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Medical Expertise, Bodies, and the Law in Early Modern Courts

By Silvia De Renzi*

ABSTRACT

Going beyond Enlightenment critiques of ancien régime justice, historians are now exploring its distinctive procedures; courtrooms have become a fundamental site for recapturing early modern political and social dynamics. Historians of science and medicine can benefit too. Serving as expert witnesses was prominent among the activities of medical practitioners; and, especially in Continental Europe, natural and medical knowledge was routinely presented and contested in tribunals. This essay aims to promote further research on the resulting wealth of manuscript and printed sources that give access to crucial social and epistemological issues. The voices of different actors, preserved in trial records, can extend our histories of the body. The relations among medical practitioners, and with the legal authorities, provide a hitherto neglected context within which to understand contemporary epistemological debates, from claims and challenges to expertise to the definition and production of evidence, including the status of signs, personal observation, and tests.

Our landscape of early modern natural knowledge has recently been transformed. Bringing travelers, apothecaries, merchants, missionaries, and artisans into the picture allows historians to make sense of a wider range of specific practices and sites where such knowledge was produced. As a result, we can also look afresh at the contribution of the two traditional learned professions of medicine and the law. Medicine has always had a place in accounts of early modern natural knowledge, but recent work has convincingly shown how physicians’ practices, including collecting and discussing cases, contributed to broader epistemological debates. Given the competition from other medical practitioners, studies of early modern learned physicians are particularly well placed to help make sense of the building and contesting of intellectual and social authority.

* Department of History of Science, Technology, and Medicine, Open University, Milton Keynes MK7 6AA, United Kingdom.

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By contrast, jurists have only recently entered the world of historians of science, although legal sources and examples were the basis of students’ general dialectical training, as legalistic ways of arguing in astronomical disputes and natural historical compilations show. Francis Bacon’s reformed natural philosophy has now been linked to his legal competence, and the fact-finding techniques used in the legal arena have been presented as one root of experimental philosophers’ key notion of fact.2

Jurists were not alone, however; unique features of the *ius commune*—the mixture of Roman law and canon law followed in Continental European tribunals, as opposed to the common-law tradition that was dominant in the English-speaking world—meant that practitioners with specific expertise shared in establishing facts. Judges would routinely resort to expert witnesses, such as surveyors, when they lacked the competence to understand the details of a case. Since the Middle Ages, medical practitioners were much the most active expert witnesses, and on the Continent between the seventeenth and eighteenth centuries a special discipline of legal medicine was created. While Anglophone historians of science have brilliantly used the etiquette of princely courts to make sense of specific features of early modern natural investigations, the rules of another kind of court were every bit as important in determining which natural phenomena would be explored, how, and by whom.3

Since encounters between medical and legal experts in Continental courtrooms focused on bodily issues, medicolegal sources can enrich the history of the body. I wish more specifically to show how they might throw light on two questions now at the center of research on early modern medicine and science. On the one hand, these materials offer a new perspective on the definition of, and negotiations surrounding, experts’ authority; on the other, they provide insights into a kind of knowledge that did not meet the highest Aristotelian standards of universality and necessity but nevertheless played the dominant role in many fields. A distinct discipline at the intersection between medicine and the law, legal medicine centered on semiology, the complex art of reading signs. One of the most important and difficult-to-learn doctrines, allegedly distinguishing the educated physician from the crowd of unlearned practitioners, semiology was also one of the most conjectural parts of medicine: bodily signs were ambiguous and could be the effects of very different causes. We now have comprehensive accounts of the logic on which semiology rested and of practical semiology at the bedside;4 studying medicolegal practice allows us to see these skills used more expansively in one of the most important functions of ancien régime societies: the administration of justice.

I begin, though, with a brief survey of the historiography of legal medicine and how recent changes have started to unlock its potential for a broader history of early modern knowledge.

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NEW APPROACHES TO EARLY MODERN LEGAL MEDICINE

For a long time early modern medicolegal practice and theory were underinvestigated—at best, a niche interest for retired practitioners seeking the forerunners of their pet tests. Even when encounters between science, medicine, and the law became a well-established field of research, most studies began with the mid-eighteenth century. For scholars interested in the Anglo-American legal tradition, this starting point was determined by the so-called adversarial revolution in legal procedures—that is, eighteenth-century lawyers’ admission to the courtroom, which led to cross-examination of expert witnesses engaged by the parties in the dispute. Only then was the experts’ competence properly acknowledged and sought after. Even with regard to legal medicine on the Continent, where expert witnesses had been used routinely since the Middle Ages, historical research has been patchy and focused either on medieval “firsts” or on post-eighteenth-century cases, when medicolegal activities were part of the gradual expansion of physicians’ authority. In general, scholars have preferred to work on the period when an emerging science was mobilized in renewed legal systems. Recently, however, things have started to change.

In her outstanding discussion of legal medicine up to the Enlightenment, Esther Fischer-Homberger approached the topic thematically and so was able to recapture how contemporary social and political concerns shaped medicolegal practice and doctrine. In the vast body of learned treatises at the center of her survey, two major areas stand out: sexuality and generation, on the one hand; and violent deaths, on the other. We have yet to process the astonishing amount of material she made available, and it was only in the early 1990s, as social historians started to dig into the medicolegal documentation accompanying trial records, that the extent of expert witnesses’ presence in the courtroom (always in the form of written reports) started to be fully acknowledged and their day-to-day activities reconstructed.

The medical reports, which were often brief and formulaic but sometimes longer and more doctrinal, throw new light on contemporary perceptions of the body. Take cases of suspicious death. Dissection was a common procedure, and the by now ubiquitous surgeons would take the size, color, and texture of solid organs into account in deciding the cause of death. We have been aware for a while now that cutting bodies was not taboo, but this evidence reinforces the need to reassess how the familiar Galenic humoral body intersected in this period with the surgical body’s solid organs. More generally, one of the most interesting gains from trial documentation is the narratives included not only in expert witnesses’ testimonies but also in lay witnesses’ statements and defendants’ declarations: together they provide rich sources for a history of the body from below.

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Historians have long argued that the body underwent “medicalization” at the end of the classical age—that is, the rules regulating behavior and establishing the boundaries of normality were increasingly imposed by physicians, including through their involvement in both criminal and civil cases. Going to court was extremely common—and not just for the rich—and the range of natural and medical questions that arose is astonishing: from the resemblance of children to parents as evidence in paternity disputes to complex calculations of seniority at birth in disagreements over heredity, and from assessment of alleged illnesses in pleas for exemption from duties to the definition of miraculous healing in canonization trials. Here were strong incentives for physicians to reexamine the medical tradition, particularly as they had to contend with theological and legal experts, under whose competence issues related to the body had traditionally also fallen. The body was medicalized, but by exploring medicolegal sources we can provide richer accounts of this process. An example is in recent research on controversies over the rights of people with ambiguous sexual characters—hermaphrodites, as they were known. Some of the problems that emerge from these sources concern the authority of medical practitioners vis-à-vis their legal counterparts and the question of how medical knowledge fared in relation to legal procedure and jurists’ expectations.

**EXPERTISE, SIGNS, AND THE MAKING OF EVIDENCE**

A growing area of research, the history of early modern expertise can benefit from exploration of how expertise was used and contested in the legal arena. Early modern judges would routinely seek specific expertise where general consensus placed it: for example, competence on female bodies remained with midwives well after learned physicians had launched their attack on women’s knowledge, and surgeons were the main port of call in cases of violent death. It is useful to be reminded that before the Enlightenment and subsequent processes of professionalization, judges endorsed the allocation of competence established by a secular tradition or by guild regulations, expertise was assessed on the basis of practical skills rather than academic credentials, and social trust could come with membership in a corporation as much as with social rank. It is, moreover, difficult to overestimate the value to practitioners’ standing of being associated with courts of law.

The emergence of medicolegal practice and doctrine was certainly facilitated by the sharing of epistemological procedures between medicine and the law, including a focus on individual cases and, in particular, a two-pronged approach to them. First, jurists and physicians had to use clues to reconstruct events that were hidden, either because they had happened in the past or because they were altogether invisible; second, they had to place...
these events or phenomena within general rules, which had usually themselves been based on individual cases. Within this procedure, ranking and evaluating indications or signs played a dominant role. The status of semiology in Aristotelian logic was complex, and it was widely accepted that ambiguous bodily signs, especially, could never lead to necessary and causal knowledge; the result was merely conjectural and rested, at best, on knowledge of what happens most of the time. Furthermore, arguing from sensory experience to causes was an inferior form of demonstration; but as historians are increasingly concerned with practices of knowledge that fell outside the strict Aristotelian criteria, physicians’ epistemological strategies become particularly interesting. For their part, jurists’ treatises set out complicated hierarchies of clues pertaining to different crimes, though assessing them was at the judge’s discretion and indications remained a weaker form of evidence than testimony.

Physicians seem to have suffered most for their failure to produce necessary and universal knowledge, and, interestingly, among the weapons they used to bolster their status was the claim that, unlike the law, medicine could at least draw on the universal principles of natural philosophy. Whatever the physicians’ view, epistemological weakness did not prevent judges from holding a firm grip on society; by contrast, physicians did not always fare well with their patients. Epistemological strength did not map onto social authority, and this is precisely where the history of legal medicine—including how medical evidence was built up and assessed in the courtroom—becomes a particularly fruitful area of investigation and a valuable vantage point from which to revisit well-established topics in the historiography of early modern natural knowledge and medicine. Before it can be used to full effect, however, finer-grained accounts of specific legal settings and procedures are required.

Much research in the history of legal medicine has relied on legal historians’ account of how an inquisitorial procedure was established in Continental courtrooms between the twelfth and thirteenth centuries, replacing an earlier accusatorial, or triadic, model. No longer mediators between the parties to a dispute, judges took full charge of the investigation, the interrogation of the witnesses, and the issuing of the sentence. However, the story of the replacement of one model by the other has recently been questioned, and a more nuanced account of the coexistence of various features of the two procedures has gained consensus. For example, the parties retained a stronger presence than previously thought, including—what is important here—their ability to nominate expert witnesses.


Well before the emergence of the adversarial trial, this made medicolegal practice much more contentious than we have appreciated.

In discussing how to deal with cases of alleged poisoning, the seventeenth-century judge Antonio Maria Cospi advised proceeding as follows: the victim’s vomit was to be fed to a dog in the presence of the judge, a notary, and a clock; careful note should be taken as to whether and when the symptoms of poisoning started to appear, and the record could then be used as evidence. It is interesting that, according to Cospi, a judge—not a physician—should supervise what was a well-established procedure. Assessing allegedly poisonous substances usually fell to medical expert witnesses; but Cospi was frustrated with physicians’ overconfidence, in particular their tendency to favor natural causes of death over poisoning. He was clearly referring here to expert witnesses giving testimony on behalf of defendants, and he claimed that they could severely hinder the administration of justice. His book was meant to show judges how to examine evidence for themselves and so stand up to medical experts’ arrogance.15

This reaction may have been extreme, but it shows that concern about the role of the experts was building. Cospi was arguing for his role as the main investigator in the cases he oversaw and for his right to retain complete discretion in the evaluation of evidence. This is also a reminder that ancien régime justice was highly individualized and that the assessment of specific circumstances often prevailed over the application of the law—Enlightenment reformers would define this as arbitrary and unfair. Moving beyond prejudice and digging into the archives, historians have now started to make sense of how the system worked—for example, by exploring the social dynamics and expectations involved in going to court.16 Only slowly is a new picture emerging, and much still has to be done to establish how legal evidence was produced and assessed in practice; it is within this framework, though, that a richer understanding of the nature and use of medical evidence will also be gained.

The uncertainties surrounding the body as a source of evidence could be skillfully used by parties’ expert witnesses. But even when a medical practitioner testified at the behest of the judge controversies might arise. Normally surgeons, midwives, and physicians were expected to assess bodily signs in relation to specific questions. Was the wound lethal? Could an illness explain the state of the viscera, or was poison to blame? Had a baby been stillborn or born alive? By the beginning of the seventeenth century, handbooks instructing medical practitioners how to record and assess what they could see or touch started to appear. Their interpretations could be relatively simple and might even include popular assumptions—abundant bleeding from a wound is bad; nails indicate that the baby was mature, therefore very likely alive—but could become much more complex.

Here is an example presented by Paolo Zacchia, a contemporary of Cospi and the author of the first systematic treatise of legal medicine. A few days after dinner with a friend, a man feels unwell, quickly deteriorates, and dies. Doubts arise, an investigation is opened, and an autopsy is ordered: the dead man’s viscera are found to be swollen and their color is suspicious. A charge of poisoning is made. After gathering inconsistent evidence from

15 Antonio Maria Cospi, Il giudice criminalista: Opera del Sig. Antonio Maria Cospi: Distinta in tre volumi: Dove con dottrina teologica, canonica, civile, filosofica, medica, storica, e poetica si discorre di tutte quelle cose, che al Giudice delle cause criminali possono avvenire (Florence: Zanobi Pignoni, 1643), pp. 452 (describing the procedure), 422 (regarding experts’ arrogance).

various witnesses, the prosecutor asks for the advice of a physician—Zacchia. His consilium is built as a checklist of all known poisons and their modi operandi, including the symptoms they usually bring about.\(^{17}\) Having found that none is present in this case, he concludes—although admitting that the autopsy strongly points toward poisoning—that the death was instead caused by a disease. Judge Cospi would have been upset. In Zacchia’s argument, the following reasoning takes precedence over visual inspection. The man remained well for several days, so any poison would have to have had a delayed effect. However, he then deteriorated quickly, which contrasts with the slow action to be expected of such a poison. He never suffered from either an unbearable thirst or a slow fever, which are typical signs of poisoning; and his cadaver quickly corrupted—just the opposite of the slow process usually found in poisoning victims. Finally, the man’s tendency to debauchery was well known, and while the quick death of a healthy person would be suspicious, disease was a probable cause in someone already debilitated.

At the center of the consilium was an assessment of the victim’s unique circumstances, including his lifestyle, and of the temporal sequence of bodily phenomena. Neither of these could be reconstructed from anatomical evidence alone. Establishing the right sequence of events was a major task for expert witnesses, and physicians took this to demand mastery of fine points of medical semiology. Next to a physician’s complex assessment of bodily evidence, Cospi’s test with the dog and clock appears almost a parody. It was based on the onset of a dog’s distress—and so ignored medical insistence on attention to the unique reactions of each human body. More generally, physicians argued that simple sensory experience was misleading unless it was expertly placed in the right theoretical grid. And physicians might have objected to precisely what appealed to Cospi as a judge: as a simple source of evidence, the dog test made him independent of expert witnesses.\(^{18}\)

Physicians’ testimonies emerged from, and were shaped by, increasing social and intellectual tensions between, on the one hand, the growing practice of autopsy and other firsthand observations that were the remit of surgeons and low-status practitioners, and, on the other, traditional medical doctrine. Autopsies were often the opening gambit of investigations into violent deaths, and physicians had to engage with surgeons’ findings, if only to challenge and criticize them. The contrasts between early modern medical practitioners are well known, but the dynamics set off by the legal procedure add an interesting twist to the story, while allowing a new appreciation of the challenges autopsies posed to medical semiology.\(^{19}\) Similarly, the use of animals in investigations of cases of alleged poisoning, which also awaits full exploration, might prove to be part of a story of competition over the access to, production of, and assessment of evidence, while also revealing one of the roots of contemporary experimentation with animals. Among the multifarious investigations by Francesco Redi, the anatomist, naturalist, and physician active at the


\(^{18}\) It is worth noting, however, that Zacchia mentions the test Cospi describes in his discussion of poisoning. For an exemplary discussion of the importance of placing sensory experience in the right theoretical grid—if for an earlier period—see Chiara Crisciani, “L’ ‘individuale’ nella medicina tra Medioevo e Umanesimo: I ‘consilia,’” in *Umanesimo e medicina*, ed. Cardini and Regoliosi (cit. n. 12), pp. 1–32.

court of the Medici in the second half of the seventeenth century, was research into the action of viper’s poison and new antidotes to it—the latter tested by feeding his “remedies” to all sorts of animals; that he took a keen interest in legal medicine certainly sharpens our understanding of his activities.20

Much remains to be done empirically. Within broader projects aiming to recover the range of early modern medical genres and how they articulated theory and practice, the neglected collections of medicolegal consilia should be brought to light and examined in tandem with contemporary medicolegal treatises. Together they will allow us to provide more precise accounts of how, over the centuries and depending on specific political and social circumstances, medical evidence was negotiated in court and how broader debates on semiology, the value of postmortems, and the reliability of tests were shaped by medicolegal activities.

CONCLUSION

Medical practitioners have been the subject of comprehensive research for a while now, and this makes them valuable examples in the growing history of early modern expertise. Thanks to recent changes in historical writing on legal medicine, their function as expert witnesses in Continental courtrooms has also surfaced, and important insights into the sanctioning of authority and expertise are emerging. In the legal arena medical and natural knowledge were routinely sought in relation to bodily issues; taking this into account gives us a new perspective on the history of the body. But the history of legal medicine also provides new insights into the practices of two important groups of learned experts, jurists and physicians. Their epistemologically weak but socially powerful knowledge can be looked at afresh, revealing, for example, how in their changing encounters they would mobilize intellectual tools such as semiology and articulate key notions such as fact and evidence. Making the body a source of evidence and an object of discipline in early modern tribunals required the knowledge and practices of a range of experts, and it was not a linear process. What it took and how a new discipline came to be established offer an exceptionally rich case for studying how social and epistemological issues were intertwined in the early modern period.