

Old Age before Modernity

Christian Alexander Neumann (Ed.)

Old Age before Modernity

Case Studies and Methodological Perspectives,
500 BC - 1700 AD

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The Treatment of Old Age at Court

The Kings of Sicily from Roger II to Martin II (11th–15th Century)

Abstract

According to Galenic theory, old age is not regarded as an unavoidable degenerative process, but as a stage of life in which it is possible to maintain health and prolong life. The aspiration to delay the ailments of old age inspired the thought and work of the philosophers and doctors who became figures of reference for the Sicilian kings, by recalling and re-proposing the myth of the *prolongatio vitae*. This contribution aims to focus on the strategies followed by the kings of Sicily who lived comparatively long, from Roger II (1095–1154), the founder of the Sicilian monarchy, to Martin II called “the Elder” (1356–1410), king of Aragon and Sicily, by analysing the cultural context of the various royal dynasties that ruled the island (Normans, Swabians, Angevins and Aragonese). The concept of old age is relative and must be seen in its historical development. The cases analysed here concern kings who were about sixty years old which is an age that today is not considered to be advanced. In the 14th century, general health manuals, the *regimina sanitatis*, were written for rulers to preserve youth and delay the onset of old age through the use of specific dietetic rules and therapeutic means, starting from the studies on the influence of the environment on man. Special attention will be paid to the reflections of the Catalan physician and philosopher Arnau de Vilanova, who was active at the court of Frederick III of Aragon in Sicily.

1 Introduction

We have a precious testimony regarding the perception of old age in the Middle Ages: describing the events of the Sicilian Vespers, Saba Malaspina captures the state of mind of Charles I of Anjou, king of Naples, who felt uneasy about by the invitation of King Peter III of Aragon, to resolve the conflicts in the Kingdom of Sicily through a duel.

The reference is here to the “Bordeaux duel” (1283).¹ Charles of Anjou, who was then 57 years old, did not feel able to face the duel due to his lack of agility. In the description of Charles’ feelings which is given by the Roman chronicler Saba Malaspina, old age is not a time of rest but rather one of deprivation that torments him and, mingling with memories of his past youth, fills him with anxiety. The Angevin sovereign explains that he would not have avoided the challenge if he had been younger, because “the blood in our body goes cold by torpid old age, and the already exhausted forces are, so to speak, being frozen in the parts of the body”.² We have to emphasize that the challenger, Peter III, was 13 years younger than Charles I, thus at the time of the duel he was 44 years old, and was still considered to be young.

Not neutral and not static, the concept of old age has, as is known, many different meanings – psychological, chronological, biological, sociological – depending on culture and time. How old age is seen, is also conditioned by environment and circumstances.³ For example, Christianity inculcated the concept with an expression of human frailty. Only gradually would there be an aspiration to improve earthly life, and the problem of the extension of the life span and the preservation of the body be increasingly placed at the centre of attention, in the obsessive search for what can keep it beautiful and make it immortal.⁴ A more difficult question, then, arises concerning old age in the Middle Ages. How old was “old” in the Middle Ages, and who actually reached old age? Though statistics on life expectancy and longevity were not collected in the medieval period, studies point to a correlation between socio-economic status and longevity, obviously taking into account factors such as plague and other disasters.⁵

1 Fulvio Delle Donne, *Le armi, l'onore e la propaganda. Il mancato duello tra Carlo d'Angiò e Pietro d'Aragona*, in: *Studi storici* 44,1 (2003), pp. 95–109.

2 “Tardante senecta gelidus in nostro corpore sanguis hebet, unde vires jam effactae quodammodo frigent in artubus congelatae” (Saba Malaspina, *Rerum Sicularum Historia* [1250–1285], in: *Cronisti e scrittori sincroni napoletani*, ed. by Giuseppe Del Re, vol. 2, Napoli 1868, pp. 201–408, lib. IX, ch. XXIV, p. 371).

3 W. Andrew Achenbaum, *Crossing Frontiers. Gerontology Emerges as a Science*, Cambridge-New York 1995; Malcolm L. Johnson (Ed.), *The Cambridge Handbook of Age and Ageing*, Cambridge-New York 2005; Chris Gilleard, *Aging and Old Age in Medieval Society and the Transition of Modernity*, in: *Journal of Aging and Identity* 7,1 (2002), pp. 25–41.

4 Salvatore Tramontana, *Il Regno di Sicilia. Uomo e natura dall'XI al XIII secolo*, Torino 1999 (Biblioteca di cultura storica 221), pp. 287, 311.

5 Sarah M. Anderson, *Old Age*, in: Albrecht Classen (Ed.), *Handbook of Medieval Culture. Fundamental Aspects and Conditions of the European Middle Ages*, 3 vols., Berlin-Boston 2015, vol. 2, pp. 1281–1323, at pp. 1284–1285. Contrary to the accepted view that people in the Middle

Furthermore, as Philippe Ariès noted, two currents or lines of historical research on old age can be distinguished: the history of the “real roles”, i. e. the position of the elderly in society, on the one hand, and the history of “representations”, i. e. socially generated images, on the other hand.⁶ For a long time, the subject has remained at the margins of historians’ interests: medievalist research has only begun to devote itself to questions of old age since the 1980s, mainly thanks to contributions from scholars from English speaking countries. Another starting point is French historiography, most notably and still Georges Minois’ 1987 work. Recent essays have helped to bring the issue again to the centre of historical interest.⁷ In Italy, medieval studies regarding old age are rather rare to find. As for Sicily in particular, which is the area analysed in this article, studies on the subject are completely absent, apart from some aspects derived from the many writings of Salvatore Tramontana.⁸ In an attempt to tackle this historiographical gap, we will proceed by illustrating the relationship of some sovereigns of Sicily during the period between the 11th and 15th century with the care of the body, a theme closely related to old age.

The purpose here is thus to focus on the strategies followed by the Sicilian kings to maintain their health and to increase their longevity, by examining the social and cultural contexts of the island during the various royal dynasties that succeeded one another over the course of only a few centuries: Arabs, Normans, Swabians, Angevins, and Aragonese. The concept of old age we have today must also be relativized, as the cases

Ages and the Renaissance were considered old from their forties onward, in fact they were only classified as old between the ages of 60 and 70; what mattered in most people’s lives was their functional capacity, rather than strict chronological age: Shulamith Shahar, *Who Were the Old in the Middle Age?*, in: *The Society for the Social History of Medicine* 6,3 (1993), pp. 313–341; ead., *Growing Old in the Middle Ages*, New York-London 1997. Cf. Michael E. Goodich, *From Birth to Old Age. The Human Life Cycle in Medieval Thought, 1250–1350*, Lanham-New York-London 1989.

6 Philippe Ariès, *Une histoire de la vieillesse?*, in: *Communications* 37 (1983), pp. 47–54, at p. 47.

7 Georges Minois, *Histoire de la vieillesse en Occident. De l’Antiquité à la Renaissance*, Paris 1987 (*Nouvelles études historiques*) (id., *Storia della vecchiaia dall’Antichità al Rinascimento*, Roma-Bari 1988 [*Storia e società*] [Italian translation]); Christian Alexander Neumann, *Perspektiven einer Gerontomediävistik*, in: *Quellen und Forschungen aus italienischen Archiven und Bibliotheken* 98 (2018), pp. 387–405.

8 In addition to the essay already cited (see note 4), we refer to the following contributions: Salvatore Tramontana, *La monarchia normanna e sveva*, Torino 1986 (*Storia d’Italia* 3); id., *L’effimero nella Sicilia normanna*, Palermo 1988 (*Biblioteca siciliana di storia e letteratura. Quaderni* 4); id., *Gli anni del Vespro. L’immaginario, la cronaca, la storia*, Bari 1989 (*Storia e civiltà* 25); *Vestirsi e travestirsi in Sicilia. Abbigliamento, feste e spettacoli nel Medioevo*, Palermo 1993 (*Prisma* 153).

analysed here concern kings who were about 60 years old. Therefore, it is evident that the environment in which they grew old was the court. In some studies, it is regarded as a generic political and social entity, and as a legal and administrative institution. If we consider the court from a certain point of view, it is a place where a particular culture is elaborated. The court was a meeting place, where cultural and political elites are integrated and reciprocally conditioned, and a centre of creation and fruition of artistic and literary works.⁹ From this perspective, the Norman and Swabian courts stand out, with Roger II and Frederick II who distinguish themselves by the quality of the historical evidence that has been transmitted about them.¹⁰

The court comprised also the privileged circle of people who assisted the king in official functions, ensuring the safety and ease of his life.¹¹ In the case of the Sicily, we focus our attention on the thought and work of those (philosophers and physicians) who became prominent figures for the sovereigns, and who were often motivated by the aspiration to delay the ailments of old age, by recalling and re-proposing the myth of *prolongatio vitae*. We will see how, progressively, the problem of longevity and preservation of the body will be increasingly placed at the centre of attention, culminating in the obsessive search for what could maintain its beauty and make it immortal. With regard to the sources and methods related to the case studies presented, particular emphasis will be given to medical treatises, iconography, and chronicles by following a descriptive and comparative method of analysis, in the wake of a cultural history.

2 The Kings of Sicily (11th–15th Century)

It has been calculated that, if one examines the life span of the kings of France, death beyond the age of 50 or 55 years was a rare exception.¹² Unlike the popes, the kings were young: there was no ‘dogma’ that made them accede to the throne as young men. Rather, the dynastic principle was decisive: their predecessors died relatively young, and they inherited the throne while they were still young. Of all European kings from the 11th

9 Francesco Tateo, *La cultura nelle corti*, in: Giosuè Musca (Ed.), *Centri di produzione della cultura nel Mezzogiorno normanno-svevo*, Bari 1997 (Centro di Studi Normanno-Svevi, Bari. Atti 12), pp. 41–54, at p. 42; Aurelio Roncaglia, *Le corti medievali*, in: *Letteratura italiana*, 2 vols., Torino 1982, vol. 1: *Il letterato e le istituzioni*, pp. 33–147, at p. 33.

10 Tateo, *La cultura della corti* (see note 9), p. 44.

11 Roncaglia, *Le corti medievali* (see note 9), p. 35.

12 Jacques Le Goff, *Il corpo nel Medioevo*, Roma-Bari 2017, p. 88.

to the beginning of the 15th century, only Alfonso VI, king of Castile and León (1030–1109), reached the age of 79. And only three of the kings of Aragon reached their sixties: James II (1264–1327) was 63 when he died while James I (1208–1276) and Peter IV (1319–1387) both died at the age of 68. All the others, in all countries, died younger.¹³

In Sicily, among the oldest kings were Roger II (58 years old) and Martin the Elder (53 years old), who died in a desperate attempt, it seems, to have an heir. Did Frederick III of Aragon perhaps reach the age of 60 thanks to the advice of Arnau de Vilanova? With the exception of William II, who died at the age of 36 in the 12th century, the cases of death of kings before the age of 40 are related to the difficult years following the Black Death, which arrived in Messina in 1347 and spread throughout Europe from there on.¹⁴

The following table shows, for the kings of Sicily from the 11th to the 15th century, whether or not they reached an age that can be considered elderly (see table 1). It shows the names of the kings of the various ruling dynasties (Normans, Swabians, Angevins, and Aragonese) starting from the founder of the *Regnum Siciliae*, Roger II, and including their date of birth and death as well as their age at the time of death.

Tab.: The Kings of Sicily (11th–first half of 15th Century)

Name	Date of Birth	Date of Death	Age at Death
Roger II	22 December 1095	26 February 1154	58 years
William I	May 1120	7 May 1166	46 years
William II	December 1153	18 November 1189	36 years
Frederick II of Swabia	26 December 1194	13 December 1250	56 years
Conrad IV of Swabia	25 (or 26) April 1228	21 May 1254	26 years
Conradin (Corradino) of Swabia	25 March 1252	29 October 1268	16 years: violent death
Manfred of Sicily	1232	26 February 1266	34 years: violent death (Battle of Benevento)
Charles I of Anjou	March 1226	7 January 1285	58 years
Peter III of Aragon, I of Sicily	July 1239/1240	11 November 1285	45/46 years

13 Shulamith Shahar, *Old Age in the High and Late Middle Ages. Image, expectation and status*, in: Paul Johnson/Pat Thane (Eds.), *Old Age from Antiquity to Post-Modernity*, London-New York 1998, pp. 43–63, at p. 56.

14 Cf. the vivid description of the disease in Michele da Piazza, *Cronaca*, ed. by Antonino Giuffrida, Palermo 1980 (Fonti per la storia di Sicilia 3), ch. 29, pp. 84–87.

Name	Date of Birth	Date of Death	Age at Death
James II of Aragon	10 (?) August 1264	5 November 1327	63 years
Frederick III of Aragon, king of Trinacria	13 December 1273/1274	25 June 1337	63/64 years
Peter II, king of Trinacria	1305	August 1342	37 years
Ludovico of Aragon, king of Trinacria	4 February 1338	16 October 1355	17 years:plague
Frederick IV of Aragon, king of Trinacria	4 December 1342	27 July 1377	34 years
Martin I, called "the Younger", king of Sicily	25 July 1374	25 July 1409	35 years:malaria
Martin I, king of Aragon, II, king of Sicily, called "the Elder"	29 July 1356	31 May 1410	53 years
Ferdinand I of Aragon	27 November 1380	2 April 1416	35 years
Alfonso V called "the Magnanimous", king of Aragon	24 February 1396	27 June 1458	62 years

3 Roger II (1095–1154) and the First Norman Kings

At the age of 35, at Christmas 1130, Roger II was crowned king of Sicily in the Cathedral of Palermo, unifying southern Italy and Sicily under his rule. A brilliant organizer, Roger (it seems he was burly and had a 'lion' face), protected the arts, sciences and letters and gave input for the creation of extraordinary monuments, such as the Palatine Chapel in Palermo and the Cathedral of Cefalù.¹⁵ The meeting between Greco-Byzantine and Arab-Muslim traditions at the court of Sicily generated an unprecedented flourishing of activities in various respects, in the name of cultural pluralism. These traditions converged in a fruitful manner, especially in the scientific-philosophical sector. In 1153, Roger II ordered an Islamic intellectual hosted at court, al-Idrisi (1100–1165), to write a description of the world – in truth above all of Sicily, the South and the rest of Italy. The king himself participated in the writing thanks to his naturalistic, astrological and mathematical-geometric interests, that were attested to since his youth. It is the so-called "Book of Roger" (written in Arabic), whose main purpose was the acquisition of updated

15 Cf. Giuseppe Bellafiore, *Architettura in Sicilia nelle età islamica e normanna (827–1194)*, Palermo 1990 (*La civiltà siciliana* 1).

information of military and economic importance of the lands of which the Hauteville was lord or with which he interacted. To confirm his scientific-technological interests, the king had a water clock made in 1142, on the model of similar clocks existing in the Islamic world. His library was well equipped with Greek codices dedicated to natural sciences which showed his broad cultural interest.¹⁶

Furthermore, the influence of Arab culture can also be seen in those privileged spaces (*loca amoena*) which, conveyed by Arab traditions, characterized the Norman Kingdom of Sicily, dotted with places of bodily and spiritual pleasure, parks and gardens for the rest and recreation of the king and his court.¹⁷ Those spaces were closed to most people, as “la création de ces lieux de loisir est un acte de pouvoir royal”.¹⁸ Among the tempera paintings that adorn the ceiling of the Palatine Chapel, all dating prior to 1150,¹⁹ some illustrate the prince’s and court’s pleasures: the symposium with courtiers, hunting, a game of chess, musicians with psaltery, lute and tambourine, singers, dancers, jugglers, acrobats, wrestlers, and zoomancies, a king (Roger II?) with a wine cup. An iconographic documentation that, although stylised, succeeds in directly bearing witness to the climate at Roger’s court.²⁰ It is an atmosphere in which wine, songs, water, wonderful homes, beauty, and fragrant gardens serve to reinvigorate body and spirit. The refined comforts of life at court in the times of Roger II were also celebrated by the Arab-Sicilian poets, one of whom was responsible for some verses about wine: “Fa circolare il vino vecchio, dorato, e bevi da mane a sera: bevi al suono del liuto e dei canti degni di Ma’bad!”²¹ Wine that, as sung by an anonymous poet who lived in the preceding age of the Emirate

16 Francesco Paolo Tocco, Ruggero II, re di Sicilia, in: Dizionario biografico degli Italiani (= DBI), vol. 89, Roma 2017, pp. 212–218.

17 Tramontana, *Il Regno di Sicilia* (see note 4), p. 381.

18 Joël Blanchard, *Le corps du roi. Mélancolie et “recreation”. Implications médicales et culturelles du loisir des princes à la fin du Moyen Âge*, in: id., *Représentation, pouvoir et royauté à la fin du Moyen Âge*, Paris 1995, pp. 199–214, at p. 200. Cf. Daniela Santoro, *Salute del re, salute del popolo. Mangiare e curarsi nella Sicilia medievale*, in: *Anuario de Estudios Medievales* 43,1 (2013), pp. 259–289, at pp. 278–279. “The creation of these places of recreation is an act of royal power” (own translation).

19 Cf. Ugo Monneret de Villard, *Le pitture musulmane al soffitto della Cappella Palatina in Palermo*, Roma 1950.

20 Roncaglia, *Le corti medievali* (see note 9), p. 100.

21 Francesco Gabrieli/Umberto Scerrato, *Gli Arabi in Italia: cultura, contatti e tradizioni*, Milano 1985 (*Antica madre*), p. 738. “Pass around the old, golden wine and drink from morn to night: drink to the sound of the lute and the songs worthy of Ma’bad” (own translation).

of Sicily, in Palermo: “scorre nel corpo con effetto di farmaco, scorre come l’acqua alle radici delle piante”.²²

The same exotic and refined atmosphere characterised the court of the successive kings, William I (1120–1166) and William II (1153–1189), in which Romualdo Guarna, physician and archbishop of Salerno, stands out in the dual role of doctor and counsellor.²³ In Lent of 1166, William I was stricken with dysentery and fevers (“fluxu ventris et molestia cepit affligi”) and Romualdo, “who was very experienced in the art of medicine” (“qui in arte erat medicine valde peritus”) was summoned to attempt a cure and “and he gave him [the king] much useful advice” (“cui multa salutaria medicine consilia tribuit”). The king – as Romuald says in his “Chronicon” – trusted in his intelligence and the physician “only administered him remedies that seemed beneficial to him” (“sibi nonnisi que ei oportuna videbantur medicamina adhibebat”).²⁴ Despite all those efforts William made his last will and died on 7 May 1166 in Palermo, at the age of 46.

William II, according to the description given by Ibn Giubair (1145–1217), was surrounded by doctors and astrologers to whom he lavished every attention. He was also able to read and write Arabic.²⁵ The prestige maintained by Arab medicine is demonstrated, among other things, by the image handed down by Peter of Eboli which shows William II on his deathbed, surrounded by an Arab astrologer consulting the stars and an Arab doctor, Achim, inspecting the urine in the matula.²⁶ William II died in 1189, having not yet reached the age of 36.

22 Umberto Rizzitano, *Storia e cultura nella Sicilia saracena*, Palermo 1975 (Biblioteca di letteratura e storia. Saggi e testi 5), p. 180. The therapeutic value of wine was recognised by the *regimen sanitatis* of the Salernitan School, that used it for pharmaceutical preparations (Tramontana, *Il Regno di Sicilia* [see note 4], p. 220). “It flows through the body acting like a remedy, it flows like water through the roots of plants” (own translation).

23 Massimo Oldoni, Guarna, Romualdo, in: *DBI*, vol. 60, Roma 2003, pp. 400–403.

24 Romualdus Salernitanus, *Romualdi Salernitani Chronicon*, ed. by Carlo Alberto Garufi, Bologna 1914–1935 (*Rerum Italicarum Scriptores*. Nuova edizione 7,1), p. 253; Francesco Panarelli, Guglielmo I d’Altavilla. Re di Sicilia, in: *DBI*, vol. 60, Roma 2003, pp. 778–784; id., Guglielmo II d’Altavilla. Re di Sicilia, in: *ibid.*, pp. 784–792. On Romuald’s “Chronicon”, cf. Marino Zabbia, Romualdo Guarna arcivescovo di Salerno e la sua Cronaca, in: Paolo Delogu / Paolo Peduto (Eds.), *Salerno nel XII secolo. Istituzioni, società, cultura. Atti del convegno internazionale, Raito di Vietri sul Mare, Auditorium di Villa Guariglia, 16–20 giugno 1999*, Salerno 2004, pp. 380–398.

25 Gabrieli / Scerrato, *Gli Arabi in Italia* (see note 21), p. 741.

26 Petrus de Ebulo, *Liber ad honorem Augusti sive de rebus Siculis*. Codex 120 II der Burgerbibliothek Bern. Eine Bilderchronik der Stauferzeit, ed. by Theo Kölzer / Marlis Stähli, Sigmaringen 1994, p. 43 (fol. 97r).

4 Frederick II (1194–1250) and the Obsession with Immortality

Even the Swabian Sicily of the first half of the 13th century was, at least at court, an original amalgamation of flavours of different origins. The emperor's cultural profile is well known: he devoted himself to art, literature and science with an intensity and an open-mindedness that generated both wonder and fascination.²⁷ Some ecclesiastical authors were scandalized by his behaviour and pointed out that he bathed every day, even on holidays.²⁸ At the Norman and Swabian courts, baths were considered an essential component of physical well-being. The practice in Sicily followed Muslim customs as it was viewed as a significant form of attention to the body, promoting both physical well-being and mental balance.²⁹ In the baths, the therapeutic virtue of water was suitable for treating various illnesses: cataract, rheumatism, arthritis, gout, spasms, fevers, ulcers, and sciatica. Frederick II – inspirer of the poem “De balneis Puteolanis” of Peter of Eboli, on the healing properties of the thermal waters in the area between Pozzuoli and Baia – had the opportunity to personally experience the benefits of the Pozzuoli baths.

The court of Frederick II was characterized by the presence of intellectuals of different backgrounds and training. Michael Scot, a Scottish philosopher, was hosted for several years as court astrologer. His life was accompanied by legends that attest to his skills as a magician, and he used these skills to improve the emperor's life. Scot wrote to Frederick II: “O good emperor, I firmly believe that if in this world there was a man capable to escape time and therefore death because of his knowledge, this man would be you”.³⁰ The key to immortality is seen in knowledge and wisdom. The vigour and beauty of the body is an asset to be preserved even in old age: through recourse to dreams, imagination and science.³¹ The quality of life influences biological destiny. “Many” – wrote a disgraced courtier to Frederick II – “grow old through age, but I grow old not through the passing of time, but through pain”.³² According to Saba Malaspina, “when he [Frederick II] devoted himself deeply to the study of nature, he very much adored astrologers,

27 Cf. Pierre Toubert / Agostino Paravicini Bagliani (Eds.), *Federico II e le scienze*, Palermo 1994 (Micrologus 2).

28 Tramontana, *Il Regno di Sicilia* (see note 4), p. 374.

29 *Ibid.*, pp. 230–232.

30 Antonino DeStefano, *La cultura alla corte di Federico II imperatore*, Palermo 1938, p. 15. On Scotus's advice to the emperor, cf. Raoul Manselli, *La corte di Federico II e Michele Scotto*, in: *L'Averroismo in Italia*, Roma 1979 (Atti dei convegni lincei 40), pp. 63–80, at pp. 70–71.

31 Tramontana, *Il Regno di Sicilia* (see note 4), pp. 296–297.

32 Umberto Rizzitano / Francesco Giunta, *Terra senza crociati*, Palermo 1967, p. 161.

necromancers and people who practised divination”: following their interpretations, the emperor wanted to be immortal *contra naturam corporis*.³³

Frederick II is the dedicatee of several treaties dealing with the preservation of health. The “*Epistola magistri Petri Hispani missa ad imperatorem Fridericum super regimen sanitatis*” states that care for the body and the soul must go hand in hand, including healthy sexual relations.³⁴ For Peter of Spain (Petrus Hispanus) – who held the chair of medicine in Siena between 1245 and 1250 and was later elected pope under the name of John XXI – the only way to delay the progressive deterioration of the body’s functionality and to prolong life was to live in a sober way.³⁵ It is again worth noting that particular attention was paid to the body, its functioning and its sensitivity at Frederick’s multifaceted court:³⁶ it was a place where the heritage of ideas and methods derived from the encounter between Byzantine, Arabic and Latin experiences circulated. In 1234, Frederick II had the book that Aldebrandin of Siena (Aldobrandino da Siena) dedicated to the “*régime du corps*” translated from Greek into Latin and from Latin into the *langue d’oïl*: attention was given to hygiene based on a reworking of Greek, Arabic and Hebrew texts and to dietetics with the aim to better know the human body, to preserve health, and to remove diseases, as it is said in the prologue.³⁷ The treatise by Adam of Cremona (Adamo da Cremona) – “*Tractatus de regimine iter agentium vel peregrinantium*” – was also dedicated to Frederick II, highlighting the link between environmental factors, sanitary structures (bathhouses above all), levels and quality of food and contagion.³⁸

As a result of the reception of the dietary precepts of Greek and Arab medicine, Frederick II entrusted his health to a physician, Master Theodore, who had learned medicine in Baghdad prior to arriving at the court of the Swabian emperor, where he would

33 “Dum subtili indagazione naturalia vestigabat, astrologous et nigromanticos adeo venerabatur et aruspices” (Malaspina, *Rerum sicularum Historia* [see note 2], lib. I, ch. II, p. 208; Tramontana, *Il Regno di Sicilia* [see note 4], p. 297).

34 Tramontana, *Il Regno di Sicilia* (see note 4), p. 298; MaryFrances Wack, *The Measure of Pleasure. Peter of Spain on Men, Women and Lovesickness*, in: *Viator* 18 (1986), pp. 173–196.

35 On Peter of Spain’s relations with the Swabian court, cf. *The Prose Salernitan Questions*, ed. by Brian Lawn, London 1979 (*Auctores Britannici Medii Aevi* 5), pp. 76–78.

36 Tramontana, *Il Regno di Sicilia* (see note 4), p. 370.

37 Aldobrandino da Siena, *Le régime du corps. Texte français du XIII^e siècle*, ed. by Louis Landouzy/Roger Pepin, Paris 1911, pp. 3–7. Aldobrandino recommends frequent bathing to keep the body agile (*ibid.*, p. 25). Cf. Tramontana, *Il Regno di Sicilia* (see note 4), p. 372.

38 Tramontana, *Il Regno di Sicilia* (see note 4), p. 313.

remain for many years in a variety of roles.³⁹ At the special request of the emperor, Theodore of Antioch compiled a treaty on hygiene as a letter, the “*Epistola Theodori philosophi ad imperatorem Fridericum*”, where he insists on the advice to eat little.⁴⁰ Dietetics and gastronomy proceeded symbiotically, and the authors of medical texts established a connection between cuisine and medicine,⁴¹ “like Siamese twins”, “des sortes de soeurs siamoises”.⁴² Food causes can cause illness, so Frederick II paid particular attention to its use:⁴³ a chronicler reports that the king took only one meal a day, in order to keep his body flexible, elastic and elegant. Among Theodore’s other advice in the mentioned *regimen sanitatis*, was the recommendation to walk “through pleasant and delightful places” (“per amena et delectabilia loca”) after lunch and to indulge in good wine: “quod non erit acetosum, turbidum, novum, acerbum, nigrum, grossum, sed bene digestum, desecatum, aureum, odoriferum et vetustum”.⁴⁴ In addition to symbolic meanings, wine is recognised as having important hygienic and medicinal virtues: it aids digestion, is suitable for all ages, and is the first remedy for the weakness of the sick organism.⁴⁵

Wine is also an important aspect in the work of the English philosopher and Franciscan friar Roger Bacon (ca. 1214–post 1292) that shows the aspiration to delay the ailments of old age, recalling and re-proposing the myth of the *prolongatio vitae* – a vi-

39 Charles Burnett, Master Theodore. Frederick II’s philosopher, in: Federico II e le nuove culture, Spoleto 1995 (Centro Italiano di Studi sul Basso Medioevo, Todi. Nuova Serie 8), pp. 225–285; Laura Minervini, Teodoro di Antiochia, in: DBI, vol. 95, Roma 2019, pp. 366–368.

40 Henri Bresc, Il cibo nella Sicilia medievale, Palermo 2019 (Frammenti 17), p. 100.

41 Marilyn Nicoud, Savoirs et pratiques diététiques au Moyen Âge, in: Cahiers de recherches médiévales et humanistes 13 (2006), pp. 239–247, at p. 240.

42 Danielle Jacquart, La nourriture et le corps au Moyen Âge, in: Cahiers de recherches médiévales et humanistes 13 (2006), pp. 259–266, at p. 260.

43 Anna Martellotti, I ricettari di Federico II. Dal “Meridionale” al “Liber de coquina”, Firenze 2005 (Biblioteca dell’Archivum Romanicum. Ser. 1. Storia, letteratura, paleografia 326), pp. 99, 117, 134.

44 Santoro, Salute del re (see note 18), p. 261. “Which is not sour, turbid, new, bitter, black, heavy, but well arranged, drained, golden, fragrant and aged” (own translation).

45 Mireille Ausécache, Des aliments et des médicaments, in: Cahiers de recherches médiévales et humanistes 13 (2006), pp. 249–258, at p. 257; Tramontana, Il Regno di Sicilia (see note 4), pp. 209–210.

sion of life that is not specific to medieval mentality.⁴⁶ Through the court of Frederick II, Bacon had known Aristotle and the Arab philosophers.⁴⁷ According to Bacon, gaiety, song, the vision of human beauty, spices, wine, hot water, baths, and so on, are medicines useful to diminish, delay, and eliminate the problems of the ageing already in youth, the infirmities of old age, and the weakness and diseases of decrepitude in extreme old age.⁴⁸ While the West discovered alchemy from the Arab world, above all thanks to the intensification of cultural exchanges between Christians and Muslims after the Norman conquest of Sicily,⁴⁹ Bacon was surrounded by an aura of mystery, as a necromancer, magician, alchemist and prophet. Gold as an elixir was at the centre of his theories on a possible way to extend human life. The alchemist must prepare gold so that it can be used in food and drink: thus, taken by a human being, gold can transform and protect the body from all illness and prolong life.⁵⁰

Frederick II died before his 56th birthday, assisted by his physicians, including Giovanni da Procida (c. 1210–c. 1298),⁵¹ an extraordinary and long-lived personality. He died in his eighties and was the physician and confidant of Frederick, of his son Manfred⁵² and also of King Peter III of Aragon who, after the Vespers (31 January 1284), appointed him chancellor of the Kingdom of Sicily for the rest of his life in recognition of his

46 Agostino Paravicini Bagliani, Ruggero Bacone. Bonifacio VIII e la teoria della *prolongatio vitae*, in: *Medicina e scienze della natura alla corte dei Papi del Duecento*, Spoleto 1991 (Medioevo latino. Biblioteca 4), pp. 329–361.

47 De Stefano, *La cultura* (see note 30), pp. 36–37; Tramontana, *Il Regno di Sicilia* (see note 4), p. 356.

48 Roger Bacon, *The Cure of Old age and Preservation of Youth*, transl. by Richard Browne, London 1683, p. 148.

49 Tramontana, *Il Regno di Sicilia* (see note 4), p. 341; Eric John Holmyard, *Storia dell'alchimia*, Firenze 1972 (Biblioteca Sansoni).

50 Agostino Paravicini Bagliani, *Età della vita*, in: Jacques Le Goff/Jean-Claude Schmitt (Eds.), *Dizionario dell'Occidente medievale*, 2 vols., Torino 2003, vol. 1, pp. 385–397. Cf. Michele Pereira, *Un tesoro inestimabile. Elixir e prolongatio vitae nell'alchimia del '300*, in: *Micrologus* 1 (1993), pp. 161–187.

51 Salvatore Fodale, Procida, Giovanni da, in: *DBI*, vol. 85, Roma 2016, pp. 475–478. As a physician, he was credited with a work entitled “Utilissima practica medica”, an electuary for rheumatism, prescriptions against thirst and kidney and bladder stones, and translations from Greek and Arabic.

52 Daniela Santoro, *Medici del re nella Sicilia aragonese*, in: Elisa Andretta/Marilyn Nicoud (Eds.), *Être médecin à la cour (Italie, France, Espagne, XIII^e–XVIII^e siècle)*, Firenze 2013 (Micrologus Library 52), pp. 87–104, at p. 88.

fame and merits.⁵³ During the course of his long and adventurous life, Giovanni spent much time travelling between Sicily, Rome and the Iberian Peninsula, for the successors of the Swabian sovereigns up to James II of Aragon, Queen Constance and Frederick III of Aragon, king of “Trinacria” (as the island of Sicily was later named after the Vespers and the Peace of Caltabellotta in 1302). To Pope Nicholas IV, then in his sixties, who received him as ambassador in 1290 to try to resolve the conflicts between the Church and the House of Aragon, Giovanni confided the fatigue of that mission: “Clementissime Pater, si senectutis meae conditionem advertis, cum jam limina vitae curva transierim, et cum aetas mea jam torpeat, nec sunt a primitivis fontibus habiles sensus mei, recto certe iudicio iudicabis, quod a tam longe remotis insulae Siciliae finibus ad Sanctitas tuae pedes pro strepitu mundi senex iste, cum in coelum jam tendat, non fuerat evocandus”.⁵⁴ Giovanni at that moment was a stunning octogenarian.

5 The Oldest King of Sicily. Frederick III

The only king of Sicily who lived beyond the age of 60 was Frederick III (1273 or 1274–1337). We wonder if this is due to following Arnau de Vilanova’s advice (c. 1235 or 1240–1312). The 13th century was fundamental for the progress of medical knowledge: thanks also to Arnau’s contribution, who was the personal physician of four popes (Innocent V, Boniface VIII, Benedict XI and Clement V), of two kings of Aragon (Peter III the Great [1276–1285] and James II the Just [1285–1327]), of a king of Naples (Robert of Anjou [1309–1343]), and finally of a king of Sicily (Frederick III of Aragon [1296–1337]).⁵⁵ Whether or not they can be attributed to the Catalan physician, as in the case of the

53 *Codice diplomatico dei re aragonesi di Sicilia*, vol. 1: 1282–1290, ed. by Giuseppe La Mantia, Palermo 1917 (*Documenti per servire alla storia di Sicilia. I serie. Diplomatica* 23), doc. XL, pp. 93–95.

54 Bartholomaeus de Neocastro, *Historia Sicula* (1250–1293), ed. by Giuseppe Paladino, Bologna 1921–1922 (*Rerum Italicarum Scriptores* 13,3), p. 118; Tramontana, *Il Regno di Sicilia* (see note 4), p. 308. “Most Venerable Father, if You notice my old age, since I have passed the curved limits of life and my age is already paralysing me, and my senses are no longer strong, as they were from the beginning, You will judge with right discretion, that this old man, because he already longs for heaven, was not called to go from the distant parts of the island of Sicily to the feet of Your Holiness before the roar of the world” (own translation).

55 On Arnau de Vilanova, cf. Juan A. Paniagua, *Studia Arnaldiana. Trabajos en torno a la obra médica de Arnau de Vilanova*, c. 1240–1311, Barcelona 1994; Joseph Ziegler, *Medicine and Religion* c. 1300. *The Case of Arnau de Vilanova*, Oxford 1998 (*Oxford Historical Monographs*).

“De conservanda iuventute” or “De retardatione accidentium senectutis”, first ascribed to Roger Bacon,⁵⁶ this medieval ‘proto-gerontological’ treatise aims to avoid old age and diseases related to it, drawing on astrology, alchemy, medicine and theology. The classic medical theory is taken up according to which ageing is caused by the cooling and drying out of the body, which must be counteracted with abundant food, wine and baths. The proponents of the idea of increasing longevity, such as the scholars mentioned here, recommended an ordinary regimen of health, but also raised the possibility of significantly extending the life span, postponing old age and even rejuvenating the elderly.

Around 1305, Arnau wrote a *regimen sanitatis* for King James II of Aragon (1264–1327), whose physician and counsellor he had become.⁵⁷ He gave great importance to psychic factors: “what is harmful must be carefully avoided, especially anger and sadness” (“que nociva sunt debent studiose vitari, et specialiter ira et tristitia”). Arnau advises those who are subjected to worries and stress to reduce sadness and to cultivate a well-being made of small pleasures that recreate the spirit through joyful and relaxing situations.⁵⁸ The recreation of the soul is not restricted by any hygienic rules. In order to increase it, medieval physicians suggested to enjoy life from all points of view, for example, through a correct diet, listening to pleasant music, and spending time with friends.⁵⁹

Clothing can also contribute to personal well-being. Arnau advises James to wear a long tunic made of linen or silk, lined with cotton, which is suitable for people with a choleric or sanguine temperament: it does not increase the temperature of the blood and prevents hot air from entering the body.⁶⁰

In “De regimine sanitatis”, Arnau even promises to restore virility to those who have become impotent if they adopt the measures he proposes.⁶¹ His advice was also useful for the brother of the Aragonese king, Frederick III, who – being of a different character

56 Agostino Paravicini Bagliani, Ruggero Bacone autore del *De retardatione accidentium senectutis?*, in: *Studi Medievali* 28 (1987), pp. 707–727.

57 Arnau de Vilanova, *Regimen de sanitat per al rei d'Aragó. Aforismes de la memòria*, ed. by Antònia Carré, Barcelona 2017 (Filologia UB).

58 Arnaldus Vilanovanus, *Regimen sanitatis ad regem Aragonum*, ed. by Luis García-Ballester / Michael R. McVaugh, Barcelona 1996 (Arnaldi de Villanova opera medica omnia 10,1), 6.1–18.

59 Pedro Gil Sotres, *Le regole della salute*, in: Mirko D. Grmek (Ed.), *Storia del pensiero medico occidentale*, 3 vols., Roma-Bari 1993–1998, vol. 1: *Antichità e Medioevo*, pp. 399–438, at p. 428. Regarding the old-age regime, cf. *ibid.*, pp. 432–435.

60 Arnaldus Vilanovanus, *Regimen sanitatis* (see note 58), 1.44–47.

61 Shulamith Shahar, *The Old Body in Medieval Culture*, in: Sarah Kay / Miri Rubin (Eds.), *Framing Medieval Bodies*, Manchester 1996, pp. 160–186.

than James II – was particularly influenced by the mystical views of Arnau de Vilanova and Franciscan spiritualism.

Fascinated by Arnau's ideas concerning religion, Frederick III issued rules for the control of Sicilian society. For example, the king prohibited Jews to treat Christians, (“ut nullus judeus audeat medendi artem exercere in christianum vel medicina sibi dare, vel conficere”), while Christians were forbidden to contact Jewish physicians.⁶² However, Frederick III's physician, Gaudio de David, was a Jew from Palermo. In 1329, the *universitas* of Palermo exempted him by certain *corvées* established in the city customs, due to the privileges granted by the Sicilian kings. The medical profession was to become prestigious for those who were able to gain the sovereign's favour, and in fact, the king did not deny privileges, concessions and exemptions in order to secure for himself the best and most famous doctors.⁶³

Unlike that of Frederick II, the diet of Frederick III was not strict: after traveling with his wife and children from Palermo to Enna where he loved to spend the summer, the king died in June 1337, long since struck by gout in his hands and feet.⁶⁴ The Black Death was about to arrive on the island (1347), and when King Louis the Child died of plague at only 17 years of age (1355), he was succeeded by the “fourteen years old and sickly” Frederick IV. As a result of the barons' power and due to increasing economic difficulties, the king was surrounded by a staff of dozens of physicians.

In February 1374, Frederick IV – a king characterized by unsteady physical, and perhaps even psychic, health – embarked from Messina and after long months of travel and various stages, in May he arrived at Palermo. The whole court followed him, among them there was the faithful Leonardo Salvacoxa, “professor of the arts and medicine” (“artium et medicine professor”), and physician. Frederick died at Messina on 27 July 1377, officially from bowel cancer or dysentery, but it was also suspected that he had been poisoned.⁶⁵

62 Daniela Santoro, *Sapere medico e conoscenze farmaceutiche. Circolazione e scambi nel Mediterraneo del Trecento*, in: *Schede Medievali* 49 (2011), pp. 375–394, at p. 391. “No Jew should dare to practise the art of medicine on a Christian or to administer or prepare remedies for him” (own translation).

63 Santoro, *Medici del re* (see note 52), p. 90.

64 Salvatore Fodale, *Federico III (II) d'Aragona, re di Sicilia (Trinacria)*, in: *DBI*, vol. 45, Roma 1995, pp. 682–694.

65 *Id.*, *Federico IV (III) d'Aragona, re di Sicilia, detto il Semplice*, in: *DBI* (see note 64), pp. 694–700.

In the middle of the 14th century, the court physicians were able to satisfy the health needs of their kings. They benefited from the closeness to men who were often afraid, worried about managing baronial power, finding money, and controlling fears and obsessions related to their own characters. In those years, the royal physicians tried to participate intensively in court life and to protect and increase the position they had already reached thanks to their closeness to the sovereigns, rather than to dispense knowledge and advice, as highly regarded men of science had done in Norman and Swabian times, when they distinguished themselves by the preparation of dietary regimes, or the royal *conservatio sanitatis*.⁶⁶

6 *Decorum* and Triumph, between Beauty and Death. The 15th Century

Martin I of Aragon, king of Sicily, arrived on the island after his wedding with the heiress to the throne, Maria of Aragon. If, previously, the royal physicians had been men close to the king – understood as a physical, political, material, spiritual closeness – endowed above all with the ability to give advice and guidance, things changed somewhat under Martin's rule: the relationship between the king and his physicians became exclusive and was based on different methods of selection and recruitment. In 1398, Martin created a judiciary, the “protomedicato”, with the role of controlling all types of medical activities. It was a judicial body appointed to enforce the laws concerning the practice of medicine and related activities, and which proved to be an important stepping stone for the careers of doctors in the king's service.⁶⁷ In the wake of the *regimina sanitatis*, which were influenced by Galenic medicine, the Sicilian kings of the 15th century appear more and more interested in an overall well-being. Galen is credited with the first comprehensive theory of the ageing process, according to which old age is not a disease: every disease is against nature, but old age is not a state against it.⁶⁸ This way of thinking turned attention to the effects exercised on man by everything that surrounds him. Health arises from a balance between the individual complexion and the external world. The types of behaviour and environmental conditions that can be controlled by man are called the

66 Santoro, *Medici del re* (see note 52), pp. 92–93, 99.

67 *Ibid.*, pp. 102–103. On the regulatory activity of proto-medics, cf. Daniela Santoro, *Lo speciale siciliano tra continuità e innovazione. Capitoli e costituzioni dal XIV al XVI secolo*, in: *Mediterranea. Ricerche storiche* 8 (2006), pp. 465–471.

68 Minois, *Storia della vecchiaia* (see note 7), p. 119. Cf. Simon Byl, *La gérontologie de Galien*, in: *History and Philosophy of the Life Sciences* 10 (1988), pp. 73–92.

“sex res non naturales” and comprise the following aspects: air and environment (*aer*), exercise and rest (*exercitium*), sleep and wake (*somnus et vigilia*), food and drink (*cibus et potus*), what is swallowed and expelled (*repletio et evacuatio*), and emotions (*accidentia animae*). Besides, positive feelings of joy do not have any harmful consequences from the point of view of dietetics. Instead, one has to avoid anxiety, fear, anger, and sadness: all these are passions that cause a cooling of heart and body, due to their negative effects on health.⁶⁹ Thus amusement, entertainment, and laughter were advisable. King Martin I was a music lover and learnt to play the harp, so between the *familiares* and *fideles* of Maria and Martin, there were two actors and musicians, “instriones”.⁷⁰

Furthermore, herbs, spices and plants made up the therapeutic arsenal that provided for the rebalancing of the organism, in the wake of Hippocratic and Galenic theory, according to which disease originates from a lack of compensation of the four humours (blood, phlegm, yellow bile, and black bile).⁷¹ Herbs and spices, condiments and sauces, cure and correct certain food effects, and pharmacopoeia – based on the use of plant and animal products combined with each other and sometimes with minerals – were a fully-fledged part of food culture.⁷² In 1397, the two Martins – father and son – ordered pepper (appetite stimulant), cinnamon (digestive), saffron (calming and eupeptic), and cloves (with anaesthetic and antiseptic virtues).⁷³

In that period, the *tacuina sanitatis* enjoyed an increasing diffusion. The Latin text is based on an Arab medical treatise by Ibn Butlān, an Arab doctor who lived in Baghdad in the 11th century (“Taqwīm al-sihha”, “Almanacco della salute”). The “tacuinum sanitatis” was translated into Latin at the Norman-Swabian court of Manfred, in Palermo, between 1258 and 1266, or perhaps at the court of Charles I of Anjou (1263–1285), in Naples, by the translator Ferraguth (Faraj Ibn Salm). The *tacuina* quickly spread from Sicily to other parts of Europe and contributed to making known the dietetic and hygienic practices

69 Marilyn Nicoud, *Savoirs et pratiques diététiques* (see note 41), pp. 239–247; ead., *Les savoirs diététiques. Entre contraintes médicales et plaisirs aristocratiques*, in: *Micrologus* 16 (2008), pp. 233–355; Gil Sotres, *Le regole della salute* (see note 59), pp. 403–404, 428–429.

70 Archivio di Stato di Palermo, Real Cancelleria, reg. 18, fol. 12r (2. 5. 1393); Giuseppe Beccaria, *Spigolature sulla vita privata di re Martino in Sicilia*, Messina 1993 (reprint of the edition Palermo 1894), pp. 21–23, 122.

71 Mireille Ausécache, *Des aliments et des médicaments*, in: *Cahiers de recherches médiévales* 13 (2006), pp. 249–258, at p. 249.

72 Massimo Montanari, *Alimentazione e cultura nel Medioevo*, Roma-Bari 2019 (Biblioteca universale Laterza 687), p. 208.

73 Archivio di Stato di Palermo, Real Cancelleria, reg. 29, fol. 9r (6. 9. 1397).

of Arab medicine.⁷⁴ It points out the mentioned *sex res non naturales* that are necessary for everyday health. Sleep for example, is best for the elderly in any season and in any region. Its nature consists of immobilising the senses, giving heat and moisture, albeit moderately. The optimum is to sleep for eight hours between the first and last hours of the night to the benefit of the restoration of the senses and of physical strength, and also to the advantage of an improved digestion.⁷⁵

Regimina and *tacuina* also explain the benefits of different kinds of food. Culinary art and medical knowledge ended up drawing on a collective knowledge, a common language that goes from dietetic treatises to cookbooks and vice versa. The physician takes care of what is brought to the table and makes detailed reference to the culinary field: Arnau de Vilanova and Maino de' Mainieri, for example, included food recipes similar to those of cookbooks.⁷⁶ Physicians were highly interested in the 'manipulation' of foods that ensure and improve health. Cooks must know the medical properties of food and drink and should be aware of the consequences, on a gastronomic and physical level, when they choose a specific type of cooking. This art gradually became the business of cooks following Galen⁷⁷ and dietetics increasingly became court knowledge.⁷⁸ An incorrect diet ("a roasted duck", "pato asado", to fight impotence), given to Martin the Humane, king of Aragon, also called "the Elder" (1356–1410), probably led to his death.⁷⁹

Dietary literature was written for the aristocratic, secular and ecclesiastical elites. It consisted of advice, and rules of lifestyle to follow, to live well and for a long time. We

74 Florence Moly Mariotti, *Tacuinum Sanitatis*, in: *Enciclopedia dell'Arte Medievale*, Roma 2000, (URL: https://www.treccani.it/enciclopedia/tacuinum-sanitatis_%28Enciclopedia-dell%27-Arte-Medievale%29/; 7.6.2022); al-Muhtār Ibn-al-asan Ibn-Butlān, *Le Taqwīm al-sihha (Tacuini sanitatis) d'Ibn Butlān. Un traité médical du XI^e siècle*, ed. by Hosam Elkhadem, Louvain 1990 (Fonds René Draguet 7); id., *Tacuinum Sanitatis*, ed. by Luisa Cogliati Arano, Milano 1973.

75 *Tacuinum Sanitatis*, Bibliothèque nationale de France Ms. Lat. 9333, fol. 97r.

76 Gil Sotres, *Le regole della salute* (see note 59), p. 423.

77 Alberto Capatti/Massimo Montanari, *La cucina italiana. Storia di una cultura*, Roma-Bari 1999, pp. 145–149.

78 Marilyn Nicoud, *Diététique et alimentation des élites princières dans l'Italie médiévale*, in: Jean Leclant / André Vauchez / Maurice Sartre (Eds.), *Pratiques et discours alimentaires en Méditerranée de l'Antiquité à la Renaissance*, Paris 2008 (Cahiers de la Villa Kérylos 19), pp. 317–336.

79 Martin probably died of the plague, but his death was believed to have occurred "due to meals and ointments given to him by the women without the doctors' approval", "de comidas y unciones que le daban las mujeres sin consenso de los medicos" (*Historia de los condes de Urgel*, ed. by Diego Monfar y Sors / Próspero de Bofarull y Mascaró, Barcelona 1853 [Colección de documentos inéditos del Archivo de la Corona de Aragón 10], vol. 2, ch. 63, pp. 337–338).

have some *regimina sanitatis* entirely dedicated to dietetics.⁸⁰ But if the Milanese or Este courts could count on an educated entourage,⁸¹ the same did not apply to 14th century Sicily: after the ‘dazzling’ period of Norman rule and the political passion of the first Aragonese, economic and power interests prevailed. In a changed institutional and political framework, the court doctors managed to build stunning careers in the shadow of the sovereigns: men with a variety of characters and profiles, always ready to support and listen.

At the beginning of the 15th century, according to the architect and humanist Leon Battista Alberti, time became one of his most precious assets with the affirmation of the individual.⁸² The “Triumphs of Death” spread. The revenge of time, the death that affects men of all ages and social conditions, the triumph of the transience of human life was counterbalanced by a desperate love for and attachment to things. In 15th century Palermo, a city that was increasingly attentive to urban *decorum*, during the reign of the cultured and refined Alfonso V, a splendid fresco was produced, initially placed in the city hospital: a triumph of death in which skeletal death rides a skeletal horse, striking the rich and apparently sparing the poor. In one part of the scene one can glimpse a lush and, at the same time, disturbing garden full of pale and lifeless bodies, and also a fountain of youth which continues to gush in spite of the presence of death.

7 Conclusion

Regarding the age at which old age commenced in the Middle Ages, we do not have any certain or definitive answers, but rather answers with fluctuating contours that are socially and culturally influenced. Every society has its own image of old age.⁸³ We have seen how philosophers, physicians and intellectuals of different backgrounds reflected

80 On the revival of dietary writing (mid-14th to late 15th century), cf. Marilyn Nicoud, *Les régimes de santé au Moyen Âge. Naissance et diffusion d'une écriture médicale. XIII^e–XV^e siècle*, vol. 1, Rome 2007 (BEFAR 333), pp. 339–395.

81 Cf. Monica Ferrari, “Per non manchare in tuto del debito mio”. *L'educazione dei bambini Sforza nel Quattrocento*, Milano 2000 (*Storia dell'educazione* 3).

82 Jacques Le Goff, *Tempo*, in: id./Schmitt (Eds.), *Dizionario dell'Occidente medievale* (see note 50), vol. 2, pp. 1147–1156, at pp. 1154–1155; Elisabeth Sears, *The Ages of Man. Medieval Interpretations of the Life-Cycle*, Princeton 1986.

83 Cf. the famous article by Josiah Cox Russel, *Late Ancient and Medieval Population*, in: *Transactions of the American Philosophical Society* 48 (1958), pp. 1–152.

on the meanings and experiences of ageing. And, as has been noted, physicians seem to have lived longer than their contemporaries, especially between 1350 and 1500.⁸⁴

If several approaches to medieval medical care of the aged may be discerned, Sicily is distinguished, based on the level of knowledge at court, for an extremely creative and varied approach. Remedies and medicines served to delay the ageing process, rather than to extend life. During the 12th and 13th centuries, especially in Italy and Iberian Peninsula, great numbers of works containing this kind of scientific knowledge were translated from Greek and Arabic into Latin.⁸⁵ In Sicily, a coexistence of knowledge (Greek, Roman, Arabic and Jewish) generated a unique environment. In this article, we have focused on some selected kings, and tried to point out their perspectives on old age and care of the ageing body, and we have also highlighted the contribution of many intellectuals and physicians active at the royal court at different times.

Being a biological phenomenon, that entails psychological consequences, and also being a cultural phenomenon, which is especially relevant for the humanities, old age varies according to social contexts. It is therefore a compelling and rich topic that encourages many different intellectual approaches and forms of analysis.⁸⁶ The study of ageing borrows from a variety of other disciplines. The perspective is – in line with the most recent approaches of modern gerontology which has opened up to the humanities – to investigate the possibilities of interdisciplinary collaboration, not only with traditional disciplines such as medicine, but also with sociology and anthropology, while trying not to overlook some key topics in the field ranging from theories of ageing, the social context, cross-cultural perspectives, physical aspects, and mental processes.

To sum up, we have opened up a research trail that we intend to continue in the future: drawing on a variety of sources, ranging from medical treatises to figurative art, we aim to investigate more specifically the relationship between rulership and corporeality, illness, food and dietetics, and the therapeutic practices which were proposed by physicians, philosophers and cooks as well. Another aim is to extend the research on old age – from an external as well as an internal point of view – to other social groups


84 Danielle Jacquart, *Le milieu médical en France du XII^e au XV^e siècle*, Genève 1981 (Centre de Recherches d'Histoire et de Philologie de la IV^e Section de l'École Pratique des Hautes Études 5), pp. 146–148.

85 Luke Demaitre, *The Care and Extension of Old Age in Medieval Medicine*, in: Michael M. Sheehan (Ed.), *Aging and the Aged in Medieval Europe*, Toronto 1990 (Papers in Mediaeval Studies 11), pp. 3–22.

86 Anderson, *Old Age* (see note 5), p. 1291; Pat Thane, *Social Histories of Old Age and Aging*, in: *Journal of Social History* 37,1 (2003), pp. 93–111.

for which documentation is available, for example nuns, for whom one can find sufficient information on nutrition, illness and life expectancy. And finally, one can consider questions of gender through the investigation of the life course and ageing of Sicilian queens.

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