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Introduction

A nun with visions of Christ's Passion. A blind, crippled, homeless holy woman. Four patrician wives and mothers. Two prophetesses, one of them a married, lactating virgin. An executed criminal. These very different women had one thing in common: their bodies were opened and their viscera examined after their deaths. This book uses their stories to write a history of human dissection in late medieval and Renaissance Italy. It begins in the late thirteenth century, when human dissection emerged for the first time in Western Europe as an established, though relatively infrequent, practice with roots in a variety of secular and ecclesiastical institutions. It ends in the mid-sixteenth century, when anatomical knowledge based on human dissection was generally accepted as one of the foundations of learned medicine and natural philosophy and would soon be adopted by lay writers as an important way to understand the body and the self. Surprisingly, given the relative absence of documentation concerning women in other social and medical contexts, I could not have written this history in this way using male subjects, since the materials for detailed case studies are lacking for men. This is not because fewer men's bodies were opened than women's during the period in question, although that may in fact be the case. Rather, it reflects the special

emphasis given to the opening of female bodies in late medieval Italian culture and to dissection as one of the best techniques for knowing what was most important about those bodies, as well as the way this became a model for knowing human bodies in general, regardless of their sex.

The story of how and when western Europeans first began to open and inspect the insides of human bodies has been written many times.¹ Although my interpretation builds on the work of earlier historians, I have tried to redefine the topic by including a wider range of practices, contexts, and people. To date, whether they have used visual or textual sources, historians have tended to focus on one type of procedure: the opening and inspection of human bodies in university medical faculties and other corporate institutions (notably colleges of physicians or surgeons) in order to teach anatomy to medical practitioners or to further anatomical research. They have concentrated on the motivations and actions of one type of knower, the learned physician or surgeon, and on one type of human cadaver, the executed criminal, to whom this sort of dissection was limited by statute and custom. These cadavers were for the most part male, not only because so few women were executed for capital crimes, but also because anatomy was about knowing the generic human body, which was understood as male. But it was not just female bodies that were in short supply; until the years around 1500, when anatomists began to turn increasingly to local hospitals for anatomical material, dissection in the service of medical teaching and study was rare, whatever university and college regulations might have said. Relatively few criminals were executed in this period, and fewer still were eligible for dissection, which in most cities was confined to the bodies of foreigners of low standing.² Until at least the early sixteenth century, broadening the pool of cadavers was not a priority because anatomy was not deemed an important

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component of medical training. The requirement of annual dissections that appears on the books of many late fourteenth- and fifteenth-century Italian medical faculties was more often ignored than observed.

Outside of colleges and universities, however, human dissection proceeded apace. Beginning around 1300, it developed quickly and spontaneously out of a set of *ad hoc* cultural practices that had nothing to do with medical instruction: funerary ritual (most notably embalming by evisceration), the cult of relics of the Christian saints, autopsies in the service of criminal justice and public health, and a birth practice that eventually became known as Caesarean section. (This last, which involved extracting a living fetus from the body of a woman who had just died in childbirth in order to allow it to be baptized, is better called by its contemporary name, *sectio in mortua* — cutting open a dead woman.)³ While all these practices required opening human bodies and were often (though not always) performed by surgeons and physicians, they had little else in common with academic dissection. Except for the occasional public display and dismemberment of a saint's body in order to multiply its relics, these other dissectionlike practices — embalming, autopsy, fetal excision — generally took place in secluded or domestic settings. None of them involved the profound dishonor associated with the public academic dissection, in which an unnamed and naked corpse was not only exposed in front of a group of unrelated viewers but also largely dismantled; this violated both its personhood and its social identity by rendering it unrecognizable and unsuited for a conventional funeral, in which the clothed body was displayed on its bier.⁴ The other procedures, which involved opening only the abdomen, left the corpse largely intact.⁵ Because they did not assault the honor of the person in question or of his or her family — and indeed were often performed at the initiative

of family members or other close associates — they inspired little or no resistance. On the contrary, in fact: embalming, which seems to have been both the earliest practice and the precursor of other forms of evisceration, was reserved for revered, even sacred, dead.

By paying at least as much attention to these more private, less invasive procedures as to the formal dissection of criminals by university lecturers, I aim to restore the latter to the social and religious context of which it was a part. Even the words contemporaries used to describe the opening of human bodies reveal the strong continuities between the world of teachers and students and the worlds of childbirth, murder trials, chronic illness, state funerals, and Christian cult. Medical writers used the Latin noun *anatomia*, together with its variants — *nothomia*, *anathomia* — and its vernacular cognates, to refer indifferently to the practices known now as dissection (the opening of a corpse to learn about human bodies in general) and autopsy (the opening of a corpse to make a determination about the state of an individual body, usually the cause of death). Both practices fell under the often-cited definition of anatomy given by the seventh-century Byzantine medical writer John of Alexandria in his influential commentary on Galen's *On the Sects* (*De sectis*): "Anatomy is the artificial cutting and elucidation of things that are concealed in the hidden body."⁶ But the term also occasionally appears in texts referring to embalming. The relevant verbs allowed even fewer distinctions among these various practices. Latin writers tended to use nontechnical words — *incidere* ("cut"), *aperire* ("open"), and even *exenterare* or *eviscerare* ("eviscerate") — to describe not only dissections and autopsies but also embalming and the opening of women who had died in childbirth. These four practices were even more closely associated in Italian texts written by people who were not medical professionals, who almost always used the verb *sparare* (there is no

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corresponding noun), which referred more commonly to preparing animals for cooking, as in gutting fish or pigs.⁷

The various procedures involved in opening the human body were also closely linked in practice. Consider, for example, the *Commentaries on the Anatomy of Mondino*, a massive anatomy textbook published by Jacopo Berengario of Carpi in 1521. Although Berengario referred intermittently to the formal public dissections he conducted as professor of anatomy and surgery at the University of Bologna, much of his information came from casual observations made in the course of his thriving surgical practice, which included both formal autopsies and incidental ones made when operations went wrong. (He also dissected miscarried or stillborn fetuses obtained from midwives.) One of his most detailed accounts of such an autopsy involved the sudden death of a pregnant woman. Berengario was called to open her corpse in hopes of finding “two fetuses [*faetus*] if not completely alive, then at least alive enough to be baptized.” Instead, he discovered one, outside the woman’s uterus, lodged in her intestines. “This greatly astonished me,” he wrote, “and the fetus was baptized by the women of the house.”⁸ Proceeding then to open the uterus, he found a large swelling (*apostema*), which had ruptured it and ejected the fetus. In this case, a planned *sectio in mortua* turned into an impromptu autopsy as well.

Embalming and autopsy were particularly linked. The two early fourteenth-century holy women whose stories form the basis of Chapter One were initially eviscerated so that their corpses could be preserved. Only several days later were their viscera inspected and holy objects found inside. Beginning in the late fifteenth century, the easy association between embalming and autopsy — having extracted the abdominal organs in order to preserve the corpse, why not examine them to determine cause of death? — is also demonstrated in the cases of secular notables such

as Lorenzo di Piero de' Medici, "the Magnificent," (d. 1492) and Isabella of Aragon (d. 1533).⁹ Surgeons called to embalm the body of an illustrious person might take advantage of the opportunity to make casual observations for their own use; for instance, Berengario noted in his *Commentaries* that fat people tended to have quantities of fat adhering to their hearts, citing the example of Giovanni Francesco della Rovere, archbishop of Turin, whose corpse he had eviscerated and prepared.¹⁰

By treating all these practices together rather than looking at academic dissection in isolation, I aim to restore their cultural coherence. This is a fundamental point: assuming anachronistically that opening the human body is in the first instance a medical procedure, historians have ignored the broader phenomenon of which it was a part — or reduced these other, related procedures to the status of "background" or "cultural context." In contrast, I consider the opening of the human body as a whole. Its variants (dissection proper in the modern sense, embalming, autopsy, fetal excision, the "recognition" or inspection of the corpses of holy women and men) are like a set of angled mirrors: each illuminates and reflects the others. No one is primary, least of all dissection, which was by any measure the most arcane. In order to emphasize their commonalities and the degree to which they were associated in the minds of contemporaries, I have for the most part used the words "dissection" and (preferably) "anatomy" to refer to all of them, except when clarity has demanded a more precise term.

At the same time, however, I underscore the specificity of particular practices within this bundle of related activities: the different concerns that motivated them, the different spaces in which they took place, and the different moral economies of personhood that they implied. For example, as I have already mentioned, dissections for the exclusive purposes of medical research

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and teaching were not only relatively rare but also uniquely dishonoring, which explains their restriction to the corpses of executed foreign criminals, hospital patients, and animals. Most of the other practices, in contrast, were associated with social and cultural elites; embalming was generally reserved for prospective saints, princes, popes, and other ecclesiastical and civic leaders, while those who were autopsied at their own or their families' request had, by definition, access to high-level professional medical care. The actual extent of fetal excision is unknown, although there is no reason to assume it was limited to the well-to-do; when the Dominican preacher Giordano of Pisa described calling (and paying for) doctors and midwives to perform the operation on a woman who had just died in childbirth in a house attached to the Dominican convent in Pisa, he was almost certainly referring to an act of charity.¹¹

Even the notorious theatricality of formal, public anatomies shows the importance of placing practices involving the opening of bodies in specific contexts and attending to their specific meanings. Displaying an unclothed corpse to a large group of unrelated people had various effects. On the one hand, he embalmed bodies of holy men and women, not to mention popes, were often stripped by their admirers while they lay in state; this trope of hagiography served to emphasize the intensity of popular devotion inspired by a potential saint's body and the magical power of objects that had been in contact with it.¹² The public exposure of the corpse of an executed and dissected criminal, on the other hand, was an occasion of dishonor and shame for the individual and his or her family.¹³ Yet even this ritual had strongly positive associations; as an opportunity for university towns such as Bologna and Padua to flaunt their intellectual resources, it had by the late sixteenth century become a focus of civic pride.¹⁴

The specificity of cultural contexts and meanings have led me

to restrict this study to northern Italy, whereas most histories of anatomy have tended to adopt a universalizing, chronological approach.¹⁵ Ignoring linguistic and cultural boundaries obscures not only the important part played by specific lines of influence and local traditions in anatomical practices, texts, and illustrations. It also overlooks the fact that during the first two hundred years of its continuous history, from the late thirteenth to the late fifteenth century, human dissection was confined to Italy and (to a lesser extent) southern France.¹⁶ The early interest in opening human bodies sprang partially from conditions specific to Italian medicine: the long tradition of animal dissection associated with the southern Italian city of Salerno (an important center of medical teaching as early as the eleventh century), the sophistication of thirteenth-century surgical practice in the Po valley, and the intensified attention devoted to the anatomically informed works of Galen on the part of medical masters at the University of Bologna in the years around 1300.¹⁷ But it also reflected specifically Italian funerary practices and attitudes toward human corpses. Italians began to eviscerate their revered dead for embalming relatively early, in the second half of the thirteenth century, in connection with papal funerals and the cults of “new saints.” (The latter were contemporary holy men and women, as opposed to long-dead martyrs, whose bodies were valuable sources of civic prestige and prosperity, as well as sites of healing power.)¹⁸ At the same time, however, Italians were much less inclined than inhabitants of areas with a Germanic cultural heritage to ask for their corpses to be dismembered for repatriation if they had died abroad, or to be divided for burial in multiple locations.¹⁹ All these circumstances contribute to explaining why most of the practices that involved opening the human body and examining its contents (rather than merely dividing it) began in Italy and flourished there considerably earlier than in most other parts of Europe.

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As my emphasis on saints' cults and funerary practices suggests, I argue that social and, especially, religious practices were far more central to the early history of dissection than many other histories of anatomy would lead one to believe. A long historiographic tradition, dating back to at least the middle of the nineteenth century, presents religion and science as diametrically opposed cultural enterprises and the Church as deeply hostile to dissection.²⁰ This misconception is still widespread. Generations of Italian tour guides, not to mention playwrights, journalists, and historical novelists, have waxed eloquent over the supposed moral and intellectual courage of such late fifteenth- and sixteenth-century heroes as Leonardo da Vinci, Michelangelo, and Andreas Vesalius, author of *On the Fabric of the Human Body*, published in 1543, whose famous title page celebrated the study of anatomy based on dissection rather than on ancient texts (figure I.1). These men, the story goes, defied religious superstition and braved persecution and censure in the service of art or science, pursuing their intellectual passion in dark cellars and back rooms with trapdoors in the floor for the quick disposal of corpses when the police (or the Inquisition, or whoever) arrived.

Like the familiar story associated with Christopher Columbus, whose courageous voyage of 1492 purportedly proved to a doubting public that the earth was round, this story has been debunked repeatedly by medievalists to no avail.²¹ The power of such fictions to weather frequent and detailed disproof testifies to the important cultural work they perform by supplying foundation stories that confirm deep-seated Western intuitions about the scientific origins of modernity — intuitions that continue to inform the writing of even specialists in the field.²² Equally deep-seated is the unwarranted assumption that, just because twentieth- and twenty-first-century Western understandings of the body are dominated by medical models and medical discourses, this was



Figure I.1. Vesalius dissecting the body of a female criminal. Andreas Vesalius, *De humani corporis fabrica* (Basel: Joannes Oporinus, 1543), title page.

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also true in earlier periods; in this view, the history of the body has at its core a history of anatomy and physiology, to which a variety of “cultural meanings” (regarding, for example, gender, shame, and sexuality) are appended.²³ My research suggests, however, that the men and women whose lives and work I describe in this book, the inhabitants of northern Italian cities from the mid-thirteenth to the mid-sixteenth century, understood their bodies primarily in terms of family and kinship, on the one hand, and religion, on the other. Medical models — even in this world of highly developed medical institutions and practices — came in a distant third. Family and religious concerns underpinned procedures such as embalming, autopsy, and “Caesarean section,” which were generally performed at the initiative of laypeople (in the sense of nonprofessionals). Because these procedures were so closely associated with the practice of dissection in the service of medical research and teaching, and because they played such an important part in its history, the concerns that informed them shaped dissecting practices as well.

In terms of religious culture, several important and distinctive elements are at play, among which the most important is probably the absence in medieval Christian culture of anything resembling a belief in corpse pollution.²⁴ Fears concerning the impurity of the corpse worked powerfully to shape the cultures of ancient Greece and Rome and to limit human dissection in those cultures, with the exception of a single generation of Greek medical writers in early third-century BCE Alexandria. (Alexandria lay in Egypt, where longstanding traditions of embalming reflected a very different set of attitudes toward dead bodies.)²⁵ From very early on, however, Christian culture defined itself in opposition to Mediterranean paganism in this regard. This change was due in large part to the consolidation of the cult of the saints. Saints were understood as present in their mortal remains, even after death,

and their corpses, far from being sources of pollution, were reservoirs of protection and magical power. As a result, their tombs were privileged places; anchored by these precincts, as Peter Brown has put it, the “familiar map of the relations between the human and the divine, the dead and the living, had been subtly redrawn.”²⁶ Nascent ideas of bodily resurrection further strengthened the ties between the beloved dead and their mortal remains.²⁷

This new relationship to dead bodies challenged many third- and fourth-century Christians raised in societies that saw human corpses as horrifying and impure. Over time, however, the new attitudes became second nature, and by the thirteenth and fourteenth centuries, when dissection was first emerging as a western European practice, few traces of the older fears remained.²⁸ Like Christians all over Europe, Italians enthusiastically embraced the cult of relics — in the form of fragments or even entire corpses — as well as funerary practices that involved disembowelling, dismembering, and mutilating dead bodies, although those practices differed significantly according to region and class. Attitudes toward human corpses continued to be complicated; handling recently dead bodies was not pleasant, to be sure, and manual labor of any sort was considered shaming to those of elevated birth. It took several centuries before university-trained physicians regularly opened human bodies themselves, rather than leaving the job to lower-status barbers and surgeons, but this had nothing to do with defilement by dead bodies or attempts to legitimate a “polluting” activity.

Rather, late medieval Christianity saw the human body as one of the principal elements connecting the natural and the supernatural worlds. Like the body of Christ, who died like a criminal, mutilated on the cross, or like the scattered bones of long-dead martyrs, the body was a conduit for divine grace. This was also true of living bodies, such as those of the murderers whose public

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humiliation and physical suffering at the hands of the executioner might exempt them entirely from the pains of Purgatory, or the visionaries and ecstasies — mostly but not entirely women — who bore on their bodies the marks of Christ's wounds.²⁹ For thirteenth- and fourteenth-century Christians, sanctified bodies were often mutilated in life and available for evisceration and dismemberment after death — processes that served to multiply and diffuse their power. (God in his omnipotence would reunite the scattered fragments of their bodies at the Last Judgment.)³⁰ At the same time, the belief that possession by the holy spirit, like possession by the devil, could leave its marks on and even within the body provided a motivation to examine and explore the corpses of extraordinary people, inside as well as out.³¹

The logic that connected dissection to ideas concerning family and kinship is even more direct than to religion, at least to modern eyes. Late medieval Italian society, especially urban elite society, was profoundly patriarchal; even more than northern Europeans, Italians — at least Italian nobles and patricians — understood family membership primarily in terms of blood relationships defined by biological descent through the male line.³² This emphasis on paternity collided with the realities of conception, gestation, and childbirth, all of which foregrounded the mother's contribution to generation and the physical tie between mother and child. Equally unnerving, men could never know for certain if their children were in fact their own; paternity, constructed this way, was fragile, dependent on the sexual fidelity of women, whose untrustworthiness was the stuff of a thousand fables, jokes, and songs. The precarious nature of fatherhood, and thus of the family itself, centered on the uterus, the dark, inaccessible place where the child's tie with its father was created, its sex determined, and its body shaped. Generations of Italian medical writers, not to mention legal theorists, theologians, and natural philosophers,

struggled to describe this mysterious process in terms that could ground kinship securely in patrilineal descent.³³ Ordinary men and women, in the meantime, wrestled with equally pressing but more practical questions: Is she a virgin? Why can't we (she) get pregnant? Is it a girl or a boy? How do I know the child is mine? The answers to all these questions lay inside the female body and, more specifically, inside the womb.

Male writers often referred to matters of this sort as "the secrets of women," a phrase that had multiple and sometimes conflicting connotations.³⁴ On the one hand, it implied that women had access to knowledge concerning sexuality and generation that men did not, and that they hoarded this knowledge for their own, often unsavory purposes. On the other hand, it simply described a topological situation: precise information on matters equally important for men and women was inaccessible to both. Indeed, in the minds of physicians — as well as many of their female patients — women stood to benefit as much as or more than men from the advances of medical knowledge in this area, since it was vital to their health and to their very survival in an age when astounding numbers of adult women died from complications of childbirth.³⁵ Understanding the secrets of women became one of the principal goals of fifteenth- and sixteenth-century medical writers, both because the topic was important in its own right and because it was thought that anyone who could probe the complicated and mysterious workings of the uterus would have little trouble understanding the rest of the comparatively simple human frame. This is why the womb appears as a — arguably *the* — privileged object of dissection in medical images and texts.³⁶

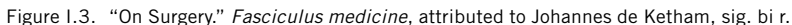
By this, I do not mean that the number of folios or illustrations devoted to the female anatomy outnumbered those devoted to the male. This was patently not the case; the male body was the generic body, as I have already noted, and women's bodies served

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to demonstrate only the female reproductive system. Rather, the uterus acquired a special, symbolic weight as the organ that only dissection could truly reveal, and as a result, it came to stand for the body's hidden interior. This is vividly illustrated in an influential group of anonymous texts and images of German origin that circulated widely in manuscript during the fifteenth century, providing information useful for medical practitioners in graphic form. These were published in Venice in 1491 as an attractive, large-format Latin book called the *Medical Compilation* (*Fasciculus medicine*), attributed to one Johannes de Ketham.³⁷ Like its manuscript models, this book used male figures to illustrate a variety of general topics, including points for bloodletting (figure I.2), the association of the signs of the zodiac with different members, and ways to treat various types of wounds (figure I.3). Although the last such figure is even titled "On Anatomy," it shows only the outside of the body, together with a list of the diseases to which it is heir (figure I.4). The female figure ("On Woman"), in contrast, has a decidedly inward cast. While it, too, shows the locations of a variety of diseases, carefully labeled on the affected body parts, it also demonstrates the pregnant womb, located among a variety of ill-defined structures meant to represent the other visceral organs (figure I.5). Thus the female figure has come to illustrate internal anatomy in general, apparently by association with the uterus: where the male bodies are mostly surfaces, the woman is identified with a visualizable inside.

Emboldened by the evident success of the 1491 *Fasciculus*, its publishers issued an Italian translation in 1494, the *Fasciculo de medicina*. This included several additional texts and images, including a completely reworked version of the female figure, now titled "Figure of the uterus from nature" (figure I.6). This appears to be the first image in a printed book ever to show an internal organ on the basis of direct inspection of a dissected body, testifying to the

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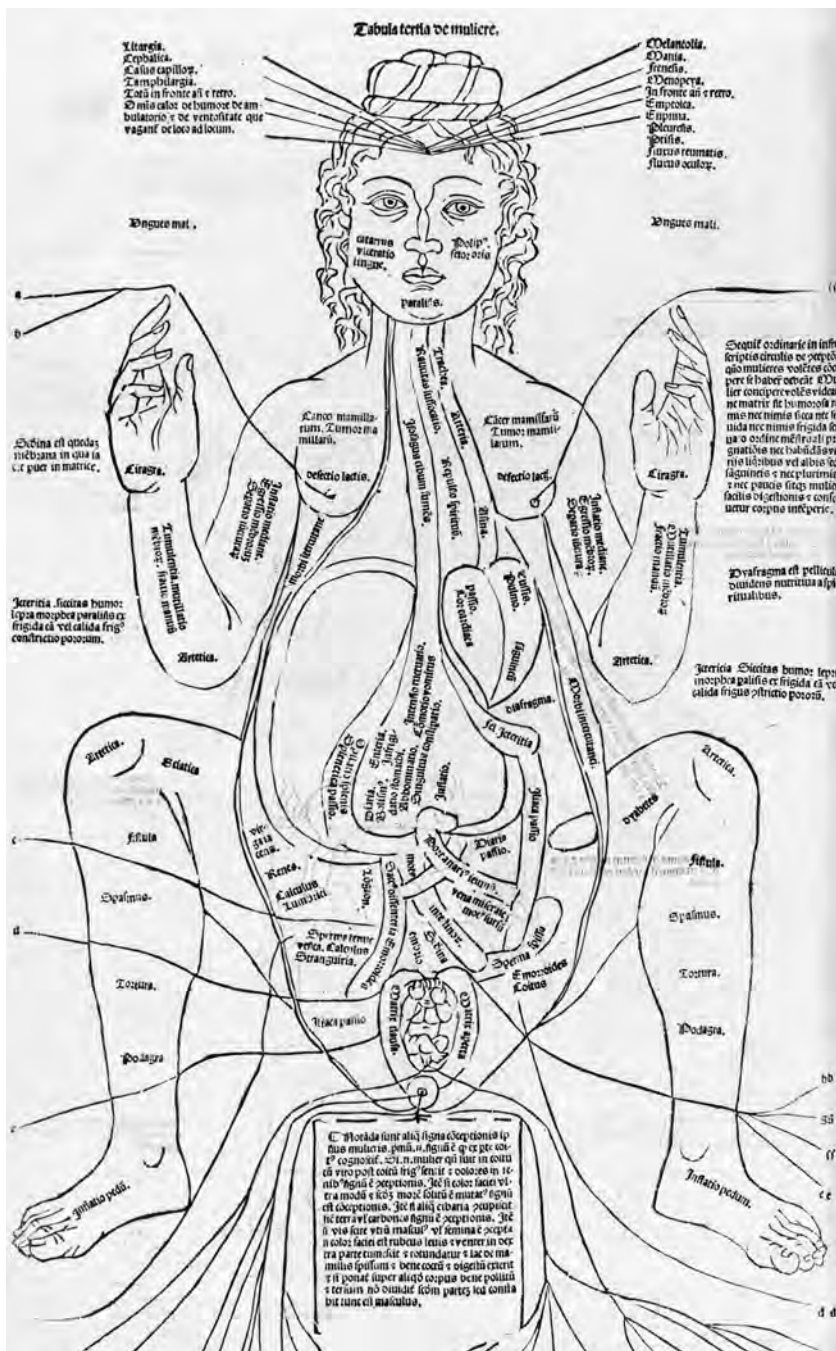


Figure I.5. "On woman." *Fasciculus medicine*, attributed to Johannes de Ketham, sig. av v.

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implicit link between the female body (the body defined by its interior) and dissection (the technique by which that interior might be revealed).³⁸ I don't mean to suggest that men were not thought to have internal organs; although this was not typical of earlier manuscript versions of this image, the "wound man" in the 1491 and 1494 editions has clearly defined viscera, themselves vulnerable to sword, dagger, and lance. But the male body was not reduced to and identified with its interior, like the female body.

The female figure in the *Fasiculo* served as both model and foil for Leonardo da Vinci. Although it is doubtful that he ever personally dissected a woman, his single most elaborate and finished image shows a female torso. This was evidently intended to correct and supplement the *Fasiculo*'s image and to show what the inside of the human body was really like (figure I.7).³⁹ Some of Leonardo's notes concerning his projected book on anatomy also foreground the female body by placing it at the very beginning. "This work must begin with the conception of man, and describe the nature of the womb," he wrote around 1489, "and how the child [*pucto*] lives in it, up to what stage it resides in it, and in what way it quickens into life and feeds. Also its growth and what interval there is between one stage of growth and another. What it is that forces it out from the body of the mother, and for what reasons it sometimes comes out of the mother's belly before the due time."⁴⁰ Vesalius adopted a similar strategy in his famous *Fabrica*, which also begins with the female womb; although the sections on internal anatomy include only a few images of the female body, the title page showcases the open cadaver of a woman, with her uterus exposed (figure I.1).⁴¹

Therefore, although women's anatomy was reduced functionally to their organs of generation, these had an emblematic status as the exemplary object of dissection: representations of the female body came to stand both for the interior of the human body

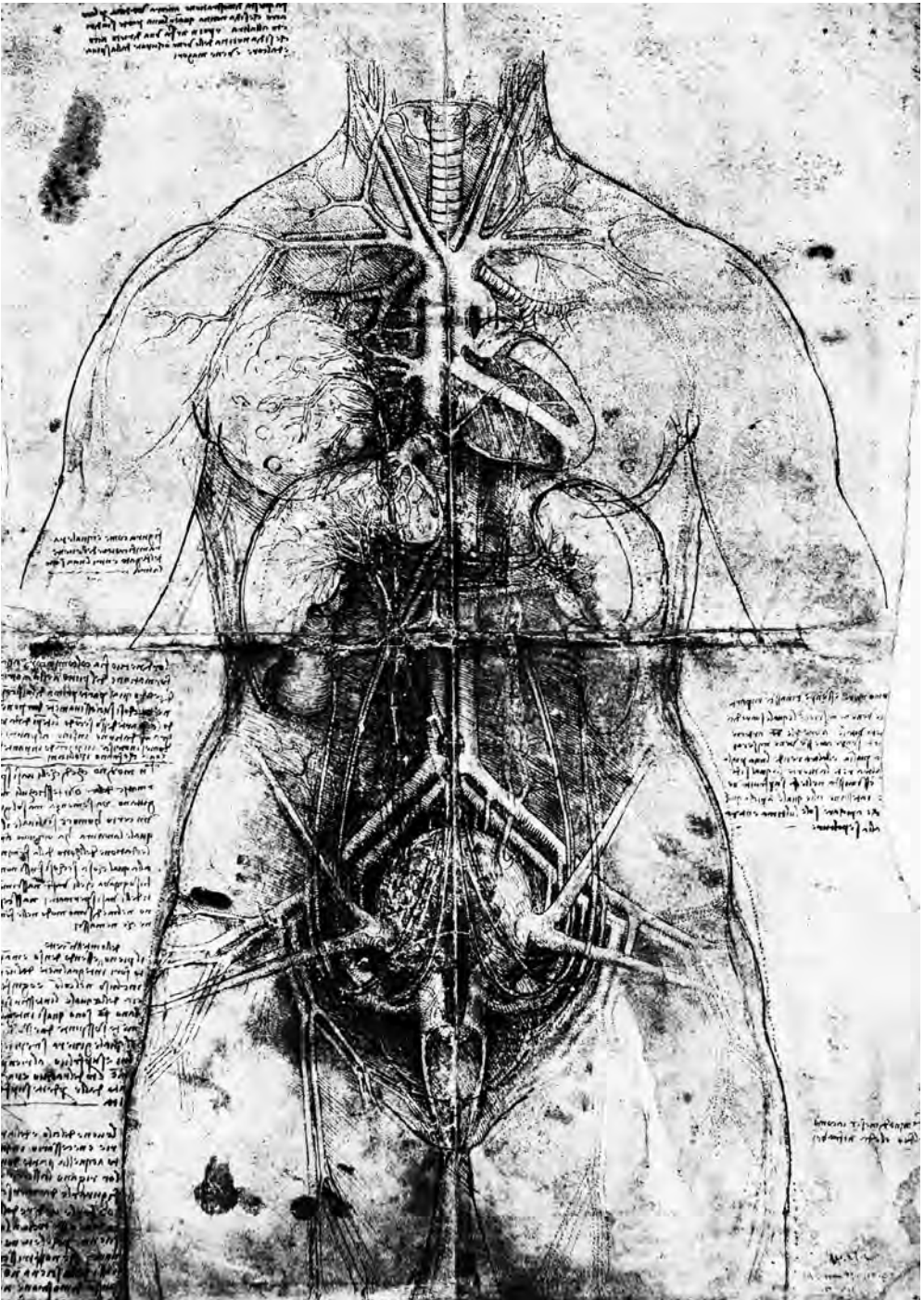


Figure I.7. Leonardo da Vinci, drawing of the internal organs of the female body, Windsor Castle, Royal Library, ms. W.12281r, ca.1508.

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and for the powers of dissection-based anatomy to reveal its hidden truths. At the same time, however, the uterus retained its specific identity as the enigmatic space where both life and knowledge began and within which the male seed was mysteriously transmuted into a human child.

Although these matters seem to lie far from the religious issues concerning saints and relics I discussed above, the two topics are more closely related than they might appear, for the bodies of mothers and those of holy women were understood in analogous terms. Male writers described the latter as holy vessels, uniquely suited — in ways that men were not — to receive the gift of divine grace, which often took the form of intimate conversations and visions.⁴² There was a strong corporeal dimension to these peculiar abilities. Not only did many women manifest their experiences of the divine in strikingly corporeal ways (including extreme fasting, stigmata, levitation, and long periods of rigidity and insensibility), but both they and their male supporters also imagined their divine possession in physiological terms, as the reception of the holy spirit into their hearts.⁴³ Like the father's seed in the mother's uterus, Christ's presence in the heart created new life; this might manifest itself materially in the form of objects impressed with his likeness, which only dissection could reveal. Given this emphasis on both the corporeality and the inwardness of women's religious inspiration, it is no coincidence that the bodies of holy women were opened and inspected beginning in the early fourteenth century, while the first known autopsy of a holy man (Ignatius Loyola) took place two hundred fifty years later, in 1556.

In order to explore these linked themes of generation, holiness, and female corporeality in connection with the early history of human dissection, I have arranged this book as a series of case studies. Each begins with the opening of a woman's body and

moves outward from that event to consider its surrounding circumstances — where she was opened, by whom, and for what reasons — and its relationship not only to the history of anatomy but also to the social and religious practices that framed and informed the act of dissection. In order to reconstruct these circumstances, I have drawn on many different kinds of sources: devotional texts and images, chronicles, records of canonization procedures, works of fiction and mythology, diaries and letters, and treatises by medical writers. My first case study (Chapter One) focuses on the story of an Umbrian abbess, Chiara of Montefalco, whose corpse was opened in 1308 by her fellow nuns. After an interlude (Chapter Two) in which I analyze changes in the idea of “women’s secrets” over the course of the fourteenth and fifteenth centuries, I begin Chapter Three with the dissection of Fiametta Adimari, the wife of one of the richest and most powerful men in Florence, who died in 1477. Chapter Four centers on the 1520 anatomy of Elena Duglioli, a Bolognese visionary whose corpse was repeatedly opened and inspected by, among other people, Jacopo Berengario of Carpi, the professor of surgery and anatomy whose experience with extrauterine pregnancy I described above. Finally, in Chapter Five, I use the body of the unnamed female criminal on the title page of Vesalius’s *Fabrica*, who was probably executed in 1542, to show how foregrounding the gender of the cadaver forces us to broaden and rethink the cultural meanings of dissection in what is often presented as an icon of modern science. The modernity of this image is debatable, I argue, but there is no question that it encoded many contemporary commonplaces regarding gender, generation, knowledge, and holiness with dramatic force.

By ending rather than beginning my story with Vesalius, I aim to bridge the artificial divide between the late Middle Ages and the early modern period that shapes so much of the historiography

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of early science and medicine. This divide is largely the product of the kind of selective reading that created, among other things, the myth of medieval resistance to human dissection. By emphasizing the opening of human bodies outside the context of university medical study, I aim to demonstrate the continuity between the work of academically trained physicians and surgeons and the actions and decisions of the many men and women who employed them to eviscerate and inspect the corpses of their masters, mistresses, siblings, parents, spouses, and children. Finally, in focusing on women's bodies, I aim to show the very specific ways gender shaped one important area of natural inquiry. It is a commonplace of feminist science studies that those who study the natural world understand both it and their own enterprises in gendered terms; it is often claimed that the sixteenth and seventeenth centuries marked a kind of watershed in this respect, fashioning a new view of nature as the feminized and objectified focus of male inquiry.⁴⁴ Yet no one has studied how this process of gendering might have worked in particular branches of early natural inquiry: how and to what extent it functioned in terms of both context and content, whether it was stronger in some disciplines than others, and whether it was incidental or fundamental to their development. Such questions cannot be answered by looking at early modern texts and images in isolation, without considering their medieval antecedents as well.

This book attempts to address these problems for anatomy in the period between the late thirteenth and the mid-sixteenth centuries. It argues that women's bodies, real and imagined, played a central role in the history of anatomy during that time. Urgent questions about where babies came from and how they were conceived spurred physicians and surgeons to open human corpses and to write about them. In the process, what male writers knew as the "secrets of women" came to symbolize the most difficult

intellectual challenges posed by human bodies: challenges that dissection promised to overcome. This story does not figure in any of the histories of late medieval and Renaissance anatomy, which focus on it as a university subject rather than as one of the many tools used by men and women to make sense of their experiences and to advance their interests in the world. It remains to be seen whether anatomy is idiosyncratic in this respect — since it is the science of bodies, the centrality of gender to its history is overdetermined — or whether similar histories, for other disciplines, are hiding in plain sight.

Whatever else it may be, this book is less a history of women than I would have liked, for although I have tried hard to track down materials that would reveal women's experiences and understandings of their own bodies, I have found articulate sources difficult to obtain. (I have speculated on the topic where I thought I could.) It is to a greater degree a history of the health care available to women, or at least to the mostly elite women whose anatomies I have been able to discover and explore. Above all, however, it is a study of the rich hoard of texts and images in which learned men — mainly physicians, surgeons, and clerics — reflected on women's bodies and were alternately alarmed, inspired, attracted, repelled, and fascinated by them. This book, then, is about women's bodies and men's attempts to know them, and through them to know their own.

CHAPTER ONE

Holy Anatomies

In August 1308, Chiara of Montefalco died in the monastery of which she was the abbess and in which she had lived for many years. Present at her deathbed were her fellow nuns and two friars from the local Franciscan convent: her chaplain and her brother. A renowned ascetic and visionary, she had been ill for some time. Several hours before her death, however, she regained her color, appetite, and energy, and she passed away peacefully in a seated position, as shown in a fresco painted twenty-five years later for the monastery's chapel (figure 1.1).¹ Shortly afterward, the nuns decided to embalm her corpse, which they already considered a precious relic. In the words of Sister Francesca of Montefalco, who testified a decade later at Chiara's unsuccessful canonization procedure, they agreed "that [her] body should be preserved on account of her holiness and because God took such pleasure in her body and her heart."² The nuns appear to have been familiar with the practice of embalming, for they knew they had to eviscerate the corpse and fill its interior with herbs and spices.³ Accordingly, they ordered "balsam and myrrh and other preservatives" from the town's apothecary, Tommaso di Bartolomeo of Montefalco, as he recounted in his own testimony.⁴

Sister Francesca described what happened next: "And after leaving the others, Sister Francesca of Foligno, who is now dead,

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