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Abstract

Werewolves and physicians experienced their closest contact in the context of early modern witch and werewolf trials. For medical critics of the trials, melancholic diseases served as reference points for medical explanations of both individual cases and werewolf beliefs in general.

This paper attempts to construct a conceptual history of werewolf beliefs and their respective medical responses. After differentiating the relevant terms, pre-modern werewolf concepts and medical lycanthropy are introduced. The early modern controversy between medical and demonological explanations forms the main part of this study. The history of werewolves and their medical explanations is then traced through to present times. An important point of discussion is to what extent the physicians' engagements with werewolves can be characterized as rationalization.

Keywords

Johann Weyer, lycanthropy, melancholy, reception, werewolves, witch trials

The illness lycanthropy is documented in medical compendia from the second century AD onwards, to describe individuals who believed they were wolves. In the nineteenth century, when the field of mental illness was reorganized and new diagnostic classes replaced earlier ones, lycanthropy disappeared from the medical textbooks, and the symptoms previously associated with the condition were incorporated into other nosological concepts (Hackenbroch, 1968: 40–5, 53). However, lycanthropy persisted in the cultural consciousness of the population, and the long-established term was even used occasionally during the twentieth century as a means of ensuring interest in the few case studies published (e.g. Keck et al., 1988; Surawicz and Banta, 1986). Werewolves feature so strongly in the genres of popular film and literature that the concepts found there tend to dominate ideas of any possible transition between human and wolf. Moreover, an often gruesome history of werewolf beliefs and persecution mistakenly attributed to 'dark' medieval times flavours the modern discourse on lycanthropy with the disturbing spice of reality. Werewolves were perceived as a threat that was real enough to the people of many European countries during the times of the witch hunts between the late fifteenth and the seventeenth centuries.

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Even though the concept of lycanthropy has changed fundamentally over the centuries, physicians have always played a part in its history. They wrote about lycanthropes as severely melancholic but harmless madmen; served as court-appointed experts in werewolf trials; adapted the medical concept of lycanthropy several times to meet contemporary challenges; refuted werewolf beliefs as superstitious; found lycanthropic patients even in twentieth-century psychiatric wards; and sought to explain the early modern werewolf craze retrospectively by way of medical diagnosis. What connects many of those iatric engagements with lycanthropy is their deeply rooted naturalistic approach towards 'irrational' phenomena, be it madness, superstition or the more disturbing occurrences of history. Rationalizing seems to be an activity very close the traditional self-concept of many physicians, both in pre-modern and modern medical practice.

In this paper I will examine the relationship between medical, historical and fictional interpretations of lycanthropy, focusing on the recurring theme of 'rationalizing' by physicians. However, the concepts of 'rational' and 'irrational' are themselves historically bound, and must be considered from a deconstructivist perspective. Therefore, this paper is not only about the history of werewolves and physicians, but also about rationalization as a form of self-assurance on the part of the medical profession and the seductive charms which rationalization lays over disturbing phenomena, bringing order to the preternatural and sinister.

Steps towards an interconnected relationship between medical, historical and fictional lycanthropy

Since the nineteenth century, the figure of the werewolf or lycanthrope has formed a regular part of ghost and horror literature (Bourgault du Coudray, 2006). It made its first appearance in 1824 in the horror novel *The Albigenses* by Charles Maturin, which tells the story of a lycanthropy sufferer imprisoned in a dungeon. Maturin quotes virtually word-for-word evidence given during a famous Italian werewolf trial of 1541, descriptions of which were provided by several contemporaries, including the famous Dutch physician Johann Weyer (1583: lib.IV, ch.23). As the werewolf began to establish itself in the popular literature, authors no longer limited themselves to historical material in creating their werewolf characters, and they started to embellish the existing werewolf concepts with many new characteristics. New varieties of werewolf soon began to surface: monstrous, bloodthirsty, cursed. Female and sexually active werewolves also made an appearance.

In the twentieth century, film quickly became the most influential medium shaping the popular image of the werewolf. Numerous details now intrinsic to the modern concept of the werewolf were, in fact, first introduced by the werewolf horror films produced from the 1930s onwards. For example, the idea that a person is only infected with lycanthropy through the bite of another werewolf originates from the first sound film of the genre, *The Werewolf of London* (1935). Other ideas in the same field of horror film and literature have been repeated and have thus become ingrained in the popular concept of the werewolf; these include the transformation from man to wolf during a full moon, and a silver bullet as the only possible method of killing a werewolf (Bourgault du Coudray, 2006: 72–90; Roberts, 1999).

The non-fiction literature on the subject – of varying academic standards – which developed from the nineteenth century was heavily influenced by these ideas and even contributed to the accentuation and perpetuation of several aspects of the popular werewolf concept in the wider discourse on the topic. While medical and judicial descriptions of individual cases were interpreted according to the ideas of the time, they also had a powerful effect on the subsequent fictional and non-fictional handling of werewolves in literature and film. One of the most influential cases of the nineteenth century was that of the Frenchman Bertrand, who, in

a high-profile court case of 1849, was found guilty of desecrating graves and bodies (Bourgault du Coudray, 2006: 23–6). Swiftly categorized as a ‘lycanthrope’ by physicians and journalists, despite showing little similarity to the popular werewolf concept, Bertrand’s name was subsequently included in werewolf literature as a standard case. Conversely, the few psychiatric cases published in medical journals of people believing themselves to be wolves reveal several elements absorbed from popular culture; one example is the psychotic episodes occurring during a full moon, as described by Surawicz and Banta (1986). The boundaries between the medical, factual and fictional treatment of the lycanthrope were becoming increasingly blurred with the passing of time.

In all written genres today, the lycanthropy patient and the werewolf are deemed to be the same, or are at least thought to be equivalent. This also applies to the critical academic literature on the subject. In contrast, this paper will make a strict distinction between the concept of the lycanthropy patient and that of the werewolf. *Lycanthropy* is a diagnostic concept of pre-modern humoral pathological medicine characterized by distinct symptoms, a purely somatic aetiology and a prescribed physical therapy. It is defined as a melancholic illness, the prevalent sign of which is the wolf-like behaviour of the patient. The further characteristics and nature of the disease, however, have been susceptible to cultural changes over the centuries. A *werewolf* is defined in terms of a physical transformation. In the eyes of contemporary observers or reporters, the transformation is real. Werewolf concepts from different times and places can vary considerably, with their significance and implications shaped by their cultural context.

In the following sections, a distinction will be made between ‘lycanthropy patient’ and ‘werewolf’; ‘lycanthropy’ will be used exclusively to refer to the medical concept.

Werewolves in ancient and medieval traditions

The idea of transformation into a wolf can be found throughout the history of European thought, either as an actual belief in werewolves or simply as a literary motif. No other animal has rivalled the supremacy of the wolf in terms of animal transformation. This may well be due to the fact that for thousands of years, wolves constituted the most common and most ‘dangerous’ land-based predator throughout Europe. They were not eradicated from the human environment until they were hunted intensively, as in England where the wolf was extinct by the end of the fifteenth century, or their habitat disappeared during industrialization. A connection between the presence of wolves and the belief in werewolves is perhaps reflected in the fact that in the wolf-free England of the early modern period, there were very few werewolf trials in comparison with continental Europe (Hirsch, 2005: 1; Oates, 1989: 305).

Although the wolf transformation seems to have acquired its initial importance through the actual existence of the real animal in the direct environment of humans, the image of the wolf in terms of the characteristics and behavioural patterns attributed to it plays an even greater role in determining the exact form and cultural significance of this transformation, or – in more general terms – its meaning. This culturally specific concept of the wolf, this ‘symbolic biology’ (Carroll, 1981), has a tremendous effect on what was believed to happen to a person during transformation into a wolf, and what exactly this meant.

In the various traditions on which European ideas of wolf transformation are based, the transformation itself thus exists within a different cultural context, and is consequently judged differently and furnished with a different meaning in each case. A comparison between wolf transformations in Nordic sagas and those found in the ancient Graeco-Roman sources shows that the Nordic tradition associates the concept with positive attributes (Lange, 2005; Salisbury 1994:

160; cf. Pluskowski, 2006: 179–92), while the ancient sources take a unanimously negative view (Metzger, 2011).

In the ancient Norwegian *Völsunga* saga, the heroes transform into wolves with the help of a ring, allowing them to use the physical and mental characteristics of the wolf to their advantage in order to complete tasks befitting warriors (Diederichs, 1985: 17–18, 21–2; Höiland Nielsen, 2007: 163). In contrast, the most famous tale of wolf transformation from Graeco-Roman antiquity, as found in Ovid's *Metamorphoses* (VII.265–71), for example, tells of the Arcadian King Lycaon, who was turned into a wolf after offering the god Zeus a butchered child as a sacrifice, a gross transgression. The transformation served the purpose of changing his outer form to match his inner bestial character. The wolf is obviously perceived very differently in the two contexts, thus resulting in strongly diverging evaluations of the transformation.

A further perspective on wolves and wolf transformations is offered by a tradition which emerged towards the end of the twelfth century in both ethnographic reports and literary texts, and which can be traced back to Celtic sources (Roberts, 1999: 596; Salisbury, 1994: 164). Here, in contrast to the Graeco-Roman and Nordic traditions, the werewolves are described as gentle characters, suffering under their often involuntary transformation. The travel reports of Gerald of Wales (c. 1146–1223) contain numerous tales from Ireland and Wales, including one in the *Topographia Hibernica* (II.19), in which he tells of an encounter between a priest whom he befriended and a werewolf. The old werewolf supposedly asked the priest for communion and last rites for his wife, who also lived in the form of a wolf. Further examples are passed down by his contemporary Gervasius of Tilbury (*Otia Imperialia*, III.120).

The most famous account from this tradition, however, is the story of Bisclavret, recorded by Marie de France in her *Lai* of the same name (c. 1198). The story tells of a nobleman who must regularly transform into a wolf and is outwitted by his adulterous wife in such a way that he is in danger of remaining in the form of a wolf for ever. She hides his clothes, which are essential for the transformation back to human form, and remarries. However, following much confusion, the benevolent werewolf is able to regain his human form with the help of the king. This tale was extremely popular in its time and can be found in several other literary adaptations (Roberts, 1999: 569).

Common to the werewolves of these tales most probably based on Celtic tradition is the fact that they are struggling to attain direct or indirect humanity. They are usually innocent, cast into their wolfish existence by a curse, for example, and they channel their energies into regaining or preserving their human form and dignity. Although their wolf's form sets them apart from human society, their inner character remains that of a human being. The stories are constructed in such a way that the reader sympathizes with the protagonist, which is why this type of character is known as the 'sympathetic werewolf'.

All pagan transformation concepts were confounded by the arrival of Christianity, which ruled out the possibility of animal transformations altogether. Only God was in a position to alter substance. A connection is sometimes drawn between the discussion surrounding wolf transformation and the transubstantiation of the communion, which was declared dogma in 1215. The ensuing controversial discussion on heavenly transformation is occasionally seen as being responsible for the increase in werewolf tales recorded around this time (Hirsch, 2005: 4; Salisbury, 1994: 162).

The Christian view was that, as God cannot possibly be responsible for the horrendous transformation of a werewolf, and as the devil and demons do not possess the necessary power to instigate such a process, there is no possibility for a human to transform physically into an animal. This conclusion reflects the strict Christian distinction between man and animal, the former being not only created in God's own image, but also alone being in possession of a soul capable of

redemption (Salisbury, 1994: 4–7, 160–1), or in the words of St Ambrose: ‘Those created in the image and likeness of God cannot be transformed into the shape of animals’¹ (*Exc. Sat.* II.130). All demonic transformations, including that of a werewolf, must therefore be illusions. Strengthened in particular by the authority of St Augustine (*Civ. Dei* XVIII.18), the church’s rejection of wolf transformations was thus unshakably established for the future, and was even written into canon law (Kratz, 1976; Roberts, 1999: 567ff.).

Lycanthropy in the ancient and medieval medical traditions

During this time, the medical concept of lycanthropy remained largely untouched by fictional and historiographical wolf transformations, as well as by theological considerations. The medical representations of wolfish madness reveal loose associative relationships with the culturally specific images of wolves and wolf transformations found in their respective contexts, which indeed provide this form of madness with its significance in the first place; however, a targeted alignment of the illness concept with the prevailing werewolf concepts cannot be identified until the end of the medieval period.

The first known description of lycanthropy can be traced back to the Greek physician Marcellus of Side, who lived in the second century AD. According to the Byzantine lexicon *Suida*, Marcellus wrote a medical didactic poem in 42 books, of which only several fragments survive. However, his description of lycanthropy is preserved as a prose excerpt in various medical encyclopedias from late antiquity and the early Byzantine period, which guaranteed the continued presence of this illness in pre-modern medicine (Oribasius *Syn.* VIII.9, Aëtius Amidenus VI.11, Paulus Aegineta III.16; see Metzger, 2011: 150–70). Despite widespread claims to the contrary, most recently by Poulakou-Rebelakou et al. (2009: 477), lycanthropy is not mentioned by Galen. Wellmann (1893) was already able to prove conclusively that this error was caused by the incorrect allocation of an Aëtius manuscript to the writings of Galen, a fact which can actually be deduced from the title of the manuscript itself.

The illness concept of ancient Greek medicine describes lycanthropy sufferers as melancholics, who are dangerous neither to themselves nor to others, and who suffer from severe dryness of the body. They ‘roam out at night and mimic the ways of the wolves or dogs and mostly loiter by the grave monuments until daybreak’² (Aët. VI.11). Suggestions for treatment, alongside venesection and a light diet, include various pharmaceuticals intended to minimize the damaging influence of black bile in the body of the patient.

The illness concept, initially established in this vein, was modified and extended as it was passed on through the centuries, particularly in Arabic medicine, which was to have a decisive influence on the content of the descriptions of wolfish madness in the Latin scholarly medical writings of the medieval period. Of particular importance is the *Canon* of Ibn Sīnā (Avicenna). In contrast, in the West the few Latin translations of the Greek lycanthropy descriptions from late antiquity had virtually no influence, resulting in the original form of lycanthropy being largely forgotten until humanistic medical authors retranslated the ancient Greek sources.

The Arabic reception of lycanthropy as it is found in Avicenna (*Canon*, lib.3, fen 1, tr.4, ch.20) places special emphasis on the constant restlessness of the sufferer, who continually seeks physical activity. During the translation process, the wolf disappeared as a reference animal and was replaced by some sort of water strider, *quṭrub* in Arabic, latinized as *cucubuth* (Ullmann, 1976: 177). The other symptoms were unchanged; however, the behaviour of the sufferer seemed much less threatening when likened to that of this new animal, which had a considerably different character.

The wolf instead became the namesake of a new illness concept, namely *mania lupina* (Avicenna, *Canon*, lib.3, fen1, tr.4, ch.15). This sickness is described as a form of melancholia, with sufferers displaying strongly negative aspects of wolfish behaviour: they are wild, riotous and can only be placated with great difficulty using shackles.

It was not until the arrival of the humanistic movement, with its focus on the ancient Greek sources, that such divergent concepts of wolfish madness were brought together again. In early modern medical depictions, the illness often appears under the name of *cucubuth* or *chatrab*, as in the case of Weyer (1583, lib. IV, ch.23), although *lykanthopia* and *mania lupina* are listed as synonymous terms for the condition. The description of the symptoms initially continues to take Avicenna as a point of reference, working the Greek sources in as well, but for the most part leaving out the symptoms of *mania lupina*.

Werewolf trials and the period of the witch hunts

The werewolf and lycanthropy gained particular importance during the period of the witch hunts (c. 1450–1750), when cases of human-murdering werewolves were also brought to trial (Oates, 1989). These werewolf trials were virtually non-existent in some areas but occurred frequently in others, such as the regions of Franche-Comté and Jura, and took place in the same legal and ideological background as the considerably more common witch trials.

The first witch trials were held in the middle of the fifteenth century near Lake Geneva and spread from there; numbers reached their first peak around 1500. Initially, however, most cases brought to trial involved alleged bewitchment rather than the later accusation of membership in a diabolical cult, the latter being characterized by a pact with the devil, sexual intercourse with him, and/or flying to and dancing at the witches' Sabbath (Levack, 2006; Voltmer and Irsigler, 2002). The *Malleus maleficarum* (1487), written by the Dominican monk Heinrich Kramer, known as Institoris, is the most famous document emerging from witchcraft trials. It describes in detail the evil practices of witches and appropriate measures for preventing them from assisting the devil in triumphing over the Christian God and the power of light. This battle, the book claims, is of universal relevance, and its depiction was clearly designed to portray an apocalyptic scenario. Werewolves are only covered in passing, but most theological issues of transformation are already addressed here (I.1.10; II.1.8–9).

The number of witch hunts in central Europe was lower between 1520 and 1530 before increasing again after 1560, coinciding with a variety of crises in different aspects of human life. They reached their climax in the years from 1580 to 1650, but continued to appear throughout the region long into the eighteenth century (Levack, 2006; Voltmer and Irsigler, 2002). The many reported cases of werewolves slaughtering and eating small children fit well within the context of both the growing fear of the witches' cabal and the supposedly immediate and omnipresent threat posed by the devil and his demons. Distribution of both learned treatises and single-sheet pamphlets dramatically increased in this period as a result of advances in printing technology, circulating the demonic werewolf concept of the trials all over Europe.

In this climate, the numerous local werewolf traditions, often differing greatly from one another, were blended together into a single concept. These included the man-eating wolf, the wolf possessed by the devil, the human transformed into a hostile wolf and, according to Ginzburg (1993), even the members of a fertility cult who battled against evil witches to protect the harvest. The new concept, discussed theoretically in major demonological writings and applied practically in many trials, ran parallel to witchcraft accusations. A werewolf was, in its human form, a witch who had

acquired the means of transforming into a wolf (a girdle, a witches' ointment or a wolf's skin) through a pact with the devil, and who attacked or even fed upon women and children (Roberts, 1999: 574).

Although the basic outlines of the concept were agreed upon by the majority of demonologists, theologians and legal experts, there were widely different ideas about how exactly the transformation took place and whether it was real or merely an illusion. The existence of the phenomenon was beyond any doubt, thanks in part to the highly publicized trials and the seemingly plausible evidence they produced. Evidence included eye-witness reports, voluntary admissions of guilt by the supposed werewolf (as in the well documented case of Jean Grenier in the Dordogne in 1603, discussed by Oates (1988)), corresponding wounds on the lupine and human body, not to mention the accepted material proof for witchcraft and pacts with the devil commonly used in witch trials (Oates, 1989: 306–8).

Although the proponents of an actual physical transformation found themselves in the minority, an obvious result of their opposition to church authority, a broad spectrum of possible demonic illusions was fiercely debated. On the other side of the controversy, critics of the witchcraft trials and the demonological writings attempted to explain the 'transformations' witnessed as being a result of a combination of the medical affliction lycanthropy and hallucinations on the part of both the 'werewolf' and eyewitnesses. Between the extremes of a purely demonic explanation and the rejection of demonic influence altogether, intermediate interpretations were also possible (Oates, 1989: 310–24; Roberts, 1999: 572–4).

Physicians as expert witnesses at witch and werewolf trials

Medical experts were often involved in the trials of witches and werewolves (Petry, 2011: 50–2). One of their principal tasks was to undertake a physical examination of the defendant and check for a witch's mark or other physical evidence of a connection with the devil. Furthermore, pregnancy had to be ruled out in the case of female defendants in order to ensure the correct order of proceedings, since torture and the death penalty were not generally carried out in this case (Levack, 2006: 85). Depending on whether or not Roman law was applied, it was sometimes also necessary to assess the legal culpability of the defendant. If insanity could be proved, such that the criminal acts were not committed in the possession of full mental capabilities, the defendant – depending on the context of the trial – could be acquitted. However, it also had to be proved in such a case that the defendant was not simply feigning insanity (Midelfort, 1999: 182–96, 223–7). This insanity defence, for example, was used in several werewolf cases in which a voluntary confession on the part of the defendant would ordinarily have led directly to a conviction, such as that of Jean Grenier in 1603 (Oates, 1988).

The medical experts involved here were by no means exclusively university-educated doctors, but rather represented the entire spectrum of early modern medical practitioners. An increasing interest in the trials and their points of contact with medical issues on the part of the educated doctors cannot be identified until the second half of the sixteenth century (Midelfort, 1999: 226). From this period onwards, doctors participated actively through academic publications in the lively discourse surrounding the activities of the devil in the world, which had previously been the realm primarily of demonologists, theologians and legal practitioners. Discussions concerned not only insanity and melancholia as alternative explanations for alleged cases of witchcraft, but also the possibility of the devil inducing illnesses in the body and the criteria for distinguishing between insanity of a humoral origin and demonic possession.

Early modern transformations of medical lycanthropy

The frequency with which werewolf cases were discussed in demonological writings, as well as the circulation of pamphlets about particularly spectacular trials, such as that of 'Stubbe Peeter' (1590), provided new impetus for the medical understanding of lycanthropy. Stolberg (2001) argues similarly, but goes further and suggests that the medical concept of lycanthropy in the sixteenth and seventeenth centuries became virtually identical to the folkloristic concept; I believe this is an overly simplistic view. Even though influences on the medical concept are discernible, the physician's lycanthropy was still distinctly different from the werewolf figure, as the following section will show.

Donato Antonio ab Altomari published the first known medical account of a lycanthropy case. In his *Ars Medica*, first printed in 1553, he describes two cases. In one of these, he met the person who was to become his patient on the street when the man was on his way back from a graveyard carrying a severed human leg over his shoulder³ (ab Altomari, 1561: I.9).

The characteristic of the lycanthrope as a grave robber, which is brought to the fore here, is more representative of the contemporary werewolf image than that of the fairly harmless melancholic lycanthrope of the earlier medical tradition dating back to antiquity. From this point on, however, it was no longer ignored in connection with the subject of lycanthropy and also found resonance in literary sources, for example in John Webster's drama *The Duchess of Malfi*, premiered in 1614, in which the brother of the protagonist, Duke Ferdinand, suffers from lycanthropy and is seen with a human leg slung across his shoulder (V.2.14–5).

In the highly successful *Lexicon Medicum Graecum-Latinum* by Bartholommeo Castelli, which first appeared in 1598, the exhuming of graves and the carrying around of body parts, sometimes even around the neck, are listed as typical distinctive features of a lycanthropy sufferer⁴ (Castelli, 1607: 207). In this way, ab Altomari's patient and his transportation of body parts were firmly inscribed into medical knowledge for generations to come.

When collections of *observationes*, case studies, became popular with late sixteenth century physicians, ab Altomari's account was reported again and again by authors such as Johannes Schenck von Grafenberg (1584, obs. 233). Furthermore, other physicians increasingly began to observe lycanthropes and to publish their findings. The case description by Pieter van Foreest (1591: lib. X, obs. 25) also demonstrates how the understanding of the lycanthropy sufferer changed and became compatible with the prevailing contemporary werewolf concept. The man observed by van Foreest in a graveyard in Alkmaar, and subsequently identified as suffering from lycanthropy, is described as being so aggressive that van Foreest, in contrast to his colleague ab Altomari, is not even prepared to approach him, let alone to treat him. Although the many characteristics of the illness are presented by van Foreest in accordance with the traditional model (physical marks, ulcers on the lower legs, the graveyard setting, the correct time of year), it is only with great difficulty that the disturbed, club-wielding patient can be identified with the harmless melancholic featured in the concept of late antiquity.

However, the augmented concept of lycanthropy could more easily be employed as an alternative explanation of werewolf cases by sceptical physicians who doubted either the werewolf accusation in individual cases or werewolf beliefs in general.

Medical critics of witch and werewolf trials

Johannes Weyer (c. 1515–80) is the best known medical critic of the witch hunts. As the personal physician of the Duke of Kleve, he fought both as a doctor and as a publicist against witchcraft

trials and unchecked belief in demons, investigating many cases of allegedly demonic deeds himself, and exhibiting a 'passionate appetite for eyewitness observation' (Midelfort, 1999: 172). In sixteenth-century learned circles, other doctors and natural philosophers such as Schenck von Grafenberg, Levinus Lemnius and Bruno Cardano also agreed that witches and other persons supposedly touched by the devil were suffering from physical illness clouding their minds (Clark, 1997: 198–213, 235–50; Levack, 2006: 61–5; Midelfort, 1999: 201). Weyer was not the most widely read or the fiercest of these medical critics (Clark, 1997: 208), but attained his now elevated position from the nineteenth century onwards, as Vandermeersch (1991) has shown. Weyer's main work on the topic, *De praestigiis daemonum* (On the Deceptions of Demons), has been translated several times by modern scholars, thus sparking considerable scholarly attention due to its accessibility.

In *De praestigiis daemonum*, first published in 1563 but later revised and expanded through to the last version of 1583, Weyer argues against the persecution of witches on the grounds of their mental illness, but acknowledges the influence of the devil in the world. The supposed deeds of witches were either purely imagined by the old senile women who, in Weyer's perception, were those primarily accused of being witches, or these deeds were executed by the devil alone without any human agency. On legal grounds, a pact with the devil did not qualify as a contract at all. Therefore, the crime could not exist, and nor did the persecution of witches make any sense. Many reported mirabilia were fictitious; all cases examined by Weyer himself turned out to be frauds. In his argumentation, Weyer cites authorities from many different fields: medicine, theology (such as St Augustine and Thomas Aquinas), natural philosophy and law. The text often appears contradictory at first glance and its distinct arguments have been debated at length among scholars, with starkly differing conclusions being reached (Kohl and Midelfort, 1998: xx–xxi).

In this work, Weyer discusses werewolves and lycanthropy in conjunction with the question of whether metamorphosis is possible – a topic familiar from the demonological discourse (Weyer, 1583: lib. IV, ch.22–3). He paraphrases narratives of wolf transformation from the *Odyssey* to Boethius, classifies them as fictional and confirms the impossibility of metamorphosis by citing Augustine at length. Then, in chapter 23, he turns to more recent cases of murderous werewolves, including the often cited episode from 1541 involving the Italian farmer who claimed to have werewolf fur inside his own skin. Weyer concludes that 'without any doubt, those individuals suffer from the form of melancholy called *chatrab* by the Arabians',⁵ thus moving into a medical description of the illness including cures. According to the humanist requirements of his time, he cites *Mania Lupina* and *Lykanthropia* (which he wrote in the original Greek) as alternative names for the illness and gives references to ancient medical sources. Next, he explicitly compares Ovid's *fabula* of the metamorphosis of Lykaon with the stated symptoms of lycanthropy, thus placing the subsequently reported tales of transformations in the realm of the pathologically imaginary⁶ (Weyer, 1583: lib. IV, ch.23).

This argumentation by Weyer is fairly representative of other attempts to explain reported werewolf cases, and especially voluntary confessions by the accused. The melancholic illness lycanthropy, the sufferers of which believed they were wolves, was used as a medical explanation of wolf-like behaviour in accused werewolves. The medical authorities cited here supported this humoral explanation with their testimony, regardless of the fact that the depictions by ancient and Arabian physicians of the melancholic lycanthrope – more harmless than murderous – were far from a perfect fit. Even the grave-robbing variety along the lines of ab Altomari's example did not match werewolf behaviour. Lycanthropy served here as a variation on the well known argument that melancholy lay at the heart of alleged witchcraft; not only witches, but also werewolves were more in need of a doctor than a trial.

Like Weyer, virtually no medical critics of the witch hunts took the devil as being powerless altogether (Clark, 1997: 203–8; Petry, 2011: 48). Their arguments against the trials did not touch fundamental issues, but remained within the realm of legal, theological, practical, logical and humanitarian concerns, with both demonologists and physicians operating in the same spiritual cosmology. Clark (1997: 203) even attributes to the debate a ‘lack of real polarization’. Each of the frauds uncovered by Weyer exposed only that one particular case as deliberate trickery and could not be applied to all cases in general. Purely medical argumentation, based on the same argumentative structures of authority and the same manner of reasoning as demonology, was not convincing. After all, from a contemporary perspective, the mixtures and mechanics of the human body were even more invisible than the very obvious activities of the devil in the world. In addition, a medical aetiology of illness could not exclude demonic influence *per se*. The devil could have altered the bodily humours to induce the ailment – a line of reasoning that was impossible to disprove and was accepted by the majority of physicians without question (Klinnert, 2005; Levack, 2006: 268; Petry, 2011: 51).

Early modern werewolves, physicians and rationalization

The medical explanation of werewolf cases in the early modern period was thus only one contribution among many to the witchcraft debate, even though the topic has managed to fill the pages of many books since then. As well as the expert witness function of doctors during the trials, it can be said that physician and werewolf at no point came into such close contact as during the period of the witch hunts.

Although the encounter between these two protagonists has often been described in the past as a confrontation between science and superstition, rationality and irrationality, the modern category of rationality can, in this case, only be applied retrospectively. From the perspective of early modern contemporaries, the view of the medical critic was by no means more rational than that of the proponent of witch hunts. The borders between medicine, natural magic and demonology were blurred, and their epistemological and argumentative processes similar (Clark, 1997: 156–60). A description of the involvement of doctors with witches and werewolves using the term ‘rationalization’, i.e. making an irrational phenomenon comprehensible by means of rational explanation, thus only makes sense if the term is also applied to every other contemporary attempt at explaining extraordinary occurrences, which must therefore include demonology.

Such an understanding of ‘rationality’ as an explanatory device for the previously inexplicable is in keeping with the current state of discussion in the fields of anthropology and cultural studies (Kippenberg, 1978) and has been used as a standard approach in recent investigations on the subject (e.g. Petry, 2011). This conception, however, contradicts the classic dichotomy of science and superstition which has been the accepted norm since the Enlightenment. As the defamation of certain explanatory models for the world became socially ingrained and cemented into the self-concept of positivist-scientific medicine, the position of the early modern doctors towards demonology was also reinterpreted. Critics of the witch hunts are appropriated as forerunners or even as the first proponents of rational science and, in the vein of a history of progress, are stylized as heroes of the rationalizing potential of medicine.

Despite his very ambiguous attitude towards demonological concepts, Johann Weyer occupies a prominent position within this rationalist retrospective appraisal of history. Philippe Pinel, in his *Traité médico-philosophique sur l'aliénation mentale ou la manie* (which itself is deemed no less than a founding document of modern psychiatry) criticized Weyer as late as 1801 for believing in demons and labelled him disparagingly as an ‘expert on exorcisms’ (1801: 245–6). However, the

opinions about Weyer changed in the course of the nineteenth century (Vandermeersch, 1991). In his speech to the Göttingen Society of Sciences entitled 'Über die Verdienste der Aerzte um das Verschwinden der dämonischen Krankheiten', the physician Karl F.H. Marx (1859: 40–3, 66) praised Weyer as a brave and compassionate doctor, who in 'dark and barbaric times, paved the way for civilization and humanity'. In 1896 the author of the first detailed biography of Weyer paid tribute to his measured struggle against superstition (Binz, 1896: 180). In the twentieth century, in the historiographical tradition of Gregory Zilboorg and his pupils, Weyer is explicitly declared the 'founder of modern psychiatry' (Zilboorg, 1935: 109; see also Alexander and Selesnick, 1966: 86). In this way, Weyer was completely commandeered in the name of a modern progress-oriented history; for the perspective on early modern history, this at least resulted in an 'exaggerated distance' (Clark, 1997: 200), if not a fully-fledged dichotomy between demonology and rationalizing medicine. In this fashion, new myths were created following the end of the witch hunts and the 'disenchantment of the world' (Levack, 2006: 264) of the Enlightenment, which are only just beginning to disappear again from the history of psychiatry (Mora, 2008: 243–4).

Epilogue: lycanthropy and werewolves up to the present

At the time of the witch hunts, nearly every attempt to deal with the subject of wolf transformation was serious and non-fictional, but the end of that era led to further appearances of werewolves and lycanthropes in literary works, often in the context of an obsolete superstition that seemed curious; this was in accordance with the emergence of early Enlightenment ideas (Bourgault du Coudray, 2006: 13–24). The prototype for this new fictional werewolf is generally considered to be *Monsieur Oufle*, a satirical text by Bordelon (1710) which caricatures naive superstition surrounding werewolves and witches. However, it was not until the nineteenth century and the advent of the gothic novel that the werewolf became a frequent feature of popular literature, as detailed above (Bourgault du Coudray, 2006: 12–3; Roberts, 1999: 575). It still enjoys great popularity in this role today, such as in the fiction genres of horror, fantasy and urban fantasy.

Although lycanthropy, in contrast to belief in werewolves, remained a feature of medical compendia well into the nineteenth century, it could not maintain its prominent status – unusual for such a peculiar condition – as an independent nosological concept. Believing oneself to be a wolf no longer held such significance; once the concrete threat posed by wolves to the basics of human life had vanished in most parts of Europe due to industrialization and population growth, the image of the wolf was both transformed and lost its meaning in the arena of public discourse. The medical phenomenon was thus incorporated into the new, functionally oriented categories of psychosis and schizophrenia.

Retrospective diagnosis of werewolves and lycanthropy

Since the late nineteenth century, the main contact between physicians and werewolves has been due to history enthusiasts proposing easy and – from their perspective – plausible explanations for the werewolf reports from the witch hunts which seemed incredible and disconcerting to them, thereby adapting them to fit their scientific world view. Sometimes, these rationalizations echo ideas voiced by early modern authors, but here, at last, the demarcations between science and the irrational are distinctly drawn.

The modern variant of the early modern critics' insanity defence can be found in its adaptation to contemporary psychiatric classification systems. One of the earlier attempts at coming to terms with werewolf cases of the past was made by the psychiatrist Rudolf Leubuscher (1850: 56), who

attributed the historic belief in werewolves to the diagnostic entity 'monomania'. The mentally ill subject, he claims, arrives at the idea of the wolf because this dangerous animal is present so much, with the illness being 'an expression of a bestialization of character, which is channelled into the corresponding behavioural pattern of a wild animal'.

Another attempt at rationalization is to categorize werewolf sightings as being hallucinations brought on by the deliberate or unwitting consumption of drugs. Hallucinogenic witches' ointment or mass ergot poisonings provide an explanation for individual transformations and collective werewolf sightings, respectively (Russell and Russell, 1978: 167–9; Sidky, 2004). A detailed critical rebuttal of this retrospective simplification has been put forward by Douglas (1992: 227–34). Indeed, the argument of the hallucinogenic qualities of witches' ointments was deployed during the early modern period by critics such as Cardano, Della Porta and Weyer (Oates, 1989: 320). It has experienced a revival since the 1960s, when chemical analyses revealed that both ergot and elements of the witches' ointment were similar to LSD, thus apparently making the experience of the early modern population reproducible. The view has still not entirely disappeared from publications on the subject, as demonstrated by the successful book by the anthropologist Homayun Sidky (2004). In psychiatric publications, it has been mentioned by Surawicz and Banta (1986: 39–40), for example.

In the twentieth century, several organic illnesses were added to the rational attempts to interpret the werewolf idea. These included rabies (Russell and Russell, 1978: 162); porphyria (Illis, 1964), which was first identified then; neurological dysfunction and epilepsy (Drake, 1992; Ozer, 1992). Most of these attempts were published in medical journals by history enthusiasts and often enjoyed considerable success in the field of werewolf studies. Their retrospective diagnoses are characterized by the way in which selected symptoms of the modern disease categories are linked to individual aspects of the werewolf accounts. The variety of suggested illnesses alone demonstrates the difficulties involved in this approach, not to mention the methodological problems accompanying such a retrospective projection of modern diagnostic entities on to historical events (Leven, 1998).

Common to all the 'scientific' attempts at explanation mentioned here is the desire to make the actions of historical protagonists comprehensible in terms of modern categories. Even in the twentieth century, the sinister figure of the werewolf seems to spark the need for rationalization.

Rationalizing lycanthropy

In the past, the origin of the illness concept lycanthropy has often been connected with a belief in werewolves during antiquity, for example by Veenstra (2002: 135) and Poulakou-Rebelakou et al. (2009: 477). The illness is thereby portrayed as a rationalization of this belief in werewolves, allowing the case of the supposed werewolf to be explained instead as one of mere sickness. This interpretation, however, ignores the fact that there are no indications in Greek and Roman antiquity of a belief in the possibility of members of one's own community transforming into wolves. Wolf transformations are exclusively to be found in fictional portrayals or situated in mythically distant locations (Metzger, 2011). Rationalization cannot, therefore, be the reason for the emergence or sustained reception of lycanthropy in late antiquity and the Byzantine period; it appears to be an explanation drawn from the early modern medical discussion and mistakenly projected onto the earlier period.

The first visible connection between a werewolf concept and a medical understanding of lycanthropy did not appear until the fifteenth century, when Antonio ab Altomari introduced the first of his case descriptions, thereby realigning the illness lycanthropy under the influence of popular

werewolf concepts. In the sixteenth century, doctors such as Johann Weyer then explicitly promoted lycanthropy as a contrasting alternative to popular belief in werewolves and used the illness concept for their own polemic against the contemporary werewolf trials.

A description of this process as rationalization is misleading, since the term is thus anachronistically associated with the science-superstition dichotomy. It is indeed often used when doctors such as Weyer are uncritically misappropriated as rationalist pioneers of modern medicine.

In the era of modern scientific medicine, in which one can speak of rationalization without conceptual difficulties, there have been numerous attempts to account for werewolf cases and even belief in werewolves in general through rationalistic medical explanations, and indeed to render these phenomena explicable. The historical werewolf cases, which are perhaps difficult to comprehend from today's perspective, are thereby 'enlightened' by modern rationalization as being the irrational occurrences of a dark era. The retrospective diagnosis of werewolves using various illness concepts or hallucinogenic poisons primarily serves this self-reassurance, while its scientific and scholarly value is comparatively low. The attribution of the sensationally charged terms werewolf or lycanthropy to individual psychiatric case descriptions means that these cases also constitute more an allusion to the sinister, the irrational, than earnest descriptions of patients' conditions. In this case, too, the werewolf is presented as the 'other', the irrational, which forms an opposite pole to rational medicine while also being to some extent tamed by it.

All in all, it can be said that medical involvement with the werewolf, be it during the early modern period or in the twentieth century, always took place within the process of medical positioning. While the concept of rationalization is used in modern medicine to ensure the continued prevalence of the hierarchical distinction between science and superstition, pre-modern physicians found themselves locked in professional and social competition, in the course of which they drew upon the long tradition of medical knowledge and deployed the resulting authority as an alternative to other explanatory models of abnormal behaviour. They, too, positioned themselves using the authority of medicine, but justified this not through their superior scientific methods, but rather based on the writings of the great medical authorities of antiquity. When the term 'rationalization' is now applied retrospectively to such pre-modern argumentation, it in fact constitutes a verbal extrapolation of the power of scientific interpretation projected onto the past.

Notes

1. Imaginem et similitudinem Dei factos transferri non posse in effigies bestiarum.
2. Hoi tē legomenē kynanthrōpia ētoi lykanthrōpia nosō katechomenoi ... mēna nyktos exiasi ta panta mimoumenoi lykous ē kynas kai mechris hēmeras peri ta mnēmata malista diatribousi.
3. Ipse quidem ferebat humeris crus integrum ac tibiam defuncti cuiusdam.
4. Defunctorum monumenta queritant, adaperiunt, cadaverum frustra arripientes secumque collo gestantes ...
5. Hos ea melancholiae specie exagitatos fuisse, dubium est minime, quae Arabibus chatrab dicitur ...
6. Hoc naturae vitium et humanae mentis alienationem fabulae apud Ovidium subministrasse occasionem verisimile est, de Lycaone Arcadiae rege, quem a Iove in lupum ob sua scelera mutatum finxit.

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