

Evaluation of a student-led session on medieval medicine

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Abstract

In this article, I evaluate my experience during the skills strand of the Lincoln Summer Festival of Learning 2021, where I was given the opportunity to design and present a session. I chose to present a session on 'Medieval Medicine'. The purpose here is to analyse how I approached this session; areas of success; unexpected challenges and areas that could have been improved. The article will begin by introducing my presentation and my methodology, before examining how I benefitted from this experience, what I learnt from it and how it has helped me to develop different skills. It will conclude by discussing how unexpected challenges helped me improve and gain valuable skills. This experience helped me to improve my presentation skills, as well as improve my awareness of digital technology and how it can be used to enhance presentations. It also helped me consider how different topics can be presented to audiences that have had a limited experience with them, as well as how history can be related to the twenty-first century.

Keywords: Lincoln Summer Festival of Learning 2021, Digital Presentations, Medieval Medicine, Student Skills

Introduction

In June and July 2021, the Lincoln Summer Festival of Learning provided the opportunity for students to design and present different sessions based on their individual skills and interests. As part of the skills strand of this opportunity, I designed and ran a session on 'Medieval Medicine' for an hour. It was delivered to 36 people online as a synchronous session on the 29th of June 2021, using Microsoft Teams. The aim of this presentation was to challenge popular misconceptions about medicine in the medieval period; explore different medical theories and their impact on different medical treatments; and highlight why the study of medieval medicine is still relevant and important in the twenty-first century.

Background for the session

The history of medicine is a topic that I have always found fascinating. During my undergraduate history degree, from 2018 to 2021, I was able to develop my interest through modules like 'The History of Medicine from Antiquity to the Present' and

'History of Chinese Medicine – Tradition and Modernity'. I was also able to further my understanding during my dissertation, which focused on examining 'The Book of Margery Kempe'. Kempe's fifteenth-century text is the earliest surviving English autobiography, and can provide valuable insight into how Kempe interacted with senselessness (Riddy, 2017). My dissertation largely focused on examining the relationship between medical and theological discourse, and the extent that it impacted Kempe's personal relationship with her health. Whilst I largely focused on how Kempe depicted mental health, mental ailments were often associated with physical symptoms (Hartnell, 2018). The connection between physical, mental and spiritual health was something I wanted to explore in my presentation, which was why I chose to examine medieval medicine holistically (Katajala-Peltomaa and Niiranen, 2014).

I also wanted to contextualise aspects of medieval medicine that initially appear more 'alien' to people in the twenty-first century, like theoretical concepts like the four humours and the four phases as well as treatments like bloodletting (O'Boyle, 2005; Ivanov, 2019; Porter, 1999; Unschuld, 2013). I did this by explaining different medical theories and explaining how these medical theories were applied in different contexts. For example, the theory of the four humours stated that the body was composed of four humours (blood, phlegm, black bile and yellow bile) (Hartnell, 2018). Humoral imbalance negatively affected health and could lead to different ailments (Hartnell, 2018). People could attempt to adjust this balance through diet because different foods had individual properties that corresponded to the properties of the four humours (Hartnell, 2018; Montanari, 2015).

My presentation focused on how different people in the medieval period conceptualised health across different geographical regions, and how this impacted their lives. I did this by focusing on the impact of different medical theories in Western Europe and China like the theory of the four humours and the five phases (Porter, 1999; Unschuld, 2013). I did this to highlight the diversity of medicine during the medieval period. I wanted to highlight the similarities and differences between medical systems in medieval Western Europe and China because this is something that I find particularly fascinating. I hoped that these topics would interest the audience and help them gain a broader understanding of medicine during the medieval period. I was excited about presenting these theories and developing my presentation skills.

Review of literature

Historians like Sari Katajala-Peltomaa and Susanna Niiranen have emphasised the importance of examining the connections between physical, spiritual and mental health when examining medicine in medieval Western Europe (Katajala-Peltomaa and Niiranen, 2014). Spiritual health could negatively impact physical and mental health, and physical health could negatively impact mental and spiritual health (Katajala-Peltomaa and Niiranen, 2014). Mental afflictions typically affected both the mind and the body of the afflicted and could be caused by a range of physical and

spiritual factors (like humoral imbalance and demonic possession) (Katajala-Peltomaa, 2020; Hartnell, 2018). I wanted to highlight these connections during my presentation to help the audience gain a greater understanding of how people conceived and examined health during this period, particularly as historiography (the study of history) has largely separated religious causes of illness from physical causes of illness (Trenery, 2019).

It is also important to consider how different social factors like wealth, gender and age impacted treatments (Hartnell, 2018; Vaughan, 2020). Historians like Theresa Vaughan have focused on examining the health of women in the medieval period, and the role of women as healers within their familial units (Vaughan, 2020). This was also something I explored in my presentation.

I also wanted to emphasise that the medieval period was not restricted to a specific geographical region. Historians like Jack Hartnell, that have examined medieval medicine, have largely focused on Western-European medical traditions, whilst historians like Christopher Cullen have approached this topic by focusing on medicine in medieval China (Hartnell, 2018; Cullen, 2005). This was why my presentation incorporated theories that were used in Western Europe and China. Historians like Shigehisa Kuriyama have compared both western and eastern medical traditions, and how they were shaped by contrasting fundamental concepts and medical theories (Kuriyama, 1999). By highlighting the similarities and differences between Western European and Chinese medical systems, I wanted to highlight the impact culture had on the development of medicine as well as emphasise that both systems were logical and rational (Kuriyama, 1999).

Methodology

My presentation was delivered online, on Microsoft Teams. I delivered the session synchronously, with the aid of a PowerPoint presentation which I used to help highlight different important points like the properties of different humours and the factors that affected humoral balance. I also used different diagrams and visual aids (like images from medieval manuscripts) to help explain different medical concepts. My presentation was divided into five sections: an introduction, the application of medical theories in medieval Western Europe, the application of medical theories in medieval China, similarities and differences between both medical systems and a conclusion.

Initially my introduction outlined how the session would be structured and defined important concepts, like the historiographical definition of the 'medieval period'. The first section focused on the application of different medical theories in medieval Western Europe. It examined the impact of different figures in the classical period (like Hippocrates and Galen) as well as how different factors (like gender, age, and personal humoral balance) impacted the application of these treatments. It also examined how the medieval body was conceptualised, by examining concepts about physical, mental and spiritual health. The second section focused on different

medical theories in medieval China, and how they affected medical treatment. It also examined how different practitioners were able to diagnose patients with different ailments, as well as how these different diagnosis methods were viewed by different medical figures. The final section compared and contrasted different prominent features in western European medicine and Chinese medicine to highlight the similarities and nuances within both medical systems. My conclusion linked medieval medicine to medicine in the twenty-first century to highlight why medieval medicine is still relevant. There was time at the end of the presentation to give people the opportunity to ask questions. I was able to utilise the online format of the presentation, as people were able to type any questions that they had during the main presentation into the chat function on Microsoft Teams. People were also able to ask questions using their microphones.

Key areas of development from the experience

The Lincoln Summer Festival of Learning aided my development of numerous different skills that will help me in further education and my future career. Designing and creating a presentation really helped me to develop my design and organisation skills. As I had limited time to deliver my presentation, I was able to further develop my time management skills. I had to ensure that each section was allocated an appropriate amount of time, and that I was delivering each section at an appropriate speed. This was particularly important because my session was held online, and I was unable to see how the audience responded to the session and whether I needed to adjust how I was delivering my presentation. I was able to do this by rehearsing and practicing in front of a small audience, so I was able to get feedback on my presentation style.

I also had to ensure that the content of my presentation was appropriately targeted towards the audience, who may have had limited contact with a lot of the medical theories within the presentation. I really wanted to ensure that I incorporated the appropriate amount of depth for my presentation to be interesting, whilst not overwhelming anyone who had not encountered medieval medicine before. Again, I greatly benefited from practicing in front of a small audience who had not studied medieval medicine. It was really useful to listen to feedback. It allowed me to make valuable adjustments to my presentation that really helped improve the accessibility of the content.

Furthermore, I was also able to develop my public speaking skills because I had to present my session in an engaging way. Whilst I was unable to use my body language to help physically communicate with the audience, this experience really helped improve my awareness of how I communicate these ideas vocally through tone and forced me to consider how I was using visual aids to help present different concepts. It also helped me develop my confidence, both through rehearsing and by presenting my session. This is something that will help me when I am required to present different ideas in the future.

Challenges

Presenting online provided a number of unique challenges. Before the presentation, I had a very limited experience using Microsoft Teams, and I had not previously used it to give a presentation. Using Microsoft Teams gave me a greater understanding of its' digital capabilities, although I had a few issues with recording the presentation. Following the session, I realised that the session had not recorded properly for people who wanted to access the session again. Whilst I continued to have issues recording the session on Microsoft Teams, I was able to re-record the session using other mediums like Zoom, where I was able to upload the recording to Microsoft Teams. This helped me develop my resilience using technology that I had not encountered before and challenged me to think of different solutions. Uploading the presentation allowed people to watch the presentation again, as well as allowed people to watch the presentation if they had missed the initial session.

There were also a few other technical issues involving the chat function on Microsoft teams, as some people could not access it. Where people were not able to access the chat function however, people were able to use their microphones to communicate and ask any questions that they had. Initially, I answered the questions that people had written in the chat function. Then, people were able to virtually raise their hands, which allowed me to ask them about their queries without people talking over each other. People were able to turn on their microphones and ask any questions that they had.

Lessons learnt and what might be done differently

Following my presentation, I have learnt that it is important to completely familiarise yourself with the technology that you have to use prior to using it in a formal situation. Although I had previously attempted to use Microsoft Teams in order to make sure that I could correctly use it, I would also have benefited from directly testing its' recording capabilities, rather than just working out where the button to record the session was. There were also other things that I had not considered. In order to share my PowerPoint slides, I shared my computer screen with the audience. However, following the presentation, I became aware that I could have also shared the PowerPoint without sharing my computer screen. This method would have allowed me to remain directly in Microsoft Teams, where I would have been able to directly see any questions that were being asked in the chat whilst presenting the main sections of my presentation. This would have made it easier to answer any questions that were related to specific PowerPoint slides.

I would also have started creating my presentation earlier. Whilst I was pleased with how I structured my session; I had not realised how much time I needed to practice my presentation and ensure that I was able to time each section correctly. It would have been less stressful if I had realised how much time it took to properly rehearse and perfect particular details.

Conclusion

Overall, this experience has really helped me to develop my presentation and digital skills, enhancing my practical skills for planning and designing presentations. It has helped improve my organisational skills and has helped improve my awareness of different factors that can affect both online and in-person presentations. It has helped me gain a greater appreciation for technology and how it can aid and improve presentations when used correctly (Baohua and Artem, 2022). It has also highlighted the importance of exploring how different technology can be used in different ways and has emphasised the importance of ensuring that you have familiarised yourself with all of its' capabilities. I thoroughly enjoyed this experience and would love to participate in similar events in the future. This opportunity really helped me gain more confidence in myself and my abilities, and I am a lot more confident about designing and presenting sessions. It has also helped me consider how history can be related to the twenty-first century and how different topics can be presented to audiences who have not encountered them previously.

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