H3. Disease, Disability, and Dissection

H3:1 Walton Schalik, *The Twin Paradox: A Study of Health, Disease, and Disability in the Twelfth-century De gemellis*

De gemellis is one of a small class of debate poetry focusing on ancient mythos. Associated with the tradition of Bernardus Silvestris and his 12th-century school, De gemellis survives in at least eleven manuscript witnesses.

The story is one of twin boys, born perfect, but for the development of an illness that stymies medical luminaries of the day. The experts' advice is to sacrifice one to dissection, such that the cause of their imperfection can be learned to save the twin; the alternative is to allow both to perish. Their father approves the intervention; their mother sues after one dies and the other lives.

Presented as the apotheosis of the physically desirable, the twins are nevertheless doubly disabled. They harbor an illness which will curtail their lives; they also have the condition of being twins, provoking the potential that one at least could sacrificed to help the survivor. In this doubled, doubled status, the twins also reflect the Heisenbergian state of the healthy disabled: they are typical in health yet incomplete with respect to the healthy typical individual (the temporarily able-bodied).

This twin story is further revelatory for the Middle Ages, highlighting the rebirth of dissection, the growing power of medical determinism, and the role of gender authority. Since De gemellis was inspired by Pseudo-Qunitilian's 2nd-century Declamatio 8 (and before that Quintilian's 1st-century rhetorical instruction), the Silvestrian text is also a rich source of comparison of medicine's socio context between late antiquity and the Twelfth-century Renaissance.

Comparing textual variation of the manuscript stemma, contemporary medico-legal structures, theories and practices of twins and of crippling conditions, this paper presents a novel source of high medieval medical imagery. Emerging from this analysis is a rich tapestry of text and context, playing off health, disease, disability, gender, age, professions, and laity over a thousand years. The result is a medical matrix rooted in the pair's paradox.

<u>Learning Outcomes</u>

- Understand more deeply the relationship between social and individual responses to disabilities.
- Develop a richer appreciation of medical deontology and its medieval roots.
- Respond to changes in medical practice guided by a historically informed concept of professional responsibility and patient advocacy.

H3:2 Brian Long, *Learned Medicine among the Saints: Quantifying Medical Miracles in the Long Twelfth Century*

Scholars such as Sally Crumplin and Rachel Koopmans have emphasized that, in the twelfth century, medieval miracles became "medicalized," drawing upon newly available learned medical texts (including new translations from Greek and Arabic) to describe the particular ailments that were healed and to draw attention to the supernatural character of their remedies. But how, exactly, did these medical influences spread? How extensive was this influence? Thus far, scholars have noted these influences where they mark a change from previous miracles, but a comprehensive study has not been essayed.

In this paper, I will begin to quantify the influence of learned medicine on several miracle collections from the long twelfth century, by looking at one medical handbook that was widely popular among monastic and clerical readers of the period (the Viaticum of Constantine the African) and tracing its influence on several medicalized miracle collections. This examination will show that the "medicalization" of the period was uneven, and could take a variety of forms: some miracle collections were highly influenced by newly available medical texts and others less so. These contrasts will suggest a more granular, specific picture of these changes.

This paper will also take the opportunity to offer some brief methodological comments on approaches to this kind of work in the age of genAI. The availability of both digital resources and capable, powerful computational tools would seem to make the quantitative study of these underexplored subjects more feasible. But how can scholars responsibly and reliably make use of genAI and other computational tools for this kind of work?

<u>Learning Outcomes</u>

- Better understand the sometimes complementary relationship between medical theory and religion in other cultures
- Gain understanding of the strengths and weaknesses of genAI and other computational methods for detailed work
- Be able to contribute to better patient care, by understanding the complex interplay between medical and religious forms of care