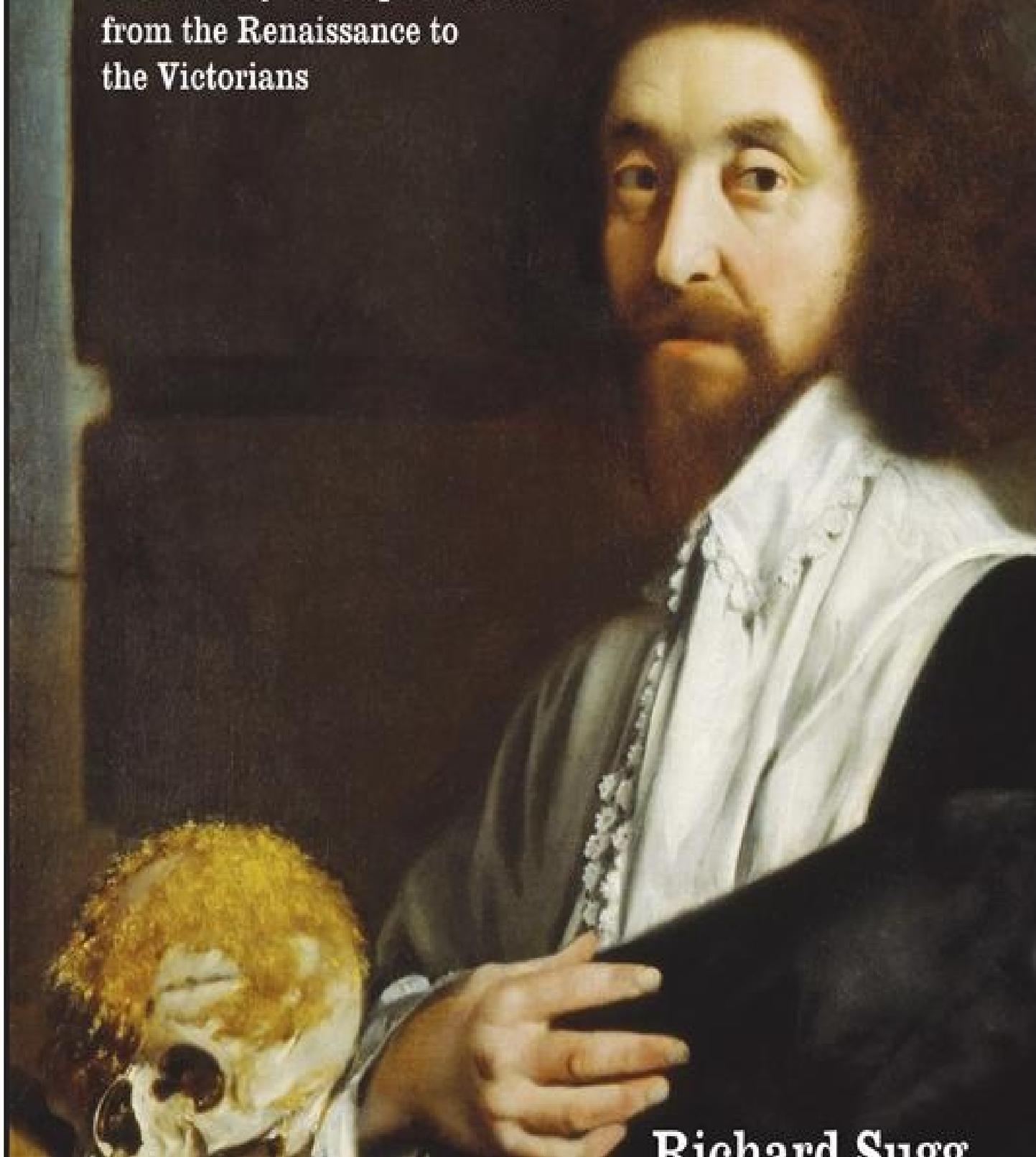


# Mummies, Cannibals and Vampires

The History of Corpse Medicine  
from the Renaissance to  
the Victorians



Richard Sugg

# Mummies, Cannibals and Vampires

*Mummies, Cannibals and Vampires* charts in vivid detail the largely neglected and often disturbing history of European corpse medicine: when kings, ladies, gentlemen, priests and scientists used and consumed human body parts to treat a broad variety of common ailments of the time.

Conventional accounts of the Stuart kings of England omit the fact that James I refused corpse medicine, Charles II made his own corpse medicine and Charles I was himself made into corpse medicine. Ranging from the execution scaffolds of Germany and Scandinavia, through the courts and laboratories of Italy, France and Britain, to the battlefields of Holland and Ireland and on to the tribal man-eating of the Americas, *Mummies, Cannibals and Vampires* argues that the real cannibals were in fact the Europeans.

Often presented as a medieval therapy, medicinal cannibalism was in fact at its height during the social and scientific revolutions of early modern Britain. It drew strength from the formidable weight of European science, publishing, trade networks and educated theory, and for many it was also an emphatically Christian phenomenon. It survived well into the eighteenth century, and among the poor it lingered stubbornly on into the time of Queen Victoria.

**Richard Sugg** is lecturer in Renaissance Literature at the University of Durham. His previous books are *John Donne* (Palgrave, 2007), and *Murder after Death: Literature and Anatomy in Early Modern England* (Cornell University Press, 2007). He is currently working on three new books: two examine the physiology of the soul in classical, Christian and early modern literature and history, whilst the third looks at the vampires of folklore and fiction.

# **Mummies, Cannibals and Vampires**

The History of Corpse Medicine from the Renaissance to the Victorians

*Richard Sugg*

 **Routledge**  
Taylor & Francis Group  
LONDON AND NEW YORK

First published 2011  
by Routledge  
2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

Simultaneously published in the USA and Canada  
by Routledge  
711 Third Avenue, New York, NY 10017

*Routledge is an imprint of the Taylor & Francis Group, an informa business*

© 2011 Richard Sugg

The right of Richard Sugg to be identified as author of this work has been asserted by him in accordance with sections 77 and 78 of the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

*Trademark notice:* Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

*British Library Cataloguing in Publication Data*

A catalogue record for this book is available from the British Library

*Library of Congress Cataloging in Publication Data*

Sugg, Richard, 1969-

Mummies, cannibals, and vampires : the history of corpse medicine from the Renaissance to the Victorians / Richard Sugg.

p. cm.

1. Medicine--Europe--History. 2. Medicine--Religious aspects--Christianity. 3. Cannibalism. I. Title.

R484.S84 2012

610.4--dc22

2011001662

ISBN: 978-0-415-67416-4 (hbk)

ISBN: 978-0-415-67417-1 (pbk)

ISBN: 978-0-203-15418-2 (ebk)

**For my mother,  
for Les and Doug,  
and for Chris and Danni,  
and their great adventure.**

# Contents

*Acknowledgements*

*Abbreviations*

Introduction

- 1 Corpse medicine from the Middle Ages to Caroline England
- 2 Corpse medicine from the Civil War to the eighteenth century
- 3 The bloody harvest: sources of human body parts
- 4 The other cannibals: man-eaters of the New World
- 5 Dirty History, filthy medicine
- 6 Eating the soul
- 7 Opposition and ambivalence: pre-eighteenth century
- 8 The eighteenth century

Conclusion: afterlives

*Notes*

*Index*

## Acknowledgements

Many people have assisted generously in the development of this book by reading, responding to queries, or voluntarily supplying data and advice. Warm thanks are due to Christine Alvin, Rachel Bailin, Martyn Bennett, Oliver Cooper, Alice Eardley, John Henry, Frances Hornyold-Strickland, Arnold Hunt, Paul Jump, Louise Leigh, Elaine Leong, Willey Maley, Irene Miguel, Kaja Murawska, Richard Newell, David Porter, Joel Rasbash, Barbara Ravelhofer, Krista Shaw, Alison Shell, Jerry Singer, Leona Skelton, Mauro Spicci, Chris Sugg, David Thorley, Jonathan Trigg, Keir Waddington, and Danielle Yardy.

For attempts to raise the public profile of this topic I am very grateful to Andrew Abbott, Marc Abrahams, Philip Bethge, Dionne Hamil, Bill Hamilton, Leighton Kitson, Dave Musgrove, Andreas Weiser and Claire Whitelaw and all those involved at Wildfire television, particularly Rebecca Burrell and Ben Steele. Thanks to Vicky Peters at Routledge for her initial interest and her ongoing help with various queries, to Laura Mothersole for prompt help during the latter stages of writing and editing, to Jayne Varney for her excellent work on the cover design and to James Thomas for his meticulous copy-editing. Thanks are due, also, to the four anonymous academic readers for their thorough and often generous comments. Staff and students at Durham's Department of English Studies have again helped to make the period of research and writing more a pleasure than a job. I am particularly grateful to the departmental research committee for the financial assistance which has made it possible to publish a work of this length. Special thanks once more to Daniel Hartley, whose enthusiasm and insight helped nudge an idea towards a book.

## Abbreviations

Unless otherwise stated, all references to Shakespeare's works are to: *The Riverside Shakespeare*, ed. G. Blakemore Evans *et al.* (Boston and New York: Houghton Mifflin Company, 1997).

### *Complete Works of Ben Jonson*

*The Complete Works of Ben Jonson*, ed. C.H. Herford and Percy and Evelyn Simpson, 11 vols (Oxford: Clarendon Press, 1925–52).

### *Diary*

*The Diary of Samuel Pepys: a New and Complete Transcription*, ed. R. Latham and W. Matthews, 11 vols (London: Bell, 1970–83).

### *Letters*

Edmund Gosse, *The Life and Letters of John Donne*, 2 vols (London: William Heinemann, 1899).

### *Poems*

*John Donne: The Complete English Poems*, ed. A.J. Smith (Harmondsworth: Penguin, 1971; repr. 1996).

### *RCP*

*Annals of the College of Physicians of London*, trans. J. Emberry, S. Heathcote, and M. Hellings, 5 vols (Wellcome Library, RCP, London).

### *Sermons*

*The Sermons of John Donne*, ed. George R. Potter and Evelyn M. Simpson, 10 vols (Berkeley and Los Angeles: University of California Press, 1953–62).

### Thorndike, *History*

Lynn Thorndike, *A History of Magic and Experimental Science*, 8 vols (New York: Columbia University Press, 1938–54).

### *Works of Thomas Nashe*

*The Works of Thomas Nashe*, ed. Ronald B. McKerrow, 5 vols (A.H. Bullen, 1904; repr. London: Sidgwick & Jackson, 1910).

## Introduction

One thing we are rarely taught at school is this: James I refused corpse medicine; Charles II made his own corpse medicine; and Charles I was made into corpse medicine.<sup>1</sup> This alone is a quite unusual view of England's first three Stuart monarchs. To clarify it, we must also add that James I was very much in the minority, and that Sir Theodore Turquet de Mayerne, the doctor who prescribed powdered human skull for him, was one of the most eminent practitioners in all of Europe. We must add, too, that royal cannibals such as Charles II, Francis I, Christian IV of Denmark and William III were just the tip of the social iceberg.

For well over 200 years in early modern Europe, the rich and the poor, the educated and the illiterate all participated in cannibalism on a more or less routine basis. Drugs were made from Egyptian mummies and from the dried bodies of those drowned in North African desert sandstorms. Later in the era the corpses of hanged criminals offered a new and less exotic source of human flesh. Human blood was also swallowed: sometimes fresh and hot, direct from a donor's body; sometimes dried, powdered, or distilled with alchemical precision. Human fat was one of the most enduring substances of all: it was usually applied externally in the form of ointments or plasters. Certain parts of the bone of the skull were swallowed as powder or in liquid distillations. In London chemists' shops one could see entire human skulls for sale. Some had a growth of botanical moss, which could be powdered and used to treat nosebleeds and other forms of haemorrhaging. Both skull bone and the moss of the skull should – most authorities agreed – be derived from a man who had met a violent death, preferably by hanging or drowning. These were the most common drugs derived from the human body. But, as we will see, for certain practitioners and patients, there was almost nothing between the head and the feet which could not be used in some way: hair, brain, heart, skin, liver, urine, menstrual blood, placenta, earwax, saliva and faeces. Medicinal cannibalism was practised to some extent in the Middle Ages. But, with nice irony, it became most popular and pervasive in the era when reports of New World cannibals were circulating amidst the outraged Christians of Rome, Madrid, London and Wittenberg.

Just who were the real cannibals? Was it those without books, without guns, given to wearing fewer clothes, and worshipping lesser-known gods? Or was it those who, in their determination to swallow flesh and blood and bone, threw cannibal trade networks across hundreds of miles of land and ocean, established cannibal laboratories, sponsored cannibal bodysnatchers, and levied import duties on human bodies and human skulls? The reader must, of course, make their own decision at the close of this book. But one basic point should be established before we begin. Such medicines were not merely a matter of abstract theory. They were used. The employment of different substances certainly varied across nations and social classes.

The educated, for example, were probably less likely to swallow fresh human blood; and the poor could rarely afford exotic corpse medicines such as Egyptian mummy. Allowing for these variations, we can again state emphatically that cannibal medicines were swallowed, rather than just written about. In the late sixteenth century Ambroise paré asserted unequivocally that mummy was ‘the very first and last medicine of almost all our practitioners’ against bruising.<sup>2</sup> In the seventeenth and eighteenth centuries, corpse medicines and body fluids feature in family medical recipes, which at times cite precise cures or names of patients. In Germany and Denmark, poorer citizens paid whatever they could afford to drink human blood at execution scaffolds. Perhaps most basically of all: Egyptian mummy was sufficiently popular to generate persistent counterfeiting. Fraudulent substitutes were on sale in London apothecaries well into the eighteenth century.

We will have much more to say about all these substances, and about consumers eminent and obscure, in following chapters. Returning to the Stuarts, let us just briefly touch in some more detail on the cannibal habits of Charles II. As Antonia Fraser notes, Charles became an enthusiastic and reasonably skilful chemist during his youthful exile in France.<sup>3</sup> He later appointed the renowned and relatively avantgarde French scientist Nicasius Lefevre as royal chemist. Charles had his own private laboratory, and is supposed to have paid £6,000 to Jonathan Goddard (Professor of Physic at London’s Gresham College) for one particular chemical recipe.<sup>4</sup> This, sometimes called ‘spirit of skull’, became so closely associated with Charles that it was also known as the King’s Drops. On 2 February 1685, Charles awoke, ‘feeling ghastly’. He was indeed seriously ill, and just four days later he would be dead. The first remedy he reached for (perhaps as automatically as you or I might take paracetamol or echinacea) was this distillation of the powder of human skull.<sup>5</sup> High doses of this medicine were also given to Charles by his physicians as he lay on his deathbed. Some months before this (Fraser tells us) the king’s increasing frailty had meant that his ‘long walks were reluctantly cut down’. Accordingly, ‘his keenness was now channelled into his laboratory, where he would devote himself to his experiments for hours at a time’ in an ‘obsessional manner’.<sup>6</sup>

A newspaper reporter to whom I spoke in 2009 seemed especially intrigued that this famous monarch (often presented as an epitome of elegance and wit) should be distilling the powder of human skull in his own laboratory. Part of this surprise may stem from the oddly sanitised view of the Restoration which has somehow come down to us. Much of this book is what might be called Dirty History. And Charles too was in many ways part of that dirty world. For all his supposed ease and gentleness, he was quite ready to have a prisoner deliberately placed ‘in a dungeon in the Tower where mud and water came up to his waste’, and moved only when it was reported that he was dying as a result.<sup>7</sup> As we will see in chapter two, it was in or shortly before the time of Charles II that uses of the human body became most ruthlessly thorough and (in our eyes) often disgusting.

‘Why don’t I know about this?’ These are the words of Dr David Musgrove, editor of *BBC History* magazine, during a conversation in 2006 about a future article on the subject of medicinal cannibalism. Three years later, after Internet versions of a *Der Spiegel* story on this topic quickly circulated on the web, I began to suspect that many of the general public were obliquely echoing his puzzled query. For some, the most

potent core of the present book lies not in another neglected chapter of medical history, but in a very basic revision of the history of one of our deepest taboos. You do not eat people, and those who do are always savages (or, later on, savage psychopaths).

Why do so few people know about this? This question will be tackled in detail in chapter eight. We can say here that, at least for early generations of medical historians, cannibalism did not seem to be an acceptable element in the stories they wished to tell. Amongst those who have covered this topic in the past thirty years, perhaps the most prominent figures are Karl H. Dannenfeldt, Piero Camporesi, Louise Noble, and Philip Schwyzer. None of these figures are medical historians. Like myself, Noble and Schwyzer were originally trained in literary studies; whilst Camporesi's unconventional attitude to traditional historical narratives arguably makes Dannenfeldt the only historian in the group.

One other point on the history of neglect is also worth adding. I myself was initially guilty of treating the subject in rather too narrow a fashion. Academics can sometimes lose sight of certain basic general questions as they pick through the complexities of detail attendant on modern specialisms. One of the benefits of teaching is to have students occasionally insist on those questions which one has come to treat in a 'purely academic' way. It was a Cardiff University student, Daniel Hartley, who did this after reading my article on medicinal cannibalism. Many of my sometime colleagues at Cardiff will probably still recall Daniel. I myself can still recall the raw fascination and enthusiasm of the message he wrote me. These (along with some ingenious points of detail) have returned to me time and again during a long process of research and writing, and have helped me keep sight of some of the more urgent and basic questions embedded in this topic.

*Mummies, Cannibals and Vampires* is organised in four broad sections. First: what was medicinal cannibalism and who was involved in it? Second: what was New World cannibalism? What did it mean to its participants and to European commentators? Third: how did therapeutic cannibalism thrive and endure in the face of such a powerful taboo? Finally: what negative or ambivalent responses to this phenomenon existed in the early modern period? When and why did it end? And why did certain historians all but try to pretend that it had never really happened?

Chapters one and two show how widely and deeply corpse medicine pervaded European society, from the time of Columbus to that of Robert Boyle. Interspersed throughout these opening chapters are a number of case histories, drawing on the theory or practice of some of the era's more eminent and influential doctors, scientists, thinkers and leaders. These pages detail a systematic cannibalism, underpinned by educated medical theories, and by global trade and commerce. They show that corpse materials or body fluids were used not just by doctors and apothecaries, but as treatment for hawks, as fish baits, rabbit food, and cosmetics. Perhaps most importantly, they emphasise that corpse medicine (still occasionally referred to as a 'medieval' phenomenon in recent discussions) gained its fullest reach and popularity in the time of the so-called Scientific Revolution, from the Interregnum through the late Restoration period.

Chapter three turns to the various sources of human body parts and fluids. Many of these sources were conveniently distanced in some way from those trading, mixing or drinking them. Egyptian mummies were (or were thought to be) ancient; and they, like

the desiccated victims of North African sandstorms, were also thoroughly dry, and usually anonymous. The same went for the bones and skulls which were plundered from graveyards or lonely battlefields (with Ireland being an especially popular choice for English traders).

Matters get a little less distant when we come to the recently dead bodies of those felons who were sold by executioners, used by anatomists, or mutilated as they hung from gibbets. In the case of blood therapies, the beheaded felons of Germany and Scandinavia were very clearly identifiable, and only very recently dead. And, if certain aged Europeans did really suck blood from the arms of young men, then the contact with such donors was very intimate indeed. In other cases, distance offered its own forms of alienation. As the Wars of Religion raged between Protestants and Catholics, the enemy who fell before your sword might be physically very close, and yet ideologically quite as other as the savages of Canada or Brazil. There is also evidence, however, to show that the Europeans were ‘cannibalising’ the savages of South America – a habit which is consistent with both the otherness of native Indians in the minds of the Spanish, and with the other cruelties inflicted on them.

Since the discovery of the Americas by Europeans, cannibalism has been used as a potent form of colonial propaganda. Partly for this reason, chapter four begins by clarifying the often misconstrued cannibalism of those few New World tribes for whom this was a habitual practice. Drawing on the research of anthropologist Beth Conklin among the Brazilian Wari’, it looks in detail at the religious and social significance of consensual (or endo-) cannibalism. For the Wari’, this was a vital form of bereavement therapy. For all its spectacular violence, even the aggressive cannibalism of the Huron or Tupinamba was at bottom highly ritualised – an essentially religious practice shaped by ideas of honour, courage, and social harmony. Moreover, the ambiguous victims of these rites were not ‘violated’ in the way that a European might be when transformed into medicine. Although they could undergo almost inconceivable torments before death and consumption, they would co-operate in the whole ritual, in the belief that their courage was being tested and witnessed by the sun god prior to death.

These opening sections give us some idea of what cannibalism meant to those practising it in the New World. On the surface, its meanings for most educated Europeans were plainly negative. Yet during some of the worst excesses of essentially tribal violence – from the Wars of Religion through to the French Revolution – spontaneous incidents of exo-cannibalism did occur on Christian soil.

Whilst such incidents are themselves now largely forgotten, perhaps still more obscure is the ability of certain Europeans to explicitly or implicitly subdivide New World cannibalism into hierarchical categories. Broadly following Lévi-Strauss’s division of the raw and the cooked, Frank Lestringant has shown how European observers imposed this distinction on the tribal man-eaters of the Americas. The raw form was more savage, because more animalistic, unable to distance itself from the realm of unmediated nature. Cooking, meanwhile, could be literal or symbolic: in either case it elevated cannibalism (and tribal life per se) by using various levels of cultural mediation. These forms of human intervention and processing recur in following chapters, when we seek to understand just how Europeans psychologically distanced their own habitual cannibalism from that of tribal savagery.

When told about medicinal cannibalism, many modern individuals are startled, horrified, or disgusted. There again, they are sometimes more startled, horrified, or disgusted when told that men such as Robert Boyle recommended rubbing dried excrement into the eyes as a cure for cataracts. Chapter five begins to address the seeming puzzle of corpse medicine by exploring the highly distinctive economy of disgust which characterised life in early modern Europe. Firstly: as the above example implies, many non-cannibalistic animal substances were used in medicine. Along with numerous kinds of offal, there were also the excrement of dogs, goats, geese, and pigeons; the urine of a boar; crushed body-lice; and animal blood drunk warm. Set against these agents, some well-processed mummy flesh, lost amidst several other ingredients, may have seemed relatively untroubling. As well as emphasising the greater vulnerability of early modern individuals to sickness, pain or violence, the chapter sets the seemingly disgusting cures of the day within a more general social economy of disgust. Although historians still debate exact levels of dirt and correspondent attitudes to it, it is clear that, in relative terms, early modern life stank. The rich and the poor frequently had sharp olfactory, tactile, or visual contact with the excrement and urine of humans and animals, and with the putrescence and slime of decaying corpses. In a world where everything was so disgusting, could you really afford to be disgusted? Drawing on work such as William Miller's *Anatomy of Disgust*, this section argues that seemingly instinctive, universal attitudes towards hygiene, defecation and modesty have been learned by Europeans only relatively recently.

Chapter five deals substantially with the way in which mental attitudes condition what might (mistakenly) be thought of as gut reactions. Chapter six turns to the most powerful and widespread mental attitude of the sixteenth and seventeenth centuries. In a number of important ways, Christian piety conditioned responses to medicinal cannibalism. Some writers quite unequivocally used mummy as a symbol for the triumph of spirit over matter. At one level such habits can be linked to the more general power of piety: for the most fervent Christians, everything was part of God's creation. The raw matter of earthly life was already saturated with religious significance or power.

But there were also very precise physiological reasons why the human body could inspire pious belief in its healing powers. Consumption of blood remedies; Paracelsian corpse flesh (derived from freshly killed felons); and even skull medicines were often underpinned by a desire to consume the basic vitality of youthful, healthy corpses. Motivated in part by beliefs in the 'animate corpse' (whose biological potency smouldered on for months after legal death), such therapies also aimed at imbibing those vital spirits of the blood which often blurred ambiguously into the soul itself. The Brazilian Wari' at times forced down human flesh so putrid that it made them nauseous. They did so through pious respect for their dead kin and for the web of religious ideas which generated funerary cannibalism. Similarly, Christians swallowed the substance and the idea of corpse medicine because, for some, it was validated and elevated by the highly animated nature of the Christian body.

Chapter six concludes by returning to the European distinction between raw and cooked varieties of New World cannibalism. In various ways, European medicine successfully raised corpse medicine above the raw animal necessity of mere appetite

or consumption. In doing so it also raised it (for most) above the level of American cannibalism. Whilst older medical traditions achieved this through the ancient theoretical authority of European medicine, Paracelsian physicians elevated corpse matter by the painstaking cookery of their essentially alchemical processes. Here we see a new version of the phenomena described by Charles Webster, in which a kind of pious alchemy and ideology slowly blur into the beginnings of modern scientific chemistry.

The final two chapters examine various phases and levels of opposition to corpse medicine. There are just a very few overt attacks on corpse medicine prior to the eighteenth century. A range of uneasy or derisive attitudes, however, are expressed in coded form by writers of the Stuart era. The broad thrust of these references is toward a progressive demystification of mummy and associated substances. Whilst early Stuart drama has some telling quips about people being ‘sold for mummy’, Restoration playwrights give such jibes a sharply irreverent twist via numerous instances of people ‘beaten’ to mummy. Come the time of Charles II, mummy seems to be ever more often figured as a degraded or disreputable commodity. But for much of the century, ambivalence toward corpse medicines is the more characteristic attitude. This kind of wavering position is brought out with especial clarity through a detailed case study of several references to mummy by one author, the minister Thomas Fuller.

Chapter eight brings us to the eighteenth century. From around the middle of this period we encounter some characteristically Enlightenment attitudes towards past ‘superstition’. We also find certain doctors attempting to distance themselves from corpse medicines in the more general process of reforming and defining a new kind of ‘medical profession’. Yet even in this era, attitudes to corpse medicines are far from straightforward. One very successful practitioner continued to recommend human skull in the 1790s, and even those who turn against the bulk of human therapies still vigorously advocate the use of human fat in this period. From another angle, examination of the first stage character to be labelled ‘Dr Mummy’ suggests that some early medical opponents of corpse medicine may have been shamed into their new stance by the jibes of the dramatist James Miller. Final sections look at how the distinctively Enlightenment attitudes of certain authors persist into the works of twentieth-century medical historians. Why did it take so long for corpse medicines to be accurately described by academic authors, and what were the distortions consequent on the long decades of neglect?

The book’s conclusion examines the various afterlives of corpse medicine. It can be plausibly argued that new attitudes to medicine, to science, and to disgust and propriety helped banish such remedies from privileged society by the end of the eighteenth century. Yet in a sense the more interesting question is not: why did it end? so much as: where did it go? In the popular culture which formed the bulk of human lives prior to the twentieth century, most medicine was ‘folk medicine’, and cannibal or corpse therapies persisted well into the late Victorian period. Moreover, alongside the enduring medical use of body parts, we find various levels of magic. Blood is used as a love potion; people are murdered for their fat, so as to produce candles which will render the bearer invisible. In the latter case, fear of such murders survives as I write, encoded in the figures of the South American pishtaco and kharisiri. In the former, we

find an uncertain but intriguing link with that most successful demon of postmodern culture, the vampire.

A good deal will be said in chapter four about the explicit and implicit meanings of the word ‘cannibal’ for early modern Europeans. A brief note on my own use is probably helpful before we begin. The *OED* defines ‘cannibal’ as ‘a man (*esp.* a savage) that eats human flesh; a man-eater, an anthropophagite’. Some tend to limit cannibalism solely to the eating of human flesh. Although the *OED* might seem at first glance to take this line, ‘man-eater’ is clearly far more comprehensive (and we can plausibly argue that someone who ate a *whole* person (flesh, bones, and organs) might be seen as more cannibalistic than someone who ate *only* human flesh). Moreover, in its definition of ‘cannibalism’, the *OED* cites Edmund Burke, who in 1796 wrote, ‘by cannibalism, I mean their devouring, as a nutriment of their ferocity, *some part of the bodies* of those they have murdered’ (italics mine).

An academic book such as this can hardly give an absolutely rigid, canonical definition of a word which it is deliberately aiming to problematise. (There would be little point in the book if it could.) My primary working definition of ‘cannibalism’, however, is this: consumption by mouth of those body parts or fluids which a donor cannot very easily do without. Perhaps most obviously, this excludes hair and nail cuttings, and could reasonably be held to exclude saliva, mucus, semen, sweat, milk, urine, excrement, and so forth. Blood could also conceivably be excluded from that primary definition. Because of the taboos surrounding it, however, I will include blood in that first, more rigid sense of ‘cannibalism’.

Many anthropologists would hardly pause to argue about whether or not the consumption of bones is cannibalism. In the context of tribal man-eating, the motives and behaviour involved are clearly very similar, whether participants are swallowing roasted meat or powdered skull. It is when we come to seemingly ‘disposable’ parts and fluids that matters become more problematic. My own choice is to include these amongst bodily substances which can be considered cannibalistic. Those readers who (like myself as I type) have been absent-mindedly chewing their fingers as they peruse this, may object vigorously to the (potential) inclusion of nails as cannibal food (or, more precisely, auto-cannibalism). Recently delivered mothers may also protest at the inclusion of human milk. It will become clear in chapters two and seven why I have been broad-minded about milk. Here I will briefly give three examples which show how less obviously cannibalistic substances or acts can prompt discussions of cannibalism, or even the kind of horror which early modern Christians expressed toward the Huron, Tupinamba, and Caribs of the New World.

First: the early Church father Tertullian thought fellatio to be cannibalistic. (Those women who protest about the calorific excesses of semen may be pleased to hear that they have another weapon on their side.) Second: in 2007 various press stories claimed that Keith Richards had snorted his father’s ashes. A quick Internet search on this subject will show that many individuals at least asked whether such an act was cannibalistic, and Richards himself notes that ‘there were op-eds on cannibalism’ in the wake of the story.<sup>8</sup> Thirdly: let us ask the savages ... The authors of a 2001 book on cannibalism describe an ironic moment recorded by the Australian anthropologist Alfred Gell. In the 1970s, Gell was living with the Umeda in Papua New Guinea. Having cut his finger while peeling sugar cane, he instinctively slipped it into his

mouth. The watching Umeda were aghast. For a people who would never dream of even chewing their own nails, this was a significant act of auto-cannibalism.<sup>9</sup> Blood, as I have said, is not so obviously disposable as mucus or hair or sweat. But surely few of us would think twice before doing what Gell did. And for the Umeda, nail-biting would have been hardly less abhorrent.

Bracketing off these wider debates for a moment, it should also be admitted that terms such as ‘corpse medicine’ and ‘medicinal cannibalism’ can generate their own problems. In what follows I will at times use these terms broadly, in order to vary the otherwise inevitable repetition of a single phrase. I am aware that ‘corpse medicine’ does not strictly cover the bodily fluids of the living, and that certain substances (such as topically applied fat or moss from human skulls) are not necessarily cannibalistic. But there is much ground to cover here, and the very least the reader deserves is some reasonably elegant prose. One other caveat concerns primary material, rather than my own comments on it. Only after signing my contract with Routledge a few days ago did I notice the potentially alarming clause 4.1e: ‘any recipe, formula or instruction in the Work will not, if followed correctly, cause physical injury or damage to any person’. Frankly, I would hesitate to defend this statement in the present case. *Caveat lector*, then, must be our wary motto; or, in plain English: do not try any of this at home. Let us begin.

# 1

## Corpse Medicine from the Middle Ages to Caroline England

My first three chapters will deal chiefly with the sixteenth and seventeenth centuries, and with western European countries (England, Ireland, Scandinavia, Germanic states, the Netherlands, France, Italy, Spain, and Portugal). Naturally enough, however, classical precedents are important for much of this period. Those medieval cases founded on alchemical practices are particularly relevant to the seventeenth-century habits of Paracelsians which we will meet in chapters two and seven, and may also give us a better understanding of the alleged treatment of Pope Innocent VIII, in 1492.

### Classical and Non-Christian Uses

A patient is receiving treatment. The date is some time around 25 AD; the site is the Roman Colosseum. A gladiator lies crumpled on the sand at the side of the arena. Behind him a dark trail leads back to the spot from which he has just been dragged. Looking closer, we notice something slightly odd about the figure crouching over the wounded man. His posture does not suggest a doctor attempting to staunch bleeding, or even to check heartbeat or pulse. Look a little closer still, and you may be inclined to suddenly reel back or to close your eyes. The man sprawled at such an odd angle beside the injured fighter has his face pressed against a gaping tear in the gladiator's throat. He is drinking blood fresh from the wound. Why? As you may now realise, it is in fact he who is the patient. He suffers from epilepsy, and is using a widely known cure for his mysterious affliction.<sup>1</sup> He and other sufferers, we are told, were wont to drink from gladiators' bodies 'as though from living cups'.<sup>2</sup>

What was the opinion of medical authorities on such treatment? One historian tells us that 'a remedy for epilepsy involving the blood of a dead gladiator, warrior, or street brawler, although disdained by Scribonius Largus, Celsus, and Galen, nevertheless was singled out as an "excellent and well proven remedy of Marsinius the Thracian" by Alexander of Tralles, writing around 570'.<sup>3</sup> While this statement identifies two educated and relatively influential supporters, it is in fact a little misleading. 'Disdained' implies scorn – possibly even disbelief. But the eminent physician Celsus (c.25 BC–c.50 AD), though considering such therapy repugnant, did not deny its

efficacy.<sup>4</sup> In their survey of epileptic blood remedies, Ferdinand Moog and Axel Karenburg cite Pliny the Elder (d.79 AD), who told in his *Natural History* of how “the blood of gladiators is drunk by epileptics as though it were the draught of life”. This caused Pliny himself to “shudder with horror”. But, around 300 AD, ‘a somewhat uncritical summary called *Medicina Plinii*’ skewed his initial attitude when it stated simply, “human blood is also effective against [epilepsy]”.<sup>5</sup> We can add that those who refused to drink the blood of others could, according to Largus, “swallow blood drawn from their own veins”.<sup>6</sup>

It was also around this time that a physician could recommend a more prolonged cannibalistic therapy for ‘the sacred disease’. A related treatment involved nine doses of human liver, again derived from a gladiator.<sup>7</sup> Guido Majno cites Largus on those Roman spectators who would ‘step forward and snatch a piece of liver from a gladiator lying gutted in the dust’.<sup>8</sup> There were probably many potential sources of both blood and liver available in this era. But there is good reason to believe that a gladiator was a quite deliberate and precise choice. He was young and strong, and he died healthy. He was also, we can fairly imagine, courageous, and the liver was at this point (and through the Renaissance itself) thought to be a seat of physical courage. Hence, by contrast, those with bloodless livers, or with blood of poor quality, were cowards, being white or ‘lily-livered’, or (more enduringly) ‘yellow’.

Much later, the Paracelsian physician Thomas Moffett was unequivocally hostile to this classical therapy: ‘yea in Rome (the seat and nurse of all inhumanity) physicians did prescribe their patients the blood of wrestlers, causing them to suck it warm breathing and spinning out of their veins, drawing into their corrupt bodies a sound man’s life, and sucking that in with both lips, which a dog is not suffered to lick with his tongue’. At the same time, he also reveals other cannibalistic treatments: ‘they were not ashamed’, he adds, ‘to prescribe them a meat made of man’s marrow and infants’ brains’. The Grecians, meanwhile,

were as bold and impious as the Romans, tasting of every inward and outward part of man’s body, not leaving the nails unprosecuted ... Let Democritus dream and comment, that some diseases are best cured with anointing the blood of strangers and malefactors, others with the blood of our friends and kinsfolks; let Miletus cure sore eyes with men’s galls; Artemon the falling sickness with dead men’s skulls; Antheus convulsions with pills made of dead men’s brains; Apollonius bad gums with dead men’s teeth ...<sup>9</sup>

Less hostile was the French encyclopedist, Pierre Boaistuau: ‘many ancient physicians of Graecia and Arabia have used the marrow of our bones, the brains of men, and their bowels, yea even the dust and ashes of men’s bones, for to drink them and cause them to serve with marvellous effects to the usage of physic’.<sup>10</sup>

We also know that various parts of the body were considered therapeutic by ‘Mesopotamian, Egyptian, Greek, Chinese, Talmudic ... [and] Indian’ medicine, as well as by the Romans.<sup>11</sup> Corpse medicine was advocated to some extent by one of Europe’s most important medical authorities, the physician Claudius Galen (c. 120–200 AD), while ‘ancient Hippocratic medical texts’ prescribed ‘pollutant therapy – the use of bodily pollutants, such as the “polluted blood of violence,” menstrual blood,

and “corpse-food” – to fight impurity or disease’. So states Louise Noble, who adds other human body fluids with a long history of use as medicines, such as ‘milk ... urine, menses, and dung’.<sup>12</sup> The historian Owsei Temkin, meanwhile, points out that while it was chiefly midwives who were known to rouse epileptics from their seizures by rubbing menstrual blood on their feet, it ‘can by no means be objected that these practices were believed in only by superstitious Romans or midwives’.<sup>13</sup> Later on, ‘in the Byzantine Empire, the blood of executed criminals was used as a substitute’ for that of gladiators.<sup>14</sup>

A closer look at Galen’s remarks is subtly revealing. He concedes that “‘some of our people have cured epilepsy and arthritis ... by prescribing a drink of burned (human) bones, the patients not knowing what they drank lest they should be nauseated’”.<sup>15</sup> It is possible that this statement reflects his own discomfort, and certainly significant that physicians did not expect patients to easily acquiesce to the therapy. Others were more overt in their hostility. The Greek physician Aretaeus of Cappadocia, for example, openly condemned the drinking of blood and the eating of human liver.<sup>16</sup> And, circa 400 AD, the physician Caelius Aurelianus cited human blood among various anti-epileptic treatments which he regarded as “‘detestable, barbarous and inhuman’”.<sup>17</sup> Although there is insufficient data on classical corpse medicine to permit a thorough comparison with early modern habits, there is some reason for thinking that it was Christianity which made such therapies more acceptable in later centuries. At very least, Moffett’s indignation at classical habits looks more than a touch ironic when one compares the unease of Pliny and others with the numerous Christian blood therapies of later centuries.

## **The Middle Ages**

Reaching the medieval period, we find ourselves at a crucial watershed in the history of corpse medicine. As the seminal research of Karl Dannenfeldt has shown, it was around this time that both the term and the agent known as ‘mummy’ underwent a curious transformation. In early Arabic medicine a natural mineral pitch, found solidified on mountainsides in Darábjerd in Persia, had been used therapeutically, and was given the name ‘mumiya’ (from ‘mum’, meaning ‘wax’). The word which we now generally assume to refer to embalmed Egyptian bodies has, then, a medical origin. Whilst the mineral substance, often known as pissasphaltum, was used in classical Europe, it was in the eleventh century that the term began to be associated with the corpses of the ancient Egyptians. Constantinus Africanus rendered the definition of the Baghdad physician Rhazes (d.923) as ‘the substance found in the land where bodies are buried with aloes by which the liquid of the dead, mixed with the aloes, is transformed, and it is similar to marine pitch’, with Gerard of Cremona compounding this new identity in the following century. Around the same time, Simon Cordo made a Latin translation of the Arab physician Ibn Serapion the younger (fl. 1070).<sup>18</sup> Cordo’s version described ‘the mumia of the sepulchres’ as a substance made of ‘aloes and myrrh mixed with the liquid of the human body’. Here the essentially cannibalistic component of the agent is explicitly identified.<sup>19</sup>

Nevertheless, Dannenfeldt’s research indicates that – at least in earlier centuries – mummies were exploited for medicine precisely because they were thought to be an

alternative source of mineral pitch – something which was now held to be available within the head and gut cavities of embalmed bodies.<sup>20</sup> We can only speculate cautiously as to what role this earlier belief played in promoting corpse medicine. It may indicate that the route to full-blown medicinal cannibalism was initially smoothed (or blurred), involving a path which began with legitimate desire for a mineral agent, and ultimately led to the widespread use of human body matter. Come the early modern era, this possible motivation had largely faded from view. It may still have been convenient for early modern users that the dry and friable substance of ancient mummies was far from visceral. For all that, we know that at least some figures explicitly identified its use as cannibalistic during the sixteenth century.

Surviving evidence suggests that there was not a particularly strong European demand for Egyptian mummy until the fifteenth century.<sup>21</sup> In the thirteenth, the Baghdad physician Abd Allatif had been able to purchase ‘three heads filled’ with mummy for ‘half a dirhem’ – an amount which he explicitly describes as ‘a trifle’.<sup>22</sup> But come 1424 certain merchants were engaged in a more systematic trade, plundering the tombs to an extent which proved reckless: ‘the authorities in Cairo discovered persons who had amassed a considerable number of cadavers’, and who confessed under torture that they ‘were removing bodies from the tombs, boiling them in hot water, and collecting the oil which rose to the surface. This was sold to the Europeans for 25 gold pieces per hundredweight. The men were imprisoned’.<sup>23</sup> A hundredweight was then 112 pounds, or eight stone, and although three heads were unlikely to weigh more than about two stone, we can clearly see that prices rose sharply between the time of Abd Allatif and 1424.

## **The Alchemy of Blood**

A brief survey of medicinal cannibalism in medieval Europe takes us away from mummy itself. The influential surgeon Lanfranc of Milan (c. 1250–1306) cited a medicine for broken bones which contained (among other things) gum arabic and mummy; and Pandolphus Collenucius notes the use of human skulls in the fifteenth century.<sup>24</sup> Both before and after this, however, blood seems to have been the most common medical agent derived from human bodies. In the sixteenth century, a work credited to the Swiss physician and herbalist Conrad Gesner (1516–65) refers to ‘a most precious water of Albertus Magnus, as I found it in a certain written book’. To make this you should ‘distil the blood of a healthful man, by a glass, as men do rose water’. With this,

any disease of the body, if it be anointed therewith, is made whole, and all inward diseases by the drinking thereof. A small quantity thereof received, restoreth them that have lost all their strength: it cureth the palsy effectuously, and preserveth the body from all sickness. To be short it healeth all kinds of diseases.

This statement itself tells us a good deal. The blood should be taken from a live and healthy male, and thereafter processed. It could then be applied externally or swallowed, and was clearly viewed as something like an elixir of life.<sup>25</sup> Given the