexts, and their household environments. It begins with an in-depth exploration of how these unique manuscripts of the *Régime* work, or how they might have been read by viewers. In the first chapter I include close readings of a number of pictorial examples with the goal of demonstrating how and what they communicate. The format of the historiated initial was fundamental to the ways in which the images and texts worked together within these books, both limiting the pictorial content and creating a particular narrative ambiguity. I pay special attention to scenes that accompany the chapter of the *Régime* on childbirth and infant care, which provide a window onto the role of women as household managers, caregivers, and readers of these books.

In the second chapter I consider the audiences for this group of illustrated manuscripts. Why were they made, and for whom? Without specific commissioners or owners attached to most of the manuscripts, I broaden the scope of this discussion to consider general book collecting practices, especially among elite women. I argue that the initial network for Aldobrandino's text, which presumably involved Beatrice and her four daughters, sets the stage for further dissemination and suggests that similar audiences were interested in later, illustrated copies. While the content of the *Régime* text was certainly relevant to both men and women, the ties between these particular books and other illustrative traditions support the claim that these illustrated copies existed in the same types of domestic spaces that they depict.

The existence of these illustrated copies demonstrates the ongoing value attributed by commissioners for copies that included a program of historiated initials. Considering that many copies of the text exist without such images, the intentionality of these illuminated versions makes clear that the narrative function of the initials enhanced the *Régime* text in these copies. The emphasis on status in their initials, including the

various encounters between people of different classes, the clear distinctions between types of practitioners, and the pairing of physicians with elite men and women, aligns with the likely owners and readers of these copies. Moreover, by employing the visual apparatus of the historiated initial to reflect the ambiguities of home and health management, the creators of these images succeeded in engaging precisely the concerns of these elite household members.

In order to argue that these manuscripts offer insights into a particular kind of household care that engages with, but ultimately exists outside of, professionalized medicine, my third chapter explores how the *Régime*'s textual tradition relates to other medical writing. Aldobrandino's work drew on established medicine but also reflected contemporary trends like vernacularization, expanding accessibility, and lay readership. I contextualize the *Régime*'s images as well as its text, and there, too, they simultaneously engage with imaging practices from both medical and scientific genres. This includes the depiction of physicians, which is abundant in the *Régime* manuscripts, as well as a wider range of pictorial genres that were oriented toward this kind of reader. My goal is to better understand how these manuscripts fit, and how they do not fit, into the canon of established medicine. Ultimately, both the professional and domestic spheres played a role in the trajectory of late medieval household health management.

Aldobrandino's *Régime du corps* was a prime example of regimen literature; this genre, despite its foundation in academic medical literature, was notably aimed at elite lay readers, even as it became of interest to wider audiences that may have included physicians or other professionals. A variety of other textual genres with which the *Régime* engages, including encyclopedic literature and household guides, were also intended for similar nonprofessional audiences. The *Régime du corps* brings aspects of these different genres into dialogue with one another, reframing the care of the body as a priority of the domestic, rather than the academic, sphere. Therefore, my fourth and final chapter is concerned with describing the kind of health care that the illustrated *Régime* manuscripts represent. What type of household is indicated in these images, and how does health care fit into that environment? What we find is a form of domestically oriented care in which women from multiple social classes are active agents in the management of health. The different types of practitioners and treatments represented in these scenes reflect the diversity of lay and professional medical care of which such households made use. After all, the physician is depicted *within* the household, entering an environment in which many other forms of health management were simultaneously practiced without the involvement of such professionals. These books thus provide an important window into the medieval household—a window that is not especially evident in the *Régime* text but that is remarkably visible in the images. The content and visual structure of the historiated initials impacted how book users would have engaged with the *Régime* text, ultimately playing a role in shaping the physical, lived context in which they were used.

Finally, this book complements these qualitative readings with three appendices. The first is a table that summarizes select data about the illustrated copies of the

Régime du corps that are the focus of this book, including basic codicological information, the number of historiated initials, and other texts included within the same manuscripts. The second appendix lists the specific illustrations included in each of those manuscripts, allowing for an instant comparison of their pictorial programs. And the third includes a list of all the known manuscripts that include the *Régime* text in part or in whole (seventy-five at the time of publication), along with some basic information about those manuscripts, offering some sense of an answer to questions about the shape of the *Régime*'s tradition beyond the illustrated copies alone.

The illustrated *Régime du corps* manuscripts were filled with images, often spectacular scenes embellished with many colors and gold leaf. These books were clearly expressions of status, luxurious objects intended to reflect the social position, wealth, and learning of their owners. At the same time, however, much more can be gained from these books than merely their economic significance. Complicating the narrative of these books as solely status objects, I instead approach them as useful tools that both encouraged and displayed household habits of care, practices that are especially pronounced in the historiated initials themselves. Consequently, the illustrated scenes in these manuscripts are transformed into compelling evidence for women as active agents within the household, enacting multiple types of care that would have taken place within the home. Alongside the academic medicine of learned physicians, a wide variety of paths were available to facilitate good health, and many of those were based in the domestic sphere. The *Régime*'s images, this book contends, provide a unique view of this expanded world of health care, broadening notions of medical community and asserting a more human-focused view of medicine based on daily care of the body.